

CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

PROMOTING RESPONSIBLE FATHERHOOD PROJECT

18-Month Project Report

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EXECUTIVE SUMMARY

The Promoting Responsible Fatherhood Project (PRF) funded through the Administration for Children and Families (ACF) of the Department of Health and Human Services (HHS). In 1999 Connecticut's legislature passed a (P.A. 99-193) that established a statewide Fatherhood Initiative. It sought to promote responsible fatherhood and the positive effects of father involvement.

The Promoting Responsible Fatherhood Project seeks to deliver an intervention across three areas: Healthy Marriage, Responsible Parenting, and Economic Stability. This intervention focuses on low income families who are greater risks for experiencing poverty, fatherlessness, crime/incarceration, single parenthood, and unemployment/underemployment.

This report provides data from December 01, 2006 through May 30, 2008. The report comprises information for clients who consented to participate in the evaluation of the Project.

Participant Data:

- *During the 06-07 reporting period, a total of 519 individuals were served.*
- *Of these participants, 504 (97.1%) were males and 12 (2.3%) females.*
- *Forty percent (40%) of the participants enrolled were African American and 23% were of Hispanic/Latino decent.*
- *The average participant age during this time period was 34.1 years old.*
- *Two hundred and twenty-five (43.4%) of the participants possessed a high school diploma or GED, and 126 (24.2%) participants had some or advanced postsecondary training, while slightly more than a quarter of the participants (139, 26.8%) had not finished high school.*
- *During the 07-08 reporting period of the Promoting Responsible Fatherhood Project, Career Resources was added as a certified program site.*

Program Observations:

- *Program developed across the five (5) sites.*
- *Program implementation differed depending on location and population served.*
- *Program sites continue to report ongoing challenges with the database identified for data entry.*
- *Protocols continue to be developed by program sites and DSS to address ongoing issues and challenges in the areas of domestic violence, paternity establishment, and liaison with court personnel.*

INTRODUCTION

The Department of Social Services (DSS) and its community partners proposed to serve primarily low-income families, at-risk of or currently experiencing poverty, fatherlessness, crime/incarceration, single parenthood, and unemployment/underemployment. The geographical areas served with this funding are broad, reflecting the diversity of experiences within the state of Connecticut. These include rural and urban areas and culturally diverse populations. This grant allowed DSS and its partner agencies to reach these areas and populations with a continuum of culturally responsive, quality services that address negative consequences of fatherlessness among the low-income population.

Recognizing that DSS shares numerous participants with community-based agencies serving families, DSS has created a Promoting Responsible Fatherhood Initiative (PRFI) network that includes Families In Crisis, Inc. (FIC); Family Strides, Inc. (FS); Madonna Place, Inc. (MP); New Haven Family Alliance, Inc. (NHFA); and New Opportunities, Inc. (NOI). In fiscal year 2007-2008 Career Resources, Inc. (CR) was added to the network after successfully meeting the requirements for Connecticut State fatherhood certification. The foundation for Connecticut's fatherhood certification is built on the legislation aptly named for **John S. Martinez a state legislator who championed with then commissioner of Social Services, Patricia Wilson-Cocker, JD, MSW.**

In 1999 Connecticut's legislature passed a (P.A. 99-193) that established a statewide Fatherhood Initiative. It sought to promote responsible fatherhood and the positive effects of father involvement.

GOALS OF THE INITIATIVE:

This grant funded through the Administration for Children and Families (ACF) of the Department of Health and Human Services (HHS) has its overall goals to provide target populations with a cohesive continuum of care that connects them to services. These services offer enhanced prevention/intervention strategies to promote healthy marriage, responsible parenting, economic stability, and self-sufficiency for all.

HEALTHY MARRIAGE OBJECTIVES/OUTCOMES:

1. To increase knowledge about marriage/healthy relationships.
2. To increase effective communication skills between partners.
3. To increase knowledge about conflict reduction to decrease domestic violence.
4. To increase commitment to healthy marriage/relationships and/or co-parenting.
5. To report satisfaction with program and program components around healthy marriage.
6. To increase time spent with partner.

RESPONSIBLE PARENTING OBJECTIVES/OUTCOMES:

1. To increase knowledge about responsible parenting and healthy co-parenting relationships
2. To increase effective communication skills between parents
3. increase knowledge about conflict resolution about parenting issues to decrease domestic violence
4. To increase commitment to healthy co-parenting
5. To satisfaction with program and program components related to responsible parenting
6. To increase time spent with children

ECONOMIC STABILITY OBJECTIVES/OUTCOMES:

1. To increase financial literacy/budgeting skills
2. To increase working income
3. To increase child support payments
4. To increase ability to secure and retain employment
5. To promote satisfaction with program and program components related to economic stability

PROGRAM APPROACH:

In collaboration with its certified fatherhood partners, DSS's approach is designed to affect a statewide, mutually reinforcing, integrated effort that addresses ACF's three (3) required activities: Healthy Marriage, Responsible Parenting, and Economic Stability. Overall, the intent is to fully engage participants and provide access to the resources that are equitable, timely, affordable and appropriate. All interventions are designed to be culturally, linguistically, and developmentally relevant. Participation in all project activities is voluntary. Potential participants are verbally informed about the voluntary nature of participation at point of contact/referral as well as during the intake process. Potential participants sign consent for services statement that acknowledges the voluntary nature of their participation and their option to withdraw as they see fit. In addition, all written promotional materials will include a statement explaining that participation is voluntary.

DSS and all its partnering certified fatherhood sites provide services to eligible persons, regardless of race, gender, age, disability, or religion. All program participants are expected to be treated in a professional manner and the determination of their eligibility will rest solely on the benefits and services available using the applicable rules. This initiative is available to fathers and expectant fathers who consent to services and indicate that they are able to benefit from the activities offered.

SITE ACTIVITIES:

Each year the certified fatherhood partner agencies are to, through this grant, meet the following expectations:

- Identify and actively recruit, at a minimum, 80 fathers -- 8 of who are involved in a relationship.
- Provide services to a minimum of 80 fathers -- 8 of whom are involved in a relationship that are either low-income fathers, new fathers, fathers-to-be and young fathers who could be single, unmarried, noncustodial or cohabitating; couples interested in marriage and/or those who identify themselves as engaged.
- Deliver ACF's 8-week *Exploring Relationships and Marriage with Fragile Families* curriculum.
- Deliver the 8-week *24/7 Dad (AM)* curriculum as part of their Responsible Parenting activities.
- Coordinate bi-monthly father/child activities and/or activities for couples and children. They will use area resources to promote positive parental involvement and healthy relationship development.
- Deliver workshops that promote economic stability, including job readiness, job placement, retention, financial literacy, and personal and household budgeting
- Identify and aid enrollment of participants in literacy training, GED classes, and/or occupational skills training when appropriate.
- Plan and participate in at least two events/activities annually with local community- and faith-based partners that promote healthy relationships and healthy marriages.
- Conduct at a minimum two events that address and/or seek to prevent domestic violence by providing certified fatherhood program staff with skills to assess, intervene, and refer the parties to domestic violence services that will ensure the safety of the victims and all program participants.
- Provide Voluntary Paternity Establishment (VPE) services to parents who have not established paternity at the hospital or through DSS.
- Educate all participants, during individual and group sessions, about the child support process and the importance of timely child support payments.
- Complete Individualized Service Plans (ISPs) that identify the strengths, needs, and goals for each program participant.
- Integrate advocacy activities/skill development to assist fathers' access to their children in cases where there is no risk of violence.

EVALUATION PLAN

Program participants are asked if they are willing to participate in an evaluation of the services being offered through this project. They are informed that participation is voluntary; they are free to withdraw from the evaluation and the services offered by the program at any time; and their responses to questions will remain anonymous and will not be used by the evaluator to negatively impact their participation in the program offered. Each month the men and their partners who consent to participate will be registered as entered into this program.

The evaluation uses a quasi-experimental design. In this design, attention is paid to changes in the program participants' experience, knowledge, and skills as a function of their involvement in the services offered. Following the completion of consent procedures, the individuals who choose to enroll in this evaluation will complete an intake, assessment, and child form for each indicated child attached to the parent involved in this initiative. These assessment measures use a common format across the five participating agencies. To facilitate the use of the measures and create a consistent reporting mechanism, computer aided programs are used to collect and store the information needed. DSS and the evaluator have received permission through a licensing agreement with New Haven Healthy Start to use their fatherhood data-base. This database is accessed through secure internet log-in. Program staff, after log-in, can complete the intake, assessment, and child forms for each child associated with the participants enrolling and consenting for services. This secure, remote log-in provides real-time views of all of the participants enrolled in this program and their associated outcome data. This computer-assisted measure is used to help identify areas for development and current strengths for each participant. The measures completed span the core areas of this intervention:

- healthy marriage skills,
- responsible parenting, and
- economic stability

It also assesses participants need for services in the areas of:

- substance abuse;
- mental health;
- employment;
- education/job training;
- physical health;
- housing;
- financial skills;
- formal and informal supports (including case management, entitlements, transportation); and
- community supports (including family functioning, domestic violence (DV), and level of community bonding

This evaluation collects demographic profiles for those individuals served through this program. To that end, each participant is asked to give some basic descriptions of who are they (e.g., age, race, number of children, etc.). Finally, as the participants are enrolled in the program, they will be asked to identify goals for their participation through case service plans developed in collaboration with their case managers. This service plan should incorporate the expressed needs of the participants.

To document what the case managers do with the men when they meet with them, they are instructed to complete contact logs. The service plans and logs are also completed using the computer assisted evaluation tool licensed through the New Haven Healthy Start.

In addition to the summative evaluation techniques, formative techniques are used to ascertain the completion and or involvement of the program participants and staff in various activities designed by DSS to support the work of the proposed program. To that end, as activities (e.g., workshops on DV, cognitive limitations) are developed and delivered, evaluations are administered to determine whether the session objectives were met, including increased knowledge of program staff in evaluating the appropriateness of these services for the program participants, and making appropriate referrals for program participants. Program participants are also asked to indicate if the training added value to their work.

The certified fatherhood programs are also asked to indicate from whom referrals were received and if they were made to other agencies if contact was made. This strategy will be used to better understand the community linkages that could support and enhance the effectiveness of the proposed program in meeting its outlined goals. It can also alert DSS and its program partners to potential areas of concern and development.

Summative evaluation steps are completed after each participant has completed their work with the program (though mutual agreement between the case manager and the program participant) and is being terminated from services. On exit from the program, participants are asked to complete another assessment form and child forms for each indexed child attached to the program participant. These forms are administered pre and post involvement in this initiative to determine level of change in identified strengths and weaknesses as reported by the program participants (healthy marriage skills, responsible parenting, and economic stability and other areas assessed of interest -- substance abuse, mental health, employment, education/job training, physical health, housing, financial skills, formal and informal supports, and community supports).

STRUCTURE OF DATA PRESENTED:

The information provided in this report represents a summary of the intake, assessment, and child data collected over the previous one and one-half years. In the tables and summaries that follow, data is aggregated in three sections: Year one, the first half of year two, and both time periods combined. The information offered first describes the demographic presentation of the program participants, followed by their relevant intake, assessment, and child data. The data is presented in aggregate form across program sites.

