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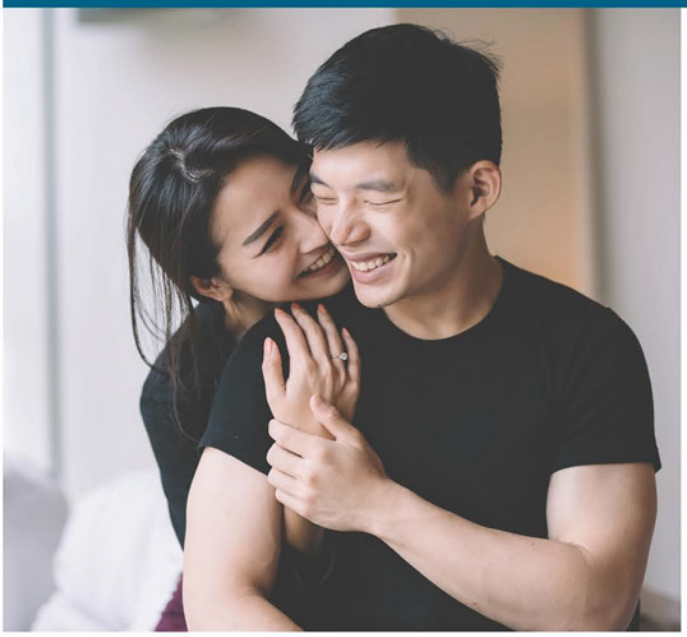
Fatherhood and Marriage Local Evaluation & Cross-Site Project

Final Report

OPRE report 2021-156

SEPTEMBER 2021

Supporting Fatherhood: Final Report on the 2015 Cohort of Responsible Fatherhood Grantees



SUPPORTING FATHERHOOD: FINAL REPORT ON THE 2015 COHORT OF RESPONSIBLE FATHERHOOD GRANTEES

OPRE Report 2021-156

September 2021

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Overview

In 2015, the Office of Family Assistance (OFA) in the Administration for Children and Families (ACF) awarded the Congressionally authorized and appropriated third cohort of 40 Responsible Fatherhood (RF) five-year grants. RF programs are designed to help fathers be the parent, provider, and partner they want to be. OFA works with the Office of Planning, Research, and Evaluation, also within ACF, to conduct research on how best to serve fathers through these grants.

This report describes the 40 RF grantees and the clients they served. RF clients included (1) RF community fathers who enrolled in an RF program offered in a community; (2) RF community couples who enrolled in an RF program and were served together; and (3) RF reentering fathers who, at enrollment, were incarcerated but would be released within three to nine months, or had recently been released. (This report generally shows results for each individual in a (2) community couple combined with (1) results for community fathers.) The report describes recruitment activities, characteristics of enrolled clients, services and implementation, and changes that clients experienced from the beginning to the end of the program. It also highlights selected findings from grantee-led evaluations–called "local evaluations"–that 15 RF grantees conducted of their programs. The report covers more than four years of grant operations—from July 2016 through September 2020 for most grantees, and through December 2020 for a small number of grantees that received extensions. The findings are based on performance measures that ACF required the 2015 cohort of RF grantees to collect and report.

Recruitment. The cornerstone of RF grantees' recruitment efforts were partnerships with community agencies. All RF grantees reported doing on-site recruitment at community agencies and receiving referrals from them. In addition, all RF grantees used multiple other activities to increase awareness about programs in the community. The four most common ways of advertising the program were (1) presentations to staff from program partners or other community organizations, (2) word of mouth, (3) flyers, and (4) social media marketing. Nearly all grantees used all four methods.

Characteristics of RF clients. Over the more than four-year period, RF grantees enrolled 64,585 clients. Most enrolled clients were in early to middle adulthood—80 percent were 18 to 44 years old—and were racially and ethnically diverse. Sixty-one percent of community fathers and 52 percent of reentering fathers were in a romantic relationship when they enrolled in the program. The median RF client had two children. RF clients had both economic strengths and challenges. Most had at least a high school diploma or General Educational Development (GED) credential. Most RF clients were unemployed at program enrollment, with 45 percent of community fathers and 22 percent of reentering fathers employed at program enrollment. Fewer than half of community fathers (43 percent) and most reentering fathers (55 percent) lived in a household that received federal assistance or other income supports.

Services. Group-based workshops were typically the centerpiece of the program; grantees also provided individual service contacts (such as case management) and referrals for services offered by other organizations. Most community fathers (91 percent) and reentering fathers (95 percent) participated in RF services at least once. The median time between clients' first and last service was about six weeks (43 days) for community and reentering fathers. Among all enrolled RF clients, community and reentering fathers participated in 24 median hours of workshops and attended six sessions (community fathers) or eight sessions (reentering fathers), on average. Community fathers participated in two service contacts (that lasted at least 15 minutes) and reentering fathers participated in one (the medians for each group). RF grantees provided less than one referral, on average, to each client and most RF clients did not receive incentives.

Implementation challenges. RF grantees reported some challenges with program implementation. The most common challenges—identified by more than half of grantees—were getting clients to attend services regularly (51 percent of grantees) and to complete services (58 percent). However, these challenges decreased over time.

RF clients' changes from the beginning to the end of the program. Clients completed a survey on attitudes and behaviors at the time they entered program services and again at their last workshop session. Survey questions included clients' self-reported perceptions, attitudes, and behaviors. Changes in client outcomes, as measured by the surveys, reflected goals of the RF programs, but do not necessarily represent program effects, that is, changes caused by the programs. Key findings include the following:

- Community fathers reported improvements in parenting at the end of the program, such as increased contact with their children. They also said they were doing more age-appropriate activities with their children, such as helping with a bedtime routine or homework.
- Fathers were less likely to say they were in a relationship at the end of the program compared to the beginning. However, community fathers in relationships at program entry and exit reported improvements in how they and their partner handled conflicts.
- Fathers' economic well-being improved, according to self-reports. More fathers were employed and said they were having less difficulty paying their bills at the end of the program. However, they faced more barriers to finding and keeping a job over time.
- RF clients reported positive feelings about the program. Most believed that the RF program helped them a lot, and they reported improvements or greater confidence in their parenting, relationship, and financial management skills, as well as in their ability to find work.

Highlights of local evaluations. Fifteen of the 40 RF grantees conducted local evaluations of their program. Because ACF approved local evaluations after grant award based on factors such as the quality of the design and plans, the grantees with local evaluations might not be representative of all RF grantees. Seven grantees conducted a descriptive evaluation to answer their questions about their program operations and implementation and client changes over time. Eight grantees conducted impact evaluations to answer their questions about whether and how the programs affected clients' relationships, parenting, and well-being.

Several local descriptive evaluations examined recruitment strategies and factors associated with program attendance. Recruiting fathers to meet enrollment targets for RF programs often required substantial work. Some programs successfully expanded enrollment by broadening their strategies (for example, by adding new partners or offering incentives) and building stronger relationships with existing partners during the grant period. Maintaining program participation through the full schedule of workshops was a common challenge among programs. Local descriptive evaluations found that fitting curricula into longer sessions and frequent meetings within a shorter time frame could be a promising strategy.

The eight impact evaluations showed some favorable effects of the programs. The evaluations showed the programs improved some coparenting quality and economic stability outcomes. They found few to no impacts on healthy relationships, parenting skills and behaviors, or child well-being.

Conclusion. The 2015 cohort of RF grantees served community and reentering fathers and contributed to the knowledge base, expanding understanding of what the programs do and the characteristics of their clients. These findings can provide a foundation on which future programs can build to continue operating and improving RF programs.

I. Introduction

Responsible Fatherhood (RF) programs are designed to help fathers be the parent, provider, and partner they want to be (Box I.1). Children whose fathers support them emotionally and financially typically fare better than those without that support, even if they do not live with their fathers (Adamsons and Johnson 2013; Cabrera et al. 2007; Cancian et al. 2013; Carlson and Magnuson 2011; Choi and Pyun 2014; Roopnarine and Hossain 2013; Yoder et al. 2016). However, fathers may face challenges, such as being unable to financially support their children or not seeing their children as often as they would like (Carlson et al. 2017; Fagan and Barnett 2003; Jones and Mosher 2013; Mincy et al. 2016; Nepomnyaschy 2007). RF programs offer fathers services and supports, as well as recognition of their worth and value to their children.

Box. I.1. Healthy Marriage and Responsible Fatherhood grants

Since 2005, Congress has funded $150 million each year in Healthy Marriage and Responsible Fatherhood grants. The Office of Family Assistance (OFA) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services has awarded and overseen four cohorts of these grants, with each cohort operating for approximately five years. ACF designed the grants to promote economically secure households and communities for the well-being and long-term success of children and families (OFA 2020). OFA works with the Office of Planning, Research, and Evaluation, also within ACF, to research how to best serve families through these grants.

Interested in learning more?

- An interactive overview highlights findings for RF and Healthy Marriage (HM) grantees, with options for filtering the data based on users' interests.[1]
- Separate reports describe the progress of HM grantees through the end of their grants (Avellar et al. 2021a, 2021b).
- A technical appendix provides details on methodology and a fuller range of results for all final reports (Lee et al. 2021).

This report describes the 2015 cohort of 40 RF grantees that were awarded five-year grants in September 2015.[1] In this report, the study team explores characteristics of the grantees; the clients they served; their services; how clients changed from the beginning to the end of the program; and, findings from local evaluations conducted by a subset of grantees about their programs. This report builds on information from an earlier interim analysis (Avellar et al. 2020)[2] by including an additional year and a half of data to cover operations through the end of the grant cohort. In the rest of this chapter, we provide a brief background of the RF grant program and an overview of the 2015 RF cohort.

A. The RF grant program

1. Background and the 2015 RF cohort

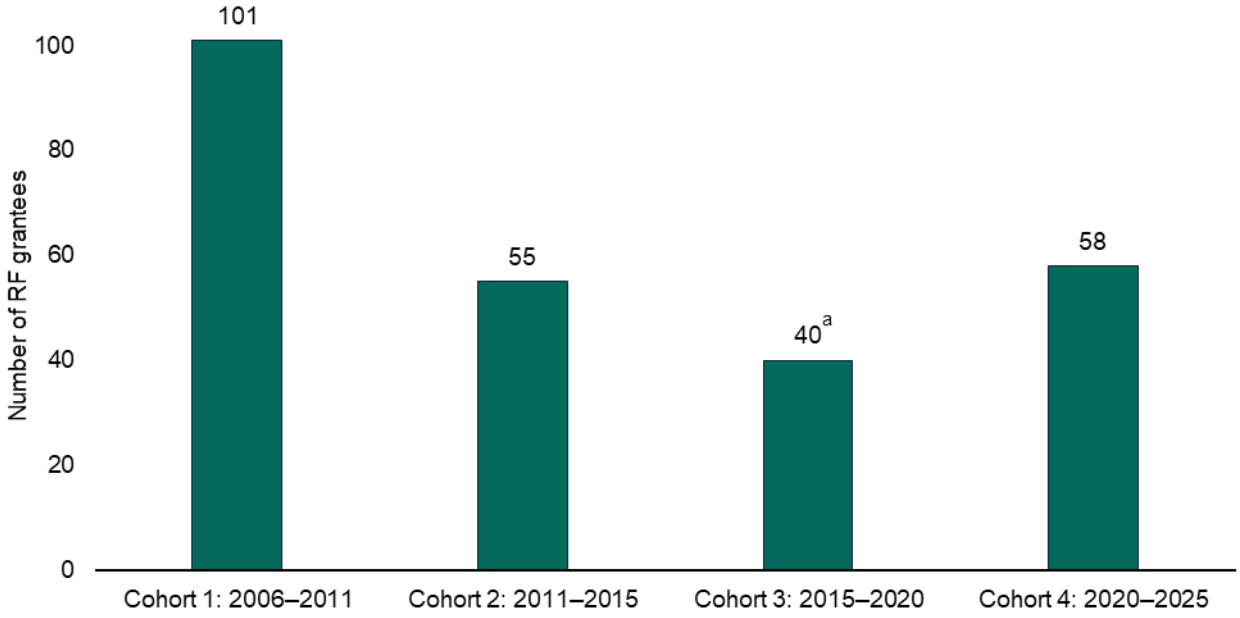
Recognizing both the importance of high quality father involvement and the difficulties that many fathers face, Congress has funded and OFA has awarded and overseen four rounds or cohorts of RF grant funding

[1] Starting in fall 2021, the interactive overview will be available at: https://www.hmrfgrantresources.info/interactive-overview.

[2] Report is available at https://www.acf.hhs.gov/sites/default/files/documents/opre/interim_report_on_2015_hmrf_grantees_508.pdf.

to date (Exhibit I.1). RF grants and supports were funded at $50 million annually during the first cohort and $75 million annually during each subsequent cohort.[3]

Exhibit I.1. Cohorts of RF grantees



[a] OFA initially awarded 44 RF grants in the third cohort but discontinued four of them.

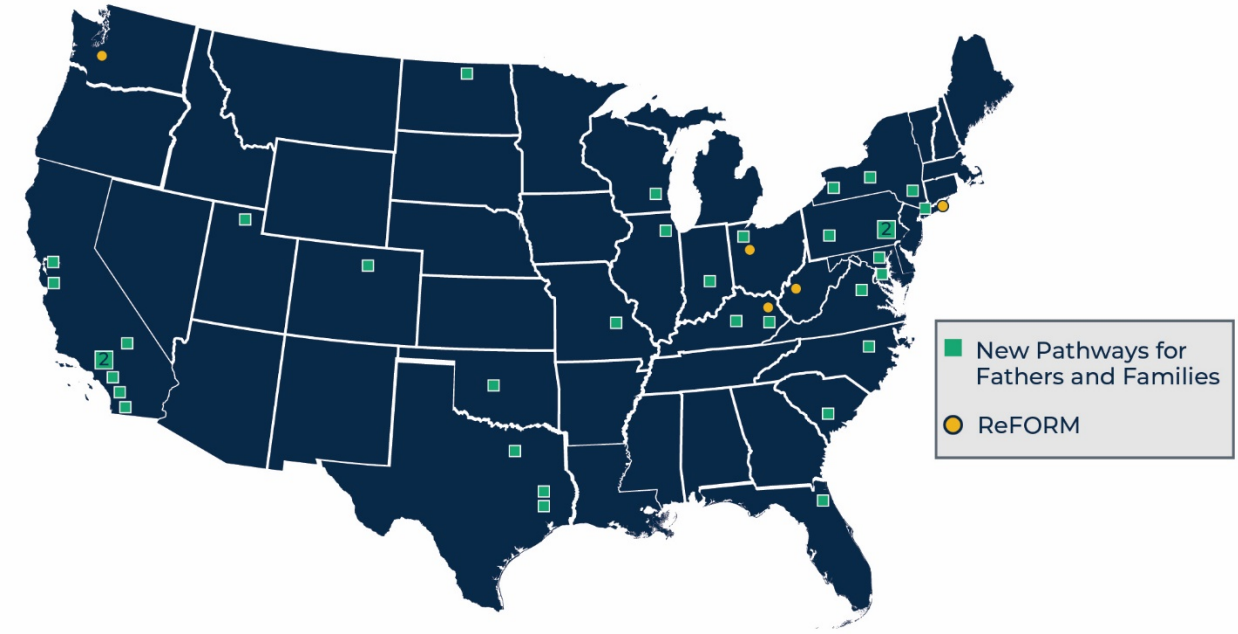
OFA supported the 2015 RF cohort under two grant programs: (1) New Pathways for Fathers and Families (ACF 2015a) and (2) Responsible Fatherhood Opportunities for Reentry and Mobility (ReFORM) (ACF 2015b). Thirty-five organizations received New Pathways grants and five received ReFORM grants (Exhibit I.2). Throughout the report, we refer to them collectively as RF programs.

Per the authorizing legislation, the 2015 RF grantees were required to offer services in three areas: (1) responsible parenting, (2) economic stability, and (3) healthy marriage and relationship education. Across both grant programs, the primary type of service that grantees provided was group-based workshops, which they typically delivered over a few days or months. ACF also expected grantees to complement the workshops with individual services such as case management, and referrals. RF grantees delivered services to fathers or couples who lived in the community or to reentering fathers (through the ReFORM grant program). ACF defined reentering fathers as incarcerated fathers who were within three to nine months of release or fathers who had been released within the past six months (ACF 2015b).

The 2015 cohort of RF grantees were located in 21 states (Exhibit I.2) across the country. Seven states had more than one RF grantee: California (eight grantees), New York (five grantees), Kentucky (three grantees), Pennsylvania (three grantees), Texas (three grantees), Maryland (two grantees), and Ohio (two grantees).

[3] The initial cohort included $100 million for HM and $50 million for RF grants, annually. In subsequent cohorts, funding was split evenly, $75 million for HM and $75 million for RF grants.

Exhibit I.2. Locations of RF grantees



B. Road map to the report

This report describes RF grantee activities across more than four years, from July 2016[4] through September 2020 for most grantees and through December 2020 for a small number of grantees with extensions. Our analyses focused on the 40 RF grantees that received funding throughout that time frame. Before turning to the set of findings, we first describe the data sources used for the analyses (Chapter II). Then, we describe program recruitment strategies and clients who enrolled in the program (Chapter III), services that grantees provided (Chapter IV), staffing supports and implementation challenges (Chapter V), changes that clients experienced during their involvement in the program (Chapter VI), and results from a subset of grantees that evaluated their programs (Chapter VII). A separate technical appendix (Lee et al. 2021) includes information on the data collection methodology (for example, timing, mode, and response rate of data sources); analytic methodology; and the full set of data tables underlying the analyses.

[4] Although ACF awarded grants in September 2015, grantees had a planning period during which they were not required to offer services. In addition, data collection could not begin until ACF secured approval from the Office of Management and Budget and an Authority to Operate from the Office of the Chief Information Officer for the grantees' management information system, nFORM (Information, Family Outcomes, Reporting, and Management).

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II. Information sources and data collection

To monitor grantees' progress and learn more about their work and the clients they serve, ACF required the 2015 cohort of RF grantees to collect and report on a consistent set of performance measures. These data were the basis of this report. In this chapter, we briefly describe the Information, Family Outcomes, Reporting, and Management (nFORM) information system as well as the different sources of data (for more detail, see Lee et al. 2021). We also describe how the sample of clients who provided information differs across the information sources.

A. Information sources

To assist grantees in collecting and reporting performance measures, ACF funded the development of nFORM. nFORM, which is a web-based data system designed specifically for HM and RF grantees, stored all required performance measure data.

Grantees were responsible for collecting all performance measure data and entering those data in nFORM. Respondents included grantee staff and clients (that is, the adults served by the programs). Grantee staff provided information on services and program operations; clients completed up to three surveys as they progressed through the program (Exhibit II.1).

Exhibit II.1. Data sources and respondent type

In this report, we used data that covered more than four years of program operations, from July 2016 through September 2020 for most grantees. Grantees started collecting data in July 2016 (the last quarter

of the first grant year) and continued through the end of the grants. Eight RF grantees received a no-cost extension. We included their data through December 2020, although ACF allowed some to operate until September 2021.

B. Clients' responses to surveys and missing data

Grantees asked each client to complete up to three surveys as they moved through the program. Survey data will be missing if a client refused to complete a survey or did not attend any workshop. Clients who dropped out of services before completion might not complete an exit survey, although grantees could follow up with them separately.

Box II.1. Defining RF client populations

At enrollment, grantees defined the service population for each client. We refer to clients by their service population throughout the report.

- **RF community fathers.** Adults who enrolled in an RF program offered in the community.
- **RF community couples.** Adults who enrolled in an RF program with another individual, who could be their romantic partner or the coparent of their child. The program served both partners. In this report, we generally showed results for each individual in a couple combined with community fathers, unless otherwise noted.
- **RF reentering fathers.** Adults who were incarcerated but would be released within three to nine months or adults who had been recently released (up to six months earlier) and who enrolled in an RF program. Programs were often offered in a prison or jail.

Exhibit II.2 shows the number of RF clients who contributed to each survey analyzed in this report. Results are shown separately for each RF client population (Box II.1). Most clients (more than 90 percent) who enrolled in the program completed the entrance survey, typically at the first workshop. There was a larger drop-off from the entrance to the exit surveys. Across populations, 56 percent to 66 percent of those enrolled also completed the exit survey.

