

An Early Evaluation of a Responsible Fatherhood Program, Fathers Empowered to Learn, Lead and Achieve Success (FELLAS)

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Abstract

OBJECTIVES. This study was a pilot test of the FELLAS responsible fatherhood program. **METHODS.** Fathers (n=262) completed a 35-hour program designed to help them improve life skills, parenting skills, and make progress toward economic stability. The analytic sample consisted of 131 fathers who had completed questionnaires at pretest, posttest, and six-month follow-up. The quantitative measures were not specific health outcomes but have been shown to have a positive influence on health. Some fathers also participated in focus groups, the purpose of which was to gain feedback from participants about their views of the program and the skills they had gained from the program. **RESULTS.** Participants showed significant improvement from pretest to posttest for five of the seven outcome measures, including: “Attitudes toward finances,” “Parenting skills,” “Father’s involvement,” “Conflict resolution,” and “Decrease in unemployment.” These changes were maintained at the six-month follow-up for four of the five measures, with exception to “Father’s involvement.” One of the outcome measures, which did not show change from pretest to posttest, “Increase in full-time employment,” did show significant change from pretest to follow-up. Participant feedback from fathers in the focus groups was also positive and included the development of more positive parenting skills. **CONCLUSION.** The positive results shown in this pilot study set the stage for a more rigorous evaluation of the intervention.

Keywords: Community health; minority health; fathers

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Introduction

This article presents early findings from an evaluation of the responsible fatherhood program, FELLAS, developed by the Partnership for Maternal and Child Health of Northern New Jersey (The Partnership). The project was funded by the Office of Family Assistance (OFA). OFA provides support to

grantees in delivering comprehensive healthy relationship and marriage education services, along with job and career advancement activities, to promote economic stability and family well-being (Office of Family Assistance, 2024).

During the current five-year funding cycle, which began in October 2020, the Responsible Fatherhood programming is

labeled Fatherhood F.I.R.E. (Fatherhood—Family-focused, Interconnected, Resilient, and Essential). These grants were targeted exclusively to projects designed for adult fathers. This was defined as fathers aged 18 or older. Eligible fathers (or father figures, for example stepfathers, grandfathers, other male relatives, or foster fathers; men who fill the father role) must have children aged 24 or younger. According to OFA, these fathers may be community fathers, fathers who are currently incarcerated, or previously incarcerated fathers who have returned to their families and communities.

OFA funds both descriptive studies and more rigorous evaluations. Descriptive studies serve as pilot projects, allowing organizations to assess initial outcomes. Those that demonstrate positive results can position themselves for a more rigorous evaluation project. FELLAS was funded as a descriptive study.

Father involvement significantly impacts fathers, their children, and their overall well-being. Research suggests that positive father involvement enhances children's cognitive development and academic achievement (Fagan & Kaufman, 2015) and contributes to their social and behavioral well-being (Osborne et al., 2014). Children with involved fathers are more likely to graduate from high school (Fuimaono, 2017; Herrell, 2020; Ward, 2008). Additionally, those with loving and engaged fathers tend to excel academically, demonstrate empathy, develop healthier self-esteem, and avoid negative behaviors such as truancy, drug use, and criminal activity. Teens who report emotional closeness with their fathers are more likely to engage in positive behaviors and less likely to participate in theft, cheating, drug use, or alcohol consumption. Additional research confirms the importance of father involvement in child and adolescent health (Ali & Dean, 2015; Alleyne-Green et al., 2014; Gony & Van Dulmen, 2010; Yoon

et al., 2018). These benefits extend to children of both co-residential and non-residential fathers (Gony & Van Dulmen, 2010). Overall, a lack of father involvement is associated with negative outcomes for children of all ages, while positive father involvement leads to beneficial developmental outcomes (Karberg et al., 2019).

Because father involvement yields substantial benefits, several responsible fatherhood programs have been developed and implemented. The goal of these programs is to help fathers develop essential skills for effective parenting. These include improved communication, conflict management, relationship-building, and financial literacy skills that support financial self-sufficiency. A key objective of many fatherhood programs is to improve fathers' employment status—transitioning from unemployment to part-time or full-time employment with sufficient wages to support themselves and their families.

Are fatherhood programs effective? Additionally, do responsible fatherhood programs impact the physical and mental health of participating fathers and the health status and behaviors of their children?

