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# An Analysis of Father Involvement Practices in Early Childhood: Implications for Early Intervention Service Delivery

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AN ANALYSIS OF FATHER INVOLVEMENT PRACTICES IN EARLY CHILDHOOD:  
IMPLICATIONS FOR EARLY INTERVENTION SERVICES

by

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B.S., Southern Illinois University, 2010

A Research Paper

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in the field of Special Education

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TITLE: AN ANALYSIS OF FATHER INVOLVEMENT PRACTICES IN EARLY CHILDHOOD: IMPLICATIONS FOR EARLY INTERVENTION SERVICES

MAJOR PROFESSOR: Dr. Deborah A. Bruns

While research has shown the important role fathers play in young children's lives, fathers are often not involved in Early Intervention services. This literature review will examine father involvement in early childhood programs in the United States, father involvement in early childhood programs in other countries, and staff perceptions of father involvement in early childhood programs. Findings include fathers preferred attending activities for all family members, and designed to support children's growth and development. Fathers were not as likely to participate in men-only activities. Barriers to father involvement such as scheduling, lack of energy and resources, and child's mother prefers to be more involved in activities were identified. Staff attitudes and perceptions of father involvement were found to help or hinder father involvement. Recommendations and implications for Early Intervention services are presented.

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## CHAPTER 1

### INTRODUCTION

Infants and toddlers with disabilities have been receiving Early Intervention (EI) services since the 1986 reauthorization of the Individuals with Disabilities Education Act (IDEA) Part C. Part C is the delivery of EI services to enhance the development of infants and toddlers with disabilities and encourage families to support the needs of their children (IDEA, 2004). Services may include developmental therapy, physical therapy, occupational therapy, speech therapy, assistive technology, audiology, family training and support, medical services, nursing services, nutrition services, and vision therapy.

Children are eligible for EI services if they have a disability or developmental delay in one or more developmental areas. EI services are intended to help family members recognize the special needs of their child and enrich his or her development (Keilty, 2008; Mahoney & Wiggers, 2007; Sawyer & Campbell, 2012). Service providers and families work together to help children develop skills that typically appear during the first three years of life (e.g. cognitive skills, communication skills, and social/emotional skills). Including parents in EI services is important for a variety of reasons including integrating natural learning opportunities into daily routines and activities (Mahoney & Wiggers, 2007; Sawyer & Campbell, 2012). According to DEC Recommended Practices, service providers should include families in the decision-making process, respect their values and decisions, and provide needed support to best meet the needs of the child and family (Sandall et al., 2005; Trivette & Dunst, 2005). In addition, Belsky's (1984) process model of the determinants of parenting should be considered. The model demonstrates how an individual parent, individual child, and the broader social context of the parent-child

relationship including the marital relationship, social networks, and occupational experiences of parents influence parenting and available supports.

According to Keilty (2008), routine activities provide opportunities for promoting child development. Service providers support families' use of routine activities by embedding intervention strategies in everyday learning opportunities such as mealtimes and hygiene routines (Flynn-Wilson & Wilson, 2004; Keilty, 2008; Trivette & Dunst, 2005). Promoting caregiver's skills to assist their child's development is crucial to achieve developmental outcomes (Sandall et al., 2005; Swanson, Raab, & Dunst, 2011; Turbiville & Marquis, 2001).

The DEC Recommended Practices recommend that interventionists implement practices that empower caregivers to enhance their children's learning between home visits (Trivette & Dunst, 2005). A study by Sawyer and Campbell (2012) found that the role of EI providers must include teaching caregivers how to embed intervention targets into everyday activities and routines to provide maximum learning opportunities. The authors also state that early interventionists teach caregivers in different ways including: (a) caregiver practice with feedback, (b) discussion, and (c) demonstration with narrative. In addition, Dunst and Bruder (2002) found that supporting and strengthening parent confidence improves child development, functioning, and family quality of life.

Within this context of services to young children with disabilities, more women are entering the workforce and men are taking on more caregiving activities including changing diapers, feeding, and bathing (Marsiglio & Roy, 2012). This has created an increased awareness of the need for father involvement (Walters, 2011). Father involvement has also been shown to improve outcomes for both typically developing children and children with disabilities in the areas of mental and physical health, social development, and language development (Dyer,

McBride, Santos, & Jeans, 2009; Flippin & Crais, 2011; Quesenberry, Ostrosky, & Corso, 2007; Shannon, Tamis-LeMonda, London, & Cabrera, 2002). In addition, research indicates that father involvement is more likely when they feel confident in their caregiving abilities and feel supported by mothers (Flynn-Wilson & Wilson, 2004).