Exhibit II.2. Client completion of surveys

		Number of clients (percentage of enrolled clients)		
	Survey completion	Community fathers	Community couples	Reentering fathers
	Completed applicant characteristics survey	45,233 (100%)	3,078 (100%)	16,274 (100%)
	Completed entrance survey	41,217 (91%)	2,930 (95%)	15,713 (97%)
	Completed exit survey	27,209 (60%)	1,735 (56%)	10,675 (66%)

Source: nFORM.

Note: All counts are of individuals, including the counts for RF clients in the couple populations. For the populations of RF community couples, each client typically enrolls and participates with his or her partner.

If the characteristics of those who responded differed from those who did not, the results might not accurately represent the full group. For example, clients who completed the exit survey might be more motivated to change or be more satisfied with the workshop than those who withdrew from services and did not complete the exit survey. Therefore, responses on the client exit survey might describe bigger perceived changes or more positive feedback about services than we would expect from those who dropped out of services. Concerns about bias increase as the number of clients who do not respond increases.

Because of potential bias, the results presented in this report might not reflect the experiences or perspectives of the full group of clients involved in RF programs. Specifically, clients who attended the first workshop and completed the entrance survey might not represent all clients who enrolled (Chapter III). Similarly, clients who completed both the entrance and exit surveys, which provide information for change over time (Chapter VI), might not represent all clients who started services. When relevant, we analyzed the differences in the characteristics of those who responded and those who did not respond to provide context for interpreting the findings (Lee et al. 2021).

C. Missing items

In addition to not completing surveys, clients could skip any question they did not want to answer. As with missing surveys, those who responded to a question might differ from those who did not. The higher the level of missing data, the more we would be concerned that the completed surveys do not accurately represent the full group (for more information, see Lee et al. 2021).

D. Client survey timing

The time between surveys varied within and across the grantees. Exhibit II.3 shows the time between surveys by population. Across all surveys and populations there was a wide range of timing, from administering two surveys on the same day to more than four years between one survey and the next. Clients typically completed the entrance survey within a week of completing the applicant characteristics survey. Many clients completed the applicant characteristics survey and entrance survey on the same day. The mean length of time from the entrance to exit surveys was nearly three months.

Exhibit II.3. Length of time between client surveys

	Time from ACS to entrance survey (days)			Time from entrance to exit survey (days)[a]		
Population	Range	Mean	Median	Range	Mean	Median
RF community fathers	0–1,369	6	0	0–1,396	83	45
RF community couples[b]	0–133	2	0	0–1,218	95	56
RF reentering fathers	0–1,099	5	0	0–1,527	83	45

Source: nFORM.

[a] ACF instructed grantees to administer the exit survey at the final workshop or 28 days after the entrance survey, whichever was later. Because grantees did not follow that rule consistently, we added a restriction to nFORM about four months after launch. After the restriction was added, nFORM would not accept the exit survey until 25 days after a client had completed the entrance survey; although 28 days was the official cutoff, ACF wanted to allow grantees some flexibility.

[b] We analyzed clients individually, including those who enrolled with their partner as a couple.

ACS = applicant characteristics survey; RF = responsible fatherhood.

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III. RF recruiting strategies and characteristics of fathers who enrolled

Recruitment for RF programs is an ongoing and often challenging process that requires each grantee to find potential clients and encourage them to enroll. In this chapter, we describe how programs recruited potential clients, how clients learned about the programs, their reasons for enrollment, and the characteristics of the clients who enrolled in the RF programs. For client-level findings, we report findings by client population: community fathers and reentering fathers. Because there were a relatively small number of community couples, we combined their results with community fathers. Key findings are highlighted in Boxes III.1 to III.3.

A. Grantee strategies to recruit clients

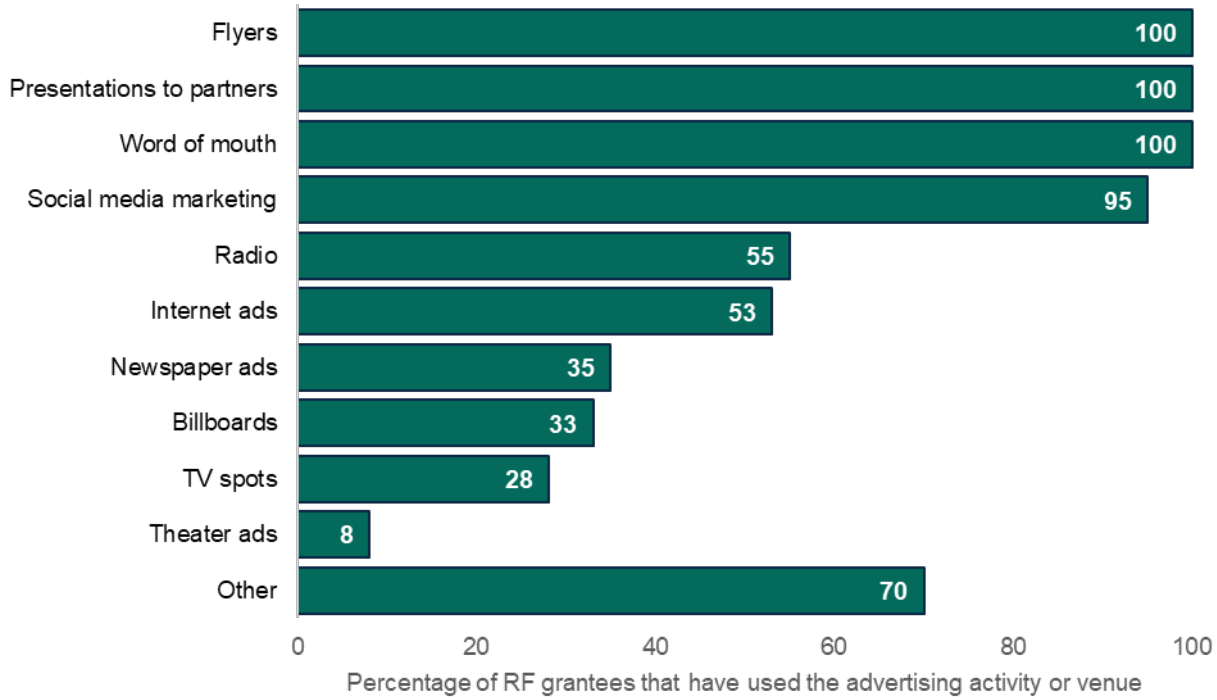
In this section, we summarize grantee-reported advertising activities used to inform potential partners and clients about their programs, as well as recruiting methods to engage individuals in services.

Box III.1. Key recruitment findings

- All RF grantees used multiple activities to increase community awareness about their programs. The four most common ways of advertising the program were (1) presentations to program partners or other community organizations, (2) word of mouth, (3) flyers, and (3) social media marketing. Nearly all grantees used all four methods.
- Partnerships with community agencies were the cornerstone of RF grantees' recruitment efforts. All RF grantees reported recruiting at community agencies and receiving referrals from them.

RF grantees used a variety of activities to get the word out about their programs. Grantees advertised their programs to current and potential partners, clients, and funders to highlight the program's presence, activities, and who it served. All grantees used flyers, presentations to staff at program partners or community organizations, and word of mouth (Exhibit III.1). Almost all (95 percent) used social media marketing. Less common advertising venues included radio, Internet, television, newspapers, theaters, and billboards.

Exhibit III.1. Advertising activities and venues used by RF grantees

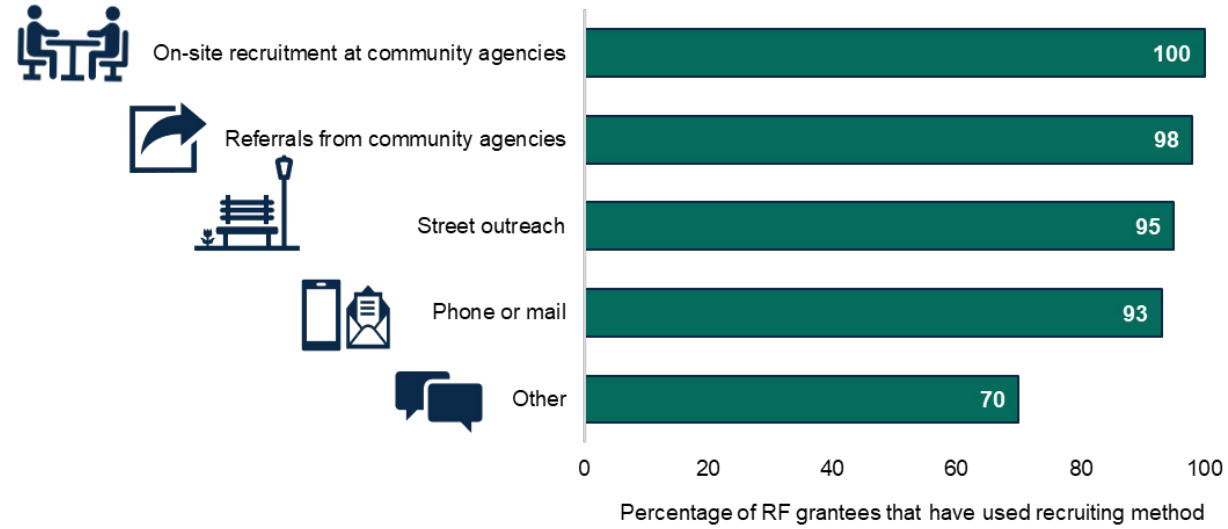


Source: Program operations survey.

Note: Responses do not sum to 100 because grantees could select more than one activity. Other reported advertising activities or venues included, for example, email blasts, community events, and websites.

Grantees used multiple methods to find and recruit potential clients. Grantees recruited potential clients to determine if they were eligible for and interested in the program, and if so, enrolled them in services. Every grantee reported recruiting on-site at community agencies (Exhibit III.2). In addition to this universally used method, most grantees reported that they also used phone, mail, and street outreach—that is, recruiting in different places throughout the community, such as on public transportation or at basketball courts.

Exhibit III.2. Recruitment methods and venues used by RF grantees



Source: Program operations survey.

Note: Responses do not sum to 100 because grantees could select more than one activity. Other reported methods included, for example, email outreach, community events, and social media.

Grantees recruited on-site at many different types of community agencies. RF grantees recruited on-site at about nine types of organizations, on average (Exhibit III.3). At least 70 percent of RF grantees recruited on-site at probation and parole offices, schools, child support agencies, places of worship, and Head Start programs.

Exhibit III.3. Types of organizations that grantees partnered with for recruitment

Types of organizations	Grantees conducting on-site recruitment at the organization (%)	Grantees receiving referrals from the organization (%)
Probation and parole offices	88	93
Schools	80	70
Child support agencies (for voluntary enrollments)	78	93
Places of worship or faith-based community centers	75	78
Head Start programs	70	70
Child welfare agencies (for voluntary enrollments)	60	78
TANF offices	60	58
Hospitals, maternity clinics, doctors' offices	60	50
WIC agencies	55	50
Child support agencies (for court- ordered enrollments)	45	60
Healthy Start programs	38	35
Child welfare agencies (for court-ordered enrollments)	35	50
Employment assistance centers	NA	78
Other community agencies or organizations	98	100
Self-referrals	NA	100
Other[a]	75	58
Average number of organizations	9.2	11.2
Number of grantees	40	40

Source: Program operations survey.

[a] Other organizations included family resource centers, prisons, and housing complexes, as well as job fairs or other community events.

NA = not available; TANF = Temporary Assistance for Needy Families; WIC = Special Supplemental Nutrition Program for Women, Infants, and Children.

Community agencies were also important sources of referrals for RF programs. In addition to directly recruiting at other agencies, grantees could receive referrals from agencies for potential clients. RF grantees reported receiving referrals from about 11 types of agencies, on average (Exhibit III.3). All grantees had participants who self-referred. Similar to organizations where RF grantees recruited on-site, common referral sources included probation and parole offices, child support agencies, places of worship, and schools. Other common referral sources were child welfare agencies and employment assistance centers.

B. How clients heard about the program and why they enrolled

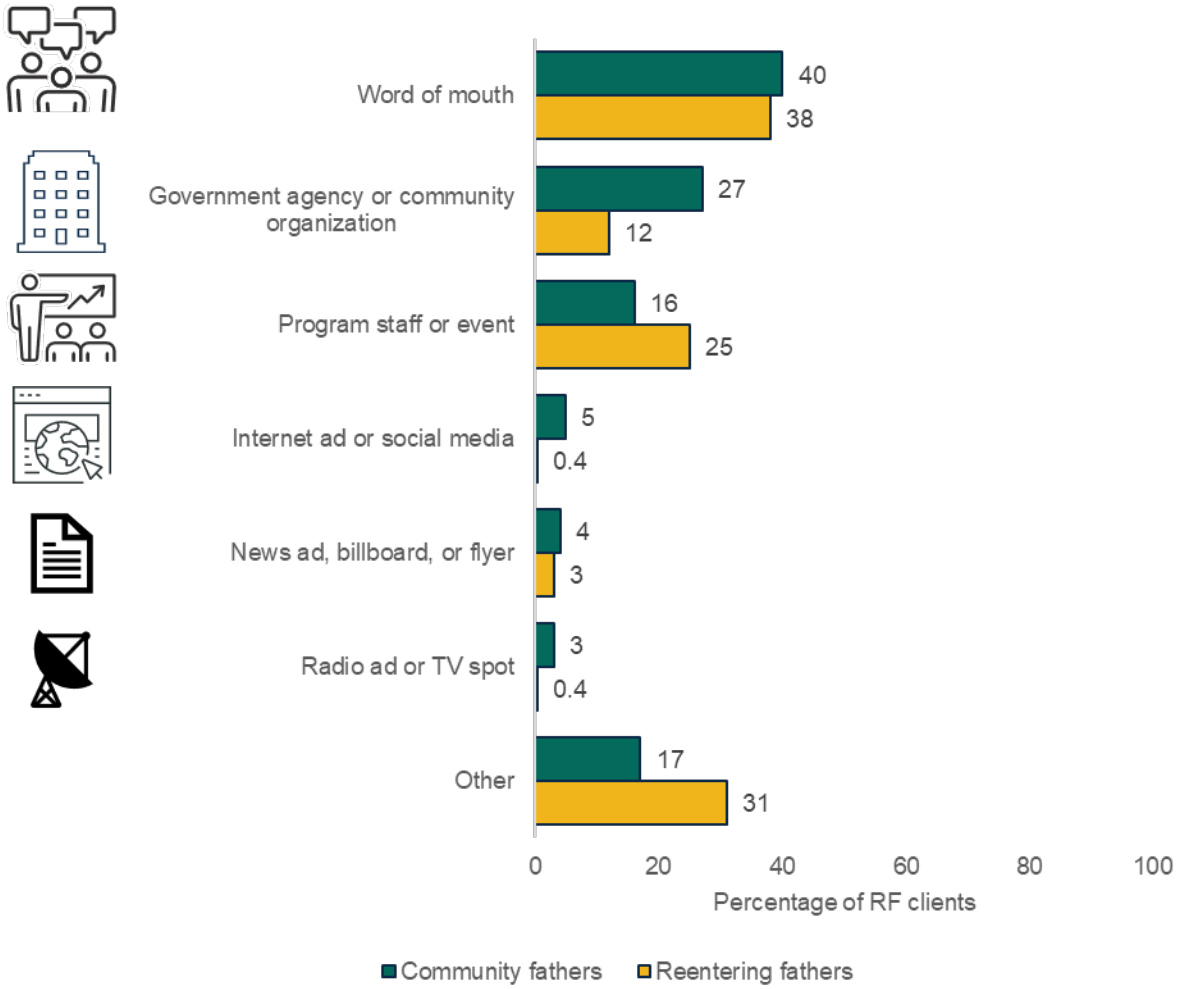
Next, we explore recruitment from the clients' perspective, providing clients' reports of how they learned about RF programs and what motivated them to enroll.

Box III.2. Key recruitment findings from the clients' perspectives

- RF clients commonly learned about programs by word of mouth, from program staff or events, or from a government agency or community organization. Clients' reports aligned with grantees' reported recruitment strategies.
- RF clients' top reason for enrolling was to learn how to be a better parent.

Clients learned about RF programs through direct contact with individuals and agencies. The three most common ways that clients reported that they learned about the program were by word of mouth, from program staff or at an event, or from a government agency or community organization (Exhibit III.4). For both community and reentering fathers, word of mouth was the most common source of information about the program. Many clients also reported learning about the program from program staff or at local organizations, which suggests that grantees' on-site recruitment at community agencies and street outreach efforts could be successful.

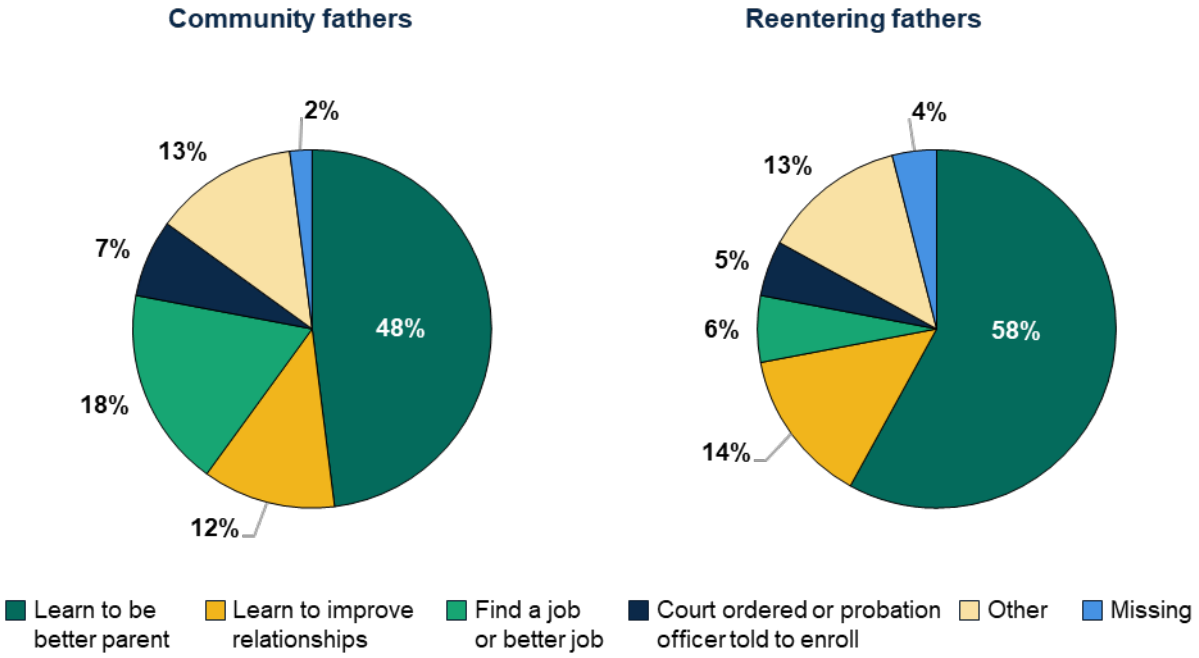
Exhibit III.4. How clients heard about the RF program



Source: Applicant characteristics survey.

The desire to be a better parent was RF clients' most common reason to enroll. About half of both community fathers and reentering fathers reported enrolling to learn about being a better parent (Exhibit III.5). For community fathers, finding a job or a better job was the next most common reason for enrolling; for reentering fathers, it was learning how to improve personal relationships.

Exhibit III.5. Reasons for enrolling in the program



Source: Applicant characteristics survey.

C. Characteristics of RF clients

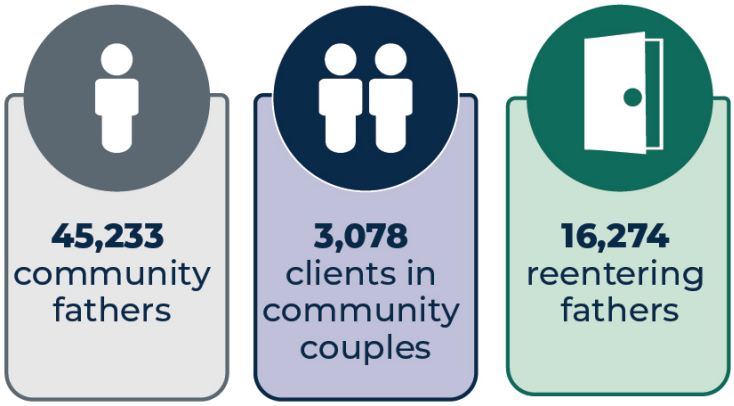
We conclude this chapter with a description of the self-reported characteristics of RF clients at the time they enrolled in the programs.

