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Exhibit G Elements of Promising Practice for Fatherhood Programs: Evidence-Based Research Findings on Programs for Fathers

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Introduction

The increased interest in programs that promote responsible fatherhood and the limited information currently available on the services provided and effectiveness of these programs has generated interest in the systematic evaluation of such programs. Not surprisingly, individuals who run and are involved in fatherhood programs have one principal question: “*What really works in fatherhood programs?*” The current research review helps to answer this question. However, it is important to note from the beginning, some of the limitations of this review.

First, this report summarizes only those fatherhood programs that have been subjected to evaluation research that meets certain criteria (see below). It does not discuss what fathers can do; nor does it evaluate the role of broad cultural values and norms; it does not review the relative efficacy of various program curriculum; nor does it answer questions that are for specific subpopulations of fathers (e.g., African American or Hispanic fathers). It is crucial for community organizations to understand, that although effective programs can help increase responsible fatherhood, it is naïve to think that such program interventions can solve all issues related to fathers by themselves. Nonetheless, programs such as those summarized here offer some early answers because they summarize what has worked, and what has not worked across diverse groups of fathers in varied communities.

Making the Case for Fatherhood Interventions: Consequences and Implications for Fathers and Families

In recent years more evidence has become available that fatherhood intervention programs may be effective; and (as shown by programs described in this report), if successfully implemented can positively impact the lives of fathers, their partners, and children. Fatherhood programs often vary in terms of the specific outcomes that programs are designed to affect, however, the ultimate goal of almost all fatherhood programs is to improve the well-being of children (The Fatherhood Initiative, 2005). A plethora of fatherhood programs have worked to tailor services to meet the individual needs of fathers served by their programs. Fathers served are diverse, ranging from non-custodial fathers who seek access and custodial rights to their children to married and divorced fathers who would like to become more involved with their children (Mincy & Pouncy, 2004). A common theme among varied fatherhood interventions is that men need to develop the capacity to care for themselves in order to become more effective and responsible fathers (Levine & Pittinsky, 1997). If fathers are to positively impact their children’s lives, it critical for them to adopt constructive behaviors. Thus, in order to help fathers raise healthy children and remain engaged in their children’s lives, it may be critical to make investments in program interventions that focus on improving the functioning and well-being of fathers. Fathers are a primary source of socialization; they influence family processes and their positive involvement can be beneficial for child well-being (Lamb, 1997; Bronte-Tinkew et al., 2006). Paternal participation in family programming has the ability to impact the well-being and functioning of fathers as individuals as well as their families. The missions of fatherhood interventions are varied and programs have been designed to influence varied outcomes. Examples of these outcomes are included below.

- **Work Skills, Self-Sufficiency and Employment:** Interventions to improve work skills among fathers have been the focus of a number of Federal initiatives (see U.S. Department of Health and Human Services, 2006). These programs have worked to increase non-custodial fathers’ employment, child support compliance, and involvement with their children by helping to ensure that fathers become a primary and positive source of both economic and social support for their offspring. Men who are jobless confront a serious challenge in fulfilling the role of

“provider”. Among low-income fathers, those who hold jobs or report having worked in the past 12 months have been found to be more likely to be involved with their infants than those who do not work (Gavin, Black, Minor, Abel, Papas, & Bentley, 2002). Other research suggests that, while some non-custodial parents do not make child support payments because they are unwilling to do so, the majority of low-income non-custodial parents do not meet their child support obligations because they do not earn enough to pay what is ordered and often work irregularly (National Women’s Law Center, 2004; Sorenson & Lerman, 1998). An inability to find jobs and maintain consistent employment often harms men’s potential to be involved parents and encourages conflicted and marginal relationships with their partners and their families (Roy, 2004). Fathers’ education and employment are associated with higher levels of involvement and improve the odds of continued paternal involvement as children grow older (Coley & Chase-Lansdale, 1999).

- **Responsible Fatherhood**: Reducing drug and alcohol use as well as reducing involvement with the criminal justice system continue to be at the forefront of several fatherhood interventions. Some research indicates that when fathers recover from substance abuse, children exhibit significant improvements in psychosocial functioning (Kelley & Fals-Stewart, 2002). Incarceration affects fathers’ ability to form and maintain social bonds with their children (Edin et al., 2001). While prisons remove men from families, the effects of incarceration continue well after release from prison (Hamilton, 2005). For fathers with a history of incarceration, the inability to find employment and have healthy relationships with partners also damages the relationships that men have with their children because they are unable to make a time and material contribution (Nurse, 2000). Overall, fatherhood interventions that focus on improving responsible father behavior can be beneficial not only to fathers’ well-being, but also to that of their families and children.
- **Healthy Relationships and Co-parenting**. Making existing relationships healthier is a critical goal for several ongoing fatherhood interventions because such programs have the potential to reduce marital conflict, domestic violence and enhance relationship quality, all of which would lead to improvements in outcomes for children, couples, and families. There is extensive evidence that children do better when raised by both biological parents in a high quality marital relationship (McLanahan & Sandefur, 1994). The interest in and need for promoting healthy relationships is clear, and the co-parenting relationship represents a critical locus for the development of relationship skills. The quality of the couple relationship influences a fathers’ ability to parent effectively. Parents experiencing difficulties in their adult couple relationship are also less likely to co-parent effectively (Talbot & McHale, 2004). Research demonstrates that unharmonious and antagonistic co-parenting relationships consistently relate to poorer outcomes for children (Belsky et al., 1995; Belsky & Fearon, 2004; Camara & Resnick, 1988). Fatherhood programs that are able to successfully promote and strengthen co-parenting relationships have the potential to produce substantial benefits for adults, and more importantly children.

Barriers to Male Participation in Programs

Studies on fathers’ involvement in family programs have identified four categories of barriers that exist to participation in programs (Shock & Gavazzi, 2004). These include:

- pragmatic/structural program issues, such as scheduling and privacy concerns;
- family demographics, such as marital status of parents and income;

- father characteristics such as education, past experience with family-based interventions and services; and
- fathers' perceptions of child problem behaviors, the applicability of the program to his family, and his parenting competency.

For low-income fathers, some research cites the challenging social contexts in which many parents live such as poverty, communities with high crime rates, areas of high substance use, inadequate employment opportunities, insufficient support systems, perceived barriers to communication, and lower-self-efficacy among parents as potential barriers to participation (Roy, 2004). Other research done on fathers in programs suggests that longitudinal follow-up is difficult with fathers, many of whom may transition in and out of households, jobs, and intimate relationships quickly (Nelson, Clampet-Lundquist, & Edin, 2002). Addressing the reality of fatherhood experiences may be particularly relevant for poor fathers who face violence, unemployment, gang and police presence, and a general lack of resources.

Identifying Rigorous Research: The Ten Principles

What works in fatherhood programs? Only rigorous evaluations of programs can provide evidence of whether or not programs actually have the desired effect on behavior. While several studies have examined the effects of programs on outcomes for fathers and their families, the evidence-base varies widely as does the quality and rigor of research methods. *In general however, results that come from well-designed programs that have been rigorously evaluated should be taken more seriously than results from less-well-designed and evaluated programs.* There are several principles of good research methods that have to be considered and that often yield high quality results. The extent to which each of these principles is adhered to by the studies used in this review is provided in the individual program summary descriptions (see Appendices 1-3). Each of these principles of rigorous research is discussed below in more detail.

- **Principle 1: Sampling of Programs.** As noted, varied approaches address the behavior and well-being of fathers and their families. However, in selecting programs, care must be taken in using the results from a small group of studies of fathers to draw inferences across a wide range of programs. For example, this review has uncovered more evaluated programs that seek to improve father involvement and co-parenting than those that seek to improve fathers' mental health. The problem with generalization from a small group of programs to a larger group is that findings may work well with some fathers in some contexts, but not as well with others, and additional studies are needed with varied samples of fathers in different settings. In addition, programs that are well-funded often tend to have more well-trained staff, more resources and are better run programs, yielding positive evaluation results which may not yield the same findings when replicated in other settings that do not have access to the same resources and may have staff with less training (Kirby, 2001). Less mature programs may also be prematurely evaluated, before elements of implementation have been addressed, yielding less positive evaluation results.
- **Principle 2: Evaluation Design.** The evaluation design recognized as the gold standard is a random assignment study (Rossi, Lipsey, & Freeman, 2004). This design is used to determine causality, i.e. to determine whether the observed outcomes or changes that resulted for fathers and/or families were the result of participation in the program. In a random assignment study, fathers are assigned to two groups: a *treatment group* (a group that receives services) or a *control group* (a group that does not receive program services, but may receive other

instruction or services). This design, if well-implemented, is the only way to create equivalent groups. That is, fathers with varied characteristics (e.g., age, sex, race and motivation) will be equally (or very close to equally) represented in both the treatment and control groups. This design therefore reduces the likelihood of “selection bias,” i.e. more highly motivated fathers being more likely to choose to attend the program, or more fatherhood programs being likely to be implemented in communities with more “at risk” fathers. Few of the studies in the current review used random assignment designs, while the majority used quasi-experimental or pre-post test designs. This means that selection bias, or other kinds of biases may have affected results. These biases can obscure actual positive program effects, or overstate positive program effects when they did not actually occur (Rossi, Lipsey, & Freeman, 2004).

- **Principle 3: Sample Size.** It is commonly agreed that rigorous studies require a sufficient sample size to detect expected impacts. The necessary sample size varies according to the outcome measure, the magnitude of the effect that needs to be detected and the level of statistical significance (a measure of how confident one can be in the results) (Kalton, 1983). In general, a minimum sample size of 30 in the control group and 30 in the treatment group (after attrition) is needed to obtain robust results. Much larger sample sizes, though, are needed if sub-group analyses are planned (e.g., analyses of incarcerated fathers, as a larger sub-group of fathers) (Kalton, 1983). There are several reasons why larger samples are needed. First, in the absence of adequate samples, it is difficult to determine statistical significance because of insufficient statistical power. Second, when sample sizes are small, the magnitude of the effect is difficult to determine, since such effects may have been a result of chance (Rossi & Freeman, 1993).
- **Principle 4: Long-Term Follow Up.** The length of follow-up often varies, and is dependent on the outcomes being measured, the curriculum that is being used, and the amount of time that fathers are likely to attend. Several programs that have been evaluated suggest that follow up at least over a six week period is important, but follow up for a year or more is needed to establish whether impacts or effects endure. Follow up is required for several reasons. First, it can provide information about short-term effects. Second, some program effects are likely to diminish over time and it cannot be assumed that short term results will endure. Third, if programs are trying to influence changes in behaviors, such changes are only likely to be detected after a period of time has elapsed.
- **Principle 5: Validity and Reliability of Study Measures.** Fatherhood interventions often strive to measure changes in behaviors and other outcomes for fathers and their families. Typically these behaviors can only be estimated from data that individuals report about themselves. Rigorous research often uses instruments (single item measures and scales) that have been validated in previous research. In short, measures that have previously been used with populations of fathers and that have been assessed for their psychometric properties are recommended.
- **Principle 6: Proper Statistical Analyses.** Rigorous evaluation studies conduct proper statistical analyses of the data that have been collected. This includes the testing of hypotheses, using proper statistical tests, and reporting all of the results of the test, whether they are positive or negative.

- **Principle 7: Dissemination of Results.** Evaluation studies that are rigorous and well-designed often attempt to publish results, whether they are positive or negative (Kirby, 2001). Studies that are large, well-funded, well-designed and have advisory boards that include experts in the field of fatherhood and are widely known while in progress are more likely to have published results, regardless of whether they are positive or negative. At the very least, results should be reviewed and shared with the field.
- **Principle 8:Independent External Evaluator.** Rigorous evaluation studies are often conducted by an independent external evaluator for a number of reasons. First, external evaluators are less likely to be biased and more likely to be objective. Second, external evaluators bring technical expertise that may not exist in program staff. Third, external evaluators offer a new perspective and may bring fresh insights. Finally, external evaluators are often also more efficient because of experience with evaluation and often have greater credibility.
- **Principle 9: Replication.** Replication of results is a hallmark of good science and an important aspect of demonstrating program effectiveness and understanding what works best, under what conditions, and for what target populations (Metz, Bowie, & Blasé, 2007). A program that achieves positive results in one setting should be replicated in another setting with a new target population and re-evaluated to determine the generalizability of the model. A program that may have been found to have positive effects in one setting may not have the same effects in another setting primarily because there may have been unique characteristics of the first program setting that may have accounted for positive results. When tried in another setting, the results may differ, and may have been a result of chance, or a function of a more motivated group of fathers. Effective programs whenever possible should be replicated before being widely adopted (Kirby, 2001).
- **Principle 10: Fidelity to the Program Model.** Fidelity refers to the extent to which the delivery of an intervention adheres to a protocol or program model originally developed (Mowbray et al., 2003). Ineffective programs can be implemented well, and effective programs can be implemented poorly. Neither is desirable. Desirable outcomes are only achieved when effective programs are well implemented. Therefore, it is critical that program evaluations include a fidelity assessment to ensure that essential elements of the intervention service model or curriculum have been implemented with integrity to the original model.

Summary. These ten principles were used to guide how we considered programs to be a part of this review. The identification of these principles, however, does not suggest a need to incorporate every principle into every evaluation study. Conducting evaluation studies that meet all or most of these criteria are often time intensive and costly.

Criteria Used for Considering Fatherhood Programs

The ten principles identified have implications for the criteria used to identify fatherhood programs included in this review. Several of the research criteria used to select fatherhood programs are currently being used in other “promising practices’ efforts such as SAMHSA’s National Registry of Evidence-based Programs and Practices (U.S. Department of Health & Human Services, 2007) and the Promising Practices Network (2007). On the basis of this review, we reviewed fatherhood programs that met the following criteria:

- The program/intervention was implemented in 1980 or later; and the evaluation results were published no earlier than 1995.
- Evaluation data were collected from U.S., Canada, U.K, Australia and European samples of fathers and their families
- The study used a sample size of at least 15
- The intervention aimed to impact: father involvement and co-parenting, self-sufficiency/employment, risky behaviors/disease prevention; fathers’ mental health, or a combination of these; improve child outcomes and other outcomes identified.
- The study design was an experimental, quasi-experimental, or outcomes study with baseline and follow-up data, and follow-up data from intervention and control or comparison groups were used to determine “effect” or “impact”.
- Involvement of participants in the interventions was known by the researchers and not based on participant recall.
- The study follow-up time was at least 1 month after the intervention was initiated.
- Proper statistical analyses were used.
- At least one outcome was statistically significant at the 0.05 level.
- Program evaluation documentation available
- The evaluation was conducted by an external independent evaluator.

Programs included in the review do/did not:

- Have to have findings published in a peer-reviewed journal
- Have to be replicated
- Have to be currently in operation or currently being implemented in some location.

The following table categorizes programs into three groups-“model” programs, “promising” programs” and “emerging” programs on the basis of these criteria and drawing on the ten principles of rigorous research identified above.

TABLE 1: HOW FATHERHOOD PROGRAMS ARE RATED

Criteria	“Model” Programs	“Promising” Programs	“Emerging” Programs
Effect Size or Outcome Magnitude/Significance	At least one outcome is positively changed by 10%	Change in outcome is more than 5%	No outcome is changed more than 1%
Statistical Significance	At least one outcome with a substantial effect size is statistically significant at the 0.05 level	Outcome change is marginally significant at the 0.10 level	No outcome change is statistically significant
Sample Size	Sample size of evaluations exceeds 30 in both the treatment and control or comparison groups	Sample size of evaluations exceeds 15 in both the treatment and control or comparison groups	Sample size of evaluation includes less than 10 in the treatment and comparison groups
Evaluation Method (experimental, quasi-experimental, outcomes monitoring)	Study uses a randomized control trial (experimental design).	Study has a comparison group, but there are some weaknesses, such as the groups may lack comparability on pre-existing variables or the analysis does not employ appropriate statistical controls.	Study does not use a convincing comparison group. For example, the use of before and after comparisons for the treatment group only.
Attrition	Study retains at least 60% of original sample	Study retains at least 50% of original sample	Study loses more than 50% of original sample
Associations with Outcomes	Outcomes for fathers, fathers and partners/spouses or fathers and families	Outcomes for fathers, fathers and partners or fathers and families	Outcomes for children only

Criteria	“Model” Programs	“Promising” Programs	“Emerging” Programs
Independent External Evaluator	Yes	Yes	Internal Evaluator
Publication of Evaluation Results	Publicly Available	Publicly Available	Distribution restricted only to the sponsor of the evaluation

Types of Fatherhood Programs

This review identified a wide variety of fatherhood programs with varied foci. These included:

- Father Involvement & Co-Parenting Programs;
- Self-Sufficiency/Employment Programs;
- Risky Behavior/Disease Prevention Programs;
- Fathers’ Mental Health Programs; and
- Fatherhood Programs with Multiple Components.

The following table summarizes the programs included in this review by program type.

TABLE 2: EVIDENCE-BASED FATHERHOOD PROGRAMS BY PROGRAM TYPE

	Fathers Only	Fathers and Partner/Spouse	Children Only	Fathers and Families
<i>Improving Father Involvement & Co-Parenting Only</i>				
Dads for Life		X		
Parenting Together Project	X			
PEACE Program		X		
Video Self-Modeling	X			
Effects of Parenting Education on First-Time Fathers	X			
Men as Teachers	X			
Triple P- Positive Parenting Program				X
24/7 Dad	X			
DADS Family Project	X			
Doctor Dad	X			
Fatherhood Education Program- Boston				X
OCSE Responsible Fatherhood Programs: Supportive Services for Non-Custodial Parents - California		X		
<i>Self-Sufficiency/Employment Component Only</i>				
The Self Sufficiency Project		X		
<i>Risky Behavior/Disease Prevention Component Only</i>				
Preparing for the Drug Free Years (Guiding Good Choices)				X
Respecting and Protecting Our Relationships		X		
The PARTNERS Project		X		
<i>Fathers’ Mental Health Component Only</i>				
An Ache in their Hearts		X		
<i>Programs with Multiple Components</i>				
“Young Dads”	X			
Creating Lasting (Family) Connections				X
Family Transition Program (FL)	X			
Father Involvement Intervention in a Head Start-based program				X
GAIN-LA				X
Hawaii’s Healthy State Program (HSP)				X
JOBS First				X
Maryland’s Responsible Fatherhood Demonstration	X			
Minnesota Family Investment Program				X

	Fathers Only	Fathers and Partner/Spouse	Children Only	Fathers and Families
Parents as Teachers (PAT)				X
Parents' Fair Share	X			
Responsible Fatherhood Program for Incarcerated Dads- Fairfax County	X			
Australian All-Male Discussion Forums for Expectant Fathers				X
Dads Make a Difference (MD)		X		
Early Head Start				X
OCSE Responsible Fatherhood Programs	X			
SHARE Program	X			
Strengthening Families Program 6-10				X

Table 3 summarizes all of the programs according to which category they fell into (i.e., “model,” “promising” or “emerging”), based on the ratings criteria identified in **Table 1** above. Programs were considered to be “model” if they met the criteria for “model” described in **Table 1**.

TABLE 3: FATHERHOOD PROGRAMS BY RATINGS CRITERIA GROUP

“Model” Program	“Promising” Program	“Emerging” Program
Dads for Life	An Ache in their Hearts	24/7 Dad
Family Transition Program	Effects of Parenting Education on First-Time Fathers	Australian All-Male Discussion Forums for Expectant Fathers
PEACE Program	Fatherhood Education Program- Boston	Creating Lasting Connections (CLC)
Parenting Together Project	Father Involvement Intervention in a Head Start-based program	DADS Family Project
Preparing for the Drug Free Years	GAIN-LA	Dads Make a Difference (MD)
Responsible Fatherhood Program for Incarcerated Dads- Fairfax County	Hawaii’s Healthy State Program (HSP)	Doctor Dad
Video Self-Modeling Effects of Parenting Education on First-Time Fathers’ Skills	JOBS First	Early Head Start
“Young Dads”	Men as Teachers	Maryland Responsible Fatherhood (RF) Demonstration Program
	Minnesota Family Investment Program	OCSE Responsible Fatherhood Programs
	Parents as Teachers (PAT)	OCSE Responsible Fatherhood Programs: Supportive Services for Non-Custodial Parents - California
	Parents’ Fair Share	SHARE Program
	Respecting and Protecting Our Relationships	Strengthening Families Program 6-10
	The Self Sufficiency Project (SSP)	
	Triple P- Positive Parenting Program	

Ten Characteristics of Effective Fatherhood Programs

This review identified nine programs that were considered effective, i.e., fell into the “model” category. These programs all underwent evaluations that: utilized randomized control trials (experimental designs); found at least one statistically significant positive outcome for fathers, their partner, and/or children; included a sample size of at least 60 (30 in the control group and 30 in the treatment group); had low attrition rates; were conducted by external evaluators; and had publicly available evaluation results. Based on our review to date, these programs are considered effective and

share 10 characteristics, noted below. These characteristics reflect different aspects of teaching and the particular context of programs. As yet, there is no evidence to suggest which combination of these characteristics contributed to the overall success of these programs. Nor is there evidence that each of these “model” programs had to incorporate each of these characteristics to have a measurable effect on participants. These program descriptions are in Appendix 1 (pp. 17-61).

- 1. Effective programs incorporated teaching methods and materials that were appropriate for fathers and the cultures of the populations served.** Our review suggests that effective fatherhood programs tailored their materials to serve the populations of fathers and their families and were culturally sensitive in the provision of the various services and components. For example, the *Young Dads* fatherhood program targeted African-American adolescent fathers and used male social workers who were thought to be better equipped to serve young fathers. Staff who engaged fathers were often targeted to be within the same cultural group or from a similar living environment, so that they could better relate to program participants.
- 2. Effective programs selected teachers or leaders who believed in the program they were implementing and then provided them with training.** Programs that had well-trained instructors or facilitators had more positive outcomes. Trainings ranged from one day sessions, such as in the *Parenting Together Program*, to three-day sessions or longer, such as in *Preparing for the Drug Free Years*. Some programs, such as *Parenting Together*, also utilized regular follow-up training sessions so that program leaders could brush up on skills and discuss any problems they were having.
 - a. *Staff selection/recruitment of staff:* Many of these effective programs also selected leaders who had substantial experience in the service delivery field. For example, leaders in the *PEACE Program* had at least ten years of experience in the field; leaders in *Parenting Together* had an average of 15 years’ experience.
 - b. *Staff training and coaching:* In general the training was designed to give teachers and facilitators information on the programs as well as practice using the teaching strategies included in the curricula. Beyond the initial training, some of the instructors also received coaching and follow-up training to provide extra support “in the field” in order to improve the quality of their teaching. In some cases, group sessions were facilitated by both males and females to promote a balance of teaching styles and ideas within the group.
- 3. Effective programs had a higher staff-participant ratio.** Where this information was available, programs that had staff members working one-on-one with fathers (such as in *Video Self-Modeling Effects of Parenting Education on First-Time Fathers’ Skills*) or a high staff-client ratio (such as in *Young Dads*, which had a ratio of 4 staff members for 30 fathers) were more likely to have positive effects. When programs provided some type of case management, service referral component, the attrition rate of the fathers in the program also tended to be lower.
- 4. Effective programs used targeted curricula.** Program curricula that were designed around fewer core issues seemed to lead to better outcomes relative to curriculums that covered a wide range of issues. For example, the *PEACE Program* used a curriculum that was targeted specifically to preventing issues around family relationships following

divorce. The narrow scope of the program, focused solely on post-divorce relationships, and resulted in positive effects on the targeted outcomes.

- 5. Effective programs used theoretical approaches that have been effective in influencing parenting behaviors in other contexts.** Few fatherhood programs have been replicated. However, among those programs reporting positive outcomes, several used theoretical perspectives or theories of change and approaches that had been found to be effective in parenting. Programs developed logic models based on these theoretical frameworks, and were able to design activities related to inputs, outputs and outcomes. Each program activity was therefore designed to change one or more of these factors that was grounded in a particular theoretical framework. For example, the curriculum used in *Preparing for the Drug Free Years* was based on a comprehensive review of empirical research on the causes of adolescent problem behaviors and on risk and protective factors. It is theoretically guided by a social development model that emphasizes the importance of positive bonds to family, school, and peers in preventing substance use.
- 6. Effective programs employed a variety of teaching methods designed to focus on the fathers as individuals, and thereby personalized the information.** Most successful programs incorporated some level of flexibility in their service delivery that enabled them to tailor their intervention to meet the individual needs of fathers. For example, many programs utilized individualized case management techniques (e.g., “*Young Dads*”), through which they were able to identify the specific needs of each father and to provide services accordingly. Often, such services were in addition to a core focus on improving parenting, which all fathers received. Other programs engaged fathers in small group sessions with other men (e.g., *Dads for Life*). These types of groups gave fathers the opportunity to learn parenting techniques, and discuss pertinent parenting issues and common concerns. Fathers reported that the social support they received through the programs was especially beneficial- fathers seem to need and want to talk with other fathers about their experiences and challenges as dads.
- 7. Effective programs lasted a sufficient amount of time to complete important core activities adequately.** It takes a considerable amount of time to recruit fathers and engage them in a program that will eventually realize changes in their behaviors. Effective programs tended to range in duration from five to ten sessions delivered over several weeks (e.g., in *Preparing for the Drug-Free Years*) to several months of program activities, as was the case with *Video Self-Modeling Effects of Parenting Education on First-Time Fathers’ Skills*. Where the program dosage was delivered over at least a two month period, the overall findings tended to be more positive (e.g., *The Effects of a Parent Education/Play Program*). Short programs that lasted only a couple of hours did not have large effects.
- 8. Effective programs had staff who engaged in one-on-one relationships with fathers.** Fathers in successful programs often had one-on-one relationships with staff who provided case management, or who provided counseling for a number of services the fathers may have needed. When the work with fathers and services was individualized, fathers seemed to thrive and achieve better outcomes. Programs that were able to engage fathers beyond just discussion of material covered in the program sessions were more likely to be effective.

- 9. Effective programs encouraged the use of an incentive to fathers and or their families.** Some programs that were found to be effective (e.g., *Dads for Life*, and *Preparing for the Drug Free Years*) used cash incentives to motivate fathers (and families) to participate. For example, *Dads for Life* offered fathers a \$20 incentive to participate in the study. Generally, fathers had lower attendance at programs than mothers did. Fathers were more likely to stay involved in the program if they were provided incentives, and this also reduced study attrition.
- 10. Effective programs replicated their curricula with fidelity.** All programs that were found to be effective replicated their program models using the specified set of activities designed to put into practice the program model, intervention, or curriculum as created by the developer.

Table 4: Fatherhood Programs Proven Effective According to Program Focus

<p>Improving Father Involvement & Co-Parenting Only</p> <ul style="list-style-type: none"> ○ Dads for Life ○ Parenting Together Project ○ PEACE Program ○ Video Self-Modeling <p>Reducing Risky Behavior/Disease Prevention Component Only</p> <ul style="list-style-type: none"> ○ Preparing for the Drug Free Years (Guiding Good Choices) <p>Multiple Program Components</p> <ul style="list-style-type: none"> ○ Family Transition Program ○ Responsible Fatherhood Program, Fairfax County ○ “Young Dads”

PUTTING RESEARCH INTO PRACTICE: TEN STRATEGIES FOR FATHERHOOD PROGRAMS

How exactly can the findings from this review be used by fatherhood programs to design or improve existing fatherhood programs? What are the take away points? Based on current evidence, at this time, we would suggest the following:

- 1. Use program models that have been proven to be effective and have been replicated with similar populations of fathers.**
- 2. Select teachers and facilitators and provide them with relevant training and coaching.** Program staff should be provided with initial training as well as ongoing training and supervision in the field. They need encouragement and learning to put their learning into practice and they need opportunities for practice and feedback. This process should also involve feedback loops and ongoing opportunities for learning and reflections including monthly meetings to discuss challenges associated with implementing the new practice, training or technical assistance needs and successes and challenges.
- 3. Implement programs with fidelity.** When replicating programs that have been known to be successful with similar populations of fathers, ensure that the program is implemented with integrity to the original model. When adapting an existing program to meet the unique needs of your target population, make sure that these modifications are not at the expense of essential or critical components of the original model.
- 4. Use program models that are theory-based and approaches that have been found to be effective.** Successful programs develop logic models based on these theoretical frameworks, and are able to design activities related to inputs, outputs and outcomes.
- 5. Allow for sufficient time to complete important core program activities adequately.** Short term curricula (e.g. those lasting less than 10 hours) seldom have measurable impacts on behaviors.
- 6. Use incentives to engage fathers and families.** Incentives increase attendance and reduce attrition from the study.
- 7. Be creative with outreach and recruitment efforts.** Go where the fathers are.
- 8. Make programs father-friendly.** Make sure initiatives are welcoming and engaging to men. Some programs encourage fathers to bring their children to the program and create activities for the children.
- 9. Select a targeted number of outcomes and set clear goals to be achieved by the program.** Programs with a core focus and fewer targeted outcomes are more effective than programs with multiple goals. Develop and use a logic model.
- 10. Use teaching methods and materials that are appropriate for fathers and the cultures of the populations served.** For example, the *Young Dads* fatherhood program targeted African-American adolescent fathers and used male social workers who were thought to be better equipped to serve young fathers. Staff who engaged fathers were often targeted to be within the same cultural group or from a similar living environment, so that they could better relate to program participants. *Preparing for the Drug Free Years* used a curriculum that included optional materials (e.g., an ethnic adaptation guide) to help instructors adapt the lessons to meet the needs of the specific population of fathers being served.

Early Conclusions about the State of Research on the Effectiveness of Fatherhood Programs

On the basis of this review, a number of conclusions can be drawn from the many studies reviewed in this report.

- Few of the studies covered in this review meet all of the criteria for implementation or evaluation. Of those evaluation studies of fathers that are documented, only a few used random assignment designs (experimental), most had small sample sizes, some used inappropriate statistical tests, some used psychometrically sound measures; and some reported positive results.
- Several different approaches to improving father involvement have not been adequately evaluated. Therefore it is not appropriate to reach conclusions about an entire approach to improving responsible fatherhood on the basis of a handful of evaluations.
- Few fatherhood programs that have been shown to be effective have been replicated. This points to the issue of making general statements about the effectiveness of some types of program based on the results of non-replicated studies.
- Several studies reviewed were hampered by methodological constraints, including the lack of control or even comparison groups and the use of exploratory analyses. As such, results may likely be biased.

Despite the real limitations of the research in this field, we should be encouraged by the progress that is currently being made in the number of new programs that are targeting fathers and their families for intervention efforts and the use of stronger research and evaluation strategies.

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Appendix 1:

“Model” Fatherhood
Programs

DADS FOR LIFE

OVERVIEW: The Dads for Life program was developed to reduce the risks of divorce for children by targeting their recently divorced noncustodial fathers. The intervention sought to impact two levels—the father-child relationship, and the father-mother relationship. Dads for Life was shown to have a positive impact on conflict between noncustodial fathers and mothers who were recently divorced. **Read more...**

PROGRAM GOALS:

- Improve the father-child relationship by increasing father’s parenting skills
- Influence the father-mother relationship to decrease conflict
- Promote better coparental behaviors

LOCATION: Maricopa County, Arizona

CHARACTERISTICS OF FATHERS SERVED:

Noncustodial fathers who either had joint legal custody or who were not the parent with primary physical custody were targeted for this intervention. The fathers had the following characteristics:

- 86% were of European descent, 5% were Hispanic, 3% were African American, and 1% were Asian American;
- 30% completed some college, but had no degree, 18% had no degree, 23% had a 4-year degree, and 17% had an advanced degree; and
- Less than a quarter of the fathers reported an annual gross income less than \$18,000;
- The median income reported was \$42,000, and the top quarter of income started at \$66,000.

EVALUATION DESIGN: EXPERIMENTAL (RANDOM ASSIGNMENT)

- **Outcomes:**
 - Coparenting
 - Interparental Conflict

Method: Fathers were randomly assigned, using a true lottery system where fathers drew lots, to a treatment group, which received the intervention, or the control group, which received a self-study version of the intervention. Participants were recruited through divorce and child support records. After an initial review of the records, potential participants were mailed recruitment materials which included a short videotape to the fathers. Afterwards follow-up phone calls were done to ensure that both parents agreed to participate in random assignment. Eligibility criteria included:

- The couple had been divorced in the past 4-10 months
- The couple had at least one child between the ages of 4 and 12 years
- The mother had primary physical custody (joint legal custody was allowed)
- Both parents lived within an hour of the data collection team.

The control group was sent a copy of the two self-help books called *Divorced Fathers: Reconstructing a Quality Life* and *Divorced Dad Dilemma*, which gave advice to divorced fathers on personal life adjustment, improvement of existing relationships with children, establishment of a separate home, and constructive methods for handling legal matters relating to a divorce. Participants were assessed before random assignment, 3

months after the program, 7 months after random assignment, and 1 year after random assignment. If children were between the ages of 4 and 12 years, they were interviewed using a well-being measure. In the secondary analysis, which is the focus of this summary, the researchers explored how mothers’ and fathers’ perception of coparenting changed in the 2 years post-divorce.

- **Sample:** 214 fathers participated in the study; 127 were assigned to the treatment group, and 87 to the control group. 120 children were interviewed at the first time point, 99 at the second time point, 92 at the third time point, and 79 at the final time point.
- **Measures:**
 - *Coparenting:* Measured by five items that assessed the couple’s functioning as a parenting team:ⁱ
 - Working together to handle problems with the child
 - Communicating about the child’s needs
 - Talking about how to co-parent
 - Trusting the judgment of the other spouse to solve problems with the child
 - Creating a united front for the children
 - *Interparental conflict:* Assessed using 13 items adapted for parental report from the Children’s Perception of Interparental Conflict Scale.ⁱⁱ Items assessed the frequency and intensity of parents’ conflict and whether conflicts tended to be resolved.
- **Statistical Analyses:** Latent growth curve modeling was to further assess the program’s effect on interparental relations.
- **Attrition:** 14.2% of the group did not complete the entire program. 77.2% of the fathers completed the program, and 8.7% never attended the program.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualifications and Support**
 - **Staff-participant ratio:** Not currently available.
 - **Staff Education:** Each group facilitator had at least a Master’s degree in unspecified fields.
 - **Staff Experience:** Not currently available.
 - **Staff Training:** Not currently available.
 - **Planning Time and Coordination:** Not currently available.
 - **Staff wages:** Not currently available.
 - **Staff Satisfaction:** Not currently available.

PROGRAM CONFIGURATION:

- **Space:** Not currently available.
- **Materials:** Not currently available.
- **Partnerships and Linkages:** Not currently available.
- **Community Organizations:** Not currently available.

PROGRAM CONTENT:

- **Curriculum or Program Model**
8 group sessions with fathers were held, each 1 hour and 45-minute, co-facilitated by a male and female leader. Two one-on-one 45 minutes sessions were also conducted by the same facilitators. The sessions were scripted to ensure fidelity to the model. The leaders were also taught to encourage discussion in the sessions. A film entitled *Eight Short Films about Divorced Fathers* was also shown that highlighted the themes of the sessions. The actors in the film were ethnically diverse. At each session a ten minute segment was shown. About half of the sessions focused on the parent-child relationships, which involved skills like listening, communication, and effective discipline. The other half focused on interparental conflict, introduction, and review.

PROGRAM DESIGN:

- **Group size:** Not currently available.
- **Number of program hours (dosage and duration) :** 8 group sessions with fathers were held, each 1 hour and 45-minutes, co-facilitated by a male and female leader. Two one-on-one 45 minutes sessions were also conducted with each participant.
- **Frequency of program offerings:** 8 group sessions with fathers were held.
- **Diversity of activities:** Not currently available.
- **Incentives for participation:** Parents were given \$20 to complete the first 45-minute telephone survey.

KEY EVALUATION FINDINGS:

- *Coparenting*
 - Fathers’ reports of coparenting were not impacted by the program, with no improvements or declines over time. However, mothers whose ex-spouses were enrolled in the program had an increased likelihood of having a positive post-divorce parenting relationship with the father over time ($p < .05$).
- *Interparental Conflict*
 - Conflict between fathers and mothers decreased between the initial interview and the second interview, and was maintained throughout the 2 subsequent interviews ($p < .001$).

SOURCES:

Cookston, J.T., Braver, S.L., Griffin, W.A., Deluse, S.R., & Miles, J.C. (2006). Effects of the dads for life intervention on interparental conflict and coparenting in the two years after divorce. *Family Process*, 46(1), 123-137.

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FAMILY TRANSITION PROGRAM

OVERVIEW: The Family Transition Program pilot program operated in Escambia County, Florida from 1994 to 1999. It was one of the first welfare-to-work programs in the country to impose a time limit on family cash assistance, where benefits were canceled once that time limit was reached. The program also provided services and incentives to families as support to finding and maintaining employment. The program was successful in reducing long-term welfare receipt and increasing father involvement through formal and informal child support. However, it had small negative effects on certain measures of older children’s school performance. [Read more...](#)

PROGRAM GOALS:

- Increase welfare recipients’ self sufficiency
- Reduce long-term welfare dependency

LOCATION: Escambia County, FL

CHARACTERISTICS OF FATHERS SERVED: More than half of the sample had received welfare for a total of 2 years before enrollment; 12% were first-time applicants. The report notes that “almost all” participants were female. However, an analysis on noncustodial fathers was conducted, which is the focus of this summary.

EVALUATION DESIGN: EXPERIMENTAL (RANDOM ASSIGNMENT)

- **Outcomes:**
 - Employment
 - Receipt of AFDC/TANF
 - Food stamp status
 - Amount of income derived from AFDC/TANF and Food Stamp payments
 - Food security
 - Child well-being
 - Use of child care
 - Stability of care for children ages 5-12
 - Financial support of noncustodial biological fathers for children ages 5-12
 - Noncustodial biological father contact for children ages 5-12
- **Method:** The evaluation compared the treatment group, the FTP group, and the Aid to Families with Dependent Children (AFDC) group, the control group. The control group received services that reflected the welfare rules (including requirements for participating in employment-related activities through Florida’s welfare-to-work program). Applicants were randomly assigned before an eligibility determination was made. Thus, 8% of the FTP group never received benefits because they were later found to be ineligible for benefits. Participants who were already receiving assistance when FTP was implemented were given the chance to enter the program through random assignment when they appeared for their semiannual recertification interviews. The evaluation follows the participating families for four years after they entered the study. Those who were unable to work were disqualified from participating in the study.

The study exempted the following people from the study:

- Incapacitated or disabled adults

- Persons under 18 years who were in school or working 30 hours or more per week
- Adults caring for disabled dependents
- Parents caring for children 6 months or younger
- Person who over 62 years
- Caretaker relatives

In addition, some participants were exempted after random assignment. These persons are still included in the analysis.

Two surveys were administered to both groups. The first survey was administered two years after random assignment, with 600 respondents total from both treatment and control groups, and assessed FTP’s implementation. The second survey was administered to 1,729 people four years after random assignment, and was given to participants who had at least one child between 5 and 12 years. The survey was a 90-minute segment on child care, parenting, and child well-being.

A separate analysis was done on noncustodial father involvement and child outcomes, based on the four-year survey, which will be the focus of this profile. For the child care and father involvement analysis, 1,108 families were interviewed on a single focal child.

- **Sample:** 5,430 people were randomly assigned to the FTP and control groups. The report sample is 2,817 single-parent cases that were randomly assigned from May 1994 to February 1995. For the 4-year survey 1,729 people were interviewed. For the analysis of father involvement, 1,108 families were interviewed.
- **Measures:** For the father involvement analysis, at four years after random assignment, families were interviewed with a survey that examined child care history, information about children’s involvement with their noncustodial biological fathers, as well as support from their fathers. It also examined home environment, parenting behavior, children’s behavior and functioning. With regard to father involvement, the following measures were used from the four-year follow-up interview:
 - *Noncustodial biological father contact*
 - Bought something for child in last year
 - Cared for child in last year
 - Contacted child by phone/letter in last year
 - Sees child weekly
 - Sees child monthly
 - Sees child 1-11 times per year
 - Does not see child
 - *Noncustodial biological father financial support*
 - Has formal child support order
 - Received money from father through child support agency in the last year
 - Received money directly from father through child support agency in the last year
 - Received money directly from father in the last year
 - Regularly received money directly from father in the last year

- *No noncustodial biological father*
 - Father in the home
 - Father deceased
- **Statistical Analyses:** A two-tailed t-test was done to regression-adjusted impact estimates.
- **Attrition:** Not currently available.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualifications and Support**
 - **Staff-participant ratio:** Not currently available.
 - **Staff Education:** Not currently available.
 - **Staff Experience:** Not currently available.
 - **Staff Training:** Not currently available.
 - **Planning Time and Coordination:** Not currently available.
 - **Staff wages:** Not currently available.
 - **Staff Satisfaction:** Not currently available.