While research has shown the important role fathers play in young children's lives, they are often not involved in early childhood programs. Reasons for fathers not being involved include mothers are often thought to be the main caregiver (Dollahite, 2004; Towers, 2007; Turbiville & Marquis, 2001), female staff members may not feel comfortable working with fathers (Turbiville & Marquis, 2001), and staff members may not know how to work with fathers (Carpenter & Towers, 2008).

Research focusing on father involvement in early childhood programs has gained interest (Boller et al., 2006; Freeman, Newland, & Coyl, 2008; Mikelson, 2008; Raikes & Bellotti, 2006). Early childhood programs such as Early Head Start (EHS) and Head Start (HS) have explored options to include fathers (Boller et al., 2006; Raikes & Bellotti, 2006) but offer little focusing on fathers with young children with disabilities. Other countries such as the United Kingdom have also recognized the importance of working with fathers of young children with disabilities (Carpenter & Towers, 2008; Chawla-Duggan, 2006; Cullen, Cullen, Band, Davis, & Lindsay, 2011). Few studies have investigated father involvement in EI. Yet, available findings indicate that fathers can play a major role in young children's development and can influence children's outcomes (Boller et al., 2006; Quesenberry et al., 2007).

Researchers have studied the importance of the mother's involvement in EI services (Caley, 2011; Korfmacher et al., 2008; Swanson et al., 2011; Wang et al., 2006). Reasons for focusing on mothers are most often the primary caretaker for the child and may be more willing

to participate in research (Lawrence, Davies, & Ramchandani, 2012). Many EI programs are staffed primarily by women which may also be an impediment to father involvement (Pruett, Cowan, Cowan, & Pruett, 2009). Also, available research on father involvement with their child has based their measures on training and programs for mothers (Benzies, Magill-Evans, Harrison, MacPhail, & Kimak, 2008; Boller et al., 2006; Braunstein, Peniston, Perelman, & Cassano, 2013; Flippin & Crais, 2011). Fathers might not benefit from programs geared toward maternal involvement. In sum, fathers' involvement with their infants and toddlers in EI has not been extensively studied.

Although there is an increased awareness in the role fathers play in children's development, few studies have determined how to meaningfully involve fathers in EI services. Studies have shown supporting fathers during the first three years will be valuable to children and families by increasing father involvement, reducing family stress, etc. (Dollahite, 2004; Dyer et al., 2009; Elder, Valcante, Yarandi, White, & Elder, 2005; Flippin & Crais, 2011; Flynn-Wilson & Wilson, 2004).

The purpose of this literature review is to review the practices of father-involvement in early childhood services. First, a review of father involvement in early childhood programs will be described. Second, father involvement in early childhood programs in other countries will be discussed. Then, staff perceptions of father involvement in early childhood programs will be explored. Recommendations and implications to increase father involvement in EI services will also be provided.

## CHAPTER 2

### METHOD

The articles included in this review were empirical studies regarding father involvement practices in early childhood programs. Due to the limited research conducted in the area of father involvement in EI, studies related to father involvement in early childhood (birth to five) programs were reviewed. Articles included in the literature review were published between 2001 and 2014.

Articles were located using OneSearch Beta which is a Web-based search and discovery tool through Morris Library at SIUC. The search included *EBSCOhost, Academic Search Premier, First Search, LexisNexis, Proquest, Google Scholar, and Web of Science*. The search strategy involved multiple keyword searches using the terms *fathers, dads, paternal, engagement, Early Intervention, and father involvement*. Later, the search was widened to include the terms *Early Head Start, father involvement in Early Childhood programs, and parental involvement*.

Each article's title and abstract was initially scanned to establish significance to the focus of this literature review. Seven studies of 20 described parental involvement but did not distinguish between mother and father involvement and were excluded. Also, 25 of 30 studies described father involvement with the child (e.g., intervention to increase father-child interaction) but not program involvement and were excluded. Initially, only five empirical studies completed in the United States were available. The search was widened to include other countries resulting in four additional articles for this review. In total, the initial search resulted in eight studies.

A second search was conducted using OneSearch Beta. This time, specific journals were searched for empirical studies on the topic. This search included *Infants and Young Children*, *Journal of Early Intervention*, *Topics in Early Childhood Special Education*, and *Young Exceptional Children* from 2001 to 2014 resulting in one additional article from *Topics in Early Childhood Special Education*, bringing the total number of articles to nine.