Several studies have examined the effects of fatherhood programs on participant outcomes. While some programs have demonstrated positive changes, many evaluations have lacked rigorous methodologies (Fuger et al., 2008). Holmes et al. conducted meta-analyses of fatherhood program evaluations in 2010 and 2020. The 2010 analysis focused on programs for resident fathers, incorporating 16 studies. When six outcome measures were combined into a single metric of program success, results indicated a statistically significant effect with a small effect size. Studies that included both short- and long-term follow-ups also showed significant effects, though with a reduced effect size. While some

specific outcome measures were significant, not all showed meaningful improvement (Holmes et al., 2010).

The 2020 meta-analysis (Holmes et al., 2020) included 30 independent studies targeting never-married, low-income fathers. Most of these studies used a one-group, pretest-posttest design without control groups or follow-ups. The analysis found small but statistically significant improvements in father involvement, parenting, and co-parenting. Importantly, no significant impact was observed on father employment, economic well-being, or child support payments. Since the 2020 meta-analysis, additional studies have been published. For example, Peterson et al. (2022) evaluated the FACT Fathers program and found that participants were more likely to be employed than those in the control group. However, there was no difference between groups in making child support payments.

Kohl et al. (2022) conducted a randomized controlled trial comparing two fatherhood programs: one offering 240 hours of programming, and the other 80 hours. Both groups showed within-group improvements in parenting, psychological well-being, and financial outcomes, but there was no significant difference between the two levels of treatment. There was no true control group.

The TRUE Dads project evaluation also used a randomized controlled trial. One year after enrollment, intervention fathers showed fewer depressive symptoms, reduced destructive communication and domestic violence, and increased employment compared to controls. Effect sizes (Cohen's *d*) for significant variables ranged from .13 to .18. While these may seem small, they are larger than those found in other healthy marriage/responsible fatherhood programs (Cowan et al., 2022).

Finally, Kim & Jang (2023) examined the TYRO Dads project using a randomized controlled trial. There were no significant differences between the treatment and control groups. However, within the treatment group, fathers attending the most sessions showed improvements in parenting satisfaction, parenting efficacy, co-parenting relationships, and role identity when compared to fathers attending fewer sessions. No effect sizes were reported.

While previous evaluations have yielded mixed results, many studies relied on designs lacking control groups or long-term follow-ups, limiting the strength of their conclusions. This study contributes to the field by assessing improvements made by participants in the FELLAS program. The evaluation used a descriptive study design that explored both short-term and six-month follow-up outcomes. This included determining: (1) whether FELLAS participants improved their scores relative to: Attitudes toward finances, Perceived parenting skills, Father involvement, Conflict resolution, Communication with partner, and Employment status, (2) whether immediate pretest-posttest changes were maintained at six-month follow-up, and (3) whether improvement in participant scores varied by selected demographic variables.

Methods

Participants

For the five weeks prior to the start of each cohort, the Father Program Specialists (FPSs) recruited fathers by conducting street outreach throughout Essex County, outreach in-person at childcare centers and schools, and outreach and marketing to local partners requesting referrals to the program. They also encouraged fathers who had previously completed the program to assist with word-of-mouth marketing. Recruitment was also

facilitated, in part, by the partnership's extensive experience in the community. The goal was to have five active FPSs, but due to staff turnover, that was not always the case. Each FPS was responsible for recruiting 12 participants for each cohort. Two cohorts were conducted each year. Thus, the goal for the project was 120 participants per project year. Of the 262 participants who were eligible to complete the six-month follow-up questionnaire, 153 did successfully complete it (58%). Of those who completed the six-month questionnaire, 131 (87%) were matched across all three timeframes. Thus, the analytic sample for this study includes the 131 participants who completed pretest, posttest, and six-month follow-up questionnaires (50%).

Each FPS facilitated the FELLAS programming for the 12 fathers they recruited and also served as the case manager for those fathers. The participants were fathers who were at least 18 years of age and who had at least one child aged 24 or younger. The average age of the participants at pretest was 36.5 years. A substantial minority of the participants (29%) were unemployed at the time of enrollment in the project. Racial/ethnic composition was 86% Black, 2% White, and 12% other races. Characteristics of the sample are shown in Table 1.

Intervention

The intervention was the FELLAS fatherhood program. It involved 35 hours of workshop training, with three components: (1) 24/7 Dad, a father-focused, parenting curriculum – 24 hours (Brown & Bavolek, 2017), (2) Couples Communication 1, a relationship and marriage strengthening curriculum – five hours (Miller et al., 1976), and (3) a comprehensive array of services designed to promote economic stability – six hours. The program was designed to be

taught over 15 weeks, two-three hours per week.