SUMMARY FOR PROGRAM PARTICIPANTS ENROLLED DURING THE 06-07 FISCAL YEAR

DEMOGRAPHIC PROFILE OF PROGRAM PARTICIPANTS

During the enrollment period of 12/1/2006 to 09/30/2007, hereafter referred to as the 06-07 fiscal year, a variety of findings have emerged from the demographic profile of the Responsible Fatherhood Initiative's participants. Program enrollment over year one ranged from 83 to 129 per site. Please refer to table 7 for a break-down of enrollment rates across sites. Over the 06-07 fiscal year of the program a total of 519 individuals were served through participation in the program. Of these participants, 504 (97.1%) were males and 12 (2.3%) females (see Table 1). The average participant age during this time period was 34.1 years old (see Table 2). Two hundred and six (39.7%) participants were African-American, 224 (43.2%) Caucasian, 11 (2.1%) participants were American-Indian, Asian, or Pacific Islander (see Table 3), and 63 (12.1%) described themselves as racially "other" or chose not to respond to the question about their race. Ethnically, the majority of the participants declared to be of "not Hispanic or Latino" descent (263, 50.7%) (see Table 3). One hundred and twenty-one (23.3%) were ethnically Hispanic or Latino, Mexican, Puerto Rican, Cuban, or South/Central American, seven (1.3%) participants were ethnically West-Indian, and 108 (20.8%) either selected "other" or did not at all respond to this question (see Table 3).

Table 1

Demographics of all Responsible Fatherhood program participants: 06-07

	Participants (n=519)	
	n	%
Gender		
Male	504	97.1
Female	12	2.3

Note: Not all participants responded to every question.

Table 2*Demographics of all Responsible Fatherhood program participants: 06-07*

	Participants (n=519)	
	Range	Mean
Age	16-60	34.1

Note: Not all participants responded to every question.

Table 3*Demographics of all Responsible Fatherhood program participants: 06-07*

	Participants (n=519)	
	n	%
Race		
African American/Black	206	39.7
Anglo/White/Caucasian	224	43.2
American Indian or Alaskan Native	7	1.3
Pacific Islander/Native Hawaiian	3	0.5
Asian	1	0.2
Other Race/Unknown	63	12.1
No response/Refused to Answer	7	1.3
Ethnicity		
Not Hispanic/Latino	263	50.7
Puerto Rican	63	12.1
Hispanic or Latino	47	9.1
Caribbean (West Indian), not Hispanic	7	1.3
South/Central American	7	1.3
Cuban	2	0.4
Mexican	2	0.4
Other/unknown	103	19.8
No Response/Refused to Answer	5	1.0

Note: Not all participants responded to every question.

During the 06-07 fiscal year of enrollment in the program, participants could be classified into one of four categories: adult male, incarcerated father, adolescent father, and community resident. For the first year of this project, 343 (66.1%) adult males were enrolled in the program. One hundred and thirteen (21.8%) incarcerated fathers were enrolled in the program, 40 (7.7%) adolescent fathers were served in the program, and 11 (2.1%) community residents were served by the program (see Table 4). More than half (279, 53.8%) of the first year participants were single, 80 (15.4%) were married and living with a partner, and 115 (22.2%) were either divorced, separated, or in the process of being separated (see Table 4).

Two hundred and twenty-five (43.4%) of the participants possessed a high school diploma or GED, and 126 (24.2%) participants had some or advanced postsecondary training, while slightly more than a quarter of the participants (139, 26.8%) had not finished high school (Table 5).

Table 4

Demographics of all Responsible Fatherhood program participants: 06-07

	Participants (n=519)	
	n	%
Participant type		
Adolescent father	40	7.7
Adult male	343	66.1
Community resident	11	2.1
Incarcerated father	113	21.8
Other	10	1.9
Marital status		
Legally married/living with a spouse	80	15.4
Separated/divorcing	40	7.7
Divorced	75	14.5
Never married/Single	279	53.8
Widowed	4	0.8
Other	15	2.9
Unknown/NA/Refused to answer	11	2.1
No response/Refused to answer	5	1.0

Note: Not all participants responded to every question.

Table 5*Demographics for all Responsible Fatherhood program participants: 06-07*

	Participants (n=519)	
	n	%
Education		
<=8 th grade	16	3.1
Some high school	123	23.7
High School diploma or GED	225	43.4
Some college	80	15.4
Vocational	20	3.9
Associate's degree	8	1.5
Bachelor's degree	9	1.7
Graduate school	9	1.7

Note: Not all participants responded to every question.

COMPLETED INTAKE FORM DATA

In the 06-07 fiscal year of the Promoting Responsible Fatherhood Initiative, the program's participants enrolled from across five sites in Connecticut. Career Resources in Bridgeport did not enroll any individuals during that year. New Haven Family Alliance in New Haven enrolled 150 (27.6%) individuals; Madonna Place in Norwich enrolled 115 (21.3%) individuals; Families in Crisis in Waterbury enrolled 96 (17.8%) individuals; and Family Strides in Torrington enrolled 96 (17.8%) individuals (see Table 6).

Two hundred and thirty eight (45.9%) of the participants enrolled in the program during the 06-07 year stated they lived with their children under 18 years old; 89 (17.1%) lived with their own adult children; 92 (17.7%) participants lived with a girlfriend or a boyfriend; 81 (15.6%) lived with a spouse; 170 (32.8%) lived either with parents or foster parents, other siblings, relatives or friends; and 84 (16.2%) participants reported living alone (see Table 7).

Table 6*Contract sites where Responsible Fatherhood program participants received services: 06-07*

	Participants (n=539)	
	n	%
Career Resources*	0	0.0
Families in Crisis	96	17.8
Family Strides	96	17.8
Madonna Place	115	21.3
New Haven Family Alliance	149	27.6
New Opportunities	83	15.4

added in year two*Table 7***Responsible Fatherhood program participants' living arrangements: 06-07*

	Participants (n=519)	
	n	%
Adult Children of Spouse/Boyfriend/Girlfriend	34	6.6
Children under 18	238	45.9
Friend(s)	17	3.3
Girlfriend/Boyfriend	92	17.7
My Adult Children	89	17.1
No one, live alone	84	16.2
Not Applicable (e.g., live in halfway house or shelter)	42	8.1
One or both parents/foster parents	70	13.5
Other	47	9.1
Other Relative	47	9.1
Sibling(s)	36	6.9
Spouse	81	15.6

Note: Participants checked all options that applied

During the 06-07 year, the participants entering this program indicated that their reason for presentation to the program was due to needing assistance with: 1) fatherhood support (313, 60%); 2) parent education training (306, 59%); 3) employment/job training (180, 34.7%); 4) DSS child support (143, 27.6%); 5) educational needs (114, 22%); and 6) DCF involvement (98, 18.9%) (see Table 8).

Table 8

Reason Responsible Fatherhood program participants were referred to the program: 06-07

	Participants (n=519)	
	n	%
Counseling /Psychotherapy	37	7.1
DCF Involvement	98	18.9
DSS Child Support	143	27.6
Education	114	22.0
Employment/Job training	180	34.7
Fatherhood support group	313	60.3
Health care	43	8.3
Housing	82	15.8
Judicial/Court child support	20	3.9
Legal representation/consultation	64	12.3
Mediation/visitation	47	9.1
Other	24	4.6
Parent education/Training	306	59.0
Substance abuse treatment	24	4.6

Note: Participants checked all options that applied

Analogous to the reasons for presenting to the program, once enrolled in the program, participants needed help addressing a variety of concerns. Challenges included parenting skills to become a better parent (331, 63.8%), finding a job or finding a better paying job (432, 83.2%), “getting on the right track” (278, 53.6%), talking with others in the same situation (235, 45.3%), child support payments or debts (192, 37.0%), and additional education or training (206, 39.7%) (see Table 9). Other requests for help included obtaining strategies for anger management (63, 12.1%), getting to see their participants’ children more often (221, 42.6%), improving their relationship with the child’s other parent (177, 34.1%), and substance abuse treatment and counseling (58, 11.2%).

Table 9

Help which Responsible Fatherhood program participants needed upon enrollment in the program: 06-07

	Participants (n=519)	
	n	%
Additional education or training	206	39.7
Strategies for anger management	63	12.1
Child support payments or debts	192	37.0
Finding a better paying job	198	38.2
Finding a job	234	45.1
Getting on the right track	278	53.6
Getting to see my children more often	221	42.6
Health services	109	21.0
Improving relationship with the child's other parent	177	34.1
Parenting skills/Being a better parent	331	63.8
Substance abuse treatment/Counseling	58	11.2
Talking with others in the same situation	235	45.3

Note: Participants checked all options that applied

In the 06-07 fiscal year New Haven Family Alliance assessed 219 (48.9%) participants; Madonna Place assessed 109 (24.3%) participants; Family Strides assessed 65 (14.5%) participants, Families in Crisis assessed 33 (7.4%) participants, and New Opportunities assessed 22 (4.9%) participants (see Table 10). Career Resources did not assess any participants, as none was enrolled in the program during that year. Of the participants enrolled and assessed in the 06-07 fiscal year 140 (31.3%) were employed full-time; 83 (18.5%) were employed on a part-time basis or worked “pick-up” jobs; and 72 (16.1%) did not work at all.

Significant potential employment barriers identified by participants included a lack of social security number (319, 71.2%), no birth certificate (310, 69.2%), no photo ID (308, 68.8%), no permanent residence (243, 54.2%), and no drivers license (194, 43.3%) (see Tables 11 and 12). One hundred and forty-eight (148, 33.1%) participants indicated that their income either did not cover or did not cover well their financial needs (see Table 13). In contrast, 121 (27%) employed participants said that their income covered their financial needs either fairly well or very well. Finally, in terms of employment, of participants enrolled during the 06-07 fiscal year, 102 (45.7%) said that their job provided them with paid vacation, 86 (19.2%) were eligible for paid sick leave (86, 19.2%), and 109 (24.3%) had medical coverage (see Table 14).

Table 10

*Contract sites at which Responsible Fatherhood program participants completed Assessment measure:
06-07*

	Participants (n=327)	
	n	%
Families in Crisis	33	7.4
Family Strides	65	14.5
Madonna Place	109	24.3
New Haven Family Alliance	219	48.9
New Opportunities	22	4.9

Table 11

*Description of Responsible Fatherhood program participants' employment status in the last 12 months:
06-07*

	Participants (n=448)	
	n	%
Employed full-time	140	31.3
Employed part-time	38	8.5
Employed on a temporary basis/pick-up work	45	10.0
Did not work	72	16.1
Unknown/Not applicable	29	6.5
No response/Refused to answer	6	1.3

Note: Not all participants responded to every question.

Table 12*Description of potential employment barriers for the Responsible Fatherhood program participants: 06-07*

	Participants (n=448)	
	n	%
Lack of birth certificate	138	30.8
Lack of Driver's license	254	56.7
Lack of a Green Card	1	0.2
Lack of child care	16	3.6
Lack of permanent residence	205	45.8
Lack of photo ID	140	31.2
Problems speaking English	5	1.1
Lack of reliable transportation	229	51.1
Lack of Social Security Number	129	28.8

Note: Participants checked all options that applied

Table 13*Description of how well Responsible Fatherhood program participants' current income covers their needs: 06-07*

	Participants (n=448)	
	n	%
Not at all	79	17.6
Not very well	69	15.4
Fairly well	98	21.9
Very well	23	5.1
Unknown/Not applicable	31	6.9
No response/Refused to answer	11	2.5

Note: Not all participants responded to every question.

Table 14*Description of the benefits the current job provides Responsible Fatherhood program participants: 06-07*

	Participants (n=448)	
	n	%
Paid vacation	102	22.8
Paid sick leave	86	19.2
Medical coverage	109	24.3
None of the above	76	17.0

Note: Not all participants responded to every question.