PROGRAM CONFIGURATION:

- **Space:** Not currently available.
- **Materials:** Not currently available.
- **Partnerships and Linkages:** Not currently available.
- **Community Organizations:** Not currently available.

PROGRAM CONTENT:

- **Curriculum or Program Model:** The model included four major features:
 - *A time limit.* Participants were only able to receive cash assistance for 24 months within any 60 month period. Some groups were exempt from this limit. Also, some safeguards were put into place which gave extensions, partial benefit termination or subsidized jobs after the time limit expired.
 - *Financial work incentives.* The first \$200 and one-half of any other earned income was disregarded when calculating what a family would receive monthly. This was referred to as “enhanced earned income disregard.” Participants in FTP were allowed to have more valuable cars than what AFDC allowed without losing eligibility rights. Participants were also given two years of subsidized transitional child care after they left welfare-to-work (as opposed to 1 year for the control group).
 - *Enhanced services and requirements.* Intensive case management was provided to workers with very small caseloads. FTP participants were also required to participate in employment related activities. The program also made available enhanced education, training, and job placement services to participants. Child support representatives were also assigned to the FTP cases to enforce child support orders.

- *Parental responsibility mandates.* Parents with school-aged children had to ensure that their children attended school regularly and were required to speak with their child’s teacher at least one time during the grading period. Applicants with preschool-age children had to prove that their children were receiving necessary immunizations. If these requirements were not met, the parents faced sanctions.

PROGRAM DESIGN:

- **Group size:** Not currently available.
- **Number of program hours (dosage and duration) :** Not currently available.
- **Frequency of program offerings:** Not currently available.
- **Diversity of activities:** Not currently available.
- **Incentives for participation:** Not currently available.

KEY EVALUATION FINDINGS:

- Children in the FTP group were cared for more by their noncustodial biological father than children in the AFDC group. Children in the FTP group were more likely to receive money from their father through the child support agency in the last year (p=.05).
- Children in the FTP group were more likely to regularly receive money directly from their father in the last year (p=.10).
- FTP increased care and support from noncustodial biological fathers by 5 percentage points. Children in FTP were more likely to regularly receive money from their father through formal and informal means.

SOURCES:

Bloom, D., Kemple, J.J., Morris, P., Scrivener, S., Verma, N., Hendra, R., Adams-Ciardullo, D., Seith, D., & Walter, J. (2000). *The family transition program: Final report on Florida’s initial time-limited welfare program.* Retrieved April 18, 2007 from: <http://www.mdrc.org/publications/20/overview.html>

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PARENTS’ EDUCATION ABOUT CHILDREN’S EMOTIONS (PEACE) PROGRAM

OVERVIEW: The Parents’ Education About Children’s Emotions (PEACE) Program was funded by the Supreme Court of Ohio as a mandated divorce education program for couples pursuing divorce. The PEACE program grew out of divorce support groups that Big Brothers/Big Sisters initiated in Marion County public schools. The program was developed to help divorcing parents understand how their conduct and conflict during divorce affects their children’s adjustment. The PEACE program significantly affected residential parents’ satisfaction with parenting, closeness to their children, parental effectiveness since the divorce, and satisfaction with their custody agreements. Though participants reported that the PEACE program had positive impacts on their perceived behavioral changes toward their spouse and children, the program did not produce significant impacts on improving the coparenting relationship between divorced parents. **Read more...**

PROGRAM GOALS:

- Enhance children’s post-divorce adjustment
- Help divorcing parents understand how divorce impacts their children and how their conduct has a direct effect on their children’s adjustment
- Reduce post divorce relitigation

LOCATION: Marion County, Ohio

CHARACTERISTICS OF FATHERS SERVED: The general characteristics of the full sample of divorced parents included:

- 9.70% were fathers with sole custody, 51.49% were mothers with sole custody
- 32.90% had joint legal custody, 2.24% had joint physical custody, and 4.47% had split custody
- 98.51% were Caucasian, .75% were African American, and .75% were defined as “Other”
- The average number of years since divorce was 4.02 years
- The average time length of marriage was 10 years
- 37.50% ended their marriages through divorce, and 62.50% through dissolution (uncontested divorce)
- The mean age of participants was 36 years
- The mean age of participants at marriage was 22
- The mean number of children of participants was 1.88
- At the time of the study, 54.81% were single, 9.64% were cohabiting, 2.96% were separated, and 32.59% were remarried

EVALUATION DESIGN: EXPERIMENTAL (STRATIFIED RANDOM ASSIGNMENT)

- **Outcomes:**
 - Improved coparenting relationship
 - Improved relationship with children
 - Positive adjustment to custody and visitation agreements
 - Improved attitude toward the nonresidential parent role
 - Knowledge about children’s adjustment post-divorce

- **Method:** The researchers used a stratified random design from a sample of couples that had been divorced a minimum of two years. Couples with a minor child, gender, and year served as strata. The names were randomly selected from court records. A neighboring county with a similar population was used to select control group participants. To ensure gender balance and adequate representation for the five study years, 50 males and 50 females from the two counties were surveyed every year for a total of five years (n=1,000). After the surveys, participants were mailed a questionnaire with a self-addressed stamped envelope. People who were sent questionnaires had to have been divorced for at least two years, with a maximum of six years. Parents that participated in the program from 1991-1995, divorced within this time period, and did not receive services from another divorce education program were included in the study.
- **Sample:** The full sample included 236 individuals, with 136 in the treatment group and 100 in the comparison group. A subsample (n=143) of couples who were divorced four years or less was also tested.
- **Measures:** A self-administered questionnaire was sent to both groups with Likert-type rating scales measuring the following items:
 - *Coparenting relationship*
 - *Quality of the coparental relationship* was measured using the Support subscale from the Quality of Coparent Communication Scaleⁱⁱⁱ. Responses ranged from “never” to “always” on a 5-point scale. Questions answered included, “Does your former spouse go out of the way to accommodate any changes you need to make?” and “Would you say that your spouse is a resource to you in raising the children?”
 - *Conflict with the former spouse* was measured by the conflict subscale from the Quality of Coparent Communication Scale^{iv}. Questions included: “When you and your former spouse discuss parenting issues, how often does an argument result?” and “How often is the underlying atmosphere one of hostility and anger?”
 - *Sharing of responsibilities with the former spouse* was measured by the parental component of the 10-item Content of Coparental Interaction scale.^v Parents had to indicate to what extent they shared child-rearing activities, which included: major decisions made about the child’s life, day-to-day decisions made about their child’s lives, and discussion of personal issues that the child may be experiencing. Responses ranged from “never” to “always” on a five-point scale.
 - *Frequency of contact with the former spouse* was measured by a scale that asked the participants to indicate how often they contacted the other parent in the past year. Answers ranged from “none” to “more than once a week”.
 - *Satisfaction with the other parent’s time with the child* was measured by a scale that asked the participants how satisfied they were with the amount of time the other parent spent with their children, with responses ranging from “very dissatisfied” to “very satisfied” on a 5-point scale.
 - *Relationship with children.*
 - *Parental satisfaction* was measured by a single-item scale asking participants to describe the experience of being a parent now to a year before their divorce. The change in satisfaction was the difference in

- how the parent perceived closeness with their children at the time of divorce and at the present time.
- *Change in closeness with their children since the divorce* was measured by asking the parents how close they were to their children at the present time and at the time of the divorce. Responses could range from “excellent” to “poor” on a 5-point scale.
 - *Change in parental effectiveness since the divorce* was measured by asking the parents how they compare their parenting effectiveness at the present time as compared to the time of their divorce. Responses ranged from “excellent” to “poor” on a 5-point scale.
- *Adjustment to custody/visitation.*
 - *Satisfaction with custody arrangements* was measured by a single-item scale asking the participants how satisfied they were with their current custody arrangement. Responses ranged from “very dissatisfied” to “very satisfied” on a 5-point scale.
 - *Number of times returned to court to seek change or compliance*
 - *Number of informal changes in custody*
 - *Satisfaction with informal changes in custody or visitation* was measured by a single-item scale asking how satisfied the participant was with any informal changes that were made to custody or visitation arrangements. Responses ranged from “very satisfied” to “very dissatisfied” on a 5-point scale.
 - *Attitude toward the nonresidential parent role.* This outcome was measured using the Attitudes Toward the Nonresidential Parent Scale.^{vi} Participants responded to four questions regarding the nonresidential parent’s role: “A nonresidential parent should be an ongoing part of his or her child’s life”; “Non-residential parents are just as important to a child as the other parent”; “The responsibilities of a non-residential parent are the same as they are for the residential parent”; and “Non-residential parents should be able to help make decisions about their child’s upbringing”. Responses ranged from “strongly agree” to “strongly disagree” on a 5-point scale.
 - *Knowledge about children post-divorce.* This outcome was measured by a 12-item inventory using “true-false” responses, to assess the participant’s understanding of the process of adjustment by children in a divorce. Some items included in the inventory were: “Divorcing parents can get a lot of support from their children”; “Divorce is an on-going process rather than a single event”; and “Children should know all the bad things my former spouse has done to me.”
 - *Perception of the PEACE Program.* Using two different measures, the evaluators assessed the helpfulness of the program and their perceived changes in behavior as a result of participating in the program. The first measure asked participants how helpful they found the program when they were enrolled in the program, at the present time, and in general for other families. Responses ranged from extremely helpful to not helpful on a 5-point scale. The second was an eight-item measure asking the participant to indicate to what extent certain negative behaviors had been affected by the program. Responses ranged from “behavior stopped completely” to “behavior increased” on a 4-point scale. Certain behaviors listed included: “Refuse to allow visitation for some reason”; “Fight with the other parent in front of the children”; and Discouraged more time between children and the other parent”.

- **Statistical Analyses:** Confirmatory factor analysis (LISREL) was done to determine goodness of fit of multiple variables to make a unitary construct. 2x2 analyses of covariance (ANCOVA) and multivariate analyses of covariance (MANCOVA) were used. Because of the differences between socioeconomic status between the two counties studied, SES was controlled for by treating it as a covariate in the analyses.
- **Attrition:** Not currently available.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualifications and Support**
 - **Staff-participant ratio:** A male and female leader conducted the sessions with an average of 40 participants.
 - **Staff Education:** Not currently available.
 - **Staff Experience:** The group leaders had over 10 years in experience in children and adult services.
 - **Staff Training:** Not currently available.
 - **Planning Time and Coordination:** Not currently available.
 - **Staff wages:** Not currently available.
 - **Staff Satisfaction:** Not currently available.

PROGRAM CONFIGURATION:

- **Space:** Sessions were held in the county courthouse in a courtroom with a uniformed deputy on duty.
- **Materials:** Not currently available.
- **Partnerships and Linkages:** Not currently available.
- **Community Organizations:** Not currently available.

PROGRAM CONTENT:

- **Curriculum or Program Model**

The program is based on social learning theory and parenting skills training. Parents attend the 2 ½ hour session after filing for divorce but before the divorce decree is granted. Parents are asked to pay a \$20 fee to attend the mandated session. The session is conducted by a male and female leader. Divorcing parents do not have to attend the same session. Parents learn how to successfully coparent to replace dysfunctional parenting with more cooperative parenting styles. A grief-loss perspective is also used to help parents understand divorce as a crisis and what a normal reaction and recovery to divorce would be. Topics included in the program are:

 - Statistics and facts about divorce
 - The grief process for adults and children
 - Negative effects of divorce on children
 - Developmental variations in children’s reactions to parental divorce
 - Factors that contribute to a more positive post-divorce adjustment
 - Role of the residential and nonresidential parent
 - Communication skills
 - How to co-parent
 - Single parent families and stepfamilies

- Legal aspects of divorce (definitions of terms, types of parenting arrangements, use of mediation)

At the end of each session, parents are given a handbook with the detailed information on topics from the session and a list of community resources and a reference list for books for adults and children on divorce, single parenting or stepfamilies. Participants complete a three-page evaluation of the program upon exit.

PROGRAM DESIGN:

- **Group size:** An average of 40 parents attended each session.
- **Number of program hours (dosage and duration):** Participants were mandated to participate in 1 session which lasts for 2 ½ hours after filing for divorce, but before a decree is granted.
- **Frequency of program offerings:** The session is offered twice a month in the county courthouse but each parent is only required to attend one session.
- **Diversity of activities:** Fathers participated in 2 ½ hour session which covered a range of topics dealing with divorce, single parenting, and stepfamilies.
- **Incentives for participation:** Not currently available.

KEY EVALUATION FINDINGS:

Coparenting relationship

- The analysis showed no significant multivariate effects. In the subsample, there were also no significant multivariate effects.

Relationship with children

- Residential parents had significantly better relationships with their children in terms of parental satisfaction ($p < .0001$), closeness ($p < .0001$), and effectiveness ($p < .0001$). In the subsample, the MANCOVA analysis found a significant multivariate effect for residential parents in terms of parental satisfaction ($p < .0001$), closeness ($p < .001$), and effectiveness, ($p < .01$).
- ANCOVA analysis revealed that parents who participated in the PEACE program had a better relationship with their children in parental satisfaction ($p < .01$) and closeness ($p < .01$).

Adjustment to custody and visitation

- MANCOVA analysis revealed no significant multivariate effects for the full sample. For the subsample, the MANCOVA analysis produced a significant multivariate effect for residential status. A follow-up ANCOVA analysis revealed that the residential parent was significantly more satisfied with their custody agreement ($p < .0001$).

Attitudes toward nonresidential parent role

- ANCOVA analysis revealed no significant main effects for the full sample or the subsample.

Knowledge about children postdivorce

- MANCOVA analysis revealed no significant main effects for the full sample or the subsample.

Perceived impact of the PEACE program

- PEACE program participants reported a mean score of 3.66 regarding the helpfulness of the program; this score was between “helpful” and “very helpful”. Regarding the potential helpfulness of the program to others, participants reported a mean score of almost 4. Regarding perceived behavioral changes as a result of the PEACE program, the mean score was 3.4, which was between the top two categories, “decreased” and “stopped completely”.

SOURCES:

McKenry, P.C., Clark, K.A., & Stone, G. (1999). Evaluation of a parent education program for divorcing parents. *Family Relations*, 48(2), 129-137.

EVALUATOR AND CONTACT INFORMATION:

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PARENTING TOGETHER PROJECT

OVERVIEW: The Parenting Together Project is a couple-oriented intervention that was developed to test an increase in father’s involvement and mother-father cooperation during the transition to parenthood. The project began in the second trimester of the couple’s first child and ended 5 months postpartum. With accurate curriculum delivery, the intervention strongly enhanced the quality of father’s interactional skills with their infants, and was moderate in affecting time involvement, with no effect on paternal responsibility. **Read More...**

PROGRAM GOALS:

- Enhance father’s knowledge, skills, and commitment to the fatherhood role
- Increase mother’s support and expectations for the father’s involvement
- Foster co-parental teamwork in couples
- Have couples deal more constructively with contextual factors such as work and cultural expectations

LOCATION: Not currently available.

CHARACTERISTICS OF FATHERS SERVED:

To participate in the project, couples had to be over the age of 18, married or living together, in their second trimester of pregnancy, and have both partners expecting their first child.

- Over 2/3 thirds of the couples had college degrees.
- More than half of the couples earned more than \$75,000 combined.
- 16% of the couples were mixed ethnicity.
- 3% were identified as non-white ethnicity (African American or Asian-Pacific Islander).
- The median age for fathers was 31 years.
- 156 of the couples were married, and 9 were cohabiting.

EVALUATION DESIGN: EXPERIMENTAL (RANDOM ASSIGNMENT)

- **Outcomes:**
 - Quality of father-child interaction
 - Father involvement, which includes engagement, accessibility, and paternal responsibility
- **Method:** Couples were randomly oversampled at a proportion of 5/4 to the treatment or control group. Oversampling occurred because the evaluator anticipated a higher dropout rate for those in the intervention group because of the amount of time and effort required for the program. The measures were given to both fathers and mothers; assessments were completed immediately after random assignment, and then six and twelve months postpartum.

Evaluations of the sessions were completed by the participants, parent educators, and observers after each meeting. The evaluator determined that 2 of the 17 groups were hindered by problems such as, scheduling difficulties, poor attendance, low evaluation scores, and parent educator absence due to illness. These two sessions were classified as

adequate interventions; therefore, data from these two groups were omitted from the outcome analysis. A separate analysis was conducted on the two groups.

- **Sample:** At random assignment, there was a full sample of 165 couples (95 for the experimental and 70 for the control group). The final sample at the last 12-month postpartum assessment was 65 couples in the experimental and 67 in the control group.
- **Measures:**
 - *Quality of father-child interaction:* This was measured by videotaped observations of parent-child play in the home. Fathers were observed for a 5 minute period with the baby. Mothers were also observed. The interactions were observed and rated by two different raters using the Parent Behavior Rating Scale. The scale includes the following variables:
 - Warmth/emotional support
 - Intrusiveness
 - Engagement with child
 - Positive affect
 - Negative affect
 - Dyadic synchrony (meshing of behavior between parent and child)
 - *Father involvement*
 - *Engagement.* This was measured by the Interaction/Accessibility Time Chart. Parents were asked to complete a time diary prior to the 6 and 12 month assessment periods, using a forced-recall technique to give detailed, hour-by-hour information about the most recent workday and non-workday before the assessment. The chart looked at *direct engagement* (face-to-face interaction), and *parallel engagement* (doing another activity while with the baby). If a parent forgot to complete the diary, they were asked to fill out information for just the day prior to the assessment. 32% of participants did not complete the diary before the scheduled assessment, but there were no significant differences found between the intervention and control groups on non-completion. There also were no significant differences on other outcomes between completers and noncompleters.
 - *Accessibility.* This was measured by the Interaction/Accessibility Time Chart. Parents were asked to complete a time diary prior to the 6 and 12 month assessment periods, using a forced-recall techniques to give detailed, hour-by-hour information about the most recent workday and non-workday before the assessment. This was measured by the number of minutes the parent was physically available, though not necessarily interacting with the child.
 - *Paternal Responsibility.* This was measured by McBrides’ Parental Responsibility Scale (PRS), a questionnaire mothers and fathers completed jointly. The PRS lists common child care tasks and asks the parents to determine which parent has the primary responsibility of the particular task. Responsibility was defined as remembering, planning, and scheduling the task. The items on the PRS were adapted to be relevant to the age of the children in the study.
- **Statistical Analyses:** The desired sample size was determined using power analyses. Based on the final sample, there is adequate power for quality of father-child interaction and parental responsibility variables, but not for time involvement variables. Preliminary

analyses (one-way analysis of variance (ANOVA) and chi-square statistics) on the baseline characteristics of the intervention and control groups were conducted. Repeated measures were done (ANOVA) for quality of father-child interaction and father involvement.

- **Attrition:** There was a 15% attrition rate by the 12 month assessment. No significant differences between the couples who remained and those who dropped out were found in this study.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualifications and Support**
 - **Staff-participant ratio:** Licensed, community-based parent group educators taught the 7 group sessions in a local community-based clinic. Pairs of male and female teachers taught each session.
 - **Staff Education** The staff educators averaged 15 years of experience.
 - **Staff Experience:** Not currently available.
 - **Staff Training** There was a 1-day orientation to the curriculum, and group meetings were held monthly to troubleshoot and make any necessary revisions to the curriculum.
 - **Planning Time and Coordination:** Not currently available.
 - **Staff wages:** Not currently available.
 - **Staff Satisfaction:** Not currently available.

PROGRAM CONFIGURATION:

- **Space:** Not currently available.
- **Materials:** Not currently available.
- **Partnerships and Linkages:** Not currently available.
- **Community Organizations:** Not currently available.

PROGRAM CONTENT:

- **Curriculum or Program Model:** Participants were recruited from a local health maintenance organization and also through fliers handed out by nursing staff, local radio and television announcements. The Parenting Together curriculum consisted of mini lectures, group discussion, video skill demonstrations, role playing, and new parent role models.

Fidelity to the model was assessed by using checklists completed by the parent educators after each session; an observer also took notes in each group.

PROGRAM DESIGN:

- **Group size:** Not currently available.
- **Number of program hours (dosage and duration):** Eight education sessions were created based on a curriculum that was developed from a theoretical model, based on ecological frameworks “in which the behaviors of fathers, mothers, and children are viewed within an interdependent web of personal, relational, and community influences, and in which paternal involvement includes cognitive and affective domains as well as

observable behaviors” (p439). Initially, a home visit was conducted and the remaining 7 sessions were done in a group clinic setting. The first four sessions occurred before birth and the remaining four occurred during months 2-5 after birth. Group sessions were conducted to be cost effective, but to also help the group members learn from and encourage one another.

- **Frequency of program offerings:** Not currently available.
- **Diversity of activities:** Not currently available.
- **Incentives for participation:** Not currently available.

KEY EVALUATION FINDINGS:

Quality of Father-Child Interaction

- The study found significant differences in fathers in the treatment group’s warmth/emotional support ($p < .05$), intrusiveness ($p < .05$), positive affect ($p < .01$), and dyadic synchrony ($p < .001$).
- There were no significant differences on engagement with the child and negative affect.
- The overall quality score was significantly higher ($p < .01$) than the control group with an effect size of .47 at 6 months postpartum, and .31 at 12 months postpartum.

Father Involvement

- The treatment group had one significant intervention effect for workday accessibility ($p < .05$). With effect sizes at .42 and the 6-month assessment and .30 at the 12 month assessment, fathers in the intervention group were more available to their babies than in the control group. They were available on average, 42 more minutes more than the control group fathers.
- There were no significant differences on direct engagement or parallel interaction during workdays.

With the two excluded groups included in the outcome analysis:

Quality of Father-Child Interaction

- There were still significant group effects for warmth/emotional support and dyadic synchrony. However, the effects for positive affect, negative affect, intrusiveness, and overall quality fell below the .05 level of statistical significance. The effect size for overall quality reduced to .36 and .16 at 6 and 12 months postpartum in the intent-to-treat analysis, and down from .41 to .31 from 6 to 12 months postpartum in the previous analysis that excluded the two groups.
-

Father Involvement

- These results were similar to the previous analysis. There was a significant intervention effect for workday accessibility. The effect size was .42 at 6 months, and .26 at 12 months. On average, fathers in the intervention group were accessible to their children 40 minutes more than the control group fathers.
- For parallel interaction, the effect size became statistically significant ($p < .05$) with effect sizes of .52 at 6 months and .23 at 12 months.

SOURCES:

Doherty, W.J., Erickson, M.F., LaRossa, R. (2006). *An intervention to increase father involvement and skills with infants during the transition to parenthood*. Journal of Psychology, 20(3), 438-447.

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PREPARING FOR THE DRUG FREE YEARS (PDFY)

OVERVIEW: Preparing for the Drug Free Years (PDFY) is a program that was designed in 1984 as part of a comprehensive method to prevent drug abuse. Parents were taught how to reduce family risk factors, increase family protective factors, and use parenting skills and other methods to reduce their children’s risk for substance abuse. A pilot evaluation of the program found that PDFY was effective at improving parenting behaviors that reduce the risk of and enhance protection against children’s initiation of substance use.^{vii} **Read more...**

LOCATION: PDFY was first implemented in Seattle, Washington public schools and has since been used in more than 30 states and Canada. The evaluation summarized here was conducted with PDFY participants in rural Iowa.^{viii}

PROGRAM GOALS: The major goal of PDFY was to prevent future substance use in late elementary- and middle school-aged children by teaching parents effective methods of reducing risk factors and increasing protective factors that will prevent early drug and alcohol use.^{ix}

CHARACTERISTICS OF FATHERS SERVED: Participants in the evaluation had the following characteristics:

- *Race/ethnicity:* Nearly all families were Caucasian
- *Socioeconomic status:* Median annual per capita family income was \$6,800, or \$27,000 for a family of four
- *Family structure:* 39% were from single-parent families.^x

EVALUATION DESIGN: EXPERIMENTAL (RANDOM ASSIGNMENT STUDY)^{xi}

- **Outcomes:** The PDFY program in Iowa addressed the following outcomes:
 - Levels of parent attendance/participation in program sessions
 - PDFY’s effectiveness at enhancing parenting behaviors that reduce risk and offer protection against children’s substance use.^{xii}
- **Method:** Nine schools in rural Iowa were selected based on their districts’ eligibility for federally funded school lunch program. All families (n = 387 families) in those schools who had children in grades six and seven were invited to participate in the study. Families who agreed to participate were randomly assigned to either the experimental PDFY group or to a control group. The control group was placed on a waitlist to receive the PDFY curriculum after the conclusion of the study; no alternate intervention was provided for this group during the study. Each family completed pre- and post-test questionnaires and videotaped observations. The post-test occurred approximately two to nine weeks following program completion. Workshops were delivered by community members who had completed four days of PDFY training.^{xiii}
- **Sample:** A total of 209 families with children in grades six and seven at nine schools in rural Iowa completed the pre-test and 175 families (84 percent) completed the post-test.^{xiv}
- **Measures:**
 - Parents’ knowledge, attitudes, and behaviors

- General family life (e.g., chores, roles, parental monitoring)
- Family problem-solving behavior
- Program attendance^{xv}
- **Statistical Analyses:** Outcomes were tested using analysis of covariance (ANCOVA) tests.^{xvi}
- **Attrition:** Sixteen percent of participants did not complete the post-test.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualifications and Support**
 - **Staff-participant ratio:** PDFY workshops were run by two co-leaders.^{xvii}
 - **Staff Education:** Not available.
 - **Staff Experience:** Workshop leaders were typically members of the community. It was recommended that at least one of the co-leaders be a parent.^{xviii xix}
 - **Staff Training:** PDFY workshop leaders completed a three-day PDFY Workshop Leader’s Training. Training was available for up to twelve participants for a fee of \$4,500 plus travel expenses. Participants were guided through the program curriculum and given the chance to experience and practice each of the five sessions. They practiced delivering the program content and establishing effective timing and flow. Participants were given tips on how to address concerns specific to their communities and how to plan, promote, implement, and deliver the program.^{xx xxi}
 - **Planning Time and Coordination:** Not available.
 - **Staff wages:** Not available.
 - **Staff Satisfaction:** Not available.

PROGRAM CONFIGURATION:

- **Space:** PDFY has been delivered in a variety of contexts, including churches, schools, community centers, homes, hospitals, prisons, and workplaces.^{xxii}
- **Materials:** Training materials included a Workshop Leader Guide, a Workshop Video, and Training Handouts.^{xxiii} Leaders used a curriculum kit that included a workshop leader’s guide, a videotape series (one tape for each session), and a family activity book for each family. Optional materials, including a question-and-answer audiotape to help leaders address difficult questions, an ethnic adaptation guide, and a drug-free toolkit were also available.^{xxiv}
- **Partnerships and Linkages:** Not available.
- **Community Organizations:** Not available.

PROGRAM CONTENT:

- **Curriculum or Program Model:** The PDFY curriculum is based on a comprehensive review of empirical research on the causes of adolescent problem behaviors and on risk and protective factors.^{xxv} It is guided by a social development model that emphasizes the importance of positive bonds to family, school, and peers in preventing substance use. The curriculum includes the following sessions:
 - **Session 1: “Getting Started: How to Prevent Drug Use in your Family”:** This session provides an overview of the program, an introduction to risk factors for

substance use, the nature and extent of adolescent substance use, and an overview of parenting strategies that can reduce the risk.

- **Session 2: Setting Clear Family Expectations on Drugs and Alcohol**: Session 2 teaches parents about ways to reduce risk factors for substance use, including family management strategies, positive attitudes toward substance use, setting behavior standards, involving children in creating family policies around substance use, and implementing family meetings.
- **Session 3: “Avoiding Trouble”**: The third session focuses on risk factors that increase the likelihood that children will use substances, including having friends who use substances, antisocial behavior, and early first use of drugs or alcohol. Children are involved in this session and taught to resist peer pressure.
- **Session 4: “Managing Family Conflict”**: Session four focuses on reducing risks related to family conflict, family management, anger management, and adolescent alienation and rebelliousness.
- **Session 5: “Strengthening Family Bonds”**: The final session focuses on ways parents can enhance protective factors and expand opportunities to involve children in the family, with the goal of discouraging substance use.^{xxvi}

PROGRAM DESIGN:

- **Group size**: Not available.
- **Number of program hours (dosage and duration)**: PDFY is typically delivered in five sessions of two hours each, though it is adaptable and has been delivered in ten one-hour sessions and in other formats.^{xxvii}
- **Frequency of program offerings**: Not available.
- **Diversity of activities**: Parents participate in five workshops focused on parenting behaviors/family skills that discourage children’s substance use. A combination of instruction and practice techniques (e.g., role play activities) are used in the sessions.^{xxviii}
- **Incentives for participation**: Participants in the Iowa evaluation study were offered a financial incentive of \$10 per hour per family member to complete the study assessments. Incentives were not offered for participation in program sessions.^{xxix}

KEY EVALUATION FINDINGS:

- Parent outcomes^{xxx}:
 - PFDY parents exhibited significant improvements in targeted parenting behaviors and child management skills, controlling for pre-test levels.
 - Based on the self-report questionnaires, mothers in the PFDY group were significantly more likely than control group mothers to:
 - Reward children for good behavior
 - Communicate rules regarding substance use
 - Use appropriate punishment for misbehavior
 - Restrict children’s alcohol use
 - Expect children to refuse beer from a friend
 - Express less conflict with their spouses
 - Work at being more involved with their children
 - Based on the self-report questionnaires, fathers in the PFDY group were significantly more likely than control group fathers to:
 - Communicate rules regarding substance use
 - Be more involved with their children

- Based on the results of the observation measures, mothers in the PFDY group were significantly more likely than control group mothers to exhibit:
 - More proactive communication with children
 - Less conflict
 - More improvement in relationship quality or bonding with children
- Based on the results of the observation measures, fathers in the PFDY group were significantly more likely than control group fathers to exhibit:
 - More proactive communication with children
 - More improvement in relationship quality or bonding with children
- Additional checks of the validity of the PFDY evaluation found that improvements in parent behaviors were directly related to participation in PFDY. Specifically, these validity checks found that:
 - There were no differences between control group parents and PFDY parents in behaviors that were not specifically addressed by the program.
 - Parents in the PFDY group who actually attended certain sessions exhibited significantly more improvements in behaviors addressed in those sessions compared with the PFDY group as a whole (which contained parents who did not attend those sessions).^{xxxii}
- Note that subsequent evaluations of PFDY have replicated the results of the pilot evaluation and have provided evidence that the program results in long-term improvements in parent behaviors and reductions in children’s smoking and alcohol-use behaviors.^{xxxii}

**RESPONSIBLE FATHERHOOD PROGRAM
FOR INCARCERATED DADS- FAIRFAX COUNTY**

OVERVIEW: The Fairfax County Responsible Fatherhood Program for incarcerated dads was implemented to educate incarcerated fathers about child development, responsible fathering and to re-ignite child-father relationships. Two groups of prisoners, a treatment and control group, were drawn from a population of inmates just beginning their sentence or just about to leave the prison system by the Director of Community Corrections. Differences in key outcome measures were shown between fathers who had participated in at least four program sessions and those in the control group. Fathers in the treatment group significantly increased; their frequency of contact with their children; knowledge and attitude towards fatherhood; and knowledge of the justice system. **Read more...**

PROGRAM GOALS:

The Fairfax County Responsible Fatherhood Program’s main objectives were:

- Promote responsible fatherhood during and after incarceration.
- Encourage father involvement in their children’s lives.
- Teach parenting skills while providing understanding of child development.
- Teach the values of positive communication between parents and methods of minimizing parental conflict.

LOCATION: Fairfax County, Virginia

CHARACTERISTICS OF FATHERS SERVED:

Fathers were primarily drawn from prisoners just beginning their sentence but some fathers about to be released were also included. These participants were identified by the Director of Community Corrections.

Treatment Group (56)

- The father’s average age was approximately 34 years old.
- Most fathers (48 %) had graduated high school or obtained a GED. About 21 percent of the fathers had some high school; an equal proportion had some college. Nine (9) percent had associates or bachelors degrees.
- The ethnic composition for the treatment group was 27 % White, 64 % Black, 5 % Hispanic and 1.8 % Asian or other.
- About half (52 %) of the fathers made less than \$30,000 annually. Twelve (12) percent made more than 50,000.
- Approximately 60 % had lost their jobs since incarceration. Fifty (50) percent of the fathers had committed custodial offenses.
- Forty six (46) percent of the fathers are single, 25 % currently married and 5 % widowed. They each had and an average of 2 children.
- Half the fathers attended all program sessions.

Control Group (31)

- The father’s average age was 34 years old.
- About one third (29 %) of the fathers had graduated high school or obtained a GED. Another third (29 %) had some high school with an equal proportion having some college. Three (3) percent had an associate’s degree while approximately 10 % had graduate degrees.

- The ethnic composition for the group was 38 % White, 42 % Black and 19 % Hispanic.
- Almost half (42 %) of the fathers made less than \$30,000 annually. Only 6 % made more than \$50,000.
- Approximately 50 % had lost their job with an equal proportion incarcerated for custodial offenses.
- Twenty six (26) percent of the fathers are single, 26 % currently married and 48 % divorced or separated. Each had an average of 2.75 children.

EVALUATION DESIGN: EXPERIMENTAL (Random Assignment)

- **Outcomes**

The following outcomes were assessed;

- Frequency of contact with children
- Knowledge and attitudes toward fatherhood
- Quality of relationship with mothers of children
- Knowledge of the justice system.

- **Method**

An experimental design was used in this study. The treatment group consisted of 56 fathers who participated in at least four of the fatherhood program sessions; these fathers comprised 80 % of the group. The control group consisted of 31 fathers incarcerated for the length of the program. The Director of Community Corrections recruited fathers for both groups. The Responsible Fatherhood program ran for ten weeks and inmates in the treatment group met weekly for about one and a half hours.

Fatherhood Program facilitators had been working at the jail and were known to the fathers. A pre-test was administered to the treatment group during the first session. Control group fathers received pre-tests within the same period. Post-tests were administered during the last session for the treatment group; the control group also completed post-tests within the same period.

- **Sample**

The study involved 56 men in the treatment group and 31 in the control group.

- **Measures**

- *Frequency of contact with children*
During the pretest survey, inmates were asked how often they saw, spoke to, or wrote to their children. At post-test the same questions were posed but phrased in relation to the program. These questions were scored using a four-point scale ranging from never to four times per month. The scores were added up to create a composite score.
- *Knowledge and attitudes toward fatherhood*
Seven items scored on a five-point Likert scale ranging were used to develop the measure. Responses were added for both the pre- and post-test to create a pre- and post composite score. This measure was based on the Adult-Adolescent Parenting Inventory (AAPI) developed by Bavolek, Kline and McLaughlin (1979).
- *Quality of relationship with mothers of children*

Four items were asked pre- and post-test. These items were also scored on a five-point Likert scale and similarly added up as in the knowledge and attitudes toward fatherhood measure.

- *Knowledge of the justice system.*
Four items asking respondents about their knowledge of the justice system pertaining to custodial issues were posed both at pre- and post-test. These items were also scored on the five-point Likert scale. Responses were added to create pre- and post-test composite measures.

- **Statistical Analyses**

Analysis of pre- and post-test scores was conducted to determine if there were differences between the treatment and control group; differences across time on the four dependent variables; and differences on the four dependent variables based on the number of program sessions attended. Further analysis was conducted to determine whether differences on the outcomes existed between custodial and non-custodial inmates.

- **Attrition**

Out of the 72 inmates assigned to the treatment group, 16 men did not attend more than the minimum 4 sessions or were not present during either the pre- or post-tests. Of the 50 men originally in the control group, 19 men could not be located for post-tests due to early or work release programs.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualification and Support**

- **Staff-participant ratio:** Information not available.
- **Staff Education:** Information not available.
- **Staff Experience:** Information not available.
- **Staff Training:** All volunteers were trained by the Director of Community Corrections.
- **Planning Time and Coordination:** Information not available.
- **Staff Wages:** Facilitators for all the program sessions were volunteers from a local non profit organization.
- **Staff Satisfaction:** Information not available.

PROGRAM CONFIGURATION:

- **Space:** Program sessions were conducted in the pre-release center, a facility that housed inmates from several local counties who were either at the end of their sentences or participating in work release programs.
- **Materials:** Information currently not available.
- **Partnerships and Linkages:** Facilitators for the program sessions were volunteers from a local non profit, Opportunities, Alternatives and Resources (OAR).
- **Community Organizations:** Information currently not available.

PROGRAM CONTENT:

- **Curriculum or Program Model**

The Responsible Fatherhood Program consisted of weekly sessions over ten weeks. To be included in the analysis for the treatment group, inmates had to have attended a minimum

of four sessions. The curriculum for those in the treatment group covered demographics on fatherhood and parenting. Other modules included understanding child development, co-parenting, responsible manhood, conflict resolution and moving on. Each lesson had homework components that often required interaction with their children. Participants were also required to maintain a journal of reflections on classes and interactions with their children.

PROGRAM DESIGN:

- **Group Size:** Information currently not available.
- **Number of program hours (dosage and duration):** Each weekly session ran for about an hour and a half.
- **Frequency of program offerings:** Inmates met once per week for ten weeks.
- **Diversity of activities:** Sessions included homework that would require child interaction.
- **Incentives for participation:** Participants in both the treatment and control group were informed that invitations were based on a desire to improve the program for future participants and a response to incarcerated fathers’ needs.

KEY EVALUATION FINDINGS:

Frequency of contact with children:

- Scores on frequency of contact with their children for fathers in the treatment group increased significantly ($p < 0.05$) over time suggesting that the program was effective in increasing a father’s contact with his children.
- The frequency of contact with their children for fathers incarcerated for non-custodial offenses increased significantly ($p < 0.05$) over time. When comparing fathers incarcerated for custodial offenses versus those incarcerated for non-custodial offenses at post-test, the frequency of contact among fathers’ incarcerated for non-custodial offenses was higher than those incarcerated for custodial offenses ($p < 0.05$).

Knowledge and attitudes toward fatherhood:

- Fathers’ knowledge and attitude toward fatherhood for fathers in the treatment group significantly increased over time ($p < 0.05$) suggesting that the program was effective in increasing fathers knowledge about psychological and physiological development of their children.
- Fathers’ knowledge and attitude toward fatherhood varied significantly ($F = 7.97$, $p < 0.05$) across the number of program sessions attended. This knowledge was significantly higher for fathers who had attended all sessions versus fathers who had attended four to five sessions or six to seven sessions.
- Fathers’ who were incarcerated for custodial offenses had significantly higher post-test scores on knowledge and attitude towards fatherhood relative to those incarcerated for non-custodial offenses ($p < 0.05$). Fathers incarcerated for both types of offenses showed significant ($p < 0.05$) improvement over time.

Knowledge of the justice system:

- Fathers’ knowledge of the justice system for fathers in the treatment group increased significantly ($p < 0.05$) over time suggesting that the program was effective in improving awareness and knowledge of the justice system.
- Fathers who were incarcerated for custodial crimes significantly ($p < 0.05$) increased their knowledge of the justice system over time.

SOURCES:

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VIDEO SELF-MONITORING EFFECTS OF PARENTING EDUCATION ON FIRST-TIME FATHERS’ SKILLS

OVERVIEW: This randomized controlled study with first-time fathers evaluated the effects of video-self modeling with feedback as a participatory parenting education program. The program aimed at improving parents’ interaction skills with their infants. Fathers in the intervention group, along with a trained home visitor, reviewed videotapes of the father playing with their child at five and six months. The home visitor provided positive feedback and a handout. Those in the control group discussed age appropriate toys with the visitor. Significant differences in behavior between the intervention and control group were observed in the father’s sensitivity to infant cues and fostering their infant’s cognitive growth. **Read more...**

PROGRAM GOALS: The video self-modeling fatherhood program was designed to:

- Improve the father’s ability to recognize and respond appropriately to infant behavioral cues.
- Help fathers promote their infants cognitive and social-emotional development.
- Increase fathers’ sense of competence as a parent.

LOCATION: Two western Canadian cities.