Reference lists from all articles were also reviewed and resulted in two supplementary articles. The final total was 11 articles from the following journals *British Educational Research Journal*, *Early Childhood Development and Care*, *Early Childhood Research and Practice*, *Early Childhood Research Quarterly*, *Early Years*, *Fathering*, *Infant Mental Health Journal*, *Journal of Social Service Research*, *Parenting Science and Practice*, *Psychology of Men & Masculinity*, *Support for Learning*, and *Topics in Early Childhood Special Education*.

## CHAPTER 3

### LITERATURE REVIEW

A growing body of evidence indicates fathers play a critical role in their child's development (Lawrence et al., 2012; Shannon, Tamis-LeMonda, & Cabrera, 2006). Positive child outcomes include mental and physical health (e.g., less depression, distress, negative emotions, and anxiety), later school success, increased sociability (Walters, 2011), enhanced language skills (Marsiglio & Roy, 2012), and advanced play skills (Shannon et al., 2006). For example, fathers tend to use a higher-level vocabulary and more intricate language models with their children than mothers do. Also, fathers are more active, such as rough-and-tumble play, and involve their child in more play schemas that expand past the physical properties of toys (Flippin & Crais, 2011). For these outcomes to occur, father involvement in early childhood programs is necessary.

This literature review will cover, father involvement in early childhood programs in the United States, father involvement in early childhood programs in other countries, and staff perceptions of father involvement in early childhood programs.

#### **Father Involvement in Early Childhood Programs**

EHS and HS have begun investigating ways to improve father involvement in their programs. Only one study was found in the past 10 years that included fathers with children with disabilities participation in early childhood programs (Turbiville & Marquis, 2001). According to §1305.2(a) of the Head Start regulations, 10% of the total number of enrollment opportunities in each grantee and each delegate agency during an enrollment year must be made available to children with disabilities. Although children with disabilities are not specifically addressed in all of the following studies, the findings are informative for early intervention practices.

Turbiville and Marquis (2001) surveyed fathers from six states (California, Georgia, Idaho, Iowa, Maryland, and New Mexico) with children in Head Start programs, Part B and C programs, and childcare programs accredited by the National Association for the Education of young children (NAEYC). Eighty-nine fathers (28%) had a child with a disability and 224 (72%) had children without a disability. The authors found the three most popular activities for father participation were attending activities for all family members (e.g., holiday parties, picnics, and camping trips), learning about planning for the child's future (e.g., information to help children grow and develop), and learning with men and women about being a better father or parent (e.g., teaching or working with fathers to help their child learn). Results showed the lowest participation of fathers was in men-only activities such as fathers only support groups (12%). The authors also investigated the level of participation of fathers of children with and without disabilities and found no difference in participation levels. Fathers reported scheduling of events was important to them and specifically inviting them to participate helped decide their level of participation in activities (Turbiville & Marquis, 2001). Fathers also indicated that it didn't matter if staff members providing services were men or women.

Raikes and Bellotti (2006) investigated father involvement in two studies. The initial study was conducted nationally with program directors of 261 EHS programs (n=416, 63%) completing a survey about fathers' involvement in EHS programs. Seventy-two percent of programs classified themselves as either "Prestage" (giving little thought to involve a parent beyond the mother) or "Early" (had some father involvement but most activities were centered on women and children) (authors didn't provide separate percentages for "Prestage" and "Early"). Twenty-one percent of responding programs were "Midstage" (trying to make their program more father-friendly such as hiring a father involvement coordinator), and 7% were

“Mature” (many changes made to EHS program to become more father-friendly, many fathers living with their child and some nonresident fathers involved) or “Very Mature” (most fathers living with their child are involved in the program at least once a month, the program offers numerous father involvement activities and many nonresident fathers are involved). Raikes, Summers, & Roggman, (2005) study showed that fathers were times more likely to be involved in more mature programs compared with less mature programs.

Raikes and Bellotti found fathers were more likely to participate in events for the entire family such as open houses or holiday parties ( $x=2.72$ ). The authors developed the EHS Practitioners Survey and the EHS Fatherhood Demonstration Study, both Likert scale instruments (0=no fathers are involved; 1=a few, up to 20% of fathers are involved; 2=some, 20% to 50% of fathers; 3=many, 50% or more; and 4=most, more than 75% of fathers involved). The authors discovered that group parenting activities ( $x=2.30$ ), activities designed to improve parenting ( $x=2.06$ ), and attending home visits ( $x=2.30$ ) were more likely to be attended by fathers. Also, similar to Turbiville and Marquis (2001), the authors found fathers were not likely to participate in “Daddy and Me” events ( $x=0.82$ ), sporting events for fathers only ( $x=0.56$ ), men’s group focused on parenting ( $x=0.70$ ), men’s support group training ( $x=0.50$ ), and men’s group education ( $x=0.54$ ).