When queried about their health and medical needs, 123 (27.5%) of the 06-07 fiscal year program participants rated their health as either “very good” or “excellent.” One hundred and twenty-two (27.2%) participants said that the status of their health is “good,” while 47 (10.5%) of those enrolled rated their health as “fair” or “poor” (see Table 15). Sixty-two (13.8%) of respondents indicated that they had problems getting medical care. When asked about how they would access health care if they were sick, 137 (30.6%) said they would go to the emergency room, 62 (13.8%) participants said they would go to the doctor’s office, and 53 (11.8%) said they would go to a health center (see Table 16). If depressed or stressed, 210 (46.9%) participants said they would seek help to address this concern.

Fifty-three (11.8%) of those enrolled during the 06-07 fiscal year of the program did not have any medical insurance, 33 (7.4%) had some sort of a private insurance policy, 88 (19.4%) were insured through SAGA, 13 (2.9%) had Medicaid or were insured through free care programs, and 33 participants had either Husky A or Husky B or “Me and My Baby Insurance” policy (see Table 17). When asked about whether respondents were at some time told by their health care provider they had an STD, 13 (2.9%) answered that they had Chlamydia, and 14 (3.1%) said that they had either genital herpes, genital warts, gonorrhea, syphilis, or Trichomonas (see Table 18). Finally, 28 (6.3%) participants indicated that they had asthma, 15 (3.3%) had diabetes, 13 (2.9%) had hypertension, 3 (0.7%) had heart disease, and 123 (27.5%) were in an alcohol or drug treatment program (see Table 19).

Table 15*Description of the Responsible Fatherhood program participants' health status: 06-07*

	Participants (n=448)	
	n	%
Poor	10	2.2
Fair	37	8.3
Good	122	27.2
Very good	67	15.0
Excellent	56	12.5
Unknown/Not applicable	5	1.1
No response/Refused to answer	11	2.5

Note: Not all participants responded to every question.

Table 16*If sick, Responsible Fatherhood program participants would go to the following: 06-07*

	Participants (n=448)	
	n	%
Respondent has problems getting medical care	62	13.8
If sick, respondent would go to:		
Emergency room	137	30.6
Doctor's office	62	13.8
Health center	53	11.8
Health van	1	0.2
Other	20	4.5
If depressed or stressed, participant would seek help	210	46.9

Note: Not all participants responded to every question.

Table 17*Description of the insurance benefits Responsible Fatherhood program participants have: 06-07*

	Participants (n=448)	
	n	%
Emergency Medical (EEC)	0	0.0
Free Care Programs	2	0.4
Husky A	23	5.1
Husky B	8	1.8
Me and My Baby	2	0.4
Medicaid	11	2.6
No coverage/Self-pay	53	11.8
Private Insurance (group or individual)	33	7.4
SAGA	87	19.4

Note: Not all participants responded to every question.

Table 18*Description of the STDs which Responsible Fatherhood program participants were told at some time by a health care provider they had: 06-07*

	Participants (n=448)	
	n	%
Chlamydia	13	2.9
Genital herpes (HSV-2, HSV)	1	0.2
Genital warts or HPV	3	0.7
Gonorrhea	7	1.6
Syphilis	2	0.4
Trichomonas	1	0.2

Note: Not all participants responded to every question.

Table 19*Description of the illnesses from which Responsible Fatherhood program participants suffer: 06-07*

	Participants (n=448)	
	n	%
Asthma	28	6.3
Diabetes in lifetime	15	3.3
Heart disease	3	0.7
Hypertension	13	2.9
In an alcohol/drug treatment program	123	27.5

Note: Not all participants responded to every question.

Participants from fiscal year 06-07 had a diverse criminal justice profile. One hundred and seventy-four (38.8%) of the participants were convicted of a misdemeanor, 169 (37.7%) were convicted of a felony, and 127 (28.3%) were incarcerated for a non-child support offense. Furthermore, 100 (22.3%) were convicted of a violent crime or of spousal or child abuse, and 42 (9.4%) were previously arrested for DWI. At the time of the survey, 76 (17.0%) participants were on probation, 18 (4.0%) were on parole, and 44 (9.8%) had charges pending against them (see Table 20).

Table 20*Criminal justice profile of Responsible Fatherhood program participants: 06-07*

	Participants (n=448)	
	n	%
Convicted of a misdemeanor	174	38.8
Convicted of a felony	169	37.7
Convicted of a violent crime	74	16.5
Convicted of spousal or child abuse	26	5.8
Arrested for DWI	42	9.4
Incarcerated for non-child support offense	127	28.3
Participant currently:		
On probation	76	17.0
On parole	18	4.0
Has charges pending	44	9.8

Note: Participants checked all options that applied.

One hundred and thirty-six (30.4%) participants reported having none of the seventeen strengths described in Table 22 (see Table 22). The majority of the participants enrolled in the 06-07 fiscal year (300, 67%) reported having between one and 14 strengths. Twelve (2.7%) individuals listed possessing more than 15 strengths. Participants during the 06-07 fiscal year reported a variety of strengths. Two hundred and sixty-five (59.2%) participants desired to become more involved with his or her children and/or family; 208 (46.4%) were committed to and enthusiastic about the program; 202 (45.1%) desired to gain skills that would make her or him more employable; 202 (45.1%) desired to get a job; 205 (45.8%) had the support of family and friends; 266 (59.4%) were willing to learn; 129 (28.8%) had achieved educationally; 183 (40.8%) were committed to change current/unhealthy behaviors; and 126 (28.1) were committed to healthy co-parenting, a healthy relationship with their partner, or desired a healthy relationship with their child's parent (see Table 21).

Table 21

Strengths reported by Responsible Fatherhood program participants: 06-07

	Participants (n=448)	
	n	%
Commitment to and enthusiasm for the program	208	46.4
Commitment to change current/unhealthy behaviors	183	40.8
Commitment to healthy co-parenting	43	9.6
Commitment to healthy relationship with significant other/partner	43	9.6
Desire for a healthy relationship with partner or child's parent	40	8.9
Desire to become active in family planning	142	31.7
Desire to become more involved with his children and/or family	265	59.2
Desire to gain skills that will make him/her more employable	202	45.1
Desire to get a job	202	45.1
Educational achievement	129	28.8
Financial resources	93	20.8
Previous life experience with parenting and children	177	39.5
Support of child(ren)'s other parent	125	27.9
Support of employers	76	17.0
Support of family and friends	205	45.8
Support of other helping professionals (therapists, psychologists, etc.)	119	26.6
Willingness to learn	266	59.4

Note: Participants checked all options that applied

Seventy-four (16.5%) of participants reported being a victim of interpersonal violence, and 38 (8.5%) said that they would like help addressing violence in his or her life. Twenty (4.5%) participants indicated that they had a sexually traumatic experience in their lifetime and 15 (3.3%) needed help dealing with sexually traumatic experiences (see Table 23).

Table 22

Number of strengths Responsible Fatherhood program participants possessed: 06-07

	Participants (n=448)	
	n	%
0 strength	136	30.4
1 strengths	11	2.5
2 strengths	16	3.6
3 strengths	19	4.2
4 strengths	27	6.0
5 strengths	20	4.5
6 strengths	19	4.2
7 strengths	29	6.5
8 strengths	20	4.5
9 strengths	26	5.8
10 strengths	30	6.7
11 strengths	28	6.3
12 strengths	26	5.8
13 strengths	13	2.9
14 strengths	16	3.6
15 strengths	8	1.8
16 strengths	2	0.4
17 strengths	2	0.4

Table 23*Violence profile for Responsible Fatherhood program participants: 06-07*

	Participants (n=448)	
	n	%
Has ever been victim of interpersonal violence	74	16.5
Would like help addressing violence in his life	38	8.5
Has been involved in sexually traumatic experience (lifetime)	20	4.5
Would like help dealing with sexually traumatic experience(s)	15	3.3

Note: Not all participants responded to every question

COMPLETED CHILD FORM DATA

In the 06-07 fiscal year of program a total of 588 children were registered to program participants. New Haven Family Alliance completed 166 (28.2%) child forms; Madonna Place completed 144 (24.5%) child forms; Families in Crisis completed 113 (19.2%) child forms; New Opportunities completed 86 child forms; and Family Strides completed 78 child forms (see Table 24). Two hundred and ninety (49.3%) were male and 276 (46.9%) were female. The average child's age was 8.5 years (see Tables 25 and 26).

In the 06-07 fiscal year of the program, 335 (57.0%) participants said that their child or children lived with the other parent; 88 (15.0%) children resided with the respondent, 27 (4.6%) children lived with a grandparent, and 40 (6.8%) lived either with another relative or in a foster home (see Table 27). Fourteen (2.4%) participants said that they had sole legal and physical custody of their child or children; 32 (5.4%) reported that the other parent had sole legal and physical custody, and 51 (8.7%) shared joint custody of their child or children. Thirty-seven (6.3%) parents indicated that custody of their children was legally with a third party (see Table 28).

Table 24*Contract sites at which Responsible Fatherhood program participants completed Child Form: 06-07*

	Participants (n=588)	
	n	%
Families in Crisis	113	19.2
Family Strides	78	13.3
Madonna Place	144	24.5
New Haven Family Alliance	166	28.2
New Opportunities	86	14.6

Note: Not all participants responded to every question.

Table 25*Gender of all Responsible Fatherhood program participants' children: 06-07*

	Participants (n=588)	
	n	%
Gender		
Male	290	49.3
Female	276	46.9

Note: Not all participants responded to every question.

Table 26*Age of all Responsible Fatherhood program participants' children: 06-07*

	Participants (n=588)	
	Range	Mean
Age	0-33.7	8.5

Note: Not all participants responded to every question.

Table 27*Children's living arrangements of Responsible Fatherhood program participants completing Child Form: 06-07*

	Participants (n=588)	
	n	%
Child lives with		
Respondent	88	15.0
Other parent	335	57.0
Grandparent	27	4.6
Another relative	13	2.2
Foster home	27	4.6
Other	44	7.5
Unknown/Not applicable	18	3.1
No response/Refused to answer	2	0.3

Note: Not all participants responded to every question.

Table 28

Children's custody arrangement of Responsible Fatherhood program participants completing Child Form: 06-07

	Participants (n=588)	
	n	%
I have sole legal and physical custody	14	2.4
Other parent has sole legal and physical custody	32	5.4
Joint legal custody but I have primary physical custody	8	1.4
Joint legal custody but other parent has primary physical custody	27	4.6
Joint legal and physical custody	16	2.7
Custody to a third party	37	6.3
Unknown/Not applicable	20	3.4
No response/Refused to answer	0	0.0

Note: Not all participants responded to every question.

In terms of child support issues, during the 06-07 fiscal year participants indicated that on average they owed \$20,143 in back child support (see Table 29), and were required to pay \$791.87 in monthly child support payments (see Table 30).

Table 29

Amount Responsible Fatherhood program participants owed in back due child support payments (excluding those who owe \$0): 06-07

	Participants (n=588)	
	Range	Mean
Amount owed	\$1-123,000	\$20,143

Table 30

Amount Responsible Fatherhood program participants are supposed to pay for child support per month (excluding those who owe \$0): 06-07

	Participants (n=588)	
	Range	Mean
Amount owed	\$20-20,000	\$791,87

In reporting on contact with their children over the previous 12 months, 105 (17.9%) of the participants who participated during the 06-07 fiscal year reported that they did not see their child or children; 45 (7.7%) participants saw their child or children about once or twice; 22 (3.7%) visited with their child or children about every other month; 44 (7.5%) saw their child or children about once or twice a month; 86 (14.6%) saw their child or children about once a week; 77 (13.1%) saw their children several times a week; and 139 (23.6%) said that they were able to see their child or children on a daily basis (see Table 31). Two hundred and sixty (44.2%) participants said that they were very dissatisfied with the amount of time they spent with their child or children; 57 (9.7%) of the respondents were somewhat dissatisfied with the amount of time spent with their child or children; 76 (12.9%) were somewhat satisfied with the amount of time spent with their children; and 142 (24.1%) reported that they were very satisfied with the amount of time spent with their children (see Table 32).

