



Fatherhood Programs: Assessing Readiness and Sustainability

On May 14, 2015 the EPIC Center hosted a webinar highlighting the importance of including fathers in Healthy Start programs along with providing an overview of the agency and program readiness needed to implement a sustainable fatherhood program or initiative. This webinar was the first of a three part series, and was led by Makeva Rhoden Program Management Officer for the Division of Healthy Start and Perinatal Services with the support of three Healthy Start grantees – Kenn Harris with New Haven Healthy Start, Toni Jolliffi, Kyle Hinton, and Peggy Vander Meulen from Strong Beginnings, and Faye Johnson and Jack Johnson from Magnolia project – who all provided insight into their experience with initiating and sustaining fatherhood programs.

In case you or a colleague missed the webinar, a recording of the presentation can be found on the EPIC Center's [Training and Events Calendar](#).

During the webinar, participants asked several great questions, all of which have been answered below.

Given all of the supporting research and positive views of father involvement, can fathers be case managed in Healthy Start programs?

Although research has been conducted around the value of fathers, current legislative requirements of Healthy Start do not permit fathers to be case managed. This legislative restriction emphasizes the need of HS programs to partner with appropriate local organizations and look for other ways to acquire funding to assist fathers. HS programs should still take action with fathers and promote fatherhood education in the community even in the absence of direct funding.

Who qualifies for “fatherhood” services when families so often have several men involved in their lives?

Since it's common for children to not have contact with their biological Dad, a surrogate Dad is seen as a man in the child's life who is a responsible and committed man. A surrogate Dad serves as a reliable and constant role model. Any trusted, positive male can serve as a father figure to a child as long as he demonstrates commitment to staying engaged in the child's life.

As more becomes learned about men in the community, programs can choose who they want to engage. While targeting the biological father is optimal, programs really need to know the population to see who serves as a father figure.

Some programs are working to connect kids to their biological fathers provided a relationship is wanted by both the child and parent. Grantees are encouraged to pursue a biological father if he's healthy and willing to be positively involved in his child's life.

Often with younger moms, her father becomes the support system. Healthy Start programs are encouraged to look to who the mother identifies as a good and responsible male support system in her life.



Would MCHB consider developing a messaging system for fathers equivalent to the text4baby initiative?

About two years ago, MCHB and other federal agencies developed messaging for new and expecting fathers which was shared via the Text4baby app on Father's Day, 2013. A central reason for the release of father-specific messaging is that Text4baby discovered that mothers were not the only caretakers signing up for the program, and that a variety of other members of her support system were becoming involved in the care taking process.

Last October (October of 2014), the National Healthy Start Association began testing a texting program developed specifically for dads. Dads can sign up for the program to begin receiving text messages covering three topic areas: 1) the stage of development of infant, 2) suggested ways to support mom at that stage, and 3) messages pertaining to men's health. These messages will be sent to the father over the course of about 2.5 years. Upon final validation, the goal is to offer the messaging program to all HS sites.

How can case managers/care coordinators engage fathers during home visits?

Some case managers have a father-specific assessment tool to use with fathers who are present in the home during the home visit. Magnolia has also been able to hire a full-time male case manager who facilitates home visiting for men simultaneous to the mother's home visit, better ensuring that the entire family is involved in the case management process. If hiring a male case manager/care coordinator isn't an option, ensure that home visitation staff working with the mothers and babies are educated and informed about how best to include the father during the visits so that he isn't ignored.

Creating an atmosphere of trust with fathers is incredibly important because fathers often demonstrate resistance to share information with government agency staff. Once trust has been established, case managers/care coordinators must then encourage, educate, and support the fathers. Remember that many of these men have been beaten down by their circumstances, so they really need to be built back up. Provide them with support and encourage their own self-care. Frequently, the first 3-5 visits are focused on getting past the walls and resistance, and establishing a trusted bond with the fathers.

How can grantees access a men's assessment tool?

The one-page assessment tool stratifies men into low, medium, and high-risk groups, aligning with intervention type, number, and intensity depending on each man's individual need and level of risk. In order to access this tool, feel free to email Peggy at peggy.vandermeulen@spectrumhealth.org. In addition to the tool, Peggy would be happy to share a series of enrollment and discharge forms intended to ease the intake process.

In case grantees have interest in accessing alternative assessment tools, check out the National Healthy Start Association assessment tool used as part of the Core Adaptive Model (CAM). Grantees can use this tool during intake to determine the level of risk and subsequently create a referral list. Please read a recent blog post that was written by Kenn Harris and Armin Brott and is available on the [NHSA website](#) for a more in-depth description of CAM.

What are the National Aligned Measures?

Kenn explained that when developing the Core Adaptive Model (CAM), the National Healthy Start Association looked at the evaluations associated with over 75 national male involvement/fatherhood programs, including the objectives, definitions, various measures, all of which were aligned and

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included in a final assessment. While working with clinics on site, the NHSA is then able to compare them to the nationally aligned models. These measures are included in Kenn's presentation.

What is the National Fatherhood Initiative curriculum?

The curriculum from the National Fatherhood Initiative include 24/7 Dads, Inside Out Dad, Bootcamp, and Mom as Gateway.

Is Nurturing Father a solo curriculum or is part of the NFI curriculum?

Nurturing Father, originally developed by Mark Perlman, is a curriculum for dads designed around 13 topics. This particular curriculum has been around for at least the last 12 years and is available on the [Nurturing Father website](#).

What are the resources mentioned in Makeva's presentation?

The curricula mentioned by Makeva are National Funding Initiative's 24/7 Dad, Doctor Dad, WiseGuys, and Common Sense Parenting.