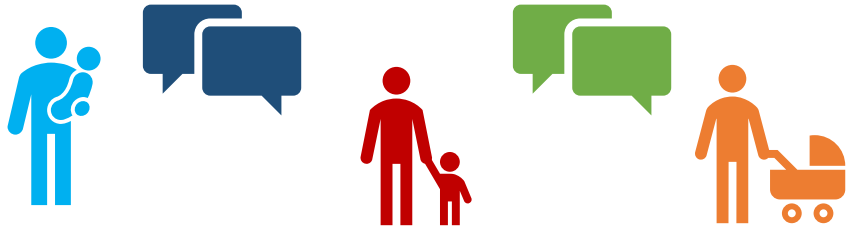
# “Let’s talk!” Father/family community discussion.



Community Engagement for Inclusion & Equity Department

Location: Wyandanch Library - 14 South 20th, street, Wyandanch NY 11798

Date: October 16, 2025

Time: 6:00 pm – 8:00 pm

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# Attendee data

| Race/Ethnicity | Count |
|---|---|
| Black/African American | 11 |
| White | 5 |
| Latino | 6 |
| **Total** | **22** |
| **Gender Identity** | **Count** |
| Male | 15 |
| Female | 7 |
| Nonbinary/Other | 0 |
| **Total** | **22** |

| **Primary Diagnosis of children/youth** (families chose all that apply) | **# of Families** | **Child/Youth with Co-occurring SED** |
|---|---|---|
| Autism Spectrum Disorder (ASD) | 8 | 8 |
| Chronic Illness, Chromosomal, Physical Disability, TBI | 2 | 2 |
| Cognitive and Speech Delays with Behavioral Issues | 6 | 5 |
| **Serious Emotional Disturbance (SED) alone as Primary Diagnosis** | 6 | |

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# Overview

The "Barbershop-*Let's Talk!" Family Engagement Series* is part of ongoing community conversations designed to engage and elevate the voices of fathers & co-parents. Themes centered on **navigating systems, access barriers, lived experiences of Fathers/Male Caretakers with systems, stigma, cultural humility, and technology's impact on youth wellness.** Preceded by an abridged **Dad-vocating training.** There were 22 participants, and the discussion focused on the father and family lens.

The Wyandanch area of Long Island is comprised of approximately 53–55% Black/African American residents and close to areas with rich & diverse mix of muslim, Jewish, latino Fathers.

Participants received Dad-vocating tip sheets/guide, information on OMH, OASAS, and OPWDD children's services, ombuds/ complaint line information, a list of local CFTSS programs, and materials on FAB/YAB, PEP training, and FTNYS listserv links, support group & crisis information including *Family Service League,* SCO and 988 Cards.

Assistance was provided for those who communicated service access & other challenges. Support included provider, spoa information, OMH, Opwdd ombuds and complaint line phone numbers and OMH field office contacts as well as guidance on advocacy strategies.

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# Summary of Feedback by Discussion Topic



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# Group exercise summary: I need providers to….

| | |
|---|---|
| Know that you are stereotyping the Black Father<br>Do not avoid us, think we went to prison, are deadbeats who beat our children. | Include us in meetings. Allow me to suggest things – as they (ftnys staff) say I have lived expertise on my child. |
| Obtain more training to understand culture, role of involved fathers and family needs and preferences. | Emphasize the importance of hearing from both parents and validating their observations, especially when they offer culturally grounded lived experience insights. |
| Learn how behaviors may look different across cultures (e.g., emotional restraint, eye contact, deference to authority, or high energy in children may be interpreted differently). | Help providers reflect on how unconscious bias may lead to underdiagnosis or misdiagnosis in children from culturally diverse backgrounds. |
| Stop assuming religion is bad and prayer is primitive. | Include Fathers include the men who love and care for these kids! |
| Fix the waitlists and hire more men – boys need role models. | Survey Fathers and use our voice to make your service better. |



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**If you or your loved one has more than one diagnosis or challenge (mental health, substance use, developmental disability, etc.), How easy or hard is it to navigate systems?**