Table 31

How frequently Responsible Fatherhood program participants got to see their child in the last 12 months: 06-07

	Participants (n=588)	
	n	%
Not at all	105	17.9
About once or twice a year	45	7.7
About every other month	22	3.7
About once/twice a month	44	7.5
About once a week	86	14.6
Several times a week	77	13.1
Daily	139	23.6
Unknown/Not applicable	26	4.4
No response/Refused to answer	1	0.2

Note: Not all participants responded to every question.

Table 32

How satisfied Responsible Fatherhood program participants feel about the amount of time spent with their child(ren): 06-07

	Participants (n=588)	
	n	%
Very dissatisfied	260	44.2
Somewhat dissatisfied	57	9.7
Somewhat satisfied	76	12.9
Very satisfied	142	24.1
Unknown/Not applicable	8	1.4
No response/Refused to answer	4	0.7

Note: Not all participants responded to every question.

When asked about how much influence during the previous 12 months participants had in making major decisions about their child or children, 190 (32.3%) said they had no influence, 145 (24.7%) reported having some influence, and 187 (31.8%) indicated they had a great deal of influence (see Table 33). When asked if they had a choice of becoming a parent again would they still choose to be a parent, 365 (65.5) indicated they would, 16 (2.7%) said maybe they would choose to be a parent if they could do this over again, and 23 (3.9%) said that they would not choose to be a parent if they could do it over again (see Table 34).

Table 33

Amount of influence Responsible Fatherhood program participants have had during the last 12 months in making major decisions about their child(ren): 06-07

	Participants (n=588)	
	n	%
None	190	32.3
Some	145	24.7
A great deal	187	31.8
Unknown/Not applicable	15	2.6
No response/Refused to answer	4	0.7

Note: Not all participants responded to every question.

Table 34

Would Responsible Fatherhood program participants still choose to be a parent if they could do it over again? 06-07

	Participants (n=588)	
	n	%
No	23	3.9
Yes	385	65.5
Maybe	16	2.7
Unknown/Not applicable	11	1.9
No response/Refused to answer	6	1.0

Note: Not all participants responded to every question.

SUMMARY FOR PROGRAM PARTICIPANTS ENROLLED DURING THE 07-08 FISCAL YEAR

DEMOGRAPHIC PROFILE OF PARTICIPANTS

During the enrollment period of 10/1/2007 to 05/30/2008, hereafter referred to as the 07-08 reporting period, a 487 participants have been consented and enrolled in the program. Of these participants, 466 (95.7%) were males and 13 (2.7%) were females (see Table 35). On average, the participant's age was 34.7 years old (see Table 36). Two hundred and twenty-four (46.0%) participants were African American and 181 (37.2%) were Caucasians (see Table 37). Ninety-seven (18.9%) of the participants indicated that they are ethnically Hispanic, Puerto-Rican, and other South and Central American, and eight (1.6%) participants are of the West-Indian descent (see Table 37).

Table 35

Gender of all Responsible Fatherhood Initiative program participants: 07-08

	Participants (n=487)	
	n	%
Gender		
Male	466	95.7
Female	13	2.7

Note: Not all participants responded to every question.

Table 36*Age of All Responsible Fatherhood program participants: 07-08*

	Participants (n=487)	
	Range	Mean
Age	16-60	34.7

Note: Not all participants responded to every question.

Table 37*Demographics of All Responsible Fatherhood program participants: 07-08*

	Participants (n=487)	
	n	%
Race		
African American/Black	224	46.0
Anglo/White/Caucasian	181	37.2
American Indian or Alaskan Native	3	0.6
Pacific Islander/Native Hawaiian	0	0.0
Asian	0	0.0
Other Race/Unknown	60	12.3
No response/Refused to Answer	13	2.7
Ethnicity		
Not Hispanic/Latino	190	39.0
Hispanic or Latino, Puerto Rican, South/Central American	92	18.9
Cuban	0	0.0
Mexican	0	0.0
Caribbean (West Indian), not Hispanic	8	1.6
Other/unknown	122	25.1
No Response/Refused to Answer	1	0.2

Note: Not all participants responded to every question.

During the 07-08 reporting period adult males represented the largest enrolled participant group (370, 76.0%) (see Table 38). Other program participants are incarcerated fathers (72, 14.8%), adolescent fathers (12, 2.5%), and community residents (23, 4.7%) (see Table 38). Of the 487 participants in the 07-08 reporting period, 258 (53.0%) were single, 76 (15.6%) were legally married and living with a spouse, and 114 (23.4%) were either separated, divorced, or in the process of divorcing.

Comparable to the 06-07 fiscal year participants, 168 (34.5%) 07-reporting period participants enrolled had a high school diploma or GED (see Table 38). One hundred and thirty-four (27.5%) participants also completed some or advanced post secondary training. One third of the participants (162, 33.3%) did not have a high school education or equivalent (see Table 39).

Table 38

Demographics of All Responsible Fatherhood program participants: 07-08

	Participants (n=487)	
	n	%
Participant type		
Adolescent father	12	2.5
Adult male	370	76.0
Community resident	23	4.7
Incarcerated father	72	14.8
Other	8	1.6
Marital status		
Legally married/living with a spouse	76	15.6
Separated/divorcing	50	10.3
Divorced	64	13.1
Never married/Single	258	53.0
Widowed	2	0.4
Other	16	3.3
Unknown/NA/Refused to answer	5	1.0
No response/Refused to answer	4	0.8

Note: Not all participants responded to every question.

Table 39*Demographics for All Responsible Fatherhood program participants: 07-08*

	Participants (n=487)	
	n	%
Education		
<=8 th grade	20	4.1
Some high school	142	29.2
High School diploma or GED	168	34.5
Some college	67	13.8
Vocational	34	7.0
Associate's degree	12	2.5
Bachelor's degree	8	1.6
Graduate school	13	2.7

Note: Not all participants responded to every question.

COMPLETED INTAKE FORM DATA

During the 07-08 reporting period of the Promoting Responsible Fatherhood Initiative, participants enrolled from all six sites in Connecticut. This increase in enrollments also reflected the addition of Career Resources in Bridgeport. As of May 30, 2008, New Opportunities in Waterbury enrolled 134 (27.5%) participants, New Haven Family Alliance in New Haven enrolled 83 (17.0%), Family Strides in Torrington enrolled 78 (16.0%) participants, Career Resources in Bridgeport enrolled 71 (14.6%), and Madonna Place enrolled 61 (12.5%) participants (see Table 40). Of those enrolled in the program during the first half of 07-08 reporting period, 94 (19.3%) lived with either their boyfriend or girlfriend and 135 (27.7%) participants indicated they lived with either parents or foster parents, other siblings or relatives (see Table 41). Sixty-three (12.9%) of the participants said they lived with a spouse, while 27 (5.5%) lived with friends, and 49 (10.1%) lived alone.

Table 40*Contract sites where Responsible Fatherhood program participants received services: 07-08*

	Participants (n=487)	
	n	%
Career Resources	71	14.6
Families in Crisis	60	12.3
Family Strides	78	16.0
Madonna Place	61	12.5
New Haven Family Alliance	83	17.0
New Opportunities	134	27.5

Table 41*Responsible Fatherhood program participants' living arrangements: 07-08*

	Participants (n=487)	
	n	%
Adult Children of Spouse/Boyfriend/Girlfriend	10	2.1
Children under 18	1	0.2
Friend(s)	27	5.5
Girlfriend/Boyfriend	94	19.3
My Adult Children	26	5.3
No one, live alone	49	10.1
Not Applicable (e.g., live in halfway house or shelter)	17	3.5
One or both parents/foster parents	78	16.0
Other	80	16.4
Other Relative	36	7.4
Sibling(s)	21	4.3
Spouse	63	12.9

Note: Participants checked all options that applied

During the 07-08 reporting period, participants indicated that they were referred to the program due to needing: 1) parent education/training (269, 55.2%); 2) fatherhood support group (252, 51.7%); 3) employment and job training (172, 35.3%); 4) education (120, 24.6%); 5) DSS child support (114, 23.4%); 6) judicial/court child support matters (73, 15.0%); DCF involvement (58, 11.9%) (see Table 42).

Table 42*Reason Responsible Fatherhood program participants were referred to the program: 07-08*

	Participants (n=487)	
	n	%
Counseling /Psychotherapy	17	3.5
DCF Involvement	58	11.9
DSS Child Support	114	23.4
Education	120	24.6
Employment/Job training	172	35.3
Fatherhood support group	252	51.7
Health care	15	3.1
Housing	52	10.7
Judicial/Court child support	73	15.0
Legal representation/consultation	36	7.4
Mediation/visitation	24	4.9
Other	23	4.7
Parent education/Training	269	55.2
Substance abuse treatment	14	2.9

Note: Participants checked all options that applied

During the 07-08 reporting period participants requested help with concerns including finding a job or finding a better paying job (454, 93.2%), parenting skills to become a better parent (259, 53.2%), “getting on the right track” (249, 51.1%), talking with others in the same situation (206, 42.3%), child support payments or debts (178, 36.6%), and additional education or training (214, 43.9%) (see Table 43). Other requests for help during the 07-08 fiscal year of enrollment included obtaining strategies for anger management (59, 12.1%), improving relationship with the child’s other parent (164, 33.7%), getting to see the participants’ children more often (185, 38.0%), and substance abuse treatment and counseling (43, 8.8%).

Table 43

Help which Responsible Fatherhood program participants needed upon enrollment in the program: 07-08

	Participants (n=487)	
	n	%
Additional education or training	214	43.9
Strategies for anger management	59	12.1
Child support payments or debts	178	36.6
Finding a better paying job	185	38.0
Finding a job	269	55.2
Getting on the right track	249	51.1
Getting to see my children more often	185	38.0
Health services	68	14.0
Improving relationship with the child's other parent	164	33.7
Parenting skills/Being a better parent	259	53.2
Substance abuse treatment/Counseling	43	8.8
Talking with others in the same situation	206	42.3

Note: Participants checked all options that applied

In the 07-08 fiscal year New Haven Family Alliance assessed 98 (20.6%) participants; Madonna Place assessed 59 (12.4%) participants; Family Strides assessed 78 (16.4%) participants, Families in Crisis assessed 102 (21.4%) participants, Career Resources assessed 52 (10.9%) participants, and New Opportunities assessed 87 (18.3%) participants (see Table 44)

Of those enrolled during the 07-08 reporting period 159 (33.4%) were employed full-time; 137 (30.6%) participants were employed on a part-time basis or worked "pick-up" jobs; and 136 (28.6%) participants did not work at all. Employment barriers indicated by the participants included no social security number (431, 90.5%), no birth certificate (390, 81.9%), no photo ID (403, 84.7%), no permanent residence (339, 71.2%), and no driver's license (248, 52.1%) (see Tables 45 and 46). Among the participants who were employed full-time or part-time, 218 (45.8%) indicated that their income either did not cover or did not cover well their financial needs (see Table 47). In contrast, 182 (38.2%) employed participants said that their income covered their financial needs fairly well or very well. Finally, in terms of employment, 94 (19.7%) participants enrolled in the program said that their job provided them with paid vacation, 88 (18.5%) had paid sick leave, and 96 (20.2%) had medical coverage (see Table 48). One hundred and fifty-nine (33.4%) of the employed participants did not have any paid vacation, paid sick leave or medical coverage (See Table 48).

