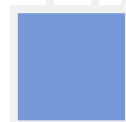
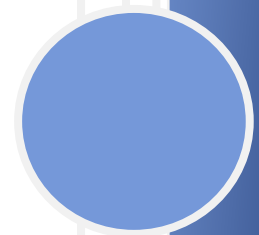


PROMOTING RESPONSIBLE FATHERHOOD

Year 3 Report

Prepared by
The Consultation Center, Inc.
Yale University, School of Medicine
Research, Program, and Policy on Male Development



Acknowledgements

This report has been generated by the The Consultation Center, Inc. at Yale University School of Medicine in collaboration with the Connecticut Department of Social Services and Connecticut Promoting Responsible Fatherhood Sites.

The Consultation Center, Inc.
Yale University, School of Medicine
Research, Policy, and Program on Male Development
Derrick M. Gordon, Ph.D., Director
Tamika Brabham, MBA Research Associate
Alexei Nelayev, MS Research Associate

CT Department of Social Services
Anthony Judkins, BS, Program Manager
Diana Mason, MSW, Program Manager
Horace McCaulley, BS, Program Manager

CT Promoting Responsible Fatherhood Sites:

Career Resources, Inc.
Heriberto Cajigas, Program Manager

Families In Crisis, Inc.
Joyce Betts, MSW, COO

Family Strides, Inc.
Daniel Edison, Program Manager

Madonna Place, Inc.
Gabriel Fonseca, Program Manager

New Haven Family Alliance, Inc.
Blannie Bostic, Program Manager

New Opportunities, Inc.
Anthony Rucker, Program Manager

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 Families In Crisis, Inc. (FIC); Family Strides, Inc. (FS); Madonna Place, Inc. (MP); New Haven Family Alliance, Inc. (NHFA); New Opportunities, Inc. (NOI), and Career Resources, Inc. (CR). 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.

Table of Contents

Introduction	2
Executive Summary.....	6
Evaluation Plan.....	7
Intake Characteristics of Participants	9
Aggregated Intake Information across Sites.....	9
Career Resources Intake Data.....	13
Families in Crisis Intake Data	16
Family Strides Intake Data	19
Madonna Place Intake Data.....	22
New Haven Family Alliance Intake Data.....	25
New Opportunities Intake Data	28
Intake Data Cross Sites Comparisons:.....	32
Completed Assessment Information.....	39
Aggregated Assessment Information across Sites.....	39
Education.....	43
Employment	43
Health	46
Criminal History	48
Career Resources Assessed Participants.....	50
Education.....	53
Employment	54
Health	57
Criminal History	59
Families in Crisis Assessed Participants.....	61
Education.....	64
Employment	65
Health	67
Criminal History	71

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Family Strides Assessed Participants	72
Education	75
Employment	76
Health	78
Criminal History	81
Madonna Place Assessed Participants	82
Education	85
Employment	86
Health	88
Criminal History	91
Assessment- New Haven Family Alliance	92
Education	95
Employment	96
Health	99
Criminal History	102
Assessment Cross Site Comparisons	103
Child Form Data	112
Combined Sites Child Form Data.....	112
Child Form - Career Resources.....	117
Child Form - Families in Crisis	124
Child Form – Family Strides	131
Child Form – Madonna Place.....	138
Child Form - New Haven Family Alliance.....	145
Child Form - New Opportunities Inc.	151
Cross Site Comparison	159
Case Closing.....	166
Assessment Follow Up.....	175
Promoting Responsible Fatherhood.....	181
Economic Stability	182
Healthy Marriage.....	184

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Responsible Parenting	188
Summary of Descriptive Results	192
Satisfaction Surveys	194
Female Participants.....	195
Pre and Post Test Assessment.....	196
Focus Group Summary.....	198
Key Observations and Recommendations Summary.....	207
Recommendations	211
Implications	212
Future Direction: Year 4.....	213

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: Economic Stability, Healthy Marriage, and Responsible Parenting. 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 3, October 1, 2008 – September 30, 2009. This report is comprised of information for participants who consented to participate in the evaluation component of the Promoting Responsible Fatherhood Project.