*Nearly all participants rated navigation as "impossible."*

| Issues | Impact |
|---|---|
| Fragmented Systems | One Dad expressed that the Mental health system is not helpful to his family. Too many years of service and no progress slowed down by no communication.<br>System Confusion  Mixed messages from OMH and OPWDD, unclear website information. |
| Financial Strain | Some expressed the financial burden on their family.  " You need the help, they make you wait forever, so you find the money to deal with it and go to a park avenue style psychiatrist." |
| Delayed Help/workforce issues | Long waitlists, delayed response time especially in crisis, or if a provider has left.<br>Lots of transitions & duplication in cross systems supports/ "why do I have 2 care managers!" |
| Lack of Guidance | All in attendance stated that families need more help in navigating systems.<br>"Systems speak to people in power and ignore the little folks down here who are the reason they are employed." |
| Appreciation | Despite the difficulty many acknowledged that the services exist and do work when there is a clear pathway to access, support and a way to be heard and accommodated based on their wants/needs. |

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# Knowledge of systems purpose and navigation

- Many felt they have a lack of systems of knowledge which prevents them from using mental health, SUD, and Disability systems in a positive way.

- Those with cross-system needs experienced lack of information, communication issues that limited learning

- Service providers lack understanding both their own and cross-system services and cannot explain it to families they are serving.

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# Supports That Are Working

| Despite systemic barriers, the following supports were reported as most helpful: | |
|---|---|
| Family Peer Support services. | 4 Families stated that their services were supportive and individualized. |
| Parent support groups | 3 Families stated that parent support groups were available and helped (online and in person) |
| Respite and skill-building programs | Respite and skill-building programs (2 families received respite and skill building – via FPA assistance) |
| School-based mental health. | Families reported feeling supported and intentionally engaged via school SW receiving parenting tips and helping their child build coping skills.<br>System navigation was also helpful from school SW. |
| CFTSS Services | Most Families in attendance were unclear of CFTSS services and what they offer. Those who utilized service cited that despite challenges feeling supported having a team. |

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# Supports that are not helping

| | |
|---|---|
| **SPOA** | • Spoa Perceived as restrictive and confusing by most. Also Described as a gatekeeper and barrier to services.<br>• Parents did not understand why it was needed.<br>• 9 Families reported being denied CFTSS most alleged it was due to OPWDD front door involvement. (Some families suggested self referral to clinical services and to work back to Spoa via referral from clinician. (guidance & resources provided) |
| **Crisis Services** | • 4 Families with children who were DD/ASD/SED stated that crisis services via OMH would not serve their children.<br>• Others cited that crises services were not effective took too long |
| **Family Peer support** | • 5 Families cited issues with scheduling, an FPA diagnosing their child, conflict with communicating to mother/excluding Father, lack of knowledge about child's diagnosis and family needs.<br>• 1 Family cited unprofessional biased behavior and another alleged FPA threatened to call CPS when father had to work late and missed 2 office appts. |
| **Opwdd/ OASAS** | • Confusing process obtaining self direction<br>• No providers for ABA<br>• Takes months to secure providers<br>• Some Report using OMH as preferable for children with SED/DD<br>• One parent with SUD reported no accommodation of treatment ie coordination of services between child's needs and Mothers needs. (guidance provided) |

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# Peer support: Father Feedback

- Fathers were appreciative that this services exists and agree it has potential to be one of the best supports
- However, many Fathers/Families felt that FTNYS' explanation of Peer Support did not match their experiences with the service.
- 9 participants thought FPAs were care managers;
- 5 participants stated that FPA did not understand the service needs.
- 1 reported that FPA kept providing a diagnosis that contradicted the evaluation he received for his daughter.
- 8-10 Fathers stated that they found Peer support was inflexible and focused on engaging the mother.
- Scheduling issues:
- Unable to attend meetings due to scheduling times, all Fathers who coparented cited not being not being made aware of the meetings despite requesting it.
- Single Fathers who received Peer support said it started rocky then improved.
- One cited that once they know you are all they have there is no choice but to engage the parent who is present.
- Punitive language: FPA threatened to call CPS over missed appointments

