Non-Residential Fathers Parenting their Children Residing in Shelters: A Phenomenological Study

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There are increasing numbers of children residing in homeless shelters (NCFH, 2014).

Children in shelters have poorer health outcomes than children not residing in shelters (Grant, et al., 2013).

Given that family separation can contribute to sub-optimal development of children (Perlman & Fantuzzo, 2010) shelter stays should focus on the physical, emotional, and health needs of children (Garfield & Isacco, 2012).

More needs to be known about the role that non-residential fathers play in promoting child health and well-being (Allen & Daly, 2002; Ball, J., & Moselle, K., 2007; Ball & Pedersen, 2007).
Research Question(s)

• RQ1- How do non-residential fathers describe their parenting role with their children while their children are residing in shelters?

• RQ2- How and what do these non-residential fathers perceive their contributions to be to their children while their children are residing in shelters? If the fathers are involved, do they participate in any specific health related activities with their children and how?

• RQ3- What factors do these non-residential fathers perceive to be facilitators of their parenting their children in shelters?

• RQ4- What barriers or challenges discourage these non-residential fathers from parenting their children while their children are residing in shelters?
Theoretical framework

Health Belief Model  (Hochbaum, 1958)

Revised Health Belief Model (Roden, 2004)

Parental Perceptions

- Perceived Behavioral Control (Managing HB)

Modifying Factors

- Demographic Variables
- Perceived Notion of Health
- Cues to Action

Likelihood of Actions

- Perceived Benefits of Health Promoting
- Behavioral Intention
- Likelihood of Taking Health Action
Study Design & Methodology

Qualitative: Semi-structured interviews with non-residential fathers

Approach: Phenomenological

Sampling Strategy: Purposeful sample (snowball as needed)

This study was approved by the IRB at Walden University
Participants and Sample Size

- Sample size- 6 non-residential fathers
- Study participants
  - Inclusion criteria:
    - Non-residential fathers ≥ 18
    - Children ≤18 currently residing in a shelter
    - Were English speaking
  - Exclusion criteria included:
    - Being incarcerated, residents of an institution, a treatment facility, nursing home or assisted living residence
  - Challenges of recruitment (Mincy, R. B., Jethwani, M., & Klempin, S., 2015).
  - Interviews were to be conducted until thematic saturation
## Study Sample

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Race</th>
<th>Partner Status</th>
<th># of Children in shelter</th>
<th>Status of Homelessness</th>
</tr>
</thead>
<tbody>
<tr>
<td>John #001</td>
<td>49</td>
<td>African-American</td>
<td>Co-parenting</td>
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<td>Married</td>
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<td>Caucasian</td>
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<td>Engaged</td>
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<tr>
<td>Jerry #005</td>
<td>50</td>
<td>African-American</td>
<td>Co-parenting</td>
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</tr>
<tr>
<td>Jordan #006</td>
<td>27</td>
<td>African-American</td>
<td>Married</td>
<td>1</td>
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</tr>
</tbody>
</table>
Data Collection

- Interviews- audio recorded and transcribed verbatim
- Audio files and transcripts- stored on a password protected computer
- A constant comparison approach was used
- No modifications to the interview guide were made however, the IRB recruitment criteria was revised to facilitate recruitment
Data Analysis

- A final code book was developed (from line-by-line review of the transcripts and a priori coded that stemmed for literature review)
  - Employed a constant comparison approach
  - NVivo11 Software was used to facilitate and organize data analysis
  - All interviews were double-coded between primary researcher and public health social worker with qualitative research expertise
    - All transcripts independently coded
    - Discrepancies in coding discussed and adjusted through consensus
    - Inter-rater reliability: Percent agreement by code ranged from 90.4%-100%
  - Measures taken to ensure ethics and trustworthiness
Findings - Thematic categories

- Parental perceptions
  (parenting CIS, being parented, parenting children prior to shelter, feelings about parenting, relationship with CIS)

- Modifying Factors
  (facilitators, barriers, faith, health of CIS, relationship with the mother, privacy)

- Likelihood of Actions
  (parenting as an obligation, view of their role in CIS)

- Social Determinants of Health
  (concern about lack of health physical environment, employment impeding ability to be involved more, shelter living impacting school attendance)
Summary of Study Findings

Non-Residential Fathers reported:

– being involved in their children’s lives while their children resided in shelters

– being engaged in parenting tasks including:
  • talking and advising children
  • demonstrating care, concern, an emotional connection and interest in their lives
  • helping with homework
  • providing socialization experiences
  • securing necessary health care
  • encouraging healthy behaviors and promoting good nutrition
  • taking action to provide physical and mental health of the children
RQ1 - Interpretation of Findings

RQ1 - How do non-residential fathers describe their parenting role with their children while their children are residing in shelters?

- All fathers began their description of their parenting role by describing their children.
- They also described their relationship with their children.
- All of the fathers expressed pleasure and delight from their children.

“I see that they're a lot happier. They're a lot happier because they see that I'm around and just because they're in a shelter that I just don't want nothing to do with them. They see that I haven't brushed them to the side.”
RQ2- How and what do these non-residential fathers perceive their contributions to be to their children while their children are residing in shelters? If the fathers are involved, do they participate in any specific health related activities with their children and how?

- The fathers described “being present” and not abandoning their children

  “I'm a role model. Everything I do, she's like, "I want to do it. Can I do it? Can I get on your shoulders, Dada?" I want to be a positive influence to her.”

- All expressed wanting to give their children a better life

- All of the fathers discussed being involved in the health care of their children
RQ3- Interpretation of Findings

RQ3- What factors do these non-residential fathers perceive to be facilitators of their parenting their children in shelters?

- Both internal and external facilitators were identified
- Faith in God
- Mothers serving as a source of strength

“If a child sees their parent going through a hard time, not saying that it's easy, but we have faith, so it's not like the end of the road for us, she is more inclined to stay faithful, as well. We're teaching her that. Just like I said before, just keep pushing through it, positive reinforcement, and things of that nature.”

“I don't know, I think if anything it's more me and her against the world at this point.

“Just keep looking to God. That's literally where it starts and where it ends.”
RQ4- What **barriers or challenges** discourage these non-residential fathers from parenting their children while their children are residing in shelters?

- Shelter rules, financial challenges, communication challenges, shelter staff serving as gatekeepers

“I think they could allow the fathers ... Give us a time limit that we're allowed there to be with our family for dinner and tucking them in and the little things. I always tucked the kids in, every night since they we're the babies. I'd do it. I guess if I think about it, it bothers me. I don't think about it much.”
Study Limitations

• Only a small sample pool of six participants

• Limited generalizability to other non-residential fathers
Questions
References

• American Public Health Association (www.apha.org)
References


