

Promoting Responsible Fatherhood

Year 2 Report

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## EXECUTIVE SUMMARY

The Promoting Fatherhood Project (PRF) funded through the Administration for Children and Families (ACF) of the Department of Health and Human Services (HHS) 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.

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 for Year 2, October 1, 2007 – September 30, 2008. This report is comprised of information for participants who consented to participate in the evaluation of the Promoting Responsible Fatherhood Project.

### *Participant Data:*

- *During the 07-08 reporting period, a total of 796 individuals were consented and completed the intake form.*
- *Of these participants, 754 (94.7%) were males and 27 (3.4%) females. Gender for 15 (1.9%) was missing.*
- *609 participants completed the assessment form and were served through the program.*
- *Forty percent (47.5%) of the participants enrolled were African American and 10.2% were of Hispanic/Latino decent.*
- *The average participant age during this time period was 33.9 years old.*
- *Four hundred and eighty-three (60.7%) of the participants possessed a high school diploma or GED, and 198 (24.9%) participants had some or advanced postsecondary training, while slightly more than a quarter of the participants (228, 28.6%) had not finished high school.*
- *During the 07-08 reporting period of the Promoting Responsible Fatherhood Project,*

### *Program Observations:*

- *Program implementation differed depending on location and population served.*
- *Program sites continue to report ongoing challenges with the database identified for data entry.*

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- *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 Project (PRF) network that includes Career Resources (CR); Families In Crisis, Inc. (FIC); Family Strides, Inc. (FS); Madonna Place, Inc. (MP); New Haven Family Alliance, Inc. (NHFA); and New Opportunities, Inc. (NOI). 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.

## 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 six participating agencies.

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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 they are (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.

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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).

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## Completed Intake Form Data

In the '07-'08 fiscal year of the Promoting Responsible Fatherhood Project, the program's participants were enrolled from across the six certified fatherhood program sites in Connecticut. Career Resources in Bridgeport enrolled 99; Families in Crisis In Hartford enrolled 97 individuals; Family Strides in Torrington enrolled 117 individuals; Madonna Place in Norwich enrolled 117 individuals; New Haven Family Alliance in New Haven enrolled 178 individuals; and New Opportunities, Inc. enrolled 187 (see Table 5).

## Characteristics of Participants

**Table 1**

*Demographic Profile of Program Participants: '07-'08*

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	Participants (n=796)	
	N	%
Gender		
Male	754	94.7
Female	27	3.4

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Note: Not all participants responded to every question

\*Missing 15, 1.9%

**Table 2**

*Demographics Profile of Program Participants: '07-'08*

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	Participants (n=796)	
	N	%
Race		
African American/Black	378	47.5
Anglo/White/Caucasian	288	36.2
American Indian or Alaskan Native	5	0.6
Asian	3	0.4
Other Race/Unknown	94	11.8
No response/Refused to Answer	14	1.8

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**Ethnicity**

Not Hispanic/Latino	268	33.7
Puerto Rican	75	9.4
Hispanic or Latino	81	10.2
Caribbean (West Indian), not Hispanic	13	1.6
South/Central American	5	0.6
Other/unknown	187	23.5
No Response/Refused to Answer	4	0.5

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Note: Not all participants responded to every question.

**Table 3**

*Demographics Profile of Program Participants: '07-'08*

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	Participants (n=796)	
	N	%
<b>Participant type</b>		
Adolescent father	47	5.9
Adult male	584	73.4
Community resident	33	4.1
Incarcerated father	113	14.2
Other	16	2.0
<b>Marital status</b>		
Legally married/living with a spouse	122	15.3
Separated/divorcing	66	8.3
Divorced	101	12.7
Never married/Single	438	55.0
Widowed	3	0.4
Other	30	3.8
Unknown/NA/Refused to answer	12	1.5
No response/Refused to answer	7	0.9

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Note: Not all participants responded to every question.

**Table 4***Demographics for all Responsible Fatherhood program participants: '07-'08*

	Participants (n=796)	
	N	%
<b>Education</b>		
<=8 <sup>th</sup> grade	33	4.1
Some high school	228	28.6
High School diploma or GED	483	60.7
Some college	113	14.2
Vocational	85	10.7
Associate's degree	23	2.9
Bachelor's degree	15	1.9
Graduate school	22	2.8

Note: Not all participants responded to every question.