CHARACTERISTICS OF FATHERS SERVED: Characteristics of fathers in the intervention group and control group were:

- They were first-time parents.
- Spoke primarily English to their infants and read English at 8th grade level.
- The average age was 32 for the intervention group, 31 for the control group.
- Ninety five percent of fathers in the intervention group were employed, 91 % for the control group.
- On average fathers worked 44 hours outside the home.
- Educational attainment ranged from partial high school to graduate degrees; on average 16 years of education. Forty two percent of the sample had university education or higher while 21 percent of males in the general population had university degrees or higher.
- Of the 165 who described their ethnicity, 83 % were European Canadian. Others described themselves as Aboriginal, Chinese, Hispanic, Filipino, Asian or other.
- Fathers whose infants had major congenital anomalies, received care in neonatal intensive care units, were of multiple births or had known medical problems were excluded.

EVALUATION DESIGN: EXPERIMENTAL (RANDOM ASSIGNMENT)

- **Outcomes**
 - The *Nursing Child Assessment Teaching Scale (NCATS)* (Sumner & Spietz, 1994) was used to assess:
 - Sensitivity to Cues
 - Response to Distress
 - Social-emotional Growth Fostering
 - Cognitive Growth Fostering

- The *Parenting Sense of Competence (PSOC)* (Johnston & Mash, 1989) was used to measure two outcomes:
 - Efficacy
 - Satisfaction
- **Method:** An experimental design using block randomization assigned first-time fathers into an intervention or control group. The control group received home visits when the infants were 5 and 8 months old. The intervention group was visited when the infants were 5, 6 and 8 months. All home visitors were unaware of the research hypothesis. Additionally, home visitors in the control group did not know what was included in the intervention.

Each home visit consisted of the father being videotaped while playing with his child. Further treatment varied between the control and intervention group. Self-reported questionnaires at the 5th and 8th months were used for the *PSOC* instrument. Videotapes of the home visits were also reviewed and measured using the *NCATS* by raters to assess different outcome measures. These raters were unaware of group assignment and other scores obtained by fathers.

- **Intervention group:** Fathers were videotaped teaching their child to play with a toy selected from a list provided by the home visitor. The toys would be new to the child. Immediately after the videotaping, the father and home visitor reviewed the tape together. The home visitor identified instances when the father’s behavior had been sensitive and responsive to the child or promoted cognitive or social-emotional growth. Handouts pertaining to the interaction skills were also shared. Fathers were provided a copy of the videotape after the visit. A second identical visit was conducted at 6 months. There was no feedback process during the final videotaped visit at 8 months.
- **Control group:** Fathers were videotaped teaching their five month old child to play with a new toy using the same procedure as the intervention group. However, the father did not view the videotape nor receive feedback. The home visitor discussed age appropriate toys using a standardized protocol and pamphlets available at community child health clinics in the study area. Fathers were also asked about activities they liked to do with their child. During the final videotaped visit at 8 months no feedback was provided.
- **Sample:** One hundred and eighty three (183) first-time fathers were enrolled for the study.
- **Measures:**
 - *Nursing Child Assessment Teaching Scale (NCATS)* (Sumner & Spietz, 1994) It is used to measure parent-child interactions and has 73 behaviors scored on a yes/no scale. A higher score infers a more positive interaction. Four raters were used to view and score each videotape. The raters were blind to group assignment and other scores obtained by the fathers. The outcome measures were subscales of the 73 behaviors, namely:
 - Sensitivity to cues: consisted of 11 items
 - Response to distress: consisted of 11 items
 - Social-emotional growth fostering: consisted of 11 items

- Cognitive growth fostering: consisted of 17 items
- *Parenting Sense of Competence (PSOC)* (Johnston & Mash, 1989)
This was a self-reported questionnaire. It had 16 questions on a 6 point scale and was used to provide to subscale scores measuring efficacy and satisfaction.
- **Statistical Analyses:** Changes in scores on the NCATS and PSOC were analyzed using a 2 (group) by 2 (time) ANOVA with repeated measures for time.
- **Attrition:** One hundred and eighty three (183) fathers were enrolled; 94 were randomly assigned to a control group and 89 to an intervention group. The control group lost 13 fathers while the intervention group lost 8.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualification and Support**
 - **Staff-participant ratio:** Each father and child met with one home visitor. Home visitors did not change from one visit to the next in all but five of the visits in the intervention group.
 - **Staff Education:** Information currently not available.
 - **Staff Experience:** Information currently not available.
 - **Staff Training:** Home visitors were trained by researchers. They conducted supervised home visits and practiced with fathers in pilot studies. All home visitors from the intervention group reviewed the *Keys to Caregiving* video series to develop skills in identifying father’s behavior.
 - **Planning Time and Coordination:** Information currently not available.
 - **Staff Wages:** Information currently not available.
 - **Staff Satisfaction:** Information currently not available.

PROGRAM CONFIGURATION:

- **Space:** All visits and videotaping were conducted in the father’s home. Rating of videotapes by experts was done outside the homes.
- **Materials:** Information currently not available.
- **Partnerships and Linkages:** Information currently not available.
- **Community Organizations:** Information currently not available.

PROGRAM CONTENT:

- **Curriculum or Program Model**

Fathers were recruited during prenatal classes or visits to community health centers; through advertising; and through community groups for new parents. Participants in the intervention group received two handouts describing aspects of parent-infant interaction observed and reviewed from the videotaped session. One handout described infant behavioral cues. The other outlined components of the teaching loop included:

 - alerting the baby
 - showing and explaining
 - giving the baby time to try
 - offering praise and suggestions.

Participants in the control group received pamphlets that were available in local child health community clinics.

PROGRAM DESIGN:

- **Group Size:** A group consisted of the father, child and home visitor. Four raters reviewed each videotape to give independent scores.
- **Number of program hours (dosage and duration):** Each home visit for both the control and intervention group was approximately one hour long. This period included about 20 minutes of videotape reviewing time for the intervention group.
- **Frequency of program offerings:** The control group received home visits at the 5th and 8th months. The intervention group was visited during the 5th, 6th and 8th months.
- **Diversity of activities:** Each visit was conducted using identical protocols.
- **Incentives for participation:** Information currently not available.

KEY EVALUATION FINDINGS:

Parent Total Score on the NCATS:

- More positive father-child interactions were observed for the intervention group. Average scores for fathers in the intervention group increased from 40.6 to 41.7 while scores for those in the control group decreased from 40.0 to 38.4. They were statistically significant at the ($p = 0.001$) level.

Sensitivity to Cues:

- Fathers in the intervention group became more sensitive to infant cues over time unlike fathers in the control group. These results were statistically significant at the ($p = 0.05$).

Cognitive Growth Fostering:

- Fathers in the intervention group became more adept at fostering cognitive growth than fathers in the control group. This was statistically significant at the ($p = 0.002$) level.

Social-emotional Growth Fostering:

- There were no significant differences in the father’s behaviors fostering infant social-emotional growth.

Efficacy and Satisfaction:

- There was statistically significant ($p < 0.001$) main effect for time. Father’s efficacy scores in both groups increased by about 2 points.
- There was no main effects for PSOC Satisfaction observed.
- There were no significant interaction effects for either Efficacy or Satisfaction.

SOURCES:

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“YOUNG DADS”

OVERVIEW: The “Young Dads” Program targeted African American adolescent fathers to help them become more confident and responsible fathers. The evaluation of the “Young Dads” program suggested that programs for young fathers that only focus on teaching parenting skills are ineffective. The evaluation revealed statistically significant changes for fathers who participated in the program in employment rates, vocational plans, perceptions of current relationships with their children, perceptions of the quality of the future relationship with their children, frequency of contraceptive use, and the availability of persons with whom a problem can be discussed. **Read more...**

PROGRAM GOALS: The “Young Dads” parenting program aimed to increase African American adolescent fathers’ ability to:

- Establish and meet individual goals
- Develop stronger support systems
- Develop more consistent and positive feelings about their relationships with their children now and in the future

LOCATION: New York City, New York

CHARACTERISTICS OF FATHERS SERVED:

The sample served included first-time fathers between the ages of 16 and 18 years. The characteristics of the evaluation sample included the following:

- All participants were African American and from the same geographical area
- The mothers of the participants’ children were receiving services through a teen mother’s support program or were in a mother-baby group residence.
- The mean age of their children was 9 months
- On average, couples had known each other for almost a year before the women became pregnant

EVALUATION DESIGN: EXPERIMENTAL DESIGN (RANDOM ASSIGNMENT)

- **Outcomes:**
 - Employment
 - Vocational plans
 - Current Relationship with child
 - Perception of future relationship with child
 - Establishment of a 10-year plan
 - Use of contraceptives
 - Number of close friends
 - Discussion of problems with others
- **Method:** Adolescent fathers were randomly assigned to treatment or control group. The fathers were interviewed at two time points: at the time of referral and six months after referral. The experimental group received individual and group counseling, education/vocational referrals and placements, medical care and referrals, housing and legal advocacy, cultural and recreational activities, and parenting skills training. Control

group fathers received weekly group parenting skills training and were invited to participate in the child welfare agency’s case planning for their children.

- **Sample:** 60 (30 fathers in the treatment group and 30 fathers in the control group) African American adolescent fathers were included in the sample.
- **Measures:** Fathers were interviewed at the two time points: the time of referral, and six months after referral.
 - *Employment.* Fathers were asked if they were employed.
 - *Vocational Plans.* Fathers were asked if they had a vocational plan.
 - *Current Relationship with Child.* Fathers were asked to rate the quality of their relationship with their child as “excellent”, “good”, “fair”, or “poor”.
 - *Future relationship with Child.* Fathers were asked to predict the closeness, quality, and consistency of their relationship with their children in the future. Fathers could rate the relationships as “excellent”, “good”, “fair”, or “poor”.
 - *Establishment of a 10-Year plan.* Fathers were asked if they had developed a ten-year plan.
 - *Use of Contraceptives.* Fathers were asked if they used birth control “always”, “often”, or “sometimes”.
 - *Description of Being a Man.* Fathers were asked to provide a description of their views of being a man.
 - *Number of close friends.* Fathers were asked the number of close friends they had.
 - *Discussion of Problems with others.* Fathers were asked with whom they discussed problems. Fathers had the options of choosing a relative, friend, child’s mother, social worker, or no one.
- **Statistical Analyses:** Data were analyzed using chi-square analysis.
- **Attrition:** Not currently available.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualifications and Support**
 - **Staff-participant ratio:** Two social workers, a parenting instructor, and an educational-vocational counselor were assigned to thirty fathers.
 - **Staff Education:** Not currently available.
 - **Staff Experience:** Not currently available.
 - **Staff Training:** Not currently available.
 - **Planning Time and Coordination:** Not currently available.
 - **Staff wages:** Not currently available.
 - **Staff Satisfaction:** Not currently available.

PROGRAM CONFIGURATION:

- **Space:** Not currently available.
- **Materials:** Not currently available.
- **Partnerships and Linkages:** Not currently available.
- **Community Organizations:** Not currently available.

PROGRAM CONTENT:

• **Curriculum or Program Model**

The program involved using a comprehensive set of services that were tailored to the individual needs of young fathers. Fathers were contacted through their child’s mother’s adolescent mother programs in a local hospital. Once enrolled, the fathers were asked to list areas in their lives where they needed assistance. The program model assumed that male social workers were better equipped to serve the young fathers and thus used the relationship between the adolescent fathers and male social workers as a therapeutic (through counseling and regular meetings), mentoring, and supportive male relationship throughout the program. The male staff members also served as positive parenting role models. The fathers received individual and group counseling, education/vocational referrals and placements, medical care and referrals, housing and legal advocacy, cultural and recreational activities, and parenting skills training.

PROGRAM DESIGN:

- **Group size:** 30 fathers were enrolled in the program.
- **Number of program hours (dosage and duration):** Not currently available.
- **Frequency of program offerings:** Not currently available.
- **Diversity of activities:** The fathers received individual and group counseling, education/vocational referrals and placements, medical care and referrals, housing and legal advocacy, cultural and recreational activities, and parenting skills training.
- **Incentives for participation:** Not currently available.

KEY EVALUATION FINDINGS:

Employment

- At the second time point, 97% of the fathers in the treatment group were employed, compared to 31% of control group fathers who were employed ($p < .01$).

Vocational Plans

- At the second time point, 87% of treatment group fathers had a vocational plan in comparison to 42% of control group fathers ($p < .01$).

Current Relationship with child

- At the second time point, 77% of the experimental group reported that their relationship with their child was “excellent” or “good”. 50% of the control group reported an “excellent” or “good” relationship with their children at the second time point ($p < .02$).

Expectation of Future Relationship with the Child

- 96% of treatment group fathers predicted that their future relationship with their child will be excellent in comparison to 73% of control group fathers at the second time point ($p < .02$).

Use of Contraceptives

- At the second time point, 90% of fathers in the treatment group reported that they use contraceptives always or often, in comparison to 73% of fathers in the control group ($p < .01$).

Discussion of Problems

- At the second time point, no treatment group reported that they did not have someone to discuss their problems with, in comparison to 27% of control group fathers.

SOURCES:

Mazza, C. (2002). Young dads: The effects of a parenting program on urban African American adolescent fathers. *Adolescence*, 37(148), 681-693.

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Appendix 2:

“Promising” Fatherhood Programs

AN ACHE IN THEIR HEARTS

OVERVIEW: An intervention for parents who recently lost an infant to stillbirth or Sudden Infant Death Syndrome was evaluated in Brisbane, Australia. Mothers and fathers received information about infant death and the grieving process and had access to a trained grief counselor. The intervention reduced distress for mothers and fathers, especially those who were at high risk of developing mourning difficulties, compared to a group that did not receive the intervention. **Read more...**

PROGRAM GOALS: The overall goal of this program was to provide information and support to parents of infants who recently died. The program aimed to accomplish this goal by the following:

- Assisting participants in accepting the reality of their loss,
- Helping parents affirm their baby’s existence,
- Supporting parents in their expression of emotional pain, and
- Encouraging mourning.

LOCATION: The Brisbane, Australia metropolitan area.

CHARACTERISTICS OF FATHERS SERVED:

Fathers participating in the study had the following characteristics:

- Eighty-six percent were married and 74 percent had other children.
- Ninety-one percent of fathers worked full-time outside the home.
- Eighty-one percent had experienced a perinatal death, and the other 19 percent a SIDS death.
- More than half of households averaged \$20,000 to \$45,000 Australian per year.

EVALUATION DESIGN: QUASI-EXPERIMENTAL

- **Outcomes:** The evaluation measured the following outcomes:
 - Psychological symptoms of disturbance, including anxiety and depression,
 - Physical symptoms of disturbance, such as headaches and insomnia,
 - Reliance on coping strategies, and
 - Perceived support from a partner.
- **Method:** Study participants were recruited from three maternity hospitals in the Brisbane metro area. The study was forbidden from contacting parents until four weeks after the death of the infant by the state health department and participating hospitals. All participants (including those who received the intervention and the comparison group) had received routine care from a hospital immediately following the infant death.

Interviews with participants were administered at three time points after the loss of the infant: four to six weeks postloss, six months post loss and 15 months postloss. The first interview collected baseline data before the intervention. In addition to the measures that were repeated on later interviews, the initial interview was used to classify participants as either high-risk or low-risk for developing mourning difficulties, as determined by scores on seven indicators of risk. The indicators of risk were

 - Lack of perceived social support,
 - Ambivalent relationships with the baby,
 - Particularly traumatic circumstances surrounding the death,

- Other difficult life circumstances,
- Difficulty with coping in the past,
- Problematic individual characteristics, and
- Unsatisfactory relationships within the nuclear family.

Classification into a risk group did not affect treatment. These groups were only used during final statistical analyses to determine whether the program was more effective for participants at high risk of complicated grieving.

Due to uncontrollable circumstances, the comparison group was recruited six months after the treatment group. Both groups were sampled from the total population of eligible families. Analyses showed no significant differences in the routine care offered by hospitals or in the 44 demographic and psychological variables collected in the pre-intervention interview.

- **Sample:** Parents were recruited for the study if they had experienced a stillbirth (greater than 20 weeks gestation) or neonatal death at one of the three major maternity hospitals in the Brisbane metropolitan area, or had experienced a Sudden Infant Death Syndrome (SIDS) death in the same area during the recruitment period. Of the 261 parents who were eligible for the study, 172 agreed to participate (66 percent). Of the 144 parents who completed all three interviews, 65 were fathers and 79 were mothers. The treatment group was comprised of 84 parents and the comparison group was comprised of 60 parents. There were no significant differences between treatment and comparison groups on a number of demographic variables.
- **Measures:** The following measures were used in all interviews:
 - The Delusions-Symptoms-States Inventory (DSSI/sAD) assessed psychological symptomatology, particularly, anxiety and depression.³³
 - Two scales were taken from the Physical Health and Daily Living Form Manual to measure physical symptomatology and coping responses.³⁴ The coping responses scale included three subscales: cognitive coping strategies, avoidance, and seeking support.
 - The Dyadic Adjustment Scale (DAS) was used to assess relationships quality.³⁵
- **Statistical Analyses:** Multivariate analyses of variance were employed to assess whether the experimental group differed from the control group over time. Data from mothers and fathers were analyzed separately because it could not be assumed that couples would provide independent data. Stepdown analyses were employed to address nonindependence of subscales that were intercorrelated. This procedure evaluates the most theoretically important dependent variable first, then determines whether successive dependent variables add significantly to the combination of dependent variables already evaluated. Effects were considered significant only if the multivariate main or interaction effect was significant at $p < .05$. A Bonferroni adjustment determined the level of significance for stepdown analyses to adjust for the number of dependent variables.
- **Attrition:** Of the 172 parents who agreed to participate, 144 (84 percent) completed all three interviews. The rate of attrition was similar for the treatment group (17.6 percent) and the comparison group (16.7 percent). An analysis of attrition revealed significant differences between those who dropped out of the study and those who completed all three interviews on just three of the 33 variables measured in the first interview. Parents who did not complete all interviews were more likely than those who did to be over 35 years old, unmarried, and to hold some religion other than Christian. The analyses

reported in the evaluation only consider data from participants who completed all three interviews.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualifications and Support**
 - **Staff-participant ratio:** Not currently available.
 - **Staff Education:** Grief workers were required by participating hospitals to be registered social workers and psychologists.
 - **Staff Experience:** Not currently available.
 - **Staff Training:** In addition to their education, grief workers were required to complete a 40-hour training course.
 - **Planning Time and Coordination:** Not currently available.
 - **Staff wages:** Not currently available.
 - **Staff Satisfaction:** Not currently available.

PROGRAM CONFIGURATION:

- **Space:** Case meetings could take place in any setting chosen by the family. In the initial interview round, 98 percent of interviews were conducted in participants’ homes.
- **Materials:**
 - Parents were provided written information on medical aspects of infant death, the process of mourning, effects of infant death on various family members and family systems, and future decision-making. Exercises encouraged parents to relate the information to their personal situation. Other children in the family were given picture story books or an adolescent pamphlet. Families could choose to give information pamphlets to members of their social networks including grandparents, teachers, and coworkers to enhance social support.
 - A training manual with accompanying handouts and teaching aids was provided for grief workers who took a required 40-hour course.
 - The format for the initial interview was derived from the therapeutic interview for bereavement recommended by Raphael.³⁶
- **Partnerships and Linkages:** The program was implemented with agreement of the three hospitals that, after due consideration, provided names and contact information of parents of recently deceased infants, as well as relevant demographic information. This agreement included safeguards for families’ privacy.
- **Community Organizations:** No other community organizations were part of this intervention.

PROGRAM CONTENT:

- **Curriculum or Program Model:** This model of intervention became known as *An Ache In Their Hearts* and has been documented thoroughly to allow replication.³⁷

PROGRAM DESIGN:

- **Group size:** Each grief worker met with the members of one family per session.
- **Number of program hours (dosage and duration):** Parents could contact their grief worker when they wanted, so the number of contacts per family ranged from one to 25 (mean = 5.78, standard deviation = 5.11).

- **Frequency of program offerings:** Participants could contact their grief worker at any time during the 15-month observation period
- **Diversity of activities:** Treatments included relationship counseling, information clarification or collection, or psychosocial support, depending on the particular difficulties that might hinder the family’s grieving process.
- **Incentives for participation:** No incentives were reported in this evaluation.

KEY EVALUATION FINDINGS:

- The most consistent finding of the evaluation is that parents at high-risk of developing mourning difficulties benefit more than those at low risk. Fifty-one fathers (30 treatment, 21 comparison) were classified as at low-risk and fourteen fathers (seven treatment, seven comparison) were classified as at high-risk of developing mourning difficulties.
- One exception to the influence of risk was an improvement in seeking support as a coping strategy for all fathers.
- Fathers in the treatment group had significantly reduced psychiatric disturbance scores over time ($p < .001$). For high-risk fathers, psychiatric disturbance was significantly lower at both six months ($p < .05$) and 15 months post-loss ($p < .01$). For low-risk fathers, psychiatric disturbance was significantly lower at 15 months postloss ($p < .001$). In addition, high-risk fathers had reduced levels of psychiatric disturbance to such an extent that they were not significantly different from those of low-risk fathers at 15 months.
- Levels of anxiety among high-risk treatment group fathers declined significantly at 15 months post-loss ($p < .01$). This decline was large enough that levels of anxiety were not significantly different for high-risk and low-risk fathers at 15 months postloss.
- The use of avoidance coping strategies declined significantly over time for high-risk fathers in the treatment group ($p < .05$). Seeking support as a coping strategy changed significantly for the treatment group of fathers ($p < .001$) but not the comparison group.
- High-risk parents who participated in the intervention were more likely to maintain relationship quality over time than high-risk individuals in the comparison group ($p < .01$). High-risk fathers in the comparison group had lower marital cohesion six month postloss ($p < .05$).
- Some benefits for fathers were not significant until 15 months postloss, suggesting long-term efficacy of the treatment.

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THE EFFECTS OF A PARENT EDUCATION/PLAY GROUP ON FATHER INVOLVEMENT IN CHILD REARING

OVERVIEW: The Parent Education/Play Group Program, a fatherhood intervention study, aimed to demonstrate that father involvement programs will increase father interaction and responsibility with their children, and improve fathers’ perceived sense of parenting and competence. The Parent Education/Play Group Program had two components: group discussion and father-child dyad play. Significant program effects were found on treatment group fathers’ responsibility, forms of involvement, and their perceived sense of competence in parenting skills. **Read more...**

PROGRAM GOALS:

The program aimed to:

- Cultivate support for the need and necessity of father involvement programs.
- Provide a contextual understanding for practitioners and researchers of the modifiability of father involvement with the hope that the improved understand would lead to the development and implementation of parent education and support programs.

The Parent Education/Play Group intervention aimed to:

- Improve fathers’ confidence related to parenting
- Increase fathers’ parenting skills
- Improve paternal responsibility accessibility and interaction with their children

LOCATION: Not currently available.

CHARACTERISTICS OF FATHERS SERVED:

FATHERS

- *Age.* The mean age of fathers was 34.7 years old.
- *Number of children.* Fourteen (14) fathers had only one child, thirteen (13) had two children, and three (3) fathers had three children. The majority of the fathers signed up to participate with their first born child.
- *Ethnicity.* 80% white, 7% black, 7% Arabic, 3% Hispanic, and 3% Asian.
- *Income.* Twenty (20) fathers had combined family incomes greater than \$40,000 and six (6) had family incomes between \$25,000 and \$40,000.
- *Education.* Eighteen (18) had advanced degree or were attending graduate school. Seven (7) had B.S. degrees.
- *Employment.* All of the fathers were employed full-time outside of the home

CHILDREN

Age. The mean age was 94.8 months.

Gender. Seventeen (17) girls and thirteen (13) boys.

EVALUATION DESIGN: QUASI-EXPERIMENTAL DESIGN

- **Outcomes:**
 - Fathers’ perceived sense of competence in parenting

THE EFFECTS OF A PARENT EDUCATION/PLAY GROUP ON FATHER INVOLVEMENT
IN CHILD REARING

- Fathers’ perceptions of the degree to which they have acquired the skills and understanding to be a good parent
- Fathers’ value of parenthood and comfort level in the role as a parent
- Paternal responsibility.
- Paternal accessibility and interaction
- **Method:** A number of instruments were for the present study.
 - *The Parenting Sense of Competence Scale (PSOC)* – a 17 item self-report Likert-type scale developed to measure self-esteem in parenting situations.
 - *Child Care Task Checklist* – list 11 common child care tasks used to measure paternal responsibility.
 - *Interaction/Accessibility Time Chart (adapted)* – data from this chart was collected through phone interviews and was used to measure the total amount of time the father was interacting with or accessible to his child for one workday and one non-workday.

Data from the PSOC, Child Care Task Checklist, and Interaction/Accessibility Time Chart was collected for both the treatment group and control group prior to the start of the 10- week program (pre-test) and at the end of the program (post-test)

- **Sample:** 30 fathers (15 in the treatment group and 15 in the waitlist group) and their pre-school aged children.
- **Measures:**
 - Fathers’ perceived sense of competence in parenting
 - Fathers’ perceptions of the degree to which they have acquired the skills and understanding to be a good parent
 - Fathers’ value of parenthood and comfort level in the role as a parent
 - Paternal responsibility- remembering, planning, and scheduling the child-care task.
 - Paternal accessibility and interaction
- **Statistical Analyses:**
 - To examine group differences, a Multivariate Analysis of Variance (MANOVA) function was used with the PSOC, Interaction, Accessibility, and Responsibility scores as the dependent variables and group membership as a factor.
- **Attrition:** Not currently available.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualifications and Support**
 - **Staff-participant ratio:** Not currently available.
 - **Staff Education:** Not currently available.
 - **Staff Experience:** Not currently available.
 - **Staff Training:** Not currently available.
 - **Planning Time and Coordination:** Not currently available.
 - **Staff wages:** Not currently available.
 - **Staff Satisfaction:** Not currently available.

PROGRAM CONFIGURATION:

- **Space:** Not currently available.
- **Materials:** Not currently available.
- **Partnerships and Linkages:** Not currently available.
- **Community Organizations:** Not currently available.

PROGRAM CONTENT:

- **Curriculum or Program Model**
Father-child dyads in the experimental group participated in a 10-week parent education/play group program. Control group father-child groups participated in a comparable 10 week program. Two major components: Group discussion and father-child play time.
 - *Group Discussion:* This component used the Parent Effectiveness Training (P.E.T.), Adlerian, and Behavioral approaches with a specific focus on the child, and allowing fathers the opportunity to share their problems and perceptions with one another.
 - *Father-child play:* Fathers and their children engaged in both structured and non-structured preschool-type activities. This gave fathers the opportunity to play and explore different ways of engaging their children, and to increase their sensitivity to the needs of their children.

PROGRAM DESIGN:

- **Group size:** 30 fathers (15 in the control group and 15 in the treatment group)
- **Number of program hours (dosage and duration):** 20 hours total, 10 weeks long
- **Frequency of program offerings:** 2 hours on 10 consecutive Saturday mornings.
- **Diversity of activities:** Group discussion (1 hour/week) and father-child play time (1 hour/week)
- **Incentives for participation:** Not currently available.

KEY EVALUATION FINDINGS:

- There were no significant pretest demographic differences between the control group and the treatment group.
- The MANOVA function used to investigate program effects with the PSOC, Interaction, Accessibility, and Responsibility scores revealed:
 - Significant differences in PSOC [$F(1,28) = 7.75, p=.010$] post-test scores, with the fathers in the treatment group scoring higher.
 - There were significant differences on the Valuing/Comfort subscale [$F(1,28) = 10.14, p=.004$], with treatment group fathers scoring higher than control group fathers. At the end of the program, treatment group fathers saw themselves as more comfortable with their parental role compared to control group fathers.
 - There were significant differences in Responsibility [$F(1,28) = 7.09, p=.013$] post-test scores, with the fathers in the treatment group scoring higher.

- Differences in Interaction and Accessibility post-test scores were not significant for fathers.
- Older fathers became more interactive ($r=.55$, $p=0.5$) while fathers of firstborn children became more accessible ($r=.67$, $p <.01$).

SOURCES:

McBride, Brent A. (1990). The effects of a parent education/play group program on father involvement in child rearing. *Family Relations*, 39, (3), 250-256. Available at <http://links.jstor.org/sici?sici=0197-6664%28199007%2939%3A3%3C250%3ATEOAPE%3E2.0.CO%3B2-W>.

FATHERHOOD EDUCATION PROGRAM -- BOSTON

OVERVIEW: This parent education program was implemented in Boston in 1981. The program taught communication skills to fathers who had at least one school-aged child. The evaluators found that, compared to a group of fathers who did not receive program services, fathers in the program improved their communication skills with more sensitivity to children and fewer undesirable responses to children’s behaviors. Children of men in the program were more likely to perceive a positive change in their relationships with their fathers than children of men in the comparison group. The intervention also seemed to lower fathers’ satisfaction with their families and changed their concepts of an ideal family. The evaluators explain this result as an increase in fathers’ expectations for family relationships, but incomplete implementation and consolidation of the changes they would like to make in their relationships at the time of the post-test. **Read More...**

PROGRAM GOALS: This program intended to improve fathers’ communication skills with their school-aged children, and thereby increase fathers’ active participation in parenting.

LOCATION: This parent education program took place in Boston, Massachusetts.

CHARACTERISTICS OF FATHERS SERVED: The program recruited 11 married, Caucasian fathers in the Boston area who had at least one child of age 6-12.

- The average age for fathers was 36.45 years, for mothers 35.22 years, and for focal children 8.63 years.
- Fathers averaged 16.4 years of education.
- The length of present marriage averaged 9.32 years.
- 27.3% of the men had been married previously.
- Focal children were 63.6% male and 36.4% female.
- The treatment and comparison groups had similar characteristics except that mother’s age was somewhat older in the treatment group.

EVALUATION DESIGN: OUTCOMES MONITORING (PRE- POST-TEST DESIGN)

- **Outcomes:** The effects of the program were assessed in the areas of:
 - Fathers’ communication skills;
 - Children’s perceptions of their relationships with their fathers; and
 - Family systemic effects, as measured by the family concepts held by fathers and mothers.
- **Method:** Fathers were recruited to the program from community organizations in Boston neighborhoods. Eleven of the men underwent the eight-week program and eleven men did not. All men, their wives, and the children that were the focus of the intervention were measured on the relevant dependent variables before and after the intervention.
- **Sample:** Eleven married, Caucasian fathers living in the Boston area participated in the parent program as well as a comparison group of eleven fathers with similar demographic characteristics.

- **Measures:** Fathers’ communication skills were measured using the Sensitivity to Children Scale (Stollak 1968; Kallman and Stollak 1974) and the Porter Acceptance Scale (Porter 1954). Children’s perceptions of their relationships with their fathers were assessed using structured one-on-one interviews and the Kinetic-Family-Drawing Test (Burns and Kaufman 1972). Family systemic effects were measured using the Family Concept Test (van der Veen 1965).
- **Statistical Analyses:** The Sensitivity to Children Scale, the Porter Acceptance Scale and the Family Concept Test were analyzed using analysis of covariance, with the pre-test scores as the co-variates. This method allows evaluators to test whether the changes measured between the pre-test and the post-test are significantly different for the treatment group and the control group.
- **Attrition:** None.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualifications and Support**
 - **Staff-participant ratio:** The sessions were led by one graduate student for the 11 participants.
 - **Staff Education:** The leader of the sessions was an advanced doctoral candidate in counseling psychology.
 - **Staff Experience:** The session leader had experience with skills training and with group work.
 - **Staff Training:** The session leader was noted for his ability to engage fathers in family therapy.
 - **Planning Time and Coordination:** Not currently available.
 - **Staff wages:** Not currently available.
 - **Staff Satisfaction:** Not currently available.

PROGRAM CONFIGURATION:

- **Space:** Not currently available.
- **Materials:** Materials for the program were prepared by the evaluators but were not published. The session leader used the *Leader’s Guide* and fathers were given *Father’s Workbooks*.
- **Partnerships and Linkages:** The participants were recruited from community organizations in Boston neighborhoods, including churches, schools, health and social services agencies, and businesses.
- **Community Organizations:** This project was undertaken by psychologists from Boston University.

PROGRAM CONTENT:

- **Curriculum or Program Model:** The curriculum was developed by the evaluators and is unpublished. The program emphasized the development of skills through didactic and experiential processes. The first half of the course focused on fathers’ listening and responding to their children. The second half of the course focused on fathers’ speaking for themselves and acceptance of their children.

PROGRAM DESIGN:

- **Group size:** Eleven participants.
- **Number of program hours (dosage and duration):** 32 hours over eight weeks.
- **Frequency of program offerings:** Weekly three-hour sessions, plus one-hour homework assignments.
- **Diversity of activities:** Sessions included demonstrations of skills using videotaped and live examples and practice of the skills using role-play exercises and videotape for immediate feedback. Homework assignments included readings, pencil-and-paper exercises, and using learned skills in interactions with children.
- **Incentives for participation:** Participants were volunteers. No participant incentives were reported in the evaluation.

KEY EVALUATION FINDINGS:

- Fathers in the treatment group had significantly more improvement on the Sensitivity to Children Scale than fathers in the comparison group ($p < .05$). This scale has two components: desirable responses and undesirable responses. Fathers in the treatment group significantly decreased their undesirable responses compared to the other fathers ($p < .05$), but there was not a significant difference between groups in the number of desirable responses ($p = .144$).
- There were no significant differences between treatment and comparison groups in changes on the Porter Acceptance Scale.
- Analysis of the final measure, the Family Concept Test, found mixed results among the four indicators of family concept. Father’s Satisfaction significantly declined for the treatment group compared to the other group ($p < .01$). The difference between groups in changes on Mother’s Satisfaction was not significant ($p = .251$). Changes on Real Family Congruence (the degree of agreement between mothers and fathers on family concept) were not significantly different between groups. However, the treatment group had significant declines in Ideal Family Congruence (the degree of agreement between a father’s perceptions of his real family and an ideal family) compared to the other group ($p > .05$).
- Children of fathers in the program perceived an improvement in their relationships with their fathers more often than children of the men in the comparison group.
- This client-based skills training program for fathers seemed to teach participants what not to do in terms of responding to their school-aged children, but they were not immediately able to increase their desirable responses to children.
- The degree to which fathers’ actual family relationships conformed to their ideal relationships declined after the program, presumably because they had learned better relationships were possible but had not been able to fully implement their new skills.
- All findings are tentative and not generalizable, as the study had a very small number of participants.

SOURCES:

Burns, R.C., & Kaufman, S.H. (1972). *Actions, styles, and symbols in Kinetic-Family Drawings (KFD). An interpretive manual.* New York: Brunner/Mazel.

Levant, R.F., & Doyle, G.F. (1983). An evaluation of a parent education program for fathers of school-aged children. *Family Relations* 32, 29-37.

- Kallman, J., & Stollak, G. (1974). *Maternal behavior toward children in need-arousing situations*. Paper presented at the meeting of the Midwestern Psychological Association, Chicago, IL.
- Porter, B. (1954). Measurement of parental acceptance of children. *Journal of Home Economics* 46(3), 177-184.
- Stollak, G. (1968). *A measure of parent sensitivity to children*. Unpublished manuscript. Michigan State University.
- van der Veen, F. (1965). The parent's concept of the family unit and child adjustment. *Journal of Counseling Psychology* 12, 196-200.

EVALUATORS AND CONTACT INFORMATION:

Ronald F. Levant and Gregory F. Doyle

FATHER INVOLVEMENT INTERVENTION IN A HEAD START-BASED PROGRAM

OVERVIEW: Under a Head Start-University Partnerships grant funded by the US Department of Health and Human Services, Administration for Children, Youth and Families, a fatherhood intervention was adapted from traditional Head Start parent involvement activities for fathers that sought to bolster the connection between fathers and their children in Head start programs. The intervention involved increased participation and coordination of program activities by fathers in Head Start classrooms. Overall, fathers who participated in the program more frequently were found to have positive behavior changes in terms of father-child interaction. The greatest gains were made in fathers’ direct interaction, accessibility to their children, and support for children’s learning. The study found no significant associations between involvement in the program and improved child rearing behaviors. **Read more...**

PROGRAM GOALS:

- Increase father involvement with children at home
- Improve fathers’ child rearing behaviors
- Increase children’s academic readiness and social skills

LOCATION: Not currently available.

CHARACTERISTICS OF FATHERS SERVED: To participate in the study, fathers had to be significantly involved in the care, rearing, and support of the focal child. Fathers could be grandfathers, uncles, biological fathers, stepfathers, or the Head Start mother’s partner.

- 52.7% were African American, 30.9% were Latino-American, 9.2% were White, 3.6% were Asian American and 3.6% were identified as “Other”.
- The median total family income of fathers was \$10,500 per year
- 70.9% were biological fathers; 14.5% were stepfathers, 3.6% were grandfathers, 7.3% were uncles, and 3.7% were mother’s partner.
- 72.7% were residing fathers, 28.1% did not reside with the focal child.
- 49.2% were single and never married
- 58.2% were employed, 41.8% were unemployed
- The average age was 34 years

EVALUATION DESIGN: QUASI-EXPERIMENTAL, PRE-POST DESIGN

- **Outcomes:**
 - Increased father involvement at home
 - Improvement in father’s child rearing behaviors
 - Improvement in child’s academic readiness
 - Improved social skills of children
- **Method:** Fathers who expressed interest in participating were assigned to the treatment group from four urban public elementary schools. The comparison group consisted of fathers from geographically similar neighborhoods from four separate elementary schools. The comparison group fathers still had the possibility of volunteering in programs in their child’s Head Start program. Each group was further divided into dosage groups (high, adequate, and low dosage) based on the amount of time they spent in the

program. Low dosage fathers spent 1 to 4 hours in the program; adequate dosage fathers spent 5 to 21.5 hours; and high dosage fathers spent more than 21.5 hours in the program. After agreeing to participate in the study, fathers and mothers were interviewed separately face-to-face. Each interviewer was either African American or Latino-American. At the face-to-face interview, a questionnaire was administered, and then only fathers were videotaped playing with their child for 16 minutes. After the initial interviews, fathers participated in three random telephone interviews (two on a week day and the third on a weekend day). Telephone interviewers were blind to the objectives of the study and did not know the assignment of the fathers to either the comparison or treatment group. Two cohorts of fathers were followed for eight months. Data on children were collected at pre-test and post-test.

- **Sample:** 146 fathers (91 in the treatment group and 55 in the comparison group) were recruited. Fathers were further broken down into dosage groups. Within the treatment group, there were 18 participants in the high dosage group, 15 participants in the adequate dosage group, and 22 participants in the low dosage group. Within the comparison group, there were 5 participants in the high dosage group, 0 participants in the adequate dosage group, and 36 participants in the low dosage group.
- **Measures:**
 - *Father involvement at home*
 - *Accessibility* was measured by the time the father was actively interacting or not interacting with their child but close enough that he could become involved if necessary.
 - *Direct interaction* was measured by asking fathers to recall the nature of their interactions with their children during the time they were both awake. Direct interaction was measured as one-on-one interaction with the child which could be play interactions, caregiving, or outings. The interactions could happen anywhere at any time, except in a Head Start program. Fathers were asked about interactions between their child the day of the call, starting with involvement the time the child awoke, and the actual time the involvement took place. Play interactions included: rough-and-tumble play, coloring and painting, playing board games, video games, puzzles, toys, role playing, and other symbolic play. Caregiving was measured as providing direct care to meet daily living needs. Outings were measured as going out to places with the child which could be restaurants, playgrounds, stores, or church.
 - *Father’s support of children’s learning* was measured by asking the number of times the father read aloud to this child for at least 5 to 10 minutes for the previous two days. Fathers were also asked the title of the books read.
 - *Father’s child rearing behaviors.* This item was measured using an abbreviated version of the *Parenting Dimensions Inventory*^{xxxviii} which assesses 8 dimensions of parents. Three scales were used for the study: nurturance, responsiveness to child, and inconsistent discipline. The scales contained descriptive information which had six-point responses that ranged from “not at all descriptive of me” (1) to “highly descriptive of me”. There were 21 items on the scale.

