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# First They Have to Show Up: How Dads Back! Academy Successfully Engaged Formerly Incarcerated Fathers in a Responsible Fatherhood Program

# Primero tienen que aparecer: Cómo Dads Back! Academy involucró exitosamente en un programa de parentalidad positiva a padres encarcelados

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#### Resumen

Los programas que preparan a los padres en prisión para ejercer una parentalidad positiva son importantes porque las investigaciones indican que las relaciones positivas entre padres e hijos pueden contrarrestar los efectos negativos del encarcelamiento de los padres en los niños. Sin embargo, el reclutamiento y la adherencia de los padres a programas de esta naturaleza ha sido el principal reto. Los objetivos del programa Dads Back! Academy, con sede en Los Ángeles, son mejorar las habilidades de crianza, la relación familiar y la preparación laboral de los padres para que, tras cumplir la condena, puedan manejarse de manera efectiva en familia. Este trabajo presenta una evaluación del programa a lo largo de cinco años. Se examinan las estrategias que resultaron exitosas para el reclutamiento, participación e implementación del programa. Se valoró la utilización de múltiples estrategias de reclutamiento, incluyendo el efecto llamada a través de pequeños y grandes eventos. Los resultados indican que en función de las estrategias usadas se llega a reclutar hasta cuatro veces más, necesitando un menor esfuerzo para retener a los participantes. Los participantes más comprometidos tienden a ser varones, de una mayor edad y que no buscaban trabajo. Aquellos que inicialmente contaban con más conocimiento sobre el mundo laboral tenían significativamente más probabilidades de terminar los talleres incluidos en el programa. El 88% de los talleres se realizaron según el plan previsto y la participación por sesión fue alta (más del 80%). Los participantes recibieron 3,2 referencias y 17 contactos de servicio en total y 101 horas de formación curricular en 15 temas diferentes. Estos resultados se pueden utilizar como posibles puntos de referencia para futuros programas.

#### Palabras clave

Programas de Parentalidad, Padres Encarcelados, Padres sin Custodia, Reclutamiento, Readherencia

#### **Abstract**

Programs that prepare incarcerated fathers for their role as parents are important because research indicates that positive father-child relationships can counter the negative effects of parental incarceration for children. However, program recruitment and engagement have been historically problematic. The goal of the Los Angelesbased Dads Back! Academy was to enhance the parenting, relationship, and job preparation skills of non-working reentering fathers to effectively parent their children ages 24 and younger. This descriptive evaluation was based on a five year grant and examined successful strategies for program recruitment and engagement, and also described program dosage. Results indicated that four times as many participants were recruited to reach recruitment targets. Multiple recruitment strategies were used including smaller "focused" approaches and large events. Less effort was needed to contact participants who were ultimately retained. The most engaged participants tended to be older, male, and not looking for work. Those with more initial knowledge of job preparation were significantly more likely to finish the workshops. Eighty-eight percent of workshops were held as planned, and participation per session was high (over 80%). Participants received 3,2 referrals and 17 total service contacts, and 101 hours of curriculum in 15 different topics. These results can be used as possible benchmarks for future programs.

#### **Key Words**

Fatherhood Programs, Incarcerated Parents, Non-custodial Fathers, Recruitment, Retention

#### 1. INTRODUCTION

Over 684.000 state or federal prison inmates in the United States are parents to almost 1,5 million minor children (Maruschak et al., 2021). Fathers make up over 90% of incarcerated parents to 1,3 million of these children. About half of male inmates are fathers of children under eighteen years old. This includes 46% of males in state prisons and 57% of males in federal prisons. However, this percentage varies by race-ethnicity. The largest percentage of fathers in state prisons are Hispanic/Latino (51,2%), followed by Black (48,5%) and White (39,8%). At the federal level, almost two thirds of Black and Hispanic/Latino male inmates are fathers (63,5 and 64,2% respectively); this is almost twice as many as White male inmates (33,6%) (Maruschak et al., 2021). If we consider that the average age of children with an incarcerated parent is between 9 and 10 years old (for state and federal prison respectively; Maruschak et al., 2021), and about 70% of prison inmates are expected to be released within five years (Beatty & Snell, 2021), it seems likely that most incarcerated parents will be released while their children are under 18. Therefore, programs that can prepare incarcerated fathers to step back into their role as parents upon their release may be well worth the effort, especially for communities heavily impacted by parental incarceration (Braman, 2004; Leap,

Children of incarcerated parents can be impacted either positively or negatively by the relationship (or lack thereof) with their fathers (Charles et al., 2016). On the one hand, having a father who has been arrested is among the strongest predictors for delinquency for boys (Farrington et al., 2001) as is the lack of a warm, supportive relationship or minimal involvement with a father (Smith & Walters, 1978). On the other hand, the second half of childhood may be the most important time for boys to

have a relationship with their fathers (Newson et al., 1993) and fathers may be important to child development in general (Charles et al., 2016).

Research from longitudinal studies suggests that the role of the father, even if noncustodial, could be an important factor in overall child well-being and in reducing delinquency, particularly among boys (Bronte-Tinkew et al., 2006; Demuth & Brown, 2004; Farrington et al., 2001). Findings from the National Longitudinal Study of Youth 1997 indicated that while relationships with both a mother and a father were important, the father-child relationship and parenting style acted as a stronger protective factor to reduce adolescent delinquency and substance use. The risk of delinquency for the child was further reduced when there was a positive mother-father relationship, in addition to a positive father-child relationship and a high level of monitoring by the father. A supportive "authoritative" rather than "authoritarian" fathering style was also associated with a lower risk of adolescent delinquency. Male adolescents also benefitted more than female adolescents from a positive father-child relationship (Bronte-Tinkew et al., 2006). The 1995 National Longitudinal Survey of Adolescent Health results indicated that while delinquency was highest among single-father households (perhaps due to the higher prevalence of adolescent boys), family processes like more parent involvement, supervision, monitoring and closeness were stronger predictors of reduced delinquency than family structure. In fact, when both family structure and family process variables were analyzed together, family structure (single or two-parent families) had no effect on delinquency. Parental closeness was the strongest predictor of reduced delinquency. Even the involvement of non-resident parents was associated with reductions in delinquency in children (Demuth & Brown, 2004). Thus, there is ample evidence to suggest the importance of positive father-child relationships among incarcerated parents (although not to the exclusion of mother-child relationships).