Table 44

Contract sites at which Responsible Fatherhood program participants completed Assessment measure: 07-08

	Participants (n=476)	
	n	%
Career Resources	52	10.9
Families in Crisis	102	21.4
Family Strides	78	16.4
Madonna Place	59	12.4
New Haven Family Alliance	98	20.6
New Opportunities	87	18.3

Note: Not all participants responded to every question

Table 45

Description of Responsible Fatherhood program participants' employment status in the last 12 months: 07-08

	Participants (n=476)	
	n	%
Employed full-time	159	33.4
Employed part-time	50	10.5
Employed on a temporary basis/pick-up work	87	18.3
Did not work	136	28.6
Unknown/Not applicable	10	2.1
No response/Refused to answer	1	0.2

Note: Not all participants responded to every question

Table 46*Description of potential employment barriers for the Responsible Fatherhood program participants: 07-08*

	Participants (n=476)	
	n	%
Lack of Birth certificate	86	18.1
Lack of Driver's license	228	47.9
Lack of a Green Card	0	0.0
Lack of child care	12	2.5
Lack of permanent residence	137	28.8
Lack of Photo ID	73	15.3
Problems speaking English	10	2.1
Lack of reliable transportation	171	35.9
Lack of Social Security Number	45	9.5

Note: Participants checked all options that applied

Table 47*Description of how well Responsible Fatherhood program participants' current income covers their needs: 07-08*

	Participants (n=476)	
	n	%
Not at all	145	30.5
Not very well	73	15.3
Fairly well	129	27.1
Very well	53	11.1
Unknown/Not applicable	17	3.6
No response/Refused to answer	1	0.2

Note: Not all participants responded to every question

Table 48*Description of the benefits the current job provides Responsible Fatherhood program participants: 07-08*

	Participants (n=476)	
	n	%
Paid vacation	94	19.7
Paid sick leave	88	18.5
Medical coverage	96	20.2
None of the above	159	33.4

Note: Not all participants responded to every question

In terms of health and medical attention issues, 175 (37.8%) of the 07-08 reporting period program participants rated their health as either “very good” or “excellent.” One hundred and seventy (35.7%) participants said that the status of their health is “good,” while 62 (13%) of those enrolled rated their health as “fair” or “poor” (see Table 49). One hundred and thirteen (23.7%) of the respondents indicated that they had problems getting medical care. Additionally, 182 (38.2%) of the respondents said that if they were sick, they would go to the emergency room first, while 71 (14.9%) participants said they would go to the doctor’s office and 104 (21.8%) to a health center (see Table 50). If depressed or stressed, 300 (63.0%) participants said they would seek help to address this concern.

Two hundred and sixty-one (54.8%) had some sort of a private insurance policy (see Table 51). When asked about whether respondents were at some time told by their health care provider they had an STD, 23 (4.8%) answered that they had Chlamydia, and 27 (5.7%) said that they had either genital herpes, genital warts, gonorrhea, syphilis, or Trichomonas (see Table 52). Finally, 37 (7.8%) participants indicated that they had asthma, 15 (3.2) had diabetes, 22 (4.6%) had hypertension, 6 (1.3%) had heart disease, and 150 (31.5%) were in an alcohol or drug treatment program (see Table 53).

Table 49*Description of the Responsible Fatherhood program participants' health status: 07-08*

	Participants (n=476)	
	n	%
Poor	9	1.9
Fair	53	11.1
Good	170	35.7
Very good	92	19.3
Excellent	83	17.4
Unknown/Not applicable	3	0.6
No response/Refused to answer	1	0.2

Table 50*If sick, Responsible Fatherhood program participants would go to the following: 07-08*

	Participants (n=476)	
	n	%
Respondent has problems getting medical care	113	23.7
If sick, respondent would go to:		
Emergency room	182	38.2
Doctor's office	71	14.9
Health center	104	21.8
Health van	1	0.2
Other	31	6.5
If depressed or stressed, participant would seek help	300	63.0%

Table 51*Description of the insurance benefits Responsible Fatherhood program participants have: 07-08*

	Participants (n=476)	
	n	%
Emergency Medical (EEC)	102	21.4
Free Care Programs	76	16.0
Husky A	41	8.6
Husky B	21	4.4
Me and My Baby	17	3.6
Medicaid	4	0.8
No coverage/Self-pay	0	0.0
Private Insurance (group or individual)	0	0.0
SAGA	0	0.0

Table 52*Description of the STDs which Responsible Fatherhood program participants were told at some time by a health care provider they had: 07-08*

	Participants (n=448)	
	n	%
Chlamydia	23	4.8
Genital herpes (HSV-2, HSV)	5	1.1
Genital warts or HPV	4	0.8
Gonorrhea	10	2.1
Syphilis	7	1.5
Trichomonas	1	0.2

Table 53*Description of the illnesses from which Responsible Fatherhood program participants suffer: 07-08*

	Participants (n=476)	
	n	%
Asthma	37	7.8
Diabetes in lifetime	15	3.2
Heart disease	6	1.3
Hypertension	22	4.6
In an alcohol/drug treatment program	150	31.5

Participants during the 07-08 reporting period presented with a diverse criminal justice profile. Two hundred and twenty-seven (47.7%) of the participants were convicted of a misdemeanor, 250 (52.5%) were convicted of a felony, and 184 (38.7%) were incarcerated for a non-child support offense. Furthermore, 120 (25.2%) participants were convicted of a violent crime or of spousal or child abuse, and 42 (8.8%) were previously arrested for DWI. At the time of the survey, 80 (16.6%) participants were on probation, 21 (4.4%) were on parole, and 34 (7.1%) had charges pending against them (see Table 54).

Table 54*Criminal justice profile of Responsible Fatherhood program participants: 07-08*

	Participants (n=476)	
	n	%
Convicted of a misdemeanor	227	47.7
Convicted of a felony	250	52.5
Convicted of a violent crime	96	20.2
Convicted of spousal or child abuse	24	5.0
Arrested for DWI	42	8.8
Incarcerated for non-child support offense	184	38.7
Participant currently:		
On probation	80	16.6
On parole	21	4.4
Has charges pending	34	7.1

During the 07-08 reporting period 54 (11.3%) participants said they had none of the seventeen strengths described (see Table 56). The majority of the participants enrolled in the second year (348, 73.1%) reported having between one and 14 strengths. Seventy-four (15.5%) individuals listed possessing more than 15 strengths. In describing their strengths, participants were able to choose as much strengths as they wished from the 17 strengths descriptions presented in the assessment measure (see Table 55). Three hundred and forty two (71.8%) participants desired to become more involved with his or her children and/or family, 299 (62.8%) were committed to and enthusiastic for the program, 300 (63%) desired to gain skills that would make her or him more employable, and a 317 (66.6 %) desired to get a job, 273 (57.3%) had the support of family and friends, 369 (77.5%) were willing to learn, 196 (41.2%) were educationally motivated, 289 (60.7%) were committed to changing current/unhealthy behaviors, 264 (55.5%) were committed to healthy co-parenting, 233 (48.9%) were committed to a healthy relationship with their partner, and 239 (50.2%) desired to have a healthy relationship with their child's parent (see Table 53).

Table 55

Strengths reported by Responsible Fatherhood program participants: 07-08

	Participants (n=476)	
	n	%
Commitment to and enthusiasm for the program	299	62.8
Commitment to change current/unhealthy behaviors	289	60.7
Commitment to healthy co-parenting	264	55.5
Commitment to healthy relationship with significant other/partner	233	48.9
Desire for a healthy relationship with partner or child's parent	239	50.2
Desire to become active in family planning	292	61.3
Desire to become more involved with his children and/or family	342	71.8
Desire to gain skills that will make him/her more employable	300	63.0
Desire to get a job	317	66.6
Educational achievement	196	41.2
Financial resources	117	24.6
Previous life experience with parenting and children	241	50.6
Support of child(ren)'s other parent	218	45.8
Support of employers	133	27.9
Support of family and friends	273	57.4
Support of other helping professionals (therapists, psychologists, etc.)	207	43.5
Willingness to learn	369	77.5

Note: Participants checked all options that applied

During the 07-08 reporting period, 97 (20.4%) of participants have been victims of interpersonal violence and 39 (8.2%) of the enrolled participants said that they would like help addressing violence in his or her life. Thirty-six (7.6%) participants indicated that they had a sexually traumatic experience in their lifetime and 19 (4.0%) needed help dealing with sexually traumatic experiences (see Table 57).

Table 56

Number of strengths Responsible Fatherhood program participants possessed: 07-08

	Participants (n=476)	
	n	%
0 strength	54	11.3
1 strengths	11	2.3
2 strengths	24	5.0
3 strengths	13	2.7
4 strengths	21	4.4
5 strengths	16	3.4
6 strengths	18	3.8
7 strengths	26	5.5
8 strengths	19	4.0
9 strengths	17	3.6
10 strengths	18	3.8
11 strengths	30	6.3
12 strengths	40	8.4
13 strengths	38	8.0
14 strengths	57	12.0
15 strengths	27	5.7
16 strengths	14	2.9
17 strengths	33	6.9

Note: Participants checked all options that applied

Table 57*Violence profile for Responsible Fatherhood program participants: 07-08*

	Participants (n=476)	
	n	%
Has ever been victim of interpersonal violence	97	20.4
Would like help addressing violence in his life	39	8.2
Has been involved in sexually traumatic experience (lifetime)	36	7.6
Would like help dealing with sexually traumatic experience(s)	19	4.0

COMPLETED CHILD FORM DATA:

In the 07-08 reporting period, Families in Crisis documented 209 (28.9%) children, New Opportunities documented 142 (19.6%) children, New Haven Family Alliance documented 140 (19.4%) children, Family Strides documented 90 (12.4%) children, Madonna Place documented 71 (9.8%) children, and Career Resources documented 71 children (see Table 58). During this period, participants answered questions about 723 of their children, among whom 349 (48.3%) were male and 347 (48.0%) were female. The average child's age was 8.7 years (see Tables 59 and 60). It is important to note that the six sites participating in the program reported incomplete children's gender data.

Four hundred and fifty-five (62.9%) of the participants said that their child or children lived with the other parent, 77 (10.7%) resided with the participant, 33 (4.6%) lived with a grandparent, and 37 (5.1%) lived either with another relative or in a foster home (see Table 61). Seventeen (2.4%) of the participants said that they had sole legal and physical custody of their child or children; 30 (4.1%) reported that the other parent had sole legal and physical custody, 61 (8.4%) had shared joint custody of their child or children; and 48 (6.6%) reported that custody of their children was given to a third party (see Table 62).

Table 58*Contract sites at which Responsible Fatherhood program participants completed Child Form: 07-08*

	Participants (n=723)	
	n	%
Career Resources	71	9.8
Families in Crisis	209	28.9
Family Strides	90	12.4
Madonna Place	71	9.8
New Haven Family Alliance	140	19.4
New Opportunities	142	19.6

Note: Not all participants responded to every question.

Table 59*Gender of all Responsible Fatherhood program participants' children: 07-08*

	Participants (n=723)	
	n	%
Gender		
Male	349	48.3
Female	347	48.0

Note: Not all participants responded to every question.

Table 60*Age of all Responsible Fatherhood program participants' children: 07-08*

	Participants (n=723)	
	Range	Mean
Age	0-35	8.7

Note: Not all participants responded to every question.