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# Fathers preference for utilizing informal parent/child supports

For Fathers in attendance, informal support was preferred to help improve their ability to support their children. For example, Talking with other dads who share the same experiences in locations like Barbershops are the perfect space where authentic conversations are being had." Others suggested black fraternities, elks, vfw's, ymca's

**Community/cultural Barriers - While most preferred informal supports they also agreed that finding that support can be difficult:**

- 5 Single parent dads in attendance and those within patriarchal cultures (black, jewish, religious from marginalized communities feel isolated and judged.
- 3 Fathers spoke about the inability to shed tears because of the stigma of real men don't cry.
- Group repeated need for Community spaces like barbershops and spaces such as Fraternity gatherings, Church groups, VFWs, and other hubs could benefit from outreach from systems.
- Several wanted to know efforts towards recruitment of males to work in DD/MH and finding more male clinicians and other males to also help model for young boys.

**Cultural/Socially specific support for children**

- Informal small groups at houses of worship & Help from clergy
- Involvement in extracurricular activities
- Healing ceremonies
- Social groups (organized by parents)
- Pediatrician as prescriber
- Friend/Family who works in mental health providing guidance/support
- Collective community support – which often led to referrals via CFTSS/OPWDD due to these natural supports

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# The service provider empathy gap

- 10 Participants led a short discussion on the lack of empathy – they called the **Empathy Gap**. Describing insensitive customer care when seeking support.
- Some felt isolated from the services and providers describing it as “just going through the motion”.
- One Mother discussed a time when she was crying in a family session with her daughters care manager & LMSW - *“The therapist looks at me and said...I have another appointment; you can head to the bathroom to wipe your face.”*
- ***Two single Fathers who received CFTSS and had an FPA cited that empathy was the strongest component of their FPAs approach.***



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# What fathers say systems need to do better

- **See us as real parents.** Don't assume we're absent, angry, or uninvolved especially Black and Brown fathers. Start from respect.
- **Talk *with* us, not *about* us.** Ask what we need and actually listen. Our lived experience matters.
- **Check your bias.** Many of us feel judged before we speak. Racism and stereotypes make it harder for us to show up and be heard.
- **Include us from the start.** Invite us to meetings, planning, and decisions early not as an afterthought.
- **Create father and peer spaces.** We open up more with other fathers who get it. Peer support builds trust, strength, and accountability.
- **Address mental health without stigma.** Stress, trauma, and depression are real for fathers. Support us without labeling or shaming us.
- **Be flexible and meet us where we are.** Work schedules, transportation, and past system harm are real barriers.
- **Build trust through action.** Say what you mean, do what you say, and understand the history many of us carry with systems.

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# What fathers say about family peer support (our experience)

- **We feel boxed into assumptions.** Fathers are often seen as secondary, absent, or only needed for discipline not as caregivers.

- **There aren't enough male FPAs - Invest in father peer leadership.** Train, support, and hire more male FPAs especially fathers of color. Many of us want support from another dad who understands fatherhood from the inside.

- **Lived experience matters but it's not enough.** FPAs also need strong knowledge of child welfare, education, mental health, and court systems.

- **Bias shows up in peer roles too.** Even in peer support, some fathers feel judged or overlooked, especially Black and Brown dads.

- **We need peers who can navigate systems.** Support works best when peers can explain processes, rights, and options clearly.

- **Father-only peer spaces matter.** We open up more with other dads, without pressure or comparison.

- **Mental health needs to be addressed without stigma.** Many dads carry stress and trauma but don't feel safe naming it.