Fatherhood programs became part of federal initiatives in the United States with the onset of the Healthy Marriage and Responsible Fatherhood funding stream that began in 2005 (Office of Family Assistance, n.d.). This grant-based initiative funded a myriad of parenting programs for high-risk parents, including incarcerated parents. The program described in this article was funded in 2015 by the New Pathways for Fathers and Families (hereinafter "New Pathways") issued by the Administration for Children and Families Office of Family Assistance in the U.S. Department of Health and Human Services. New Pathways had three program goals that guided project activities: to strengthen positive father-child engagement, improve employment opportunities for fathers, and improve healthy parenting and co-parenting relationships (Administration for Children and Families, 2015, p. 1). The target population in New Pathways was low-income fathers or father figures, including non-custodial fathers, with dependent children aged 24 and younger and young fathers aged 16 to 24 years old (Administration for Children and Families, 2015).

Local evaluations were funded alongside of program services for some grantees. One of the preferred emphases for local evaluations was to gain a better understanding of successful recruitment and engagement strategies for fatherhood programs (Administration for Children and Families, 2015, p. 12). This emphasis was borne out of historically low participation rates in past fatherhood programs, and a need to advance what was known to build more successful recruitment and engagement strategies (Bronte-Tinkew et al., 2012; Julion et al., 2021; National Fatherhood Initiative, 2018; Spjeldnes et al., 2019). The program described here included a local

evaluation focused specifically on recruitment and engagement. It is only after these hurdles have been successfully addressed that participants can benefit from the program. The first purpose of this article is to describe recruitment and engagement strategies among formerly incarcerated fathers, and the second purpose is to describe the program dosage of services and curriculum that participants received.

#### 2. METHOD

#### 2.1. The Setting: Dads Back! Academy

The Dads Back! Academy (hereinafter "Dads Back!") was administered at one location by Friends Outside in Los Angeles County, Inc. (hereinafter "Friends Outside"), a non-profit agency with over 30 years of experience working with people who are formerly incarcerated. The goal of Dads Back! was to enhance the capacities of non-working reentering fathers to effectively parent their children ages 24 and younger who lived in South Los Angeles. This was accomplished by providing comprehensive services aimed at increasing non-working reentering fathers' responsible parenting, healthy relationship skills, and economic stability. The target population was non-working fathers or father figures in South Los Angeles who had recently been released from incarceration and who had children aged 24 years or younger. Per the funding requirements, mothers who expressed interest in the program were also permitted to participate (though the program emphasis on fatherhood remained).

Dads Back! was a multi-component intervention for fathers (and mothers) who had recently been released from incarceration. It was comprised of three phases that totaled six months to one year of services. In Phase I, participants were enrolled and received case management and linkages to services. In Phase II, participants attended four weeks of approximately 120 workshop hours (approximately 6 hours per day five days a week). These workshops were administered in closed monthly cohorts in a classroom format for up to 15 participants at a time. Up to 15 different topics were included in the curriculum. In Phase III, participants continued to receive services depending on participant progress, including case management and employment preparation and support. Services were provided in a community setting.

The program team consisted of up to six full-time trained staff, who shared a similar geographic and cultural background to participants, including some who were formerly incarcerated (Bronte-Tinkew et al., 2012). Staff positions included a group facilitator, two case managers, a job specialist, a data specialist, and an outreach specialist. Each was also trained to facilitate different curriculum areas such that each area could be taught by at least two staff (to cover staff absences). A bachelor's degree was required only for the group facilitator who taught two parts of the curriculum (the healthy relationships and parenting curricula). Program staff were supervised by a half-time program director. The evaluation team consisted of a full-time research associate, colocated onsite with staff, and a part-time lead evaluator.

#### 2.2. Research Design

A descriptive evaluation focusing on implementation of program recruitment and

program participation was carried out by the external evaluator. The focus on recruitment and engagement was one of the priority areas in the original funding announcement (Administration for Children and Families, 2015), which was also very much in line with a clear need for more work in this area identified in the research (Julion et al., 2021; Stahlschmidt et al., 2013). Descriptive evaluations are useful because they provide a high level of detail on program activities. This allows for comparison of implementation and also better informed replication of programs. Descriptive evaluation focused on implementation are also appropriate for newly developed programs to document and measure key program components and to strengthen outcome evaluations (Love, 2004). This descriptive evaluation: identified the recruitment strategies most likely to lead to enrollment and retention (Research Question 1); identified the types of program contact associated with retention (Research Question 2); described the common and uncommon characteristics among participants based on engagement (Research Question 3); described characteristics that differentiated participants who did not finish Phase II from those who did (Research Question 4); and described expected and actual service dosage for those who completed the Phase II workshops, and what combination of service dosage was associated with retention and completion (Research Question 5).

Multiple data sources were used to answer the five research questions including administrative data and standardized surveys. One administrative data source was the funder-required database called "nFORM". All grantees were required to enter each participant's service contact data, referrals, workshop attendance, and service completion data. Program level data including all aspects of the curriculum were also entered into nFORM. Other administrative data included an evaluation database developed for the project by the evaluation team; this included orientation attendance data (which could not be entered into nFORM), and data tracking client progress for all data collection and service participation. Five standardized surveys were also collected but data from only two were included here. The funder-required Applicant Characteristics Survey was administered at intake and consisted of demographic information. Responses were entered into nFORM. A standardized intake assessment of the grantee's choosing was also a requirement of the grant. The project utilized the Family Strength Index (Orthner et al., 2003). In addition, 22 knowledge questions for the job preparation program developed by Friends Outside were also administered. Scores based on total correct responses could range from zero to 22. The project initially received an IRB waiver to collect program evaluation data during program services, then subsequently received IRB approval for secondary data for publication purposes.