Each FPS facilitating the program was required to have a minimum of an associate's degree and two years of experience working in case management and providing group workshops or teaching classes. Hiring preference was given to FPS applicants who had a bachelor's degree in health education, community health, social work, or a related area, and who were familiar with the area and with local culture.

Evaluation Design

The evaluation design included one group with a pretest, posttest, and six-month follow-up. There was no control group. The study was implemented from a single site in Essex County, NJ.

Focus Groups

In addition to quantitative data, qualitative data were also collected via focus groups. The purpose of the focus groups was to gain feedback from participants about their views of the program and the skills they had gained from the program. The focus groups were facilitated by an African American male with a graduate degree in social work and extensive experience in conducting focus groups. Two separate focus groups were conducted with FELLAS participants. One group included participants who had recently completed the program. The second group included participants who had completed the program six months earlier.

Program staff have noted that, in the past, fathers who just completed the program have typically seemed to have a positive view of the program and the skills they believe the program has helped them develop. A focus group with fathers who have just completed the program gave the evaluation team a chance to hear directly from fathers. A

second, delayed focus group presented an opportunity to hear from former participants now somewhat removed from the program as to how they may have applied the skills they learned in the program.

FPS contacted participants from their newly completed cohort and participants who had completed the program six months earlier, inviting them to participate in a focus group. These prospective focus group participants were offered a \$25 gift card for their participation. Focus group participants were those who accepted the invitation and volunteered to participate. The focus group sessions were an hour long and featured eight structured questions, including questions about the skills participants had acquired during the FELLAS program. Sessions were not video or audio recorded in order to alleviate participants' privacy concerns. An assistant, also experienced in working with focus groups, took extensive notes. Individual responses were transcribed to note cards. Cards were organized by themes.

An inductive coding method was used to identify emergent themes from the session notes. Similar codes were subdivided into subthemes, and an axial coding method was used to group codes into broader themes.

Testing Instruments

The testing instrument was a self-report questionnaire developed by the evaluation team in cooperation with FELLAS staff. It was used at pretest, posttest, and the six-month follow-up. It was available to participants via Qualtrics survey software. The questionnaire items for the evaluation addressed seven outcome measures: (1) Attitudes toward finances, (six items, Cronbach's α 0.85). Additionally, in a previous study, this scale was found to have an alpha of .83 at pretest and .84 at posttest (Young et al., 2021). A sample item from the scale is: "Learning how to make a budget is a

useful way to manage money and reach goals." (2) Perceived positive parenting skills, (12 items, Cronbach's α 0.91). This scale was a subset of the Cleminshaw-Guidubaldi Parenting Satisfaction scale (Guidubaldi & Cleminshaw, 1989). The scale developers found the sub-scale to have an internal consistency score of 0.83. A sample item from the scale is: "Show my child(ren) love and affection frequently." (3) Father involvement, (three items, Cronbach's α 0.53). This scale was developed specifically for this study. A sample item from the scale is: "Fathers who regularly read to their young child are playing an important role in their child's academic development." (4) Conflict resolution skills, (six items, Cronbach's α 0.82), This scale was previously found to have an alpha of .83 (Young et al., 2021). A sample item from the scale is: "The best way to solve a problem is to share ideas so that everyone is satisfied with the discussion." (5) Communication with partner, (10 items, Cronbach's α 0.48). This scale was previously found to have an alpha of .87 (Young et al., 2021). A sample item from the scale is: "With my partner, I believe that there are two sides to every question, and I try to look at them both." (6) Decrease in unemployment. (7) Increase in full-time employment. The first five measures were multi-item scales. Three of the measures included statements to which participants responded on a four-point Likert-type scale indicating their degree of agreement or disagreement (1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree). The fourth measure, Communication with partner, used a five-point scale from 0 (lowest) to four (highest). The fifth measure, "Perceived positive parenting skills," used a seven-point scale. Participants responded to statements indicating their perceived skill level from 0 (lowest) to 6 (highest). The two employment status measures used a single, multiple-choice item that asked participants

to indicate their current level of employment.

Procedures

The FELLAS program was implemented in Essex County, New Jersey. All participants completed a pretest, self-report questionnaire. After completion of the pretest questionnaires, participants attended FELLAS classes. Immediately following the completion of the training, participants completed a posttest questionnaire. Six months following the completion of the program, participants completed a six-month follow-up questionnaire.