Key Findings:

- 802 participants were enrolled into the program
- 738 (92%) were male, 33 (4.1%) were female and demographics from 31 (3.9%) participants were missing
- 340 (42.4%) participants were African-American, 308 (38.4%) Caucasian, 9 (1%) American Indian, Asian or Pacific Islander
- 179 (22.3%) participants were ethnically Latino
- Average age = 33 (Range: 17-71 years of age)
- 663 participants completed Assessment forms
- A total of 11, 886 service hours were completed for parenting skills/education, case management, Money Smart, 24/7 Dad's curriculum, Inside Out curriculum, and child support information.
- Of the 663 participants assessed, 919 children were identified through program participants

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 out lined 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).

INTAKE CHARACTERISTICS OF PARTICIPANTS

Aggregated Intake Information across Sites

The data presented in this section of this report is a summary of the 802 intakes completed during the 08-09 fiscal year. During the period of October 1, 2008 through September 30, 2009, eight hundred and two participants completed intake forms and were enrolled across the six certified sites in Connecticut. Career Resources of Bridgeport completed 106 (13.2%) participant intakes; Families in Crisis in Waterbury completed 126 (15.7%) participant intakes; Family Strides in Torrington completed 97 (12.1%) participant intakes; Madonna Place of Norwich completed 100 (12.5%) participant intakes; New Haven Family Alliance in New Haven completed 198 (24.7%) participant intakes; and New Opportunities of Waterbury completed 174 (21.7%) participant intakes (see, Table 1).

While the majority of participants were males, 738 (92%), 33 (4.1%) females were also enrolled into the program (see, Table 2). The average participant age was 33 years old, ranging from 17-71 years of age. Racially, the majority of the 802 participants were African Americans, 340 (42.4%), followed by Caucasians, 308 (38.4%), American Indians, Pacific Islanders and Asians, 9 (1%), and 81 (10.1%) participants identified themselves with “other” races (see Table 3).

Ethnically, 179 (22.3%) enrolled participants were of the Latino descent (including Puerto Rican and other countries in Central and South America) (see Table 4). Eleven (1.6%) participants described their ethnic background as Caribbean or West Indian and 187 (23.5%) participants either identified with other ethnic background or chose not to respond to the question about their ethnicity.

Table 1

Participants N=802		
Contract Sites	n	%
Career Resources	106	13.2
Families in Crisis	126	15.7
Family Strides	97	12.1
Madonna Place	100	12.5
New Haven Family Alliance	198	24.7
New Opportunities	174	21.7

Table 2

Participants N=802		
Gender	n	%
Male	738	92
Female	33	4.1
Missing	31	3.9

Note: Not all participants responded to every question

Table 3

Participants N=802		
Race	n	%
African American/Black	340	42.4
Anglo/White/Caucasian	308	38.4
American Indian	5	<1
Asian	2	<1
Native Hawaiian or other Pacific Islander	2	<1
Other Race/Unknown/ No Response/Refused to Answer	8.6	10.7

Note: Not all participants responded to every question

Table 4

Participants N=802		
Ethnicity	n	%
Caribbean (West Indian), not Hispanic	11	1.6
Hispanic or Latino	179	23.3
Not Hispanic/Latino	239	29.8
Other/Unknown/ No Response/Refused to Answer	191	24

Note: Not all participants responded to every question

Upon enrollment into the program, participants could be distributed among four distinct categories: adult males, incarcerated fathers, adolescent fathers, and community residents. As of September 2009, a total of 573 (71.4%) adult males were intake into the program, followed by 113 (14.2%) incarcerated fathers, and 29 (3.6%) adolescent fathers. Fourteen (1.7%) participants identified themselves as community residents (see Table 5). Of the 802, more than half (419,

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

52.2%) were single, 112 (14%) were married and living with a partner, and 172 (21.6%) were divorced, separated, or in the process of being divorcing (see Table 6).