- The *Parent/Caregiver Involvement Scale*^{xxxix} was used and measured the quality of caregivers’ involvement during play. It assessed the amount and appropriateness of interaction between caregivers and children from 0 to 5 years on responsiveness to child, play interaction, and positive control. The videotapes of fathers playing with their children were also used to assess the quality of caregivers’ involvement. The sessions were taped in a quiet room in the Head Start center where fathers were asked to play with their children with an age-appropriate farmhouse for 8 minutes, then with puzzles and a picture book with no words.
- *Child’s academic readiness.* This item was assessed using the *Woodcock-Johnson Tests of Achievement-Revised*^{xl}, to examine early reading (using a letter-word identification scale). There was also an applied problem test that was used to assess early mathematics readiness.
- *Child’s social skills.* Assessed using the *Social Skills Rating System*^{xli}, which examined teachers’ and parents’ perception of the child’s social behavior. The teacher report contained 40 items in the Social Skills and Problem Behavior domains. The parent report included 49 items in the same domains.
- **Statistical Analyses:** Factor analysis was done to lower the number of dependent variables in the study. MANOVA and ANOVA were conducted to examine changes in the dependent variables in relation to the treatment groups. Wilks multivariate effect sizes were calculated using SPSS. Pearson product moment correlations and multiple regression analyses were conducted to examine mediators of child outcomes. Chi squares and t-tests were done to compare differences between the treatment and control groups.
- **Attrition:** Of the 146 fathers initially recruited, 96 men finished the post-test interview. The response rate of fathers participating in the post-test protocol was 66%.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualifications and Support**
 - **Staff-participant ratio:** An all-male staff served the fathers in the program.
 - **Staff Education:** Not currently available.
 - **Staff Experience:** Not currently available.
 - **Staff Training:** Not currently available.
 - **Planning Time and Coordination:** Not currently available.
 - **Staff wages:** Not currently available.
 - **Staff Satisfaction:** Not currently available.

PROGRAM CONFIGURATION:

Space: Not currently available.

- **Materials:** Not currently available.
- **Partnerships and Linkages:** Not currently available.
- **Community Organizations:** Not currently available.

PROGRAM CONTENT:

- **Curriculum or Program Model:** An all-male staff managed the father involvement program. The program included five components:
 - *Volunteering in the program*
 - *Weekly Father’s day programs in each classroom:* Structural educational activities were planned and implemented by fathers and project staff in each classroom. This component encouraged fathers to read and play with developmentally appropriate materials. Activities were designed to correlate with the interests and gifts of the men in the program and align with the classroom curriculum.
 - *Father sensitivity training for the staff*
 - *Support groups for fathers:* These groups were conducted monthly in the evenings to accommodate working fathers. Topics discussed included the meaning of fatherhood (exploring men’s feelings about childhood, their relationships with their father, their experiences being a fathers, beliefs about father relations, positive forms of involvement with children, positive forms of involvement with children); mother-father relations (barriers mothers and fathers face in male/female relationships and strategies for resolving dilemmas); and other sessions included guest parent educators who spoke about children’s self-esteem, encouraging language and literacy, and use of positive behavioral control strategies.
 - *Father-child recreation activities.* Specific activities included cookouts, fun days at the University, a swim party, a trip to an indoor activity center, and basketball games.

PROGRAM DESIGN:

- **Group size:** Not currently available.
- **Number of program hours (dosage and duration):** For the study, fathers were placed in subgroups of dosage: low, adequate, and high. Low dosage fathers spent 1 to 4 hours in the program; adequate dosage fathers spent 5 to 21.5 hours; and high dosage fathers spent more than 21.5 hours in the program.
- **Frequency of program offerings:** Not currently available.
- **Diversity of activities:** Father participated in a variety of activities which included support groups, activities that involved their planning and coordination, and father-child recreation group activities.
- **Incentives for participation:** Participants received \$30 at both pretest and post test.

KEY EVALUATION FINDINGS:

- *Father Involvement in the Home*
 - MANOVA analysis determined a significant main effect for direct interaction, accessibility ($p < .001$), support of learning ($p < .001$), and giving care ($p < .001$). The Wilks multivariate effect size was .135, with a power of .99. The univariate analysis found a significant main effect of the treatment group for direct interaction ($p < .001$), accessibility ($p = .009$), and support of learning, ($p < .001$).
 - Treatment group fathers with a high dosage had the most positive change in direct interaction with children at home. Also, treatment group fathers in the high dosage group showed the greatest increase in accessibility to their children.

- *Child Rearing Behaviors*
 - MANOVA analysis found no significant main effects for the treatment-dosage group, so univariate analyses were not conducted.

- *Children’s Academic Readiness*
 - MANOVA analysis to determine the main effect on applied problems and letter-word identification change produced a significant multivariate main effect for the treatment group ($p = .05$). Wilks multivariate effect size for the treatment group was .083, with a power of .83. Univariate analyses for individual academic readiness change scores showed a significant main effect of the treatment group for applied problems ($p = .018$).
 - There was no significant main effect for letter-word identification ($p = .171$).
 - The treatment group fathers with high dosage had the greatest gains in applied problem skills. The children of treatment, high dosage fathers had significantly greater positive change scores than the children of comparison group, low dosage fathers.

- *Children’s Social Skills*
 - The MANOVA analysis produced a significant multivariate positive effect which included teacher reports on social skills, and the parent report on problem behavior and social skills behavior change scores at $p = .015$. The Wilks multivariate effect size was .11, with a power of .92. Univariate analyses for individual social skills change scores had a significant main effect of the treatment group for parent’s report on problem behavior ($p = .005$).
 - The problem behavior change scores of children of comparison group fathers with a low dosage were significantly greater than the change scores of treatment group fathers with a low dosage.

SOURCES:

Fagan, J. & Iglesias, A. (1999). Father involvement program effects on fathers, father figures, and their Head Start children: A quasi-experimental study. *Early Childhood Research Quarterly*, 14(2), 243-269.

EVALUATOR(S) AND CONTACT INFORMATION:

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LOS ANGELES JOBS-FIRST GAIN

OVERVIEW: The Los Angeles Jobs-First GAIN (Greater Avenues for Independence) program was an employment-focused mandatory welfare-to-work program operated by the Los Angeles County Department of Public Social Services (DPSS) from January 1995 through March 1998. Recipients from both single-parent and two-parent families were tracked for two years in order to assess the program’s impact on a number of outcomes including employment, earnings, and welfare receipt. Evaluators also assessed the cost-effectiveness of the program. The evaluation found that overall during the two-year follow-up period Jobs-First GAIN led to substantial increases in employment and earnings, and reductions in welfare and Food Stamp receipt for recipients from two-parent families (of which more than half were male). [Read More...](#)

PROGRAM GOALS:

The program’s goal was to transfer welfare recipients into full-time work right away. Using a Work First approach and offering job assistance as its primary service, the program aimed to help greater numbers of welfare recipients achieve self-sufficiency.

LOCATION: Los Angeles County, CA

CHARACTERISTICS OF FATHERS SERVED:

Evaluators collected a random sample of welfare recipients from single-parent and two-parent families located in the inner-city neighborhoods of Los Angeles as well as outlying suburbs. Recipients from single-parent families were only 7% male while the recipients from two-parent families were more than half male (53%).

- **Demographics among two-parent families:**
 - 53% male
 - Average age – 36.2 years
 - 47% Hispanic, 5.3% African American, 28.1% non-Hispanic white and 20% Asian (primarily Cambodian and Vietnamese)
 - 60% had a child under 6 years old and the average recipient had 2.4 children.
 - Fewer than half, 40%, had graduated high school or had a GED
 - 30% had worked for pay in the past year and 68% had received welfare for two years cumulatively
 - 87.8% were married
 - About half, 52%, had limited English proficiency

EVALUATION DESIGN: EXPERIMENTAL (RANDOM ASSIGNMENT)

- **Outcomes:** The outcomes studied for recipients from two-parent families include:
 - Participation in Jobs-First GAIN’s services
 - Employment and earnings
 - Welfare receipt
 - Cost effectiveness of the program
- **Method:** The evaluation utilized an experimental design. People who showed up at a Jobs-First GAIN office to enroll in the program between April 1996 and September 1996 were assigned, at random, to the *experimental group* or, for comparison, the *control group*. Experimental group members were given access to Jobs-First GAIN’s program services, subject to the program’s mandatory participation requirements and could incur a sanction – reduction in welfare benefits – for noncompliance. Those in the control group

were still eligible for AFDC/TANF and could seek other services in the community as well as childcare assistance should they enroll in a work program under their own initiative. The evaluation involved three main components:

- **Participation analysis:** Examined the participation rates of experimental and control group recipients.
 - **Impact analysis:** Examined differences between Jobs-First GAIN’s experimental participants and a control group in employment rates and earning/income and welfare receipt. Evaluators also assessed the impacts on child care usage, child outcomes, household structure, and medical coverage for a subsample of single mothers (findings not shown in this summary)
 - **Benefit-cost analysis:** Data from the impact study and fiscal data were used to compare financial costs and benefits experienced by recipients, the government, and taxpayers as a result of the Jobs-First GAIN program.
- **Sample:** Welfare recipients who inhabit the inner-city neighborhoods of Los Angeles as well as outlying suburbs. The sample was diverse with respect to race and ethnicity, age, and family size, and includes 15,683 single parents (Aid to Families with Dependent Children – Family Group - **AFDC-FGs**), and 5,048 members of two-parent families (Aid to Families with Dependent Children – Unemployed Parents – **AFDC-U**s).
 - **Measures:** The evaluation utilized data from a number of different sources, including:
 - Employment and earnings
 - Receipt of AFDC/TANF and Food Stamps
 - Receipt and costs of Medi-Cal benefits
 - Participation in employment-related activities within and outside Jobs-First GAIN; educational attainment; employment history; household structure and income; medical coverage and receipt of noncash benefits; level of food insecurity and hunger; use of child care for employment and for other reasons; and indicators of children’s school progress, emotional and behavioral well-being, and safety.
 - **Statistical Analyses:** To assess the effects of the Jobs-First GAIN program, impact estimates were regression-adjusted for differences between the two research groups in baseline characteristics, prior earnings and employment, and prior AFDC and Food Stamp receipt. Differences between the experimental and control groups were considered statistically significant if the result of a statistical test (typically a t-test) indicated that there is less than a 10 percent probability that they could have occurred by chance.
 - **Attrition:** Not currently available.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualifications and Support**
 - **Staff-participant ratio:** Not currently available
 - **Staff Education:** Not currently available
 - **Staff Experience:** Not currently available
 - **Staff Training:** Not currently available
 - **Planning Time and Coordination:** Not currently available
 - **Staff wages:** Not currently available

- **Staff Satisfaction:** Not currently available

PROGRAM CONFIGURATION:

- **Space:** Not applicable
- **Materials:** Not currently available
- **Partnerships and Linkages:** Los Angeles County Department of Public Social Services (DPSS) implemented the Jobs-First GAIN with help from the Los Angeles County Office of Education (COE). Job developers in each GAIN office cultivated relationships with local employers and compiled lists of jobs positions and tried to match enrollees with open positions.
- **Community Organizations:** Not currently available

PROGRAM CONTENT:

- **Curriculum or Program Model**

The key features included:

- **Intensive program orientation** aimed at motivating new enrollees to find work quickly.
- **High-quality job clubs**, the leaders of which taught job-finding skills and engaged participants in activities aimed at boosting their self-esteem and motivation to work. The clubs also provided job development activities to increase job opportunities and to match people with prospective employers.
- **A strong Work First message**, communicated through written handouts and group presentations and in one-on-one meetings with program staff.
- **Time limits on welfare eligibility.** Recipients received a warning, conveyed orally and in writing that California would impose time limits on welfare eligibility for those who did not work.
- **Education regarding welfare grants.** A concerted effort to teach people that California’s relatively generous rules for calculating welfare grants would help them increase their income in the short term by combining work and welfare.
- **A relatively tough, enforcement-oriented approach** to encourage people to complete the program activities and find work quickly.

After the passage of the federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, Los Angeles County’s TANF program, California Work Opportunity and Responsibility to Kids (CalWORKs) replaced Jobs-First GAIN in April 1998. Most features of Jobs-First GAIN continued under CalWORKs and several new features were added including:

- **Time limits on welfare eligibility** - Welfare recipients in California, as elsewhere, are subject to TANF’s five-year lifetime limit on eligibility for federally funded benefits.
- **Grant diversion-** CalWORKs offers new and returning applicants for assistance who meet specific criteria a onetime payment (equivalent to up to three months of benefits) if they forgo welfare.
- **Stronger financial incentives** – The CalWORKs formula gives recipients a somewhat stronger incentive to increase work hours than the previous Work Pays formula in effect under Jobs-First GAIN.
- **Extended transitional benefits** - CalWORKs offers recipients who leave assistance for employment subsidized child care for two years or until the family’s income reaches 75 percent of the state median. Under Jobs-First GAIN and the previous GAIN

program, transitional child care benefits were available for only one year after welfare exit. CalWORKs also extends medical coverage for up to two years (compared with one year under Jobs-First GAIN and Los Angeles GAIN) to people who leave welfare for employment.

- **Post-employment services** - CalWORKs enrollees who find employment are eligible for case management services from the program while still receiving welfare and for one year after ceasing to receive a grant.
- **Special services** - DPSS devoted additional funding and special training to help CalWORKs staff identify enrollees with problems related to mental health, substance abuse, or domestic violence. These enrollees may be referred to special counseling or treatment services instead of job club and still receive credit for meeting CalWORKs’ work requirements. Under Jobs-First GAIN (and its predecessor), many of these enrollees were exempted from the program’s participation requirement without being referred to treatment or counseling.

PROGRAM DESIGN:

- **Group size:** DPSS maintained an active caseload of about 45,000 under Jobs-First GAIN from 1995 to 1998 and around 100,000 under CalWORKs from January 1999 onward.
- **Number of program hours (dosage and duration):** Six hour group orientation followed by a one-on-one appraisal meeting with a case manager during their first day in the program. Information regarding further hours spent with Job Clubs and program staff not currently available.
- **Frequency of program offerings:** Not applicable
- **Diversity of activities:** Activities revolve around finding and maintaining employment. Job clubs provide instruction in many of the skills needed to obtain employment including writing a resume, finding job openings and interview skills. Benefits such as child care and Medi-Cal are offered during recipients’ time on welfare and during the transition period. Under CalWORKs, recipients receive post-employment services for one year such as extended case management, counseling, mentoring and on-going education.
- **Incentives for participation:**
 - Financial sanctions (reductions in welfare benefits) for noncompliance
 - Parents not employed after 18-24 months must perform community service
 - 5-year lifetime limit on cash assistance (after the 1996 passage of the Personal Responsibility and Work Opportunity Reconciliation Act)
 - Earnings disregarded
 - Transitional benefits for those who leave welfare due to employment including: Subsidized childcare and Medi-Cal coverage, additional vocational training, help obtaining EITC.

KEY EVALUATION FINDINGS:

Employment/Earnings Findings for AFDC-Us:

***All findings described below are statistically significant at $p < .01$ unless otherwise noted**

- Approximately two-thirds of experimental group members found employment in the two-year follow-up period (a similar proportion to that among AFDC-FGs). Jobs- First GAIN produced large two-year impacts on both employment and earnings — 10 percentage points and \$2,050, respectively.

- Jobs-First GAIN decreased the average length of AFDC/TANF receipt by a little over a month (7 percent) and reduced welfare expenditures by \$1,429 per experimental group member (12 percent) over the two-year follow-up period. Reductions in Food Stamp receipt and expenditures were similar in size.
- The two-year earnings gain for the full AFDC-U sample was offset by reductions in AFDC/TANF and Food Stamp payments. As a result, Jobs-First GAIN did not change sample members’ combined income from these sources.
- Jobs-First GAIN led to employment and earnings gains and welfare reductions for both AFDC-U males and AFDC-U females. Impacts on employment were larger for women (12 percentage points compared with 8 percentage points for men), whereas men experienced a larger two-year earnings increase (\$2,645 versus \$1,486 for women). The average two-year reduction in welfare expenditures was also larger for AFDC-U males than females: \$1,750 (14 percent) versus \$1,005 (9 percent).
- AFDC-U women’s earnings gain resulted primarily from increased job finding (74 percent) and less so from decreased time to first job (23 percent). In contrast, the earnings gain for AFDC-U men resulted from a combination of job finding (39 percent), decreased time to first job (26 percent), as well as increased earnings on the job (21 percent) (statistical significance test results not provided). Employed female experimental group members earned slightly less per quarter than their control group counterparts, whereas employed male experimental group members earned about 6 percent (\$168) more (statistically significant, p-value not provided).
- Jobs-First GAIN achieved substantial earnings gains and welfare savings for several subgroups of AFDC-U. Remarkably, Jobs-First GAIN increased two-year total earnings by over \$2,000 for the “most disadvantaged” recipients (sample members who were long-term welfare recipients, had no high school diploma or GED at random assignment, and were not employed in the year prior to random assignment), as well as for Hispanics and Asians not proficient in English. The program did not increase earnings for several other subgroups of AFDC-U, including whites, high school graduates and GED recipients.

SOURCES:

Freedman, S., Knab, J.T., Gennetian L.A., Navarro, D. (2000). *The Los Angeles Jobs-First GAIN Evaluation: Final Report on a Work First Program in a Major Urban Center*. New York: Manpower Demonstration Research Corporation.

EVALUATOR(S) AND CONTACT INFORMATION:

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HAWAII’S HEALTHY STATE PROGRAM (HSP)

OVERVIEW: The Hawaii’s Healthy State Program (HSP), a child abuse prevention program, used home visitors to help families turn away from abusive and neglectful parenting behavior. The HSP model had two components: population-based screening and assessment of families of newborns to identify those at risk for child abuse and neglect, and home-visiting of at risk families. Families were recruited from November 1994 through December 1995. An at-risk family was eligible for the Healthy Start services if the family lived in the HSP target community and was not already know to CPS. The Hawaii’s Healthy State Program promoted parenting involvement for nonviolent fathers in couples who lived together but also for violent fathers in couple, with little contact at baseline. However, the program had no apparent impact on fathers’ accessibility to the child, engagement in parenting activities, and sharing of responsibility for the child’s welfare. **Read more...**

PROGRAM GOALS:

The population-based screening and assessment of families aimed to:

- Identify families with a future risk of child maltreatment or neglect.

The home-visiting component aimed to:

- Improve family functioning
- Prevent child abuse
- Promote child health and development

LOCATION: When the study began, there were six HSP programs serving communities on Oahu and four program serving neighboring islands of Hawaii.

CHARACTERISTICS OF FATHERS SERVED:

- *Age:* The mean age for mothers in both the HSP group and control group hovered around 23 years old while fathers for both groups were about 26 years old.
- *Ethnicity:* The majority of all people in the sample were native Hawaiians.
- *Education:* Over 60% of the entire sample in both groups had completed high school.
- *Physical Violence:* Mothers and fathers in both control and program groups were equally likely to exhibit physical violence.
- *Psychological Aggression toward Partner:* Mothers in the program and control group were more likely than fathers to exhibit physiological aggression toward the partner.

EVALUATION DESIGN: EXPERIMENTAL RANDOM ASSIGNMENT DESIGN

- **Outcomes:**
 - Fathers’ participation in the HSP
 - Factors influencing fathers’ participation in home visits
 - The father’s role in parenting
 - Fathers’ accessibility
 - Fathers’ engagement
 - Fathers’ responsibility
 - Maternal satisfaction with the fathers’ role
 - Home visitors’ perceived competence

- **Method:** The evaluation is experimental in design, with random assignment of at-risk families to the home-visiting and the control groups. There are three groups: 1) the HSP group, 2) the main control group, and 3) a testing control group. Families in the HSP and main control group were followed and tested at 1, 2, and 3 years to measure outcomes. The testing control group was evaluated at three years to determine whether the study’s intensive data collection influenced outcomes.
- **Sample:** 684 (94%) of those randomized were interviewed at baseline; the remainder declined participation. This included:
 - 373 families in the HSP group
 - 270 in the main control group,
 - 41 in the testing group at baseline.
- **Measures:**
 - *Fathers’ participation in the HSP:* Father’s participation was measured by reviewing HSP records to identify those visits in which the home visitor listed the father as a participant, which would include only visits in which the father was involved in the home visit.
 - *Factors influencing fathers’ participation in home visit:* Mothers were interviewed at baseline to measure the parent’s relationship (married, living together, going together, friends, no relationship) and their frequency of contact (every day, several days a week, once or twice a week, once or twice a month, less than once a month, not at all).
 - *The father’s role in parenting:* Fathers’ parenting role was reported by maternal report measuring fathers accessibility to the children, engagement in parenting activities, and sharing of responsibility for the child’s welfare.
 - *Fathers’ accessibility:* Fathers’ accessibility was measured as an ordinal variable indicating the frequency of contact with the child in the preceding year into categories: daily and less than daily.
 - *Fathers’ engagement:* Fathers’ engagement was measured by maternal report of how often he performed the five tasks: changing diapers/toilet training, feeding the child, comforting the child, playing with the child, and teaching the child new things.
 - *Fathers’ responsibility:* Fathers’ responsibility was measured by the mother’s report of how the parents shared responsibility in assuring that (a) the child had an appropriate diet, (b) the child was learning and developing appropriately, (c) the child always had a trustworthy caregiver, and (d) the house was safe to prevent injury to the child.
 - *Maternal satisfaction with the father’s role:* In each follow-up interview, mothers were asked to rate their satisfaction with the father’s accessibility, engagement, and responsibility in comparison to her expectations.
 - *Home visitors’ perceived competence:* Home visitors were surveyed three times during sample recruitment and follow-up to measure their self-rated competence in developing a trusting relationship with each parent and in helping mothers and fathers acquire specific knowledge and skills.
- **Statistical Analyses:**
 - Chi-square, Student’s t-test, and one-way analysis of variance were used to test the representativeness of study families as a sample of all identified at-risk families on variables for all families from the HSP management information

system: maternal age, ethnicity, marital status, premature birth, low birth weight infant, parity, and Family Stress Checklist scores. Chi-square and Student’s t-tests were used to assess the comparability of the HSP and control groups on baseline variables.

- Student’s t-tests and one-way analysis of variance were used to assess the statistical significance of associations between family characteristics and the proportion of visits in which the father participates.
 - Stepwise multiple linear regression to examine the combined independent influence of variables associated with father’s participation in home visits at the bivariate level.
 - Chi-square and one-way analysis of variance were used to assess the statistical significance of differences in parenting between fathers in three subgroups: parents who lived together at baseline, parents who lived apart but saw each other frequently at baseline, and parents who lived apart and saw each other infrequently at baseline.
 - Population-average regression models were used to assess program impact on six outcomes measured over time: maternal perception of fathers; accessibility, engagement, and responsibility and maternal satisfaction with each of these.
- **Attrition:** 76% of the 897 eligible families completed baseline interviews and became study participants.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualifications and Support**
 - **Staff-participant ratio:** A total of 54 home visitors provided services to families assigned to the HSP program.
 - **Staff Education:** All had completed at least high school; 61% had some college training, 26% had a college degree, and 5% had some graduate school training.
 - **Staff Experience:** The home visitors had a mean of 3.1 years (SD=2.7) experience as home visitors (range 3 months to 10 years).
 - **Staff Training:** Home visitors were trained paraprofessional working under professional supervision. They completed a 5-week training program. Topics covered a broad range of issues and included working with me, addressing sensitive issues such as domestic violence, and site visits to community resources to which referrals could be made to address family needs. Home visitors are expected to establish a trusting relationship with parents using empathetic, nonjudgmental listening and assisting parents to address existing crises. They are expected to role model problem-solving skills and help families’ access needed services such as housing, income assistance, and vocational training. Home visitors were also expected to promote child health and development by providing parenting education, modeling effective parent-child interaction, and ensuring that each child has a medical home.
 - **Planning Time and Coordination:** Not currently available.
 - **Staff wages:** Not currently available.
 - **Staff Satisfaction:** Home visitors rated themselves more competent to work with mother than fathers. 23% of the home visitors agreed that it was usually easier to work with a family if the father was not involved, and 32% were ambivalent. This pattern held true in all three annual home-visitor surveys.

PROGRAM CONFIGURATION:

- **Space:** Not currently available.
- **Materials:** Not currently available.
- **Partnerships and Linkages:** The evaluation focused on six HSP sites serving geographically defined communities in Oahu, home of 80% of the state’s residents. The sites are operated by three community agencies- HFSC, Child and Family Service (CFS), and Parents and Children Together (PACT) – with each agency operating two sites.
- **Community Organizations:** The program was supported primarily by the Hawaii State Department of Health. Community agencies carried out daily screening and assessment in target communities comprising about 70% of births statewide.

PROGRAM CONTENT:

- **Curriculum or Program Model**

The HSP was intended to improve parent and child outcomes in at-risk families by providing services directly and by promoting family use of preventive and early intervention services. The model used had the early identification and home visiting component.

- ***Early identification (EID):*** The EID component focused on families living in any one of the four Oahu communities and delivering a child at Kapiolani Maternity Hospital. Screening was completed at the obstetrical unit by reviewing mothers’ medical records to measure family risk for abuse in 15 areas: parents not married, unemployed partner, inadequate incomes, unstable housing, lack of telephone, less than high school education, inadequate emergency contacts, marital or family problems, history of abortions, abortions unsuccessfully sought or attempted, adoption sought, history of substance abuse, history or psychiatric prenatal care. When the mother’s history suggested a risk, the EID worker interviewed the mother to determine risk more precisely using Kempe’s Family Stress Checklist.
- ***Home Visiting:*** The home visiting component focused on families classified through the early identification as at risk or child abuse and neglect. Families who were identified were visited by EID workers to participate in the home visiting program. Home visitors sought to establish trusting relationships with parents, helped families identify and build on their strengths to improve family functioning, worked to promote child health and development.
- HSP services were offered to families for the child’s first three to five years.

PROGRAM DESIGN:

- **Group size:** Not currently available.
- **Number of program hours (dosage and duration):** Home visits were to be carried out for at least 3 years and if needed, for up to 5 years.
- **Frequency of program offerings:** The frequency of home visits varies by families’ level of functioning. Newly enrolled families are to be visited weekly. As the families accomplish goals, home visiting frequency decreases to biweekly, then monthly, and then quarterly.

- **Diversity of activities:** Not currently available.
- **Incentives for participation:** Not currently available.

KEY EVALUATION FINDINGS:

- Family composition results at baseline:
 - The 643 HSP and control-group families that completed baseline interviews were similar to at-risk families overall except: mothers were slightly younger and more likely to be having their first child ($p < .01$), and children’s fathers were more likely to score as being at risk on the family stress checklist ($P < .05$).
 - By maternal report in the baseline, 48% of parents in the sample lived together, 27% lived apart but saw each other frequently, and 25% saw each other infrequently; the HSP and control groups had similar distributions ($p = .78$).
- Fathers’ Participation in Home Visiting
 - Families assigned to the HSP group average 13.6 ± 12.3 home visits in the first year ($p = .22$).
 - Fathers who lived with or saw the mother frequently at baseline took part in more visits than those who saw the mother infrequently at baseline ($p < .001$).
 - Among couples who lived together at baseline, the mean proportion of visits in which the father participated was significantly lower for fathers who worked (0.19 vs. 0.34, $p = .02$), and those who drank (0.09 vs. 0.25, $p > .001$).
 - Fathers who were physically violent participation steadily declined, (0.18 vs. 0.26, $p = .08$).
 - Among parents who lived apart but saw each other frequently, violent fathers took part in more visits than did nonviolent fathers (mean proportion 0.26 vs. 0.15, $p = .07$).
- Fathers’ Role in Parenting
 - Fathers’ accessibility decreased significantly over time from 61% with daily access at year 1 to 53% at year 3 ($p < .01$).
 - In all 3 years, mothers assumed more parenting responsibility than fathers, as indicated by mean score of about 4.0.
- Program Impact on Fathers’ Role in Parenting
 - For families overall, there was no apparent program impact on fathers’ accessibility ($\beta = 0.2$, $p = .70$), engagement ($\beta = 3.5$, $p = .01$), or sharing of responsibility ($\beta = 1.6$, $p = .01$), as measured by maternal report.
- Program Impact on the Parents’ Relationship and on Father Violence
 - There was no program impact on the mother’s designation of the biological father as her partner over time for families overall (AOR = 1.13, $p = .43$), for parents who lived together at baseline (AOR = 1.13, $p = .43$), for parents who lived together at baseline (AOR = 1.35, $p = .26$), or for parents who saw one another frequently at baseline (AOR = 0.87, $p = .64$).
 - There was no significant program effect on maternally reported father violence at follow-up in families overall (AOR = .078, $p = .12$).
- Program Impact on Mothers’ Satisfaction With the Father’s Role
 - There were some significant program effects on maternal satisfaction that were consistent with effects on the father’s parenting. Mothers in the HSP group were more likely to be satisfied with the father’s accessibility by only if the father was nonviolent at baseline (AOR = 1.59, $p = .01$).

SOURCES:

Duggan, A., McFarlane, E., Fuddy, L., Burrell, L., Higman, S.M., Windham, A., & Sia, C. (2004). Evaluating AStatewide Home Visiting Program to Prevent Child Abuse in at-Risk Families of Newborns: Father’s Participation and Outcomes. *Child Maltreatment*, 9(1), 3-17.

Duggan, A., McFarlane, E., Windham, A., Rohde, C., Salkever, D., Fuddy, L., Rosenberg, L., Buchbinder, S., and Sia, C. (1999). Evaluation of Hawaii’s Healthy Start Program. *The Future of Children*, 9(1) 66-90.

EVALUATOR(S) AND CONTACT INFORMATION

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JOBS FIRST

OVERVIEW: Connecticut’s Jobs First Program was implemented in 1996 as a welfare reform demonstration project. It was the first welfare reform program to implement welfare time limits and the only program to incorporate all of the key elements outlined by welfare reform (i.e., time limits, financial work incentives, sanctions, and work requirements). The program was designed as a result of federal welfare reform legislation that aimed to decrease welfare dependency by increasing families’ levels of work participation and earnings. The program sought to achieve this goal by implementing time limits on welfare benefits, work activity requirements, financial work incentives, and sanctions for noncompliance. Connecticut received a federal waiver that allowed it to continue to offer control group recipients welfare benefits that had been in place prior to welfare reform, so as to conduct an experimental evaluation comparing the effectiveness of the new system with the old system. The evaluation of Jobs First found that the program was a cost-effective means of increasing families’ levels of work and income while decreasing their dependence on welfare. It found that more stringent policies such as time limits and work requirements could be implemented without having significant detrimental effects on family and child well-being. **Read More...**

LOCATION: Jobs First was implemented throughout the state of Connecticut.

PROGRAM GOALS: The major goals of the Jobs First program were the following:

- To increase welfare recipients’ levels of income and work
- To decrease dependence on government benefits.

CHARACTERISTICS OF FATHERS SERVED: Jobs First served families in Connecticut who were receiving or who had applied for state welfare benefits because they had income levels below the national poverty line. The recipients in the evaluation had the following characteristics:

- *Age:* Average age was 30.7 years, with the majority (41.3%) between 25 and 34, 29.7% aged 35 or older, 20.7% between 20 and 24, and 8.6% under age 20.
- *Race/ethnicity:* 39.1% were non-Hispanic Black, 37.6% non-Hispanic White, 22.4% Hispanic, and 0.9% other.
- *Family structure:* 65.7% were never married; 1.3% were married and living with a spouse; 13.8% were married but not living with a spouse; 5.5% were separated; 12.5% were divorced; and 1.1% were widowed.
- *Number of children per family:* Families had an average of 1.7 children.
- *Youngest child’s age:* 37.4% had a child aged 2 or younger; 23.6% had a youngest child aged 3-5; and 39.1% had a youngest child aged 6 or older.
- *Employment status:* 88.3% had worked at some time; 57.4% had worked full-time for one employer for at least 6 months; 47.9% reported having at least some earnings in the past 12 months; and 22.8% were employed at random assignment.
- *Education status (highest degree earned):* 11.4% had a GED; 48.0% had a high school diploma; 4.6% had a technical/two-year college degree; 1.9% had a four-year college degree; and 34.2% did not have any of the above degrees.
- *Public assistance status (total prior AFDC receipt):* 18.5% of families had never received AFDC; 23.3% received it for less than two years; 22.3% received it for 2-5 years; 20.4% for 5-10 years; and 15.5% for 10 years or more. 25.3% grew up in a home that received AFDC.

- *Housing status*: 11% lived in public housing; 24.1% in subsidized housing; 1.2% in emergency or temporary housing; and 63.7% in some other kind of housing.
- *Overall level of disadvantage*: 22.9% fell into the least disadvantaged category; 65.0% were moderately disadvantaged; and 12.2% were in the most disadvantaged category (based on an analysis of the combined demographic characteristics described above).

EVALUATION DESIGN: EXPERIMENTAL

- **Outcomes**: The evaluation examined a number of outcomes, including program effects on welfare receipt, employment, and income among Job First and AFDC families. In addition, survey data captured participants’ housing status and health insurance coverage, as well as outcomes related to the well-being of recipients’ children (e.g., home environment, parenting practices, school achievement and engagement, and measures of positive and negative behavior). Finally, the evaluation also looked at the costs and benefits (to both recipients and the government) of Jobs First compared with Connecticut’s old welfare program.
- **Method**: The Jobs First evaluation utilized an experimental design in which 4,800 families in the state of Connecticut were randomly assigned to either the Jobs First welfare reform group or to a control group. Whereas the Jobs First group was held to new welfare rules including time limits, financial work incentives, and work requirements, participants in the control group continued to receive welfare benefits as outlined under the old Aid for Families with Dependent Children (AFDC) welfare rules. Families in the two groups were tracked for a period of four years. The evaluation involved three separate components:
 - **Implementation analysis**: Examined the day-to-day operation of the welfare system under the new Jobs First rules and the obstacles faced with implementing the new program.
 - **Impact analysis**: Examined differences between Jobs First participants and a control group in employment rates and earning/income, welfare receipt, welfare dependency, child well-being, and other important outcomes.
 - **Benefit-cost analysis**: Data from the impact study and fiscal data were used to compare financial costs and benefits experienced by recipients, the government, and taxpayers as a result of the Jobs First program.
- **Sample**: A total of 4,803 single-parents who were receiving or who applied for welfare benefits in Connecticut were randomly assigned to either the Jobs First group (n = 2,396) or the control group (n = 2,407). Participants were drawn from two of Connecticut’s large cities: New Haven (n = 3,628) and Manchester (n = 1,175).
- **Measures**: The evaluation utilized data from a number of different sources, including:
 - Baseline data collected from a one-page survey used to obtain background demographic information.
 - Connecticut’s computerized administrative records to track recipients’ monthly welfare benefits and earnings. Records were obtained from both unemployment insurance records and public assistance records.

- In addition, large-scale surveys were given to welfare recipients to obtain additional data on employment, job characteristics, income, participation in employment activities, and other information. Participants with children aged 5 to 12 also provided information about parenting practices, child care, the home environment, and child well-being.
 - Child care subsidy data was collected from state records to obtain information about the receipt of child care subsidies.
 - Safety net data was obtained to track participation in the optional state safety net program provided to participants who lost welfare benefits but needed additional support.
 - State fiscal records were obtained to assess the costs of the Jobs First program.
 - Staff surveys, interviews, and observations were conducted with program staff to collect additional implementation data.
- **Statistical Analyses:** Descriptive analyses were used to determine the demographic characteristics of Connecticut’s welfare recipients. To assess differences between the Jobs First group and the control group, ordinary least squares regressions analyses were conducted to adjust for any group differences in demographics and prior behavior. The regression analyses included a number of covariates obtained from state administrative records, such as quarterly employment, quarterly earnings, and quarterly AFDC payment amounts received during the four quarters preceding the evaluation. Statistical significance testing (including two-tailed t-tests) was used to determine differences between the groups on the outcomes measured.
 - **Attrition:** Not currently available.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualifications and Support:**
 - **Staff-participant ratio:** Each staff member responsible for overseeing families’ utilization of Jobs First services was responsible for between 150 and 200 cases.
 - **Staff Education:** Not available.
 - **Staff Experience:** Welfare eligibility workers were responsible for determining families’ eligibility and benefits amounts. Two types of welfare eligibility workers were employed. Specialized intake staff processed families’ applications for benefits and described the program to families, whereas Family Independence Representatives (FI-Reps) worked with families who were approved for benefits. Following 1999, some of the FI-Reps’ responsibilities were subcontracted to community organizations such as the United Way of Connecticut. A separate group of workers were responsible for investigating and handling child support-related activities, such as locating nonresident parents and establishing paternity and support orders. Finally, social workers provided crisis intervention to families when necessary.
 - **Staff Training:** Not available.
 - **Planning Time and Coordination:** Not available.
 - **Staff wages:** Not available.
 - **Staff Satisfaction:** Not available.

PROGRAM CONFIGURATION:

- **Space:** Not applicable.
- **Materials:** Not applicable.
- **Partnerships and Linkages:** The Jobs First program was implemented by the Connecticut Department of Social Services (DSS). The Child Care Assistance Program (CCAP) oversaw components of the program related to child care services and subsidies.
- **Community Organizations:** A partnership was formed with the United Way of Connecticut and the Connecticut Council of Family Services Agencies (CCFSA) to implement the safety net program and other services for families who lost welfare benefits and/or needed additional assistance.

PROGRAM CONTENT:

- **Curriculum or Program Model:** The Jobs First program subjected families receiving welfare benefits to the following program rules and guidelines:
 - **Time limits:** Receipt of welfare benefits was limited to a period of no more than 21 months, unless participants were deemed incapable of engaging in work or unless benefit extensions were granted.
 - **Work or employment activities requirements:** Recipients were required to participate in work or employment services to remain eligible for welfare benefits.
 - **Financial work incentives:** Generous financial incentives were awarded to families as a result of their engagement in work or employment activities. For example, all earned income was disregarded when calculating recipients’ cash benefits and food stamps eligibility (as long as the family remained below the federal poverty line).
 - **Sanctions:** Recipients who failed to abide by program requirements had the amount of their benefits reduced.

PROGRAM DESIGN:

- **Group size:** Not applicable.
- **Number of program hours (dosage and duration):** Participation in the Jobs First program was limited to a maximum of 21 months, though six-month extensions were granted for families who were unable to find work despite “good faith efforts.” No time limits were implemented for individuals deemed incapable of engaging in paid work (e.g., those with disabilities).
- **Frequency of program offerings:** Not applicable.
- **Diversity of activities:** Jobs First offered recipients employment-related services including the Job Search Skills Training (JSST) program, which is a group-based program that teaches job search and retention skills. Education and training opportunities are also offered to recipients who are unable to find work after long efforts. Finally, child care assistance, child support enforcement services, Medicaid health coverage, and crisis intervention were also available to families when appropriate.
- **Incentives for participation:** Participants who were assigned to the Jobs First program were mandated to participate in order to receive state welfare benefits; those who chose not to engage in Jobs First’s work requirements faced sanctions that reduced their eligibility to receive future cash assistance.

KEY EVALUATION FINDINGS:

- Jobs First helped families move from welfare to work. At the end of the evaluation, 51% of Jobs First families had left welfare for work, compared with 42% of control group families. Whereas only 19% of Jobs First families continued to receive welfare benefits, 28% of the control group members were still receiving assistance.
- Jobs First helped families increase their earnings. Over the course of the evaluation, Jobs First families earned 7% more than control group families.
- Income gains were especially high (37%) for Jobs First families who faced the most serious employment barriers (e.g., no recent work history, less than a high school level education); benefits to families with fewer barriers to employment (e.g., those with high school degrees and recent work histories) were relatively small.
- Jobs First’s effects on income and welfare benefits changed over time, with Jobs First families initially receiving more benefits and income than the control group due to generous work incentives. However, these income gains were eliminated as Jobs First families approached their time limits and benefits decreased. Both groups received about the same amount of welfare payments over the course of the evaluation, but Jobs First families received about 6% more in income from earnings and public assistance.
- Jobs First had little effect on families’ levels of material hardship, which were high for both groups of families.
- A little more than half of the Jobs First families reached their time limit during the evaluation and approximately two-thirds of those were granted at least one extension of six months. Extensions were granted for families who were not working but were deemed to be making “good faith” efforts to gain employment. Most families whose benefits timed out were employed at the time they lost benefits.
- Jobs First resulted in small improvements in the behavior of young children, but it did not affect school performance or engagement in young children.
- The effects on adolescents were mixed, with Jobs First adolescents being less likely to be convicted of a crime but more likely to exhibit lower levels of school achievement compared with adolescents from the control group.
- The program’s impacts on children’s home environment, family functioning, and parenting practices were small, but the effects that were found were generally positive.
- The net cost of the Jobs First program was low compared with comparable programs, and over five years, participants’ financial gains exceeded program costs.
- The main finding of the evaluation was that welfare time limits can be implemented without causing serious harm to families, at least when the economy is strong and benefits extensions are granted to families who cannot find work.