#### 2.3. Participants

The sample for the evaluation was originally intended to include all Dads Back! program participants in Years 2 through 5 of the project. Year 1 was not planned as part of the evaluation to give the program time to establish its implementation and because it was only three months in length. This four-year sample was originally anticipated to include 600 enrolled program participants (at 150 per year). However, due to the statewide lockdown that occurred in California in March 2020 due to the COVID-19 pandemic, the program moved to an online format. Many elements of the curriculum

had to be dropped. Therefore, given the different program structure that occurred starting in March 2020, the evaluation sample did not incorporate the last seven months of the project. Therefore, all face-to-face monthly cohorts of Dads Back! from October 2016 of Year 2 through February 2020 of Year 5 were included in the evaluation sample.

Two samples were formed and analyzed. For Research Question 1, the sample was defined as all participants who attended orientation from October 2016 (Year 2) through February 2020 (Year 5). This sample consisted of 1.695 participants who attended orientation. For Research Questions 2-5, the sample was defined as all participants who either enrolled or who began a Phase II cohort from October 2016 (Year 2) through February 2020 (Year 5). This strategy was used because no survey or services data was available prior to enrollment, therefore the same sample as in Research Question 1 could not be utilized. The sample for Research Questions 2-5 consisted of 547 participants, divided into three groups, based on how far they progressed into the program. This was done to capture different levels of engagement. The groups were as follows: (a) participants who enrolled only but went no further (n = 122); (b) participants who started Phase II 4-week workshops but did not finish (n = 64); and (c) participants who started and finished the Phase II 4-week cohort (n = 361). Analyzing the sample across these three groups facilitated understanding of recruitment and retention.

#### 2.4. Data Analysis

Chi-square tests of association were used to examine association between categorical variables. For chi-square tests of association to be considered reliable, the expected count of cells had to be greater than 5 for at least 80% of cells. A Cramer's V effect size was reported for categorical cross-tabulations that were larger than two rows and two columns; for two-by-two tables, the Phi effect size was reported. Adjusted residuals greater than +/-1,96 were also analyzed to identify cells that had lower or higher observed counts than expected counts. Column proportions using the Bonferroni correction were also examined, controlling for Type I error (Dunn & Clark, 2001).

Independent samples t-tests or the non-parametric Mann-Whitney U tests for non-normal data were utilized to statistically analyze mean differences between two groups for interval data. The effect size based on the t-test was computed using Lakens (2013) Excel calculator. The Hedge's g effect size is appropriate when sample sizes are very different, although the results are often very similar to the more familiar Cohen's d effect size. For mean differences between three groups, one-way ANOVA was used if the data was normally distributed, or if it was not, the non-parametric equivalent independent samples Kruskal-Wallis test was run (Siebert & Siebert, 2018). An alpha level of less than ,05 was the cut-off to indicate statistical significance. Practical significance was also considered (Meyers et al., 2017).

#### 3. RESULTS

Demographic data was available for the 547 participants used in Research Questions 2-5 (not shown in a table). Age groups from 18 to 65+ were almost evenly split a third

each, with the largest age group consisting of 18 to 34 years old (37,3%), followed by 35 to 44 year olds (34,4%), and 45 to 65+ year olds (28,3%). Most participants were men (93,4%), and either Black or African American (49,1%) or Latinx (39,6%). The largest group of participants was never married (46,8%), followed by separated/divorced/widowed (23,4%), married or engaged (19,7%) or unknown marital status (10,1%). About two-thirds of participants were currently living in a halfway house or residential treatment center (62,8%). Highest education completed was also varied, with about one quarter who did not complete high school (22,5%), about one quarter who got as far as college (23,0%), and just under half (41,0%) who finished high school via either a GED (21,6%) or a diploma (19,4%).

### 3.1. Which recruitment strategies were more likely to result in starting Phase II workshops and which were not?

Eight recruitment strategies were identified based on 1.695 potential participants who attended an orientation session between October 2016 (Year 2) and February 2020 (Year 5; see Table 1). Recruitment groups were created based on their size (greater than 50 participants) and similarity. Data from three different residential centers was analyzed separately (as Residential Centers A, B, and C) to capture any distinct patterns of recruitment and retention that could be of practical use. The outreach specialist maintained relationships and conducted orientations with each of these centers separately (as well as all of the other recruitment strategies).

Statistically significant differences,  $\chi 2(7, N=1.695)=198,3, p < .001$ , Cramer's V = .342, were found across those who started Phase II workshops and those who did not (see Table 1). Analysis of residuals greater than +/-1,96 (Dunn & Clark, 2001) indicated that four recruitment strategies had significantly more participants than expected who started Phase II (Residential Center B, Residential Center C, family/friend/walk-in/word-of-mouth, and flyer/FOLA staff/alumni) based on a positive residual, and two had significantly fewer participants than expected who started Phase II (Residential Center A and PACT meetings) based on a negative residual. There was no difference between the observed and expected counts for community and government programs (based on a residual less than +/-1,96).