Data Analysis

Frequency counts and percentages were used to report the characteristics of the sample. Descriptive statistics (means and standard deviations) were used to report scores for each of the five non-employment outcome measures. To determine whether there was a difference in scores by test time on these five measures, a repeated measures analysis of variance was conducted, with a t-test used for pair-wise post hoc comparisons. Chi-square was used to determine whether there were changes in each of the two employment status outcomes from pretest to posttest, and from pretest to follow-up.

Results

Quantitative Results

Characteristics of the analytic sample, at pretest, are shown in Table 1. This includes age, race, education, partner status, and employment status. There were 388 participants who completed at least a portion of one or more of the three questionnaires. This included 96 participants who completed only the pretest questionnaire, 123 participants who completed the pretest and

posttest, but not the follow-up, and 15 participants who completed the pretest and the six-month follow-up. Additionally, there were eight participants who completed only the posttest, and one participant who only completed the follow-up. Finally, there were 10 participants who completed portions of all three questionnaires but did not yield usable data; i.e., there were none of the multi-item scales for which these participants responded to all items for all three test times. The analytic sample consisted of 131 participants who did complete matching pretest, posttest, and six-month follow-up questionnaires.

Because of the high attrition rate, Table 1 also includes the characteristics of the 257 participants who provided some data but were excluded from the analytic sample. Comparisons were made between the analytic sample and the excluded participants relative to age (in actual year and by age group), race, ethnicity, employment status, current partner status, and education. There were no significant ($p < .05$) differences between the two groups on any of these variables. Baseline comparisons were also made between the analytic sample and those participants excluded from the analytic relative to scores on the multi-item scales used to measure "Attitudes toward finances," "Parenting skills," "Father involvement," "Conflict resolution," and "Communication with partner." There was a difference between the two groups for one of the five scales, Parenting skills ($p < 0.001$), with participants in the analytic sample scoring significantly higher than those excluded from the analytic sample. These results are shown in Table 2.

Results of the repeated measures analysis of variance showed statistically significant differences ($p < .01$) for four of the five non-employment outcome measures. This included: 1. Attitudes toward finance ($p < 0.0001$, partial $\eta^2 = 0.093$). Pairwise comparisons (t-tests) showed a significant

Table 1

Comparison of baseline characteristics between analytical and excluded sample

| Characteristics | Analytical | Excluded | p-value |
|---|------------|------------|---------|
| | N=131 | N=257 | |
| Age in years, mean(SD) | 36.6 (8.5) | 36.5 (9.1) | 0.876 |
| Age Group, n(%) | | | 0.286 |
| 18-29 Years | 27 (20.6) | 54 (21.0) | |
| 30-49 Years | 96 (73.3) | 159 (61.9) | |
| ≥50 Years | 8 (6.1) | 25 (9.7) | |
| Missing | 0 | 19 (7.4) | |
| Race, n(%) | | | 0.512 |
| Black or African-American | 102 (77.9) | 199 (77.4) | |
| White | 4 (3.1) | 5 (1.9) | |
| Other | 24 (18.3) | 35 (13.6) | |
| Missing | 1 (0.8) | 18 (7.0) | |
| Ethnicity, n(%) | | | 0.691 |
| Hispanic or Latino | 19 (14.5) | 32 (12.5) | |
| Not Hispanic or Latino | 108 (82.4) | 206 (80.2) | |
| Missing | 4 (3.1) | 19 (7.4) | |
| Employment Status, n(%) | | | 0.536 |
| Not employed | 41 (31.3) | 74 (28.8) | |
| Full time Employment | 63 (48.1) | 128 (49.8) | |
| Part-time employment | 26 (19.8) | 38 (14.8) | |
| Missing | 1 (0.8) | 17 (6.6) | |
| Current partner status, n(%) | | | 0.144 |
| No current partner (unpartnered) | 53 (40.5) | 83 (32.3) | |
| Romantically involved on a steady basis | 65 (49.6) | 123 (47.9) | |
| In an on-again and off-again relationship | 10 (7.6) | 34 (13.2) | |
| Missing | 3 (2.3) | 17 (6.6) | |
| Education, n(%) | | | 0.563 |
| No degree or diploma | 6 (4.6) | 23 (8.9) | |
| High School GED | 17 (13.0) | 33 (12.8) | |
| High School diploma | 59 (45.0) | 98 (38.1) | |
| Vocational or technical certification | 10 (7.6) | 20 (7.8) | |
| Some college but no degree | 25 (19.1) | 37 (14.4) | |
| Associate degree or above | 12 (9.2) | 30 (11.6) | |
| Missing | 2 (1.5) | 16 (6.2) | |

*p-values are derived from independent sample t-test for continuous variable and chi-square for categorical variables.