Table 61

Children's living arrangements of Responsible Fatherhood program participants completing Child Form: 07-08

	Participants (n=723)	
	n	%
Child lives with		
Respondent	77	10.7
Other parent	455	62.9
Grandparent	33	4.6
Another relative	9	1.2
Foster home	28	3.9
Other	47	6.5
Unknown/Not applicable	14	1.9
No response/Refused to answer	4	0.6

Note: Not all participants responded to every question.

Table 62

Children's custody arrangement of Responsible Fatherhood program participants completing Child Form: 07-08

	Participants (n=723)	
	n	%
I have sole legal and physical custody	17	2.4
Other parent has sole legal and physical custody	30	4.1
Joint legal custody but I have primary physical custody	14	1.9
Joint legal custody but other parent has primary physical custody	32	4.4
Joint legal and physical custody	15	2.1
Custody to a third party	48	6.6
Unknown/Not applicable	13	1.8
No response/Refused to answer	1	0.1

Note: Not all participants responded to every question.

In terms of child support issues, 723 participants enrolled for the 1/1/07-5/30/08 reporting period indicated that on average they owed \$14,308 in back child support payments (see Table 63), and were required to pay \$289.53 monthly in child support payments (see Table 64).

Table 63

Amount Responsible Fatherhood program participants owed in back due child support payments (excluding those who owe \$0): 07-08

	Participants (n=723)	
	Range	Mean
Amount owed	\$30-75,162	\$14,308

Table 64

Amount Responsible Fatherhood program participants are supposed to pay for child support per month (excluding those who owe \$0): 07-08

	Participants (n=723)	
	Range	Mean
Amount owed	\$1-1,000	\$289.53

In describing their contact with their children over the previous 12 months, 127 (17.6%) of the participants who participated during the 07-08 reporting period indicated that they did not see their child or children; 66 (9.1%) saw their child or children about once or twice a year; 36 (5.0%) visited with their child or children about every other month; 75 (10.4%) saw their child or children about once or twice a month; 71 (9.8%) saw their child or children about once a week; 82 (11.3%) saw their child or children several times a week; and 143(19.8%) saw their child or children on a daily basis (see Table 65). Two hundred and seventy-six (38.2%) participants said that they were very dissatisfied with the amount of time spent with their child or children; 77 (10.7%) were somewhat dissatisfied with the amount of time spent with their child or children; 91 (12.6%) said they were somewhat satisfied with the amount of time spent with their children; and 152 (21%) were very satisfied with the amount of time they spent with their children (see Table 66).

Table 65*How frequently Responsible Fatherhood program participants get to see their child: 07-08*

	Participants (n=723)	
	n	%
Not at all	127	17.6
About once or twice a year	66	9.1
About every other month	36	5.0
About once/twice a month	75	10.4
About once a week	71	9.8
Several times a week	82	11.3
Daily	143	19.8
Unknown/Not applicable	12	1.7
No response/Refused to answer	0	0.0

Note: Not all participants responded to every question.

Table 66*How satisfied Responsible Fatherhood program participants feel about the amount of time spent with their child(ren): 07-08*

	Participants (n=723)	
	n	%
Very dissatisfied	276	38.2
Somewhat dissatisfied	77	10.7
Somewhat satisfied	91	12.6
Very satisfied	152	21.0
Unknown/Not applicable	21	2.9
No response/Refused to answer	5	0.7

Note: Not all participants responded to every question.

When the participants were asked how much influence they had during the previous 12 months in making major decisions about their child or children, 256 (35.4%) said they had none, 162 (22.4%) had some influence, and 85 (25.6%) had a great deal of influence (see Table 67). When asked if they had a choice of becoming a parent again would they still choose to be a parent, 528 (73.0%) indicated they would; 36 (5.0%) said maybe they would choose to be a parent if they could do this over again, and 27 (3.7%) said that they would not choose to be a parent if they could do it over again (see Table 68).

Table 67

Amount of influence Responsible Fatherhood program participants have had during the last 12 months in making major decisions about their child(ren): 07-08

	Participants (n=723)	
	n	%
None	256	35.4
Some	162	22.4
A great deal	185	25.6
Unknown/Not applicable	14	1.9
No response/Refused to answer	1	0.1

Note: Not all participants responded to every question.

Table 68

Would Responsible Fatherhood program participants still choose to be a parent if they could do it over again?: 07-08

	Participants (n=723)	
	n	%
No	27	3.7
Yes	528	73.0
Maybe	36	5.0
Unknown/Not applicable	15	2.1
No response/Refused to answer	2	0.3

Note: Not all participants responded to every question.

SUMMARY FOR PROGRAM PARTICIPANTS ENROLLED DURING 12/06-5/08

DEMOGRAPHIC PROFILE OF PARTICIPANTS

During the period of 12/1/2006 to 05/30/2008, hereafter referred to as the date reporting period, a total of 1,006 participants were enrolled since the programs' inception. While the majority (981) of participants were males, 25 (2.5%) females also enrolled in the program (see Table 69). The average participant age was 34.4 years old (see Table 70). Racially, the majority of the 1,006 participants were African Americans (430, 42.7%), followed by Caucasians (405, 40.3%), and American Indians, Pacific Islanders and Asians (14, 1.4%) (see Table 71). Twenty (2.0%) participants refused to divulge their racial background, and 123 (12.2%) participants identified themselves with "other" races. Ethnically, 213 (21.2%) enrolled participants were of the Latino descent (including Puerto Rico and other countries in Central and South America) (see Table 71). Fifteen (1.5 %) participants described their ethnic background as Caribbean or West Indian and 231 (23.0%) participants either identified with other ethnic background or chose not to respond to the question about their ethnicity.

On enrollment into the program, participants could be distributed among four distinct categories: adult males, incarcerated fathers, adolescent fathers, and community residents. As of May 2008, a total of 713 (70.9%) adult males were enrolled in the program, followed by 185 (18.4%) incarcerated fathers, and 52 (5.2%) adolescent fathers (see Table 72). Thirty-four (3.4%) participants identified themselves as community residents (see Table 72). Of the 1,006 participants, more than half (537, 53.4%) were single, 170 (15.5%) were married and living with a partner, and 229 (22.8%) were either divorced, separated, or in the process of being separated (see Table 72). Three hundred and ninety-three participants had a high school education or equivalent (393, 39.1%), and 260 (25.8%) had some or completed postsecondary education, while 301 (29.9%) of the participants had not completed high school (see Table 73).

Table 69

Demographics of the Responsible Fatherhood Initiative participants: 06-08

	Participants (n=1,006)	
	n	%
Gender		
Male	970	96.4
Female	25	2.5

Note: Not all participants responded to every question.

Table 70*Demographics of all Responsible Fatherhood program participants: 06-08*

	Participants (n=1,006)	
	Range	Mean
Age	16-60	34.4

Note: Not all participants responded to every question.

Table 71*Demographics of all Responsible Fatherhood program participants: 06-08*

	Participants (n=1,006)	
	n	%
Race		
African American/Black	430	42.7
Anglo/White/Caucasian	405	40.3
American Indian or Alaskan Native	10	1.0
Pacific Islander/Native Hawaiian	3	0.3
Asian	1	0.1
Other Race/Unknown	123	12.2
No response/Refused to Answer	20	2.0
Ethnicity		
Not Hispanic/Latino	453	45.0
Puerto Rican	108	10.7
Hispanic or Latino	93	9.2
South/Central American	8	0.8
Cuban	2	0.2
Mexican	2	0.2
Caribbean (West Indian), not Hispanic	15	1.5
Other/unknown	225	22.4
No Response/Refused to Answer	6	0.6

Note: Not all participants responded to every question.

Table 72*Demographics of Responsible Fatherhood program participants: 06-08*

	Participants (n=1,006)	
	n	%
Participant type		
Adolescent father	52	5.2
Adult male	713	70.9
Community resident	34	3.4
Incarcerated father	185	18.4
Other	18	1.8
Marital status		
Legally married/living with a spouse	156	15.5
Separated/divorcing	90	8.9
Divorced	139	13.8
Never married/Single	537	53.4
Widowed	6	0.6
Other	31	3.1
Unknown/NA/Refused to answer	16	1.6
No response/Refused to answer	9	0.9

Note: Not all participants responded to every question.

Table 73*Demographics for Responsible Fatherhood program participants: 06-08*

	Participants (n=1,006)	
	n	%
Education		
<=8 th grade	36	3.6
Some high school	265	26.3
High School diploma or GED	393	39.1
Some college	147	14.6
Vocational	54	5.4
Associate's degree	20	2.0
Bachelor's degree	17	1.7
Graduate school	22	2.2

Note: Not all participants responded to every question.

COMPLETED INTAKE FORM DATA

As of May 2008, a total of 1,006 Responsible Fatherhood Initiative’s participants were enrolled across the six sites in Connecticut. New Opportunities in Waterbury enrolled 217 (21.6%) participants, New Haven Family Alliance enrolled 212 (21.1%) participants, Madonna Place in Norwich enrolled 176 (17.5%) participants, Family Strides in Torrington enrolled 174 (17.3%) participants, Families in Crisis enrolled 156 (15.5%) participants, and Career Resources enrolled 71 (7.1%) participants (see Table 74). The majority of the participants enrolled in the program since its inception reported living with children under 18 years old (239, 23.8%) and their own adult children (115, 11.4%) (see Table 74). One hundred and eighty-six (18.5%) participants lived with a girlfriend or a boyfriend, 144 (14.3%) lived with a spouse, and 332 (33.0%) lived either with parents or foster parents, other siblings, relatives, or friends (see Table 75). One hundred and thirty-three (13.2%) participants across all six sites reported living alone (see Table 75).

Table 74

Contract sites where Responsible Fatherhood program participants received services: 06-08

	Participants (n=1006)	
	n	%
Career Resources	71	7.1
Families in Crisis	156	15.5
Family Strides	174	17.3
Madonna Place	176	17.5
New Haven Family Alliance	212	21.1
New Opportunities	217	20.6

Table 75*Responsible Fatherhood program participants' living arrangements: 06-08*

	Participants (n=1,006)	
	n	%
Adult Children of Spouse/Boyfriend/Girlfriend	44	4.4
Children under 18	239	23.8
Friend(s)	44	4.4
Girlfriend/Boyfriend	186	18.5
My Adult Children	115	11.4
No one, live alone	133	13.2
Not Applicable (e.g., live in halfway house or shelter)	59	5.9
One or both parents/foster parents	148	14.7
Other	127	12.6
Other Relative	83	8.3
Sibling(s)	57	5.7
Spouse	144	14.3

Note: Participants checked all options that applied

As of May 2008, participants identified the following top six reasons for referral to the Promoting Responsible Fatherhood Initiative: 1) parent education/training (575, 57.2%); 2) fatherhood support group (565, 56.2%); 3) employment and job training (352, 35.0%); 4) DSS child support (257, 25.5%); 5) education (234, 23.3%); 6) DCF involvement (156, 15.5%) (see Table 76).

Additionally, 93 (9.2%) participants indicated that they were referred to the program for judicial/court child support issues, 100 (9.9%) for legal representation and consultation, and 71 (7.1%) for mediation and visitation issues.