The second study conducted by Raikes and Bellotti (2006) was an evaluation of 21 EHS Fatherhood Demonstration projects funded with three years of grant funding. The first two years of implementation were examined. The goal of the Fatherhood Demonstration project was to develop and implement creative practices to increase the involvement of fathers in the EHS program and in the lives of their children. The Fatherhood Demonstration programs attempted to involve resident, nonresident, and incarcerated fathers.

The authors found that father involvement was more likely in the Father Demonstration programs (53% of resident fathers participated in at least one program activity and 48% were described as highly involved with the program). In comparison, the first study reported on by Raikes and Bellotti, found that 59% of resident fathers participated in any EHS activity and only 25% were highly involved. Fathers in the Father Demonstration program were more likely to attend father-focused activities including father-child activities ( $x=2.50$ ), sporting events ( $x=2.26$ ), men's support groups focused on parenting ( $x=2.61$ ), and men's group training such as training related to employment ( $x=2.40$ ) and education programs ( $x=2.10$ ). These programs offered peer support groups for men only and adjusted the structure, content, and timing of meetings based on the fathers' interests and needs. Also, more men in the demonstration program attended father-child activities (e.g., "Daddy and Me" events, father-child reading programs) during the second year of the program ( $x=2.5$  compared to  $x=0.82$  nationally). Therefore, these events may be more successful after hiring staff who see the value of reaching out to fathers.

The demonstration programs also hired male staff to facilitate father-focused activities. Fathers in the program reported appreciating the presence of male staff members and felt more comfortable discussing personal issues with a male staff member. The staff members also reported they believed male staff members provided positive examples for fathers and encouraged them to interact in a positive and nurturing way with their children.

Similar to the previous studies, Raikes et al. (2005) assessed fathers' involvement in EHS programs. Three hundred and twenty-six fathers were interviewed when their children were 36 months of age. The authors found fathers were more likely to participate in the same activities as mothers when they were designed to support children's growth and development. Less than a

tenth of fathers (n=19) participated in father-only activities such as men's support groups and informational meetings for men only. Also, the authors found mother engagement in the program influenced father involvement. Furthermore, father involvement impacted maternal parenting. The authors established when fathers were involved in the EHS program, mothers had a higher warmth score ( $x=2.8$  versus  $x=2.6$  for uninvolved fathers as measured by the *Home Observation for Measurement of the Environment* (HOME; Bradley & Caldwell, 1979) (range was 0-3;  $x=2.7$ ). Also, when fathers were involved mothers had higher program engagement scores ( $x=3.4$  versus  $x=3.0$  for uninvolved fathers as measured by EHS staff near the time of the child's departure from the program). In more mature programs, uninvolved fathers were aware of the benefits but one reason for lack of participation was their work hours. The involved fathers in mature programs were more conscious of benefits of services offered to them and could articulate knowledge they gained from participation.

In a study by Freeman et al. (2008), fathers' beliefs about their role in their child's education, caretaking, and responsibility to the EHS/HS program were evaluated. The sample included 101 fathers who had children birth to five years old enrolled in an EHS or HS program in the Midwestern United States. Fathers were asked to rate their involvement in the program using a five-point scale (0=never to 4=frequently). The majority of fathers reported being involved in their child's program "occasionally" or "sometimes". Barriers to father involvement included time and work schedules (80%), lack of energy and resources (50%), and the child's mother prefers to be more involved with the child (33%).

Hayes, Jones, Silverstein, and Auerbach (2010) interviewed seven low-income men (five African American and two Latino) who were involved in an EHS Fathering program in an economically depressed urban area in the Northeast United States. All participated in the

Fathering program by meeting with the Clinical Director (male, African American with a clinical social work background) for individual counseling. The authors noted that some fathers participated in couples counseling, anger management programs, fathering conferences, and attending a weekly fathers' support program. One father reported, "This (the EHS fathering program) is like a life support for me" while another stated, "It (the EHS fathering program) helped me calm down my anger" (p. 246). The authors found the results of the program were: the fathers became more responsible fathers, more mature, and the program helped them strive to become better fathers. Also, fathers benefited from having a positive African American role model. These were long-term benefits for both the father and child.

As a whole, these studies demonstrate when fathers needs are considered, programs can increase father involvement. Fathers preferred being involved in activities for both parents and activities designed to support children's growth and development. Also, one or more male staff members may promote more father involvement and provide positive role models for fathers of young children.

