



# PATHWAYS-TO-OUTCOMES SNAPSHOTS: TOOLS FOR BUILDING EVIDENCE FOR RESPONSIBLE FATHERHOOD (RF) PROGRAMS

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The Office of Family Assistance (OFA) within the Administration for Children and Families (ACF) funded the Parents and Children Together (PACT) evaluation to learn more about the effectiveness of the Responsible Fatherhood (RF) programs it funds. The evaluation showed positive impacts for the participating RF programs but was not designed to identify specific program activities that contributed to the impacts. To address this gap, the PACT team created a set of RF pathways-to-outcomes models described in this brief to visually depict how OFA-funded RF program activities may contribute to intended outcomes.<sup>1</sup> The Mathematica team developed the models using information from the PACT federal evaluation, discussions with RF practitioners and researchers, and a targeted literature review. The purpose of the models and recommendations is to advance the field of RF programming by suggesting future directions for research.

In these snapshots, we present four RF models as tools for practitioners and researchers to use when designing, improving, or evaluating RF programs. Each model visually represents hypothesized links between program activities and intended outcomes. To support continued building of the evidence base for RF programs, there is a recommendations table after each model with research questions for potential, future evaluations. These questions are informed by the program activities included in the pathways-to-outcomes models. Answering these questions may help determine how best to implement the program activities and whether they can be considered effective or evidence-based. Programs also need to carefully



consider how these activities could fit within or modify their existing services. In addition, though we present these models separately, readers should consider the full set of models and how they complement each other. A technical report describes each model in greater detail (Baumgartner et al. 2020).

Each pathways-to-outcomes model reflects one of four outcome domains targeted by RF programs and measured in the PACT evaluation: healthy relationships between co-parents (Model 1), father development and well-being (Model 2), consistent employment (Model 3), and parenting skills and father involvement (Model 4); for more information, see the full report by Baumgartner and colleagues (2020).<sup>2</sup> We developed models for outcome domains for which at least one RF program in PACT had a statistically significant impact (Avellar et al. 2018). Due to a lack of observed impacts for outcomes related to healthy

romantic relationships, we did not develop a hypothesis for this outcome domain. This remains, however, a targeted outcome for federally-funded RF programs and is being explored elsewhere.<sup>3</sup>

The pathways-to-outcomes models include the following components:

- The **hypothesis** is a summary statement that links key program activities to the short-term intended outcomes.
- **Key program activities** are what programs do to design, implement, and support the delivery of their services. The models do not present an exhaustive list of possible program activities that could affect outcomes.
- Given that high participation is necessary for fathers to experience benefits, each model includes **increased participation** as an **intermediate output**.
- **Outcomes** represent the expected changes for fathers following program participation. The models only include short-term outcomes, consistent with available evidence on impacts measured 12 months after program enrollment in the PACT evaluation.
- **Influence factors** define the broader context in which a program operates and underlie every component of the model. They encompass personal and environmental factors, including personal characteristics of individuals likely to have an influence on each model component, and the community context.

For additional context, a summary of the rationale for each model is provided below. Following the rationales, we present each of the four models and accompanying recommendations individually.

## **MODEL 1: HEALTHY RELATIONSHIPS BETWEEN CO-PARENTS**

This model focuses on helping fathers maintain a positive and respectful relationship with their co-parents. **An alliance between co-parents is essential to fathers being involved with their children and developing satisfying relationships with them.** For parents to support one another and manage their interactions, fathers must acquire

### **How to use these snapshots**

The following pages present the four RF pathways-to-outcomes models. After each model is a table of evidence-informed activities and evidence-building questions. Activities in the pathways-to-outcomes models are listed in the left-hand column of the table. The right-hand column presents two to three questions that correspond to each activity. The questions are ordered from overarching questions about the effectiveness of an activity to more specific questions about implementation and best practices.