Table 5

Participants N=802		
Participant Type	N	%
Adolescent father	29	3.6
Adult male	573	71.4
Community resident	14	1.7
Incarcerated father	113	14.2
Other	32	4

Note: Not all participants responded to every question

Table 6

Participants N=802		
Marital Status	N	%
Divorced	109	13.6
Legally married/living with a spouse	112	14
Never married/Single	419	52.2
Separated/divorcing	63	7.9
Widowed	6	<1
Other	28	3
Unknown/NA/Refused to answer	27	3.4

Note: Not all participants responded to every question

Twelve participants who completed intakes for the program during the 08-09 year stated they lived with their own adult children; 115 (14.3%) participants lived with a girlfriend or a boyfriend; 105 (13.1%) lived with a spouse; 128 (16%) lived either with parents or foster parents, other siblings, relatives or friends; and 103 (13.2%) participants reported living alone (see Table 7).

Table 7

Participants N=802		
Living Arrangements	N	%
Adult Children of Spouse/Boyfriend/Girlfriend	11	1.4
Friend(s)	41	5.1
Girlfriend/Boyfriend	115	14.3
My Adult Children	12	1.5
No one, live alone	103	13.2
Not Applicable (e.g., live in halfway house or shelter)	49	6.1
One or both parents/foster parents	128	16
Other	155	19.3
Other Relative	68	8.5
Sibling(s)	49	6.1
Spouse	105	13.1

Note: Participants checked all applicable options

During the 08-09 year, the participants entering this program indicated that their reason for referral to the program was due to needing assistance with: 1) parent education training 450 (56.1%); 2) fatherhood support 394 (49.1%); 3) employment/job training 265 (33%); 4) DSS child support 136 (17%); 5) educational needs 131 (16.3%); and 6) DCF involvement 84 (10.5%) (see, Table 8).

Table 8

Participants N=802		
Referrals	N	%
Counseling /Psychotherapy	22	2.7
DCF Involvement	84	10.5
DSS Child Support	136	17
Education	131	16.3
Employment/Job training	265	33
Fatherhood support group	394	49.1
Health care	24	3
Housing	74	9.2
Judicial/Court child support	20	3.9
Legal representation/consultation	23	2.9

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Mediation/visitation	28	3.5
Other	31	3.9
Parent education/Training	450	56.1
Substance abuse treatment	25	3.1

Note: Participants checked all applicable options

Career Resources Intake Data

During the period of October 1, 2008 through September 30, 2009, one hundred and six, (13.2%) participants completed intake forms and were enrolled at Career Resources (see, Table 1).

While the majority of participants enrolled by Career Resources were males 100 (94.3%), 5 (4.7%) females were also enrolled into the program (see, Table 9). The average participant age was 33 years old, ranging from 18-54 years. Racially, the majority of the 106 participants were African Americans, 58 (54.7%), followed by Caucasians, 21 (19.8%), American Indians, Pacific Islanders and Asians, 1 (<1%), and 21 (19.8%) participants identified themselves with “other” races (see, Table 10).

Ethnically, 40 (37.8%) enrolled participants were of the Latino descent (including Puerto Rican and other countries in Central and South America) (see, Table 11). Two (1.9%) participants described their ethnic background as Caribbean or West Indian and 49 (46.2%) participants either identified with other ethnic background or chose not to respond to the question about their ethnicity.

Table 9

Participants N=106		
Gender	N	%
Male	100	94.3
Female	5	4.7
Missing	1	<1

Note: Not all participants responded to every question

Table 10

Participants N=106		
Race	N	%
African American/Black	58	54.7
Anglo/White/Caucasian	21	19.8
American Indian	1	<1
Other Race/Unknown/ No Response/Refused to Answer	21	19.8
Missing	5	4.7

Note: Not all participants responded to every question

Table 11

Participants N=106		
Ethnicity	N	%
Caribbean (West Indian), not Hispanic	2	1.9
Hispanic or Latino	40	37.8
Not Hispanic/Latino	47	44.3
Other/Unknown/ No Response/Refused to Answer	2	1.9

Note: Not all participants responded to every question

Upon enrollment into the program, participants could be distributed among four distinct categories: adult males, incarcerated fathers, adolescent fathers, and community residents. As of September 2009, a total of 92 (86.8%) adult males were enrolled into the program, followed 8 (7.5%) adolescent fathers (see, Table 12). Of the 106, 68 (64.2%) were single, 13 (12.3%) were married and living with a partner, and 21 (19.83%) were divorced, separated, or in the process of being divorcing (see, Table 13).