Thirty-One (3.9%) lived with their own adult children; 157 (19.7%) participants lived with a girlfriend or a boyfriend; 81 (15.6%) lived with a spouse; 129 (16.2%) lived either with parents or foster parents, other siblings, relatives or friends; and 96 (12.12%) participants reported living alone (see Table 6).

**Table 5**

Responsible Fatherhood Program Sites completed the Intake Form: '07-'08

	Participants (n=796)	
	N	
Career Resources	99	
Families in Crisis	178	
Family Strides	118	
Madonna Place	97	
New Haven Family Alliance	178	
New Opportunities, Inc.	187	

**Table 6***Responsible Fatherhood program participants' living arrangements: '07-'08*

	Participants (n=796)	
	N	%
Adult Children of Spouse/Boyfriend/Girlfriend	13	1.6
Friend(s)	47	5.9
Girlfriend/Boyfriend	157	19.7
My Adult Children	31	3.9
No one, live alone	96	12.1
Not Applicable (e.g., live in halfway house or shelter)	29	3.6
One or both parents/foster parents	129	16.2
Other	127	16.0
Other Relative	63	7.9
Sibling(s)	38	4.8
Spouse	94	11.8

Note: Participants checked all options that applied

During the 07-08 year, the participants entering this program indicated that their reason for presentation to the program was due to needing assistance with: 1) fatherhood support (381, 47.9%); 2) parent education training (414, 52.0%); 3) employment/job training (274, 34.4%); 4) DSS child support (187, 23.5%); 5) educational needs (183, 23.0%); and 6) DCF involvement (93, 11.7%) (see Table 7).

## Completed Assessment Form Data

**Table 7***Reason Responsible Fatherhood program participants were referred to the program: '07-'08*

	Participants (n=796)	
	N	%
Counseling /Psychotherapy	28	3.5
DCF Involvement	93	11.7
DSS Child Support	187	23.5
Education	183	23.0
Employment/Job training	274	34.4
Fatherhood support group	381	47.9
Health care	28	3.5
Housing	86	10.8
Judicial/Court child support	40	5.0
Legal representation/consultation	59	7.4

Mediation/visitation	35	4.4
Other	35	4.4
Parent education/Training	414	52.0
Substance abuse treatment	26	3.3

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 (420, 52.8%), finding a job or finding a better paying job (279, 35.1%), “getting on the right track” (368, 46.2%), talking with others in the same situation (300, 37.7%), child support payments or debts (279, 35.1%), and additional education or training (279, 35.1%) (see Table 8). Other requests for help included obtaining strategies for anger management (91, 11.4%), getting to see their participants’ children more often (284, 35.7%), improving their relationship with the child’s other parent (255, 32%), and substance abuse treatment and counseling (65, 8.2%).

**Table 8**

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

	Participants (n=796)	
	N	%
Additional education or training	279	35.1
Strategies for anger management	91	11.4
Finding a better paying job	279	35.1
Finding a job	433	54.4
Getting on the right track	368	46.2
Getting to see my children more often	284	35.7
Health services	113	14.2
Child support payments or debts	279	35.1
Improving relationship with the child's other parent	255	32.0
Parenting skills/Being a better parent	420	52.8
Substance abuse treatment/Counseling	65	8.2
Talking with others in the same situation	300	37.7

Note: Participants checked all options that applied

In the 07-08 fiscal year, 609 participants were assessed at the 6 certified PRF sites: Career Resources, 75; Families in Crisis, Inc. 91; Family Strides 112; Madonna Place 93; New Haven Family Alliance 118; and New Opportunities, Inc. 120. (see Table 9).

Of the participants assessed in the 07-08 fiscal year 146 (24.03%) were employed full-time; 110 (20.7%) were employed on a part-time basis or worked “pick-up” jobs; and 387 (63.5%) did not work at all.

Significant potential employment barriers identified by participants included a lack of social security number (36, 5.9%), no birth certificate (88, 14.4%), no photo ID (84, 13.8%), no permanent residence (135, 22.2%), and no drivers license (287, 47.1%) (see Tables 10 and 11). Three hundred and six (50.3%) participants indicated that their income either did not cover or did not cover well their financial needs (see Table 12). In contrast, 214 (35.1%) 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 07-08 fiscal year, 121(10.2%) said that their job provided them with paid vacation, 108 (17.7%) were eligible for paid sick leave (86, 19.2%), and 116 (19.0%) had medical coverage.