Box III.3. Key client characteristics

- RF programs enrolled more than 64,000 clients in about four years.
- RF clients were relatively young and racially and ethnically diverse.
- RF clients reported strengths and challenges. About half were married or had a steady romantic partner. About three-quarters had at least a high school diploma or GED. Most were unemployed and reported low monthly incomes. They also reported a range of challenges to finding and keeping a good job, including having a criminal record.

RF grantees enrolled 64,585 clients in more than four years. The largest group of enrolled RF clients was made up of community fathers, followed by reentering fathers, and then clients in community couples (Exhibit III.6).

Exhibit III.6. Clients enrolled by RF target population

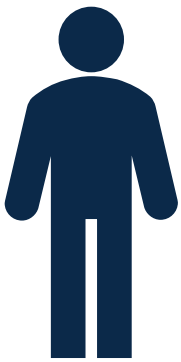


Source: nFORM.

RF clients typically were male and racially and ethnically diverse; most were in early to middle adulthood. Most clients enrolled as community fathers (including fathers or couples served by programs in the community) were male, and almost all reentering fathers were male (Exhibit III.7). Mothers and women (such as spouses, partners, or coparents) who met the eligibility requirements could also participate in services.[5] Most fathers were 25 to 44 years old. About one-quarter of community fathers and almost half of reentering fathers were White. About 40 percent of community fathers and nearly 20 percent of reentering fathers were non-Hispanic Black or African American, whereas 23 percent of community fathers and 12 percent of reentering fathers were Hispanic or Latino.

Exhibit III.7. Demographics of RF clients at enrollment

Community fathers	%
Male	86
Age	
Less than 18 years	1
18 to 24 years	12
25 to 34 years	38
35 to 44 years	30
45 years and older	18
Race and ethnicity	
Hispanic or Latino	23
Black, non-Hispanic	40
White, non-Hispanic	28
Other, non-Hispanic	8



Reentering fathers	%
Male	94
Age	
Less than 18 years	< 1
18 to 24 years	13
25 to 34 years	42
35 to 44 years	30
45 years and older	13
Race and ethnicity	
Hispanic or Latino	12
Black, non-Hispanic	19
White, non-Hispanic	49
Other, non-Hispanic	7

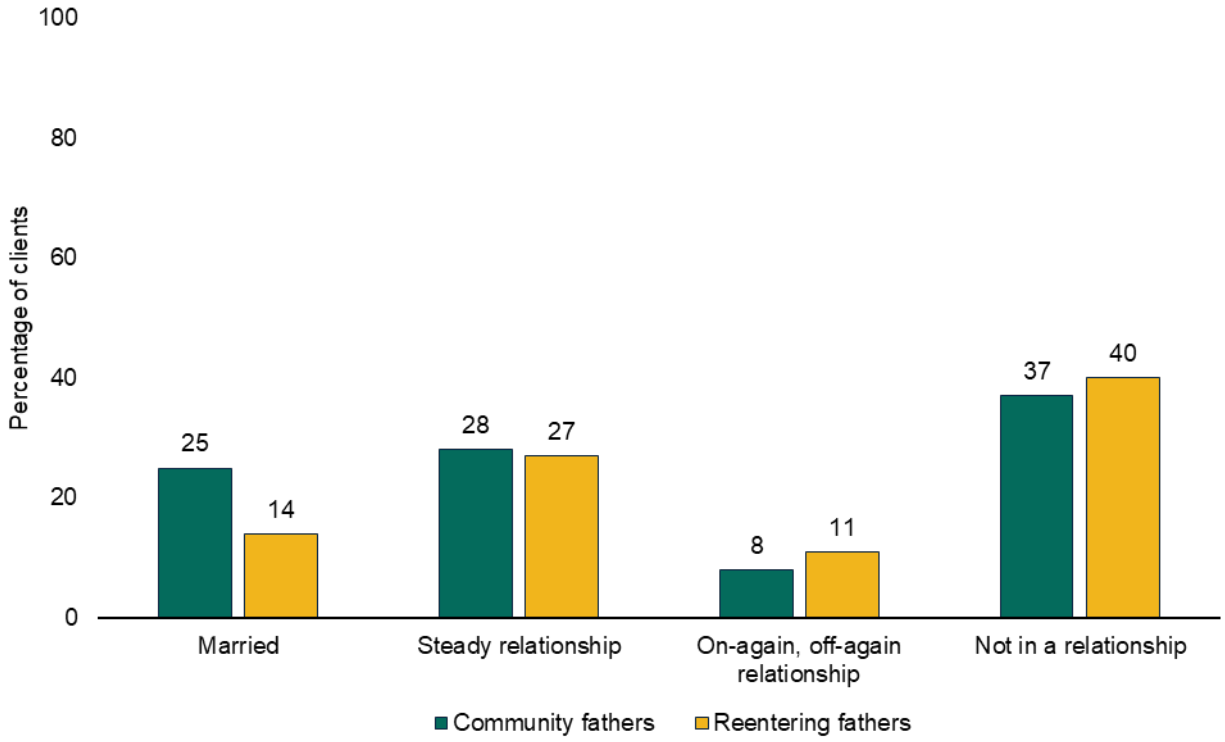
Source: Applicant characteristics survey.

Note: Numbers do not sum to 100 because of rounding and a small amount of missing data.

[5]In providing services to eligible persons, grantee organizations may not discriminate based on the potential participant's race, gender, age, disability, or religion. Each grantee could specify additional eligibility requirements for their program, which were approved by OFA.

Most fathers were in a romantic relationship when they enrolled in the program. About one-quarter of community fathers were married, and a similar fraction were romantically involved with a partner on a steady basis (Exhibit III.8). Among reentering fathers, 14 percent were married and 27 percent were in a steady relationship. A small proportion of community and reentering fathers were in on-again, off-again relationships. Thirty-seven percent of community fathers and 40 percent of reentering fathers were not in a relationship.

Exhibit III.8. Partner status of RF clients

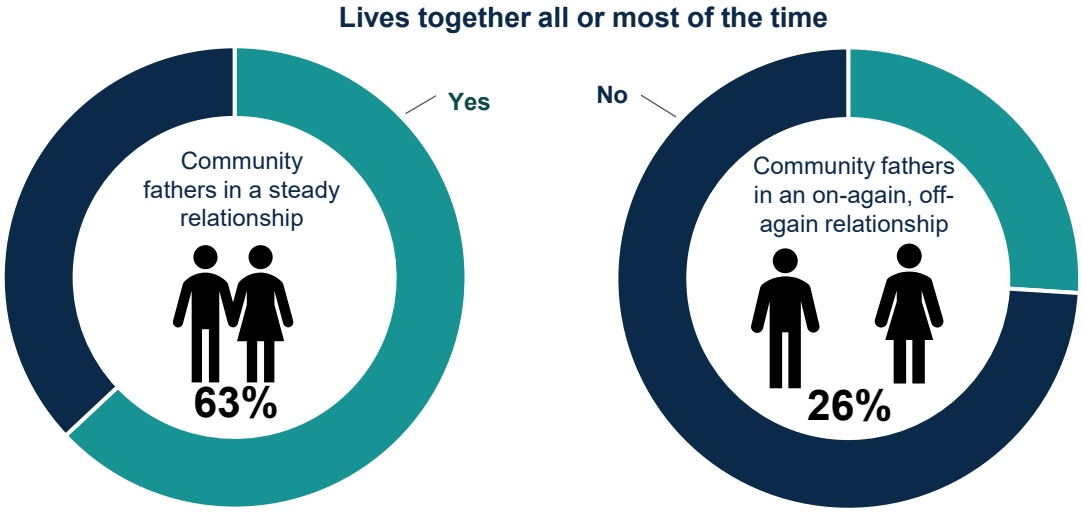


Source: Applicant characteristics survey.

Among community fathers, 63 percent of those in a steady relationship lived with their partner all or most of the time and 26 percent of those in an on-again, off-again relationship did so (Exhibit III.9). For reentering fathers, the results were nearly the same: 66 percent in a steady relationship and 29 percent in an on-again, off-again relationship lived with their partner.[6]

[6] RF clients included both RF and ReFORM grantees, the latter of which included reentering fathers within three to nine months of release or fathers who had been released in the past six months. As a result, some clients identified as reentering fathers might be recently released and living with a partner.

Exhibit III.9. Living status of community fathers in a nonmarital relationship

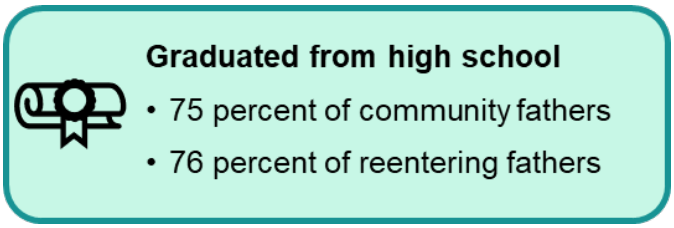


Source: Applicant characteristics survey.

RF clients typically had about two biological or adoptive children. The median number of children for both community and reentering fathers was 2. Community fathers had between 0 and 7 children (1.9 on average), while reentering fathers had between 0 and 8 children (2.0 on average). The median community father reported that they lived with one of their children all or most of the time; the median reentering fathers reported living with no children.

Most RF clients had graduated from high school and a small percentage had a college degree. About three-quarters of RF clients had graduated from high school (Exhibit III.10). Forty-two percent of community fathers and 49 percent of reentering fathers had a high school diploma or GED and about 25 percent of fathers had attended some college. Eight percent of community fathers and 2 percent of reentering fathers had a college degree. A small percentage of clients in both groups were currently enrolled in school or college (about 8 percent to 9 percent in each group).

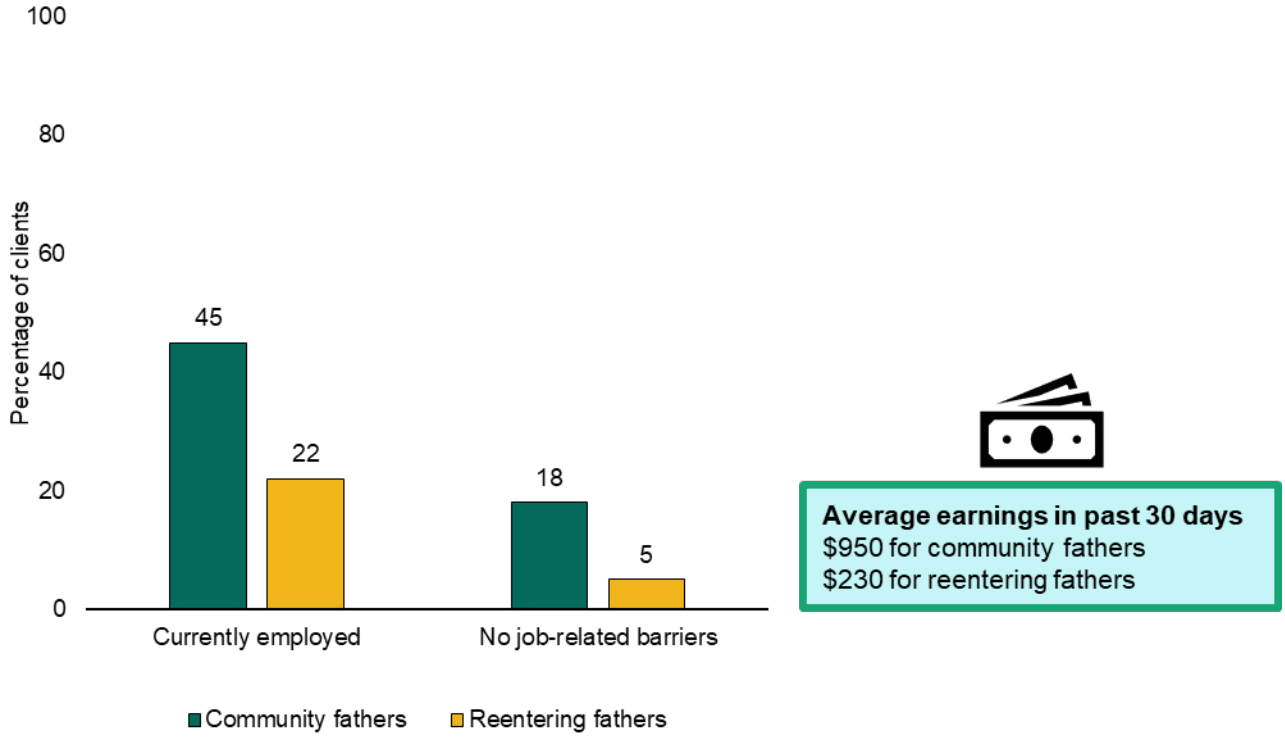
Exhibit III.10. Education levels of RF clients



Source: Applicant characteristics survey.

Most RF clients reported being unemployed at program enrollment. Forty-five percent of community fathers and 22 percent of reentering fathers were working when they enrolled in the program (Exhibit III.11). About 30 percent of community fathers and 13 percent of reentering fathers were working full-time.

Exhibit III.11. Employment, job barriers, and earnings



Source: Applicant characteristics survey.

RF clients reported a range of challenges to finding and keeping a good job. The survey asked clients to report the extent to which they found seven defined issues a challenge for finding or keeping a good job—not at all, a little, or a lot. Only 18 percent of community fathers and 5 percent of reentering fathers reported no challenges (Exhibit III.11). Community fathers reported about three challenges, on average, and reentering fathers about four challenges. Common challenges were lack of reliable transportation, having a criminal record, or not having the right skills or education for a good job.

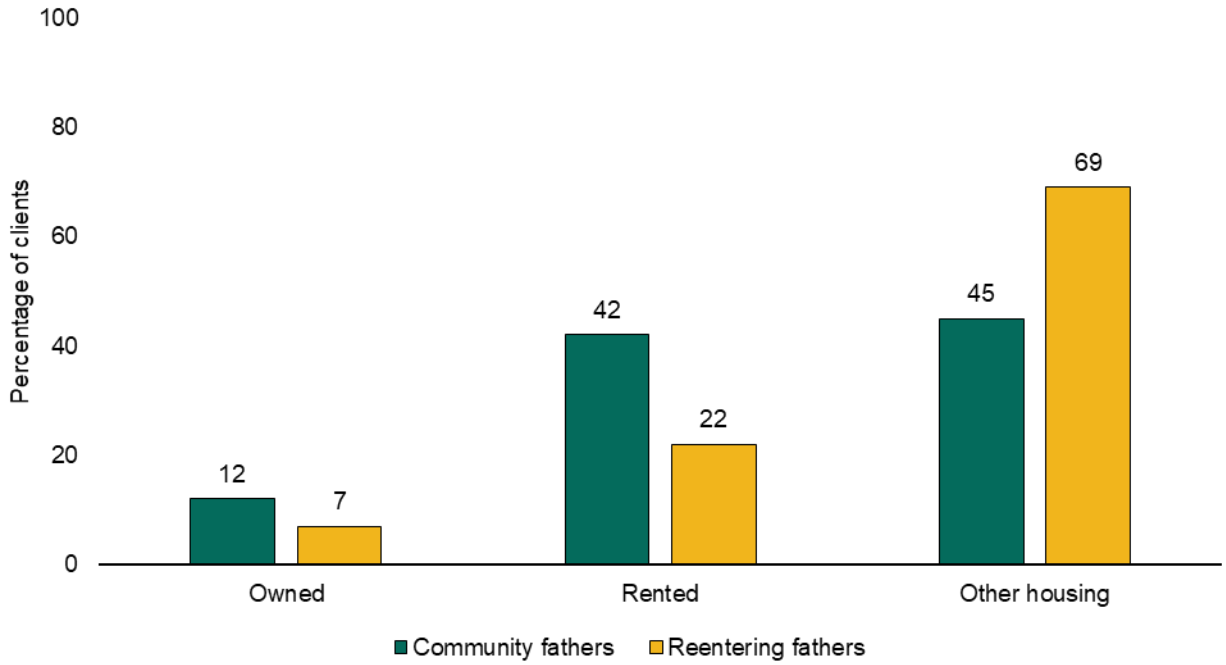
Many RF clients reported relatively low monthly incomes and lived in households that received public assistance. In the month before enrolling, community fathers earned about $950 and reentering fathers earned about $230 (Exhibit III.11).[7] About 50 percent of community fathers and nearly 90 percent of reentering fathers reported making less than $500 in the past month. Fewer than half of community fathers (43 percent) and most reentering fathers (55 percent) reported that they or their household members received federal assistance or other income supports.

Many fathers had health insurance. Fathers could have health insurance through their job, a partner's or parents' job, Medicaid, Medicare, or a health exchange. More than half of community fathers had health insurance (60 percent), as did about one-third of reentering fathers (31 percent).

[7] Fathers indicated the range of their earnings in the 30 days. To calculate an average, we assigned the midpoint of each category. For the lowest category (less than $500), we assigned zero earnings and to the highest category (more than $5,001), we assigned a value of $5,500. We excluded missing values to calculate a weighted average and then rounded the results. If we used $250 instead of zero for the lowest category, average earnings were about $1,100 for community fathers and $450 for reentering fathers.

Most community fathers owned or rented, whereas most reentering fathers lived in other housing. More than half (54 percent) of community fathers and more than one-quarter (29 percent) of reentering fathers reported living in a home that they owned or rented (Exhibit III.12).[8] The most common other housing arrangement for community fathers was living rent-free with someone who owned or rented the home (20 percent); for reentering fathers it was "other" (40 percent), such as prisons.

Exhibit III.12. RF clients' housing



Source: Applicant characteristics survey.

[8] The population of reentering fathers included those who were recently released.

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IV. RF Services

To build clients' relationship and parenting skills and support their economic well-being, RF grantees offered a range of services. Group-based workshops were typically the centerpiece of the program, which could take place over one or more sessions. Grantees could offer a given workshop repeatedly to different groups of clients simultaneously or over time. Grantees also provided individual service contacts (such as case management) and referrals for services offered by other organizations. Some grantees, with ACF's approval, also gave incentives to clients, such as to encourage participation or recognize their program milestones. This chapter describes the services that RF clients received. Box IV.1 highlights key findings from this analysis of RF client services.

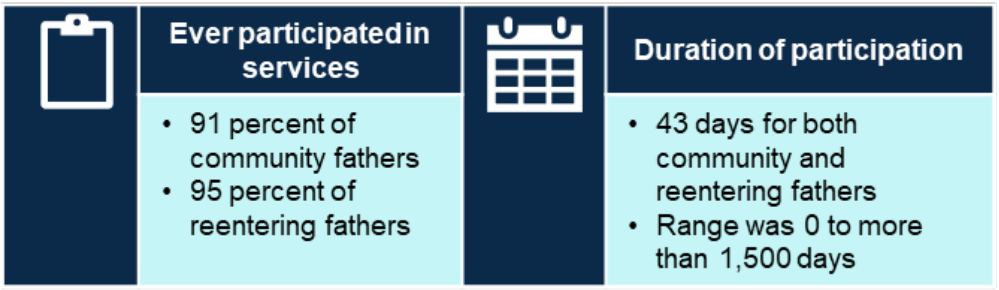
Box IV.1. Key services findings

- Almost all community and reentering RF clients participated in workshops or individual service contacts, such as case management.
- Clients typically participated in RF programs for six weeks, from their first substantive service contact or workshop to their last.
- More than half of RF grantees offered workshops that lasted 25 hours or more.
- Both community and reentering fathers attended 24 hours of workshops, on average. Community fathers participated in two service contacts (that lasted at least 15 minutes) and reentering fathers participated in one contact, on average.
- RF grantees identified a wide array of community service providers as potential referral partners and provided one referral, on average, to each client.
- Most fathers did not receive incentives.

A. Participation in services

Clients' participation in services typically spanned six weeks. Most RF clients participated in services at least once (Exhibit IV.1). The median time between clients' first and last service was about six weeks (43 days) for community and reentering fathers. Services included workshops and service contacts, but we only included service contacts that lasted at least 15 minutes, because shorter contacts were more likely reminders or other interactions that were not substantive. The range in duration was zero days for those who never engaged in a service to more than 1,500 days, or more than four years.