Table 12

Participants N=106		
Participant Type	N	%
Adolescent father	8	7.5
Adult male	92	86.8
Other	5	4.7
Missing	1	<1

Note: Not all participants responded to every question

Table 13

Participants N=106		
Marital Status	N	%
Divorced	13	12.3
Legally married/living with a spouse	13	12.3
Never married/Single	68	64.2
Separated/divorcing	8	7.5
Widowed	1	<1

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Note: Not all participants responded to every question

Eleven program participants who completed intakes for the program during the 08-09 year stated they lived with their adult children; 14 (13.2%) participants lived with a girlfriend or a boyfriend; 4 (3.8%) lived with a spouse; 58 (44.7%) lived either with parents or foster parents, other siblings, relatives or friends (see, Table 14).

Table 14

Participants N=106		
Living Arrangements	N	%
Adult Children of Spouse/Boyfriend/Girlfriend	1	<1
Friend(s)	5	4.7
Girlfriend/Boyfriend	14	13.2
My Adult Children	11	10.4
Not Applicable (e.g., live in halfway house or shelter)	12	11.3
One or both parents/foster parents	29	27.4
Other	1	<1
Other Relative	16	15.1
Sibling(s)	8	7.5
Spouse	4	3.8

Note: Participants checked all applicable options

During the 08-09 year, the participants entering this program indicated that their reason for referral to the program was due to needing assistance with: 1) parent education training, 42 (39.6%); 2) fatherhood support, 13 (12.3%); 3) employment/job training, 67 (63.2%); 4) DSS child support, and 24 (22.6%); 5) educational needs, 7 (6.6%) (see, Table 15).

Table 15

Participants N=106		
Referrals	N	%
Counseling /Psychotherapy	1	<1
DCF Involvement	1	<1
DSS Child Support	24	22.6
Education	7	6.6
Employment/Job training	67	63.2
Fatherhood support group	13	12.3

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Housing	1	<1
Mediation/visitation	2	1.9
Other	4	3.8
Parent education/Training	42	39.6

Note: Participants checked all applicable options
Families in Crisis Intake Data

During the period of October 1, 2008 through September 30, 2009, Families in Crisis in Waterbury completed 126 (15.7%) participant intakes (see, Table 1).

While the majority of participants enrolled by Families in Crisis were males, 120 (95.2%), 6 (4.7%) females were also enrolled into the program (see, Table 16). The average participant age was 34 years old, ranging from 17-52 years of age. Racially, the program participants from FIC were comparable with 55 (43.7%) participants being African Americans, followed by 52 (41.3%), Caucasian, American Indians, Pacific Islanders and Asians, 1(<1%), and 13 (10.3%) participants identified themselves with “other” races (see Table 17).

Ethnically, 36 (28.6%) enrolled participants were of the Latino descent (including Puerto Rican and other countries in Central and South America) (see Table 18). Two (1.6%) participants described their ethnic background as Caribbean or West Indian and 83 (65.9%) participants either identified with other ethnic background or chose not to respond to the question about their ethnicity.

Table 16

Participants N=126		
Gender	N	%
Male	120	95.2
Female	6	4.8

Note: Not all participants responded to every question

Table 17

Participants N=126		
Race	N	%
African American/Black	55	43.7
Anglo/White/Caucasian	52	41.3
American Indian	1	<1
Other Race/Unknown/ No Response/Refused to Answer	13	10.3
Missing	5	4

Note: Not all participants responded to every question

Table 18

Participants N=126		
Ethnicity	N	%
Caribbean (West Indian), not Hispanic	2	1.6
Hispanic or Latino	36	28.6
Not Hispanic/Latino	78	61.9
Other/Unknown/ No Response/Refused to Answer	5	4

Note: Not all participants responded to every question

Upon enrollment into the program, participants could be distributed among four distinct categories: adult males, incarcerated fathers, adolescent fathers, and community residents. As of September 2009, a total of 124 (98.4%) who identified themselves as incarcerated fathers, followed by 2 (1.6%) identified themselves as community residents (see, Table 19). Of the 126 program participants, 58 (46%) were single, 11 (8.7%) were married and living with a partner, and 23 (18.3%) were divorced, separated, or in the process of being divorcing (see, Table 20).