**Practitioners** can use the models to choose activities that may enhance their programs. The questions in the accompanying tables—particularly implementation-focused questions—can generate conversation about how to tailor activities to the context of their program

**Researchers** can use the models to identify hypotheses about the connections between program activities and outcomes to test. The questions in the accompanying tables are specific questions that may be answered through future research on RF programs

Working together, **practitioners and researchers** can select program activities and design research to answer corresponding questions. Doing so will support the continued development of evidence for RF programs.

Although we present these models separately, readers should consider the full set of models and how they complement each other.

relationship skills, as well as parenting knowledge and skills, in order to contribute to child-rearing decisions and to share parenting responsibility. Thus, this model identifies the program activities and delivery methods that may have contributed to improved co-parenting relationships, as well as activities to remove barriers to effective co-parenting.<sup>4</sup>

## **MODEL 2: FATHER DEVELOPMENT AND WELL-BEING**

This model focuses on activities aimed at improving and promoting the personal growth and well-being of fathers. **Research suggests that low-income fathers are particularly at risk for a variety of mental and physical health conditions that may influence their ability to fulfill their roles as supportive parents, partners, and providers.** Thus, this model identifies RF program activities, delivery methods, and characteristics of program staff that may help to address father development and well-being.<sup>5</sup>

### **MODEL 3: CONSISTENT EMPLOYMENT**

This model focuses on activities aimed at improving fathers' economic stability. **Improving their employment situation was a primary motivation for fathers' enrollment in PACT, but many fathers faced significant barriers to labor market success.** Thus, this model identifies intensive and comprehensive work-related services that potentially increase the consistency of fathers' employment.<sup>6</sup>

### **MODEL 4: PARENTING SKILLS AND FATHER INVOLVEMENT**

This model focuses on activities aimed at increasing parenting skills, confidence in parenting abilities, and father involvement. Improving access to and the relationships with their children were high priorities for fathers in PACT, and **research finds linkages between parenting and father involvement and child well-being.** Further, improved parenting skills and increased involvement may benefit fathers as well as their children. Fatherhood motivated the participants in PACT to seek to transform their own lives and be a positive influence in their children's lives. Thus, this model identifies program activities that may improve parenting skills and father involvement.<sup>7</sup>

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## MODEL 1: HEALTHY RELATIONSHIPS BETWEEN CO-PARENTS



### Hypothesis

**Programs may improve fathers' co-parenting relationships by integrating personal development, parenting, and healthy relationships content in a group-based workshop, educating fathers about domestic violence, providing individual case management, and engaging co-parents.** Programs primarily address co-parenting through workshop content on personal development, parenting, and healthy relationships. When sequencing content, programs often offer personal development content, such as emotional well-being, goal setting, and personal accountability, before co-parenting content. Fathers should have opportunities to discuss co-parenting issues and challenges one-on-one with a qualified case manager or other staff member. Programs can partner with community providers to educate fathers on domestic violence. Supplementary services that help fathers reduce barriers to child access and engage co-parents may further strengthen fathers' co-parenting relationships.



### Key program activities to improve healthy relationships between co-parents

- Workshop
  - Integrate content in parenting, relationships, and personal development
  - Provide content on the importance of fathers in raising children, change fathers' ways of thinking to understand nurturing parenting and fatherhood as a core aspect of manhood, emphasize respect for co-parents, and teach effective communication skills
  - Create an atmosphere in which men feel comfortable
  - Cover personal development before co-parenting topics
- Provide one-on-one case management to help fathers address barriers to child access (such as housing stability, drug use, employment, and child support issues) and address issues with individual co-parenting relationships
- Partner with community stakeholders who can educate fathers on domestic violence, including physical, sexual, and emotional violence



### Expected short-term outcomes

- **Improved co-parenting**  
Fathers use positive conflict behaviors more often and negative conflict behaviors less often

Increased Participation



### Influence factors

**Participant characteristics:** Access to children · Age · Alcohol and drug use · Co-parenting styles · Criminal justice involvement · Domestic violence Education · Family structure and dynamics · Fatherhood beliefs and values · Gatekeeping · Mental health issues · Multi-partner fertility Relationship history · Relationship status · Residential status · Trauma histories