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# What fathers say would improve access to services

- **Make access clear and family-centered.** Confusing websites, unclear directions, and poor guidance block access before intake begins.
- **Coordinate across systems.** Providers should help families navigate child welfare, education, courts, and behavioral health not stay siloed.
- **Communicate early and consistently.** Lack of follow-up discourages fathers before services even start.
- **Respect fathers as caregivers.** Fathers, especially fathers of color, are often questioned about our role with our children, violating family-driven principles.
- **Streamline intake.** Families should complete intake once, with information shared appropriately across OMH-aligned systems.
- **Ensure timely access.** No family should be waitlisted without support. Interim services or referrals should be required if care cannot begin within one month.
- **Increase male and male-of-color providers.** Representation supports engagement, trust, and culturally responsive care.
- **Ask about culture, faith, and work from day one.** Systems should actively try to accommodate family values, schedules, and needs.
- **Prevent early disengagement.** Poor treatment at first contact pushes fathers away and undermines equitable access.

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# Recommendations to improve Father inclusion in Children's Care & Treatment

## Treat Fathers as Equal Caregivers, By Default

- Fathers should be included in care planning, communication, and decisions unless there is a **clear, documented reason not to**.
- Single fathers and co-parenting fathers are often overlooked while systems default to mothers.
- **Example:** Black and Brown fathers report being spoken *around* in meetings, while questions and decisions are directed only to the mother—even when the father is the

## Stop Questioning Fathers' Legitimacy and Intent

- Fathers should not have to "prove" their role, safety, or commitment more than mothers.
- Questioning a father's presence, authority, or motives creates harm and disengagement.
- **Examples:**
- BIPOC fathers being asked repeatedly if they are "really involved" or "safe to include."
- Fathers being ignored discussions while assumptions are made that the mother is the primary decision-maker, even in observant Jewish/Muslim families where fathers

## Address Cultural and Racial Bias Including Within Peer Support

- Systems and peers must distinguish **cultural leadership roles** from abuse or control.
- Patriarchal family structures do not automatically equal harm.
- **Examples:** Fathers from culturally patriarchal households report peers assuming they are abusive or controlling simply because the father leads the household. Black, immigrant, and religious fathers report being viewed through a lens of suspicion rather than cultural context.
  - *"When fathers are excluded or treated with suspicion, children lose support. When fathers are respected and included, families are stronger."*

# Recommendations to improve Father inclusion in Children's Care & Treatment (continued)

**Train Providers on Father Inclusion and culture** and create spaces

- Have a advisory council of just Fathers for all systems not several different general advisory groups per system.
- Have sub committees by region, ethnicity, faith and experience
- Listen

**Include Fathers in Communication, Every Time**

- Fathers should receive the same calls, emails, portal access, and updates as mothers.
- Do not assume "mom will pass the information along."
- **Example:** Fathers report missing appointments or decisions because communication only went to the mother, even when joint custody or shared caregiving was documented.

**Ask About Family Structure, Culture, and Decision-Making From Day One**

- Who are the caregivers?
- How do decisions get made in your family?
- Are there cultural or religious considerations we should honor?
- Then **try to accommodate**, not dismiss.

**Support Co-Parenting Without Taking Sides**

- Systems should avoid aligning with one parent by default.
- Facilitate respectful co-parenting engagement unless safety concerns are clearly identified.

**Increase Male and Male-of-Color Representation**

- Hire and retain more male providers, peers, and clinicians especially men of color and from diverse faith communities.
- Representation reduces bias and increases father engagement.

**Hold Systems Accountable for Father Exclusion**

- Track father participation
- Treat exclusion as a employee issue, not an individual oversight.

## Additional Group led discussion: How does technology and social media impact your child's wellness, positive or negative?

| Identified Issues | Summary of discussion |
|---|---|
| **Gaming Addiction** | Loss of sleep, staying up all night. |
| **Online Safety** | Vulnerable to strangers, unsafe connections.<br>Dads express the concerns with desensitizing youth to violence, racism and masogony. |
| **Parental Boundaries** | Difficult for parents to set boundaries.<br>Citing blow ups from Youth that at times become a crisis.<br>Parents shared tools via iPhone, Circle and other platforms to set limits and "spy" to ensure youth safety.<br>Video gaming limitations – discussion occurred around parent involvement (play with child, research reviews, websites that rate games) |
| **Policy Opinion** | All participants supported no cell phones in school. |

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