### **Father Involvement in Early Childhood Programs in Other Countries**

Countries such as the United Kingdom, Germany, and Canada have documented efforts to support father involvement in early childhood programs for children with and without special needs. For example, in the last 10 years, Britain has initiated numerous initiatives designed for engaging fathers in services such as Sure Start and Early Support (Carpenter & Towers, 2008). The following studies focus on father involvement in early childhood programs in countries other than the United States.

A study by Chawla-Duggan (2006) examined how father developmental workers (FDWs) supported father-child learning. The study took place in England and included father groups

within Sure Start centers. Sure Start is a UK government based initiative addressing childcare, early education, and family quality of life. Within the program an Early Excellence Centre provides early education for children and supports parents, and a Family Centre promotes healthy families. Methods to collect data were interviewing FDWs and fathers attending a father support group, and observing father-child groups. FDWs supported fathers by raising their confidence and encouraged fathers to acknowledge their own beliefs and perspectives. Fathers were also encouraged to interact with the group as well as take on a decision-making role, to develop bonds with other fathers and build confidence as men. In addition, FDWs assisted fathers to take parental responsibility and encouraged them to take more of a caregiving role, and participate in father-child activities. Additionally they supported fathers within the group by improving children's learning and influencing children's learning.

Carpenter and Towers (2008) interviewed 21 fathers of children birth to 21 years of age with disabilities in England and Wales. Fathers were asked during the interviews about their involvement with services and organizations providing services to their child. The authors found two issues that facilitate or hinder father's involvement: time available to be in contact with practitioners, and how practitioners responded to fathers when they were present at appointments and meetings. One-third of the fathers felt practitioners included them during appointments and meetings, another third felt practitioners only focused on their wives during meetings and discussions, and the remaining third talked about others (e.g., practitioners, other parents, general public) making them feel they were unacceptable to provide care for their child. One father reported having a negative school experience during his own childhood but felt welcomed at his son's early childhood special education program. He further explained that his experience at the school helped him have more patience with his son. The authors also found that fathers in their

sample wanted practitioners to consider their work schedules when arranging appointments and meetings. Also, fathers wanted to be seen as equal partners and shown respect for their contributions to family life. Although, this study examined fathers of children birth to 21 years of age, the results demonstrate how fathers with children at various ages face some of the same struggles for father involvement in education programs.

Deslauriers, Devault, Groulx, and Sévigny (2012) conducted a qualitative study in Ontario and British Columbia (Canada) with 43 fathers ( $\bar{x}$ =24.8 years, range=15-25 years of age). During initial data collection, children ranged in age from three months to 12 years ( $\bar{x}$ =3.5 years). Fathers reported wanting services adapted to meet their needs. One father said, "I think there needs to be more programs for young dads, more support, definitely a lot more support, so that they have somebody to talk to when they need to or someone to tell them that they are doing a good job." (p. 78). Fathers also reported wanting more support from services like parenting groups and needing a place to discuss their concerns with peers in similar situations. Fathers found services specifically designed for them were helpful in sharing information with other fathers and learning from other father's experiences.

Sierau, Brand, and Jungmann (2012) interviewed 124 first time mothers and their partners enrolled in a German home-visiting program. The program aimed to improve neurodevelopmental, cognitive, and behavioral functioning of the child by enhancing prenatal health, family functioning, and economic self-sufficiency. The study found paternal program engagement was not associated with living status but was associated with paternal program involvement. The authors also found that when the partnership between mother and father was positive, fathers were more involved in the home-visitation program.

The studies described in this section show how other countries are beginning to

encourage father involvement in early childhood programs. Fathers benefited from programs designed specifically for them. Fathers also benefited from a male service provider.

### **Staff Perceptions of Father Involvement in Early Childhood Programs**

Staff perceptions, attitudes, and feelings about father involvement can be a barrier to father involvement in early childhood programs (Green 2003; McBride, Rane, & Bae, 2001; White, Brotherson, Galovan, Holmes, & Kampmann, 2011). Programs such as EHS and HS are beginning to realize the importance of staff's perceptions of father involvement in their programs.

White et al. (2011) examined results from 609 surveys completed by Head Start staff in North and South Dakota using the Dakota Father Friendly Assessment (DFFA) tools to measure staff attitudes about father involvement. The DFFA included (a) Attitudes Toward Father Involvement Scale (ATFI; Garinger & McBride, 1995), (b) Role of the Father Questionnaire (RFQ; Palkovitz, 1984), (c) Father-Friendliness Organizational Self-Assessment and Planning Tool (Vann & Nelson-Hooks, 2000), (d) General Attitudes Toward Parent Involvement scale (GATPI; Garinger & McBride, 1995), (e) Kansas Marital Satisfaction Scale (KMSS; Schumm et al., 1986), (f) Fatherwork Scale and (g) Connectedness with Father Scale. The final two assessment tools were developed for use with the survey based on "...Head Start staff request" (p.28).