SOURCE:

Bloom, D., Scrivener, S., Michalopoulos, C., Morris, P., Hendra, R., Adams-Ciardullo, D., Walter, J., & Vargas, W. (2002). *Jobs First: Final report on Connecticut’s welfare reform initiative*. New York: Manpower Demonstration Research Corporation.

MEN AS TEACHERS

OVERVIEW: The Men as Teachers program studied the effects of empowerment intervention on African American Head Start fathers as it relates to their parenting attitudes and sense of well being. Fathers in the treatment group were empowered by being trained as facilitators, informing the curriculum design process and conducting the treatment program sessions independent of the researchers. Fathers in the treatment group were given instruction by empowered fathers. Program sessions for fathers in the control group consisted of watching a video-taped series on parenting. Results indicated significant improvements in fathers’ attitudes toward teaching their children for the treatment group. Resident fathers in the treatment group also showed significant gains in self-esteem and satisfaction with parental roles. **Read more...**

PROGRAM GOALS:

The Men as Teachers Program used a self-help approach to help African American Head Start Fathers achieve the following objectives;

- Improve fathers’ parenting attitudes
- Increase fathers’ sense of well being.

LOCATION: Head Start agency in a northeastern urban community.

CHARACTERISTICS OF FATHERS SERVED:

Fathers were assigned to one of two groups, the treatment and control group. Characteristics of all 38 fathers were:

- Seventy eight (78) percent were biological fathers, 16% were stepfathers, 8% were the mother’s boyfriends and 2% were grandfathers.
- The father’s average was 31 years old.
- Most fathers (60.5%) were never married. Another 21% were divorced or separated.
- Most fathers (55%) did not reside with their Head Start children.
- On average, the fathers were high school graduates (12th grade).
- Almost two thirds (65%) of the fathers were unemployed at interview with the median total family income at \$12,500.
- The mean age of the fathers’ children in Head Start was 5.9 years.
- Over half (55%) the fathers’ children in Head Start were female.

EVALUATION DESIGN: EXPERIMENTAL

- **Outcomes**

Several instruments were used to measure four outcomes:

- Fathers’ self-esteem
- Fathers’ satisfaction with the parental role
- Fathers’ attitudes about teaching their children
- Fathers’ attitudes and values regarding importance of socializing their children about African American Heritage and realities of racism.

- **Method**

The basis for the Men as Teachers program was to test Empowerment Theory. Researchers hypothesized that there would be significant and positive associations between fathers who participated in the empowerment-based program and fathers’ perceptions about their ability to teach young children and foster children’s racial socialization. Additionally, these fathers would show increased self-esteem and

satisfaction with their parental role. The experiment design had two groups, the treatment (empowered fathers) and control group.

All study participants were interviewed face-to-face by African American undergraduate and graduate students at pre-test and post-treatment.

Treatment Group

In order to operationalize empowerment, fathers in the treatment group used a self-help approach, administering the treatment. Researchers trained eight Head Start fathers over the course of four months to be facilitators of the treatment group curriculum.

Researchers also collaborated with these fathers on the development of the curriculum. Finally, these father-trainees led the treatment program discussion groups; researchers were not present during the group sessions. Fathers attended six program sessions.

Control Group

Fathers in the control group watched four 25 minute videotapes from a parenting series, “Parenting: An attitude of the Heart” (Campbell, 1991). Researchers produced a fifth 20 minute tape dealing with race and socializing children on race that fathers watched. Fathers watched one tape per session in the presence of a researcher. However, there were no formal discussions after watching each tape. Researchers made the tapes available for fathers who missed the group viewing and monitored these fathers to ensure that they watched the videos.

- **Sample**

A total of 38 fathers completed the program, 19 each in the treatment and control groups.

- **Measures**

- *The Jackson Personality Inventory (Jackson, 1976)*
This instrument is a scale used to measure self-esteem. It assesses a person’s perception of social adequacy and degree to which they deserve the care of others. It consists of 20 *True/False* questions that include items such as, “I have never been a popular person” and “I am seldom at a loss for words.” Higher scores indicated greater levels of self-esteem.
- *Self-Perceptions of the Parental Role (MacPhee, Benson, & Bullock, 1986)*
A subscale of this instrument was used to measure fathers’ satisfaction with the parental role. It contained five items that assessed a fathers’ perceptions of the degree to which parenting was a source of joy and fulfillment. High scores on this scale indicated greater levels of satisfaction.
- *The Parent as Teacher Inventory (Strom, 1984)*
A subscale of this instrument was used to measure fathers’ perceptions of their ability to facilitate the teaching-learning process for their child. Items were scored on a 4 point Likert scale ranging from a strong no to a strong yes. Higher scores on this scale indicated that fathers were more positive about their ability to facilitate their child’s learning. A sample item included, “I feel able to give my child the proper preschool experience at home.”
- *The Scale of Racial Socialization-Parent Version (Stevenson, 1997)*
The racial oppression subscale of this instrument was used. This subscale measures the importance of teaching one’s child about racial oppression. It

“PROMISING” PROGRAM

consists of 22 items scored using a 5 point Likert-type scale ranging from *strongly disagree* to *strongly agree*. Higher scores indicate that fathers are more positive about the importance of teaching their children about racial oppression. Sample items include, “Racism and discrimination are the most difficult problems a Black child has to face.”

- **Statistical Analyses**
An experimental pre- and post-test design was used. Multivariate analysis of covariance (MANCOVA) was calculated to examine the main effect of treatment group and the interactive effect of treatment group by father’s residential status on self-esteem, parent satisfaction, attitudes about teaching young children, and racial oppression socialization. Pre-treatment measures of the outcome variables were used as statistical controls.
- **Attrition**
Four (4) out of the 42 fathers or father figures recruited for the study were not included in the final sample. Two of the fathers did not participate in the programming at all while the other 2 attended several lessons.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualification and Support**
 - **Staff-participant ratio:** Information currently not available.
 - **Staff Education:** Information currently not available.
 - **Staff Experience:** Information currently not available.
 - **Staff Training:** Fathers trained by the research staff administered the program for the treatment group. Training occurred over 4 months. Additionally, research staff used taped sessions to offer advice for the subsequent program sessions.
 - **Planning Time and Coordination:** Information currently not available.
 - **Staff Wages:** Information currently not available.
 - **Staff Satisfaction:** Information currently not available.

PROGRAM CONFIGURATION:

- **Space:** Information currently not available.
- **Materials:** Information currently not available.
- **Partnerships and Linkages:** Information currently not available.
- **Community Organizations:** Information currently not available.

PROGRAM CONTENT:

- **Curriculum or Program Model**
Fathers in the treatment group attended weekly classes for six consecutive weeks. Fathers in the control group attended classes for five consecutive weeks where they watched videotapes from a parenting series, “Parenting: An Attitude of the Heart” (Campbell, 1991). The respective curriculums used for both groups were;

Treatment Group

- The value of being a father.
- The need to challenge racism in society.
- Control over one’s own destiny.
- Racial socialization of children.
- The role of parents as teachers.

“PROMISING” PROGRAM

- Positive discipline strategies

Control Group

1. Improving one’s attitude.
2. How to love one’s child.
3. Discipline.
4. Importance of values and parents role as teachers.
5. Staff produced tape on dealing with racism and socializing children about race.

PROGRAM DESIGN:

- **Group Size:** Information currently not available.
- **Number of program hours (dosage and duration):** Fathers in the treatment group took part in the program for 6 consecutive weeks. Each session lasted 90 minutes. Fathers in the control group took part in the program for 5 consecutive weeks. Each session lasted about 25 minutes.
- **Frequency of program offerings:** Fathers in both the treatment and control group attended weekly sessions.
- **Diversity of activities:** Each session for the treatment group consisted of completing a unit in the curriculum. Each session for the control group consisted of watching a video.
- **Incentives for participation:** Fathers were given \$20 at pre-test and \$40 at post-test. To encourage continuous participation, male staff members spoke often to fathers on the telephone or met with them when they were dropping off their children at the Head Start center.

KEY EVALUATION FINDINGS:

- A significant interactive effect for treatment group by residential status of the father, $F(1, 37) = 18.7, p < 0.001$, on fathers’ self-esteem was observed. Resident fathers in the experimental group reported significantly greater self esteem than resident fathers in the control group at post-test after controlling for pre-test measures.
- A significant interactive effect for treatment group by residential status of the father, $F(1, 37) = 19.47, p < 0.001$, on fathers’ satisfaction on parenting role was observed. Resident fathers in the treatment group showed significant improvements in parenting satisfaction compared to resident fathers in the control group over time after controlling for pre-test measures.
- A significant main effect for the treatment group, $F(1, 37) = 4.2, p < 0.05$, on fathers’ attitudes towards teaching their children was observed. Treatment group fathers made significantly greater improvements in their attitudes relative to control group fathers.

SOURCES:

Campbell, R (Writer, Editor), (1991). Parenting: An Attitude of the Heart. [Videotape]. *Priority One Publishing*.

Fagan, Jay, Stevenson, Howard C. An Experimental Study of an Empowerment-Based Intervention for African American Head Start Fathers. *Family Relations*. Vol. 51, Iss. 3; 191-198.

Jackson, D. (1976). Jackson Personality Inventory. *Research Psychologists Press*. Goshen, NY.

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Stevenson, H.C. (1997). Rationale for the Measurement of Racial Socialization Beliefs and Experiences. *Unpublished Manuscript*. University of Pennsylvania.

Strom, R.D. (1984). Parent as a Teacher: Inventory Manual. *Scholastic Testing Service*. Bensenville, IL.

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MINNESOTA FAMILY INVESTMENT PROGRAM

OVERVIEW: The Minnesota Family Investment Program (MFIP) was piloted in 1994 as a new welfare program that encouraged welfare recipients to work and reduce their reliance on public assistance. MFIP incentivized families that worked by allowing them to retain more of their welfare benefits while working, and required longer-term recipients to work or participate in employment services. For two-parent families, MFIP had negative effect on family earnings, which led to a positive effect on the receipt of welfare benefits. MFIP had no effect on marital stability, fertility or children’s school achievement. MFIP was modified to include a 60-month time limit, less financial incentives and stricter work requirements and implemented as the states’ TANF program in January 1998. **Read more...**

PROGRAM GOALS:

- Encourage welfare recipients to work
- Reduce reliance on public assistance
- Reduce poverty

LOCATION: Minnesota (in three urban and four rural counties)

CHARACTERISTICS OF FATHERS SERVED:

The study looked at effects among two-parent families, those identified as either married or cohabitating at study entry and had received welfare for at least 6 months.

- 86.6% of the respondents were female, 13.4% were male;
- The average age of respondents was 31 years;
- 66% were White, non-Hispani, 13.3% were Black, non-Hispanic, 3.2% were Hipanic, 4.5% were Native american/Alaskan native, and 13% were Asian/Pacific Islander;
- 72% were married and living together and 22% were never married;
- 42% had 3 or more children, 30.7% had w children, and 27.4% had one child;
- 59.3% worked full time for 6 months of more for one employer;
- 31.2% had no high school diploma or GED.

EVALUATION DESIGN: EXPERIMENTAL

- **Outcomes:**
 - Employment
 - Earnings
 - Welfare Receipt
 - Marriage
 - Divorce
 - Fertility
 - Children’s schooling achievement
- **Method:** Families were randomly assigned to either a program group eligible for MFIP or a control group eligible for AFDC. Families who were applying for assistance and those who had been on welfare were recertified and randomly assigned to a program or control group. Effects were examined up to 6 years after random assignment. Single-parent families and two-parent families were analyzed for program effects.

- **Sample:** The two-parent family sample included 2,256 families. A subgroup analysis of two-parent families was done which included a sample of 459 families for third-grade scores and 473 families for fifth-grade scores.
- **Measures:**
 - *Employment and earnings*
 - Extracted from unemployment insurance earnings records
 - *Welfare receipt*, defined as receipt of food stamps, Family General Assistance, or MFIP.
 - Extracted from public assistance benefits records
 - *Marriage*
 - Extracted from marriage certificate records from the Minnesota Center for Health Statistics tracking marriages that took place from January 1989 to December 2001.
 - *Divorce*
 - Extracted from divorce records from the Minnesota Supreme Court, capturing divorces that occurred in Minnesota from January 1994 to August 2001.
 - *Fertility*
 - Extracted from birth certificate data provided from the Minnesota Center for Health Statistics during the first five years of the follow-up period
 - *Children’s schooling achievement*
 - Measured by the Minnesota Comprehensive Assessments (MCAs) administered in public schools in the third and fifth grades to measure mathematics and reading skills.
- **Statistical Analyses:** Two-tailed t tests were applied to regression-adjusted impact estimates. Reading and math scores were converted from the raw scores to allow for comparisons across years for the four specific tests.
- **Attrition:** Not currently available.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualifications and Support**
 - **Staff-participant ratio:** Not currently available.
 - **Staff Education:** Not currently available.
 - **Staff Experience:** Not currently available.
 - **Staff Training:** Not currently available.
 - **Planning Time and Coordination:** Not currently available.
 - **Staff wages:** Not currently available.
 - **Staff Satisfaction:** Not currently available.

PROGRAM CONFIGURATION:

- **Space:** Not currently available.
- **Materials:** Not currently available.
- **Partnerships and Linkages:** Not currently available.
- **Community Organizations:** Not currently available.

PROGRAM CONTENT:

- **Curriculum or Program Model:** The MFIP had four key components:
 - *Financial Incentives to work.* Once parents began working under the program, they received an increase of 20% in the basic grant for work-related expense. Also 38% of her earnings were disregarded when the family’s grant level was calculated. Also, the program paid child care expenses directly to the providers, rather than being reimbursed as under AFDC.
 - *Participation Requirements for Long-Term Recipients.* Participants who received assistance in 2 of the 3 prior years were mandated to participate in employment services. In two-parent families, at least one of the parents had to work 30 hours or more or participate in employment-focused activities after 6 months of receiving assistance.
 - *Simplification of Rules and Procedures.* Participants received their AFDC, food stamps, and Family General Assistance in monthly lump payment.
 - *Streamlined Eligibility Rules for Two-Parent Families.* Unlike families eligible for AFDC, the primary wage-earner in two-parent families could work more than 100 hours a month and still receive benefits. Also, it eliminated the work history requirement which required at least one of the parents to have a work history of 12 months before applying for the program.

PROGRAM DESIGN:

- **Group size:** Not currently available.
- **Number of program hours (dosage and duration):** Not currently available.
- **Frequency of program offerings:** Not currently available.
- **Diversity of activities:** Not currently available.
- **Incentives for participation:** Once a parent began working under the program, she received an increase of 20% in the basic grant for work-related expense. Also 38% of her earnings were disregarded when the family’s grant level was calculated. Also, the program paid child care expenses directly to the providers, rather than being reimbursed as under AFDC.

KEY EVALUATION FINDINGS:

Employment, earnings, and welfare receipt

- MFIP had negative and statistically insignificant effects on family employment (whether at least one parent worked).
- MFIP had statistically significant positive effects on welfare receipt by Year 6 ($p=.01$). In summary, MFIP had negative effects on family earnings, which led to a positive effect on receipt of welfare benefits.

Divorce

- MFIP decreased divorce among two-parent families by 17% by the six-year follow-up point at $p=.10$ level of significance. However the program’s effects are statistically different depending on the welfare history of the family. In a subgroup analysis, it was found that divorce is not as prominent for two-parent families who had a history of welfare, as compared to two-parent families who were new applicants to welfare upon random assignment.

Fertility

- MFIP had no effects on the likelihood of families having a baby during the six years of follow-up.

Children’s Schooling Achievement

- No statistically significant differences were found for program participant’s children’s reading and math achievement in third or fifth grade.

SOURCES:

Gennetian, L.A., Miller, C. & Smith, J. (2005). *Turning welfare into a work support. Six-year impacts on parents and children from the Minnesota family investment program.*
Retrieved April 28, 2007 from: <http://www.mdrc.org/publications/411/full.pdf>.

EVALUATOR(S) AND CONTACT INFORMATION:

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PARENTS AS TEACHERS (PAT)

OVERVIEW: Parents as Teachers (PAT) is a home-based parent education and support program that was implemented in three pilot sites in Texas. The goal of the PAT program was to educate and support parents in ways that would enable them to be effective teachers who could guide their child’s cognitive, socio-emotional, linguistic, and motor development. The longitudinal evaluation found that, compared to parents in a comparison group, PAT fathers reported significantly higher levels of perceived social support, which increased over time. Scores on a measure of the quality of the home environment and parenting were higher for parents in the PAT program than for parents in the comparison group. However, fathers’ in both groups reported decreasing levels of parenting satisfaction over time. **Read More...**

PROGRAM GOALS: The long-term objective of the program was to enhance children’s development so that they would be better prepared to succeed in school. The PAT program aimed to do this through the accomplishment of three specific goals:

- To enhance children’s physical, social, and intellectual development by providing parents with information and guidance in the home environment;
- To reduce parenting stress and increase pleasure in parenting; and
- To provide parents with social support from their community and peers.

LOCATION: The PAT program was implemented in three school districts in Texas.

CHARACTERISTICS OF FATHERS SERVED:

All parents in the PAT program were first-time parents. In addition, they had the following demographic characteristics:

- *Child age:* In the PAT group, all but one of the children were six months or younger (the other child was 8 months old). Most (81 percent) enrolled in the program when their children were three months or younger and 54 percent enrolled either before their child was born or immediately after.
- *Fathers’ age:* Fathers had a mean age of 40 years.
- *Parent education:* Levels of education ranged from high school graduates to the completion of a professional degree. Most had attended college.
- *Socioeconomic status:* Families ranged from the lowest to highest categories of SES, but 85 percent of them fell within the upper two SES strata.
- *Race/ethnicity:* Ninety-three percent of PAT participants were white.
- *Family structure:* Ninety-one percent of participants lived in two-parent homes.

EVALUATION DESIGN: QUASI-EXPERIMENTAL (LONGITUDINAL)

- **Outcomes:** Outcomes for the evaluation were based on an ecological model and therefore targeted parent, parenting, and child outcomes, which included the following:
 - Child outcomes:
 - Cognitive and language abilities
 - Adaptive social behavior.
 - Parent and parenting outcomes:
 - Parent knowledge about child development
 - Parent attitudes
 - Quality of parenting and the home environment

- Parenting stress
 - Perceptions of social support
 - Parenting satisfaction
 - Satisfaction with the PAT program

- **Method:** The PAT program was advertised and offered to entire communities. Participants for the study were recruited by PAT parent educators when they enrolled in the PAT program. During enrollment, they were given information packets containing information about the study, consent forms, and baseline questionnaires. Parents who chose to enroll in the study completed and mailed the recruitment packet questionnaires back to the evaluators. The comparison group was selected from childbirth preparation classes in a nearby city where PAT was not offered, based on their having similar demographic and motivational characteristics as those who enrolled in the PAT program. Participants in both groups were tracked for a period of three years, with data collected via self-report mail surveys at baseline and when children were one, two, and three years old.

- **Sample:** The total baseline sample size for this evaluation was 128 families (59 in the PAT program group and 69 in the comparison group). Enrollment was open to any parent with a child between the ages of 0 and three, though special emphasis was placed on recruiting parents of newborns, as they would be eligible to participate in the program for the entire three years.

- **Measures:** A number of scales that were used in previous research were used to assess outcomes in the PAT evaluation:
 - Children’s cognitive development was assessed using the following scales:
 - *Bayley Scales of Infant Development*^{xliii} (age 1)
 - *Kaufman Assessment Battery for Children*^{xliiii} (age 3)
 - Children’s language development was assessed using the following scales:
 - *Receptive-Expressive Emergent Language Scale*^{xliv} (ages 1 and 2)
 - *Preschool Language Scale*^{xlv} (age 3)
 - Children’s socio-emotional development was assessed using the following scale:
 - *The Vineland Adaptive Behavior Scales*^{xlvi} (ages 2 and 3)
 - Parent knowledge about child development was assessed using:
 - *The Parent Knowledge Questionnaire*^{xlvii} (34-item scale assessing parent knowledge of 7 phases of child development. Given to mothers and fathers when children were age 3.)
 - Parenting attitudes were assessed using:
 - *Parent Attitudes Toward Childrearing*^{xlviii} (Given to mothers and fathers at baseline and when children were ages 1 and 3. Includes four subscales: Warmth, Encouragement of Independence, Strictness, and Aggravation.)
 - Parenting stress was assessed using:
 - *The Parenting Stress Index*^{xlix} (Given to mothers and fathers when children were ages 1 and 3.)
 - Parents’ perceptions of social support and parenting satisfaction were assessed using:
 - *The Inventory of Parenting Experiences (IPE)*^l (Given to mothers and fathers when children were ages 1, 2, and 3.)
 - Quality of parenting and the home environment was assessed using:
 - *The Home observation for Measurement of the Environment (HOME)*^{li} (34-item scale assessing parent knowledge of 7 phases of child

development. Given to mothers and fathers when children were ages 1, 2, and 3.)

- **Statistical Analyses:** All measures used in the study were administered to parents at least twice. Repeated measures multivariate ANOVAs (MANOVAS) were used to test for the main effects of group (PAT or comparison), time, and the interaction between group and time. Significant effects of either group assignment or interaction effects (group X time) were used to determine program effectiveness. T-tests were used to test for baseline differences between the PAT group and the comparison group.
- **Attrition:** The cumulative attrition rate was 28.8 percent in the PAT group and 20.3 percent in the comparison group. The majority of the families who left the study (81 percent) did so because they moved to a different area. Analyses revealed no significant differences between the families who left the study and those who completed it.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualifications and Support**
 - **Staff-participant ratio:** Home visits were done on a one-to-one basis. Information about staff-participant ratios in the parent groups meetings are not currently available.
 - **Staff Education:** Not currently available.
 - **Staff Experience:** Not currently available.
 - **Staff Training:** Each parent educator was trained by the PAT National Center.
 - **Planning Time and Coordination:** Not currently available.
 - **Staff wages:** Not currently available.
 - **Staff Satisfaction:** Not currently available.

PROGRAM CONFIGURATION:

- **Space:** The one- and two-year assessments were conducted in participants’ homes. The three-year assessments occurred both in the home and in a laboratory setting.
- **Materials:** Not currently available.
- **Partnerships and Linkages:** The PAT programs in the three sites were supported by their local school districts.
- **Community Organizations:** Not currently available.

PROGRAM CONTENT:

- **Curriculum or Program Model:** The PAT curriculum was originally based on the work of Burton White.^{liii} It focuses on educating and supporting parents as teachers who can guide their children’s development. A key component of the curriculum is the personalized home visit, in which trained parent educators give parents information and guidance to help them guide their child’s development.

PROGRAM DESIGN:

- **Group size:** Participants received one-on-one home visits. Information about the group size for the parent support groups is not currently available.

- **Number of program hours (dosage and duration):** On average, participants received 24 home visits and attended 12 group meetings.
- **Frequency of program offerings:** Not currently available.
- **Diversity of activities:** The PAT program consists of home visits, parent group meetings, health and developmental screenings for children (in general development, language, hearing, and vision), and referral services when appropriate.
- **Incentives for participation:** Not currently available.

KEY EVALUATION FINDINGS:

- **Children’s cognitive development:** No significant effects were found.
- **Children’s language development:** No significant effects were found.
- **Children’s socio-emotional development:** No significant effects were found.
- **Parent knowledge about child development:** There were no significant effects of group, time, or group x time on fathers’ parenting knowledge, though PAT group mothers had significantly more knowledge about child development than comparison group mothers [$F(1, 85) = 8.93, p < .01$] and all parents increased in parenting knowledge over time (from a mean score of 24.38 at baseline to a mean score of 25.48 at age three).
- **Parenting attitudes:** No significant effects were found.
- **Parenting stress:** No significant effects were found, though this may be due to low reports of stress by both groups of parents at all times.
- **Parents’ perceptions of social support:** Both mothers [$F(1,79) = 6.2, p < .05$] and fathers [$F(1,71) = 5.5, p < .05$] in the PAT group reported significantly higher levels of perceived community support than mothers and fathers in the comparison group. Mothers [$F(2, 77) = 120.27, p < .0001$] and fathers [$F(2, 70) = 101.85, p < .0001$] in both groups reported increasingly higher levels of community support over time.
- **Parenting satisfaction:** Fathers’ levels of parenting satisfaction decreased significantly over time for both groups [$F(2, 66) = 9.26, p < .001$]. No significant differences between groups were found.
- **Quality of parenting and the home environment:** The PAT group had significantly higher scores on the HOME assessment than the control group [$F(1, 89) = 9.77, p < .01$]. However, both groups had high-quality home environments at each assessment time and there were no effects of time or group x time.
- **Parent satisfaction with PAT:** Parents expressed high levels of satisfaction with the PAT program, with 92% of mothers and 88% of fathers reporting that they had higher levels of parenting confidence and 95% of mothers and 94% of fathers reporting that they would recommend the program to others. There was no significant change in program satisfaction over time.

SOURCES:

Owen, M. T., & Mulvihill, B. A. (1994). Benefits of a parent education and support program in the first three years. *Family Relations, 43*, 206-212.

PARENTS’ FAIR SHARE (PFS)

OVERVIEW: Parents’ Fair Share (PFS) was a national demonstration project implemented from 1994 to 1996 that was authorized by the Family Support Act of 1998, which was enacted to enforce the collection of child support from noncustodial parents. PFS sought to provide better options for low-income fathers who have more difficulty maintaining child support payments. Collaboration among the state child support enforcement agency, employment service providers, and community organizations were essential to the operation of the program. The evaluation found that the practices in the program did lead to increases in formal child support payments, but this was the case mostly with fathers who could pay without the assistance of PFS. PFS was not successful in increasing the employment earnings above those of the control group. Generally, PFS did not affect the fathers’ involvement but increased visitation among those that were initially the least involved. The evaluators found that the program could be effective when targeted to the most disadvantaged group of fathers. **Read more...**

LOCATION: PFS was implemented in seven sites across the U.S.:

- Dayton, Ohio
- Grand Rapids, Michigan
- Jacksonville, Florida
- Los Angeles, California
- Memphis, Tennessee
- Springfield, Massachusetts
- Trenton, New Jersey

PROGRAM GOALS: PFS was a national demonstration program which sought to help noncustodial fathers:

- Increase their child support payments
- Increase their employment and earnings
- Increase their parental involvement to support and improve parenting behavior

CHARACTERISTICS OF FATHERS SERVED: The program served non-custodial parents who were delinquent in their child support orders, unemployed or underemployed, and who had a child that was receiving Temporary Assistance to Needy Families (TANF) funds. 98% of the participants were men. The participants in the program had the following characteristics:

- 59.6% were African American, 23.2% were of Hispanic descent, 14.8% were White, and 2.3% were identified as “Other”;^{liii}
- 49.5% had no high school diploma;^{liv}
- The average hourly wage was \$7.04;^{lv}
- 36.9% of the sample reported living alone, 23% reported living with parents, and 24.8% reported living with a spouse or partner;^{lvi}
- 67% had been arrested prior to program entry;^{lvii}
- 1/3 of the fathers in the sample saw their children at least once a week at the start of the program, 30% did not see their children at all in the six months leading up to the survey;^{lviii}
- 33% lived with parents or other relatives, 23% moved 3 or more times during the year; 9% homeless in 3 months prior to survey at PFS;^{lix}

- On average, 6 was the youngest age of the child of the noncustodial parents in the sample.^{lx}

EVALUATION DESIGN: EXPERIMENTAL (RANDOM ASSIGNMENT)

- **Outcomes:**
 - *Financial Support*
 - Formal child support payments
 - Informal cash child support payments
 - In-kind support
 - *Non-financial Involvement*
 - Noncustodial parents’ contact with the focal child
 - Noncustodial parents’ parenting
 - Custodial and noncustodial parents’ conflict
- **Method:** The evaluation of Parents’ Fair Share used an experimental design which randomly assigned 5, 611 noncustodial parents that were delinquent in their child support payments to either the Parents’ Fair Share group or to a control group. The control group was exposed to standard child enforcement procedures. The evaluation included a follow-up period of two years. An ethnographic study was also done to track over 30 men in the PFS group and their time in the program (findings are not detailed here).^{lxi}

Information from the child support agency and the employment office was used to collect data on the noncustodial parents’ employment and earnings. Surveys were also administered to a randomly selected subgroup of fathers (n=553), and another group of custodial mothers (n=2,005) associated with the men in the evaluation.^{lxii} Generally, surveys were administered one year after each father entered the program, and they asked about activities that occurred within the time span of the previous six months. The surveys collected information on employment and earnings, visitation, and informal support. The youngest child of the noncustodial parents was the focal child in surveys.

Random Assignment. There were two different points of random assignment used in this design:

- Extra outreach and case review: A representative sample of noncustodial parents from a site’s child support caseload who appeared-based on information in administrative records-to meet the PFS eligibility rules were assigned at random to one of two groups: an extra outreach group subject to extra outreach and case review or a standard group subject to the site’s usual CSE practices.
- Referral to PFS Services and coverage of PFS mandates: Noncustodial parents who appeared at a hearing or case review and were judged eligible and appropriate for PFS by site staff were assigned at random to one of two groups: a program groups that was given access to PFS services and was subject to its mandates to participate or a control group that did not receive those services and was subject to normal CSE practices. Members of the control group were free to participate in other services in their community on their own initiative.”^{lxiii}

Noncustodial parents referred to the PFS group had the option of reestablishing their child support payments and declining PFS services.

- **Sample:** 5,611 noncustodial parents were included in the full sample. Surveys were also administered to a randomly selected subgroup of fathers (n=553), and another group of custodial mothers (n=2,005) associated with the men in the evaluation^{lxiv}.
- **Measures:** The evaluation captured the level of noncustodial parents’ financial support and non-financial involvement. The evaluation measured:^{lxv}
 - *Financial Support*
 - *Formal child support payments* (including the average amount of child support paid for the target case, totaled across six months before the survey)
 - *Informal cash child support payments* (cash contributions that the custodial parent received directly from the noncustodial parent six months before the survey, or 7-12 months after random assignment). The average dollar value was measured. Custodial parents were asked about the focal child as well as support for siblings.
 - *In-kind support.* Any support besides money provided to the custodial parent or her household.
 - *Non-financial Involvement*
 - *Noncustodial parents’ contact with the focal child*
 - *Noncustodial parents’ parenting*
 - *Custodial and noncustodial parents’ conflict*
- **Statistical Analyses:** When relevant, descriptive analyses were used to compare custodial and noncustodial parents’ response to questions that were common in their individual surveys. A matched sample was used (which had a joint response rate of 78%, and a response rate of 94% when both parents responded). The analyses exclude those where the custodial and noncustodial parents reported that they cohabitated, and those where the custodial parent noted that she was not living with the child. Regression analysis was used for background characteristics of the sample (age, race/ethnicity, education, marital status, prior employment, prior child support payments, and other relevant demographics). The impacts were also weighted to reflect representation of each site in the full sample.^{lxvi} Subgroup analyses were conducted to see how the impact of PFS varies due to different family characteristics and the implementation site.
- **Attrition:** Not currently available.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualifications and Support**
 - **Staff-participant ratio:** Not currently available.
 - **Staff Education:** Not currently available.
 - **Staff Experience:** Not currently available.
 - **Staff Training:** Not currently available.
 - **Planning Time and Coordination:** Not currently available.
 - **Staff wages:** Not currently available.
 - **Staff Satisfaction:** Not currently available.

PROGRAM CONFIGURATION:

- **Space:** Not currently available.
- **Materials:** The Responsible Fatherhood Curriculum, used in the peer support groups, was developed by the Manpower Demonstration Research Corporation (MDRC).
- **Partnerships and Linkages:** The program operated using local partnerships among child support agencies, employment and training providers, and community-based service organizations.
- **Community Organizations:** Community-based organizations were partnered with the child support agencies and employment providers to provide services. Previously, their role had been advocating for low-income families, but this demonstration shifted their responsibility to reporting on the father’s employment outcomes and noncompliance to the program.

PROGRAM CONTENT:

- **Curriculum or Program Model:**^{lxvii} The PFS program is built around 4 core components that were developed from background research and the pilot program:
 - **Peer support groups:** These groups were conducted using the “Responsible Fatherhood” curriculum developed by the Manpower Demonstration Research Corporation (MDRC). Each site was expected to provide regularly scheduled support groups for participants. The groups were conducted to inform participants about their rights and obligations as noncustodial parents, encourage positive parental behavior and sexual responsibility, strengthen their commitment to work, and enhance the participants’ life skills. The topics that were covered included: parental roles and responsibilities, relationships, managing anger, and coping with problems on the job.
 - **Employment and training services:** These services included activities that assisted participants in obtaining sustainable employment with earnings that enabled them to support themselves and their children. These services could include job search assistance, opportunities for education and skills training, on-the-job training, paid work experience, and other activities that combined skills training or education with employment.
 - **Mediation to improve relations with custodial parents:** The sites were expected to provide opportunities for parents to mediate their differences based on models that were typically utilized in divorce cases. The sites had formal agreements with mediation organizations, and participants were told about the availability of the services.
 - **Enhanced child support enforcement:** As this activity was a major objective of the demonstration project, the sites were expected to develop new procedures, services, and incentives to enforce child support obligations. This could also include expediting the establishment of paternity and child support awards, and negotiating reduced child support orders while the noncustodial parents participated in the program.

Staff responsibilities were divided into two categories: *specialists*, who played specific roles in the demonstration such as peer support facilitator or job developer, and *case managers*, who tracked the progress of the participants through their stay in the program^{lxviii}

Case manager responsibilities included.^{lxix}

- Orienting the fathers to the program
- Making service plans
- Assessing need for support services
- Making referrals to program components or outside services
- Monitoring program compliance

Child support enforcement staff in the government agency had responsibilities to^{lxx}:

- Lower child support orders
- Give the noncustodial parents time to participate in peer support and move toward employment

If a participant was noncompliant, the child support enforcement worker had to work with the parent to retain services. If this was unsuccessful, the worker would increase the child support order back to the original level and conduct normal enforcement procedures.

PROGRAM DESIGN:

- **Group size:** Not currently available.
- **Number of program hours (dosage and duration):** After 6 months of steady payment of child support, the participant was disenrolled from the program. If he became unemployed once again, he was instructed to contact the case manager to reenter the program.^{lxxi}
- **Frequency of program offerings:** Fathers were required to attend the peer support sessions. These sessions met a minimum of two to 3 times a week for a set number of weeks to cover all the topics. Participants were required to attend a minimum number of sessions to have completed this component.^{lxxii}
- **Diversity of activities**
- **Incentives for participation:** Participation in the program was mandatory, or the participants faced possible incarceration.^{lxxiii}

KEY EVALUATION FINDINGS: (The Springfield sample is not included in the following evaluation findings).

Child Support Payments^{lxxiv}

- Parents referred to PFS were more likely to pay child support through the child support enforcement system compared to the control group across the seven sites combined.
- The proportion of those who paid support increased by about 4.5 to 7.5 percentage points
- There was not a statistically significant change in the total average value of support provided.
- The amount of child support paid over the 18 months increased by a statistically significant amount in only 2 sites.

Employment and Earnings^{lxxv}

- No site produced increases in employment and earnings that were consistent and statistically significant during 18 months of follow-up. However, the Grand Rapids and Dayton sites increased earnings by a statistically significant amount. Grand Rapids

increased earnings in their later quarters, and Dayton increased employment and earnings in their early quarters.

- Though not statistically significant, the program increased earnings for the full sample, but the growth was concentrated among men with greater employment barriers (those with no HS diploma and no recent work experience).
- A subgroup analysis revealed that the program produced a statistically significant increase in employment for fathers without a diploma (69.6% versus 64.6%) and no impact for their more-educated counterparts.
- The program did not significantly affect hours worked, with small movement toward full-time work (statistically insignificant).
- PFS did not succeed in helping fathers find better, high-paying jobs.
- Non-African American men moved into better jobs than they would have obtained otherwise (jobs that paid \$9 or more and offered health insurance), but had a little effect on African American fathers.

Paternal Involvement^{lxvii}

- PFS did not change the frequency or length of visits between noncustodial parents and their children.
- The subset analysis from the survey showed that religious activities were increased by a statistically significant amount, with fathers 14.7 more likely to state that they engaged in this activity with their children.
- PFS did not affect the overall likelihood that the parents spoke to each other in the 6 months leading up to the survey, the frequency with which they discussed the child, the likelihood that the noncustodial parent was involved in major decisions about the child, or the likelihood that the custodial parent reported any improvement in the noncustodial father’s role as a parent.
- PFS caused a small increase of 3.5 percentage points in the proportion of custodial parents who reported frequent disagreements.
- There was a no increase in the overall proportion of custodial parents who reported aggressive styles of conflict.
- PFS decreased the amount of informal support to custodial parents.

SOURCES:

Doolittle, F. & Lynn, S. (1998, May). Working with low-income cases. Lessons for the child support enforcement system from Parents' Fair Share. Retrieved April 18, 2007 from: <http://www.mdrc.org/publications/144/overview.html>.

Doolittle, F., Knox, V., Miller, C. & Rowser, S. (1998, December). *Building opportunities, enforcing obligations: Implementation and interim impacts of parents' fair share*. Retrieved April 18, 2007 from: <http://www.mdrc.org/publications/144/overview.html>

Knox, V. & Redcross, C. (2000). Parenting and providing. The impact of parents' fair share on paternal involvement. Retrieved April 18, 2007 from: <http://www.mdrc.org/publications/144/overview.html>

Martinez, J.M. & Miller, C. (2000). Working and earning. The impact of parents' fair share on low-income fathers' employment. Retrieved April 18, 2007 from: <http://www.mdrc.org/publications/144/overview.html>

Miller, C. & Knox, V. (2001). The challenge of helping low-income fathers support their children. Final lessons from parents' fair share. Retrieved April 18, 2007 from: <http://www.mdrc.org/publications/144/overview.html>

The Responsible Fatherhood Curriculum can be found at: <http://www.mdrc.org/publications/40/abstract.html>.

RESPECTING AND PROTECTING OUR RELATIONSHIPS

OVERVIEW: The Respecting and Protecting Our Relationships program (Respeto/Proteger in Spanish) is a community-based HIV prevention program that targets inner-city Latino teen parenting couples. A recent report of the pilot⁷⁷ study shows the program helped young parents reduce sexual risk behaviors associated with HIV and other sexually transmitted diseases. **Read more...**

PROGRAM GOALS: Respecting and Protecting our Relationships is intended to help adolescent parenting couples prevent HIV infection.

LOCATION: This program was implemented in Los Angeles, California.

CHARACTERISTICS OF FATHERS SERVED:

- Twenty-six couples participated in the program. Of these participants, 17 fathers and 18 mothers completed the program. The characteristics of father participants alone are not available. The following characteristics describe all participants in the intervention group (n=35).
- Forty percent of participants were under age 18, 29 percent were 18-20 and 31 percent were older than 20.
- Ninety-four percent of participants were Latino and six percent were Caucasian.
- Ninety-one percent of participants had only one sexual partner; the rest had more than one.
- Twenty percent of participants had been physically abused at some time in their lives.

EVALUATION DESIGN: OUTCOMES MONITORING (PRE-POST TEST DESIGN)

- **Outcomes:** The key outcomes measured in the evaluation were sexual risk behaviors, including the number and proportion of unprotected sexual encounters.
- **Method:** The research team had planned to randomly assign young people to treatment and control groups, but program staff were concerned about denying some of their clients access to the program. In the end, assignment to treatment or comparison groups was selected by community organization, not randomly. Questionnaires were completed at the beginning and end of the intervention as well as three and six months after its completion. Most questionnaires were completed in a group setting, but participants who were unable to attend completed them at home. Questions were read aloud in either English or Spanish by a trained research assistant. The questionnaires were given to women and men separately and took approximately 45 to 90 minutes to complete.
- **Sample:** The total sample included 49 couples ages 15-21 who were either pregnant or had given birth. Twenty-six couples were assigned to the treatment group and the other 23 did not receive the intervention but completed questionnaires for comparison.
- **Measures:** The questionnaires measured sexual risk behaviors (e.g., use of condoms during sex) and sociodemographic characteristics including age, race/ethnicity, religion, pregnancy status, past history of physical or sexual abuse, and lifetime and current substance use.