Exhibit IV.1. RF clients' participation in services



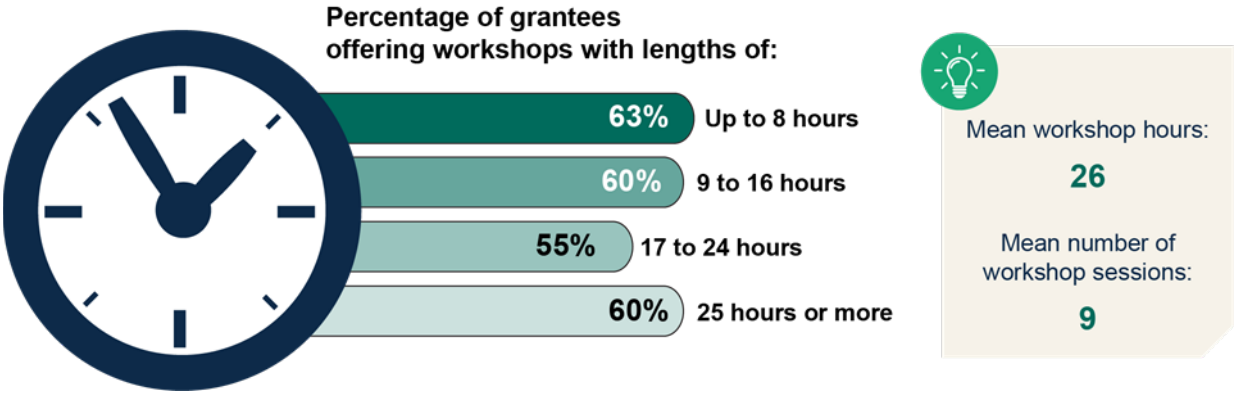
Source: nFORM data.

B. Workshop characteristics

All grantees offered workshops in parenting. RF grantees characterized each workshop by using three activities specified by ACF. As described in Chapter I, RF grantees were required to offer services in parenting, healthy relationships, and economic stability. All RF grantees offered at least one workshop that included parenting activities. Nearly all RF grantees offered activities related to economic stability (98 percent) and intimate partner relationships (95 percent).

More than half of the grantees offered workshops that lasted 25 hours or more. Grantees offered workshops with a wide range of hours (Exhibit IV.2). Sixty-three percent of grantees offered at least one workshop that was 8 hours or less and 60 percent of grantees offered at least one workshop that was 25 hours or more. On average, workshops were 26 hours and 9 sessions.

Exhibit IV.2. Length of RF workshops



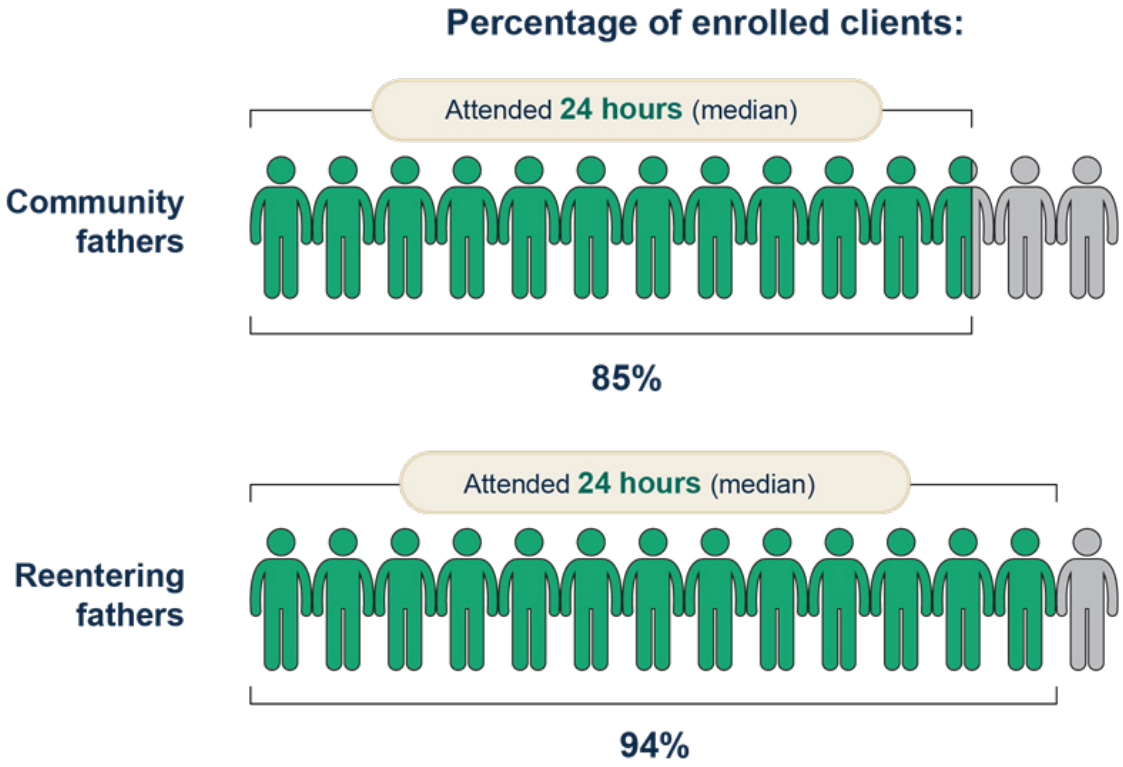
Source: nFORM data.

Note: Because grantees could offer more than one workshop, the percentages do not sum to 100.

C. Client participation in workshops

A higher percentage of reentering fathers attended workshops, but community fathers received more hours of workshop programming on average. Eighty-five percent of community fathers and 94 percent of reentering fathers attended at least one workshop session (Exhibit IV.3). Among all RF clients (including those who never attended workshops), community fathers and reentering fathers received 24 median hours of workshop services and attended six sessions (community fathers) or eight sessions (reentering fathers), on average.

Exhibit IV.3. Clients who attended RF workshops

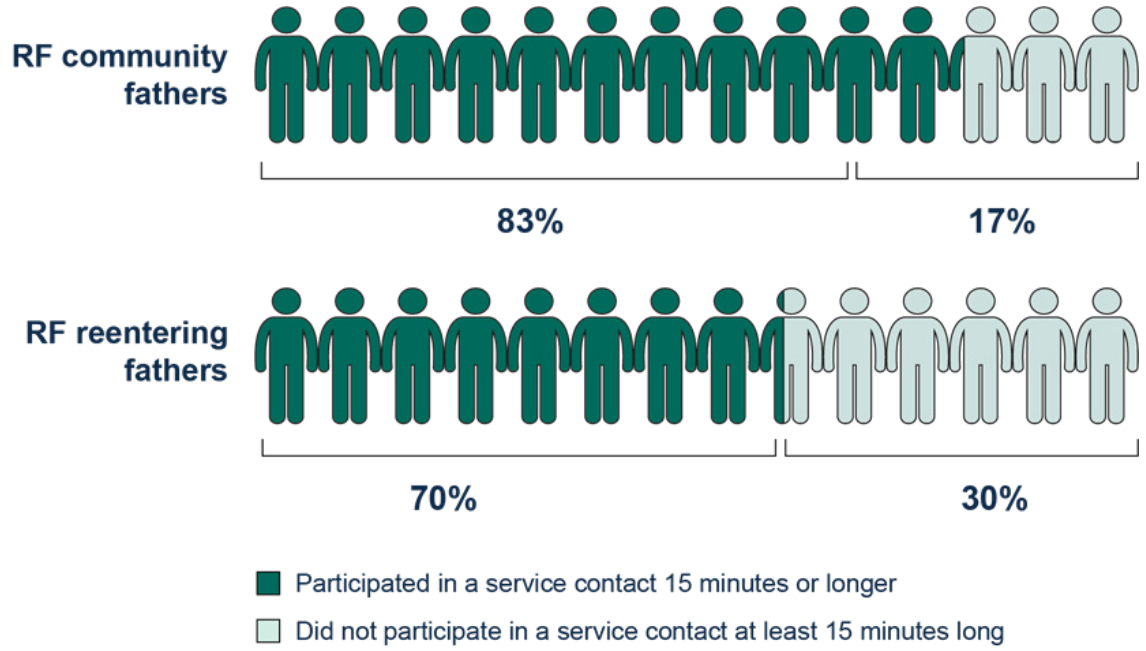


Source: nFORM data.

D. Client participation in individual service contacts

Most fathers had at least one individual service contact. Community fathers participated in seven service contacts (the median), which could last from a minute or two to more than an hour. For reentering fathers, the median number of service contacts was two. When considering only substantive contacts (contacts that lasted at least 15 minutes), the median dropped to three contacts for community fathers and one for reentering fathers. About 17 percent of community fathers and 30 percent of reentering fathers did not participate in any substantive service contacts (Exhibit IV.4).

Exhibit IV.4. Participation in RF individualized service contacts



Source: nFORM data.

Common topics covered in substantive service contacts were job and career advancement, assessments (such as a needs assessment or assessment of job readiness), and parenting. More than three-quarters of community fathers and more than one-third of reentering fathers had a service contact addressing one of those topics.

The locations in which service contacts took place differed across the two populations in expected ways. About 43 percent of all community fathers participated in substantive service contacts in the program's office, 24 percent participated in service contacts in the community, and 18 percent of community fathers participated in service contacts by phone. Reentering fathers most often participated in substantive service contacts in a setting designated as "other" (32 percent), which was most likely jails, prisons, or correctional facilities. Reentering fathers also participated in contacts in the community (22 percent of incarcerated fathers) and in the program's office (5 percent).

E. Client referrals and incentives

RF grantees knew of many other service providers in their communities. RF grantees had large directories of agencies they identified that could provide services and referrals to their clients. On average, each RF grantee documented 132 service providers in nFORM. These providers spanned a wide array of services and referrals. Most grantees identified another agency that could provide services in every area listed, including job and career planning, health and mental health support, social services and emergency needs, and education.

However, clients did not receive many referrals from RF programs, on average. Community fathers received one referral and reentering fathers received 0.6 referrals, on average. The most common types of referrals that clients received and followed up on were the same for community and reentering fathers: job and career advancement and social services and emergency needs.

Half or more of RF clients did not receive any incentives. Although RF grantees could provide monetary or nonmonetary incentives to clients with ACF's approval, 50 percent of community fathers and 89 percent of reentering fathers did not receive incentives (Exhibit IV.5).

Community fathers received about two incentives on average, worth about $66. Reentering fathers received less than one incentive (0.3), on average, worth about $9. There was a large range of incentive amounts across grantees. One grantee that served community fathers provided up to $4,700 and another provided up to $1,000 to their reentering clients.[9]

Community fathers' incentives were most often to encourage program participation or for reaching a program milestone; 32 percent received each type of incentive. For reentering fathers, the most common reason for incentives was reaching a program milestone although just 7 percent of all reentering fathers received such an incentive.

Gift cards (which 43 percent of enrolled clients received) and transportation assistance (15 percent) were the most common types of incentives that community fathers received. Among reentering fathers, 8 percent received incentives classified as "other" support. Gift cards were also a common type of incentive for reentering fathers, but just 4 percent received them.

Exhibit IV.5. Incentives for RF clients

Community fathers		Reentering fathers
50%	Received an incentive	11%
2	Incentives per client (mean)	0.3
$66	Mean amount	$9
Program participation or milestone	Most common reason	Program milestone
Gift card	Most common type	Other support

Source: nFORM data.

[9] These were the cumulative values of incentives that at least one client at each of the two grantees received.

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V. RF staffing and program implementation challenges

Grantee staff are central to successful program operations and need support and training to do their jobs well. Yet, even with well-qualified and trained staff, programs can encounter challenges to implementing their programs as intended. In this chapter, we describe the frequency with which grantees trained and supervised staff in different program roles. We also describe the implementation challenges that grantees reported. Findings in this chapter relied on the program operations survey that grantees completed quarterly. Boxes V.1 and V.2 highlight key findings from the data in these areas.

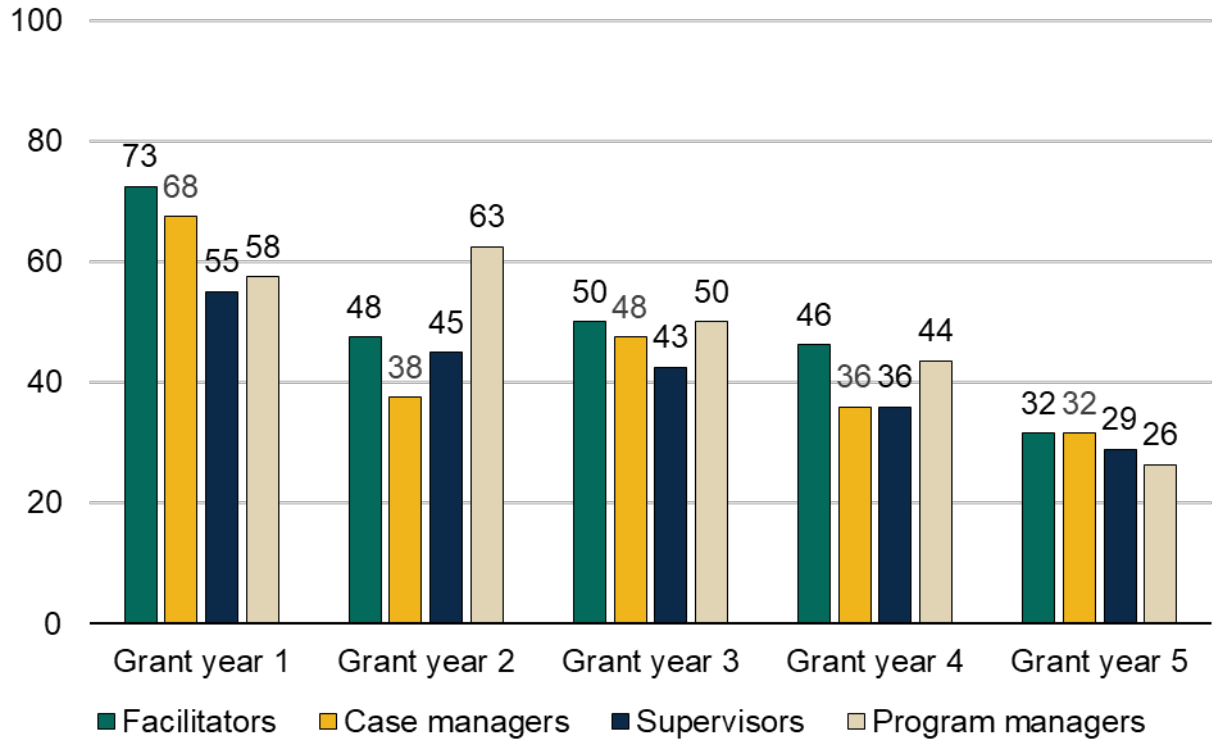
A. How much training and supervision did staff receive?

Initially, most grantees trained staff on the program curriculum, but the share of grantees that reported all program staff had recently been trained declined over time. In the first grant year, most RF grantees reported that all of their facilitators, case managers, supervisors, and program managers had received training on curricula during the year. By the last grant year, these percentages declined to about 30 percent of staff (Exhibit V.1). Grantees might have initially trained staff on the curriculum and then not continued training them over time.

Box V.1. Key findings about RF staff training and supervision

- Staff curriculum training was common early in the grant period but declined over time.
- The frequency that staff met with supervisors remained consistently high.

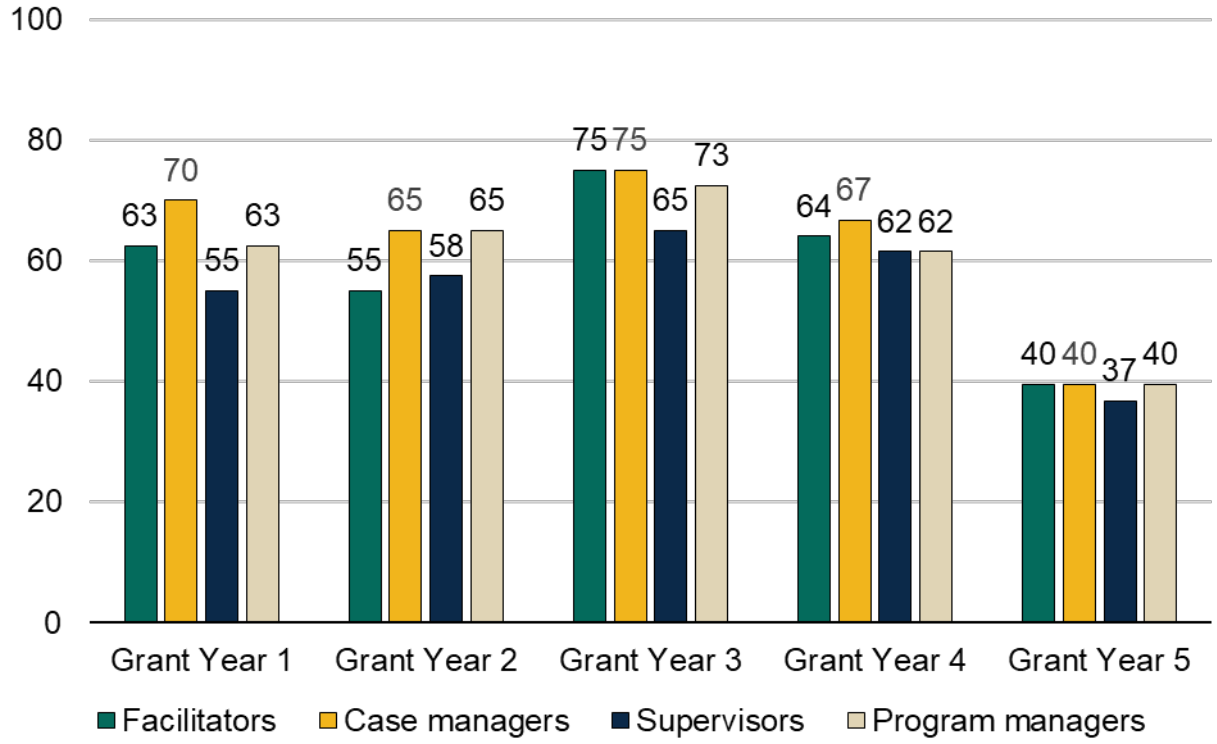
Exhibit V.1. Percentage of grantees reporting that all staff received curriculum training in the past reporting period



Source: Program operations survey.

Most staff received ongoing on-the-job training. Most grantees reported that all of their key staff received on-the-job training throughout the grant. In the first four grant years, 50 to 75 grantees reported each year that their facilitators, case managers, supervisors, and program managers all had received on-the-job training that year (Exhibit V.2). The percentages drop in Grant Year 5 to around 40 percent. However, unlike previous years, there were substantial missing data on this question, so it is unclear if this reflects a real change in on-the-job training activities.

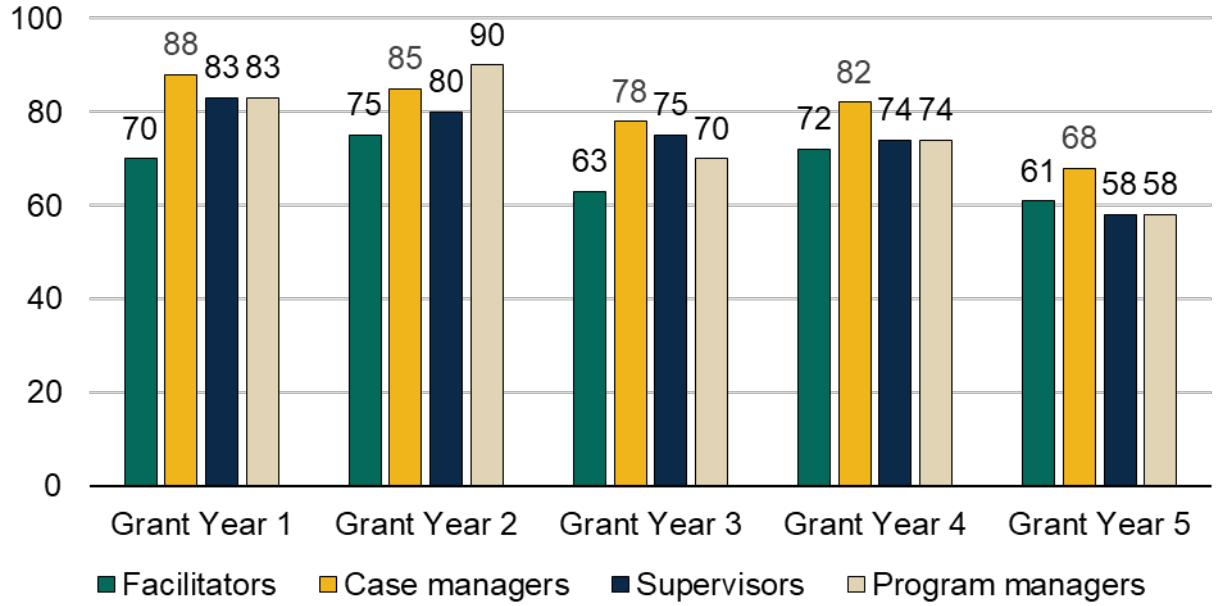
Exhibit V.2. Percentage of grantees reporting that all staff received on-the-job training in the past reporting period



Source: Program operations survey.