A significant concern the authors uncovered was staff bias (e.g., staff showed preference for mothers over fathers, staff doesn't usually interact with fathers). This bias was negatively associated with staff support of the fathering role, and staff attitudes toward father involvement. Also, the study found when staff members have more supportive attitudes toward father involvement; they also place greater emphasis on the contributions fathers make in the lives of

their children. Interestingly, staff members who reported a strong connection with their own father and greater marital satisfaction also reported less bias toward fathers. The authors found Staff Attitudes ( $x=4.50$ ) were significantly higher than Staff Behaviors ( $x=3.81$ ). Therefore, even though staff believes fathers should be more involved it doesn't mean efforts are made by staff to involve fathers.

McBride et al. (2001) also assessed staff perceptions of father involvement. An intervention program was evaluated with fourteen teachers in a prekindergarten "at risk" program in Illinois. During the 1992-93 school year the program had reported less than 5% father participation (Garinger & McBride, 1995; McBride, 1993). The 2001 study reported a 23% male participation rate in parent involvement activities such as contact with teacher by phone and school visits. A second state-funded prekindergarten "at risk" program with seven teachers was the comparison site for data collection (no treatment program). The intervention provided collaborative, support services such as technical support (based on level of proficiency and involvement with similar programs) and feedback to teachers to help them acquire the knowledge base required to successfully plan, implement, and evaluate specific initiatives to encourage father/male involvement. For example, teachers were involved in staff development training sessions and individual consultation meetings related to father involvement with the research and program development group. The intervention was implemented for two years before data collection began. Data was collected and analyzed the following year.

Similar to White et al. (2011), the authors used the ATFI scale (Garinger & McBride, 1995) and the GATPI (Garinger & McBride, 1995) to collect data from 14 Pre-kindergarten teachers at the treatment site and seven teachers at the comparison site (all teachers were female). The authors reported the treatment program staff had a higher proportion of their parent

involvement contacts with fathers. Also, results indicated when family members initiated contact with staff at the treatment site, teachers reported more contacts by fathers. The authors found that not all teachers were committed to encouraging father involvement in their program (e.g., responses to staff training, during individual consultation). While, no significant differences were found between the highly committed teachers and low committed teachers on the ATFI, teachers on the highly committed team had more contact with fathers/males than the other two teams. Also, the highly committed teachers reported more fathers/males initiated contacts than the other two teams.

A study by Green (2003) examined staff efforts to involve fathers in early childhood programs. Surveys from 213 early childhood providers attending a series of early childhood educator regional training sessions conducted between June 2001 and February 2002 in a large southern state were evaluated. Results of the study found 51.2% of providers (n=213) involved fathers in center-related activities (e.g., invite fathers to meetings, ask fathers to participate in special events), 32.4% sometimes involve fathers, and 16.4% seldom or never made such efforts. The author also found staff made special efforts to involve fathers in five of eight areas assessed: asked for the father's name on the application, made a special effort to talk to fathers, invited them to parent-teacher meetings, and asked fathers to participate in special events and educational activities sponsored by the center, and invited fathers to educational activities at the center. In addition, approximately 40% of providers sent letters and other written announcements to nonresident fathers. After further analyses, the author found specific efforts such as sending written correspondence to fathers, leaving a space on the enrollment form for the father's name, address, and telephone number; and inviting fathers to participate in educational events strongly influenced father involvement.

These studies provide evidence of the importance of providers' perceptions and attitudes toward father involvement in early childhood programs. Providers with supportive attitudes toward father involvement were more likely to reach out to fathers and encourage their involvement. Providers who did not facilitate father involvement did not have an increase in father involvement.

In summary, fathers in early childhood programs such as EHS and HS became more involved when their needs were considered. Fathers wanted to be seen as equal partners and treated with respect (Carpenter & Towers 2008). In addition, barriers to father involvement in early childhood programs included time and work schedules (Carpenter & Towers 2008; Freeman et al., 2008; Turbiville & Marquis, 2001) and lack of energy and resources (Freeman et al., 2008). Fathers were more likely to participate in the same activities as mothers when they were designed to support children's growth and development (Raikes et al., 2005). Fathers found services specifically designed for them were helpful in sharing information with other fathers and learning from other father's experiences (Deslauriers et al., 2012). Staff bias was a potential concern for involving fathers in early childhood programs. Studies found that father involvement increased when staff made specific efforts to include fathers (Green, 2003).