<b>D</b> 44 49 1	Did Not Start Phase II Academy % (n)	Started Phase II Academy % (n)	T ( 10( ( )
Recruitment Source <sup>1</sup>	(residual) <sup>1</sup>	(residual) <sup>1</sup>	Total % (n)
Residential Center A	49,2% (620) (-6,7)	30,6% (133) (6,7)	44,4% (753)
Residential Center B	17,0% (214) (4,4)	26,7% (116) (-4,4)	19,5% (330)
Family/friends/walk-in/word-of-mouth	3,4% (43) (6,5)	11,8% (51) (-6,5)	5,5% (94)
Residential Center C	3,1% (39) (4,9)	8,8% (38) (-4,9)	4,5% (77)
Flyer/FOLA staff/alumni	3,7% (47) (3,8)	8,3% (36) (-3,8)	4,9% (83)
Unknown/Missing	2,0% (25) (4,8)	6,7% (29) (-4,8)	3,2% (54)
Community/government	5,2% (66) (,4)	5,8% (25) (-,4)	5,4% (91)

programs			
PACT Meetings	16,4% (207) (-8,1)	1,4% (6) (8,1)	12,6% (213)
TOTAL	100% (1.261)	100% (434) <sup>2</sup>	100% (1.695)

Note.  $^{1}\chi^{2}(7, N=1.695)=198,3, p<,001$ , Cramer's V = ,342 (for the entire table);  $^{2}$ The total enrolled in Phase II was 434 but is 425 for the remaining research questions. This is because for this research question, the sample was based on all participants who attended orientation through February 2020, regardless of when they started Phase II. A total of nine participants started Phase II after February 2020

Table 1. Recruitment Strategies by Did Not/Did Start Phase II Academy (Column Percentages)

The two recruitment strategies that resulted in the largest share of participants starting Phase II were Residential Center A, a post-prison residential center for parolees, making up 30,6% of the 434 participants who started Phase II, followed by Residential Center B, contributing 26,7% of participants who started Phase II (see Table 1). A combined category that included referrals from family/friends/walk-in/word-of-mouth was the third largest contributor at 11,8% of participants who started Phase II. The remaining five recruitment strategies contributed from 1,4% to 8,8% each of those who went on to start Phase II.

It is also interesting to analyze the percentages within each recruitment strategy (not shown in a table). This suggests the level of effort that was needed in recruitment based on the proportion of participants within each recruitment strategy who enrolled and started Phase II. The percentage of participants who went on to start Phase II workshops ranged from a low of 2,8% for PACT meetings (6 of 213 recruited participants) to a high of 54,3% for family/friends/walk-in/word-of-mouth (51 of 94 recruited participants). However, the actual raw numbers also need to be considered.

With these different approaches in mind, two types of successful recruitment strategies were identified, and both were important to achieving enrollment targets: (1) more focused approaches in which a larger proportion of a smaller total number of recruited participants went on to start Phase II workshops (family/friends/walk-in/wordof-mouth in which 54% or 51 of 91 participants started workshops; flyer/FOLA staff/alumni in which 43% or 36 of 83 participants started workshops; Residential Center C in which 49% or 38 of 77 participants started workshops; and (2) "big event" recruitment strategies, in which a larger total number of potential participants attended the orientation event, but a smaller proportion (but large actual raw number of participants) went on to start Phase II workshops. These included: Residential Center A in which 17,7% or 133 of 753 participants started workshops and Residential Center B in which 35,2% or 116 of 330 participants started workshops. Thus, to identify important recruitment strategies, both the percentage within each recruitment source was revealing to show the level of effort, and the percentage within all those who started Phase II or the raw number of participants from each recruitment source was also important. These results also highlight the importance of having multiple recruitment strategies in order to meet target enrollments of 150 participants per year.

Also noteworthy, we see that combining across all recruitment strategies, only 25,6% of all recruited participants went on to start Phase II (434/1.695) (see Table 1). This means that four times as many participants had to be recruited to meet enrollment targets.

# 3.2. What types of program contact were associated with retention (defined as starting the Phase II workshops)? Were there different types of program contact among participants who did not start Phase II compared to those who did?

Program contact that occurred only during Phase I was included in these analyses in order to examine an equivalent time period for the retained and not retained groups. Frequencies for each of type of contact were examined first. Table 2 displays the top four most common types of contact across the two retention groups, with percentages representing the number of participants who received each type of contact one or more times.

Statistically significant differences were found between the two groups for the two types of phone contact (see Table 2). Those who were retained were about half as likely to receive a direct phone call (31,3% vs. 67,2%),  $\chi$ 2(1, N = 547) = 51,2, p < ,001, Phi = ,306, and were also far less likely to have a phone call attempted in which direct contact was not made (6,8% vs. 57,4%),  $\chi$ 2(1, N = 547) = 163,4, p < ,001, Phi = ,547. In other words, retention was associated with a lower likelihood of being called on the phone, whether the participant was reached or not (direct and not direct contact). Not being retained was associated with a higher likelihood of being called, regardless of whether direct contact was made. No differences were found for office contact in which direct contact was made or not made (see Table 2).

Participants who were ultimately retained were also easier to reach directly during Phase I as they were less often contacted using indirect methods (90,4% of retained participants had no indirect contact compared to only 38,5% of participants who were not retained; see Table 2). The retained group was also half as likely to have a reminder contact (38,6%) compared to those who were not retained (79,5%; see Table 2). Thus, less effort was needed in contacting program participants who were ultimately retained compared to participants who were not retained. Retention was also associated with a lower mean number of total service contacts, total different types of direct contacts, and total different types of contacts in which direct contact was not made (p's < ,001; see Table 3). However, no differences were found in the mean number of referrals (p >,05; see Table 3), with only about 2% of each group who received a referral in Phase I (not shown in a table). Still, it is clear that an effort was made by program staff to reach participants during Phase I who would ultimately not be retained. For participants who ultimately were retained, less effort was needed by staff to contact them, with fewer receiving phone contacts of up to 4 minutes (25,2% versus 66,4%) and 5 to 14 minute phone contacts (25,2% versus 60,7%; see Table 2 and Table 3).