**Community and policy context:** ACF funding requirements · Crime · Family law · Poverty · Unemployment

## Recommendation Table 1: Healthy relationships between co-parents

<b>PRACTICE</b> <b>Evidence-informed Strategies</b>	<b>EVALUATION</b> <b>Evidence-building Research Questions</b>
<p>Implement a workshop that integrates parenting and relationship content</p>	<ul style="list-style-type: none"> <li>• Is a workshop that integrates parenting and relationship skills content more effective at improving co-parenting relationships than separate workshops addressing parenting and relationship skills?</li> <li>• Do fathers receive a greater dosage of parenting and relationship skills content in an integrated workshop or in separate parenting and relationship skills workshops?</li> <li>• What are best practices for integrating parenting and relationship skills curricula in a single workshop?</li> </ul>
<p>In an integrated workshop, cover personal development, such as emotional well-being, goal setting, and personal responsibility, before co-parenting topics</p>	<ul style="list-style-type: none"> <li>• Are integrated workshops more effective when personal development is addressed before co-parenting topics?</li> <li>• What are the most important personal development topics to cover before addressing co-parenting topics?</li> </ul>
<p>Provide one-on-one case management services to help fathers address barriers to child access and address issues with individual co-parenting relationships</p>	<ul style="list-style-type: none"> <li>• What are the most effective practices for providing case management to fathers enrolled in RF programs? What are the most effective practices for identifying needs and barriers of fathers?</li> <li>• What are fathers' greatest barriers to healthy co-parenting relationships, and how can case management services reduce those barriers?</li> <li>• How can RF programs identify and form strong relationships with community partners that provide services outside the scope of RF program services?</li> </ul>
<p>Partner with community stakeholders to educate fathers on domestic violence</p>	<ul style="list-style-type: none"> <li>• What are the most effective ways to address fathers' experiences as perpetrators and victims of physical, emotional, and psychological abuse?</li> <li>• What factors are most important to consider when selecting a community agency that offers domestic violence services?</li> </ul>
<p>Provide separate, supplementary services to co-parents</p>	<ul style="list-style-type: none"> <li>• What opportunities exist to integrate services for co-parents into RF programs?</li> <li>• What messages and strategies are most effective for increasing co-parents' willingness to engage with fathers enrolled in RF programs?</li> </ul>

## MODEL 2: FATHER DEVELOPMENT AND WELL-BEING



### Hypothesis

**Programs may support father development and well-being by reducing their risk for depression or depressive symptoms and associated risk of substance use disorder.** To achieve this, programs can encourage peer interactions, hire staff with whom participants can identify, and partner with mental health and substance use disorder treatment programs to increase access to these services. Programs may need to include substantial personal development content in core workshops.



### Key program activities to improve father development and well-being

- Program staff
  - Are representative of the community the program serves
  - Are qualified to address participants' challenges with relevant education, experience, and training in subjects such as counseling, social work, psychology, and activities such as trauma-informed care, cognitive behavioral therapy and motivational interviewing
- Encourage peer interactions and connections through cohorts, peer discussion groups, and events to develop social networks and reduce isolation
- Personal development content is integrated into the core workshop and:
  - Builds skills to address challenges through topics including emotional well-being, responding to discrimination, problem solving, socio-emotional skills, and health and physical fitness
  - Encourages fathers to take accountability through content including manhood and masculinity, personal responsibility, goal setting and values, asking for help, developing a positive mindset, managing stress and anger, and drug use
- Supplementary services includes:
  - Strong, formalized community partnerships for mental health services such as therapy and clinical services, and treatment for substance use disorder
  - Peer support group to discuss masculinity and manhood

Increased Participation



### Expected short-term outcomes

- **Improved well-being**  
Fathers experience a decrease in depressive symptoms, moderate or high depression, and feelings of external control
- **Decreased drug use**



### Influence factors

**Participant characteristics:** Access to children · Age · Alcohol and drug use · Criminal justice involvement · Family structure and dynamics · Health Mental health issues · Peers · Racism and discrimination · Residential status · Social networks and support · Social supports · Trauma histories