Throughout the grant, staff typically met with their supervisors at least biweekly. Numbers fluctuated somewhat from year to year (Exhibit V.3). However, in all years, at least half of the grantees reported that staff met with their supervisors weekly or biweekly. For example, in Grant Year 5, about 60 percent to 70 percent of RF grantees reported that facilitators, case managers, and program managers met with their supervisors at least weekly or biweekly during the year.

Exhibit V.3. Percentage of grantees reporting that staff meet with their supervisors at least weekly or biweekly



Source: Program operations survey.

B. Grantees' implementation challenges

Box V.2. RF program implementation challenges: Key findings

- Common implementation challenges were getting participants to attend services regularly and complete the program. However, these challenges decreased over time.
- Few RF grantees reported challenges with staffing or workshop delivery.

Most grantees had challenges with client participation. RF grantees reported in the survey on the degree to which 17 specific issues were implementation challenges in the past year—not a problem, somewhat of a problem, or a serious problem. Across the five grant years, most grantees did not report problems with 15 issues about recruitment and enrollment, staffing, or workshop delivery (Exhibit V.4). However, more than half of the grantees reported that two challenges about client participation in services were somewhat or a serious problem for them: getting clients to attend services regularly (51 percent) and to complete services (58 percent). In addition, more than one-third of the grantees experienced challenges with recruitment and enrollment.

Most implementation challenges decreased over time. The share of grantees reporting any implementation challenge tended to decrease over time. For example, in the first grant year, about 60 percent to 70 percent of grantees reported some problems with client participation in services—such as getting clients to start or complete services—dropping to about 25 percent to 45 percent by the last grant year (Exhibit V.5). Two exceptions were the percentage of grantees reporting problems with extreme weather or natural disasters and "other issues," both of which may have been related to the global health pandemic. For example, in the first grant year (October 2015 to September 2016), 3 percent of RF

grantees reported that extreme weather or natural disasters were a problem. This number grew to 37 percent in the last grant year (October 2019 to September 2020).

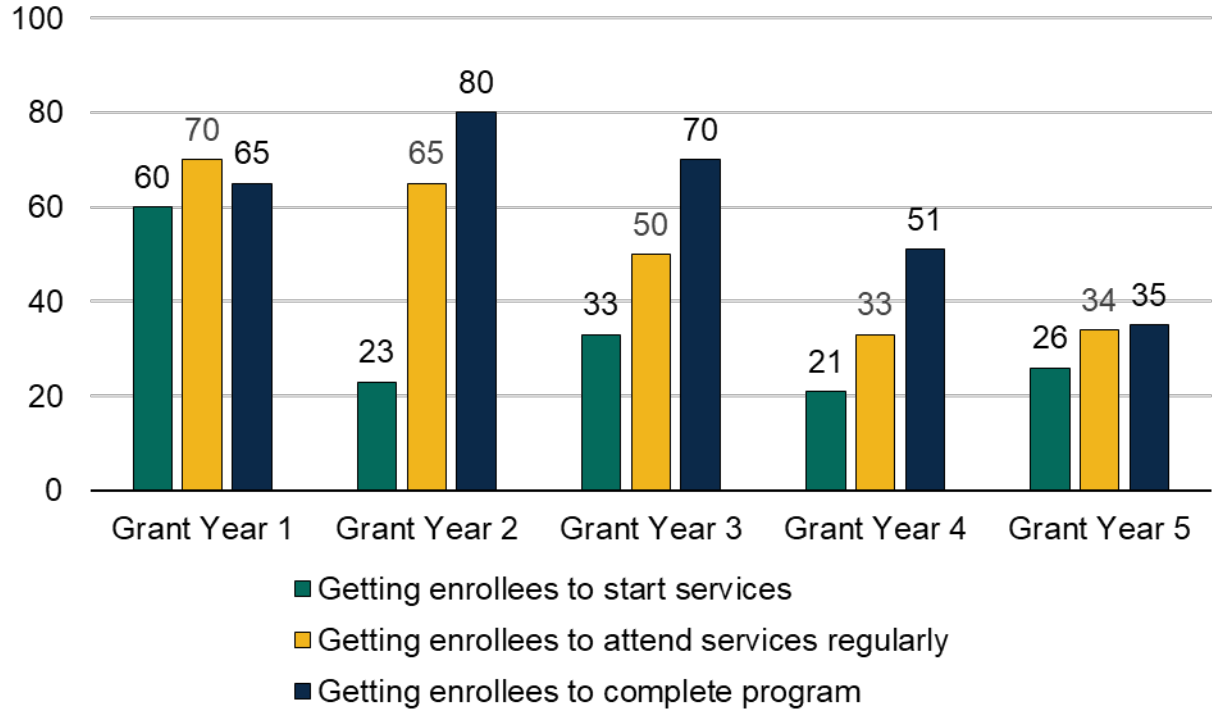
Exhibit V.4. Implementation challenges

Implementation area	Implementation challenge	Percentage of grantees reporting the challenge[a]
Recruitment and enrollment	Participant recruitment	41
	Obtaining referrals from community organizations	35
	Enrolling intended population	35
	Cooperation of recruitment and referral sources	16
Client participation in services	Getting participants to complete the program	58
	Getting enrollees to attend services regularly	51
	Getting enrollees to start participating in services	33
	Keeping participants engaged during sessions	5
Staffing	Recruiting qualified staff	19
	Staff performance	10
Workshop delivery	Ensuring facilitators understand content	3
	Implementing curriculum with fidelity	8
	Covering all program content in time allotted	6
Other	Getting participants to complete surveys	39
	Program facilities	14
	Service delivery partners	12
	Extreme weather or natural disasters	11
	Other	15

Source: Program operations survey.

[a] Percentages were averaged across five grant years.

Exhibit V.5. Percentage of RF grantees reporting that client participation was somewhat of a problem or a serious problem



Source: Program operations survey.

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VI. RF clients' changes from program entry to exit

Most fathers enrolled in RF programs to learn about being a better parent, improve their personal relationships, or find a job or get a better job. This chapter includes information on changes in key outcomes for RF clients from the time they entered program services until their last workshop session. Outcomes included clients' self-reported perceptions, attitudes, and behaviors. Readers should consider several important caveats about these findings:

- The outcomes represent goals of the RF programs, but these results do not necessarily represent the programs' effects. That is, the programs may not have caused the changes reported by the clients. Most clients reported that they enrolled in the program to improve their personal relationships or to become a better parent. Because they were motivated to improve, they might have changed even if they had not had access to program services (Bell et al. 1995). Impact studies are the only way to identify program effects.[10] Chapter VII describes descriptive and impact results from the RF programs that conducted an evaluation.
- We limited the analysis to clients who responded to both the program entrance and exit surveys. The analysis included about 50 percent of RF clients who enrolled in the programs and completed an applicant characteristics survey. As a result, this group differed in some ways from clients who completed only an applicant characteristics survey (for more information, see Lee et al. 2021).
- We report statistically significant changes at the 0.05 level or less. Because of the large number of clients included in the analysis, some statistically significant changes were small or modest in nature. Readers should consider the magnitude of changes when assessing their importance.[11]

We describe outcomes separately by target population. Box VI.1 highlights key findings from the data in these areas.

[10] An impact study would include a comparison group of people who do not receive RF services but are initially similar to those who do.

[11] In this chapter, we only describe changes in outcomes that were greater than 0.1. We do not describe changes at the one-hundredth level (such as an average score that changed from 3.81 to 3.82) that were statistically significant. All results are available in the technical appendix (Lee et al. 2021).

Box VI.1. Key outcome findings

- Community fathers reported improvements in parenting by the end of a program, such as increased contact with their children. They also said they were doing more age-appropriate activities with their children, such as helping with a bedtime routine or homework.
- Fathers were less likely to say they were in a relationship at the end of the program compared to the beginning. However, community fathers in relationships at program entry and exit reported improvements in how they and their partner handled conflicts.
- Fathers' economic well-being improved by the end of a program, according to self-reports. More fathers were employed and said they were having less difficulty paying their bills. However, they faced more barriers to finding and keeping a job over time.
- Fathers reported improved well-being by the end of a program, including lower psychological distress and having more social support.
- Most RF clients believed that their RF program helped them a lot. At program exit, they had greater confidence in their parenting, relationship, and financial management skills, as well as in their ability to find work.

A. Changes in parenting and coparenting

Fathers reported that their contact with their children increased over time. Fathers in the community reported seeing their youngest children more often at the end of the program compared to when they began the program (Exhibit VI.1). For example, the percentage of fathers who reported seeing both of their youngest children in the past month increased and the percentage who reported seeing neither child during that time decreased. However, there was no change in the percentage of fathers who reported living with their two youngest children. (If a father had only one child, we only considered his living arrangements with that child.)

Exhibit VI.1. Changes in community fathers' contact with their children

Outcome	Entry (%)	Exit (%)
Father lives with his children (23,319 clients)		
Both of his youngest children	45	45
One of his youngest children	8	8
Does not live with either of his youngest children	47	47
Last time father saw his youngest children* ** (10,104 clients)		
Saw both of his youngest children in the past month	54	60
Has seen one of his youngest children in the past month	8	8
Has not seen either of his youngest children in the past month	38	33
If he last saw his youngest children in the past month, how often the father saw or visited them* ** (5,373 clients)		
At least once a week	63	67
Less than once a week	37	33
If he did not see his youngest children in the past month, how often the father reached out to them* ** (11,289 clients)		
At least once a week	64	68
Less than once a week	36	32

Source: RF entrance and exit surveys.

Note: Except for the question about living together, questions were asked only of clients who did not live with their children. Outcomes included clients' interactions with their youngest (and second youngest, if applicable) child.

*** Statistically significant change between entry and exit at the 0.001 level.

There was no change in reentering fathers' contact with their children. The percentage who called or emailed one or both children monthly or more remained the same (Exhibit VI.2). At program exit, most reentering fathers (60 percent) still did not have contact with their children in the past month.

Exhibit VI.2. Changes in reentering fathers' contact with their children

Outcome	Entry (%)	Exit (%)
How often the father talked on the phone or sent letters to his youngest children in the past month (7,908 clients)		
Phoned or emailed both children at least once a week	9	10
Phoned or emailed one child at least once a week	6	7
Phoned or emailed one child or both children in the past month	21	22
Did not phone or email either child in the past month	64	60

Source: RF entrance and exit surveys.

Note: Questions were asked only of clients who did not live with their children. Outcomes included clients' interactions with their youngest (and second youngest, if applicable) child.

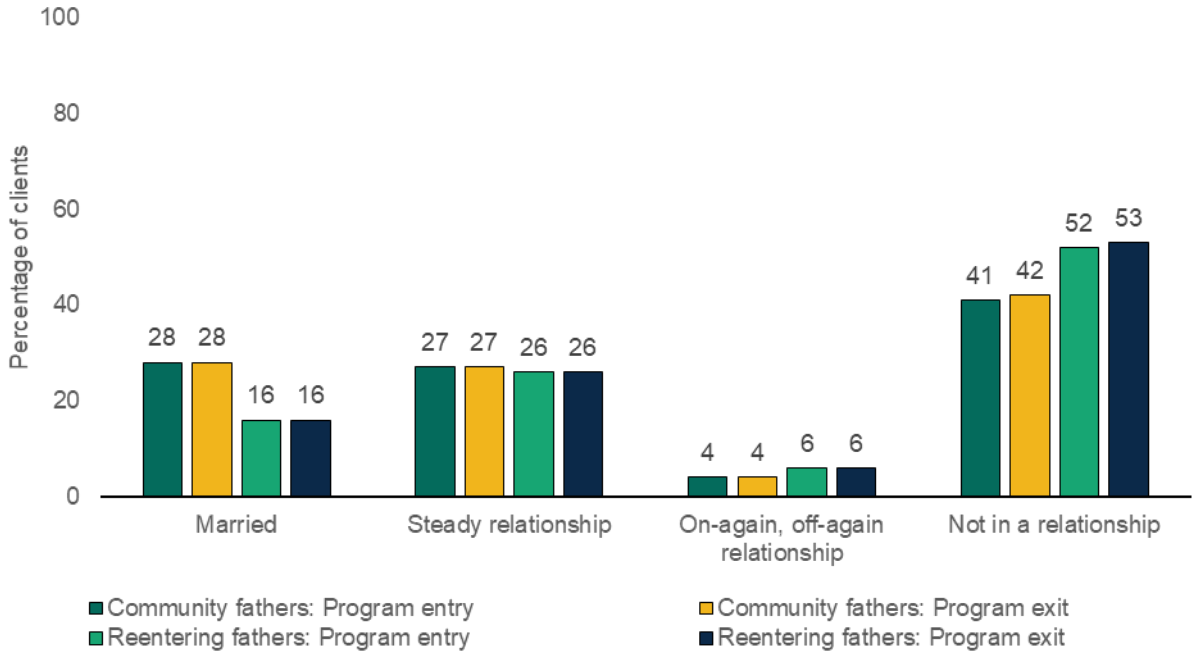
Fathers reported engaging in more activities with their children. Community fathers reported more frequent interaction in several age-appropriate activities with their two youngest children. The questions were only asked of fathers who had seen the child or children in the past month. The four activities were (1) having a meal together, (2) taking a child to a doctor or another place where he or she needed to go,

(3) helping with bedtime routine or homework, and (4) talking with the child about something he or she was especially interested in. The range of possible responses was 1 (never) to 4 (every day or almost every day). Fathers reported a frequency of 3.0 at the beginning of the program, which increased to 3.1 by the end of the program.

B. Changes in relationships

There was a one percentage point reduction in how likely fathers were to be in a relationship at the end of the program. The percentage of community fathers who reported that they were not in a relationship increased from 41 percent to about 42 percent (Exhibit VI.3). Among reentering fathers, 52 percent were not in a relationship at program entry, which increased to 53 percent at program exit.

Exhibit VI.3. RF clients' relationship status

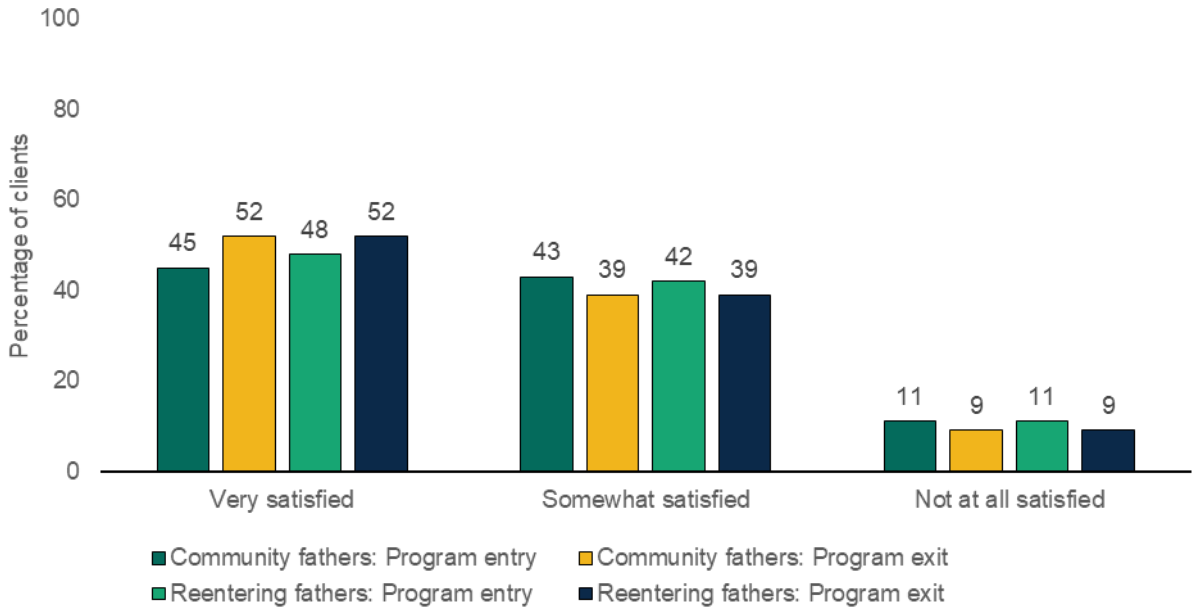


Source: RF entrance and exit surveys.

Note: For both community fathers and reentering fathers, there was a statistically significant change in relationship status from program entry to exit at the 0.001 level. We tested the difference from entry to exit in the distribution of clients across relationship statuses (using a statistical test called chi-square). That is, we did not test differences for each relationship status and so did not include markers of statistical significance in the figure.

Fathers reported better conflict management with their partners. Fathers in a relationship reported on both destructive conflict behaviors with their partners and satisfaction with how the couple handled conflict. Destructive conflict included being rude, having very heated arguments, and turning small issues into big arguments. On a scale of 1 (never) to 4 (often), community fathers reported a decrease in the frequency of destructive conflict, from 2.1 at program entry to 2.0 at program exit. Reentering fathers did not have changes, on average, but instead reported similar levels of destructive conflict at program entry and exit (2.0). However, both community and reentering fathers reported more satisfaction with how the couple handled conflict (Exhibit VI.4).

Exhibit VI.4. Changes in fathers' satisfaction with conflict management



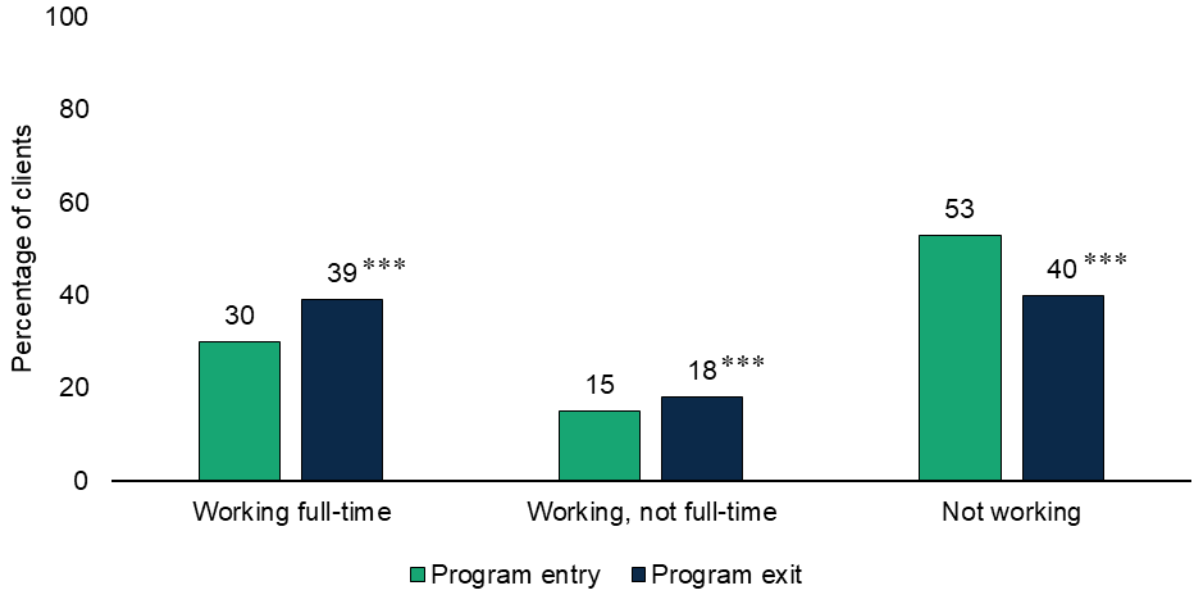
Source: RF entrance and exit surveys.