## CHAPTER 4

### DISCUSSION

The literature review examined father involvement in early childhood programs in the United States, father involvement in early childhood programs in other countries, and staff perceptions of father involvement in early childhood programs. Findings included fathers preferred attending activities for all family members (Turbiville & Marquis, 2001), and activities designed to support children's growth and development (Raikes et al., 2005; Turbiville & Marquis, 2001). Fathers were less likely to participate in men-only activities (Raikes et al., 2005; Turbiville & Marquis, 2001). Barriers to father involvement in early childhood programs included scheduling and time available (Carpenter & Towers 2008; Freeman et al., 2008; Turbiville & Marquis, 2001), lack of energy and resources, and mother's preferred to be more involved (Freeman et al., 2008).

Staff attitudes and perceptions of father involvement were found to help or hinder father involvement in early childhood services (Green 2003; McBride et al., 2001; White et al., 2011). The way staff responded to fathers when they were present at appointments and meetings made a difference in the level of father involvement (Carpenter & Towers 2008). A significant concern White et al. (2011) found was staff showed a preference for mothers over fathers signifying the importance of providers being aware of their own biases of involving fathers in early childhood programs (White et al., 2011). Green (2003) found specific efforts such as sending written correspondence to fathers, leaving a space on the enrollment form for the father's name, address, and telephone number; and inviting fathers to participate in educational events strongly influenced father involvement.

Although EI service providers acknowledge the important role parents play in children's development, service providers typically do not engage both parents in sessions (Mahoney & Wiggers, 2007). An assessment of barriers (e.g., documenting work schedules, hours available to child, daily stressors) is necessary. Collection of this information can benefit efforts to increase father involvement in EI services (Freeman et al., 2008). Specifically asking fathers to participate in EI therapy sessions and IFSP meetings may be helpful. Fathers may become more involved when they feel their contribution is important (Turbiville, Turnbull, & Turnbull, 1995). EI service providers may also need to assess their own beliefs and biases. They may also benefit from education training on how to successfully involve fathers.

### **Limitations and Future Research**

After reviewing the literature, several issues surfaced. First, there is a need for further exploration of involving fathers in EI services. None of the found studies focused specifically on father involvement in EI. Second, most studies reviewed had a small sample size such as 7 fathers in Hayes et al. (2010) and 21 fathers in Carpenter and Towers (2008) making generalization of successful practices difficult to determine (Carpenter & Towers, 2008; Hayes et al., 2010; McBride et al., 2001). Finally, the studies do not represent the overall population of fathers. Most samples did not include fathers from racially or culturally diverse backgrounds (Freeman et al., 2008; Hayes et al., 2010; McBride et al., 2001; Turbiville & Marquis, 2001; White et al., 2011) and did not include fathers of children with disabilities. In addition, future research would benefit from research with participants from different cultures. These investigations would help EI providers understand how fathers perceive their role and help EI providers work with fathers from various cultures. Additionally it may be important to research male caregivers other than the father. Many families today have extended families. Male

caregivers can include a stepfather, grandfather, uncle etc. Their level and types of involvement in EI services should be explored.

Future research is also needed to investigate the impact of father involvement on child outcomes (McBride et al., 2001). This is especially salient for infants and toddlers with disabilities because it is important for parents and EI providers to understand the importance of including fathers in EI services. Fathers have a different style of teaching than mothers and their children may reap distinctive benefits when they are involved in services.

Only one study in the United States was located involving fathers of young children with disabilities (Turbiville & Marquis (2001). Future research should include fathers of young children with disabilities. Specifically, EI providers can interview fathers at the start of services to determine their expectations for involvement. EI providers could also collect data every three months until the transition at 36 months to look for trends in father involvement. Feedback from fathers about involvement in sessions across EI providers would also add to the knowledge base (e.g., the number of developmental therapy sessions fathers are directly or indirectly involved in compared with speech therapy sessions).

One theme that emerged as an impediment to father involvement was staff/provider perceptions of involving the father in services (McBride et al., 2001). Potential biases of providers need to be further explored. Longitudinal studies investigating provider perceptions of father involvement may be helpful. Also, trainings to modify current and future EI provider perceptions may be beneficial along with research to determine subsequent change in perceptions about father involvement (e.g., pre/post measures, interviews, focus groups). Investigations should encompass preservice preparation and inservices/professional development opportunities. Flynn-Wilson and Wilson (2004) suggest ideas for service providers to consider when examining

interactions with fathers. Providers should evaluate their values and viewpoints and contemplate their perceptions of involving the father and how they see the father's role. Also, it is important to acknowledge cultural, racial, and linguistic biases.