- **Statistical Analyses:** Because of the small sample size and high rate of attrition in the treatment group, reliable statistical analyses were not possible for this pilot study.
- **Attrition:** Of the 26 young couples assigned to the treatment group, nine men and eight women did not complete the program (32.7 percent attrition). In the comparison group, two men and two women of the original 23 couples did not finish the program (8.7 percent attrition). In all, 21 of the original 98 participants did not complete the program (21.4 percent attrition). The evaluators found that attrition was due to competing factors rather than dissatisfaction with the program. Reasons for attrition included work schedules, unstable living situations, relationships breakups, and unanticipated crises).

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualifications and Support**
 - **Staff-participant ratio:** 2:35.
 - **Staff Education:** Not currently available.
 - **Staff Experience:** Not currently available.
 - **Staff Training:** Not currently available.
 - **Planning Time and Coordination:** Not currently available.
 - **Staff wages:** Not currently available.
 - **Staff Satisfaction:** Not currently available.

PROGRAM CONFIGURATION:

- **Space:** Program services were held in community settings such as community organization offices, clinics, and libraries.
- **Materials:** Not currently available.
- **Partnerships and Linkages:** This program was funded by the California Collaborative Research Initiative as part of the UCLA AIDS Research Program. Respeto/Proteger (Respecting and Protecting Our Relationships) is a collaborative effort between community organizations and an academic research team.
- **Community Organizations:** This program was a collaboration of the UCLA School of Nursing and the Bienvenidos Family Services National Latino Fatherhood and Family Institute (NLFFI).

PROGRAM CONTENT:

- **Curriculum or Program Model:**
 - The curriculum for this program included HIV prevention activities from the program *Be Proud! Be Responsible!*⁷⁸ These activities were integrated with a theoretical framework by Tello⁷⁹ and the findings from preliminary focus groups and individual interviews with adolescent parents. The findings from the preliminary study led program designers to stress the following aspects of intimate relationships:
 - Trust,
 - Communication and
 - Mutual respect.
 - The program’s conceptual framework⁸⁰ bases its curriculum in culturally rooted concepts and indigenous values of the Chicano, Latino, Hispanic and Native

American peoples. Cultural teachings from the National Latino Fatherhood and Family Institute (NLFFI) program, Con los Padres, were incorporated in this program.

- Program content focusing on HIV prevention included the topics of
 - HIV awareness,
 - Understanding vulnerability to HIV infection,
 - Attitudes and beliefs about HIV and safer sex,
 - Building condom use skills, refusal skills, and conflict negotiation, and
 - Contraception and disease prevention.
- The intervention focused on the development and maintenance of healthy relationships.

PROGRAM DESIGN:

- **Group size:** The treatment group was comprised of 26 couples led by male and female facilitators.
- **Number of program hours (dosage and duration):** Twelve hours in six sessions.
- **Frequency of program offerings:** Not currently available.
- **Diversity of activities:** Participants were sometimes separated by gender and sometimes together in one group. Activities included reflections on what it would mean to others if the participant were to become infected with HIV followed by a presentation by a young mother who is infected with HIV. Participants wrote letters to their children in the final meeting.
- **Incentives for participation:** Participants received monetary compensation for their time and efforts beginning at \$15 and increasing to \$35 per questionnaire, plus \$15 per class attended. Childcare and transportation were also provided to these young parents for each class and data collection session.

KEY EVALUATION FINDINGS:

The findings from this pilot study are purely descriptive. Differences between groups were not statistically significant due to small sample size.

- Sexual risk behaviors were high for both the treatment and control groups at baseline: about 77% did not use a condom in their last sexual encounter.
- The reported number of times the participant had unprotected sex in the past three months declined for the treatment group between the baseline and six-month follow-up.
- The reported proportion of sex that was unprotected in the past three months also declined after the intervention.

SOURCES:

Jemmott, L.S., Jemmott, J.B., and McCaffree, K.A. (1996). *Be proud! Be responsible! Strategies to empower youth to reduce their risk for HIV infection, curriculum manual*. New York: Select Media.

Koniak-Griffin, D., Lessser, J., Nyamathi, A., Uman, G., Stein, J., and Cumberland, W. (2003). Project CHARM: An HIV prevention program for adolescent mothers. *Journal of Family and Community Health*, 26, 5-20.

Lesser, J., Verdugo, R.L., Koniak-Griffin, D., Tello, J., Kappos, B., and Cumberland, W.G. (2005). Respecting and protection our relationships: A community research HIV prevention program for teen fathers and mothers. *AIDS Education and Prevention*, 17(4), 347-360.

Tello, J. (1998). El hombre noble buscando balance: The noble man searching for balance. In R. Carillo and J. Tello (Eds.), *Family violence and men of color: Healing the wounded spirit*. New York: Springer.

EVALUATORS AND CONTACT INFORMATION:

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Robert L. Verdugo, Bienvenidos Family Services.

Deborah Koniak-Griffin, Center for Vulnerable Populations Research, UCLA School of Nursing.

Jerry Tello, National Latino Fatherhood and Family Institute.

Barbara Kappos, Bienvenidos Family Services.

William G. Cumberland, Public Health/Biostatistics, UCLA.

THE SELF SUFFICIENCY PROJECT FOR LONG-TERM WELFARE RECIPIENTS (SSP)

OVERVIEW: The Self-Sufficiency Project for Long-Term Welfare Recipients (SSP) program was launched in 1992, a ten year project involving more than 6,000 single-parent families in British Columbia and New Brunswick. SSP was conceived and funded by Human Resources Development Canada (HRDC), managed by the Social Research and Demonstration Corporation (SRDC), and evaluated by the Manpower Demonstration Research Corporation (MDRC) and SRDC. It used a complex design to enroll participants in three linked research samples and used a random assignment evaluation design. An evaluation of the long-term welfare recipients, found that a well-structured financial incentive program can encourage work, increase earnings, and reduce poverty. **Read More...**

PROGRAM GOALS: SSP had two goals: 1) to create credible evidence about the effects of changing policy; and 2) to demonstrate that a particular policy focused on earnings supplements could be effective. The SSP program aimed to:

- Encourage work and independence among welfare recipients
- Ensure that welfare recipients had adequate incomes to support themselves and their families
- Increase parents' earning and income
- Reduce reliance on welfare
- Determine whether a program like SSP would harm or benefit child
- Affect parents in the period after parents were no longer eligible to receive the supplement benefits.

LOCATION: British Columbia and New Brunswick, two provinces of Canada

CHARACTERISTICS OF FATHERS SERVED:

Recruitment in SSP's main research study began in November 1992 and was completed in March 1995. Each month, Statistics Canada used Income Assistance (IA)^{lxxxii} Administrative records to identify all people in selected geographic areas who met the following criteria:

- were single parents;
- were 19 years of age or older; and
- had received IA payments in the current month and at least 11 of the prior 12 months.

Baseline Characteristics

- 43% of the parents had been on welfare for at least three years.
- 21.7% of the sample were 19 – 24
- 53.5% of the sample had 1 child under age 19, 32.9% had 2 children, and 13.6% had 3 or more children
- 95.3% of the sample had previous work experience, 52.7% had less than a high school education, 10.5% had some post-secondary education

EVALUATION DESIGN: EXPERIMENTAL (RANDOM ASSIGNMENT)

- **Outcomes:** Because the evaluation of SSP assigned people to the program and control groups at random, the *impact* or effect of the supplement offer is measured as the

difference in employment, earnings, income, IA benefits, and SSP benefits and other outcomes between the two groups.

- **Method:** Using a rigorous random assignment design, half of the project recipients were randomly assigned to a program group and offered the SSP supplement, while the remainder formed the control group.
 - A baseline survey was administered to all sample members just prior to random assignment and informed consent was provided. The survey included questions about respondents’ gender, age, race/ethnicity, and other demographic characteristics; household composition and family structure; child care needs; general quality of life; employment and earnings; current income sources and amounts; and attitudes toward work and welfare.
 - Single parents who were recruited into the recipient study were randomly assigned to either the program group (offered the SSP earnings supplement), or the control group (not offered the supplement).
 - Most sample members completed follow-up surveys approximately 18, 36, and 54 months after random assignment.
 - Administrative data sources provided monthly information on income assistance and SSP supplement payments.
- **Sample:** Nearly 6,000 single parents in British Columbia and New Brunswick who had been on income assistance for at least a year participated in SSP. The program group contained 2,880 recipients; the control group contained 2,849.
- **Measures:** Differences in employment, earnings, income, and other outcomes between the two groups.
- **Statistical Analyses:** Logic probability modeling was used to determine whether the job-ready program group members were more likely to take up the supplement. A two-tailed t-test was used to determine outcome difference between program and control group. A statistical test (the F-test) was performed to determine whether differences between subgroup impact estimates could easily be due to chance factors.
- **Attrition:** Of the original sample of 5,729 members, 4,852 completed the 54-month survey — 2,460 in the program group and 2,392 in the control group (for an 84.7 percent response rate). The effects of SSP were examined using only these sample members, a group called the *report sample*.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualifications and Support**
 - **Staff-participant ratio:** Not currently available.
 - **Staff Education:** Not currently available.
 - **Staff Experience:** Not currently available.
 - **Staff Training:** Not currently available.
 - **Planning Time and Coordination:** Not currently available.
 - **Staff wages:** Not currently available.
 - **Staff Satisfaction:** Not currently available.

PROGRAM CONFIGURATION:

- **Space:** Not currently available.
- **Materials:** Not currently available.
- **Partnerships and Linkages:** Not currently available.
- **Community Organizations:** Not currently available.

PROGRAM CONTENT:

- **Curriculum or Program Model:** Understanding the structure of the SSP’s incentive is crucial to understanding the effects of the supplement offer. Key features of the SSP Earnings Supplement included:
 - **Full-time work requirement.** Supplement payments were made only to eligible single parents who worked at least 30 hours per week and left income assistance.
 - **Substantial financial incentive.** The supplement equaled half the difference between a participant’s earnings and an “earnings benchmark.” During the first year of operations, the benchmark was \$30,000 in New Brunswick and \$37,000 in British Columbia. Unearned income (such as child support), earnings of other family members, and number of children did not affect the amount of the supplement. The supplement roughly doubles the earnings of many low-wage workers (before taxes and work-related expenses).
 - **One year to take advantage of the offer.** A person could sign up for the supplement if she found full-time work within the year after random assignment. If she did not sign up during that year, she could never receive the supplement.
 - **Three years of supplement receipt.** A person could collect the supplement for three calendar years from the time she began receiving it, as long as she was working full time and not receiving income assistance.
 - **Voluntary alternative to welfare.** No one was required to participate in the supplement program. After beginning supplement receipt, people could decide at any time to return to income assistance, as long as they gave up supplement receipt and met the IA eligibility requirements.

PROGRAM DESIGN:

- **Group size:** Not currently available.
- **Number of program hours (dosage and duration):** Not currently available.
- **Frequency of program offerings:** Not currently available.
- **Diversity of activities:** Not currently available.
- **Incentives for participation:** Not currently available.

KEY EVALUATION FINDINGS:

- **One third of the long-term welfare recipients who were offered the SSP earnings supplement worked full time and took up the supplement offer.** On average, these supplement takers received the supplement for 22 months over their three years of eligibility and received more than \$18,000 in supplement payments over that time, at the level of (p=.01)
- **SSP increased employment, earnings, and income, and reduced welfare use and poverty.** By the end of the first year after random assignment, program group members were

twice as likely as control group members to be working full time, and the effect of SSP on employment continued to be strong through most of the follow-up period. These impacts were concentrated among individuals who took up the supplement offer, suggesting that SSP’s effects were nearly three times as large among supplement takers, at the level of (p=.01)

- **The effects of SSP on employment, welfare use, and income were small after parents were no longer eligible for the supplement.** Members of the program group could receive supplement payments for up to three years, and the program’s effects were strong throughout the period when parents were eligible for the supplement. In the middle of the fifth year after random assignment, which was after supplement takers could no longer receive the SSP earnings supplement, the program and control groups were equally likely to work.
- **Elementary-school-age children in the program group performed better in school than similar children in the control group.** Parents in the program group gave their elementary-school-age children higher marks on school performance than did parents in the control group (children who were 5.5 to 7.5 years of age by the end of the period studied in this report), at the (p=.05) level of significance. For children in other age groups, however, there were few differences in outcomes between the program and control groups.
- **Government agencies spent money to achieve SSP’s positive results, but society as a whole benefited from the program.** Government agencies spent about \$1,500 per program group member administering SSP. From society’s point of view, however, the program cost less than the benefits it provided. When fringe benefits are included, program group members earned \$4,100 on average more than they would have without the program, at the level of (p=.1).

SOURCES:

Michalopoulos, C., Tattrie, D., Miller, C., Robins, P., Morris, P., Gyarmati, D., Redcross, C., Foley, K., and Ford, R. (2002). *Making Work Pay: Final Report on The Self-Sufficiency Project for Long-Term Welfare Recipients*. Retrieved May 16, 2007 from:
<http://www.hrsdc.gc.ca/en/cs/sp/sdc/pkrf/publications/research/2002-002340/mwpspp.pdf>

EVALUATOR(S) AND CONTACT INFORMATION:

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TRIPLE-P POSITIVE PARENTING PROGRAM

OVERVIEW: The Positive Parenting Program (Triple-P) is a parent training program designed for families with children with disruptive behavior problems. Both mothers and fathers in participating families were required to attend the program and complete questionnaires pre-intervention, post-intervention and at a three month follow-up. Parents were randomly assigned to a Standard Group Triple-P condition (SGTP) and an Enhanced Group Triple-P condition (EGTP). The intervention included group training sessions and telephone consultations. Both groups exhibited significant changes in fathers’ reports of child behavior, relationship conflict, and relationship satisfaction and communication. The Enhanced condition did not appear to offer extra benefits to participants. [Read more...](#)

PROGRAM GOALS: This program set out to reduce child behavior problems, reduce marital conflict, and increase marital satisfaction in families with children with high levels of behavior problems.

LOCATION: Queensland, Australia.

CHARACTERISTICS OF FATHERS SERVED:

Couples were broken into two treatment groups: Standard Group Triple P (SGTP) and Enhanced Group Triple P (EGTP).

- Fathers in both groups had high education. Of STGP fathers, 58 percent were college/university graduates, 5 percent other post-secondary education, 21 percent high school graduates, and 16 percent did not complete high school. In the EGTP group, 67 percent of fathers had graduated college/university, 11 percent had other post-secondary education, 5 percent were high schools graduates, and 17 percent did not complete high school.
- Fathers’ average age for the STGP group was 38.13 years. The average age of fathers in the EGTP group was 36.69 years.
- Occupational status was measured on a 7-point scale where 1 reflects high occupational prestige.⁸² Prestige scores were very close for the two groups: 3.52 for the STGP group and 3.47 for the EGTP group.
- Groups were also close in average number of children per family: 1.89 for SGTP and 1.94 for EGTP.

EVALUATION DESIGN: EXPERIMENTAL – (RANDOM ASSIGNMENT STUDY)

- **Outcomes:** The following outcomes were assessed:
 - Child behavior,
 - Parenting skills,
 - Parental adjustment,
 - Conflict over parenting, and
 - Relationships satisfaction and marital communication.
- **Method:** This group comparison was designed with two conditions (SGTP and EGTP) and three time periods (pre- and post-intervention and three-month follow-up). The SGTP was chosen as the comparison condition because it is a well-established parent program with high validity,⁸³ and it was considered unethical to withhold this treatment from a

traditional no-intervention group. The enhanced curriculum included the same treatment as the standard curriculum, plus two extra 90-minute group training sessions.

- **Sample:** Thirty-seven couples with children aged two to five participated in the intervention. Twenty-one families were assigned to the SGTP condition and 23 were assigned to the EGTP condition. All parents had reported high levels of marital conflict over parenting issues.
- **Measures:** Outcomes were measured with the following parent-report scales and inventories at all three time points:
 - The ENRICH Marital Satisfaction Scale (EMS) assessed marital satisfaction for each partner and couple agreement.⁸⁴
 - The Marital Communication Inventory (MCI) measured the perceived supportiveness of each partner.⁸⁵
 - The Abbreviated Dyadic Adjustment Scale (ADAS) is a seven-item questionnaire abbreviated from the 32-item Spanier Dyadic Adjustment Scale.⁸⁶ It measures aspects of communication, intimacy, cohesion and disagreement.
 - The Depression Anxiety Stress Scale (DASS) assessed symptoms of depression, anxiety and stress over the previous week.⁸⁷
 - The Parent Problem Checklist (PPC) measured inter-parental conflict relating to cooperative parenting functions within the family.⁸⁸
 - The Parenting Scale (PS) assessed three types of dysfunctional parenting practices relating to discipline: laxness, overreactivity, and verbosity.⁸⁹
 - The Eyberg Child Behavior Inventory (ECBI) quantified parental perceptions of disruptive behavior.⁹⁰
 - Client satisfaction was also measured at each time point to gauge parent perspectives on program effectiveness.⁹¹
- **Statistical Analyses:**
 - Preliminary univariate analyses of variance (ANOVAs) were completed to establish comparability of the sample in each condition. These analyses revealed a significant difference between conditions only for fathers on Parenting Scale (PS) scores. Due to this difference, the PS measure was analyzed with a repeated measures ANCOVA using the pre-intervention score on the PS as the covariate.
 - Repeated measures ANOVAs and MANOVAs were performed separately for mothers and fathers and for each of the dependent variables.
- **Attrition:**
 - For the STGP condition, 21 families were assigned, 20 completed intervention, 19 completed post-assessment measures, and 16 completed the follow-up assessment. Of the 23 families assigned to EGTP, 20 completed intervention, 18 completed post-assessment measures, and 16 completed the follow-up.
 - One family was removed from the study for failing to attend an adequate number of sessions; two others were removed for failing to return the post-intervention questionnaires.
 - Analyses of variance were performed to determine whether mothers and fathers who completed the program differed from those who did not. These analyses revealed that fathers who did not finish the program had reported higher levels of dysfunction pre-intervention than non-completers.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualifications and Support**
 - **Staff-participant ratio:** 2:10 during group sessions; 1:1 during phone consultations.
 - **Staff Education:** All facilitators were trained psychologists.
 - **Staff Experience:** Facilitators had been involved in other Triple P interventions and evaluations.
 - **Staff Training:** All facilitators were accredited Triple P Providers.
 - **Planning Time and Coordination:**
 - **Staff wages:** Not currently available.
 - **Staff Satisfaction:** Not currently available.

PROGRAM CONFIGURATION:

- **Space:** All group sessions were held in the Triple P Clinic at the Family Support Centre, University of Queensland.
- **Materials:** All parents received a workbook for homework exercises and information.⁹² During group sessions, a video was used to demonstrate positive parenting strategies.⁹³ Participants in the enhanced treatment also received materials from a supplementary workbook.⁹⁴
- **Partnerships and Linkages:** The Parenting and Family Support Centre’s Triple P Clinic at The University of Queensland provided space for the intervention and allowed recruitment for the program from the clinic’s waiting list.
- **Community Organizations:** Flyers were posted in area childcare centers, preschools and kindergartens for recruitment purposes.

PROGRAM CONTENT:

- **Curriculum or Program Model**

This program follows the Group Triple-P curriculum. Leaders used the *Facilitator’s Guide to Group Triple P*.⁹⁵

PROGRAM DESIGN:

- **Group size:** Approximately 10-12 parents participated in each group session.
- **Number of program hours (dosage and duration):** Group Triple P consists of four two-hour group sessions and four 15-30 minutes follow-up telephone consultations over the course of eight weeks. Parents in the enhanced curriculum also met for two 90-minute supplementary group sessions.
- **Frequency of program offerings:** Participation in the intervention was weekly, alternating between group meetings and telephone consultations.
- **Diversity of activities:** Activities included individual and group exercises, watching instructional videos and parent support training.
- **Incentives for participation:** No incentives for participation were reported.

KEY EVALUATION FINDINGS:

Generally, the two treatments had positive impacts on most outcomes, but the enhanced treatment was not significantly better than the standard treatment.

- In the following outcome domains, significant impacts were observed on father reports from pre-intervention to follow-up for both the EGTP and SGTP conditions:
 - Child behavior improved, as measured by the ECBI ($p < .001$);
 - Conflict over parenting declined, as measured by the PPC ($p < .0001$);
 - Relationship satisfaction and communication, as measured by the ADAS and MCI ($p < .005$).
- No significant impact on fathers in EGTP or SGTP conditions was made in the parental adjustment domain (depression, anxiety, and stress), as measured by the DASS.
- Mixed results were observed for the parenting skills domain, as measured by the PS. A significant impact was observed for fathers in the enhanced group only between post-intervention and follow-up. There were no significant impacts between pre-intervention and follow-up for either group.

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Appendix 3:

“Emerging” Fatherhood Programs

24/7 DAD™ A.M. and 24/7 DAD™ P.M.

OVERVIEW: 24/7 Dad™ A.M. and 24/7 Dad™ P.M. are two distinct but complimentary parenting programs for fathers offered in Alabama. 24/7 Dad™ A.M. is a basic program while the 24/7 Dad™ P.M. is comprehensive and is completed after the basic program. Participants in each program attended 12 two-hour sessions in group or individual one-on-one settings. An evaluation of program participants found that the 24/7 Dad™ programs had a positive effect on fathers by improving their parenting skills, fathering knowledge and attitudes toward fathering. **Read more...**

PROGRAM GOALS:

The fatherhood programs focus on characteristics that a father must have to be “a great dad 24 hours a day, 7 days a week.” The shared program goals are to;

- Increase knowledge and skill level of fathers
- Promote a healthy and positive attitude regarding fatherhood and parenting.

LOCATION: Bay Minette, Alabama and Robertsdale, Alabama.

CHARACTERISTICS OF FATHERS SERVED:

- **24/7 Dad™ A.M. Program**
 - 26 % were between 20-29 years old; 36 % were between 30-39 years old
 - 54 % were Black ; 42 % were White
 - 13 % were married, 38 % were single and 15 % lived with a partner
 - 38 % reported incomes below \$15,000; 40 % earned \$15,000-\$25,000.
- **24/7 Dad™ P.M. Program**
 - 13 % were between 20-29 years old; 33 % were between 30-39 years old
 - 60 % were Black ; 33 % were White
 - 40 % were married, 23 % were single and 10 % lived with a partner
 - 50 % reported incomes below \$15,000; 33 % earned \$15,000-\$25,000.

EVALUATION DESIGN: OUTCOMES MONITORING (Pre-Post Test Design)

Outcomes:

- Level of self-awareness
- Attitudes towards caring for one’s self
- Knowledge of fathering skills
- Knowledge of parenting skills
- Knowledge of relationship skills

Method: The evaluation, administered by the Baldwin County Fatherhood Initiative, used pre/post test measures on two questionnaires, the 24/7 Dad™ *Fathering Inventory* and the 24/7 Dad™ *Fathering Skills Survey*. The first survey was administered at the beginning and end of each of the respective programs, and was designed to measure father and parenting attitudes. The second survey, the 24/7 Dad™ *Fathering Skills Survey*, measures fathering and parenting knowledge. Separate skills surveys were administered at the beginning and end to the AM and PM programs since the knowledge and skills taught differed by program.

Sample: The 24/7 Dad™ A.M. Program had a sample of 48 fathers for the *Fathering Inventory* survey and 40 for the *Fathering Skills Survey*. 24/7 Dad™ P.M. Program had 29 fathers for the *Fathering Inventory* and 30 for the *Fathering Skills Survey*.

Measures:

- *Self Awareness Measures:*
 - Fathers were asked how expectations they had of their children impacted their children’s self-worth.
 - Fathers were asked about their attitudes towards sharing problems, grieving and anger.
- *Caring for Self Measures:*
 - Fathers were asked about their attitudes towards positive and negative feelings.
 - Fathers were asked about their attitudes towards health checkups.
- *Fathering Skills Measures:*
 - Questions were asked about father’s roles in the family and balancing work and family.
 - Fathers were questioned on their role in influencing children’s outcomes versus the child’s nature.
- *Parenting Skills Measures:*
 - Fathers were asked about how to encourage their children to do more, using consequences to modify behavior, discipline and family rules.
- *Relationship Skills Measures:*
 - Fathers were questioned about their attitudes toward marriage and their children’s mother.

Statistical Analyses: The samples from both surveys were analyzed using cross tabs and paired sample T-test to compare mean scores and test for significance. Significance testing is done at the 90 percent confidence level. Means that have increased from pre to post test are also reported.

Attrition: In order to participate in the 24/7 Dad™ P.M. Program, fathers had to complete the A.M. program first. 80 % of all fathers in the A.M program who completed the pre-test *Fathering Inventory Survey* completed the post-test *Fathering Skills Survey*. Only 60 % of participants in the A.M. program completed the P.M. program. 97 % of all participants in the P.M. program completed both the pre and post surveys.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualification and Support**
 - **Staff-participant ratio:** Information currently not available.
 - **Staff Education:** Information currently not available.
 - **Staff Experience:** Information currently not available.
 - **Staff Training:** Information currently not available.
 - **Planning Time and Coordination:** Information currently not available.
 - **Staff Wages:** Information currently not available.

- **Staff Satisfaction:** Information currently not available.

PROGRAM CONFIGURATION:

- **Space:** Information currently not available.
- **Materials:** The National Fatherhood Initiative (NFI) provides a 24/7 Dad™ curriculum, facilitators guide and fathering handbook to be purchased for use in administering the programs. NFI also offers a two day training institute for administrators of the program.
- **Partnerships and Linkages:** The Baldwin County Fatherhood Initiative administered the two programs. NFI was responsible for data analysis and program evaluation.
- **Community Organizations**

PROGRAM CONTENT:

- **Curriculum or Program Model:**
24/7 Dad™ is a set of programs developed by experts in fathering and parenting. NFI sells the program to institutes, groups, or individuals to administer. NFI also trains the facilitators who administer the programs. There are two programs, 24/7 Dad™ A.M. and 24/7 Dad™ P.M. consisting of 12 two-hour sessions. Fathers are expected to complete the basic AM program before participating in the more comprehensive PM program. Facilitators were provided with a curriculum outlining activities for each session. Fathers and mothers were brought together at the end of each program to discuss the father’s development and how their relationship had been affected.

24/7 Dad™ A.M. Sessions:

- Family of origin
- Masculinity
- Understanding Your Self
- Handling and Expressing Emotions
- Spirituality
- Physical and Mental Health
- Fathering and Family Roles
- Fathering and Culture
- Discipline, Rewards and Punishment
- Expectations and Children’s Dev.
- Balancing Work and Family
- Getting Involved with Children

24/7 Dad™ P.M. Sessions:

1. Fathering and the 24/7 Dad
2. Growing from Boyhood to Manhood
3. Recognizing and Handling Anger
4. What it Means to be a Man
5. Spirituality and Growth
6. Sex, Love and Relationships
7. Power and Control
8. Competition and Fathering
9. Improving my Communication Skills
10. Having Fun and Getting Involved
11. Stress, Alcohol and Work
12. Growth and Celebration

PROGRAM DESIGN:

- **Group Size:** While the *24/7 Dad™* can be administered in groups or on one-on-one basis, information was not available for the format this particular intervention used.
- **Number of program hours (dosage and duration):** Fathers participated in 12 two-hour sessions for each of the *24/7 Dad™* programs. Multiple sessions were offered.
- **Frequency of program offerings:** Information currently not available.
- **Diversity of activities:** Each session in the curriculum covered different topics on what it means to be a “great dad”.
- **Incentives for participation:** Information currently not available.

KEY EVALUATION FINDINGS:

Preliminary findings from the outcomes evaluation show that the *24/7 Dad™* programs had a positive effect on fathers by improving their parenting skills, fathering knowledge and attitudes toward fathering. Statistically significant results were recorded in all outcome areas; caring for one’s self, self awareness and knowledge of fathering, parenting and relationship skills.

- Out of 50 questions asked in the *24/7 Dad™ Fathering Inventory* completed by fathers in the AM program, 8 showed statistically significant change at the 90 % confidence level. Eleven other questions showed increases in mean scores between pre to post program.
- Findings from the *Fathering Inventory* for the PM program had one question measuring self awareness, caring for self and relationship skills show statistically significant positive changes.
- Out of the 25 questions asked in the *24/7 Dad™ Fathering Skills Survey* completed by fathers in the AM program, 7 showed statistically significant change at the 90 % confidence level.
- Findings from the *Fathering Skills* PM program had 3 questions measuring self awareness and parenting skills that were statistically significant.

SOURCES:

Olshansky, Jana. *24/7 Dad™ A.M. and 24/7 Dad™ P.M. – Outcome Evaluation Results 2005-2006*. Released October 25, 2006 from: <https://www.fatherhood.org/evaluation.asp>

Structure and curriculums were obtained from the National Fatherhood Initiative website: <https://www.fatherhood.org/247dad.asp>

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AUSTRALIAN ALL-MALE DISCUSSION FORUMS FOR EXPECTANT FATHERS: EVALUATION OF A MODEL

OVERVIEW: Approximately 80% of first-time parents in Australia attend antenatal and parenting education courses. After a successful pilot, the forum was integrated as an integral session in the overall antenatal educational program for Australia. The All-Male Discussion Forum served over 600 first-time fathers between 1998 and 2003. All program participants completed a questionnaire form after the session and were unanimous in their agreement about the benefits of the forum, particularly the opportunity to discuss issues of importance to them with other fathers. **Read more...**

PROGRAM GOALS:

The objectives of the all male discussion forum were to:

- the different components of pregnancy (i.e., labor and postnatal issues). Clarify information on
- perhaps not previously considered (i.e., postnatal depression). Raise awareness of issues
- issues such as male circumcision and breastfeeding. Discuss controversial
- communication guidelines between the husband and wife. Establish effective
- importance of fathers to their children and encourage men to be involved with their family. Understand the

LOCATION: The male forum took place in a coastal region of New South Wales, located between the Sydney metropolitan area the large regional city of Newcastle Australia.

CHARACTERISTICS OF FATHERS SERVED: The program served expectant fathers in the central coast, a coastal region of New South Wales. Of the 605 expectant fathers who gave their ages, 3% were under 20 years, 44% were between 21 and 29 years, 35% were between 30 and 35 years; and 18% were over 35 years. The majority of the forum participants were first-time expectant fathers.

EVALUATION DESIGN: DESCRIPTIVE CROSS-SECTIONAL STUDY

Outcomes:

- Increased understanding of the father’s role.
- Increased knowledge of healthy father-child relationships.
- Knowledge of post-birth coping strategies including: becoming a dad, father’s new role, and lifestyle changes.
- Improved co-parenting communication skills.
- Challenge pre-existing thinking related to the father’s role antenatal and parenting education classes.

Method: The study evaluated male-specific forums as a means of meeting the needs of expectant fathers during pregnancy, labor, and childbirth, as well as discussion issues beyond birth. At the end of each program fathers were asked to complete a questionnaire form. The evaluation sheet contained two sections.

Sample: Throughout the six years (1998-2003), 112 sessions were conducted with a total of 749 participants. To avoid confounding variables in the analysis, the five sessions not run by the primary educator were not included, nor were the older version of the questionnaire. This gave a final sample of 91 sessions with 622 male participants.

Measures: The measures used for the first section of the questionnaire included: benefits of attendance, communication style of facilitator, format of session, discussion topics, extending the time span of the sessions. The second section contained two open-ended questions regarding the most valuable components of the session and suggestions for future improvement.

Statistical Analyses: Descriptive statistics were derived for each variable. One-way ANOVA and Chi square tests were used to determine whether responses to the questions were related to the number of participants in each group, the place or year of the session, or the service provider. Textual analysis was used to analyze the two open-ended questions.

Attrition: Of the original 622 male participants, 617 completed the questionnaire, a response rate of 99%.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualifications and Support:**
 - **Staff-Participant Ratio:** Not currently available.
 - **Staff Education:** All male facilitators held qualifications in nursing, midwifery, and men’s health.
 - **Staff Experience:** Male facilitators were fathers of young child, and value the role of fathers while appreciating that this role varies among individual men.
 - **Staff Training:** Male facilitators all had small-group leadership skills and were guided by adult learning principles.
 - **Planning Time and Coordination:** Not currently available.
 - **Staff wages:** Not currently available.
 - **Staff Satisfaction:** Not currently available.

PROGRAM CONFIGURATION:

- **Space:** Not currently available.
- **Materials:** At the end of the session, the male facilitator provided the male participants with a handout of the topics and issues covered in the male forum.
- **Partnerships and Linkages:** Child and Family Health, Community of Midwives, and Maternity Service.
- **Community Organizations:** Not currently available.

PROGRAM CONTENT:

- **Curriculum or Program Model:**
 - **Facilitation:** It is considered important that same-gender facilitators be used because it is believed that the male participants feel more comfortable and relaxed when discussing male-specific topics in an all-male group. The facilitator also serves as a role model when conducting this type of session.

- The CCH discussion topics allows for a wide variety of issues which included:
 - emotions relating to conception and pregnancy;
 - involvement during labour and in the process of birthing;
 - postnatal depression
 - changes in lifestyle and relationships;
 - formal and informal support networks;
 - resumption of sexual activity;
 - the role of fathers in breastfeeding; and,
 - the hopes and aspirations of becoming a father.
- Forum Closure: At the end of the male forum, fathers completed a short evaluation. The male facilitators provided the pregnant partners with a handout of the topics and issues covered in the male forum, which will hopefully encourage discussion between the partners.

PROGRAM DESIGN:

- **Group size:** The mean-and median-sized group consisted of seven fathers, with groups ranging in size from 2 to 12.
- **Number of program hours (dosage and duration):** There service providers (Child and Family Health, Community Midwives, and Maternity Services) delivered program services. The programs varied from two to six sessions (depending on the service provider).
- **Frequency of program offerings:** Program sessions were conducted on a midweek evening, a Saturday, or a combination of both depending on the service provider.
- **Diversity of activities:** Since 1998, at least a single 2 to 2 ½ hour gender-specific forum led by a same-gender facilitator has been included within each program.
- **Incentives for participation:** Not currently available.

KEY EVALUATION FINDINGS:

Findings represent outcomes for all fathers participating in the All-Male Discussion Forum

- 99% agreed or strongly agreed the session would be of benefit to their role as a father, the facilitator communicated effectively, the format of the sessions allowed for an open discussion, and the all-male forums should be continued. In each case, 60% or more strongly agreed. However, there were no statistically significant differences at the 0.5 level of significance between responses based on the number of participants in the group, the place of the session, the service provider, or the year of the session. (p<.05).
- A total of 497 (80%) program participants answered the open-ended question, “What did you find most useful about the session?” Nearly 67% of the responses to this question were about the delivery mode, nearly 50% of the respondents talked about the discussion format, 33% of fathers commented that the content of the sessions as being the most valuable aspect
 - *Mode of delivery:* Several men commented on the relaxed and open nature of the discussion where everyone’s input was welcomed and well received.
 - *Discussion format:* To be in a setting where they could listen to and share with other men in the same position as themselves was a rewarding experience for many of the fathers.
 - *Facilitator:* A number of participants commented that the facilitator, apart from being a father himself, was instrumental in guiding the discussion while creating a comfortable and informal atmosphere.

- *Discussion content:* For several fathers, the session clarified the role of the contemporary father, what to expect as a Dad, and what the responsibilities of a father involved, including both the emotional and financial role.
- A total of 145 (24%) program participants offered suggestions for future sessions. Of the 145 respondents, 68% offered a suggestion future sessions mentioned they would have liked more time spent on the male-only part of the antenatal program. The main recommendation was to extend the session or divide it into two sessions; to allow for more topics to be covered; more time to spend with the group; and, more opportunities for brainstorming.

SOURCES:

Fredewald, M., Fletcher, R., and Fairbairn, H. (2005). All-Male Discussion Forums for Expectant Fathers: Evaluation of a Model. *The Journal of Perinatal Education*, 14(2), 8-18.

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**CREATING LASTING CONNECTIONS (CLC),
ALSO REFERRED TO AS CREATING LASTING FAMILY CONNECTIONS (CLFC)**

OVERVIEW: Creating Lasting Connections (CLC) was a 5-year demonstration project funded by the Center for Substance Abuse Prevention, US Department of Health and Human Services, which utilized community and faith-based organizations to help delay the onset and subsequent use of alcohol and other drug use (AOD) by adolescents, and increase family resiliency. The intervention was developed by the Council on Prevention and Education: Substances, Inc. (COPEs), and it highlighted wellness, health promotion, and resiliency factors by using a two-tiered intervention that targeted both adolescents and their families. The evaluation found positive impacts on community service utilization by adolescents and parents, and some positive affects on parents’ knowledge about AOD. This model was later modified and renamed Creating Lasting Family Connections (CLFC), which has been replicated in at least 40 states. **Read more...**

PROGRAM GOALS:

In the family domain, CLC’s goals were to increase:

- Parents’ knowledge and beliefs about alcohol and other drug use (consistent with the program’s message)
- Family management skills
- Communications skills
- Family role modeling of alcohol use
- Self-reported involvement in community activities with their adolescents
- Use of community services when personal or family problems arise

In the adolescent domain, the program’s goals were to increase adolescent resiliency by affecting positively their:

- Leveling communication and refusal skills
- Bonding with their family
- Involvement with their parents in community activities
- Use of community services when personal and family problems arise

LOCATION: Not currently available.

CHARACTERISTICS OF FATHERS SERVED:

Families that were identified as “at risk” by the church advocate teams were included in the program.

EVALUATION DESIGN: EXPERIMENTAL (RANDOM ASSIGNMENT)

Outcomes: *(Only families and child outcomes will be discussed here-the evaluation also assessed the programs’ effect on church community engagement).*

- *Parent and Child Outcomes*
 - Community involvement
 - Service utilization
 - Actions taken because of services received
 - Perceived helpfulness of services

- *Parent Resiliency Outcomes*
 - AOD knowledge and beliefs
 - Family communication
 - Parents’ AOD use
 - Family monitoring and supervision
 - Involvement of the child in establishing rules
- *Adolescents’ Resiliency Outcomes*
 - Self-awareness and communication about AOD use and school work
 - Communication with peers
 - Bonding with family members
- **Method:** Families were randomly assigned to receive the CLC intervention or control group services. Data were collected 1) at the beginning of the intervention; 2) after the training modules were completed, and 3) after approximately one year, after follow-up case management services.
- **Sample:** Ninety-seven parents (n=40 for treatment group and n=48 for control group) and 120 children (n=59 for treatment group and n=61 for control group) participated in the study.
- **Measures:** One parent, which in this study was usually the mother, and one child aged 12 to 14 were designated to complete interviews and answered questionnaires on parent and adolescents resiliency factors, service utilization, and perceptions of the helpfulness of services.
- **Statistical Analyses:** Exploratory factor analysis and item analysis were used for the baseline data; a confirmatory analysis was done to replicate results from baseline data. Attrition analyses were conducted with individual and family characteristics, risk and resiliency factors from family and adolescent domains, and AOD use measures among adolescents. An analysis with and without repeated measures was conducted to produce outcome evaluation results for families and adolescents. A t-test was used to uncover statistically significant differences between the slope of the regression line from the CLC treatment group and the regression line of the moderator variable. Statistical significance was determined using a two-tailed test of significance (alpha = .10).
- **Attrition:** No differential attrition bias was found in the study.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualifications and Support:** Not currently available.
 - **Staff-participant ratio :** Not currently available.
 - **Staff Education:** Not currently available.
 - **Staff Experience:** Not currently available.
 - **Staff Training:** Not currently available.
 - **Planning Time and Coordination:** Not currently available.
 - **Staff wages:** Not currently available.
 - **Staff Satisfaction:** Not currently available.

PROGRAM CONFIGURATION:

- **Space:** Not currently available.
- **Materials:** Not currently available.
- **Partnerships and Linkages:** Not currently available.
- **Community Organizations:** Not currently available.

PROGRAM CONTENT:

- **Curriculum or Program Model:** The program was designed with two integrated components—the system and client level. The design highlighted wellness, health promotion, and resiliency factors.
 - The **system-level component** consisted of 5 phases:
 - *Identification, recruitment, assessment, and selection of church communities.* In this phase, introduction letters and surveys were sent to 132 churches to determine those that were interested. On-site visitations were conducted and a readiness assessment was completed for churches who were interested in participating. 10 church communities were selected out of this process.
 - *Church Advocate Teams (CATs) formation and orientation.* A group of volunteers (CATs) were trained from each church and acted as advocates for high-risk adolescents and their families to recruit and retain them for the CLC program.
 - *CAT Training.* CATs received an 8 to 10 week training, which was an accelerated version of the CLC training components.
 - *High-risk family recruitment.* Each CAT was responsible for developing their own recruitment plan tailored to their community. Recruitment was carried out through church events, church leader endorsements, advertisements, and face-to-face advertisement.
 - *Program and evaluation retention activities.* After recruitment, CATs helped retain program and evaluation activities to ensure families’ full participation in all activities.
 - The **client-level component** included training modules for parents and adolescents, early intervention services, and follow-up case management services for the families. Case management included bimonthly telephone consultations and/or home visits to families in need of support. Case management was provided for approximately 5 to 6 months after the adolescent and parent training was completed (which ended approximately one year after random assignment). Intervention services, which included problem assessment and treatment/referrals were made accessible to families who the program staff identified, or if families requested services.