Table 76*Reason Responsible Fatherhood program participants were referred to the program: 06-08*

	Participants (n=1,006)	
	n	%
Counseling /Psychotherapy	54	5.4
DCF Involvement	156	15.5
DSS Child Support	257	25.5
Education	234	23.3
Employment/Job training	352	35.0
Fatherhood support group	565	56.2
Health care	58	5.8
Housing	134	13.3
Judicial/Court child support	93	9.2
Legal representation/consultation	100	9.9
Mediation/visitation	71	7.1
Other	47	4.7
Parent education/Training	575	57.2
Substance abuse treatment	38	3.8

Note: Participants checked all options that applied

As of May 2008, the participants enrolled in the program in all six sites reported needing help to deal with a range of concerns. Among some of these concerns were requests for parenting skills to become a better parent (590, 58.6%), finding a job or finding a better paying job (886, 88.1%), “getting on the right track” (527, 52.4%), talking with others in the same situation (441, 43.8%), child support payments or debts (370, 36.8%), and additional education or training (420, 41.7%) (see Table 77). Other requests for help also included acquiring strategies for anger management (122, 12.1%), improving relationship with the child’s other parent (341, 33.9%), getting to see the participants’ children more often (406, 40.4%), and substance abuse treatment and counseling (101, 10.0%).

Table 77*Help which Responsible Fatherhood program participants needed upon enrollment in the program: 06-08*

	Participants (n=1,006)	
	n	%
Additional education or training	420	41.7
Strategies for anger management	122	12.1
Child support payments or debts	370	36.8
Finding a better paying job	383	38.1
Finding a job	503	50.0
Getting on the right track	527	52.4
Getting to see my children more often	406	40.4
Health services	177	17.6
Improving relationship with the child's other parent	341	33.9
Parenting skills/Being a better parent	590	58.6
Substance abuse treatment/Counseling	101	10.0
Talking with others in the same situation	441	43.8

Note: Participants checked all options that applied

In the 06-08 time period New Haven Family Alliance assessed 317 (34.3%) participants; Madonna Place assessed 168 (18.2%) participants; Family Strides assessed 143 (15.5%) participants, Families in Crisis assessed 135 (14.6%) participants, Career Resources assessed 52 (5.6%) participants, and New Opportunities assessed 22 (4.9%) participants (see Table 78).

From the inception of this program to May 08, 299 (32.3%) participants were employed full-time, 200 (21.6%) participants were employed on a part-time basis or worked "pick-up" jobs, and 208 (22.5%) participants did not work at all. The six sites participating in the program did not report complete employment data. Employment barriers identified by participants included not having a social security number (750, 81.2%), birth certificate (700, 75.8%), photo ID (711, 76.9%), permanent residence (582, 63.0%), and driver's license (442, 47.8%) (see Tables 79 and 80). Among those respondents who were employed full-time or part-time, 366 (39.6%) participants indicated that their income either did not cover at all or did not cover very well their financial needs (see Table 81). In contrast, 303 (32.8%) employed participants enrolled in the first year of the program said that their income covered their financial needs either fairly well or very well. No program site reported complete employment and income data. Finally, in terms of employment, program participants indicated that their job provided them with either paid vacation (196, 21.2%), paid sick leave (174, 18.8%), or medical coverage (205, 22.2%) (see Table 82). Two hundred and thirty-five (25.4%) of the first-year employed participants did not have any paid vacation, paid sick leave or medical coverage (See Table 82).

Table 78

*Contract sites at which Responsible Fatherhood program participants completed Assessment measure:
06-08*

	Participants (n=924)	
	n	%
Career Resources	52	5.6
Families in Crisis	135	14.6
Family Strides	143	15.5
Madonna Place	168	18.2
New Haven Family Alliance	317	34.3
New Opportunities	109	11.8

Table 79

*Description of Responsible Fatherhood program participants' employment status in the last 12 months:
06-08*

	Participants (n=924)	
	n	%
Employed full-time	299	32.4
Employed part-time	68	9.5
Employed on a temporary basis/pick-up work	132	14.3
Did not work	208	22.5
Unknown/Not applicable	39	4.2
No response/Refused to answer	7	0.8

Table 80*Description of potential employment barriers for the Responsible Fatherhood program participants: 06-08*

	Participants (n=924)	
	n	%
Lack of Birth certificate	224	24.2
Lack of Driver's license	482	52.2
Lack of a Green Card	1	0.1
Lack of child care	28	3.0
Lack of permanent residence	342	37.0
Lack of photo ID	213	23.1
Problems speaking English	15	1.6
Lack of reliable transportation	400	43.3
Lack of Social Security Number	174	18.8

Table 81*Description of how well Responsible Fatherhood program participants' current income covers their needs: 06-08*

	Participants (n=924)	
	n	%
Not at all	224	24.2
Not very well	142	15.4
Fairly well	227	24.6
Very well	76	8.2
Unknown/Not applicable	48	5.2
No response/Refused to answer	12	1.3

Table 82*Description of the benefits the current job provides Responsible Fatherhood program participants: 06-08*

	Participants (n=924)	
	n	%
Paid vacation	196	21.2
Paid sick leave	174	18.8
Medical coverage	205	22.2
None of the above	235	25.4

Two hundred ninety-eight (32.2%) program participants rated their health as either “very good” or “excellent,” 292 (31.6%) said that the status of their health was “good,” while 102 (11.0%) rated their health as “fair” or “poor” (see Table 83). One hundred and seventy-five (18.9%) of the participants indicated that they had problems getting medical care. Additionally, 319 (34.5%) of participants said that if they were sick, they would go to the emergency room first, while 133 (14.4%) said they would go to the doctor’s office and 157 (17.0%) said they would go to a health center (see Table 84). If depressed or stressed, 510 (55.2%) participants said they would seek help to address this concern.

One hundred and twenty-nine (14.0%) of the enrolled participants reported that they had no medical insurance. One hundred and sixty-three (17.6%) had some sort of a private insurance policy (see Table 85). When asked about whether respondents were at some time told by their health care provider they had an STD, 36 (3.9%) answered that they had Chlamydia, and 41 (4.4%) said that they had either genital herpes, gonorrhea, syphilis, or Trichomonas (see Table 86). Finally, 65 (7.0%) participants indicated that they had asthma, 30 (3.2%) had diabetes, 35 (3.8%) had hypertension, 9 (1.0%) had heart disease, and 273 (29.5%) were in an alcohol or drug treatment program (see Table 87).

Table 83*Description of the Responsible Fatherhood program participants' health status: 06-08*

	Participants (n=924)	
	n	%
Poor	19	2.1
Fair	90	9.7
Good	292	31.6
Very good	159	17.2
Excellent	139	15.0
Unknown/Not applicable	8	0.9
No response/Refused to answer	12	1.3

Table 84*If sick, Responsible Fatherhood program participants would go to the following: 06-08*

	Participants (n=924)	
	n	%
Respondent has problems getting medical care	175	18.9
If sick, respondent would go to:		
Emergency room	319	34.5
Doctor's office	133	14.4
Health center	157	17.0
Health van	2	0.2
Other	51	5.5
If depressed or stressed, participant would seek help	510	55.2

Table 85*Description of the insurance benefits Responsible Fatherhood program participants have: 06-08*

	Participants (n=924)	
	n	%
Emergency Medical (EEC)	0	0.0
Free Care Programs	2	0.2
Husky A	44	4.8
Husky B	12	1.3
Me and My Baby	2	0.2
Medicaid	28	3.0
No coverage/Self-pay	129	14.0
Private Insurance (group or individual)	75	8.0
SAGA	189	20.5

Table 86*Description of the STDs which Responsible Fatherhood program participants were told at some time by a health care provider they had: 06-08*

	Participants (n=924)	
	n	%
Chlamydia	36	3.9
Genital herpes (HSV-2, HSV)	6	0.6
Genital warts or HPV	7	0.8
Gonorrhea	17	1.8
Syphilis	9	1.0
Trichomonas	2	0.2

Table 87*Description of the illnesses from which Responsible Fatherhood program participants suffer: 06-08*

	Participants (n=924)	
	n	%
Asthma	65	7.0
Diabetes in lifetime	30	3.2
Heart disease	9	1.0
Hypertension	35	3.8
In an alcohol/drug treatment program	273	29.5

Participants enrolled in this program reported having a diverse criminal justice profile. Four hundred and one (43.4%) of the participants were convicted of a misdemeanor, 419 (45.3%) were convicted of a felony, and 311 (33.7%) were incarcerated for a non-child support offense. Furthermore, 220 (23.81%) individuals were convicted of a violent crime or of spousal or child abuse, and 84 (9.1%) had DWI current histories. Of the participants enrolled in the program 156 (16.9%) were on probation, 39 (4.2%) were on parole, and 78 (8.4%) had charges pending against them (see Table 88).

Table 88*Criminal justice profile of Responsible Fatherhood program participants: 06-08*

	Participants (n=924)	
	n	%
Convicted of a misdemeanor	401	43.4
Convicted of a felony	419	45.3
Convicted of a violent crime	170	18.4
Convicted of spousal or child abuse	50	5.4
Arrested for DWI	84	9.1
Incarcerated for non-child support offense	311	33.7
Participant currently:		
On probation	156	16.9
On parole	39	4.2
Has charges pending	78	8.4

One hundred and ninety participants (20.6%) enrolled since the program's inception and up to May 2008, reported having none of the seventeen strengths listed. The majority (648, 70.1%) of the participants reported having between one and 14 strengths. Eight-six (9.3%) individuals listed possessing more than 15 strengths (see Table 90). Participants enrolled indicated that they had a variety of strengths. Participants were allowed to identify as much strengths as they saw appropriate to them from the 17 strengths descriptions generated by the evaluators. Six hundred and seven (65.7%) participants identified a desire to become more involved with his or her children and/or family, 507 (54.9%) were committed to and enthusiastic for the program, 502 (54.3%) desired to gain skills that would make her or him more employable, 519 (56.2%) had a desire to get a job, 478 (51.7%) had the support of family and friends, 635 (68.7%) were willing to learn, 325 (35.2%) had good educational achievement, 472 (51.1%) participants were committed to change current/unhealthy behaviors, 307 (33.2%) were committed to healthy co-parenting, 276 (29.9%) were committed to healthy relationship with their partner, and 279 (30.2%) desired a healthy relationship with their child's parent (see Tables 89 and 90).

One hundred and seventy one (18.5%) participants have been victims of interpersonal violence and 77 (8.3%) said that they would like help addressing violence in his or her life. Fifty-six (6.1%) participants indicated that they had had a sexually traumatic experience in their lifetime and 34 (3.7%) needed help dealing with sexually traumatic experiences (see Table 91).