Type of Contact	Not Retained % (n = 122)	Retained % (n = 425)	Total % $(n = 547)$
Phone - direct <sup>1</sup>	67,2% (82)	31,3% (133)	39,3% (215)
Phone - not direct <sup>2</sup>	57,4% (70)	6,8% (29)	18,0% (99)
In office - direct <sup>3</sup>	50,8% (62)	42,4% (180)	44,2% (242)
In community - direct <sup>3</sup>	32,8% (40)	26,1% (111)	27,6% (151)
Zero Different Types of Contact (Direct)	8,2% (10)	28,0% (119)	23,5% (129)
Zero Different Types of Contacts (Not Direct)	38,5% (47)	90,4% (384)	78,7% (431)

Type of Contact	Not Retained % (n = 122)	Retained % (n = 425)	Total % (n = 547)
Zero Total Contacts (Direct and Indirect)	0	27,5% (117)	27,5% (117)
Reminder Contact	79,5% (97)	38,6% (164)	47,7% (261)
Phone contact of up to 4 minutes	66,4% (81)	25,2% (107)	34,4% (188)
Phone contact of 5-14 minutes	60,7% (74)	25,2% (107)	33,1% (181)

Note.  $^{1}\chi^{2}(1, N = 547) = 51.2, p < .001$ , Phi = .306;  $^{2}\chi^{2}(1, N = 547) = 163.4, p < .001$ , Phi = .547;  $^{3}$ No significant differences found (p's > .05); Retained refers to participants who started Phase II workshops; not retained refers to participants who enrolled only and did not start Phase II. Direct contacts referred to contacts in which the program staff person and the participant directly communicated. Indirect contacts referred to contacts in which an attempt was made to contact the participant, but there was not direct contact. Different types of contact included a count of contacts made the following ways: during a home visit, in the community, in the office, by email, by mail, by phone, leaving a voicemail, a text message, or other types of contacts

**Table 2.** Selected Types of Contact by Retention Group (N = 547)

# 3.3. What were the common and uncommon characteristics among participants based on engagement?

For this research question, participant groups are referred to as engagement groups but correspond to the retention groups. Engagement here refers to how far participants progressed through program services. The same three time points in the program were used for the three participant engagement groups as follows: the "least engaged" group, or those who only enrolled and went no further (n = 122); the "medium engaged" group, or those who enrolled and started the Phase II workshops but did not finish (n = 64); and the "most engaged" group, or those who finished Phase II workshops (n = 361).

Type of Contact	N	M(SD) (Minimum/Maximum)	Test Statistic
<b>Total Service Contacts</b>			Z = -11,4, <,001, r = -,02
Retained	425	1,3(1,3) (0 to 11 contacts)	
Not retained	122	3,8(2,2) (1 to 13 contacts)	
Total Referrals			Z = -0.78, p = .431
Retained	425	0,02(0,21) (0 to 3 contacts)	
Not retained	122	0,02(0,15) (0 to 1 contacts)	
<b>Total Different Contacts - Direct</b>			Z = -6,3, p < ,001, r = -,01
Retained	425	1,0(0,76) (0 to 3 contacts)	
Not retained	122	1,5(0,68) (0 to 3 contacts)	
Total Different Contacts - Not Direct			Z = -12,4, p <,001, r = -,02

<b>Type of Contact</b>	N	M(SD) (Minimum/Maximum)	Test Statistic
Retained	425	0,11(0,35) (0 to 2 contacts)	
Not retained	122	0,77(0,71) (0 to 3 contacts)	
Phone Contact of 1-4 minutes			Z = -10.5, p < .001, r = -0.02
Retained	425	0,29(0,57) (0 to 4 contacts)	
Not retained	122	1,9(1,9) (0 to 9 contacts)	
Phone Contact of 5-14 minutes			Z = -7,8, p < ,001, r = -,01
Retained	425	0,30(0,55) (0 to 3 contacts)	
Not retained	122	0,89(0,89) (0 to 3 contacts)	

**Table 3.** Total Service Contacts, Referrals, Different Contacts (Direct and Not Direct) and Phone Contacts with Statistical Testing by Retention Group (N = 547)

There were several commonalities across the three engagement groups, suggesting these commonalities did not serve as barriers to engagement. In the interests of space, we provide a summary here without tables. Probably of greatest interest, there was no one recruitment strategy that was more or less likely across the three engagement groups,  $\chi^2(14, N = 547) = 19.0$ , p = ,162. In addition, mean scores for family strength assets, F(2, 515) = 1,10, p = ,339, economic assets, F(2, 486) = 0,77, p = ,465, and household assets, F(2, 501) = 2,90, p = 1,34, also did not vary by engagement group and were at a similar low to medium range. The total count of different contacts that were not direct (email, mail, text message, voicemail, attempted office and community contact) did not vary across the three groups, averaging about one type of contact per group, F(2, 544) = 1.0, p = .136. The frequency of direct community contacts did not significantly differ across the three groups, ranging from 28,1% to 42,4% of participants (the omnibus test was significant but the column proportions controlling for multiple testing were not),  $\chi 2(2, N = 547) = 6.8$ , p = .032, Cramer's V = .112). The rank ordering of the top three issues and needs leading to service contacts was similar across the three engagement groups: reminders were the most common reason for a contact (received by 79,5% to 92,8% of the three participant groups) followed by comprehensive assessments (received by 75,4% to 90,6%), and meeting with the facilitator (received by 55,7% to 98,1%). A variety of issues and needs were addressed for participants in all three engagement groups, including ancillary needs (health insurance, housing, mental health, and other targeted assessments) and a focus on relationships (healthy marriage contacts). No differences were found in the number of children across the three engagement groups, F(2, 460) = 0.42, p = .959. On average, participants had 2.1 children. Nor were significant differences found across the three engagement groups by race-ethnicity, highest education completed, marital status, reason for enrolling, SNAP assistance, cash assistance, or disability status (p's >,05). This is a positive result insofar as it suggests that these program and client factors did not appear to serve as barriers to engagement.