**Table 9**

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

Participants (N=609)	
	N
Career Resources	75
Families in Crisis	91
Family Strides	112
Madonna Place	93
New Haven Family Alliance	118
New Opportunities, Inc.	120

**Table 10**

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

Participants (N=609)		
	N	%
Employed full-time	146	24.0
Employed part-time	65	10.7
Employed on a temporary basis/pick-up work	45	10.0
Did not work	387	63.5

Note: Participants checked all options that applied.

**Table 11***Potential employment barriers for the Responsible Fatherhood program participants: '07-'08*

	Participants (n=609)	
	N	%
Lack of Driver's license	287	47.1
Lack of reliable transportation	175	28.7
Lack of permanent residence	135	22.2
Lack of birth certificate	88	14.4
Lack of photo ID	84	13.8
Lack of Social Security Number	36	5.9
Lack of child care	16	3.6
Problems speaking English	11	1.8
Lack of a Green Card	1	0.2

Note: Participants checked all options that applied

**Table 12***Description of how well Responsible Fatherhood program participants' current income covers their needs:*

	Participants (n=609)	
	N	%
Not at all	194	31.9
Not very well	112	18.4
Fairly well	150	24.6
Very well	64	10.5
Unknown/Not applicable	35	5.7
No response/Refused to answer	7	1.1

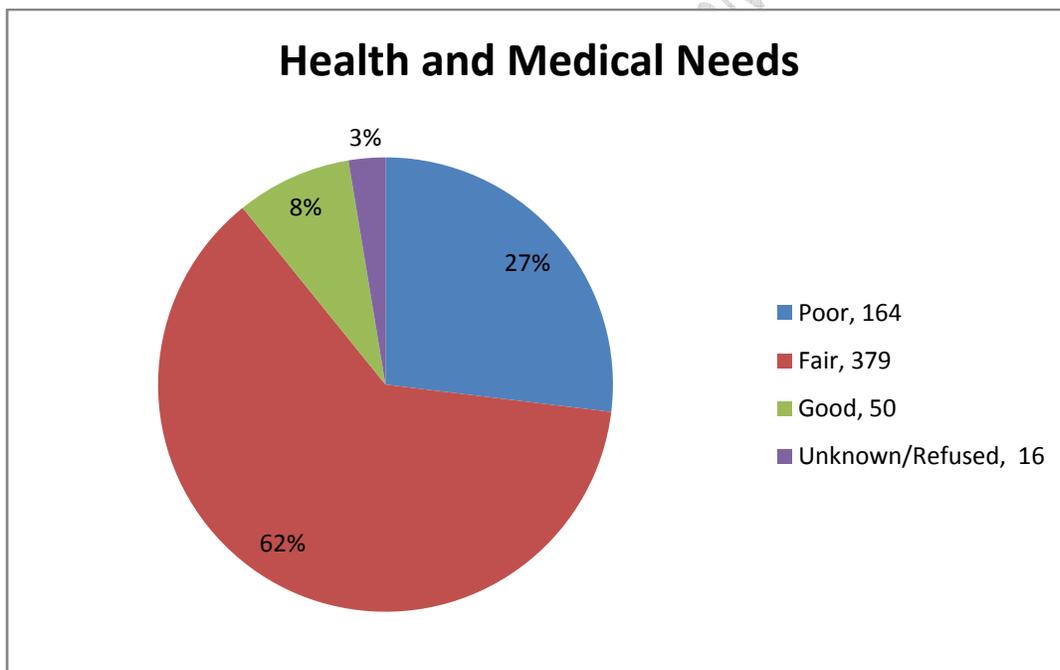
Note: Not all participants responded to every question.

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## Health

When asked about their health and medical needs, fifty (8.2%) participants said that the status of their health is “good,” while 543 (89.1%) of those enrolled rated their health as “fair” or “poor” (see Figure 1). One hundred and fifty-eight (25.9%) of respondents indicated that they had problems getting medical care. When asked about how they would access health care if they were sick, 273 (44.8%) said they would go to the emergency room, 114 (18.7%) participants said they would go to the doctor’s office, and 96 (15.8%) said they would go to a health center (see Table 13). If depressed or stressed, 379 (62.2%) participants said they would seek help to address this concern.

Fifty-seven participants (9.4%) stated they had some sort of a private insurance policy, 146 (24.0%) were insured through SAGA, 24 (3.9%) had Medicaid or were insured through free care programs, and 50 (8.2%) participants had either Husky A or Husky B or “Me and My Baby Insurance” policy (see Table 14). When asked about whether respondents were at some time told by their health care provider they had an STD, 41 (6.7%) answered that they had Chlamydia, and 39 (6.5%) said that they had either genital herpes, genital warts, gonorrhea, syphilis, or Trichomonas (see Table 15). Finally, 55 (9.0%) participants indicated that they had asthma, 20 (3.3%) had diabetes, 30 (4.9%) had hypertension, 8 (1.3%) had heart disease.