Note: For both community fathers and reentering fathers, there was a statistically significant change in satisfaction with conflict management from program entry to exit. For community fathers, the change was statistically significant at the 0.001 level. For reentering fathers, it was significant at the 0.10 level. We tested the difference from entry to exit in the distribution of clients across categories (using a statistical test called chi-square). That is, we did not test differences for each category and so did not include markers of statistical significance in the figure.

C. Changes in economic stability

Fathers reported increased employment over time. Community fathers reported that their employment increased, and most were working at program exit (Exhibit VI.5). For example, at the end of the program, about 39 percent of community fathers reported working full-time compared to 30 percent at program entry. The percentage of reentering fathers who reported having a job increased from program entry (20 percent) to exit (24 percent).

Exhibit VI.5. Changes in community fathers' employment



Source: RF entrance and exit surveys.

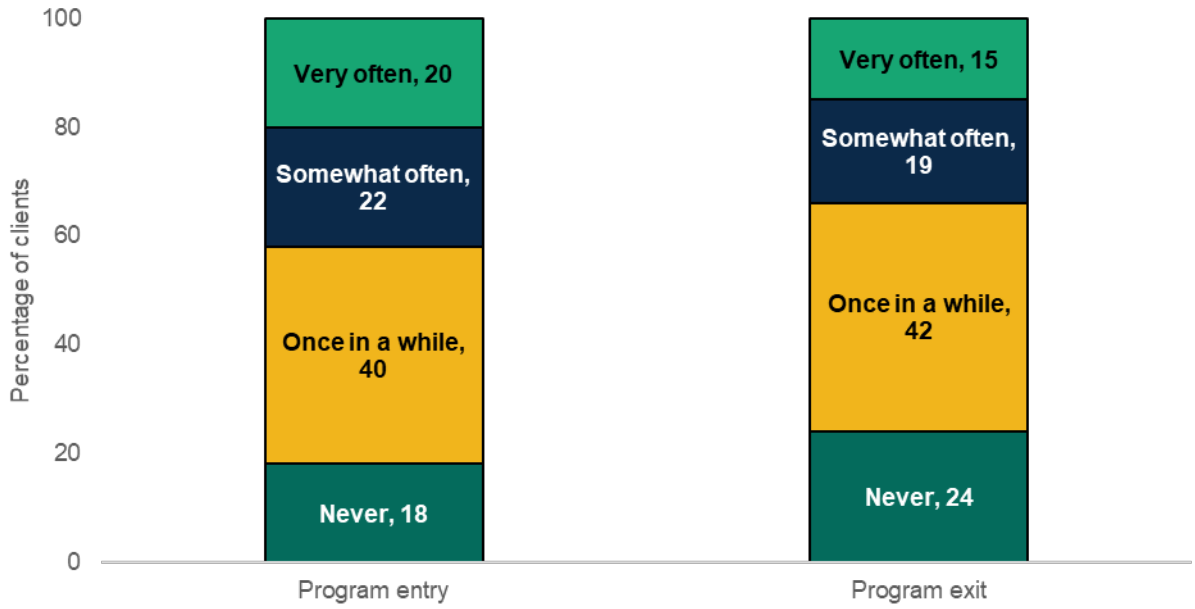
*** Statistically significant change between entry and exit at the 0.001 level.

Community fathers' confidence in their job skills improved. Community fathers reported on their confidence in their ability to get a job, such as whether they knew how to find openings and apply for a job, as well as their confidence in their interviewing skills. On a scale of 1 (strongly disagree) to 4 (strongly agree), fathers' scores increased from 3.1 at entry to 3.3 at exit, indicating that they felt more confident in their ability to find and attain a job at program exit.

Community fathers reported more job barriers at the end of the program. Fathers reported on seven barriers that might interfere with their ability to get and keep a job, such as not having reliable transportation, not having the right skills or education, or having a criminal record. Fathers reported an average of 3.4 barriers at program exit, a change from 3.1 at program entry.

Community fathers had less difficulty paying bills over time. From program entry to exit, fathers reported less difficulty with paying their bills (Exhibit VI.6). For example, the percentage who said they never had difficulty paying bills increased from 18 percent to 24 percent, whereas the percentage who said they very often had difficulty paying bills decreased from 20 percent to 15 percent.

Exhibit VI.6. Changes in community fathers' difficulty with paying bills



Source: RF entrance and exit surveys.

Notes: There was a statistically significant change in difficulty paying bills from program entry to exit at the 0.001 level. We tested the difference from entry to exit in the distribution of clients across categories (using a statistical test called chi-square). That is, we did not test differences for each category and so did not include markers of statistical significance in the figure.

D. Changes in fathers' well-being

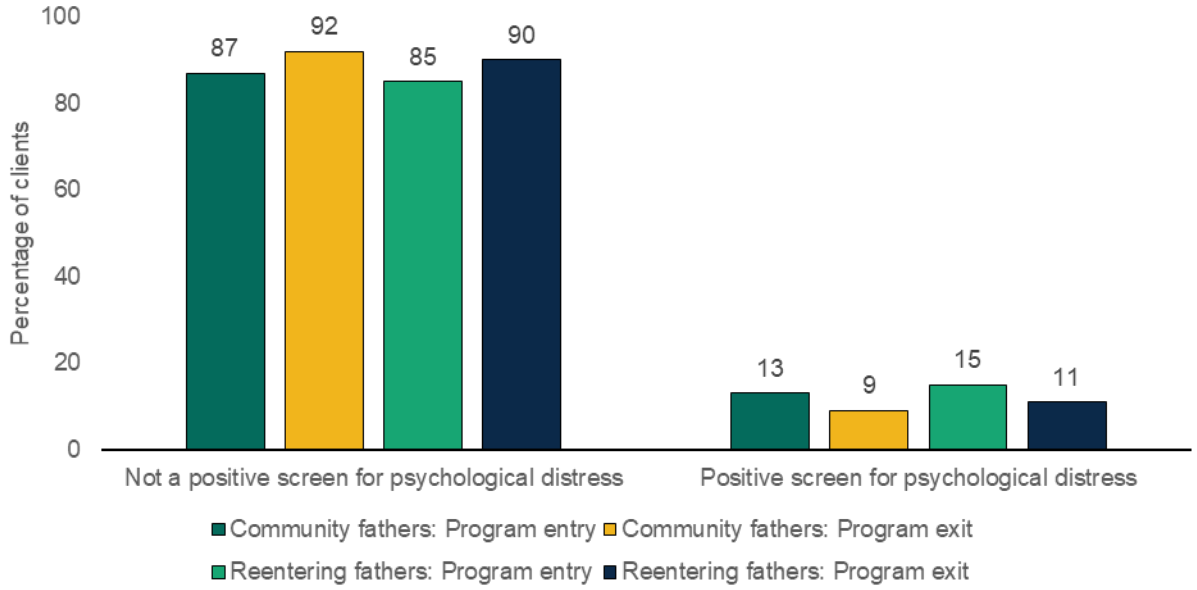
Fathers reported less psychological distress after participating in the program. Fathers answered questions from a scale of nonspecific psychological distress, such as the frequency with which they experienced feelings such as being nervous, hopeless, restless, or worthless in the past 30 days. Scores ranged from 0 to 24, with higher scores indicating more distress. Scores of 13 or greater indicate a positive screen for serious psychological distress (Kessler et al. 2003).[12]

Fathers reported a decrease in distress from program entry to exit. Community fathers started with an average distress score of 6.7 (program entry), which decreased to 5.5 (program exit). Reentering fathers' distress decreased from 7.3 (program entry) to 6.4 (program exit).

In addition, the percentage of fathers who screened positive for serious psychological distress declined (Exhibit VI.7). At program entry, 13 percent of community fathers screened positively, which decreased to 9 percent by program exit. For reentering fathers, 15 percent screened positively at program entry, compared to 11 percent at program exit.

[12] The K6 scale includes six self-reported questions about psychological distress. The scale was developed with support from the National Center for Health Statistics for use in the redesigned U.S. National Health Interview Survey (https://www.hcp.med.harvard.edu/ncs/k6_scales.php).

Exhibit VI.7. Changes in RF clients' psychological distress



Source: RF entrance and exit surveys.

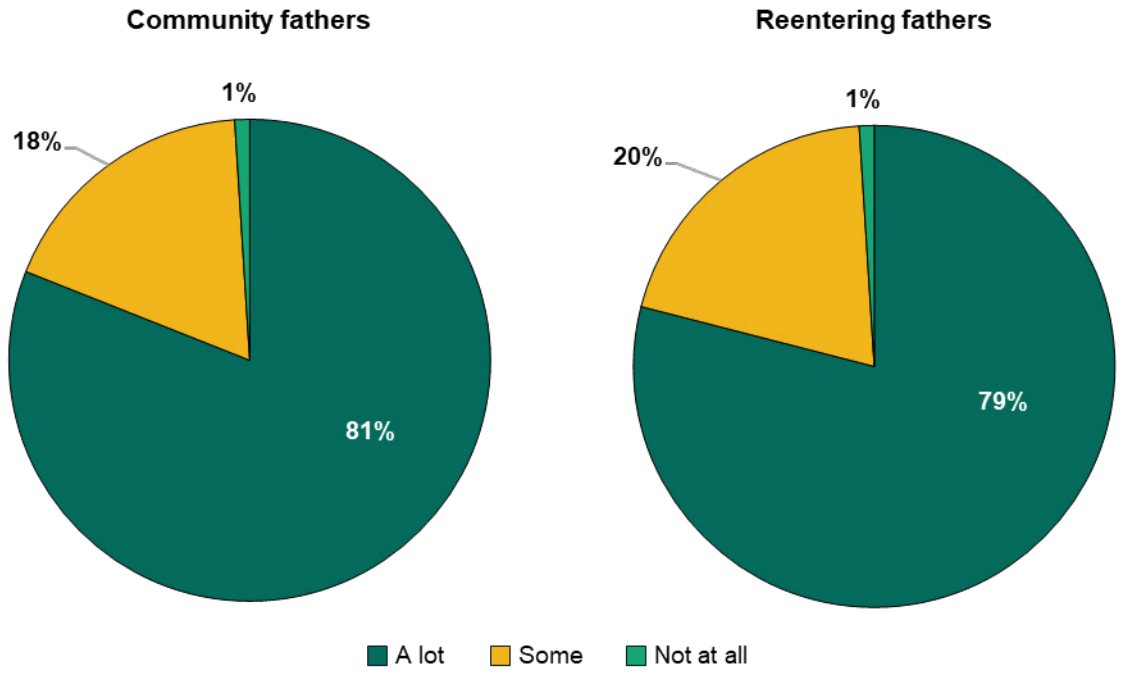
Note: For both community fathers and reentering fathers, there was a statistically significant change in psychological distress from program entry to exit at the 0.001 level. We tested the difference from entry to exit in the distribution of clients across categories (using a statistical test called chi-square). That is, we did not test differences for each category and so did not include markers of statistical significance in the figure.

Fathers reported having better social support by the end of the program. Fathers answered questions about social supports they had for dealing with emotional or financial difficulties, such as whether they had people they could count on if they were feeling down or could talk to during a crisis. On a scale of 1 to 4, with higher values indicating more support, community and reentering fathers had a score of 3.1 at program entry and 3.2 at program exit, indicating feelings of more support. An increasing share of fathers also reported having someone they could turn to if they suddenly needed to borrow money or knew where to go for help if they had money troubles. By the end of the program, 65 percent of community fathers and 67 percent of reentering fathers reported having these resources.

E. Program perceptions

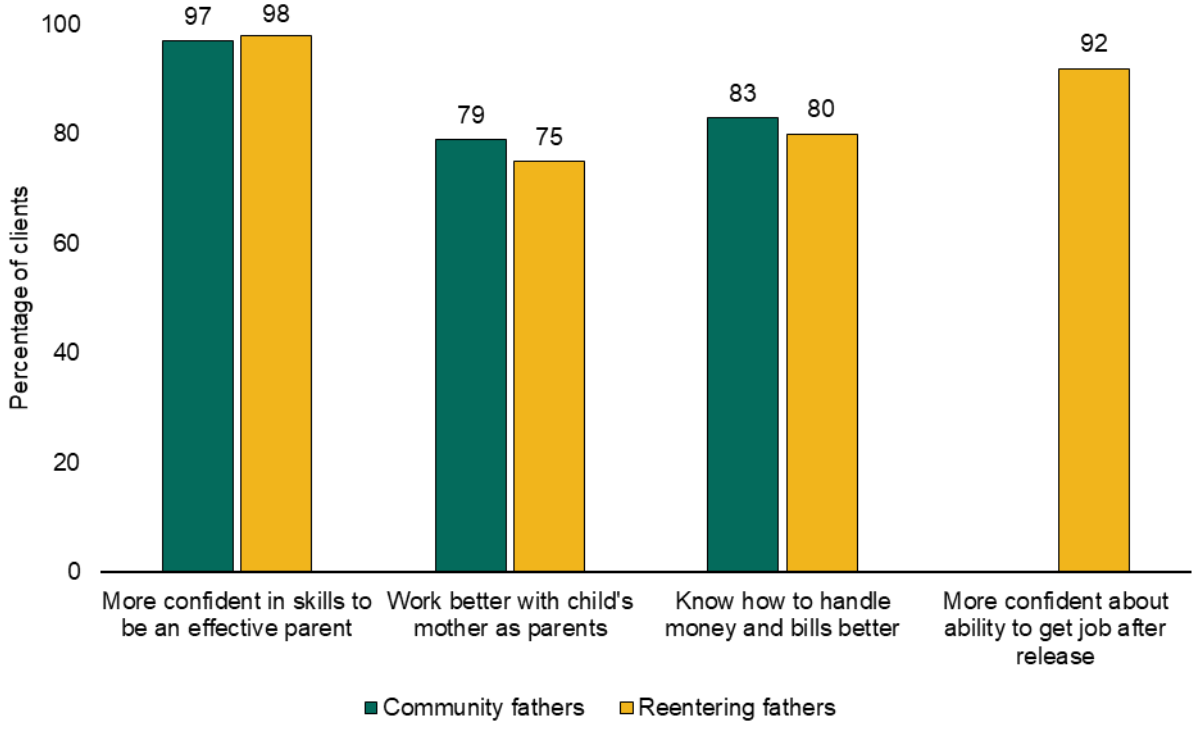
Fathers believed the program helped them. Almost all fathers reported that the program helped them a lot or some (Exhibit VI.8). Further, most fathers reported that the program helped them become more effective parents; work better as a coparent; handle their bills better; and, for reentering fathers, the program increased their confidence about getting a job when they were released from jail or prison (Exhibit VI.9).

Exhibit VI.8. Fathers' perceptions of how much the program helped them



Source: RF exit surveys.

Exhibit VI.9. Fathers' perceptions of improvements



Source: RF exit surveys.

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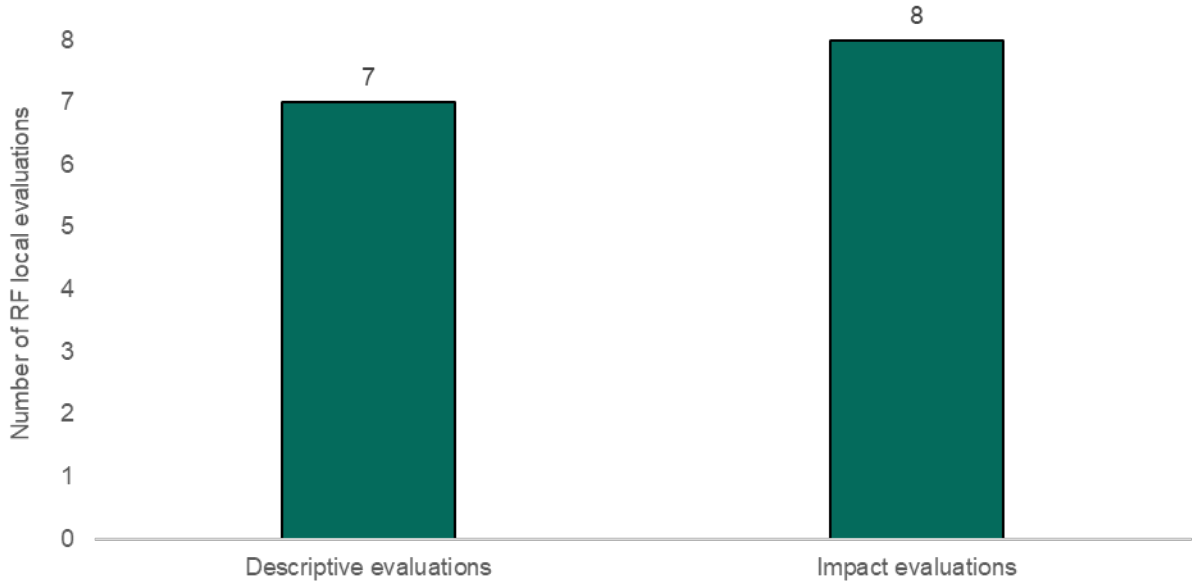
VII. Highlights from RF local evaluations

Although the grant-required performance measures provided a picture of services and outcomes for all RF grantees in the 2015 cohort, a subset of grantees also conducted local evaluations of their programs. The local descriptive evaluations answered questions about grantees' program operations and implementation and clients' changes over time. The local impact evaluations answered questions about whether and how the programs affected clients' relationships, parenting, and economic stability. Of the 15 RF grantees that conducted local evaluations (Exhibit VII.1), 7 grantees conducted descriptive evaluations and 8 grantees studied the impacts of their programs on outcomes for participants.

Exhibit VII.1. Number and type of RF local evaluations



In this chapter, we describe selected findings and lessons learned from these local evaluations. Grantees' full reports are available on OFA's website.[13] To place the findings into the context of the broader set of RF grantees, we compare the characteristics of the local evaluation grantees with those of other RF grantees in the cohort,[14] then describe the evaluations, including the research methods, interventions studied, and outcomes examined. Key findings are highlighted in Boxes VII.1 to VII.2.

A. RF local descriptive evaluations

The RF descriptive evaluations offered a deep dive into questions of interest to the programs, including on responses to recruitment strategies, strategies for retaining fathers in services, and fathers' satisfaction with the program. The evaluations also examined the extent to which fathers' engagement with their children, relationships with their coparents, employment, and financial contributions to their children

[13] Local evaluation reports are available at https://www.acf.hhs.gov/ofa/programs/healthy-marriage-responsible-fatherhood/data-reports.

[14] Because of the small number of grantees that conducted local evaluations, we did not test the statistical significance of these differences.

improved from just before the program began to just afterward. These evaluations could not attribute changes in outcomes over time to the programs, but they pointed to promising trends that could be examined with more rigorous evaluation designs.

Box VII.1. Key findings from the RF local descriptive evaluations

- Recruiting fathers to meet enrollment targets for RF programs often required substantial work. Some programs successfully expanded enrollment by broadening their strategies (for example, by adding new partners or offering incentives) and building stronger relationships with existing partners during the grant period.
- Retaining program participants through the full schedule of workshops was challenging for most programs. Fitting the curricula into longer sessions and frequent meetings within a shorter time frame could be a promising strategy.
- Fathers were very satisfied with the programs, and programs were able to capitalize on their satisfaction to obtain referrals.
- Several evaluations found that fathers reported more positive outcomes at the end of program services than at the start. Although they are promising, these changes cannot be attributed to the program because descriptive study designs do not assess causality.

1. Features of RF local descriptive evaluations and programs

Programs were designed for fathers who tended to have low incomes and other needs. Two programs aimed to serve community fathers with low income, two programs served community fathers with low incomes along with currently incarcerated fathers, two programs served recently reentering fathers, and one program served Native American fathers (Exhibit VII.2). For the two programs that offered services to both incarcerated fathers and community fathers with low income at the same time, programming was a challenge because of the differing service needs and program retention issues.