Table 2*Distribution of outcomes during pretest in analytical and excluded sample*

| Outcome | Analytical | | Excluded | | p-value* |
|----------------------------|------------|-------------|----------|-------------|----------|
| | N | Mean (SD) | N | Mean (SD) | |
| Attitudes Toward Finances | 126 | 3.36 (0.45) | 238 | 3.32 (0.48) | 0.412 |
| Parenting Skills | 122 | 5.17 (0.85) | 229 | 4.60 (1.03) | <0.001 |
| Father's Involvement | 126 | 3.28 (0.55) | 235 | 3.22 (0.52) | 0.349 |
| Conflict Resolution | 127 | 3.31 (0.44) | 237 | 3.37 (0.45) | 0.202 |
| Communication with partner | 123 | 3.46 (0.38) | 234 | 3.44 (0.55) | 0.809 |

*p-values are derived from independent sample t-test.

improvement from pretest to posttest ($p=0.001$), and from pretest to follow-up ($p<0.001$), but not from posttest to follow-up ($p=1.00$). 2. Parenting skills ($p<0.001$, partial $\eta^2=0.117$). Pairwise comparisons (t-tests) showed a significant improvement from pretest to posttest ($p<0.001$), and pretest to follow-up ($p<0.001$), but not from posttest to follow-up ($p=1.00$). 3. Father involvement ($p=0.002$, partial $\eta^2=0.052$). Pairwise comparisons (t-tests) showed a significant improvement from pretest to posttest ($p<0.001$), but not for pretest to follow-up ($p=0.937$), or from posttest to follow-up ($p=0.061$). 4. Conflict resolution ($p<0.0001$, partial $\eta^2=0.098$). Pairwise comparisons (t-tests) showed a significant improvement from pretest to posttest ($p<0.001$), and from pretest to follow-up ($p<0.001$), but not from posttest to follow-up ($p=1.00$). There were no significant differences for "Communication with partner" ($p=0.584$). These results are shown in Table 3.

To determine whether improvement in participant scores varied by demographic variables, repeated measures of analysis of variance was conducted by age group, pretest education level, and pretest employment status. For each analysis, the demographic

variable was included as a within subject term in the repeated measures analysis of variance.

For age group, three age groups were established: 18-29, 30-49, 50 and older. Across the five outcome variables, there was a significant within group difference ($p=0.020$) for Conflict resolution from pretest to follow-up in the 18-29 age group. There were no between group differences.

For pretest employment status, three levels of employment were established: unemployed, part-time, and full-time. Across the five outcome measures, there was a significant ($p=0.003$) within group difference for Communication with partner from pretest to follow-up in the part-time employment group. There were no between group differences.

For pretest education, three levels of education were established: less than high school, high school, and more than high school. Across the five outcome measures, there were no significant within group or between group differences.

To determine whether program participation was associated with reduced levels of unemployment and/or increased levels of full-time employment, data were

Table 3*Improvement after intervention on non-employment outcome measures*

| Outcomes | Pre-test | | Post-test | | 6-months post | | Differences across the three test times * | | |
|----------------------------|----------|-------------|-----------|-------------|---------------|-------------|---|---------|---------------------|
| | N | Mean (SD) | N | Mean (SD) | N | Mean (SD) | F | p-value | Partial η^2 ** |
| Attitudes Toward Finances | 126 | 3.37 (0.45) | 126 | 3.56 (0.43) | 126 | 3.60 (0.41) | 12.494 | <0.0001 | 0.093 |
| Parenting Skills | 120 | 5.17 (0.86) | 120 | 5.52 (0.69) | 120 | 5.53 (0.73) | 15.765 | <0.0001 | 0.117 |
| Father's Involvement | 122 | 3.29 (0.52) | 122 | 3.47 (0.55) | 122 | 3.35 (0.59) | 6.653 | 0.002 | 0.052 |
| Conflict Resolution | 122 | 3.33 (0.39) | 122 | 3.49 (0.41) | 122 | 3.53 (0.38) | 13.126 | <0.0001 | 0.098 |
| Communication with partner | 119 | 3.46 (0.39) | 119 | 3.47 (0.41) | 119 | 3.50 (0.38) | 0.584 | 0.554 | 0.005 |