**Table 13**

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

	Participants (n=609)	
	N	%
Respondent have problems getting medical care	158	25.9
If sick, respondent would go to:		
Emergency room	273	44.8
Doctor's office	114	18.7
Health center	96	15.8
Other	36	5.9
If depressed or stressed, participant would seek help	379	62.2

Note: Not all participants responded to every question.

**Table 14**

*Insurance benefits Responsible Fatherhood program participants have: '07-'08*

	Participants (n=609)	
	N	%
Emergency Medical (EEC)	0	0.0
Free Care Programs	1	0.2
Husky A	38	6.2
Husky B	12	2.0
Me and My Baby	0	0.0
Medicaid	24	3.9
No coverage/Self-pay	122	20.0
Private Insurance (group or individual)	57	9.4
SAGA	146	24.0

Note: Not all participants responded to every question.

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**Table 15**

*STDs which Responsible Fatherhood program participants were told at some time by a health care provider they had: '07-'08*

	Participants (n=609)	
	N	%
Chlamydia	41	6.7
Genital herpes (HSV-2, HSV)	6	1.0
Genital warts or HPV	4	0.7
Gonorrhea	14	2.3
Syphilis	9	1.5
Trichomonas	6	1.0

Note: Not all participants responded to every question.

**Table 16**

*Illnesses from which Responsible Fatherhood program participants suffer: '07-'08*

	Participants (n=609)	
	N	%
Asthma	55	9.0
Diabetes in lifetime	20	3.3
Heart disease	8	1.3
Hypertension	30	4.9

Note: Not all participants responded to every question.

## Criminal History

Participants from fiscal year 07-08 had a diverse criminal justice profile. Two hundred and eighty-three (46.5%) of the participants were convicted of a misdemeanor, 333 (54.7%) were convicted of a felony, and 256 (42.0%) were incarcerated for a non-child support offense. Furthermore, 122 (20%) were convicted of a violent crime or of spousal or child abuse, and 69 (11.3%) were previously arrested for DWI. At the time of the survey, 113 (18.6%) participants were on probation, 28 (4.6%) were on parole, and 61 (10%) had charges pending against them (see Table 17).

**Table 17**

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

	Participants (n=609)	
	N	%
Convicted of a misdemeanor	283	46.5
Convicted of a felony	333	54.7
Convicted of a violent crime	122	20.0
Convicted of spousal or child abuse	28	4.6
Arrested for DWI	69	11.3
Incarcerated for non-child support offense	256	42.0
Participant currently:		
On probation	113	18.6
On parole	28	4.6
Has charges pending	61	10.0

Note: Participants checked all options that applied.

One hundred and thirty-five (22.2%) of participants reported being a victim of interpersonal violence, and 53 (8.7%) said that they would like help addressing violence in his or her life. Fifty (8.2%) participants indicated that they had a sexually traumatic experience in their lifetime and 25 (4.1%) needed help dealing with sexually traumatic experiences (see Table 18).

**Table 18***Violence profile for Responsible Fatherhood program participants: '07-'08*

	Participants (N=609)	
	N	%
Has ever been victim of interpersonal violence	135	22.2
Would like help addressing violence in his life	53	8.7
Has been involved in sexually traumatic experience (lifetime)	50	8.2
Would like help dealing with sexually traumatic experience(s)	25	4.1

Note: Not all participants responded to every question

## Strengths

Three hundred and seventy-four (61.4%) participants desired to become more involved with his or her children and/or family; 364 (59.8%) were committed to and enthusiastic for the program; 376 (61.7%) desired to gain skills that would make her or him more employable; 403 (66.2%) desired to get a job; 360 (59.1%) had the support of family and friends; 481 (79%) were willing to learn; 238 (39.1%) had achieved educationally; 387 (63.5%) were committed to change current/unhealthy behaviors; and 327 (53.7%) were committed to healthy co-parenting. (see Table 19).