**Community and policy context:** ACF funding requirements · Availability of community-based organizations · Crime · Policing · Poverty

## Recommendation Table 2: Father development and well-being

<p><b>PRACTICE</b> Evidence-informed Strategies</p>	<p><b>EVALUATION</b> Research questions</p>
<p>Hire and train staff who are representative of the community the program serves and are qualified to address participants' challenges</p>	<ul style="list-style-type: none"> <li>• How can RF programs assess the quality or effectiveness of their staff?</li> <li>• What types of training are needed for staff to be effective at delivering program content?</li> <li>• How do staff backgrounds, demographic characteristics, and professional experiences influence participant outcomes?</li> <li>• How does hiring RF program graduates as staff influence participant satisfaction, engagement, and outcomes?</li> </ul>
<p>Build staff-participant relationships and foster peer relationships</p>	<ul style="list-style-type: none"> <li>• How can RF programs measure group cohesion and peer interactions?</li> <li>• Does greater group cohesion improve participation?</li> <li>• Do bonds between program participants persist after workshop completion?</li> <li>• How do enhanced social networks contribute to participant outcomes?</li> <li>• What are the best methods for building relationships among participants? How do staff characteristics, such as their educational, demographic, and experiential backgrounds, or similarity to participant characteristics, influence relationships with participants?</li> </ul>
<p>Integrate personal development content into the core workshop that builds skills to address challenges through topics including emotional well-being, responding to discrimination, problem solving, socio-emotional skills, and health and physical fitness</p>	<ul style="list-style-type: none"> <li>• Does including personal development content in a core RF workshop impact father development and well-being outcomes, such as reductions in the risk for depression and drug use?</li> <li>• What personal development topics and skills are foundational to program participants' success as parents, partners, and providers?</li> <li>• What personal development topics are typically addressed by parenting, relationship skills, or economic stability curricula, and how can they be enhanced or emphasized in a core workshop?</li> </ul>
<p>Partner with community stakeholders to provide mental health services such as therapy and clinical services and treatment for substance use disorder</p>	<ul style="list-style-type: none"> <li>• What are effective practices for identifying and assessing the needs of fathers?</li> <li>• How can RF programs best address the needs of program participants whose mental health or substance use issues prevent them from participating fully in the program?</li> <li>• What are effective practices for identifying and partnering with community agencies to address fathers' needs?</li> </ul>



## MODEL 3: CONSISTENT EMPLOYMENT



### Hypothesis

**Programs may improve fathers' employment and economic stability by providing intensive and comprehensive work-related services.** Programs may implement core employment services in a way that requires daily attendance and with sufficient dosage of content focusing on skills needed to acquire and retain a job, as well as case management and job development services.



### Key program activities to increase the consistency of employment

- Provide case management services to help fathers create plans that include goals about careers and focus on meeting social and health needs (e.g., housing, substance use disorder, medication) before job search activities
- Job development services identify employers and job openings for men with challenging backgrounds, such as criminal records
- Employment services
  - At least two weeks in length, with daily attendance required to mirror what it is like to go to a job site every day
  - Focus on exploring the benefits of work and strengthening pre-employment skills such as accountability, professionalism, communication, and responding to constructive feedback; emphasize personal growth
- Supplementary services include:
  - Opportunities for training, certification, and subsidized work; professional attire and work clothing; and other supports to reduce employment barriers
  - Strong partnerships with community colleges, workforce agencies, and other employment and training services to increase fathers' ability to obtain a living-wage job

Increased Participation



### Expected short-term outcomes

- **Increased labor market success** Maintain employment for a greater number of consecutive quarters during the year



### Influence factors

**Participant characteristics:** Alcohol and drug use · Criminal justice involvement · Educational attainment · Employment status and history  
Finances/income and debt · Health · Housing stability · Mental health issues · Peers · Social supports

**Community and policy context:** ACF funding requirements · Availability of community-based organizations · Availability of jobs · Crime · Poverty  
Safety net programs · Transportation