Table 89

Strengths reported by Responsible Fatherhood program participants: 06-08

	Participants (n=924)	
	n	%
Commitment to and enthusiasm for the program	507	54.9
Commitment to change current/unhealthy behaviors	472	51.1
Commitment to healthy co-parenting	307	33.2
Commitment to healthy relationship with significant other/partner	276	29.9
Desire for a healthy relationship with partner or child's parent	279	30.2
Desire to become active in family planning	434	47.0
Desire to become more involved with his children and/or family	607	65.7
Desire to gain skills that will make him/her more employable	502	54.3
Desire to get a job	519	56.2
Educational achievement	325	35.2
Financial resources	210	22.7
Previous life experience with parenting and children	418	45.2
Support of child(ren)'s other parent	343	37.1
Support of employers	209	22.6
Support of family and friends	478	51.7

Support of other helping professionals (therapists, psychologists, etc.)	326	35.3
Willingness to learn	635	68.7

Note: Participants checked all options that applied

Table 90

Number of strengths Responsible Fatherhood program participants possessed: 06-08

	Participants (n=924)	
	n	%
0 strength	190	20.6
1 strengths	22	2.4
2 strengths	40	4.3
3 strengths	32	3.5
4 strengths	48	5.3
5 strengths	36	3.9
6 strengths	37	4.0
7 strengths	55	6.0
8 strengths	39	4.2
9 strengths	43	4.7
10 strengths	48	5.2
11 strengths	58	6.3
12 strengths	66	7.1
13 strengths	51	5.5
14 strengths	73	7.9
15 strengths	35	3.8
16 strengths	16	1.7
17 strengths	35	3.8

Note: Participants checked all options that applied

Table 91*Violence profile for Responsible Fatherhood program participants: 06-08*

	Participants (n=924)	
	n	%
Has ever been victim of interpersonal violence	171	18.5
Would like help addressing violence in his life	77	8.3
Has been involved in sexually traumatic experience (lifetime)	56	6.1
Would like help dealing with sexually traumatic experience(s)	34	3.7

COMPLETED CHILD FORM DATA

Over the period of 10/1/06-5/30/08, Families in Crisis documented 322 (24.6%) children, New Haven Family Alliance documented 306 (23.3%) children, Madonna Place documented 215 (16.4%) children, Family Strides documented 168 (12.8%) children, New Opportunities documented 228 (17.4%) children, and Career Resources documented 71 (5.4%) children (see Table 92). During this time, participants documented 1,311 children, among whom 639 (48.7%) were male and 347 (47.5%) were female. The average child's age was 8.6 years (see Tables 93 and 94). No site reported complete child enrollment data.

Seven hundred and ninety (60.3%) of the participants said that their child or children lived with the other parent; 165 (12.6%) resided with the participant, 60 (4.6%) lived with a grandparent, and 77 (5.9%) lived either with another relative or in a foster home (see Table 95). Thirty-one (2.4%) of the participants said that they had sole legal and physical custody of their child or children, 62 (4.7%) reported that the other parent had sole legal and physical custody, 112 (8.5%) had shared joint custody of their child or children, and 85 (6.5%) reported that custody of their children was given to a third party (see Table 96).

Table 92*Contract sites at which Responsible Fatherhood program participants completed Child Form: 06-08*

	Participants (n=1,311)	
	n	%
Career Resources	71	5.4
Families in Crisis	322	24.6
Family Strides	168	12.8
Madonna Place	215	16.4
New Haven Family Alliance	306	23.3
New Opportunities	228	17.4

Note: Not all participants responded to every question.

Table 93*Gender of all Responsible Fatherhood program participants' children: 06-08*

	Participants (n=1,311)	
	n	%
Gender		
Male	639	48.7
Female	623	47.5

Note: Not all participants responded to every question.

Table 94*Age of all Responsible Fatherhood program participants' children: 06-08*

	Participants (n=1,311)	
	Range	Mean
Age	0-35	8.6

Table 95*Children's living arrangements of Responsible Fatherhood program participants completing Child Form: 06-08*

	Participants (n=1,311)	
	n	%
Child lives with		
Respondent	165	12.6
Other parent	790	60.3
Grandparent	60	4.6
Another relative	22	1.7
Foster home	55	4.2
Other	91	6.9
Unknown/Not applicable	32	2.4
No response/Refused to answer	6	0.5

Note: Not all participants responded to every question.

Table 96

Children's custody arrangement of Responsible Fatherhood program participants completing Child Form: 06-08

	Participants (n=1,311)	
	n	%
I have sole legal and physical custody	31	2.4
Other parent has sole legal and physical custody	62	4.7
Joint legal custody but I have primary physical custody	22	1.7
Joint legal custody but other parent has primary physical custody	59	4.5
Joint legal and physical custody	31	2.4
Custody to a third party	85	6.5
Unknown/Not applicable	33	2.5
No response/Refused to answer	1	0.1

Note: Not all participants responded to every question.

In terms of child support issues, 1,311 participants in the 10/1/06-5/30/08 reporting period indicated that on average they owed \$17,158 in back child support (see Table 97) and that they were required to pay \$525.46 monthly for child support (see Table 98).

Table 97

Amount Responsible Fatherhood program participants owed in back due child support payments (excluding those who owe \$0): 06-08

	Participants (n=1,311)	
	Range	Mean
Amount owed	\$1-123,000	17,158

Table 98

Amount Responsible Fatherhood program participants are supposed to pay for child support per month (excluding those who owe \$0): 06-08

	Participants (n=1,311)	
	Range	Mean
Amount owed	\$1-20,000	\$525.46

In reporting on their contact with their children over the previous 12 months, 232 (17.7%) participants did not see their child or children; 111 (8.5%) saw their child or children about once or twice a year; 58 (4.4%) visited with their child or children about every other month; 119 (9.1%) saw their child or children about once or twice a month; 157 (12.0%) saw their child or children about once a week; 159 (12.1%) saw their child or children several times a week; and 282 (21.5%) saw their child or children on a daily basis (see Table 99). Five hundred and thirty-six (40.9%) participants said that they were very dissatisfied with the amount of time spent with their child or children; 134 (10.2%) were somewhat dissatisfied with the amount of time spent with their child or children; 167 (12.7%) were somewhat satisfied with the amount of time spent with their children; and 294 (22.4%) were very satisfied with the amount of time spent with their children (see Table 100).

Table 99

How frequently Responsible Fatherhood program participants got to see their child in the last 12 months: 06-08

	Participants (n=1, 311)	
	n	%
Not at all	232	17.7
About once or twice a year	111	8.5
About every other month	58	4.4
About once/twice a month	119	9.1
About once a week	157	12.0
Several times a week	159	12.1
Daily	282	21.5
Unknown/Not applicable	38	2.9
No response/Refused to answer	1	0.1

Note: Not all participants responded to every question.

Table 100

How satisfied Responsible Fatherhood program participants feel about the amount of time spent with their child(ren): 06-08

	Participants (n=1,311)	
	n	%
Very dissatisfied	536	40.9
Somewhat dissatisfied	134	10.2
Somewhat satisfied	167	12.7
Very satisfied	294	22.4
Unknown/Not applicable	29	2.2
No response/Refused to answer	9	0.7

Note: Not all participants responded to every question.

When the participants were asked about how much influence they had during the previous 12 months in making major decisions about their child or children, 446 (34.0%) said they had none, 307 (23.4%) had some, and 372 (28.4%) had a great deal of influence in making decisions about their child or children (see Table 101). When asked if they had a choice of becoming a parent again would they would still choose to be a parent, 913 (69.6%) indicated they would; 52 (4.0%) said maybe they would choose to be a parent if they could do this over again; and 26 (2.0%) said that they would not choose to be a parent if they could do it over again (see Table 102).

Table 101

Amount of influence Responsible Fatherhood program participants have had during the last 12 months in making major decisions about their child(ren): 06-08

	Participants (n=1,311)	
	n	%
None	446	34.0
Some	307	23.4
A great deal	372	28.4
Unknown/Not applicable	29	2.2
No response/Refused to answer	5	0.4

Note: Not all participants responded to every question.

Table 102

Would Responsible Fatherhood program participants still choose to be a parent if they could do it over again?: 06-08

	Participants (n=1,311)	
	n	%
No	50	3.8
Yes	913	69.6
Maybe	52	4.0
Unknown/Not applicable	26	2.0
No response/Refused to answer	8	0.6

Note: Not all participants responded to every question.

CONCLUSIONS

KEY OBSERVATIONS:

1. The program developed between Connecticut’s Department of Social Services and its five – transitioning to six community partners continues to engage a significant number of men. These engagement numbers result in full enrollment that meets the expectations for the grant (500 men). Although successful, there appears to be a number of men who are approached but don’t make it into services. Future analyses need to examine differences between the men who ultimately enroll and those who do not fully enroll into the program. This would advance DSS and its member programs ability to engage a group of men resistant to programming.
2. The population of men served represents an adult (mean age 34) group of men. Programming like this one is often seen as indicated for young men (25 and younger), however, our participants show that this work is needed across the age and developmental spectrum.
3. The men enrolled in the program represent the diversity present in the State of Connecticut with significant numbers coming from ethnic minority groups.
4. Consistent across sites, about ¼ of the participants present with less than a high school diploma. These observations have significant impact on their ability to meet HHS’s economic stability goals and calls for DSS and its community collaborators to begin to explore unique vocational and educational programs that specifically target the needs of these men.

5. The majority of the men who presented for services although reportedly having the minimum educational requirements had limited and frequently interrupted work histories. These histories point to additional challenges helping these men meet the employment expectations set forth by HHS.
6. Most of the men served were not married. This observation was also coupled with data that suggest that there are interpersonal challenges that impact their ability to develop and maintain lasting intimate relationships. Ongoing programming that support the skills needed in these areas are indicated. Further, more exploration should examine what these men perceive as their deficits in this area with programming developed that supports them being more productive mates and life partners.
7. The men enrolled in this program consistently asked for help with similar issues. Areas they looked for help included education, outstanding child support payments, finding and maintaining jobs, child visitation, improving relationship with the other parent, increasing their parenting skills, and finding support for their role as fathers. As the program develops, attention to and development of initiatives that specifically target these areas for all participants on entry into the program are indicated.
8. Significant challenges faced as the men entered the program included challenges with obtaining valid birth certificates, drivers' license, a place to live, having reliable transportation, and social security numbers. These areas if not addressed either limit and or prohibit these program participants from meeting the goals established by DSS. This evaluator **strongly** recommends that DSS and its member program develop specific strategies to identify and address these issues as men enroll and matriculate through the programming offered.
9. Although not the focus of this program, health (physical, mental, and substance use/abuse) may be an area where the men may benefit from programming. Attention to areas where the health of the men significantly impacts their ability to meet the expectations of the program may help to support the program in meeting its goals. This may also help to reduce the burden experienced by the State given that most of the men indicated that they receive health in emergency room rather than preventive health care.
10. Another area of concern for the men is their criminal history. Self report show that almost half of them have histories of criminal offending, and when aggregated, significant numbers have been convicted of more than one category of criminal offence (misdemeanor, felony).
11. Although there were significant challenges that the men experienced, they all indicated that they presented with a number of strengths. These strengths should be acknowledged and used in all programming efforts.

12. The children impacted by these men were unborn or adult with a mean age of 8 to 9 years. Understanding the unique developmental needs of the children served by this program though the fathers is indicated. This should be integrated into any parent training and programming offered.
13. Most of the children resided with another parent or caretaker. Attention to the mediation challenges and needs of this population should be integrated into ongoing programming.

FUTURE DIRECTION:

The evaluators have worked collaboratively with the Program Managers and Case Managers to provide periodic feedback (i.e., preliminary findings and observations) intended to enhance the project. The Evaluation Team would not make specific recommendations about services, but provide information that the program sites could use for program development with their expertise in service provision. The evaluators would provide consultation regarding data gathering.

RECOMMENDATIONS

- **Identify areas where participants report having needs that are not addressed in the case management services.** There appears to be areas identified in the academic, policy, and service literatures that impact on the success of the clients served by this initiative. Special attention should be made to ensure that as the case management process unfolds attention is paid to these areas.
- **Continue to ensure detailed and accurate reporting of amount and nature of contact with clients, service plans, and client progress.** The Evaluation Team has continued to support the service providers around information gathering and application, specifically providing consultation on: service log and plan formats; and utilizing information about clients' strengths, needs, and goals.
- **Address data collection challenges.** Inconsistent data reporting has been observed across sites with some sites being more challenged given the nature of their recruitment group.
- **Develop consistent and ongoing contact between the program managers at each site, the evaluators at Yale University, and the staff at DSS.** To facilitate communication between the groups involved in this program regular meetings are indicated where information is shared and challenges faced address and resolved in a timely manner.