*Statistics are derived from repeated measures ANOVA. ** Effect sizes are reported using partial eta squared (η^2_p). Although Cohen (1988) did not provide benchmarks for partial eta squared specifically, the conventional thresholds for eta squared (.01 = small, .06 = medium, .14 = large) are often applied for interpretive purposes. For the four non-employment outcomes that showed statistically significant improvement, three met the criterion for medium effect size, and the remaining outcome met the criterion for small effect size.

analyzed using chi-square. From pretest to posttest, there was a significant reduction in unemployment ($p=0.044$, $\phi = 0.124$), but not a significant increase in full-time employment ($p=0.122$). At follow-up, there was a significant difference from pretest ($p<0.001$, $\phi = 0.277$), and there was a significant increase from pretest in full-time employment ($p=0.012$, $\phi = 0.155$). These results are shown in Table 4.

Focus Group Results

From the qualitative analysis process, four themes emerged: (1) employment and money management, (2) communication and relationships, (3) services and intervention (curriculum), and (4) staff engagement. In each of these categories, participants reported improvements in areas such as job skills, money management, anger management, and

rapport with partners, co-parents, and offspring. Regarding the themes of the curriculum and program interventions, the respondents reported positive experiences. The theme of staff engagement appeared to be of particular importance, as the respondents expressed praise and appreciation for the professionalism and dedication of the staff. Isolating and measuring the impact of staff relationships with participants may be an area to pursue in future research.

Elaborating on the impact of the identified themes, the responses from the participants in both focus groups were positive about the curriculum, the FELLAS staff, and the skills they had developed. They specifically indicated the FELLAS curriculum helped them improve communication skills, parenting skills, and relationships with spouses, partners, and children. In addition,

Table 4*Changes in employment status at different stages of intervention*

| Employment Status | Pre-test N=130 | Post-test N=131 | 6-months N=130 |
|--------------------------------------|-------------------|--------------------|-------------------|
| Not employed | 41 (31.5%) | 27 (20.6%) | 12 (9.2%) |
| Full time Employment | 63 (48.5%) | 76 (58.0%) | 83 (63.8%) |
| Part-time employment | 26 (20.0%) | 28 (21.4%) | 35 (27.0%) |
| Not Employed v Employed | Chi-square | Probability | Phi |
| Pretest – Posttest | 4.044 | 0.044 | 0.124 |
| Pretest – 6-months | 19.931 | <0.0001 | 0.277 |
| Full time v Not Employ FT | | | |
| Pretest – Posttest | 2.392 | 0.122 | -0.096 |
| Pretest – 6-months | 6.248 | 0.012 | -0.155 |

*When interpreting the values of Phi, values of at least .1 are considered a small effect size, .3 a medium effect, and .5 a large effect (Cohen, 1988). For the three employment outcomes that were statistically significant, all three met the criterion for a small effect size.

participants indicated that they learned stress management and important life-management skills. Importantly, they recognized that for the skills they had learned to be improved and maintained, it would be necessary to put these skills to use in their everyday lives. For example, one new program graduate said, “If I want the skills to stay with me, I need to study behaviors and different interactions so that I can implement these skills in my daily life. I need to start using the skills immediately after each session so I don’t forget.”

One difference between the two groups is that fathers in the delayed focus group emphasized that one of the benefits of the program was that it has resulted in better relationships with other men. This was at least in part because of the opportunities the program gave fathers to talk more openly with other men about various life challenges without worrying about being judged. They also expressed appreciation for the staff

staying in contact with them even after they had completed the program. One father said, “The program teaches you to keep trying. Change doesn’t happen in a day. The support from the staff, and the fact they kept up with me, was life changing. It helps more than I can ever say.”

Discussion

The purpose of this pilot study was to evaluate the effects of a fatherhood program. Specifically, researchers sought to: (1) examine changes in seven outcome variables among fathers participating in the FELLAS fatherhood program, (2) determine whether immediate pretest-posttest changes were maintained at six-month follow-up, and (3) determine whether improvement in participant scores varied by selected demographic variables.

Of the five non-employment outcome measures, four showed statistically

significant improvement. Of the four employment outcomes, three showed statistically significant improvement. The fact that improvement in participant scores did not vary by demographic variables is important. It means that, to the degree that such improvement can be attributed to the FELLAS program, the program was effective across demographic groups. Additionally, the positive feedback focus group participants provided regarding the FELLAS program and the skills they indicated they gained from the program complement the quantitative results.