### Recommendation Table 3: Consistent employment

<p><b>PRACTICE</b> Evidence-informed Activities</p>	<p><b>EVALUATION</b> Evidence Building Research Questions</p>
<p>Provide case management to help fathers create plans that include goals about careers and focus on meeting social and health needs before job search activities</p>	<ul style="list-style-type: none"> <li>• How effective are case management services at increasing fathers' labor market success? What are the best practices for identifying employment needs and barriers?</li> <li>• What are the best practices for assessing whether someone is work ready?</li> <li>• What are the best practices for providing case management to fathers enrolled in RF programs?</li> </ul>
<p>Include job development services to identify employers and job openings for men with challenging backgrounds, such as criminal records</p>	<ul style="list-style-type: none"> <li>• What are the best practices for forming partnerships with employers to open doors for men in RF programs?</li> <li>• How important is it for job developers to work directly with fathers, and how important is it for job developers and case managers to be distinct roles within an RF program?</li> </ul>
<p>Provide employment services that require daily attendance over a minimum of two weeks, and are focused on strengthening pre-employment skills</p>	<ul style="list-style-type: none"> <li>• Does daily program attendance that mirrors a workplace schedule improve participants' labor market success?</li> <li>• What is a sufficient dosage of services needed to improve labor market success among program participants? What are the most important pre-employment skills low-income fathers can gain from an employment workshop?</li> <li>• How should programs balance offering content on pre-employment skills and job-seeking skills (such as résumé development and interview skills)?</li> <li>• How do low-income fathers view formal employment, and how can RF programs promote the benefits of formal employment?</li> </ul>
<p>Provide supplementary services that provide opportunities for education, training, certification, subsidized work experience, and other supports</p>	<ul style="list-style-type: none"> <li>• How effective are on-the-job training and subsidized employment experiences at improving labor market success for low-income fathers?</li> </ul>

## MODEL 4: PARENTING SKILLS AND FATHER INVOLVEMENT



### Hypothesis

Programs may improve fathers' parenting skills and increase involvement in their children's lives by frontloading parenting content in a group-based workshop that covers the importance of father involvement, child development, and co-parenting. Providing parenting services early in the program may engage fathers and increase the likelihood they receive parenting content. Programs may also need to help fathers reduce barriers to child access to increase effects on father involvement.



### Key program activities to improve parenting skills and increase father involvement

- Parenting workshop
  - Validates fathers' importance as parents and help them realize the value of spending time with their children in addition to providing financial support
  - Uses a curriculum that includes 12 or more hours of culturally-relevant and trauma-informed content including what it means to be a father; children's development and needs; co-parenting; and addressing past trauma
  - Takes place in first 2 to 4 weeks of program to improve engagement and increase the chances of receipt
- Encourage peer interactions and connections through cohorts, peer discussion groups, and events to encourage fathers to support one another, hold one another accountable, and build their personal beliefs about being positive influences on the lives of their children
- Provide one-on-one case management services to help fathers address barriers to access to children (such as housing stability, substance use disorder, employment, and child support issues) and address issues with individual co-parenting relationships

Increased Participation



### Expected short-term outcomes

- Improved parenting skills and self-efficacy Uses nurturing behaviors with child more often
- Increased father involvement Participates more frequently in age-appropriate activities with child



### Influence factors

**Participant characteristics:** Access to children · Age · Alcohol and drug use · Child's biological sex · Child's developmental stage · Co-parenting styles · Employment · Family structure and dynamics · Fatherhood beliefs and values · Finances/income and debt · Gatekeeping · Housing stability · Incarceration · mental health issues · Multi-partner fertility · Racism and discrimination · Relationship history · Relationship status · Residential status · Trauma histories