The curriculum was developed by the Council on Prevention and Education: Substances, Inc. It included separate training modules for adolescents and families:

- *Module One, AOD Issues Training.* This module sought to increase the participants’ knowledge about substance abuse, gave the history of substance abuse prevention programs, was an examination of personal and group benefits about AOD issues and the dynamics of chemical dependency and its effects of families. The training was done over a 12 to 16-hour period.

- *Module Two, “Not My Child”*. This module examined family planning skills to develop and implement expectations and consequences for any areas of interest or concern. Specifically, it highlighted inclusion, acceptance, understand, respect, and autonomy. This training was done over a 16-20 hour period.
- *Module Three, Straight Communications*. This training module brought together the adolescents and their parents and gave opportunities to practice communications style during role plays. First, a separate group of parents, and then adolescents met for 8 to 12 hours; afterwards, the parents and adolescents met to practice their communication skills with one another.

To persuade adolescents to participate in the first training, the program coordinated family-oriented social activities to begin to build relationships between the adolescents and their parents.

PROGRAM DESIGN:

- **Group size:** Not currently available.
- **Number of program hours (dosage and duration):** Training Module One was to be done over a 12 to 16 hour period; Training Module Two was to be done over a 16 hour to 20 hour period; Training Module Three was to be done over an 8 to 12 hour period, and allotted additional time for a joint training with adolescents and their parents.
- **Frequency of program offerings:** Not currently available.
- **Diversity of activities:** Youth and parents participated in two separate training modules, and a third joint training.
- **Incentives for participation:** Not currently available.

KEY EVALUATION FINDINGS:

- After case management follow-up services, parents in CLC reported more action of community services than in the control group ($p=.05$). The CLC parents perceived the services as more helpful than the control group as well ($p=.04$).
- Adolescents reported greater community services utilization when problems arose, more action taken because of service receipt, and more perceived helpfulness of services when compared to the control group ($p =.01$).
- The program had a short-term gain in increased communication between parents and adolescents but this was not confirmed by adolescents’ report on increased communication.
- Compared to the control group, parents who participated in the CLC intervention had greater shorter-term and sustained knowledge of AOD ($p<.001$). These parents were also better at involving their children in setting AOD rules ($p<.001$). This outcome was significant in the short-term but was insignificant after the follow-up case management services were complete.
- The program did not affect parents’ substance use, community involvement, family communication, and other family management skills.

- No differential attrition bias was found in the study.

SOURCE:

Johnson, K., Strader, T., Berbaum, M. Bryant, D., Bucholtz, Collins, D. & Noe, T. (1996). Reducing alcohol and other drug use by strengthening community, family, and youth resiliency: An evaluation of the creating lasting connections program. *Journal of Adolescent Research*, 11(1), 36-67.

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Internet: www.copes.org and click on “Products”

DADS FAMILY PROJECT

OVERVIEW: The DADS Family Project was created in 1996, and implemented in the South Eastern United States. Research demonstrates that the use of group interventions with parents to prevent child maltreatment and to support positive parenting has been effective. The DADS Family Project is an innovative program that is designed to adapt to a variety of settings, from schools to churches to prisons and businesses. The DADS Family Project was conducted at three correctional institutions with fathers both face-to-face and via video conferencing. For men who participated in the group via video conferencing, the scores of the participants improved in three of the eight areas assessed in the predicted direction: permitting self expression, avoiding harsh punishment and not using physical punishment. For men in the face-to-face session, the changes were less dramatic, with significant changes only in avoiding harsh punishment. **Read more...**

PROGRAM GOALS: The purpose of the program is to assist dads in improving their understanding of the essential role of fathering. The goals for each father were to:

- Recognize his potential positive impact on his children;
- Improve in his attitude of wanting to be an equal parent;
- Develop personal model of fatherhood as a “generative” dad;
- Understand the meaning and strategies for establishing a safe, secure, predictable, and reliable home environment;
- Acquire an appreciation of the value of play for children and strategies for playing;
- Improve communication skills;
- Improve stress management; and,
- Acquire positive discipline strategies.

LOCATION: Southeastern United States

CHARACTERISTICS OF FATHERS SERVED:

The DADS Project was completed with fathers who were incarcerated in a state prison system and were selected to participate by prison officials. Fathers participated in the project either in a face-to-face program or through distance learning.

Demographic Characteristics:

- Average age of the participants was 33.8
- Participants reported an average of 3.2 children, with a range of one to ten
- Marital Status:
 - 25% were never married
 - 27% were married
 - 36% were divorced
 - 11% were separated
- Educational attainment level
 - 35% had not completed high school
 - 59% completed high school or vocational training
 - 7% attended college
- Family income range:
 - 34% was under \$10,000
 - 17% between \$10,000 and \$20,000
 - 10% between \$20,000 and \$30,000

- 20% between \$30,000 and \$40,000
- 20% over \$40,000

EVALUATION DESIGN: OUTCOMES MONITORING (PRE-POST TEST DESIGN)

- **Outcomes:**
 - Encourage verbalization
 - Foster independence
 - Permit self-expression
 - Avoid harsh punishment
 - Non-physical punishment
 - Avoid strictness
 - Encourage emotional expression
 - Orient to change
 - Social desirability
- **Method:** To assess the effects of the DADS training on participants’ knowledge and attitudes about their roles as parents; a 45 item pretest posttest design using a standardized questionnaire was administered to the fathers. Each inmate completed a demographic sheet. In addition, structured qualitative interviews were designed specifically for this project, and focused on the participants’ experience of the training. Four inmates from the distance learning group were randomly selected at the end of the project and were interviewed.
- **Sample:** Forty-six (46) fathers participated in the face-to-face DADS Program, and seventeen (17) fathers participated at a distance.
- **Measures:** The standardized questionnaire PARI Q4 (Parental Attitude Research Instrument) was used with the fathers. The total measure is 115 items, and includes a number of sub-scales both about dad’s relationship with his children and about his relationship with his spouse. Eight sub-scales were selected for this study and were designed to assess the following:
 - Encouraging Verbalization
 - Fostering Independence
 - Permitting Child’s Self-Expression
 - Avoiding Harsh Punishment
 - Non-Punishment
 - Avoiding Strictness
 - Encouraging Emotional Expression
 - Change Orientation
- **Statistical Analyses:** Two statistical procedures were used to assess the effect of the training on the fathers’ attitudes about parenting.
 - Nonparametric tests for differences in outcomes between participants at the live training and at the distance site were conducted. This test was done to assess if any differences existed as a result of the distance learning condition.
 - The second test was designed to address questions about the effect of the training on the attitudes of the participants. A repeated measures Wilcoxon nonparametric test was used to address this question.
 - Qualitative interviews were hand and audio recorded, and summarized.

- **Attrition:** Not currently available.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualifications and Support**
 - **Staff-Participant ratio:** Not currently available.
 - **Staff Education:** Not currently available.
 - **Staff Experience:** Not currently available.
 - **Staff Training:** Not currently available.
 - **Planning Time and Coordination:** Not currently available.
 - **Staff Wages:** Not currently available.
 - **Staff Satisfaction:** Not currently available.

PROGRAM CONFIGURATION:

- **Space:** Training sessions were held at correctional facilities.
- **Materials:** Parenting manuals were provided to each inmate in all locations who participated in the classes. In addition to the parenting manual, the group leaders followed the format detailed in the DADS Family Project manual. Small group activities, experiential exercises, and audio-visual aids were used in the class presentations.
- **Partnerships and Linkages:** Not currently available.
- **Community Organizations:** Not currently available.

PROGRAM CONTENT:

- **Curriculum or Program Model:** *The Dads Actively Developing Stable Families Project (DADS)* curriculum was developed by Dr. Larry Barlow and Dr. Thomas Cornille (2005). The curriculum utilizes a self-efficiency model (SE) to enable fathers to lower anxiety, experience a sense of accomplishment, and maintain high level of effort. The learning strategies include using group interaction, modeling by facilitators, and verbal persuasion. Instructors are encouraged to self-disclose. Fathers learn from and support one another in a context that allows for building trust and promoting community spirit. A brief description of each session is provided below:
 - **Session 1:** *DADS Actively Developing Self.* Fathers are led through a session recalling their personal history of being fathered, sharing about the birth of their children, and eventually establishing a model of fatherhood.
 - **Session 2:** *DADS Actively Developing Safety and Sensitivity.* A house is drawn and divided into four rooms to portray the need for children to experience an environment that is (1) safe, (2) secure, (3) predictable, and (4) reliable.
 - **Session 3:** *DADS Actively Developing Play Skills.* This session begins by reading one or two books to the fathers with the attempt to set and atmosphere for playful interaction.
 - **Session 4:** *DADS Actively Developing Communication Skills.* The central theme of this session is to teach the skill of reflective listening. Fathers are taught how to distinguish between surface context and deeper meaning. Fathers learn about

utilizing non-threatening body postures when discussing topics with their children.

- Session 5: DADS Actively Developing Stress Management Skills. Fathers are taught about some of the properties, where a model of stress is diagramed and explained to fathers by studying a real-life family portrayed on a documentary.
- Session 6: DADS Actively Developing Effective Discipline Skills. Fathers brainstorm about long-term parental goals for their children: to become self-supporting, self-regulating, responsible, and effective decision-makers. Fathers learn through role-playing activities and exercises on how to utilize natural and logical consequences as means of effective discipline.
- Session 7: DADS Actively Developing Experiential Skills. This session provides a lab in the community setting for demonstrating what fathers have learned thus far. Fathers are guided through exercises and interactions with their children, and they each observe their child’s manner of interacting.
- Session 8: DADS Actively Developing Experiential Skills: This session is a celebration and thus occurs at the final meeting. Fathers graduate from the course and are recognized by their entire family.

PROGRAM DESIGN:

- **Group size:** Sixty-three (63) fathers
- **Number of program hours (dosage and duration):** Four classes of three hours each (12 hours total) were held at three correctional institutions. Simultaneously, with the course being taught at one of the institutions, participants at a fourth institution interacted with the class by means of video and audio linkage.
- **Frequency of program offerings:** Fathers participated in the project in one of two ways. One group took part in the program face-to-face and other group through distance learning. For the distance learning group, audio-video simultaneous broadcast was used, from one prison where a group was participating live to another prison, where a classroom manager was present who responsibility was to distribute materials for the class and oversee classroom order.
- **Diversity of activities:** A brief description of each session is provided below.
 - Session 1: DADS Actively Developing Self
 - Session 2: DADS Actively Developing Safety and Sensitivity.
 - Session 3: DADS Actively Developing Play Skills
 - Session 4: DADS Actively Developing Communication Skills
 - Session 5: DADS Actively Developing Stress Management Skills
 - Session 6: DADS Actively Developing Effective Discipline Skills
 - Session 7: DADS Actively Developing Experiential Skills
 - Session 8: DADS Actively Developing Experiential Skills
- **Incentives for participation:** Not currently available.

KEY EVALUATION FINDINGS:

- For men who participated in the group via video conferencing, the scores of the participants improved in three of the eight areas assessed in the predicted direction:
 - permitting self expression at the level of ($p < .05$)
 - avoiding harsh punishment at the level of ($p < .05$)
 - not using physical punishment at the level of ($p < .05$)

- For men in the face-to-face session, the changes were less dramatic, with significant changes only in Avoiding Harsh Punishment at the level of ($p < .05$).

SOURCES:

Cornille, T., Barlow, L., and Cleveland, A. (2005). DADS Family Project: An Experiential Group Approach to Support Fathers in Their Relationships with Their Children. *Social Work with Groups*, 28(2), 41-57. Available online at <http://www.haworthpress.com/web/SWG>

EVALUATOR(S) AND CONTACT INFORMATION:

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DADS MAKE A DIFFERENCE (DMAD)

OVERVIEW: The Dads Make a Difference (DMAD) program is a youth development, pregnancy prevention, and paternity education program where older adolescent teens are trained to teach and mentor middle-school aged youth about the responsibilities involved with being a parent. The evaluation found that the teen parent trainers reported statistically significant increases in knowledge about fatherhood, paternity establishment, and child support. The teens’ attitude changes about sexual risk taking and paternity establishment were also statistically significant. There were no changes in attitudes about the importance of fathers. **Read more...**

PROGRAM GOALS:

- Promote the positive involvement of fathers
- Educate youth about responsible parenting

LOCATION: Maryland

CHARACTERISTICS OF FATHERS SERVED: This demonstration program served two types of participants. The program trained teenagers aged 14-19, who were referred to as “site mentors” to train middle school youth (ages 11-13) on pertinent issues regarding fatherhood and teenage sexuality. Fourteen middle school-aged youth participated in the program:

- 15% male, 85% were female;
- 83% were African American, 8% were Hispanic, and 8% indicated as “other” race ;
- The average age was 12.8 years;
- 70% were in grades 3-7;
- 30% were in high school;
- 0% had children, and 0% were pregnant or expecting a child.

126 teen trainers participated in the program:

- 54% were female, 46% were male;
- 68.3% were African American, 28.3% were Caucasian, 1.75% multiracial, 1.7% other;
- The average age was 15 years
- 15.3% were in grades 7-8, 41.5% in grades 9-10, 38.1% in grades 11-12, 5.1% had graduated high school;
- 1.6% had children, and 0.8% were pregnant
- 44% had previous experience as a peer counselor

EVALUATION DESIGN: OUTCOMES MONITORING

- **Outcomes:**

Peer Trainer & Middle-school Aged Youth:

- Knowledge of fatherhood, paternity establishment, and child support
- Attitudes toward fathering, paternity establishment, and child support
- Self-esteem levels
- Level/frequency of volunteer involvement
- Level/frequency of labor force involvement
- Academic performance
- Appropriate program delivery
- Satisfaction with the program

- Teen pregnancy rates
- Paternity establishment
- Ability to discuss the role of fathers
- **Method:** A pretest posttest design was used to assess how the program impacted the teen trainers and the middle school-aged children’s knowledge about fatherhood and teenage sexuality. Future evaluation activities include:
 - A follow-up survey with teen peer trainers
 - More descriptive analyses and follow-up with middle schoolers
- **Sample:** 126 peer trainers and 14 middle-school aged children were evaluated.
- **Measures:**
 - Peer Trainer Measures*
 - The peer trainers were asked how they feel about themselves physically, morally, personally, as a family member, in their social relationships with peers, and in academic/work situations (Tennessee Self-Concept Scale: Second Edition (TSCS:2)
 - Open-ended post-teen training questions
 - Teen profile questionnaire, which collects demographic information, the number of participants in the program, and other information on pregnancies, paternity establishments and current child support orders.
 - Janis-Fields Self-Esteem Scale, which assesses an individuals’ sense of worth
 - Knowledge poll, which assessed knowledge of paternity and child support
 - Opinion poll, which assessed attitudes about sexual risk taking, paternity establishment and child support, and the importance of father involvement.
 - Middle School-Aged Youth Measures*
 - Piers-Harris Children’s Self-Concept scale, which assesses how children feel about themselves in a variety of domains: rate of volunteer activity, rate of labor force participation, rate of extracurricular activity participation, and academic performance.
 - Teen profile questionnaire, which collects demographic information, the number of participants in the program, and other information on pregnancies, paternity establishments and current child support orders.
 - Knowledge poll, which assessed knowledge of paternity and child support
 - Opinion poll, which assessed attitudes about sexual risk taking, paternity establishment and child support, and the importance of father involvement.
 - Open-ended post-teen training questions
 - School and work questionnaire
- **Statistical Analyses:** Pearson correlations were used for the entire sample, separating the sample by gender.
- **Attrition:** Not currently available.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualifications and Support**

- **Staff-participant ratio:** Each session is taught by two facilitators (one female and one male).
- **Staff Education:** Not currently available.
- **Staff Experience:** Not currently available.
- **Staff Training:** The DMAD organization regularly trains teen mentors to implement the program in local communities nationwide. The current cost for one-day trainings are \$45; if the participants are not from Minnesota, the cost \$100 per adult, and \$75 per teen adult. Participants receive the DMAD curriculum, lodging (in some cases), meals, and a T-shirt or cap.
- **Planning Time and Coordination:** Not currently available.
- **Staff wages:** Not currently available.
- **Staff Satisfaction:** Not currently available.

PROGRAM CONFIGURATION:

- **Space:** Not currently available.
- **Materials:** Not currently available.
- **Partnerships and Linkages:** The program was started by a partnership of four agencies in Ramsey County, Minnesota: Children’s Defense Fund of MN, Family Tree Clinic, University of Minnesota Extension, and Ramsey County Attorney’s Office-Child support and Collections.
- **Community Organizations:** Not currently available.

PROGRAM CONTENT:

- **Curriculum or Program Model:** The DMAD program is taught by teenage trainers who receive a two-day overnight training, accompanied by an adult advisor. The DMAD curriculum is divided into four lessons, which focus on risky sexual behavior, the legal benefits of fatherhood, the importance of fathers, and how to make informed decisions about parenthood.
 - *Risky Business* teaches sexual responsibility, the difficulty of teen parenting, and the risk and protective factors of teenage pregnancy.
 - *Being a Legal Father* discusses the legal issues surrounding fatherhood, and the benefits of establishing legal paternity and gives an explanation of child support.
 - *Fathers and Their Families* explores how a father’s presence positively impacts a child’s well-being.
 - *Decisions are for the Making* teaches the participants to develop visions for their futures, which helps to them to understand the necessary experiences they want to have before becoming a parent.

PROGRAM DESIGN:

- **Group size:** Not currently available.
- **Number of program hours (dosage and duration):** Not currently available.
- **Frequency of program offerings:** Not currently available.
- **Diversity of activities:** Not currently available.
- **Incentives for participation:** Not currently available.

KEY EVALUATION FINDINGS:

Teen Parent Trainers

- Teen parent trainers reported significantly higher levels of knowledge about fatherhood, paternity establishment, and child support after participating in the DMAD program ($p = .001$)
- There were statistically significant changes in teens’ attitudes about sexual risk taking and paternity establishment/child support. Post-training, teens had greater knowledge about risks involved with early sexual activity ($p = .01$); and the importance of fathers establishing legal paternity and paying child support ($p < .01$).
- There were no significant changes in teens’ attitudes about the importance of fathers.
- There was a small but statistically significant relationship between self-esteem and knowledge of paternity and child support issues among the teen peer trainers, with higher levels of self-esteem being associated with more knowledge about the importance of being a father and supporting one’s child. ($r = .22, p < .05$).
- Those teens reporting higher personal and academic/work self-concepts also reported being more aware of the risk associated with early sexual activity ($r = .24, p < .05$; $r = .22, p < .05$);
- Teens who had a lower sense of adequacy and worth in social interactions with other people also reported being more aware of the risks associated with sexual risk-taking ($r = .24, p < .05$).
- Those who had higher levels of self-esteem reported greater knowledge of paternity and child support issues ($r = .29, p < .05$);
- Those who had a lower sense of adequacy and worth about their academic and work performance felt more strongly about the importance of fathers establishing legal paternity and paying child support ($r = .29, p < .05$).

SOURCES:

Anderson, E.A., & Kohler, J.K. (2002). *Dads make a difference: Year 4 evaluation report. Fiscal year: July 2001-2002*. College Park, MD: University of Maryland, Department of Family Studies.

Dads Make a Difference. (2007). Middle school curriculum: Teen teachers. Retrieved May 2, 2007, from: <http://www.dadsmakeadifference.org/MiddleTeenTeach.html#two>

EVALUATOR(S) AND CONTACT INFORMATION:

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DOCTOR DAD

OVERVIEW: Doctor Dad is an infant and toddler health safety workshop that teaches fathers the skills to care for their children’s’ medical needs. The workshop was pilot tested and evaluated by the Center of Family and Community Ministries at Baylor University. The sample size in the evaluation was too small to measure impacts that were statistically significant. However, the evaluation found that the father’s knowledge and skills increased in each topical area covered by the workshop. **Read more...**

PROGRAM GOALS: Doctor Dad’s goal is to equip fathers with the following knowledge and skills:

- The ability to quickly and confidently respond to a medical emergency
- The ability to know when to seek professional medical assistance for his child
- The knowledge that he can have a positive impact on the daily life of his child
- An appreciation of the father-child bond
- Enhanced parenting skills

LOCATION: Texas

CHARACTERISTICS OF FATHERS SERVED: Not currently available.

EVALUATION DESIGN: OUTCOMES MONITORING

- **Outcomes:** The evaluation studied the change in fathers’ skills and knowledge in the topical areas of well child, sick child, injured child, and safe child; and to increase the father’s confidence levels in caring for their children.
- **Method:** A pre/post evaluation of the Doctor Dad workshop was done to assess the impact of the Doctor Dad workshop on the participants’ skills, knowledge, and confidence level.
- **Sample:** The sample size was 6.
- **Measures:** Changes in skills and knowledge were measured using a pre- and post- survey in the following areas: well child, sick child, injured child, and safe child. The survey also listed questions that asked about fathers’ confidence levels when caring for their child.
- **Statistical Analyses:** The sample size was too small to analyze for statistically significant changes.
- **Attrition:** All participants in the program completed the pre-and post- test surveys.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualifications and Support:**
 - **Staff-participant ratio:** Not currently available.

- **Staff Education:** The interactive workshop is conducted in four sessions, each taught by a certified healthcare professional, health educator, or other qualified person. Each session lasts two to three hours.
- **Staff Experience:** Not currently available.
- **Staff Training:** Not currently available.
- **Planning Time and Coordination:** Not currently available.
- **Staff wages:** Not currently available.
- **Staff Satisfaction:** Not currently available.

PROGRAM CONFIGURATION:

- **Space:** Not currently available.
- **Materials:** Not currently available.
- **Partnerships and Linkages:** Not currently available.
- **Community Organizations:** Not currently available.

PROGRAM CONTENT:

- **Curriculum or Program Model:** Doctor Dad is a one to two-day workshop where fathers learn how to use basic medical knowledge to care for their young children, enabling them to handle most of medical situations that may arise. The workshop is conducted in four sessions, each taught by a certified healthcare professional, health educator, or other qualified person. Each session lasts two to three hours. The four sessions are centered on the following topic areas:
 - The Well Child (information on temperament, crying, nutrition, and immunizations)
 - The Sick Child (how to take temperatures, dealing with fevers and colds, and preventing dehydration)
 - The Injured Child (how to prevent and treat burns/sunburns, drowning, cuts/scrapes, and other injuries)
 - The Safe Child (safety in the home and in the community, Sudden Infant Death Syndrome (SIDS), gun safety, and anger management)

PROGRAM DESIGN:

- **Group size:** Not currently available.
- **Number of program hours (dosage and duration):** Each session lasts two to three hours.
- **Frequency of program offerings:** Not currently available.
- **Diversity of activities:** Not currently available.
- **Incentives for participation:** Not currently available.

KEY EVALUATION FINDINGS:

- The sample size was too small to test for statistically significant changes, but the findings indicated that there was an increase in knowledge and skill level in each area.

- The findings also show that the fathers’ confidence levels increased from the time of the pre-test to the post-test.

SOURCES:

National Fatherhood Initiative. (2006). *Central Texas fatherhood initiative. Doctor dad pre-and post-survey data*. Retrieved April 18, 2007, from:
https://www.fatherhood.org/doclibrary/evaluations/Evaluation_DoctorDad_Baylor_TX_102606.pdf

Central Texas Fatherhood Initiative. (2005). *Doctor Dad*. Retrieved April 18, 2007, from
<http://www.centraltexasfatherhood.org/doctordad.shtml>

EVALUATOR(S) AND CONTACT INFORMATION:

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EARLY HEAD START

OVERVIEW: Early Head Start (EHS) is a comprehensive two-generation program that provides intensive services before a child is born and concentrates on enhancing and supporting child development during the first 3 years of the child’s life. Early Head Start began with the Head Start reauthorization Act of 1994, and was expanded in 1998 with another Head Start reauthorization, which now includes a network of 700 programs in the 50 states, DC, and Puerto Rico. The Early Head Start Father Studies were carried out under the Early Head Start Research and Evaluation project, which examined the program implementation and impacts of the program. Specifically, the father’s studies were initiated to understand fathers in context of their families in EHS and how they influence infant and toddler development. [Read more...](#)

PROGRAM GOALS:

- To promote healthy prenatal outcomes for pregnant women
- Enhance the development of very young children
- Promote healthy family functioning

LOCATION: Russellville and Little Rock, Arkansas; Coeur d’Alene, Idaho; Lincoln, Nebraska; four New York City boroughs; Philadelphia and Pittsburgh, Pennsylvania; Sumter, South Carolina; northwest Tennessee; Logan, Utah; Brattleboro, Vermont; and Alexandria, Virginia.

CHARACTERISTICS OF FATHERS SERVED:

- A group of men who were either eligible for EHS or whose families were enrolled in EHS or similar programs were included in this study. These men were identified by the birth mother as the biological father or father figure, or as the man expected to raise the child with her.
- 96% of the fathers were the biological father of the child.
- The average age was 26.6.
- 83% were born in the United States.
- 86% spoke primarily English in the home.
- 38% were Hispanic, 32% were African American, and 30% were White.
- 40% were married to the child’s mother.
- Most of the fathers were employed but their incomes were reported as low. Between 9 and 15% reported no employment at each interview.
- The average monthly income during the month before the survey was \$1,300 at the first interview, and \$1,460 at the time of the final interview.
- At the time of the first and final interviews, most men were in the same home as the focal child (70% at the first; 73% at the final).

EVALUATION DESIGN: OUTCOMES MONITORING

- **Outcomes:**
 - Participation in preparatory activities before birth
 - Time spent with their children
 - Frequency of participation in specific activities
 - Prenatal and subsequent involvement with children

- **Method:** Fathers were interviewed at either 1 or 3, 6, and 14 months after the birth of their children. Only a small number of men were interviewed at both 1 and 3 months after birth. In the analysis, the responses in the 1 month and 3-month interview are combined. Videotaped father-child interactions were collected at 6 and 14 months (mothers were also interviewed at the same intervals). The analysis only includes a subsample of 108 men who completed at least two interviews (because of the difficulty of interviewing the fathers during the short spans of time between the scheduled interviews). The sample size fluctuated depending on the variable, because some fathers did not complete both the initial and final interviews.
- **Sample:** The analysis includes a subsample of 108 men who completed at least two interviews. The sample size fluctuated depending on the variable, because some fathers did not complete both the initial and final interviews.
- **Measures:** Based on the father and mother interviews, the following information was extracted:
 - *Participation in preparatory activities before birth.* Both parents were asked about the fathers’ levels of participation in eight activities related to the mother’s pregnancy. A summary score was derived from the following activities:
 - Attended a doctor visit with mother
 - Saw an ultrasound of the child
 - Listened to child’s heartbeat
 - Talked to child
 - Felt child move
 - Discussed progress of pregnancy with mother
 - Attended birth or Lamaze classes with mother
 - Bought things for child
 -
 - *Time spent with their children*
 - Father presence
 - interviewees were asked if they ever lived with the child
 - distance that nonresident father lived from the focal child’s residence
 - Report of the amount of time spent with the focal child
 - Report of how often the father watch the child while the mother did other things
 - Perceived help fathers gave to mothers with child
 - *Frequency of participation in specific activities & prenatal and subsequent involvement with children* (items were asked at 6 and 14 month interviews)
 - Stayed in hospital after birth because of child medical problems
 - Present when child was born
 - Accompanied mother on first prenatal visit
 - Playing with child (also asked at first or third interview)
 - Giving child a bottle(also asked at first or third interview)
 - Preparing bottles or food for child (also asked at first or third interview)
 - Putting child to bed(also asked at first or third interview)
 - Changing diapers(also asked at first or third interview)
 - Dressing child (also asked at first or third interview)

- Singing songs to child
 - Getting up when child wakes during the night (also asked at first or third interview)
 - Bathing child (also asked at first or third interview)
 - Bouncing child on knee
 - Playing peek-a-boo
 - Taking child for ride on shoulders/back
 - Tossing child in air
 - Helping children get dressed (only asked at 14 month interview)
 - Playing outside in the yard, park, or playground
 - Teasing child to get him/her to laugh (only asked at 14-month interview)
 - Dancing with child (only asked at 14-month interview)
 - Reading stories
 - Telling stories
 - Singing nursery rhymes
- **Statistical Analyses:** Descriptive analyses were conducted in addition to with comparisons using chi-square analyses.
 - **Attrition:** Not currently available.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualifications and Support**
 - **Staff-participant ratio:** Not currently available.
 - **Staff Education:** Not currently available.
 - **Staff Experience:** Not currently available.
 - **Staff Training:** Not currently available.
 - **Planning Time and Coordination:** Not currently available.
 - **Staff wages:** Not currently available.
 - **Staff Satisfaction:** Not currently available.

PROGRAM CONFIGURATION:

- **Space:** Not currently available.
- **Materials:** Not currently available.
- **Partnerships and Linkages:** EHS relies on the partnerships between community organizations to help build the capacity of families to encourage healthy child development; programs are to build strong alliances to support and help
- **Community Organizations:** Not currently available.

PROGRAM CONTENT:

- **Curriculum or Program Model:** EHS is a comprehensive child development program which provides intensive services before birth and enhances the development and family support during the first 3 years of life. Programs operate in four domains:
 - *Child development* (health, resilience, social cognitive, and language development);
 - *Family development* (improved family functioning, parenting and relationships with children, parent involvement);

- *Staff development* (including relationships with parents); and
- *Community development* (improved child care quality, community collaboration, integrated family support services)

EHS is based on nine principles:

- *High Quality* –Programs should have policies in place that promote the knowledge, skills, and ethics of the child development, family development, and community building fields.
- *Prevention and Promotion* – Program promote healthy child development and family functions before conception, through pregnancy, upon birth, and through the infant and toddler years. The program support prevention and detection of developmental concerns as early as possible.
- *Positive Relationships and Continuity* –EHS believes in strong positive relationships over time (child, family, staff relationships); the parent-child bond is seen as the most significant. Caregiving practices have to support child attachment, minimizing the number of different caregivers and supporting long-term attachment with caregivers; the staff also should respect the family’s home culture.
- *Parent Involvement*– Program should support a high level of parent involvement and partnership. This includes support of the father’s role in parenting, recognizing parents as the primary nurturer and advocate for the child. Parents are also encouraged to participate in policy and decision-making activities in programs.
- *Inclusion* – Programs should fully include children with disabilities. An individualized plan should be developed which builds on individual strengths and supports the child and family’s participation in community activities.
- *Culture* – Home culture and language is supported and respected as an important aspect of early identity and child and family development.
- *Comprehensiveness, Flexibility, Responsiveness, and Intensity* – EHS programs believe that families can identify their own needs, strengths, set goals, and are capable of growth. Programs must be flexible and respond to varying levels of intensity based on need.
- *Transitions*– Smooth transition from EHS to Head Start or other high quality programs are supported to ensure that the child continues to receive enriching services to support healthy child and family development.
- *Collaboration*– EHS centers are to maximize the resources available to families in a cost-efficient and comprehensive way by building strong alliances in the communities where programs reside.

EHS programs are guided by Head Start Performance Standards to which they must adhere to continue operation. Each program has its own eligibility criteria.

PROGRAM DESIGN:

- **Group size:** Not currently available.
- **Number of program hours (dosage and duration):** Families are eligible from pregnancy until the child is 3 years of age.
- **Frequency of program offerings:** Home-based programs provide home visits at least weekly and have bi-monthly parent-child group socialization activities. Center-based programs provide child care, parenting education, and parenting support services, and conduct home visits at least twice a year.

- **Diversity of activities:** Not currently available.
- **Incentives for participation:** Not currently available.

KEY EVALUATION FINDINGS:

- There was a positive correlation between father-reported prenatal involvement scores and father-reported activities with their children at 3 months.
- Most fathers lived with their children and spent frequent time with them as their sole caretaker. Those who did so declined between the initial and final interview but remained high. Mothers reported lower incidences, but the scores were still relatively high.
- Fathers engaged frequently in play and caregiving activities with their children; mothers reported lower frequency but listed similar activities in the same rank order as fathers did.
- Most fathers were involved in prenatal activities with the mother, and participation was associated with subsequent activities between father and child. Men who attended the first prenatal visit reported more father child activities, and those who were present at the birth reported more activities at the 3 month interview.

SOURCES:

Early Head Start National Resource Center. *What is early head start?* Retrieved, April 27, 2007, from: <http://www.ehsnrc.org/AboutUs/ehs.htm>

Vogel, C..A., Boller, K., Faerber, J., Shannon, J.D., Tamis-LeMonda, C.S. (2003). *Understanding fathering: The early head start study of fathers of newborns*. Submitted to the Ford Foundation. Princeton, NJ: Mathematica Policy Research, Inc.

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MARYLAND RESPONSIBLE FATHERHOOD (RF) DEMONSTRATION PROGRAM

OVERVIEW: The Maryland Responsible Fatherhood (RF) Demonstration project was one of several projects funded by the federal Office of Child Support (OCSE) to test comprehensive approaches to promoting responsible fathering. The Maryland Department of Human Resources used the OCSE grant to fund two Responsible Fatherhood Demonstration Programs: the Baltimore Responsible Fatherhood Program (Baltimore RFP) in Baltimore City and a second program in suburban Charles County. Participants in the programs reported that they experienced a number of individual, relational, and contextual benefits from the programs. The evaluation found that following program completion, more fathers were employed, living with children, and able to pay child support and fewer fathers reported substance use or transportation problems. However, it was also found that the fathers in the sample had very high levels of depressive symptoms, which were far above that of the general population and which increased over time. This indicates that while responsible fatherhood program can offer a number of benefits to fathers, there is still a need for stronger mental health services among this population.^{xcvi xcvi xcvi}

Read more...

LOCATION: The Maryland Responsible Fatherhood Demonstration Program was implemented in two Maryland locations: Baltimore City and Charles County.^{xcix}

PROGRAM GOALS: The Baltimore RFP sought to help noncustodial fathers:

- Establish paternity
- Improve fathers' ability to make child support payments
- Increase fathers' access to their children
- Increase parental involvement and improve parenting behavior
- Help fathers attain adequate employment^c

CHARACTERISTICS OF FATHERS SERVED: The Maryland RFP served low-income fathers or expectant fathers, many of whom were referred to the program because they were delinquent or at risk of becoming delinquent in their child support orders, unemployed or underemployed, in need of establishing paternity, and/or had a child that was receiving TANF funds. Some fathers were referred by the courts, whereas others participated in the program voluntarily.^{ci}

Qualitative focus group design (process evaluation):

- Fathers' ages ranged from 17 to 48 years ($M = 31.2$ years). Most (72%) were in their 20s or 30s.
- 95% were African American
- 75% were never-married
- 100% had established legal paternity or were named as the child's father on the birth certificate.
- 50% had custody of their children
- 60% were employed
- 65% percent had completed high school or obtained a GED (total years of education ranged from 9 to 15).

Non-experimental descriptive interview design:

- Fathers were identified as having risk factors related to their ability to meet child support payments or establish paternity.

- Most were unmarried African-American fathers
- Fathers’ average age was 32.1 years
- Fathers had approximately 2 children each
- Nearly 50% had a high school degree or GED, and 45% had no degrees (average number of years of education was 10.7)

Non-experimental pre-/post-test design:

- 100% were unmarried, nonresidential fathers at pre-test
- Fathers’ mean age was 41.5 when they entered the program
- 3 were African-American and 2 were non-Hispanic White
- Fathers had an average of 3 children each when they entered the program
- 60% had completed high school or earned a GED at the beginning of the evaluation and 100% had done so by the follow-up.

EVALUATION DESIGN:^{cii}

- **QUALITATIVE FOCUS GROUP DESIGN (PROCESS EVALUATION)**
- **NON-EXPERIMENTAL DESCRIPTIVE INTERVIEW DESIGN**
- **NON-EXPERIMENTAL PRE-/POST-TEST DESIGN**

- **Outcomes:**

Qualitative focus group design (process evaluation): The process evaluation documented participants’ perceptions of program benefits, their barriers to involvement, and how they thought the program could be improved.

Non-experimental descriptive interview design: The descriptive evaluation examined the demographic characteristics and life circumstances of fathers in the programs (e.g., employment status, education, race/ethnicity, marital status, parity, paternity establishment, child support and custody, income, father involvement and attitudes toward fathering, co-parental relationships, mental health, and social support).

Non-experimental pre-/post-test design: The outcomes evaluation examined changes in participants’ demographic characteristics and life circumstances between the time they entered the program and one year later.

- **Method:**

Qualitative focus group design (process evaluation): In the process evaluation, four focus groups were held, each run by three facilitators. Focus groups lasted for two hours and were audio taped and later transcribed. Fathers’ responses and nonverbal cues were also recorded. Fathers received a stipend of \$40 for participation.

Non-experimental descriptive interview design: In the descriptive evaluation, individual interviews with fathers were conducted by male African American social services staff members who worked for the Maryland RFPs. Interviews lasted approximately one and a half hours.

Non-experimental pre-/post-test design: In the outcomes evaluation, five fathers were interviewed by two African-American graduate students in human services at two points in time (when they first entered the program and one year later, following their completion of the program).

- **Sample:**

Qualitative focus group design (process evaluation):

- A total of 20 fathers participated (8 were new to the program, 5 were already enrolled at the time of the evaluation, and 7 had completed the program).

Non-experimental descriptive interview design:

- 127 nonresidential fathers participated (96 from the Baltimore RFP; 31 from the Charles County program)

Non-experimental pre-/post-test design:

- 5 fathers from the Baltimore RFP participated in the outcomes evaluation

Measures:

Qualitative focus group design (process evaluation): Questions were based on a focus group guide developed by the evaluation team, a father advocate, and the Baltimore RFP’s program supervisor, covering topics such as fathers’ attitudes toward and experiences of becoming fathers, program involvement, financial and emotional support provided for children, and perceptions of the program.

Non-experimental descriptive interview design & Non-experimental pre-/post-test design: Fathers were interviewed about a number of topics, including employment characteristics, income, paternity establishment, child custody arrangements, child support payments, co-parental relationships, and father involvement. In addition, the following scales were used to measure variables that might mediate their involvement with children:

- **Center for Epidemiological Studies Depression Scale (CES-D)**^{ciii}: This 20-item scale was used to measure fathers’ depressive symptoms. Scores of 16 or higher on the scale indicate symptoms of clinical depression.
- **Family Support Scale (FFS)**^{civ}: This 18-item scale was used to measure fathers’ levels of social support related to child-rearing. Scores range from 0 to 96, with higher scores indicating higher perceived social support.

Statistical Analyses: Data gathered from the descriptive evaluation were analyzed using SPSS. More detailed information about the specific analyses conducted is not currently available.

Attrition: Not currently available.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualifications and Support:** The Baltimore RFP staff consisted of a program manager, two program administrators, an assessment coordinator, and six outreach workers. The Charles County program consisted of one full-time staff member.^{cv}
 - **Staff-participant ratio:** Not available.
 - **Staff Education:** Not available.
 - **Staff Experience:** Not available.
 - **Staff Training:** All Baltimore RFP case managers were trained by the National Center for Strategic Nonprofit Planning and Community Leadership (NPCL).^{cvi}
 - **Planning Time and Coordination:** Not available.

- **Staff wages:** Not available.
- **Staff Satisfaction:** Not available.