In recent years, a number of fatherhood programs have been implemented. Are these programs successful? If by successful, one means improvement in the measured outcomes, the answer is generally yes. For example, the TRUE Dads project found small but statistically significant improvements in a number of outcome variables (Cowan et al., 2022). Effect sizes in that study ranged from $d = .13$ to $.18$, which were larger than those reported in many other large-scale Healthy Marriage/Responsible Fatherhood (HMRF) studies. Also, in a meta-analytic study of fatherhood programs, Holmes et al. (2010) identified 16 studies with 200 reported effect sizes. These studies all involved resident fathers. There was a small ($d=0.26$) overall effect size. Additionally, Holmes et al. (2020) published a second meta-analysis. This research included 25 reports and 30 independent studies that examined the effects of fatherhood programs that targeted fathers who were nonresident, not married, and low income. Overall, the programs produced statistically significant effects. Statistically significant effects for specific outcomes were limited to father involvement, parenting, and co-parenting. The largest effect size was $d=0.167$.

In our study, of the seven outcome variables that demonstrated statistically significant improvement, three of them met

the criterion for medium effect size, while the remaining four met the criterion for small effect size. This is notable because many prior evaluations of fatherhood programs have not reported effects large enough to meet Cohen's (1988) small-effect benchmark.

Why did the findings of the present study turn out the way they did? Do the findings of the FELLAS project relate to health outcomes? The study did not include direct measures of health or health behaviors, but the findings do relate to health outcomes.

Attitudes toward finances. FELLAS participants showed improvement in attitudes toward finances. This low-income group of fathers was highly motivated to improve their economic situation. The staff also reported that, especially in teaching about finances, they attempted to meet the individual needs and interests of the participating fathers.

Attitudes toward finances can be viewed as one aspect of financial health. Weida et al. (2020) indicated that financial health should be viewed as an important social determinant of health. They found there were strong associations between financial health and both physical and mental health outcomes, including self-rated health and symptoms of depression.

Perceived parenting skills. FELLAS participants showed improvement in perceived parenting skills. A motivating factor for many of the fathers was to gain the opportunity to spend more time with their children. They believed that a major factor in making this happen was to demonstrate to their child's mother that they were becoming a better parent.

Improved parenting may also lead to better health outcomes. For example, Marmot (2016) posits that improving parenting skills can improve child development, leading to higher educational achievement, higher

income, secure employment, healthier lifestyles, and better health.

Father involvement. FELLAS participants also showed an increase in father involvement. Many of the fathers believed that when mothers became aware of the father's participation in the FELLAS program, they were more likely to provide opportunities for fathers to be involved in the lives of their children.

Other research has indicated that father involvement is important to children's well-being. This includes children's physical, cognitive, emotional, and social adjustment (Lansford, 2021; Osborne et al., 2014), as well as child health (Garfield & Isacco, 2011).

Conflict resolution. FELLAS participants demonstrated an increase in conflict resolution skills. Fathers quickly came to understand that avoiding and resolving conflict in non-violent ways was key to both developing better relationships and securing more opportunities to spend time with their children.

Conflict resolution interventions have been shown to reduce violence (Harmon-Darrow, 2022). Thus, the increase in conflict resolution skills may also result in reduced violence and provide both physical and emotional health benefits for family members.

Employment. FELLAS participants showed a decrease in unemployment and an increase in full-time employment. Many fathers enroll in fatherhood programs with the expectation that participation in the program will lead to improvement in employment status. Job training was not a specific part of the FELLAS program, but the program did place emphasis on the importance of securing employment and the responsibility of providing financial support for their children.

Additionally, through case management, participants who indicated an interest were provided referrals to job training programs.

In their systematic review, Rueda et al. (2012) found strong support for the physical and mental health benefits of unemployed workers returning to work. In fact, Healthy People 2030 also identified employment as a social determinant of health (U. S. Department of Health and Human Services, n.d.). Other research has indicated that returning to work can not only bring about financial security and higher living standards, but also a sense of purpose. This can lead to healthier diets, exercise, and improved mental health (The Health, 2024). The TRUE Dads project also found an increase in father employment (Cowan et. al., 2022), but the effect size was trivial. Interestingly, none of the studies included in the Holmes et al. (2020) meta-analysis found that programs influenced father employment or economic well-being.