**Community and policy context:** Availability of community-based organizations · Family law · Housing rules

## Recommendation Table 4: Parenting skills and father involvement

<p><b>PRACTICE</b> Evidence-informed Activities</p>	<p><b>EVALUATION</b> Evidence Building Research Questions</p>
<p>Offer a parenting workshop that includes 12 or more hours of a culturally-relevant and trauma-informed curriculum,</p>	<ul style="list-style-type: none"> <li>• What is the minimum number of hours needed to achieve intended impacts, and how many hours of services should programs offer for most fathers to receive the necessary dosage?</li> <li>• What are the best practices for providing trauma-informed parenting content?</li> <li>• What are the best practices for designing a parenting workshop that upholds fathers' cultural backgrounds as a source of empowerment and emphasizes strong cultural values?</li> <li>• What are the best practices for identifying the relevant backgrounds and cultural context of an RF program's target population?</li> </ul>
<p>Offer the parenting content in the first 2 to 4 weeks of the program to improve engagement and receipt</p>	<ul style="list-style-type: none"> <li>• Are parenting services provided in a stand-alone workshop more or less effective than parenting services delivered as part of a core integrated workshop that includes employment or healthy relationship content?</li> <li>• What are the best practices for getting fathers to attend and remain engaged in services with parenting content?</li> <li>• How does front-loading parenting services in an RF program influence engagement and dosage?</li> </ul>
<p>Encourage peer connections and connections through cohorts, peer discussion groups, and events</p>	<ul style="list-style-type: none"> <li>• How can RF programs measure group cohesion and peer interactions?</li> <li>• How do enhanced social networks contribute to participant outcomes?</li> <li>• Does greater group cohesion improve participation?</li> <li>• How do bonds between program participants affect motivation to participate in program services and achieve parenting goals?</li> <li>• Do bonds between program participants persist after workshop completion?</li> <li>• How do bonds between program participants affect their self-efficacy and confidence in their roles as parents?</li> <li>• What are the best methods for building relationships among participants?</li> </ul>
<p>Provide one-on-one case management services to help fathers address barriers to access to children and to address issues with individual co-parenting relationships</p>	<ul style="list-style-type: none"> <li>• What are fathers' greatest barriers to father involvement, and how can case management services reduce those barriers?</li> <li>• What are the best practices for using individualized case management to reinforce and support parenting workshop content?</li> </ul>

## CONCLUSION

As a set, the pathways-to-outcomes models propose that the effectiveness of RF programs is influenced by a combination of program activities, individual characteristics, and the community and policy context in which the programs operate. Ideally, programs are built around the needs of participants, which may promote their participation in RF services and ultimately improve their outcomes as a result of participation.

The four models presented in these snapshots include research-informed hypotheses that have not yet been tested. Moreover, these models are not comprehensive—additional factors might be critical for programs to improve their overall effectiveness. However, the models can act as a guide to help practitioners consider all aspects of their RF programs, especially when designing a new program or improving an existing one. Further, the research questions included in these snapshots can provide researchers with future directions to explore in order to build the evidence base for RF programming that can inform program improvement efforts.

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**ENDNOTES**

<sup>1</sup> A companion brief presents a similar set of Pathways-to-Outcomes models for Healthy Marriage and Relationship Education programs (Friend et al. 2020).

<sup>2</sup> See Baumgartner et al. 2020 for a full description of the RF models; the process for determining the outcomes in the models; and the methods, evaluation findings, and literature used to develop the models.

<sup>3</sup> The Co-parenting and Healthy Relationship and Marriage Education for Dads (CHaRMED) project is an effort sponsored by OPRE to better understand how current RF programs support healthy marriages and relationships and identify future directions for healthy relationship programming in RF programs.

<sup>4</sup> Key literature informing the development of Model 1 includes Bronte-Tinkew et al. 2007; Bronte-Tinkew et al. 2010; Bryan 2013; Child and Family Research Partnership 2018; Coates and Phares 2014; Feinberg 2003; Seedall et al. 2014; Whitton et al. 2018.

<sup>5</sup> Key literature informing the development of Model 2 includes Coates and Phares 2014; Feinberg 2003; Pearson et al. 2018; and Wilmot and Dauner 2017.

<sup>6</sup> Key literature informing the development of Model 3 includes Pearson et al. 2018 and Redcross et al. 2012.

<sup>7</sup> Key literature informing the development of Model 4 includes Parra-Cardona 2019 and Pearson et al. 2018.

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