**Table 19***Strengths reported by Responsible Fatherhood program participants: '07-'08*

	Participants (N=609)	
	N	%
Commitment to and enthusiasm for the program	364	59.8
Commitment to change current/unhealthy behaviors	387	63.5
Commitment to healthy co-parenting	327	53.7
Commitment to healthy relationship with significant other/partner	300	49.3
Desire for a healthy relationship with partner or child's parent	292	47.9
Desire to become active in family planning	374	61.4
Desire to become more involved with his children and/or family	374	61.4
Desire to gain skills that will make him/her more employable	376	61.7
Desire to get a job	403	66.2
Educational achievement	238	39.1
Financial resources	164	26.9
Previous life experience with parenting and children	295	48.4
Support of child(ren)'s other parent	279	45.8

Support of employers	183	30.0
Support of family and friends	360	59.1
Support of other helping professionals (Therapists, Psychologists, etc.)	231	37.9
Willingness to learn	481	79.0

Note: Participants checked all options that applied

**Table 20**

*Challenges reported by responsible Fatherhood Participants: '07-'08*

	Participants	
	N	%
❖ Trouble with Reading	50	8.2
❖ Trouble with Writing	57	9.4
❖ Trouble Doing Math	70	11.5
❖ Help with Marijuana Abuse	29	4.8
❖ Help with Alcohol	33	5.4
❖ Help Smoking	91	14.9

Note: Participants checked all options that applied

## Child Form Data

In the 07-08 fiscal year of program a total of 997 children registered to program participants. Career Resources completed 97 child forms; Families in Crisis completed 191 child forms; Family Strides completed 157 child forms; Madonna Place completed 160 child forms; New Haven Family Alliance completed 230 child forms; and New Opportunities, Inc. completed 162 child forms (see Table 21). Four hundred and ninety (49.1%) were male and 460 (46.1%) were female. The average child's age was 6.5 years (see Tables 22 and 23).

In the 07-08 fiscal year of the program, 592 (59.4%) participants said that their child or children lived with the other parent; 134 (13.4%) children resided with the respondent, 56 (5.6%) children lived with a grandparent, and 65 (6.5%) lived either with another relative or in a foster home (see Table 24). Eighteen (1.8%) participants said that they had sole legal and physical custody of their child or children; 39 (3.9%) reported that the other parent had sole legal and physical custody, and 25 (2.5%) shared joint custody of their child or children. Sixty-two (6.2%) parents indicated that custody of their children was legally with a third party (see Table 25). One hundred and four parents said they had a court ordered restriction on contact with their child. Four hundred and fifty-eight participants have child support orders.

**Table 21**

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

	Participants (N=997)	
	N	
Career Resources	97	
Families in Crisis	191	
Family Strides	157	
Madonna Place	160	
New Haven Family Alliance	230	
New Opportunities, Inc.	162	

Note: Not all participants responded to every question.

**Table 22**

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

	Participants (n=997)	
	N	%
Gender		
Male	490	49.1
Female	460	46.1

Note: Not all participants responded to every question.

**Table 23**

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

	Participants (n=997)	
	Range	Mean
Age	0-30.1	6.5

Note: Not all participants responded to every question.

**Table 24**

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

	Participants (n=997)	
	N	%
Child lives with		
Respondent	134	13.4
Other parent	592	59.4
Grandparent	56	5.6
Another relative	22	2.2
Foster home	43	4.3
Other	46	4.6
Unknown/Not applicable	37	3.7
No response/Refused to answer	6	0.6

Note: Not all participants responded to every question.

**Table 25**

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

	Participants (n=997)	
	N	%
I have sole legal and physical custody	18	1.8
Other parent has sole legal and physical custody	39	3.9
Joint legal custody but I have primary physical custody	25	2.5
Joint legal custody but other parent has primary physical custody	62	6.2
Joint legal and physical custody	20	2.0
Custody to a third party	64	6.4
Unknown/Not applicable	14	1.4
No response/Refused to answer	4	0.4

Note: Not all participants responded to every question.

In terms of child support issues, during the '07-'08 fiscal year participants indicated that on average they owed \$6, 965.57 in back child support (see Table 26), and were required to pay \$162.13 in monthly child support payments (see Table 27).