Additionally, research indicates that mothers may impede or facilitate father involvement. Raikes et al. (2005) found that mothers' involvement in the EHS program facilitated the fathers' involvement in the program. However, mothers' support also increased fathers' involvement. Future research should investigate mothers' perspectives on involving fathers in EI services. Data collection can be at the start or end of EI services or throughout service provision. Results can be used to make changes to current practices. Furthermore, future research may also benefit from developing a model for father involvement similar to Belsky's (1984) model to demonstrate how the mother, child, and social networks surrounding the father influence father involvement.

### **Implications**

To incorporate fathers into EI sessions, EI service providers can offer more flexible hours, develop father specific services such as play-based activities (Turbiville et al., 1995) and outdoor activities (e.g., meeting at the park, swimming at the local pool), and create an environment where men will feel comfortable (Deslauriers et al., 2012). One way to involve mothers and fathers on different schedules in EI sessions is to meet with one parent during the day and the next session meet with the other parent in the evening (Flynn-Wilson & Wilson, 2004). This way both parents can benefit from EI. If fathers and providers are unable to find a time that works for both of them video modeling may be helpful and a more preferred father-friendly teaching method (Elder et al., 2005). EI providers can let fathers know their participation is valuable by including them. This can be done by asking fathers questions directly and asking them to partake during therapy sessions. Additionally, it may be beneficial to

employ male facilitators. Fathers may feel more comfortable talking with a male EI service provider and be more likely to be involved in fathers only services such as a “Daddy and Me” style play group (Chawla-Duggan, 2006). Fathers may benefit from interacting with a father who has already gone through the EI program. These interactions could be informal based on fathers who are willing to coach or mentor “new” fathers or creation of a formal father liaison position. A father who has already gone through the EI program knows how he felt while his child was receiving EI services and will be able to relate to other fathers. In addition, developing a model for father involvement similar to Belsky’s (1984) process model of the determinants of parenting may help providers understand the importance of researching factors which trigger involvement and demonstrate how father involvement benefits the father, mother, and child.

Carpenter and Towers (2008) suggest three key elements of a father-friendly school. First, encourage fathers to be involved in the general life of the school including informal contact with staff and other parents. Second, enable fathers to attend and participate fully in meetings concerned with their own children. Third, enable fathers to have contact with other fathers either face-to-face or virtually through the Internet. These recommendations may also be beneficial for EI providers. EI providers can encourage fathers to become more involved in IFSP and transition meetings and therapy sessions. Meetings can be scheduled at a time when fathers are available and providers can let fathers know their contributions during the meetings are appreciated and valued. Also, providers can put fathers in contact with a “veteran” father if any are willing. Fathers may also benefit from parent education training that provides them with information about their child’s development or teaches them skills that will benefit their child such as training on feeding or how to handle challenging behaviors. EI providers can encourage fathers to interact with the child during therapy sessions and provide them with ideas to help

their child learn and develop. EI providers encouraging father participation may be helpful. Furthermore, mothers have been shown to facilitate or hinder father involvement in programs. Therefore, it may be helpful for EI providers to discuss with both parents the importance of including fathers in EI services.

Fathers may also benefit from specific interventions to promote involvement in EI. In a study by Deslauriers et al. (2012), fathers were interviewed about their perceptions of social service organizations. Fathers reported wanting more services adapted to their needs, more support services where they feel open to discussing their concerns with others in a similar situation, informal get-togethers, and parent education programs. EI providers could promote father involvement by offering services to fit fathers' schedules, and offer informal meetings with a male mentor.

Additionally, providers may benefit from training related to father involvement. Providers may need guidance to understand how to involve and work with fathers. Training should begin at the preservice level and continue through professional development opportunities. Flynn-Wilson and Wilson (2004) suggest the need for service providers to evaluate their own assumptions and beliefs. Once professionals understand their own beliefs about fathers they may be able to overcome their biases. Professional development opportunities such as trainings on the benefits of including fathers in EI therapy sessions and how to include fathers in EI services may also be helpful.

## **Conclusion**

This literature review explored the importance of father involvement in early childhood programs, barriers to father involvement, and staff perceptions affecting father involvement as well as implications for father involvement in EI services. It is critical for EI providers to

actively encourage and include fathers in services. Increased father involvement has the potential for a myriad of positive outcomes for both fathers and their young children with disabilities.

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