Significant differences were found between engagement groups for two demographic variables and two variables related to employment at intake (see Table 4). Men were more likely to be in the most engaged group (67,3%) while women were less likely to

be in this group (47,2%). Also, more women than expected were in the medium engagement group (25,0%), and fewer men than expected (10,8%) were in the same group, while no differences were found across males and females for the least engaged group,  $\chi^2(2, N = 546) = 8.3$ , p = .015, Cramer's V = .124. More younger participants than expected were in the medium engagement group (15,7%), making up 50,0% of those who did not finish (32 of 64 participants; not shown in a table), and less likely to be in the most engaged group (58,3%). The 45 to 65+ year olds were most likely to be in the most engaged group (74,2%), while no differences were found by age group in the least engaged group,  $\chi 2(4, N = 547) = 10.9$ , p = .027, Cramer's V = .100. Twice as many participants who were employed at intake were in the medium engagement group (26,2%) compared to those who were not employed (10,5%), while no differences were found in the remaining two engagement groups and employment,  $\chi^2(2, N = 547) = 9.3$ , p = .009, Cramer's V = .131. Those not looking for work at intake were more likely to be in the most engaged group (76,6%) compared to those looking for work (62.7%) and less likely to be in the medium engagement group (6,3%) compared to those looking for work (13,9%),  $\chi$ 2(2, N = 490) = 10,4, p = ,005, Cramer's V = ,146.

# 3.4. What characteristics differentiated participants who did *not* finish Phase II workshops from those who did?

The sample consisted of all participants who started Phase II workshops (N = 425). The two groups included are participants who started but did not finish Phase II (n = 64), and participants who completed Phase II (n = 361). The enrolled only group (n = 122) was eliminated because these participants did not start Phase II.

Significant differences were found by gender (see Table 5). More than twice as many women started but did not finish Phase II (34,6%) compared to men (13,8%),  $\chi$ 2(1, N = 424) = 8,2, p = ,004, Phi = ,139. Differences were also found by age group. Twice as many younger participants aged 18 to 34 years old started but did not finish Phase II (21,2%) compared to older participants aged 45 to 65 or older (10,2%),  $\chi$ 2(2, N = 425) = 7,3, p = ,026, Cramer's V = ,131.

Uncommon Characteristic	Least Engaged (Enrolled only) % (n) (residual)	Medium Engagement (Started Phase II) % (n) (residual)	Most Engaged (Finished Phase II) % (n) (residual)	Total % (n)
Gender <sup>1</sup>				
Men	22,0% (112) (-0,8)	10,8% (55) (-2,6)	67,3% (343) (2,5)	100% (510)
Women	27,8% (10) (0,8)	25,0% (9) (2,6)	47,2% (17) (-2,5)	100% (36)
Age Groups <sup>2</sup>				
18 to 34 year olds	26,0% (53) (1,6)	15,7% (32) (2,2)	58,3% (119) (-2,9)	100% (204)
35 to 44 year olds	22,3% (42) (0,0)	10,1% (19) (-0,8)	67,6% (127) (0,6)	100% (188)
45 to 65+ year olds	17,4% (27) (-1,7)	8,4% (13) (-1,5)	74,2% (115) (2,5)	100% (155)
Not Employed at Intake <sup>3</sup>				
No	16,7% (7) (-0,9)	26,2% (11) (3,0)	57,1% (24) (-1,3)	100% (42)

Uncommon Characteristic	Least Engaged (Enrolled only) % (n) (residual)	Medium Engagement (Started Phase II) % (n) (residual)	Most Engaged (Finished Phase II) % (n) (residual)	<b>Total %</b> ( <i>n</i> )
Yes	22,8% (115) (0,9)	10,5% (53) (-3,0)	66,7% (337) (1,3)	100% (505)
Looking for Work at Intake <sup>4</sup>				
No	17,1% (27) (-1,6)	6,3% (10) (-2,4)	76,6% (121) (3,1)	100% (158)
Yes	23,5% (78) (1,6)	13,9% (46) (2,4)	62,7% (208) (-3,1)	100% (332)

<sup>1</sup>*Note*,  $\chi^2(2, N = 546) = 8,3$ , p = 0.015, Cramer's V = 0.124;  $\chi^2(4, N = 547) = 10.9$ ,  $\chi^2(2, N = 547) = 9.3$ 

Table 4. Uncommon Characteristics (Significant Differences) by Engagement Group (N varies).

	Started but did not Finish Phase II %	Finished Phase II	Total % (n
Type of Contact	(n) (residual)	% (n) (residual)	varies)
Gender <sup>1</sup>			
Male	13,8% (55) (-2,9)	86,2% (343) (2,9)	100% (398)
Female	34,6% (9) (2,9)	65,4% (17) (-2,9)	100% (26)
Age Groups <sup>2</sup>			
18 to 34 year olds	21,2% (32) (2,6)	78,8% (119) (-2,6)	100% (151)
35 to 44 year olds	13,0% (19) (-0,9)	87,0% (127) (0,9)	100% (146)
45 to 65+ year olds	10,2% (13) (-1,9)	89,8% (115) (1,9)	100% (128)

Note.  $^{1}\chi^{2}(1, N = 424) = 8.2, p = .004$ , Phi = .139;  $^{2}\chi^{2}(2, N = 425) = 7.3, p = .026$ , Cramer's V = .131

**Table 5.** Significant Difference by Started and Finished Phase II (N varies)

There was a statistically significant mean difference on knowledge of job preparation between those who did and did not finish Phase II, with a small to medium effect size (384) = 2.4, p = .015, Hedge's g = 0.34) (not shown in a table). On average, those who finished Phase II scored significantly higher on job preparation knowledge at intake compared to those who did not finish Phase II. Mean scores were converted to percentage correct for easier interpretation. Those who did not finish Phase II had a mean score of 65% correct, while those who finished Phase II had a mean score of 70% correct (14.4/22 correct = .65, 15.4/22 correct = .70).

As described on the previous research question, no significant differences were found by other demographic and program variables (not shown in a table). Non-significant demographics included race-ethnicity, marital status, highest degree completed, and reason for enrolling (p's > ,05). Significant differences were not found for service contacts during Phase I across the two groups (including total service contacts, diversity of direct and indirect contacts, type of contact, length of contact, or issues and needs) (p's > ,05). This is notable because once again, it suggests participant needs and contacts during Phase I were similar across those who did and did not go on to finish Phase II (assuming sufficient power to detect significant differences, which appeared to be the case based on cell sizes).