Programs tailored services to the populations they served. All of the programs offered workshops on parenting skills, strengthening involvement with their children, and healthy coparenting relationships, along with economic stability services (Exhibit VII.2). Economic stability services included help with resumes, advice on job hunting and interviewing, referrals for basic education and job training, and information to improve financial literacy. Some programs offered workshops that met multiple times per week, or for three hours to six hours per session, for fewer weeks to encourage continued participation by community fathers. Curricula were chosen to address needs of the participants. A program serving Native American fathers offered a culturally responsive fatherhood curriculum, and a program serving incarcerated fathers offered a parenting curriculum designed for that fathering context. Another program offered an economic stability curriculum, Parole to Payroll, designed for fathers who were recently incarcerated.

All of the descriptive evaluations examined program implementation questions and most also examined participant outcomes after program completion. Local descriptive evaluations examined the successes and challenges of recruiting and retaining fathers in the programs. Outcomes analyses examined whether involvement with children, co-parenting and relationship conflict, employment, and financial commitment to children had trended in a positive direction following program participation by comparing outcomes before and after program services.

Exhibit VII.2. Overview of RF local descriptive evaluations

Grantee name (state)	Population served	Program services evaluated	Intended amount of services	Outcomes study	Implement-ation study
Child Development Resources (VA)	Fathers and father figures with low income or low education or who are unemployed (community fathers) as well as fathers in two local jails (incarcerated fathers)	Investing in Fatherhood: • Parenting, healthy relationships, and economic stability workshops • Case management and workforce resources • Home visiting (Years 1 and 2)	Community fathers: 26 hours, 16 weeks Incarcerated fathers: 32 hours, 9.5 weeks	✓	✓
Denver Indian Center (CO)	Native American fathers with low income; additional caretakers and non-native participants also joined the program	Honoring Fatherhood Program: • Parenting, healthy relationships, and economic stability workshops using a culturally responsive curriculum • Case management	The first 6 cohorts were offered 32 hours, 16 weeks of workshops The final 4 cohorts were offered, 16 hours, 8 weeks of workshops, with homework to ensure coverage of curriculum content		✓
Friends Outside in Los Angeles County (CA)	Fathers who were previously incarcerated and have a child younger than 24 years old	Dads Back! Academy: • Parenting, healthy relationship skills, and economic stability workshops • Job preparation and employment support resources • Case management	All curricula delivered within 4 weeks, 120 hours		✓
Northeast Florida Healthy Start Coalition (FL)	Community and incarcerated fathers	Growing Responsible Fathers Through Support and Education (Fatherhood PRIDE—Parental Responsibility Inspiring Dads Everywhere): • Parenting, healthy relationship skills, and economic stability workshops • Workforce development services • Case management	Fatherhood workshops: 24 hours, 12 sessions Financial literacy workshop: 6 hours	✓	✓

Table VII.2 (*continued*)

Grantee name (state)	Population served	Program services evaluated	Intended amount of services	Outcomes study	Implement-ation study
Osborne Association (NY)	Father or father figure recently released from jail or prison (in the past six months)	Prepare Program: • Parenting and healthy relationship skills workshops • Hard and soft employment skills, job search assistance • Case management	Four fatherhood curricula: 37 hours Originally completed within 4 weeks, then 3 weeks	✓	✓
Retreat (NY)	Fathers with low income	Suffolk County Fatherhood Initiative: • Parenting and healthy relationship skills workshops • Case management • Economic stability services • Peer mentoring	Case management, economic stability, mentoring: Up to 24 weeks Responsible fatherhood curriculum: 10 hours Healthy relationships curriculum: 10 hours	✓	✓
Vista Community Clinic (CA)	Fathers and paternal caregivers with low income and with a child younger than 18 years old	Dads' Club: • Parenting and healthy relationship skills workshops • Case management • Economic stability services	Fatherhood curriculum: 15 hours, 5 sessions Financial literacy: 2 hours, 1 session Healthy relationships: 10 hours, 5 sessions (optional)	✓	✓

Source: Final reports of the RF local descriptive evaluations.

2. Local descriptive evaluation grantees compared to other RF grantees

The participants in RF programs with descriptive evaluations were similar to participants in other RF programs in age and education level, but they differed in employment and race and ethnicity. A larger proportion of participants in programs with local descriptive evaluations were not working at the start of the program (70 percent compared to 60 percent of those in other RF programs) (Lee et al. 2021). In addition, a larger percentage of participants in RF programs with local descriptive evaluations were Hispanic or Latino (25 percent compared with 18 percent in other RF programs) or Black (35 percent compared with 29 percent in other RF programs).

Local descriptive evaluation grantees offered workshops of similar length but had slightly higher participation rates compared with grantees that did not conduct a local evaluation. Grantees with local descriptive evaluations offered an average of 25 workshop hours and 9 sessions per workshop series, which was very similar to workshops offered by other RF grantees. Participants in RF programs with local descriptive evaluations attended an average of 12 workshop sessions (compared with 10 sessions for other RF grantees) and had an average of 19 service contacts of any length (compared with 11 service contacts for other RF grantees that did not conduct local descriptive evaluations) (Lee et al. 2021).[15]

3. Selected findings and lessons learned from the RF local descriptive evaluations

As noted earlier, the RF local descriptive evaluations examined research questions that were of interest to the grantee, so the reports presented a variety of findings. In this section, we discuss selected findings from the reports that provide helpful lessons for program design and operations. We also summarize the key outcome findings from the evaluations. The evaluators presented additional findings in the reports that are not summarized here.

Recruiting fathers to meet enrollment targets for RF programs often required substantial work. Some programs successfully expanded enrollment by broadening their strategies and deepening their efforts during the grant period. For example, Friends Outside in Los Angeles County found that staff needed to recruit four men to attend program orientation in order to find one who would begin the fatherhood workshops. As a result, the staff planned large orientation events to better meet enrollment goals. The program also found that asking participants and alumni to refer friends and family to the program led to greater enrollment than other outreach strategies, so staff encouraged this strategy when possible. Another grantee, Child Development Resources, strengthened its relationships with other organizations in the community that could refer men to the program. Staff spent considerable amounts of time explaining the program and its benefits to partners, including frontline staff. For example, this grantee received a steady stream of referrals from a partner hospital's labor and delivery nurses after helping those hospital staff understand the program. A particularly successful related strategy by this grantee was to ask partners to host a series of fatherhood workshops on their sites and, if they agreed, to advertise the availability of the workshop to their own clients.

Local evaluations found that recruiting some special populations was particularly challenging. The Denver Indian Center intended to serve Native American fathers but found both recruitment and retention hampered by transportation barriers and irregular work schedules. Another grantee, Retreat, aimed to serve young fathers (ages 16 to 24) and immigrant fathers, but had difficulty recruiting both. Partner

[15] For information about differences in characteristics of local evaluation grantees compared to all other RF grantees, see the technical appendix (Lee et al. 2021).

youth-serving organizations referred only a small number of young fathers, and immigrant fathers had irregular and long work schedules that did not fit with the program schedule. These two programs were unable to fully address these issues.

Retaining program participants through the full schedule of workshops was challenging for most programs. Fitting the curricula into longer sessions and frequent meetings within a shorter time frame could be a promising strategy. Programs typically found that about 60 percent to 70 percent of participants who started workshops would complete most or all of them (75 percent to 100 percent of workshop hours). A key challenge was keeping fathers engaged throughout the entire program. For example, when fathers obtained new jobs, it was more difficult for them to attend workshops. However, the Friends Outside in Los Angeles County and Osborne Association programs offered the curricula in a more compressed time period (three to four weeks) and had higher completion rates (around 80 percent). Three of the programs—Child Development Resources, Denver Indian Center, and Osborne Association—reduced the amount of time to complete the program by fitting more sessions or longer sessions within fewer weeks in response to participant feedback. The Osborne Association program reported high participation rates. The other two programs did not report whether participation changed after shortening the program.

Several evaluations reported that fathers were very satisfied with the programs, and the programs were able to capitalize on their satisfaction to obtain referrals. The Osborne Association program received very high ratings on a satisfaction survey that asked about the case manager, workshop facilitators, the workshops, and materials used. The Vista Community Clinic program received very high ratings on its services, information, and support provided. Participants said they would recommend the program to others (and did so). The Friends Outside in Los Angeles County's evaluation reported that alumni referrals were an important recruiting approach. The Denver Indian Center evaluation reported that participants valued the cultural responsiveness of the program. Nevertheless, as the Vista Community Clinic evaluation noted, the satisfaction surveys were completed by fathers who remained in the program; those who left the program early did not complete these surveys.

Several evaluations found that fathers reported more positive outcomes at the end of program services than at the start. Fathers participating in two programs reported increases in employment by the end of the program. The Osborne Association evaluation reported that 77 percent of its recently incarcerated fathers were placed in jobs and the Vista Community Clinic evaluation reported that its fathers on average said they had more regular employment and higher income after the program than before. Three evaluations—Osborne Association, Retreat, and Vista Community Clinic—reported that fathers felt more engaged in family activities and with their children at the end of the program than before. The Northeast Florida Healthy Start Coalition's evaluation reported no changes overall in fathers' capacity to pay child support or in their engagement with their youngest child. Improvements in outcomes following the program could not be attributed to the program because other changes such as improved job availability could help explain the outcomes. Attributing outcomes to the program would require an impact study, which we discuss in the next section.

B. RF local impact evaluations

In this section, we describe the impact evaluations conducted by eight grantees. We start with details of the evaluations and then summarize key findings (Box VII.2).

Box VII.2. Key findings from the RF local impact evaluations

- The local impact evaluations of RF programs suggest that these services can improve some coparenting quality and economic stability outcomes.
- Local RF evaluations found few to no impacts on healthy relationship outcomes, parenting skills and behaviors, or child well-being.

1. Features of RF local impact evaluations

All local impact evaluations used rigorous, high quality methods. For an impact study to estimate the effects of the program, program and comparison groups must be initially equivalent (Box VII.3). Six of the eight evaluations used random assignment to form program and comparison groups, which is one of the strongest methods for creating equivalent groups. However, equivalence can be lost if too many sample members drop out of the study and do not provide data (known as attrition). All six random assignment evaluations had low attrition or established that the samples used for analysis were equivalent at baseline. Two of the local impact evaluations used quasi-experimental methods to match the program and comparison groups. These studies established equivalence of the program and comparison groups at baseline. As a result, findings from these eight local impact evaluations credibly measured the effects of program group services on the outcomes of interest.

Box VII.3. What is an impact evaluation?

Change is constant in people's lives. For example, a new experience may alter someone's priorities or attitudes. Only an impact evaluation can determine whether a program caused changes among participants, apart from changes that would have occurred anyway. An impact study requires a program group that receives the services of interest and a comparison group that does not receive those services. The comparison group represents what would have happened to the program group without the selected services. The program and comparison groups must be similar initially so that any later differences can be linked to the program effects.

The programs typically consisted of standard RF services. All of the local impact evaluation grantees offered services to their program group that included workshops on parenting, economic stability, and healthy relationships. Some also offered additional services such as case management, phone coaching, or peer mentoring to their program group (Exhibit VII.3) (see Lee et al. 2021 for further detail on the grantees' program services and curricula).

Exhibit VII.3. Overview of RF local impact evaluations

Grantee name (state)	Study design	Services tested	Population served (and unit of analysis)	Outcome domains examined	Timing of follow-up measures used for primary impacts
Anthem Strong Families (TX)	RCT	Enhanced RF program (including peer group mentoring and Facebook group) versus standard RF program	Adult fathers with low incomes	Coparenting, parenting, and relationship quality	12 months after baseline
Fathers and Families Support Center (MO)	RCT	RF program versus only economic stability and mobility curricula[a]	Fathers who were economically disadvantaged	Coparenting, parenting, father well-being, and child well-being	12 months post-program
Healthy Relationships California (CA)	RCT	Enhanced RF program (weekly phone coaching or case management calls) versus standard RF program	Fathers and father figures	Coparenting, parenting, and economic stability	Immediate post-program
It's My Community Initiative Inc. (OK)	RCT	RF program versus no program	Fathers with low incomes raising a young child (birth to 12 years old) and their coparenting partners	Coparenting, parenting, economic stability, father well-being, and child well-being	12 months after baseline
Milwaukee County Child Support Services (WI)	RCT	RF program versus only economic stability curriculum, case management, and child support services[b]	Noncustodial fathers	Coparenting and parenting	Immediate post-program
Mountain Comprehensive Care Center (KY)	QED	RF program versus no program	Fathers with low incomes who are incarcerated	Parenting, economic stability, and healthy relationships	6 months after release
Pathway (OH)	RCT	RF program versus no program	Fathers with low incomes who are 20 to 24 years old	Economic stability and healthy relationships	12 months after baseline
Rubicon Programs (CA)	QED	RF program versus no program	Custodial or noncustodial parents (fathers and mothers) with low to moderate incomes and an open child support case in Contra Costa County	Parenting and economic stability	6 months after baseline

Source: Final reports of the RF local impact evaluations.

[a] RF services offered to the program group included the economic stability and mobility curricula.

[b] RF services offered to the program group included economic stability curriculum, case management, and child support services.

RCT = randomized controlled trial; QED = quasi-experimental design

The services evaluated included the full RF program or a subset of services. The impact evaluations examined the effects of a full program or a subset of program services (such as the parenting services or a program enhancement). The services that the program group could receive beyond what the comparison group could receive was evaluated. Of the RF grantees that conducted an impact evaluation:

- Four grantees examined the effects of the full RF program: the program group could receive the RF program and the comparison group could not receive any RF services.
- Two grantees examined the effects of the RF parenting or relationship curriculum: the program group could receive the full RF program and the comparison group could receive RF services other than the parenting or relationship curriculum, such as economic stability workshops or case management services.
- Two grantees examined the effects of enhanced or add-on services: the program group could receive the standard RF program services plus enhanced services (such as mentoring, case management, and phone coaching) and the comparison group could receive the standard RF program (without enhancements).

Almost all of the RF local impact evaluations focused on a specified population, most commonly fathers with low incomes or fathers who were economically disadvantaged. Of the eight impact evaluations, six focused on fathers with low incomes and four focused on special populations, such as incarcerated fathers (one evaluation), fathers with their coparenting partners (one evaluation), or noncustodial fathers (two evaluations).[16]

2. Local impact evaluation grantees compared to other RF grantees

Local impact evaluation grantees offered workshops that were 10 hours longer, on average, than grantees that did not conduct a local evaluation. Local impact evaluation grantees offered an average of 34 workshop hours and 10 sessions per workshop series, compared to an average of 24 workshop hours across 9 sessions per workshop series for RF grantees that did not conduct a local evaluation. A lower percentage of clients of impact evaluation grantees attended workshops than clients of other RF grantees. However, impact evaluation grantees' clients received more hours of workshop programming on average (Exhibit VII.4).[17]

[16] Three of the four evaluations that focused on these special populations studied fathers within these populations that had low incomes: It's My Community Initiative, Inc, Mountain Comprehensive Care Center, and Rubicon Programs.

[17] For further information about differences in characteristics of local evaluation grantees compared to all other RF grantees, see the technical appendix (Lee et al. 2021).

Exhibit VII.4. Workshop and client participation averages, by evaluation status

Evaluation status	Mean workshop hours offered	Mean workshop sessions offered	Clients who attended workshops (%)	Mean hours of client participation in workshops
RF grantees with local impact evaluations	34	10	82	37
Other RF grantees	24	9	90	31

Source: nFORM data.

Clients of the local impact evaluation grantees were similar in age and education level to clients of other RF grantees, but they differed in gender, race, and ethnicity. Among clients of both local impact evaluation grantees and other RF grantees, most were 25 to 44 years old, and between 42 percent and 44 percent had a high school diploma or GED. Clients of grantees that conducted local impact evaluations were mainly Black (50 percent) and Hispanic (24 percent), and 14 percent were women. For RF grantees that did not conduct a local evaluation, 29 percent of clients were Black, 18 percent were Hispanic, and 12 percent were women.

3. Key findings from the RF local impact evaluations

In this section, we present the primary impact findings from the local impact evaluations. Evaluators and grantees selected a small number of primary outcomes that they determined were the most important and were likely impacts of their programs, measured at one time point. The impact evaluations also examined additional research questions (for example, other outcomes, other time points, or subgroup impacts) that are not summarized here.

To present the primary impacts, we grouped outcomes by domain and standardized them on a common scale to facilitate comparison across outcome measures and evaluations (see green squares in Exhibits VII.5 to VII.10). For example, one measure of parenting skills might range from 0 to 3 and another from 1 to 5. Or, one evaluation may have estimated impacts on employment for fathers who were mostly employed and another evaluation estimated impacts for fathers with a variety of employment levels. Standardizing allowed us to put all outcome measures on a common scale and account for study samples that may have had different levels of variation in their outcomes. Findings greater than zero were favorable and those less than zero were unfavorable.

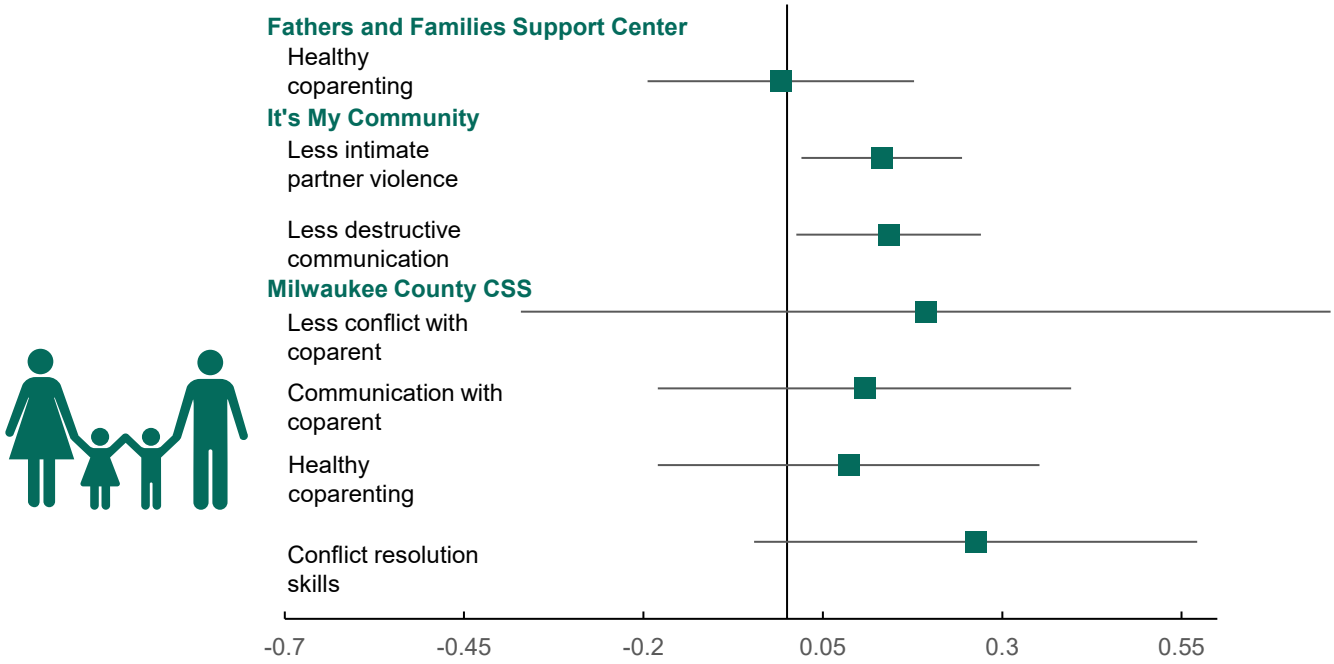
Any estimate could have occurred by random chance instead of reflecting a true program effect. The probability of that happening can be measured by statistical significance. So, in addition to the standardized effect size, we also present the 95 percent confidence interval (gray lines to the right and left of the green squares in the exhibits), which indicates the level of uncertainty associated with the estimated impact. Longer confidence intervals show greater uncertainty of the estimate. Confidence intervals that include zero (indicated by the vertical line in each exhibit) mean that the impact estimate is not

statistically different from zero. In other words, if the confidence interval includes zero, then the result is likely to have occurred by random chance.[18]

We first describe the impacts for six evaluations that examined the effects of the full RF program or the RF parenting and relationship workshops. We then describe results for the two evaluations that examined enhancements to the RF program. We describe the latter group separately because the services that their program and comparison groups received were generally more similar than for the other evaluations. Therefore, we would expect any impacts to be smaller.