PROGRAM CONFIGURATION:

- **Space:** Not currently available.
- **Materials:** Not currently available.
- **Partnerships and Linkages:** The Maryland RFPs are jointly administered by the Maryland Department of Human Resources and the Community Services Administration Office of Community Initiatives and Child Support Enforcement. The Charles County program was administered by the Charles County Department of Social Services.^{cvii}
- **Community Organizations:** The Baltimore RFP developed collaborations with a number of community partners, including: Harbor Hospital in south Baltimore; The Southern Neighborhood Service Center; The Baltimore Urban League; and the Baltimore Employment Exchange.^{cviii}

PROGRAM CONTENT:

- **Curriculum or Program Model:** The Baltimore RFP used the Responsible Fatherhood Program curriculum developed by the National Center for Strategic Nonprofit Planning and Community Leadership (NPCL),^{cxix} which includes the following sessions on parenting, life skills, and relationships:
 - Session 1: Introduction to Responsible Fatherhood
 - Session 2: What Are My Values?
 - Session 3: Boys to Men: Experiencing Manhood
 - Session 4: The Art of Communication
 - Session 5: Fathers as Providers
 - Session 6: Noncustodial Fathers: Rights and Responsibilities
 - Session 7: Developing Values in Children
 - Session 8: Coping as a Single Father
 - Session 9: Dealing With Children’s Behaviors
 - Session 10: Relationships: Being a Friend, partner, Parent, and Employee
 - Session 11: Understanding Male-Female Relationships
 - Session 12: Managing Conflict and Handling Anger
 - Session 13: Handling Anger and Conflict on the Job
 - Session 14: Surviving on the Job
 - Session 15: The Issue of Race/Racism Part I
 - Session 15: The Issue of Race/Racism Part II
 - Session 16: Taking Care of Business
 - Session 17: Managing Your Time and Money
 - Session 18: Building a Support Network: Who’s on Your Side?
 - Session 19: Alcohol and Drug Use and Abuse Part I
 - Session 19: Alcohol and Drug Use and Abuse Part II
 - Session 20: Healthful Eating^{cx}

PROGRAM DESIGN:

- **Group size:** Not currently available.
- **Number of program hours (dosage and duration):** Participants received weekly, two-hour support sessions for six months, along with other services provided on an as-needed

- basis, and a voluntary “After Care Program” offering ongoing support following program completion.^{cxix}
- **Frequency of program offerings:** The Baltimore RFP offered weekly support sessions.^{cxii}
 - **Diversity of activities:** Activities included peer support groups; classes on parenting, life skills, and relationship training; job search and employment assistance; substance abuse treatment; domestic abuse treatment, and case management services to target individual needs.^{cxiii}
 - **Incentives for participation:** Participants received two free bus tokens and a \$4 MacDonald's gift certificate each time they attended a session. Fifty dollar stipends were awarded following four months of regular program attendance and upon successful completion of the program.^{cxiv}

KEY EVALUATION FINDINGS:

Qualitative focus group design (process evaluation):

- Participants reported the following program benefits:
 - Individual benefits (e.g., emotional support, an opportunity to learn about how to be a good parent, and assistance with issues such as substance abuse and employment)
 - Relational benefits (e.g., improved relationships with children and children's mothers)
 - Contextual benefits (e.g., an improved ability to navigate social systems and manage issues of child custody, visitation, and support; increased levels of community involvement).
 - Benefits were cognitive (e.g., increased knowledge of resources and children's behavior), emotional (e.g., development of listening and empathy skills), and behavioral (e.g., higher levels of community involvement) in nature.
- Participants reported the following barriers to program participation:
 - Individual barriers (e.g., reluctance at sharing emotions with others, preconceived negative notions of fathering programs, and competition between participation in street life and program activities)
 - Contextual barriers (e.g., conflicting work hours, fear of the child support agency).
- Participants reported that the program could be improved in the following ways:
 - Conducting more street outreach with fathers
 - Using more visible methods of program promotion
 - Clarifying the requirements for program compliance
 - Having program graduates conduct initial assessments
 - Identifying and addressing specific individual needs when participants first become involved in the program
 - Holding groups for men of similar ages
 - Holding meetings at least 5 days per week.

Non-experimental pre-/post-test design: The following changes were found for the outcomes evaluation sample:

- Between Time I and Time II, **no change** was found for the following outcomes:
 - % of fathers reporting that their incomes covered their financial needs (40%)
 - % of fathers with court orders requiring they pay child support (40%)
 - % of fathers with a criminal record (20%)

- Between Time I and Time II, there were **increases** in the following outcomes:
 - % of fathers who were employed (60% to 80%)
 - % who lived with their children (20% to 40%)
 - % reporting they were able to pay the full amount of child support owed (20% to 40%)
 - Fathers’ levels of depression on the CES-D ($M = 14.4$ at Time I; $M = 17.2$ at Time II)
 - Fathers’ levels of social support on the FSS ($M = 24.6$ at Time I; $M = 44.4$ at Time II)
- Between Time I and Time II, there were **decreases** in the following outcomes:
 - % of fathers reporting drug or alcohol problems (20% to 0%)
 - % of fathers with limited or no access to transportation (20% to 0%)
- Between Time I and Time II, there were **mixed changes** in the following outcomes:
 - How often fathers saw their children (40% reported an increase; 20% a decrease)
 - Fathers’ reports of the amount of influence they had in making important child-related decisions (20% reported no change; 40% reported decreases in levels of influence)
- Fathers’ **perceptions** of and **experiences** in the program included:
 - 60% reported that the program helped them change or establish custody arrangements
 - 40% reported that the program helped them change or set up visitation arrangements
 - 40% believed the program helped them change, set up, or make child support payments
 - 100% reported that the program had helped them build better relationships with children
 - 80% believed the program helped them improve their relationship with the child’s mother
 - 40% received domestic abuse services while in the program
 - 20% received anger management services while in the program
 - 20% underwent drug or alcohol treatment while in the program
 - 20% had restraining orders taken out against them in the time between interviews
 - 40% reported unstable housing (e.g., shelters, rooming houses, or multiple moves)

SOURCES:

- The evaluation reports and other information about the Maryland RFP and other responsible fatherhood programs funded by the United States Department of Health and Human Services can be found at: <http://fatherhood.hhs.gov/Evaluation/index.shtml>.
- The Responsible Fatherhood Curriculum can be found at: <http://www.mdrc.org/publications/40/abstract.html>.

**OFFICE OF CHILD SUPPORT ENFORCEMENT
RESPONSIBLE FATHERHOOD PROGRAMS**

OVERVIEW: Between October 1998 and December 2000 eight sites in eight states were given grants by the Office of Child Support Enforcement (OCSE) to implement and test responsible fatherhood programs. The primary objectives of these programs were to assist unemployed or low-income non-custodial fathers in paying child support. Each program had autonomy in adopting their recruitment strategy and curriculum. An assessment of outcomes of 1,491 non-custodial fathers receiving services across all the sites found that there were significant increases in employment after enrollment in the respective programs. **Read more...**

PROGRAM GOALS:

The objective of the projects funded by the Office of Child Support Enforcement (OCSE) was to assist unemployed or low-income non-custodial parents (mostly fathers) to pay child support by:

- Increasing employment or income;
- Improving parenting skills and parental involvement; and
- Motivating child support compliance.

LOCATION: Eight fatherhood demonstration projects were involved:

- California- San Mateo County: Supportive Services for Non-Custodial Parents
- Colorado- El Paso County: Parent Opportunity Program
- Maryland- City of Baltimore: Responsible Fatherhood Project
- Massachusetts- City of Boston: Father Friendly Initiative
- Missouri- Cape Girardeau County: Proud Parents Program
- New Hampshire- Belknap, Hillsborough and Merrimack Counties: Phoenix Project
- Washington- Pierce County: Devoted Dads
- Wisconsin- City of Racine: Children UpFront

The eight fatherhood projects were given latitude in terms of program format, service provision and client eligibility. As a result California’s Responsible Fatherhood program was sufficiently different in services to warrant separate evaluation. All results reported here will exclude California’s results.

CHARACTERISTICS OF FATHERS SERVED:

The overall characteristics of non-custodial fathers at seven sites excluding California were as follows:

- The average age was 33 years old. About 23% were 25 years old or younger. One fifth (18%) were over 41 years old.
- Half the non-custodial fathers were African-American, Non-Hispanic. White Non-Hispanic non-custodial fathers comprised 35% of the sample.
- About 23% of non-custodial fathers had less than a high school diploma or GED. Most (77%) had at least a high school diploma or GED.
- While 48% of the non-custodial fathers had been married, 11% were married and living with their spouse.
- One third (32%) of the non-custodial fathers were living with their parents or relatives.

- Two thirds of the non-custodial fathers had children with only one partner and 57% had only one non-resident child.
- Approximately 64% of non-custodial fathers did not have court-ordered child access or visitation while 15% had restraining orders restricting child access.

EVALUATION DESIGN: OUTCOMES MONITORING (PRE-POST TEST)

- **Outcomes:** Outcomes included:
 - Fathers’ employment status
 - Earning level changes
 - Presence of child support obligations
 - Level of child support obligations
 - Child support payment patterns
 - Client-child contact and access
 - Client satisfaction with child access
- **Method:** Between October 1998 and December 31, 2000 eight sites in eight states (California, Colorado, Maryland, Massachusetts, Missouri, New Hampshire, Washington and Wisconsin) received grants from the Office of Child Support Enforcement (OCSE) to test and implement responsible fatherhood programs aimed at increasing child support compliance. Each site was given wide latitude in determining program format, services, and client eligibility. Programs focused on either increasing child access or client employment in order to improve child support compliance.

Across the eight sites, 2,279 clients received some form of service and had their baseline data recorded by staff. In addition to the baseline data, post intervention data were collected by telephone interview six months after enrollment in the respective programs. Across the seven different programs (excluding California) common services offered were employment and child support. Employment services included activities such as job training, job readiness workshops and job searches. Child support services included activities to help work with child support agencies to revise orders, abate orders, establish paternity or to reduce debt. Four of the programs also offered services aimed at increasing access to children.

From the 2,279 program participants, 1,491 non-custodial fathers’ records were analyzed to evaluate cross-site characteristics and outcomes. Other sources of data included:

- Case data maintained on individual clients by program staff at each site and collected using the Responsible Fatherhood Management Information System (RFMIS).
 - Child support administrative records from the state automated child support enforcement records (CSE) at each site.
 - Employment and earnings records maintained by the state Department of Labor and Employment from the Unemployment Compensation Insurance program (UI).
- **Sample:** The analyses in this report were conducted using a sample of 1,491 non-custodial fathers.

- **Measures:**
 - *Father employment status:* Upon enrolment into one of the respective programs, clients self-reported their employment status, their status over the preceding 12 months and their longest employment period with the same employer. These data were supplemented from the automated unemployment insurance database. The primary source of data post enrolment were the unemployment insurance database due to a very low response rate for the post-enrolment telephone interviews.
 - *Earning level changes:* During enrolment participants were asked to describe their monthly earnings and employer based benefits. Earnings were supplemented from the automated unemployment insurance database. Post-enrolment data was collected from the automated database.
 - *Presence of child support obligations:* During enrolment clients self-reported their child support obligations. Automated child support records maintained by state child support enforcement agencies (CSE records) for the six months prior to enrolment supplemented pre-enrolment data. Post-enrolment data relied on CSE records for two post-enrolment periods- 6 and 12 months.
 - *Level of child support obligations:* Clients also self-reported their informal child support payments pre- and post-enrolment. CSE records were also used to supplement these reports.
 - *Child support payment patterns:* The CSE records were used to assess child support payment patterns during the six months prior to enrolment. Only parents with formal support orders could be used in the analysis. Post-enrolment data were also reliant on CSE records for two post-enrolment periods of 6 and 12 months.
 - *Client-child contact and access:* During enrolment the RFMIS was used to input client self-assessment of needs and staff client assessment of needs. Clients were asked the number of times they had contact with their children and whether they needed assistance with seeing them more often. Post-enrolment data were collected using telephone interviews.
 - *Client satisfaction with child access:* Clients were asked about their level of satisfaction with child access during the pre-enrolment RFMIS input process and post-enrolment telephone interview.
- **Statistical Analyses:** The analyses focused on cross-site characteristics and outcomes for 1,491 non-custodial fathers who comprised 65 percent of all program participants. Cross-site pre-enrolment and post enrolment characteristics were reported. Differences in means and significance testing for some of the outcomes were also conducted.
- **Attrition:** Of the 1,491 non-custodial fathers who participated in responsible fatherhood programs at the various sites, 33 percent were reachable for post-enrolment telephone interviews. Of all those reached, 4 percent declined to be interviewed.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualification and Support**
 - **Staff-participant ratio:** Information currently not available.
 - **Staff Education:** Information currently not available
 - **Staff Experience:** This varied across the eight different programs. Three of the programs employed either job training specialists, fatherhood specialists or

marketing specialists. Most staff members were drawn from the respective State Child support agencies.

- **Staff Training:** Information currently not available.
- **Planning Time and Coordination:** Information not available.
- **Staff Wages:** Information not available.
- **Staff Satisfaction:** Information not available.

PROGRAM CONFIGURATION:

- **Space:** Information currently not available.
- **Materials:** Information currently not available.
- **Partnerships and Linkages:** Many of the programs collaborated with multiple partners for recruitment of clients and provision of specialized services. Programs collaborated with multiple health and child support state agencies, non-profits and private industry. Specialized services included substance abuse rehabilitation, job training and development, resume and interview preparation and family mediation services. Most programs drew clients from State Court systems.
- **Community Organizations:** Information currently not available.

PROGRAM CONTENT:

- **Curriculum or Program Model**
Recipients of the OCSE grants adopted different curriculums with an objective of providing services that would assist unemployed or low-income non-custodial parents (mostly fathers) to pay child support. Each program site had the autonomy to choose and tailor their fatherhood program curriculums.

One program, Maryland, used the Responsible Fatherhood Program curriculum developed by the National Center for Strategic Nonprofit Planning and Community Leadership (NPCL). Massachusetts also adopted aspects of the NPCL curriculum. Other programs like New Hampshire’s were unsuccessful at establishing parenting classes or peer support groups. Case managers assessed client needs, referred them to appropriate service providers in the community, and ensured clients were successful in seeking these services.

PROGRAM DESIGN:

- **Group Size:** Information currently not available.
- **Number of program hours (dosage and duration)**
- **Frequency of program offerings**
- **Diversity of activities:** In order to fulfill OCSE grant requirements, programs focused their activities on either raising employment and self-sufficiency or increasing access to one’s children through mediation and increasing awareness of legal rights and obligations. Massachusetts, New Hampshire and Wisconsin focused on employment services. California and Washington focused on child access and visitation. Colorado and Maryland focused on both employment and child access.
- **Incentives for participation:** Where incentives were offered they included; \$20 to \$50 dollars offered to clients at pre-test and after completing the post-test; bus tokens; and temporary suspension of child support payments as long as one continued to be enrolled in a fatherhood program.

KEY EVALUATION FINDINGS:

Note: Results reported here do not include California.

Client employment status and Earning level changes:

- There were significant increases in employment two quarters post-program enrollment at four of the sites with the lowest employment levels one quarter prior to program enrollment ($p < 0.05$). The rates of employment increased from 18% to 51% in Maryland; 45% to 53% in Massachusetts; 13% to 42% in Missouri; and 46% to 62% in Wisconsin.
- Non-custodial fathers at four sites showed significant increases in quarterly earnings from one quarter prior to program enrollment to two quarters post-program enrollment ($p < 0.05$). Quarterly earnings increased from \$1,718 to \$2,439 in Colorado; \$532 to \$1,866 in Maryland; \$1,711 to \$2,149 in Massachusetts; and \$738 to \$1,177 in Wisconsin. These analyses had included changes in earnings for non-custodial fathers who were unemployed at pre-program enrollment.
- When analysis was restricted to those non-custodial fathers who were employed one quarter prior to program enrollment only three sites showed significant growth in quarterly wages ($p < 0.05$). Wages increased from \$2,870 to \$3,960 in Colorado; \$3,547 to \$3,914 in Washington; and \$1,694 to \$2,736 in Wisconsin.
- Only one factor of employment- Completing high school education versus not completing high school- was found to be significant in determining wage levels ($p < 0.05$). Non-custodial fathers who had completed high school earned \$1,427 more per quarter than their counterparts who had not completed high school. In Missouri the difference was \$913 per quarter.

Presence of child support obligations:

- Five of the seven programs increased the percentage of child support orders from pre- to post-program enrollment. However child support order levels were already relatively high prior to program enrollment.
- At six of the seven programs the percentage of non-custodial fathers who reported that they had at least one case that needed child support orders established reduced from pre- to post-program enrollment.

Level of child support obligations:

- There were no significant differences in monthly child support order levels (monthly payment levels) at enrollment and twelve months after completing the program across all program sites.
- Child support arrears levels showed no significant consistent increases or decreases for all program sites.

Child support payment patterns:

- The percentage of non-custodial fathers who were making any form of payments towards their monthly support/ arrears obligations 6 months prior to program enrollment increased 12 months following program enrollment at all but one program site- New Hampshire.
- The average amount of support paid increased across all but one program site- Wisconsin.
- As non-custodial fathers' incomes rose, the percentage of their child support obligation paid increased across all sites. These increases were significant for fathers earning more than \$1,000 per month in Washington ($p < 0.05$). This suggests that ordered child support

levels were unrealistically high for the non-custodial fathers enrolled in the different state programs.

Client-child contact and access:

- Overall changes in reported frequency of contact with their children were negligible for non-custodial fathers across all sites. For those that did report increased frequency of contact, the primary reason cited was improved relationship with the mother of the children.

Client satisfaction with child access:

- The majority of non-custodial fathers in Maryland (64%), Massachusetts (51%) and Wisconsin (58%) were satisfied with their level of child access six months after program enrollment
- The majority of non-custodial fathers in Colorado (59%) and Washington (63%) were dissatisfied with their child access levels six months after program enrollment.
- When considering non-custodial fathers’ comparison of satisfaction with child access post-program enrollment relative to pre-program enrollment, 33% were more satisfied, 32% less satisfied and 36% equally satisfied.

SOURCES:

Pearson, Jessica; Thoennes, Nancy; Davis, Lanae; Venohr, Jane C.; Price, David A.; Griffith, Tracy; (2003). OCSE Responsible Fatherhood Programs: Client Characteristics and Program Outcomes. *Center for Policy Research and Policy Studies Inc.*

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**OFFICE OF CHILD SUPPORT ENFORCEMENT
RESPONSIBLE FATHERHOOD PROGRAMS
SUPPORTIVE SERVICES FOR NON-CUSTODIAL PARENTS- CA**

OVERVIEW: Between October 1998 and December 2000, California’s San Mateo County received a grant from the Office of Child Support Enforcement (OCSE) to run a responsible fatherhood program with the aim of increasing child support payments. California’s Program, Supportive Services for Non-custodial Parents, focused on resolving non-custodial parents’ (mostly fathers) access to their children by offering mediation services for the parents. The program did not record significant increases in non-custodial parents’ access to their children. **Read more...**

PROGRAM GOALS:

California’s Responsible Fatherhood Program, Supportive Services for Non-custodial Parents, financed by the Office of Child Support Enforcement (OCSE) focused exclusively on resolving child access and visitation issues in order to promote the payment of child support.

LOCATION: San Mateo County, California.

CHARACTERISTICS OF FATHERS SERVED:

Supportive Services for Non-custodial Parents identified and enrolled in the mediation program 183 non-custodial fathers and 187 custodial mothers Characteristics of the non-custodial fathers who appeared for mediation were:

- Most (57%) of the non-custodial fathers were Hispanic. Approximately 19% were White and 12% were African American.
- The average age was 33.5 years old with almost two-thirds (62%) of the non-custodial fathers aged 31 years or older.
- While 19% of the non-custodial fathers reported no education, 55% had a GED or completed high school and 25% had an AA degree or higher.
- The average age of the non-custodial father’s child was 5.4 years old. Over two-thirds (67%) of fathers had one child.
- Only 6% of the children lived with their non-custodial father while 76% lived with their mothers. Most fathers (48%) had not had their child custody cases established or decided. Amongst those whose custody cases had been decided, only 9% of the fathers were granted sole legal custody; 54% had joint legal custody with the mother of the child.
- Approximately 75% of non-custodial fathers were employed full time; more than half (55%) were employed in labor/service type jobs.
- While 19% of non-custodial fathers earned less than \$800 per month, 26% earned more than \$2000.

EVALUATION DESIGN: OUTCOMES MONITORING (PRE-POST TEST DESIGN)

- **Outcomes:** Outcomes included:
 - Child support payment patterns
 - Client-child contact and access
 - Client satisfaction with child access

- **Method:** The OCSE grant enabled the San Mateo County Child Support Enforcement agency to:
 - Arrange for any non-custodial parent who experienced child access problems to receive free mediation services at the San Mateo Superior Court. Almost all levels of child support personnel with Supportive Services for Non-custodial Parents project could refer parents to the mediator. Of special interest were those cases where non-custodial parents were not complying with child support orders citing visitation denial and/or non-contact with their children as reason for nonpayment.
 - Hire a bilingual mediator, based at the court, to serve parents identified by the child support agency.
 - Contract with a community-based organization, San Mateo County Family Service Agency, to provide access services such as parent education, supervised visitation, counseling, and repeat mediation interventions.

Supportive Services for Non-custodial Parents referred 915 non-custodial fathers to mediation services with 183 appearing for mediation. Non-custodial parents completed intake forms at enrollment and participated in a follow-up telephone interview 6 months after the mediation. Other data sources for the evaluation included:

- Existing child support records;
 - A form completed by the mediator after each session; and
 - Reviews of employment and assets databases including the Employment Development Department, Franchise Tax board and Social Security.
- **Sample:** Supportive Services for Non-custodial Parents identified 955 non-custodial parents experiencing visitation problems. Of these 955 cases referred to mediation, 915 were non-custodial fathers. Many of the individuals referred to mediation services did not appear for mediation; 183 non-custodial fathers and 187 custodial mothers appeared for mediation.
 - **Measures:** *Child support payment patterns:* Unemployment Income (UI) records were used to assess child support payment patterns during the six months prior to enrollment. Post-enrollment data were also reliant on UI records for two post-enrollment periods of 1-3 months and 4-6 months. This outcome was conducted on all fathers who were referred to the mediation program.
 - *Client-child contact and access:* Clients were asked to make a self-assessment of their needs when completing the intake enrollment form. Post-enrollment data were collected using telephone interviews. This outcome was limited to those fathers who were enrolled in the mediation program.
 - *Client satisfaction with child access:* Clients were asked about their level of satisfaction with child access when completing the intake enrollment form and at the post-enrollment telephone interview. This outcome was limited to those fathers who were enrolled in the mediation program.
 - **Statistical Analyses:** Pre-test and post-test means were analyzed and compared. Differences in means and significance testing for outcomes were also conducted.

- **Attrition:** Of the 183 non-custodial fathers who participated in the mediation program, only 32 (17%) could be reached for the post-enrollment interview six months after completing the mediation. Of those reached, 4% declined to be interviewed.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualification and Support**
 - **Staff-participant ratio:** A mediation session involved the parents of the child and the mediator.
 - **Staff Education:** Information currently not available.
 - **Staff Experience:** Information currently not available.
 - **Staff Training:** Information currently not available.
 - **Planning Time and Coordination:** Information currently not available.
 - **Staff Wages:** Information currently not available.
 - **Staff Satisfaction:** Information currently not available.

PROGRAM CONFIGURATION:

- **Space:** San Mateo Superior Court premises.
- **Materials:** Information currently not available.
- **Partnerships and Linkages:** Other partners were not involved.
- **Community Organizations:** Supportive Services for Non-custodial Parents worked with a community-based organization, San Mateo County Family Service Agency

PROGRAM CONTENT:

- **Curriculum or Program Model:** Each mediation session took about two hours. The top five issues discussed by the parents and mediator were:
 - When each parent would see the children;
 - What transpired during the visits;
 - Where the children were to live;
 - How the children were to be raised; and
 - Legal custody of the children.

PROGRAM DESIGN:

- **Group Size:** A mediation session consisted of the non-custodial parent, custodial parent and the mediator.
- **Number of program hours (dosage and duration):** On average a mediation session lasted about 2 hours.
- **Frequency of program offerings:** Parents had access to follow-up interventions including additional mediation. More than half (52%) sought a second mediation.
- **Diversity of activities:** Interventions offered in addition to mediation included case management, supervised visitation and co-parent counseling.
- **Incentives for participation:** Information currently not available.

KEY EVALUATION FINDINGS:

Full agreements between parents were reached in 63% of the cases mediated. Partial agreements were reached in 12% of the cases while no agreements were reached in 25% of the cases.

Child support payment patterns:

Note: Conducted on all non-custodial fathers referred to the mediation program (N=623).

- There were significant increases in child support payments from the three month period prior to enrollment to the months after mediation. The average amount of paid in child support rose from \$650 three months prior to the program to \$970 for the first three months post-mediation referrals. This increase was significant at $p < 0.001$. The percentage of non-custodial fathers not making any payments dropped from approximately 40% to 20 % in this period.
- Subcategory analysis was conducted between the following groups;
 - Those who reached an agreement in mediation;
 - Those who mediated, but did not reach an agreement;
 - Those who were referred, but never mediated because the father failed to appear;
 - Those who were referred, but never mediated because the mother failed to appear; and
 - Those who expressed interest in mediation but one of the parents was not reached;

All five groups showed an equivalent increase in payments from the period three months prior to the referral to the three months following referral. Furthermore the percent of non-custodial fathers not making payments dropped by approximately equal amounts for all five groups in the same period. This drop was significant at $p < 0.05$.

- An analysis of child support payment patterns between non-custodial fathers who reported Unemployment Income 4-6 months post-mediation and fathers who reported no income in the same period revealed that 11% of fathers with income did not make any payments to child support compared to 37% of the fathers with no income. This was significant at $p < 0.05$.

Client-child contact, access and client satisfaction with child access:

Note: Conducted only on non-custodial fathers enrolled in the mediation program.

Given the low number of post-enrollment telephone interviews, 32 non-custodial fathers, significance testing was not conducted on these outcomes. An analysis of the post-enrollment questionnaire revealed;

- Approximately 38% of non-custodial fathers reported that they were seeing their children the same amount of time post-enrollment as they were pre-enrollment into the mediation program. About an equal number of non-custodial fathers (41%) reported that they were seeing their children more often.
- While only 21% of non-custodial fathers reported seeing their children less, 45% of the non-custodial fathers said they were less satisfied with the level of access to their children post-enrollment in the mediation program compared to their satisfaction level prior to mediation.

SOURCE:

Pearson, Jessica; Thoennes, Nancy; Davis, Lanae; Venohr, Jane C.; Price, David A.; Griffith, Tracy; (2003). OCSE Responsible Fatherhood Programs: Client Characteristics and Program Outcomes. *Center for Policy Research and Policy Studies Inc.*

EVALUATORS AND CONTACT INFORMATION:

OCSE RESPONSIBLE FATHERHOOD PROGRAMS
SUPPORTIVE SERVICES FOR NON-CUSTODIAL PARENTS- CA

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SUPPORT HAS A REWARDING EFFECT (SHARE) PROGRAM

OVERVIEW: The Support Has a Rewarding Effect (SHARE) Program was a special initiative that was a part of the Welfare-to-Work (WtW) programs that were authorized by the Balanced Budget Act of 1997, which allowed the Department of Labor to award 3 billion dollars for money to help the hardest-to-employ recipients of TANF. SHARE targeted noncustodial parents to encourage them to reestablish their child support orders, and to help them find and maintain stable employment. The program began in July 1998 and was discontinued in September 2001. The SHARE program was successful in increasing noncustodial parents’ employment, earnings, and child support payments; however noncustodial parents who were referred but declined services in the program had the best outcomes. **Read more...**

PROGRAM GOALS: The SHARE program operated as a special initiative under the Welfare-to-Work grant in Washington. The program aimed to:

- Support noncustodial parents in helping to reestablish and resume the payment of delinquent child support orders
- Encourage parental responsibility
- Strengthen families

LOCATION: The initiative operated in Washington state in three counties (Yakima, Kittitas, and Klickitat counties).

CHARACTERISTICS OF FATHERS SERVED: The program served non-custodial parents who had outstanding child support orders that were more than 60 days delinquent, and who had a child receiving Temporary Assistance to Needy Families (TANF) funds. The demographic data in the study is limited, but the researchers concluded that:

- 88% of the noncustodial parents were male.
- The average and median age at the time of referral was 31 years.
- About 1/3 of the noncustodial parents had reported employment in the first 3 quarters before enrollment into SHARE. It also seemed that those who were employed had low wages or did not work enough hours to earn a substantial living.

EVALUATION DESIGN: OUTCOMES MONITORING – PRE-POST TEST

- **Outcomes:**
 - Increased employment rates
 - Increased earnings
 - Employer-reported earnings, from administrative data
 - Increased ability to pay child support, and increase in amount of support paid
 - From administrative data
- **Method:** The study examined pre-post trends of noncustodial parent’s employment, earnings, and child support payments in the four quarters before enrollment in the SHARE program, the quarter of referral to SHARE, and up to 15 quarters after referral. For later quarters, there were fewer sample members. In the evaluation report, employment and earnings are tracked through the sixth quarter after referral and for child support payments, through the ninth quarter after referral. Once a noncustodial parent was identified by the Department of Child Support to be eligible for the program, they were referred to SHARE

and were issued a citation to appear at a child support hearing. At this hearing, the noncustodial parent could opt to reestablish child support payments, be referred to WtW services, or face incarceration. The study also compared outcomes for those who came to the hearing and those who did not; those referred to WtW and those not referred; and differences in patterns of outcomes for those who followed different paths. Information was collected on employer-reported earnings, child support payments, and receipt of TANF and food stamp benefits.

- **Sample:** 574 noncustodial fathers were enrolled in the study.
- **Measures:** Variables were constructed from administrative data to describe employment, earnings, and child support payments of participants.
- **Statistical Analyses:** Not currently available.
- **Attrition:** 574 noncustodial fathers were enrolled in the study. 287 noncustodial parents did not appear at the hearing, and could not be located or were unable to attend (i.e., incarceration, moved out of the jurisdiction, etc.). 280 appeared at the child support hearing; 108 of these noncustodial parents opted to resume child support payments on their own. As a result, 172 noncustodial parents were referred to WtW services.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualifications and Support:** Not currently available.
 - **Staff-participant ratio:** Not currently available.
 - **Staff Education:** Not currently available.
 - **Staff Experience:** Not currently available.
 - **Staff Training:** Not currently available.
 - **Planning Time and Coordination:** Not currently available.
 - **Staff wages:** Not currently available.
 - **Staff Satisfaction:** Not currently available.

PROGRAM CONFIGURATION:

- **Space:** Not currently available.
- **Materials:** Not currently available.
- **Partnerships and Linkages:** The key to the SHARE program’s operation was the partnerships that existed among a regional workforce development corporation, the state division of child support, the county attorney’s office, and community providers that provided employment services.
- **Community Organizations:** Not currently available.

PROGRAM CONTENT:

- **Curriculum or Program Model:** Each participant received all case management services through a single staff person. Intake and assessment, the provision of job search services, and all follow-up and monitoring activities were done through a single point of contact.

Participants received an assessment at a one-on-one meeting which covered education, work history, employment goals, family history, and potential employment barriers. The program work to help them secure unsubsidized employment through individualized plans. The noncustodial parents had the option to receive on-the-job training, work experience, or subsidized jobs as an intermediate steps to unsubsidized work. After an unsubsidized job was secured, case management continued for at least 90 days. Program funds could also be used for transportation, uniforms, work supplies, short-term emergency needs. The noncustodial parents could also be referred to outside organizations for other services such as anger management, conflict mediation, and substance abuse counseling.

After a father was referred, progress reports were obtained from providers and child support payments were monitored. Initially, hearings were conducted were to check the noncustodial parent’s progress every 30 to 45 days. If the noncustodial parent was making progress and making child support payments, the hearings could be held less frequently.

The Department of Child Support also allowed for payments to be reduced during participation in the program, reestablishment of payment agreements that were incorrect, and the possibility of waiving arrears.

PROGRAM DESIGN:

- **Group size:** Not currently available.
- **Number of program hours (dosage and duration):** Not currently available.
- **Frequency of program offerings:** Not currently available.
- **Diversity of activities:** Not currently available.
- **Incentives for participation:** Noncustodial parents were mandated to participate if they could not reestablish their child support payment, or they faced incarceration. Administrators of the program believed that the possibility of a temporary modification in child support orders and possible waivers of child support arrears were motivation for participation as well.

KEY EVALUATION FINDINGS:

Findings represent outcomes for all noncustodial parents referred to SHARE

- Rates of employment increased from one-fourth of the sample during the quarter immediately before referral to one-third of the sample during the quarter of referral. Following this quarter, employment rates remained just above one-third. Employment rates increased from 32.8% in the quarter of referral to 33.5% in the 9th quarter after referral.
- Average earnings increased 40% between the quarter immediately before referral and the quarter of referral. In the fourth quarter after referral, average earnings were about three times the average earnings reported in the quarter immediately before referral to SHARE. Average earnings increased from \$445.52 in the quarter of referral to \$832.02 in the 9th quarter after referral.

- Child support payments almost doubled between the quarter of referral and the next quarter. Payment rates were between 30% and 40%. Still, most noncustodial parents did not pay any child support.
- Child support collections also were higher after referral than before; before referral child support collections were never above \$75. After referral, average collections were more than \$125.
- Child support payments were also more consistent after SHARE. Before referral to SHARE only 3% of noncustodial parents paid in all four quarters up to referral, compared to 14% who made payments all four quarters after referral.

Subgroup Analysis:

- Noncustodial parents who did not appear at contempt hearings had the lowest rates of employment; the highest rates of employment were for noncustodial parents who appeared but were not referred to WtW services. Among those who never appeared at their hearings, child support rates and collections were also among the lowest.

SOURCES:

Perez-Johnson, I., Kauff, J., & Hershey, A. (2003). *Giving noncustodial parents options: Employment and child support outcomes of the SHARE program. Final Report.* Submitted to the Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Princeton, NJ: Mathematica Policy Research, Inc.

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**STRENGTHENING FAMILIES PROGRAM 6-10
IN NORTH CAROLINA**

OVERVIEW: The Strengthening Families Program 6-10 (SFP 6-10) was designed to break the inter-generational cycle of substance abuse in families with children aged 6-10 years old. Families in the program engaged in parental skills training, enhancing family communication and life skills training for children over 14 weekly two hour sessions. Evaluation of this program involved a quasi-experimental design comparing pre and post test means of families in an intervention group to those of families in a comparison group. Since this program involved a small number of families and the comparison group varied significantly from the intervention group, pre and post test measures on outcomes were evaluated for families in the intervention group only. Families that completed SFP 6-10 showed statistically significant declines in use of corporal punishment and increases in parental involvement in the lives of their children. **Read more...**

PROGRAM GOALS: Program goals included:

- Reduce risk factors for substance abuse and other behavioral problems among children whose parents were substance abusers.
- Strengthen family units by providing parenting skills training, developing family communication techniques and enhancing children’s life skills.

LOCATION: Charlotte/Mecklenburg, Raleigh/Wake and Asheville/Buncombe North Carolina.

CHARACTERISTICS OF FATHERS SERVED: Characteristics of the families served were:

- All parents completing the SFP (intervention group) were female. Eighty one (81) percent of parents in the comparison group were female.
- Sixty seven (67) percent of all parents in the intervention group were African American compared to 38% in the control group; 33% and 62% were Euro-American respectively.
- On average parents in the intervention and comparison group were 34 and 33 years old respectively.
- Parents in the intervention group had an average of 13 years of education while those in the comparison group had 10 years.
- The average age of children in the intervention group was 8.3 years with those in the comparison group being 7.8 years old.
- Over 67% of parents in both groups lived in cities. Approximately 11% lived in rural areas. Twenty two (22) percent of parents in the intervention group lived in suburban areas compared to 13% of those in the comparison group.

EVALUATION DESIGN: QUASI-EXPERIMENTAL

- **Outcomes:**
 - Reduce level of family conflict
 - Improve family relations
 - Increase Parent-Child Affection
 - Lower use of physical discipline
 - Increase use of positive reinforcements (behavior)
 - Improve family attachment
 - Improve family management

- Increase awareness of drug risks to children
- Increase parental school involvement
- **Method:** The evaluation conducted at three different sites used pre/post test surveys, administered to participating children and parents, to measure improvements. Qualitative analysis was completed using data collected from evaluators’ participation in SFP in-service training and discussions with SFP staff.

The North Carolina Department of Health and Human Services in conjunction with county mental health agencies identified three co-existing state funded programs from which to refer parents and children to the SFP 6-10 program; the perinatal, methadone and the Department of Corrections probation programs. SFP staff contacted referrals, gave them an orientation and evaluated them using questionnaires (parents and children were evaluated using different questionnaires). Referrals were supplemented by outreach programs at two of the sites. Participation in SFP 6-10 was voluntary.

A quasi-experimental design was adopted for the quantitative analysis. The intervention group consisted of parents and children who chose to participate in SFP 6-10 and completed pre- and post-test surveys. The comparison group consisted of parents and children who completed orientation and the pre-test survey but opted not to participate in SFP 6-10.

Families in the intervention group engaged in three areas; parent training, children’s skills training and family skills training. Pre- and post test surveys were completed using an electronic web form or in writing. Parents completed their children’s surveys.

- **Sample:** A total of 9 families participated in SFP 6-10 at the three sites. These families consisted of 9 adults and 10 children. There were 16 families in the comparison group. While surveys were collected separately for adults and children, analysis was conducted on the family as a unit; 9 and 16 units for the intervention and comparison groups respectively.
- **Measures:** The survey instruments administered to both parents and children consisted of Likert scale questions which were used to create indices to measure 9 outcomes. Additional information on the content of the questions used to create each index is not available.
- **Statistical Analyses:** Mean scores from the nine developed indices of outcomes were used. Pre-test means of the comparison group were compared to pre-test means of the intervention group. Pre- and post test means of the intervention group were also compared.
- **Attrition:** Information currently not available.

STRUCTURAL/INSTITUTIONAL FEATURES:

- **Staff Qualification and Support**
 - **Staff-participant ratio:** Two sites had three paid facilitators. The third site had two facilitators and one volunteer.
 - **Staff Education:** Information currently not available.

- **Staff Experience:** Information currently not available.
- **Staff Training:** Staff members attended an in-service training session.
- **Planning Time and Coordination:** Information currently not available.
- **Staff Wages:** Wage rates for paid facilitators are not available. One facilitator was a volunteer.
- **Staff Satisfaction:** Information currently not available.

PROGRAM CONFIGURATION:

- **Space:** Information currently not available.
- **Materials:** Information currently not available.
- **Partnerships and Linkages:** The North Carolina Department of Health and Human services worked with county mental health agencies to identify sites. Participants were referred by state funded perinatal, methadone and probation programs.
- **Community Organizations:** Information currently not available.

PROGRAM CONTENT:

- **Curriculum or Program Model:**
The Strengthening Families Program 6-10 uses a family-centered curriculum targeted to families with children aged 6 to 10 years old and whose parents are substance abusers. The program consists of 14 weekly two hour meetings. These meetings focus on three areas; parent training, children’s and family skills training.

Parents and children meet separately during the first hour. Parents worked with facilitators learning how to improve desired behavior in children by using positive reinforcement and paying attention to them. They also learned about substance use prevention, limit-setting and problem solving.

Children were taught positive communication skills, understanding feelings, social skills, resisting peer pressure, substance abuse and accepting parental rules. These lessons were taught using games, projects and exercises. During the second hour the family met together where they employed tools such as role-playing to learn how foster communication, reinforce positive behavior, plan activities and solve problems together.

PROGRAM DESIGN:

- **Group Size:** Information currently not available.
- **Number of program hours (dosage and duration):** SFP 6-10 consisted of 14 weekly two hour sessions. Successful participants had to complete a minimum of 7 sessions and 8 one hour follow up sessions.
- **Frequency of program offerings:** Weekly.
- **Diversity of activities:** Information currently not available.
- **Incentives for participation:** Information currently not available.

KEY EVALUATION FINDINGS:

Although SFP 6-10 conducted pre and post test surveys of children and parents separately for both the intervention and comparison groups, only mean scores for parents were reported. Given the small sample sizes, the comparison group and intervention groups were not similar on key

traits rendering analysis of means between the comparison and intervention group untenable. Outlined below are statistically significant differences in the pre and post test means of parents in the intervention group (N=9).

- Parental use of corporal punishment showed statistically significant declines at ($p < 0.05$).
- Parental involvement with their children improved over time ($p < 0.05$).
- Parents reported less familial attachment after completing the program. These results were statistically significant with ($p < 0.05$).

SOURCES:

The evaluation can be obtained from the following website.

<http://fac.ncat.edu/sfpeval/evrpt01/title.html>

EVALUATORS AND CONTACT INFORMATION:

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