
**Promoting Father Involvement in Home Visiting Services for Vulnerable Families:
A Pilot Study**

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Executive Summary

A now well-developed evidence base has pointed out the clear potential for home visiting services to deliver discernible preventive benefit to vulnerable families and children. However, a number of early home visitation outcome studies have detected no effects on child development and family outcomes, and those home visiting interventions demonstrating positive effects have commonly reported small to modest effects, indicating ample opportunity for service improvement. One of the clear “missing pieces” to the present design of the variety of evidence-supported home visitation models to date is how to address the role of fathers in young children’s lives. None of the rigorously evaluated home visitation models have been designed to target fathers as primary service recipients, none were designed to address the array of father-related influences on children’s well-being, and none have yet included fathers as subjects of study.

Given this, the present investigation thus aimed to address this gap in home visiting services and research by developing and rigorously testing the feasibility, acceptability, and promise of the **Dads Matter** service enhancement in a pilot study. The **Dads Matter** service enhancement is a module-based, flexible intervention designed to be integrated seamlessly with a variety of home visiting service models which can be implemented by those without advanced clinical training, given that many home visitors do not have advanced clinical training.

The primary components of the **Dads Matter** enhancement are designed to be delivered within approximately four to seven sessions during the initial phases of home visiting services and can be delivered either conjointly (simultaneously with the mother and father together), or delivered individually with mother and father separately, depending upon the assessed nature of the father’s role in the family, his availability, and the quality of the relationship with the mother. The service enhancement is meant to complement, not supplant, home visiting curricula, and is delivered as a normal part of in-home direct discussions with parents, just as regular home visiting services are delivered. Derived from our problem analysis and intervention design phase, the overarching aims for home visitors implementing the **Dads Matter** enhancement are:

- To assess a father’s role in the family and the ways this can be improved, managed, or enhanced;
- To reach out in order to successfully engage fathers in services when appropriate, and to support a productive co-parenting role with the mother;
- To build an effective co-parenting team between the mother and the father in parenting the child(ren); and
- To provide direct support to the father specifically with respect to managing the stresses and the challenges of being a father.

The specific focus of the service enhancement modules reflects these aims and includes two modules on engaging fathers from the start of services and ongoing, four modules focused on improving the co-parenting relationship through improving communication, role expectations, goal setting, and problem solving. Also included are three modules designed to target key barriers to fathers' successful engagement in the family and services, including anger management, help seeking, and stress management. The module design allows for home visitors to tailor the delivery of the service enhancement to the specific needs of the fathers and their families.

Development of the modules was based on an exhaustive review of the existing theoretical and empirical literature as well as existing father engagement interventions and pilot research with mothers, fathers, and home visitors.

Pilot Study

This pilot study employed a time-lagged comparison group design, meaning two groups of families were sequentially enrolled and observed in the study: An initial group of families received standard home visiting services as a comparison group, and then a subsequent group of families received standard home visiting services plus the **Dads Matter** intervention enhancement. The research team also monitored the implementation of the service enhancement through tracking workers' visit-by-visit activities using a "parent services log" (PSL) developed for this study.

Starting in October 2010 the study team recruited and enrolled families in the two study conditions sequentially. For the first 11 months, the study team enrolled and collected baseline and four-month follow-up data on 12 families receiving standard home visiting services as the comparison group. After this period, home visiting staff at the partner study sites were trained to implement the **Dads Matter** service enhancement. Immediately following this training, the study team began to enroll a subsequent second set of families to receive home visiting services along with the **Dads Matter** service enhancement as the study intervention group. At the time of the writing of this report, six families have been enrolled in the intervention phase. Recruitment into the study continues at this time with separate extramural funding.

The comparison group and treatment group families enrolled in the study completed identical baseline and follow-up data collection instruments designed to collect demographic information on families as well as measures of parenting quality and child maltreatment risk. Baseline data collection occurred just prior to the initiation of services, and posttest data collection occurred four months later, a length of time after which the core **Dads Matter** enhancement service activities were completed.

The study was conducted at two home visiting partner agencies which serve primarily low-income, high risk, largely African American and Hispanic families in Chicago. Home visitors were trained in the service enhancement through a half-day workshop, received the **Dads Matter** service manual, and participated in ongoing case supervision by the research team.