Impacts on coparenting were in a favorable direction. Among the findings from the local impact evaluations that examined outcomes in the coparenting domain, two of seven findings were favorable and statistically significant, showing reductions in intimate partner violence and destructive communication (Exhibit VII.5). The Milwaukee County Child Support Services (CSS) evaluation found favorable but less statistically precise impacts on frequency of conflict with a coparent, communication skills, and conflict resolution skills. Fathers' Support Center St. Louis estimated an impact on healthy coparenting that was unfavorable but small in magnitude and statistically indistinguishable from zero.

Exhibit VII.5. Impacts on coparenting outcomes



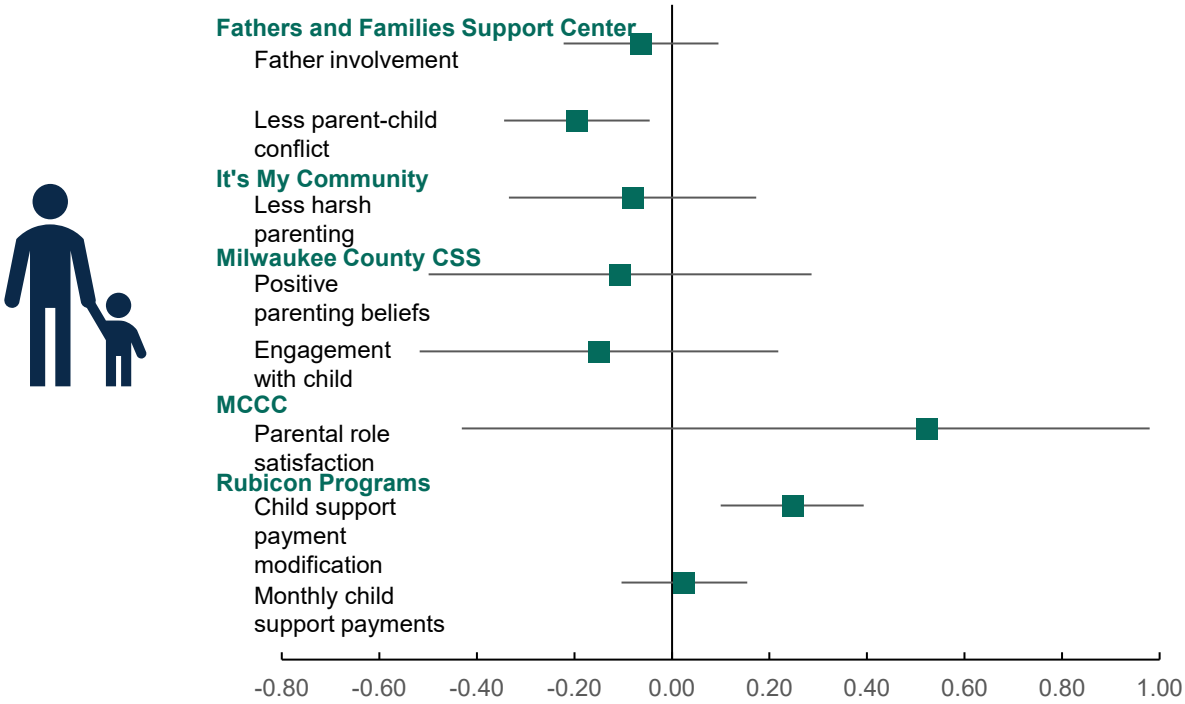
Source: Author calculations based on final reports of the RF local impact evaluations.

Impacts on parenting skills, behaviors, and attitudes were mixed. Four RF local impact evaluations examined outcomes in the domain of parenting skills, behaviors, and attitudes. One evaluation found that RF program participation improved the rates of child support payment modification (Exhibit VII.6). In contrast, another found a statistically significant increase in parent-child conflict. Grantees found no

[18] Details of the standardized effect size calculations are available in the technical appendix (Lee et al. 2021). Confidence intervals reported here were based on the *p*-values reported in the final reports of the local impact evaluations.

impacts of RF programs on father involvement, harsh parenting, engagement with children, parental role satisfaction, positive parenting beliefs, or monthly child support payments.

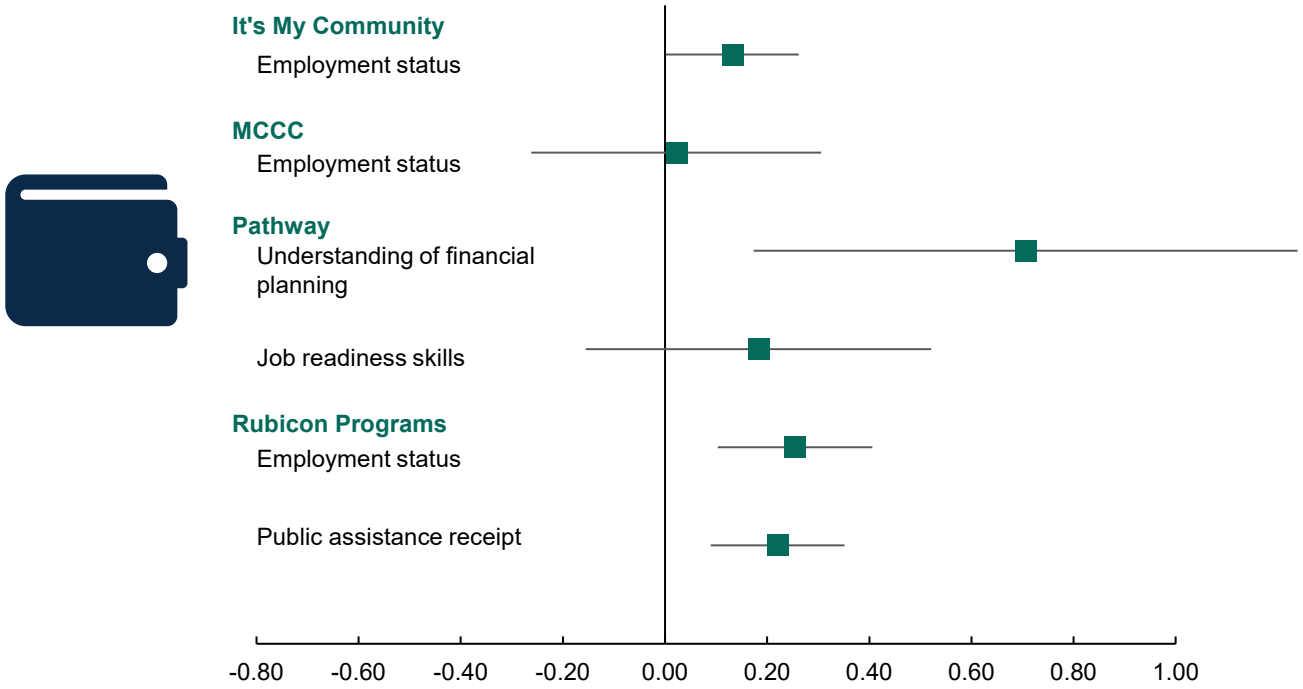
Exhibit VII.6. Impacts on parenting outcomes



Source: Author calculations based on final reports of the RF local impact evaluations.

RF program services improved financial knowledge and employment. Impacts on economic stability were generally favorable, with moderate to large increases in employment status in two of the three evaluations that examined it (Rubicon Programs and It's My Community) (Exhibit VII.7). The Rubicon Programs evaluation also found increases in public assistance receipt, which may reflect efforts to link fathers with financial resources as they worked to improve their employment prospects.

Exhibit VII.7. Impacts on economic stability outcomes

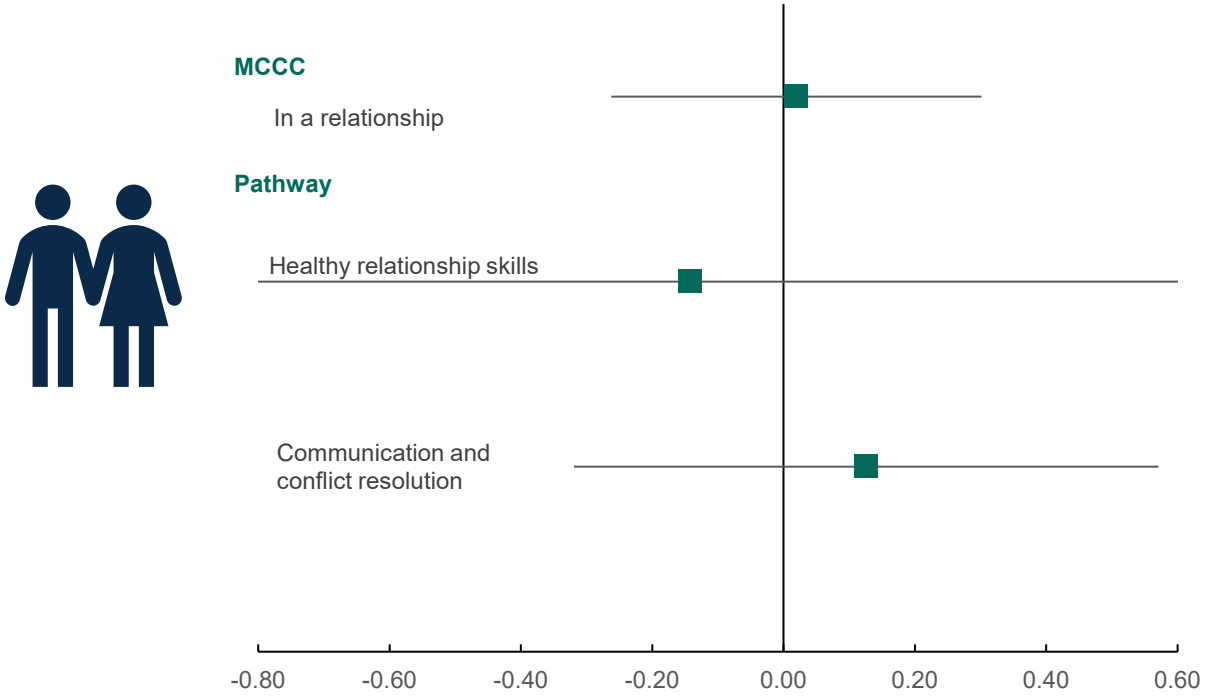


Source: Author calculations based on final reports of the RF local impact evaluations.

MCCC= Mountain Comprehensive Care Center.

RF evaluations found no impacts on healthy relationship outcomes. Grantees found no impacts of RF program services on healthy relationship skills, the probability of being in a relationship, or communication and conflict resolution in relationships (Exhibit VII.8).

Exhibit VII.8. Impacts on healthy relationship outcomes

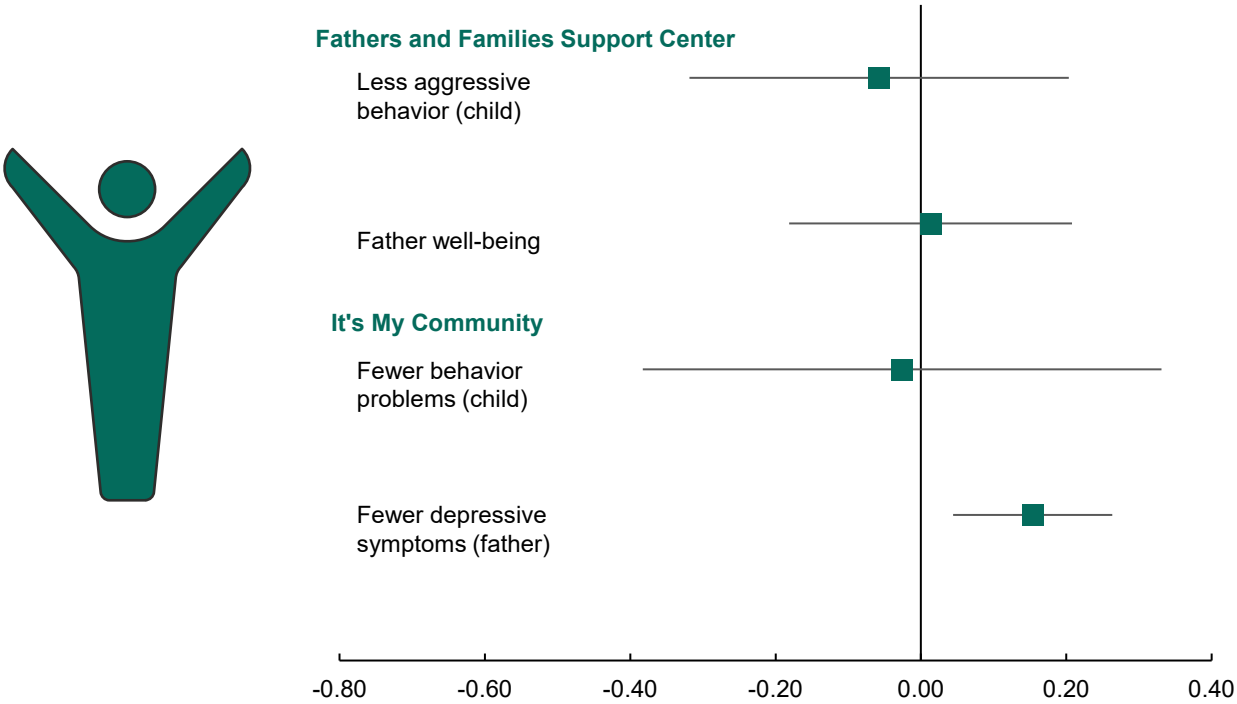


Source: Author calculations based on final reports of the RF local impact evaluations.

MCCC= Mountain Comprehensive Care Center.

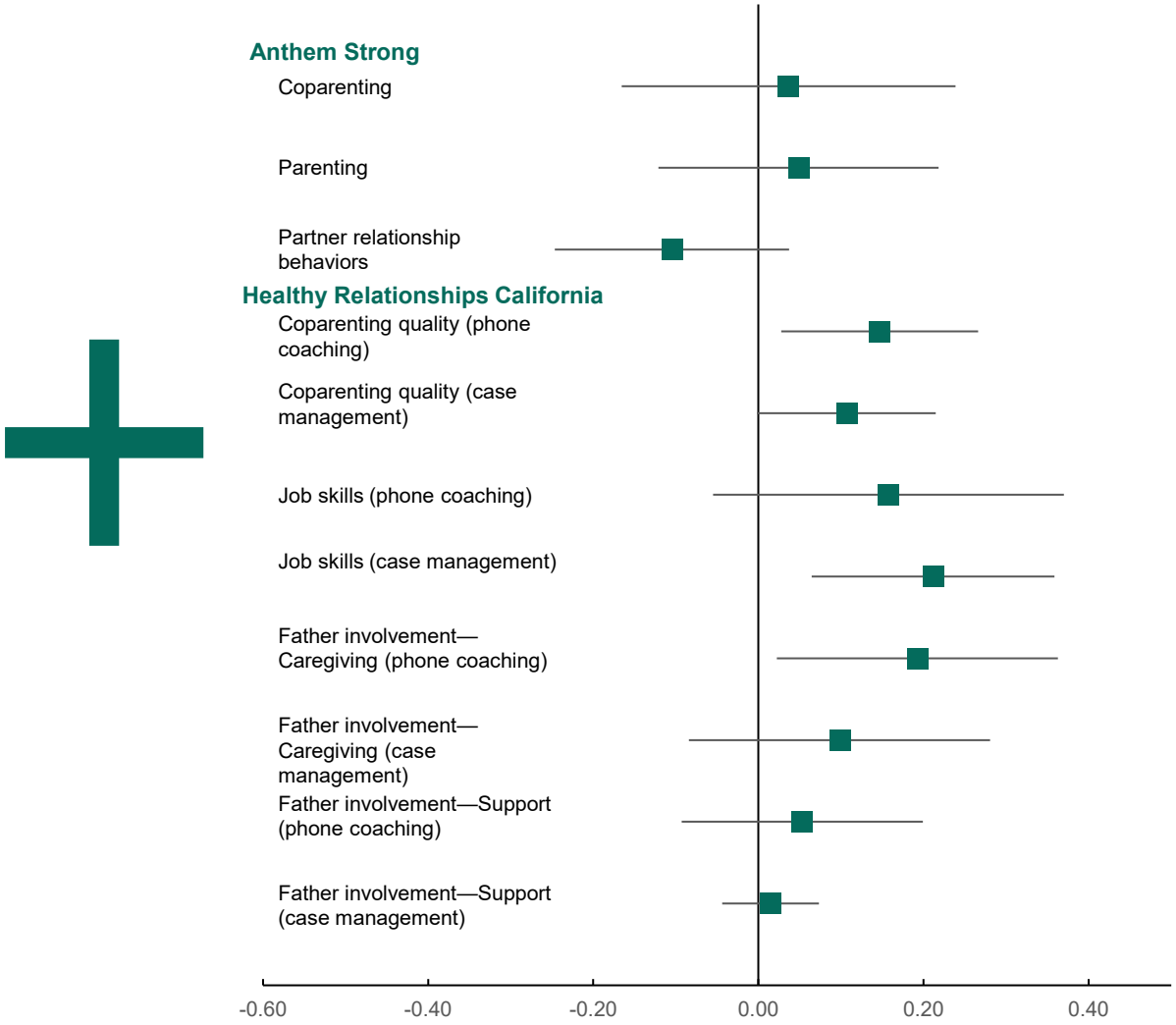
RF program services reduced the prevalence of depressive symptoms in fathers. The evaluation conducted by It's My Community found a 0.15 standard deviation reduction in depressive symptoms for fathers in the program group relative to those in the comparison group (Exhibit VII.9). Impacts on other well-being measures for both fathers and children were small in magnitude and not statistically significant.

Exhibit VII.9. Impacts on measures of child and father well-being



Source: Author calculations based on final reports of the RF local impact evaluations.

Exhibit VII.10. Impacts for evaluations that examined add-on services



Source: Author calculations based on final reports of the RF local impact evaluations.

One evaluation that examined add-on services found generally favorable impacts on coparenting, job skills, and father involvement. The Healthy Relationships California evaluation examined the impacts of adding weekly phone coaching or case management to the standard RF workshop. Phone coaching resulted in favorable impacts on coparenting quality and fathers' caregiving behaviors. Case management resulted in favorable impacts on job skills. However, the addition of in-person peer mentoring and online Facebook activities in the Anthem Strong Families evaluation resulted in no significant impacts on parenting or coparenting outcomes.

VIII. Reflections and looking ahead

The 2015 cohort of RF grantees served fathers and couples and contributed to the knowledge base, expanding understanding of what the programs did and who their clients were. The detailed performance measures, required by ACF and collected by grantees, offer unprecedented detail on program operations and clients, including how clients changed during the program services. The information contributes to ACF's learning agenda, which, like other such agendas, aims to continually improve program performance by capitalizing on existing evidence and generating new knowledge (Burwell et al. 2013).

The results show a range of information about the 40 RF grantees. The programs engaged more than 64,000 clients. The median time between clients' first and last service was about six weeks (43 days) for community and reentering fathers. Among all RF clients (including those who never attended workshops), community and reentering fathers participated in 24 median hours of workshops. The most common challenges—identified by more than half of grantees— were getting clients to attend services regularly (51 percent of grantees) and to complete services (58 percent). However, these challenges decreased over time. Community fathers reported improvements in parenting, such as increased contact with their children. Fathers were less likely to say they were in a relationship at the end of the program compared to the beginning. However, community fathers in relationships at program entry and exit reported improvements in how they and their partner handled conflicts. Fathers' economic well-being improved, such as employment and difficulty paying bills. These changes were not necessarily caused by the program, however. The impact evaluations showed the programs improved some coparenting quality and economic stability outcomes. They found few to no impacts on healthy relationships, parenting skills and behaviors, or child well-being.

These findings can provide a foundation on which future programs can build to continue operating and improving RF programs. In September 2020, OFA funded a fourth cohort of 58 RF grantees under the grant program named Fatherhood—Family–focused, Interconnected, Resilient, and Essential (Fatherhood FIRE). Fatherhood FIRE grants fund projects that integrate economic stability services, healthy marriage education, and activities designed to foster responsible parenting (https://www.acf.hhs.gov/ofa/programs/healthy-marriage/responsible-fatherhood). Grantees can serve fathers who live in the community as well as those who are within nine months of release from incarceration and who intend to return to their communities and families. As did the 2015 cohort, the 2020 cohort will collect performance measures on their programs and clients and a subset of grantees will conduct local evaluations. This information will allow ACF and the field as a whole to continue learning how to support healthy families now and in the future.

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