# 3.5. What was the expected and actual dosage for Phases I and II among participants who completed Phase II? What combination of

### service dosage was associated with retention and completion of Phase II?

To illustrate the full dosage of services received, data for participants who successfully completed Phase I and Phase II was included (N = 361). There was no predetermined "expected" dosage for services (contacts) during Phase I or Phase II, therefore, actual dosage was presented to suggest what future similar programs may utilize as an expected benchmark. Mean and median referrals, total service contacts and contact diversity totals (both direct and indirect) were included, along with total counts of each of these measures for Phase I and Phase II. For Phase II workshops, the expected number of sessions per monthly cohort was contrasted with the actual participation for each workshop series. Participants were expected to attend all sessions, with no more than two days of absences. Make-up sessions were permitted. A total of 41 monthly cohorts were analyzed, from October 2016 (Year 2) to February 2020 (Year 5).

Table 6 presents the participant-level Phase I actual data and expected and actual dosage for Phase II. Among participants who finished Phase II (N = 361), actual referrals and contacts for Phase I were low; based on the median, participants received no referrals and one service contact. Contact diversity was also low, with participants receiving one direct service contact and less than one indirect service contact. Actual referrals and contacts for Phase I and Phase II combined were higher. The last column in Table 6 presents the interquartile range, or what the middle fifty percent of participants (or the average participant) received. Defined in this way, the average participant who finished Phase II received: two to four referrals, 14 to 21 service contacts, one to three different direct service contacts, and zero to 1.5 different indirect service contacts. Based on the median, participants who finished Phase II received 3.2 referrals, and 17 total service contacts during Phase I and Phase II.

	Expected Hours (Median)	Median	IQR (Middle 50% of participants)
Phase I only:	(Wieulan)	Median	par ucipants)
Phase I Referrals		0 referrals	0 to 0
Phase I Service Contacts		1 contact	0 to 2
Phase I Direct Service Contacts		1 contact	0 to 2
Phase I Indirect Service Contacts		0.1 contact	0 to 0
Phase I and II combined:			
Phase I and II Referrals		3,2 referrals	2 to 4
Phase I and II Services Contacts		17 contacts	14 to 21
Phase I and II Direct Service Contacts		2 contacts	1 to 3
Phase I and II Indirect Service Contacts		1 contact	0 to 1.5
Workshop Series:			

	Expected Hours (Median)	Median	IQR (Middle 50% of participants)
Cognitive Behavioral sessions	1 hour	1 session	1 to 2 sessions
Child Support sessions	1 hour	1 session	1 session
Domestic violence prevention sessions	2 hours	1 session	1 session
Trauma ACES sessions	2 hours	1 session	1 session
Anger Management sessions	2 hours	2 sessions	1 to 2,7 sessions
Cohort Support Group	2 hours	2 sessions	1 to 2 sessions
Clothes the Deal sessions	4 hours	2 sessions	2 sessions
Theater and Writing sessions	4 hours	2 sessions	2 sessions
Child Development sessions	3 hours	3,2 sessions	3 to 4 sessions
Personal Finance sessions	3 hours	3 sessions	3 sessions
Life Skills sessions	5 hours	5 sessions	4 to 5 sessions
Computer Basics	4 hours	4 sessions	4 to 5 sessions
TYRO (fatherhood) sessions	22 hours	10 sessions	10 to 11 sessions
P2P (job preparation) sessions	30 hours	11 sessions	8 to 14 sessions
Within My Reach (healthy relationships) sessions	16 hours	16 sessions	16 sessions
TOTAL	101 hours	64 sessions	

**Table 6.** Expected and Actual Dosage for Participants who Finished Phase II (N = 361)

For the workshop series shown in Table 6, expected hours were defined as the actual number of hours for each workshop series from the monthly cohort data. There were 101 expected hours in the curriculum. The median number of sessions is presented next to show the relationship between hours and sessions. Some sessions were one hour, others were longer. The interquartile range (IQR) is also presented. The IQR confirms that there was minimal variation in the number of sessions attended. Participants who finished Phase II received 101 hours and a median of 64 sessions across 15 different topics or curricula during Phase II.

To examine the expected and actual dosage at the program level, we describe a general overview of the 41 months of Phase II monthly cohorts as they actually occurred (not shown in a table). For each monthly cohort, on average, there were 10.3 participants in attendance (SD = 2.4), ranging from a low of 5 to a high of 15 participants; note that these were "closed" rather than "open" cohorts, meaning the same group of participants participated throughout the month. The total number of sessions per month, on average, was 57.7 (SD = 4.3), with 51.3 sessions held as planned (SD = 9.7) (meaning there was no change to the planned facilitator or scheduled time of the session). A high percentage of sessions were held as planned (on average, 88.8%, SD = 14.8%). The total sessions with a different facilitator per month, on average, was 2.3 (SD = 3.9). In other words, there was an average of 57.7 sessions held each month with an average of 10.3 participants in attendance. The vast majority of monthly cohorts were held as planned (88.8% or an average of 51.3) with minimal changes to planned facilitators or scheduled session time. Mean participation per session within each workshop series was also high (ranging from 82.5% to 87.2%) (not shown in a table).

Therefore, the expected and actual sessions held were very similar and participation rates were high.