Study Questions

In this study, we set out to address the following four questions:

- 1) Is the **Dads Matter** service enhancement module *feasible* to deliver as an enhancement to the home visiting services as usual, drawing from varied types of home visiting programs?
- 2) Do home visitors show evidence of implementing the **Dads Matter** enhancement with *fidelity*?
- 3) Do biological fathers and mothers engage in services that include the **Dads Matter** service enhancement, and does this *engagement*, particularly for biological fathers, appear comparatively favorable, when compared against home visiting as usual?
- 4) Does preliminary pilot study evidence show promise of *benefit* to families from receiving the **Dads Matter** enhancement, over and above benefits that may accrue to families receiving home visiting services as usual?

Feasibility

Preliminary evidence indicates that the **Dads Matter** enhancement is feasible; that fathers, mothers, and home visiting staff engage in the service enhancement; and promising results are shown against the comparison group. Feasibility was evidenced through staff reports and ongoing efforts to maintain the intervention via regular supervision. A strong retention rate for mothers and fathers in the intervention group indicate promising results that the extra efforts of home visitors can lead to prolonged engagement of fathers in program services.

Fidelity and Engagement

Preliminary trends as evidenced by the study fidelity instrument (PSL) indicate that workers increased both the number and frequency of activities aimed at fathers after receiving training in the service enhancement. Only a third of families in the “services as usual” comparison group received any father-focused service activity, while 100% of families receiving the **Dads Matter** enhancement received some type of father-focused service activity. Also interesting to note is that workers appear to also increase a number of **Dads Matter** intervention-related activities for mothers as well, although not to the same extent as fathers. This suggests that home visitors did indeed change their practice in ways in accordance with the **Dads Matter** intervention, and they received the “dosage” of services that would be predicted given the content of the training, manual, and supervision provided to the workers. In addition, during clinical supervision sessions, home visitors indicated that they were successful in engaging all fathers, to varying degrees, in home visiting and the **Dads Matter** modules in the intervention group. This is in stark contrast to a general lack of father engagement in services described by the home visitors in comparison groups receiving non-enhanced standard services, and as reflected in the PSLs.

Preliminary Evidence of Benefit

To examine for preliminary trends in the potential benefit of the **Dads Matter** service enhancement, we calculated standard effect size metrics that assessed observed change in families receiving the intervention, in comparison to those not receiving the intervention. Differences in parenting quality observed between those families who received standard home visiting, versus those who receiving the **Dads Matter** service enhancement suggest that the **Dads Matter** enhancement holds the potential to support the mother-father relationship during early childhood. Although, as expected from prior studies, the mother-father relationship declined in quality over the four-month study period for families receiving standard services as well as those receiving the service enhancement, the decline in observed quality was less in the families receiving the **Dads Matter** enhancement, and in some aspects the relationship quality appeared to be improved. For example, mothers in the intervention group rate fathers as being more involved.

Fathers receiving the **Dads Matter** enhancement services also appear to more highly value their contribution to their child's well-being and report less parenting stress and child-related problems than fathers in the comparison group condition. Whereas fathers in the **Dads Matter** intervention group report greater behavioral involvement with their child and no change in their perceived importance to the child, fathers in the comparison group report substantially lower behavioral involvement with their child, while also reporting growing self-assessment of their importance to the child. Finally, while fathers do not differ substantially across groups with regard to their assessment of mothers' actual involvement, fathers in the **Dads Matter** intervention group report a comparatively large increase on their assessment of mothers' importance to the child.

Although the pilot study included measures of child maltreatment risk, the potential for data interpretation here is limited, given very little variability observed on these scales, combined with a small pilot sample size. Nonetheless parents successfully completed these measures, and studies from numerous prior randomized trials in the home visitation field indicate these measures can be feasibly and validly employed in a larger randomized trial of this enhancement. The measures of parenting quality describe above, however, have been found to be consistently correlated with maltreatment risk and serve as more interpretable and intermediate indicators of maltreatment risk.

Conclusions and Implications

The results of the pilot study are promising in that they are generally supportive of the feasibility, acceptability, and promise of the **Dads Matter** home visiting service enhancement, supporting the potential for successfully carrying out a larger, randomized trial of the intervention. Fathers were engaged at high rates in the service enhancement and as planned, and substantially above and beyond that evidenced in standard services and prior home visiting research. Home visitors appeared to change their practices in ways that were reflective of the intervention following training. In addition, key preliminary data were obtained in calculating effect sizes that will permit estimation of an optimal sample size for a subsequent randomized clinical trial, and in the service of informing improvements to the intervention modules, training, and clinical supervision model employed. These preliminary findings suggest that fathers can be incorporated into existing home visitation services through a relatively short-term and readily adoptable set of

strategies, and the preliminary findings suggest potential to benefit parental relationship quality as well as parenting that promotes child developmental trajectories.