Communication with partner. Communication with partner was the only outcome measure that did not show a statistically significant improvement from pretest scores. This is concerning given the extensive research linking the quality of the co-parenting relationship between a father and the child's mother to overall parenting effectiveness and child outcomes (Schoppe-Sullivan et al., 2023; Han et al., 2023). It is also an interesting quantitative finding, especially since FELLAS focus group participants indicated the program had helped them improve communication skills and relationships with spouses. One reason for no significant improvement in this measure might have been that even though every item in the scale made reference to "my partner" rather than communication skills in general, more than 40 percent of the fathers indicated they were not in a current relationship (not partnered).

Another possible explanation for this lack of improvement may be the high baseline scores, as shown in Table 2. Three of the five multi-item scales used in this study were measured on a four-point scale, with 4 being the maximum score. “Communication with partner” was measured on a five-point, 0-4 scale, but still had the highest pretest score at 3.46. The other three measures made statistically significant improvements from pretest to posttest. These improvements ranged from .16 for “Conflict resolution” to .19 for “Attitude toward finance.” This is in contrast to an only .01 change in “Communication with partner.” Though “Communication with partner” ranked highest at pretest, its limited room for improvement (the pretest score was 86.5% of the maximum possible score) may, in part, explain why it showed the least change from pretest to posttest, and little improvement from pretest to follow-up.

Limitations

Our pilot study does have some limitations. First, all of our measures were based on self-report data. We do not have other measures from sources other than the fathers that might corroborate what the participants reported. Improvements reported might be due to real, positive change, or participants might be reporting based on perceived social desirability. Additionally, the study did not have a control group, thus changes that were noted cannot be definitively attributed to the intervention. Focus group participants were those who volunteered to participate and thus may not be representative of the entire program participants.

There were 388 participants who completed at least a portion of one or more of the three questionnaires. The analytic sample consisted of 131 participants who completed matching pretest, posttest, and six-month follow-up questionnaires. The high attrition

rate makes it difficult to determine to whom the results generalize.

The study did include a six-month follow-up. It did show positive effects. In spite of the limitations, based on this pilot study, it appears that the FELLAS project has set the stage for a more rigorous evaluation in the future.

Implications For Health Behavior Research

This pilot study evaluated the FELLAS fatherhood program by assessing changes in participants’ scores on several outcome measures from pretest to posttest and at a six-month follow-up. Fathers demonstrated improvements on four out of five multi-item scales and on two employment status measures. It is important to note that the intervention lacked a specific health component, and the evaluation did not encompass health behavior or specific health outcome measures. Nonetheless, positive outcomes with small to moderate effect sizes were observed in areas associated with enhancements in both paternal and child health.

Given the descriptive nature of this pilot study and the absence of a control group, caution is warranted in interpreting these findings and their broader implications. It should also be noted that the observed changes were made by individual fathers within a single responsible fatherhood program, limiting the ability to generalize results.

Because existing research underscores the substantial influence fathers have on child and adolescent health behaviors and health outcomes (Ali & Dean, 2015; Alleyne-Green et al., 2014; Gony & Van Dulmen, 2010; Yoon et al., 2018), we believe it is important to further promote federal- and state-funded responsible fatherhood programs. We recommend these programs focus on

enhancing fatherhood involvement and employment opportunities. Additionally, incorporating health promotion components and including measures of health behaviors and outcomes could amplify the benefits for both fathers and their children.

Beyond individual program outcomes, several broader questions merit consideration: (1) How can essential lessons about fatherhood be integrated into our societal infrastructure? (2) In what ways can programs like FELLAS not only improve participant scores on selected outcome measures, but also make a positive contribution to community well-being? (3) What legislative or employer-related policies can support fathers (and mothers) in being more engaged with and supportive of their children?

To build on the findings of this pilot study, future research should employ more rigorous evaluation designs, such as randomized controlled trials, to identify interventions that effect positive, lasting change. In addition to the publication of the results of these studies in scholarly journals, it is crucial that such results be disseminated to program developers, legislators, and policy makers. Their decisions, based on our research, can significantly impact the lives of fathers, their families, and society at large.

Discussion Questions

A number of fatherhood programs, including the FELLAS project, have produced statistically significant outcome measures. How can researchers and policy makers know what these findings mean for fathers and their families relative to health behavior, health status, and quality of life?

How can health behavior researchers know if the effects we see in this project at six-months, or such effects in their own projects,

will translate to a better life for participants years from now?

In other health behavior research, do the changes in the health behavior of individual participants have an impact on participant families and communities?

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