#### 4. DISCUSSION

Implementation of Dads Back! can be defined as successful based on client recruitment and engagement numbers and program delivery as planned. During the four-year period described here, Dads Back! recruited 547 participants who enrolled in Phase I (from among 1.625 who attended orientation or 33,6%), 425 participants who started Phase II workshops (from among 547 who enrolled or 77,6%), and 361 participants who successfully completed the month long workshops (from among 425 who started them or 84,9%). These participation rates were higher than in other fatherhood programs (Cowan et al., 2022; Julion et al., 2021). The program consistently provided the month-long workshops as planned for 41 consecutive months, averaging 57,7 sessions per month (out of 64 total possible), with 88,8% of sessions held as planned (no changes to time slot or facilitator). Participant attendance was consistently high (above 80%), with an average of 10.3 participants (SD = 2.4) in attendance per month. Participants received a median of 101 session hours in 15 different topic areas. The middle fifty percent of participants who finished Phase II received two to four referrals and 14 to 21 service contacts. This reflects success, particularly when one considers the intensity of the curriculum.

This data also illustrates the ability of the program team to implement Dads Back! consistently each month, including the case management component and the curriculum. When this data was shared with program staff, they attributed their success to teamwork and good staff communication. Committed and dedicated staff who are familiar with community resources has been noted as essential to the success of fatherhood programs (Pearson et al., 2000). This consistency in program services and content was likely an important background factor in the ability of the program to recruit and retain participants. The higher engagement among participants in general may also have been due to the strong relationships between the facilitator, among the participants themselves, and the closed classroom environment, also identified as important factors in the research (Buston, 2018). The curriculum of Dads Back! may also have contributed positively to recruitment. It was comprehensive, and beyond what the residential centers could accomplish on their own, making Dads Back! a good match for parolees in residential programs; at the end of their stay, a program that included job preparation, fatherhood and relationship skills was well timed and was also seen as relevant by parolees (Pearson, 2000; Stahlschmidt et al., 2013).

Key to successful recruitment was that multiple strategies were necessary to get sufficient number of participants each month, as recommended in the research (Friend & Paulsell, 2020; Pearson, 2000). Networking with nearby residential programs that housed parolees who were at a stage in which they could participate in Dads Back! was effective (Friend & Paulsell, 2020; Obure et al., 2020; Pearson et al., 2000). Eight different recruitment strategies (three of which were residential centers) were identified, requiring the outreach coordinator to regularly network with each one, as well as hold weekly orientation events both onsite and in the community. This labor-intensive nature of recruitment was also effective (Friend & Paulsell, 2020; Pearson et al., 2000). Staff

noted the importance of relationships with individual recruitment sources, and the importance of collaboration and networking with other agencies (Obure et al., 2020; Pearson et al., 2000). The most successful recruitment strategies included "big event" orientation events in which a smaller proportion, but a larger overall number of participants were ultimately recruited, and more focused approaches in which a larger proportion of participants from smaller groups were recruited. These both could be considered "targeted" approaches because they were tailored to the specific context and needs of the participants in attendance (Stahlschmidt et al., 2013). Successful recruitment also required direct interactions including presentations skills and one-on-one interactions (Friend & Paulsell, 2020). The outreach coordinator position initially had high turnover until a past participant of Dads Back! was hired. Having a full time outreach specialist who was able to relate to participants as a past participant himself, regardless of formal education, was an effective recruitment strategy (Bronte-Tinkew et al., 2012; Friend & Paulsell, 2020).

One of the key differences between groups of participants was what it took to engage them. Less effort in Phase I was needed to contact participants who were ultimately retained and who started Phase II workshops. Considerable effort was made to contact participants who ultimately were not retained. In general, however, few program differences were found among participants with low, medium, and high engagement, suggesting that these factors did not serve as barriers to engagement. These included recruitment strategy, family strength assets, total contacts, issues and needs, and reason for enrolling. Demographic factors that did not differ by engagement group included race-ethnicity, number of children, education, and marital status. Few differences were also found between those who did and did not finish Phase II workshops, again suggesting there were few known barriers to successful completion.

Differences that were found by engagement group and finishing or not finishing Phase II workshops included gender and age. Men were more likely to finish Phase II (the most engaged group) compared to women, while women were more likely to start but not finish Phase II (the medium engagement group). This speaks to whether men and women are best served with gender-specific groups or mixed groups (Buston, 2018) or co-parenting groups (Cowan et al., 2022), and whether program curriculum revisions are needed to accommodate these different approaches. Groups in which participants share common characteristics, whether it is their stage of life or their incarceration history, can foster better engagement (Buston, 2018). Program staff noted that men sometimes opened up more in group discussions when there were no women in the group. This may speak to having a "male friendly" environment as suggested by some experts, but to also consider building in a support component for mothers and other family members (Charles et al., 2016).

Differences were also found by age group, with the oldest participants (45 and older) most likely to complete Phase II compared to the youngest participants (18 to 34 years old, although a high percentage still finished). Difficulties engaging younger fathers has been a common theme in the research (Bronte-Tinkew et al., 2012; Pearson et al., 2000). Age group differences for completion of Phase II may be related to easier access to employment for younger participants (causing them to drop out); this was found to be the case in a recent study that analyzed employment before and after incarceration (Carson et al., 2021). Older participants may have less employment experience before and after incarceration (Carson et al., 2021). More participants with higher knowledge

of job preparation at intake finished Phase II. These participants may have encountered problems with employment in the past and may have been more willing to acknowledge the value of being adequately prepared to enter the job market with a criminal record (Lindsay, 2022).

In conclusion, this implementation study closely examined successful strategies for recruitment and engagement in Dads Back! for formerly incarcerated fathers. Fathers must first show up before they can benefit from program services, and in this program they did. Participation rates were higher than in other published studies, and program content was implemented consistently. A contributing factor to the program's success may have been that program staff worked together as a team and shared a common background with participants. Possible benchmarks for similar programs are suggested, such as recruiting four times as many participants as may be needed, utilizing targeted "big event" and smaller focused approaches for recruitment, and building relationships with recruitment sources. Not many differences were found based on various levels of engagement, suggesting few factors acted as barriers to participation. Differences were found by age group and gender suggesting programs should consider ways to tailor their approach to mitigate these factors.

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#### **CONFLICT OF INTEREST**

The author has no known conflicts of interest to disclose

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