**Table 26**

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

	Participants (n=997) Range	Mean
Amount owed	\$18-114,441.00	\$6,965.57

**Table 27**

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

	Participants (N=997)	
	Range	Mean
Amount owed	\$0-5800.00	\$162.13

In reporting on contact with their children over the previous 12 months, 185 (18.6%) of the participants who participated during the 07-08 fiscal year reported that they did not see their child or children; 65 (6.5%) participants saw their child or children about once or twice; 51 (5.1%) visited with their child or children about every other month; 88 (8.8%) saw their child or children about once or twice a month; 111 (11.1%) saw their child or children about once a week; 135 (13.5%) saw their children several times a week; and 250 (25.1%) said that they were able to see their child or children on a daily basis (see Table 28). Three hundred and forty-six (34.7%) participants said that they were very dissatisfied with the amount of time they spent with their child or children; 106 (10.6%) of the respondents were somewhat dissatisfied with the amount of time spent with their child or children; 140 (14.0%) were somewhat satisfied with the amount of time spent with their children; and 257 (25.8%) reported that they were very satisfied with the amount of time spent with their children (see Table 29).

**Table 28**

*How frequently Responsible Fatherhood program participants got to see their child in the last 12 months: '07-'08*

	Participants (n=997)	
	N	%
Not at all	185	18.6
About once or twice a year	65	6.5
About every other month	51	5.1
About once/twice a month	88	8.8
About once a week	111	11.1
Several times a week	135	13.5
Daily	250	25.1
Unknown/Not applicable	40	4.0
No response/Refused to answer	2	0.2

Note: Not all participants responded to every question.

**Table 29**

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

	Participants (n=997)	
	N	%
Very dissatisfied	346	34.7
Somewhat dissatisfied	106	10.6
Somewhat satisfied	140	14.0
Very satisfied	257	25.8
Unknown/Not applicable	45	4.5
No response/Refused to answer	19	1.9

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, 351 (35.2%) said they had no influence, 219 (22.0%) reported having some influence, and 300 (30.1%) indicated they had a great deal of influence (see Table 30).

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**Table 30**

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

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	Participants (N=997)	
	N	%
None	351	35.2
Some	219	22.0
A great deal	300	30.1
Unknown/Not applicable	21	2.1
No response/Refused to answer	4	0.4

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Note: Not all participants responded to every question.

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## Conclusions

### Key Observations:

1. The program developed between Connecticut's Department of Social Services and its 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 continues to be a number of men who are approached but don't make it into services. Future analyses will examine differences between the men who ultimately enroll and those who do not fully enroll into the program. This will 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. The age range of men served were 17 to 60. Our participants show that this work is needed across the age and developmental spectrum, and should be tailored given the age and developmental level of the participants.
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 continue to present with less than a high school diploma. This observation has 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 may have the minimum educational requirements, but still had limited and frequently interrupted work histories. These histories point to additional challenges helping these men meet the employment expectations set forth by HHS. Interventions that target the disrupted and limited employment experiences were indicated.
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, exploring what these men perceive as their deficits in this area with programming developed that supports them being more productive mates and life partners is indicated.

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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 the development of initiatives that specifically target each of these areas for all participants on entry into the program are indicated.
  8. Significant challenges faced as the men enter the program included 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. DSS should also partner with other state entities that could facilitate/alleviate some of the problems experienced by the lack of services in those areas.
  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 the men have histories of criminal offending, and when aggregated, significant numbers have been convicted of more than one category of criminal offense (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 6.5 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.

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14. The child support verified amounts paid by the Dads fell far below the amounts required by the courts. Review of the orders in place and the appropriateness of the order should be considered. In addition, policies and procedures need to be enacted at the program level to facilitate the ongoing review of each man's effort and success in meeting his financial requirements by the courts.

## Future Direction

As activities ( e.g., workshops on DV, cognitive limitations) are developed and delivered, evaluations will be administered to the program participants to help determine the training favorableness, fulfillment of the objectives described, assessed value, relevance to population of interest, and potential use if skills in the lives of the target population. The evaluators will continue to provide consultation regarding data gathering.

This program evaluation is expecting to enroll approximately a total of 2500 men and 100 couples through year 2011.

Pre-Post Comparison on:

- ❖ HHS' Authorized Activities
- ❖ Assessment Form
- ❖ Child Form

The analysis of the quantitative and qualitative data collected will be used to better determine the fidelity and practice issues in working to address fatherhood. This empowerment evaluation approach allows the information reported in the evaluation to help examine issues that impact program fidelity and implementation. This will also have implications for policy makers at the local and national levels.

## 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.**

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- 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.**
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- Challenges faced by the men. **Key partners for this work appear to be Department of Correction (DOC); Department of Labor (DOL); Department of Transportation (DOT); Department of Public Health (DPH); and the Department of Education (DOE). Engaging each agency to develop resources for men matriculating through this program is indicated.**