Table 19

Participants N=126		
Participant Type	N	%
Community resident	2	1.6
Incarcerated father	124	98.4

Note: Not all participants responded to every question

Table 20

Participants N=126		
Marital Status	N	%
Divorced	16	12.7
Legally married/living with a spouse	11	8.7
Never married/Single	58	46
Separated/divorcing	7	5.6
Widowed	2	1.6
Other	9	7.1
Unknown/NA/Refused to answer	20	15.9

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Note: Not all participants responded to every question

Eighteen (18, 14%) of the program participants who completed intakes for the program during the 08-09 year stated they lived alone; 5 (4%) participants lived with a girlfriend or a boyfriend; 7 (6%) lived with a spouse; 1 (<1%) lived either with parents or foster parents, other siblings, relatives or friends. For most (116, 92%) of these participants, they described their living situation as other because at the time of their involvement, they were incarcerated (see, Table 21).

Table 21

Participants N=126		
Living Arrangements	N	%
Girlfriend/Boyfriend	5	4
No one, live alone	18	14.3
One or both parents/foster parents	1	<1
Other	116	92.1
Sibling(s)	1	<1
Spouse	7	5.6

Note: Participants checked all applicable options

During the 08-09 year, the participants entering this program indicated that their reason for referral to the program was due to needing assistance with: 1) parent education training (118, 93.7%); 2) fatherhood support (111, 88.1%); 3) counseling/psychotherapy (2, 1.6%); 4) DSS child support (3, 2.4%); 5) DSS Child Support (3, 2.4%) (see, Table 22).

Table 22

Participants N=126		
Referrals	N	%
Counseling /Psychotherapy	2	1.6
DCF Involvement	1	<1
DSS Child Support	3	2.4
Education	2	1.6
Fatherhood support group	111	88.1
Mediation/visitation	2	1.6
Other	7	5.6
Parent education/Training	118	93.7

Note: Participants checked all applicable options

Family Strides Intake Data

During the period of October 1, 2008 through September 30, 2009, ninety-seven participants completed intake forms at Family Strides in Torrington (see Table 1).

While the majority of participants enrolled by Family Strides were males, 92 (94.8%), 2 (2.1%) females were also enrolled into the program (see, Table 23). The average participant age was 34 years old, ranging from 18-54 years of age. Racially, the majority of the 97 program participants were Caucasian 79 (81.4%), followed by 12 (12.4%) African Americans, and 3 (3.1%) American Indians, participants (see Table 24).

Ethnically, 9 (9.3%) enrolled participants were of the Latino descent (including Puerto Rican and other countries in Central and South America) (see, Table 25). One (1%) participants described their ethnic background as Caribbean or West Indian and 81 (83.5%) participants either identified with other ethnic background or chose not to respond to the question about their ethnicity.

Table 23

Participants N=97		
Gender	N	%
Male	92	94.8
Female	2	2.1
Missing	3	3.1

Note: Not all participants responded to every question

Table 24

Participants N=97		
Race	N	%
African American/Black	12	12.4
Anglo/White/Caucasian	79	81.4
American Indian	3	3.1
Missing	3	3.1

Note: Not all participants responded to every question

Table 25

Participants N=97		
Ethnicity	N	%
Caribbean (West Indian), not Hispanic	1	1
Hispanic or Latino	9	9.3
Not Hispanic/Latino	78	80.4
Other/Unknown/ No Response/Refused to Answer	3	3.1

Note: Not all participants responded to every question

Upon enrollment into the program, participants could be distributed among four distinct categories: adult males, incarcerated fathers, adolescent fathers, and community residents. As of September 2009, a total of 91 (93.8%) adult males were intake into the program, followed by 3 (3.1) community resident, and 1 (1%) adolescent fathers (see Table 26). Of the 97 program participants, 37, (38.1%) were single, 28 (28.9) were married and living with a partner, and 26 (26.8%) were divorced, separated, or in the process of being divorcing (see Table 27).

Table 26

Participants N=97		
Participant Type	N	%
Adolescent father	1	1
Adult male	91	93.8
Community resident	3	3.1
Other	2	2.1

Note: Not all participants responded to every question

Table 27

Participants N=97		
Marital Status	N	%
Divorced	19	19.6
Legally married/living with a spouse	28	28.9
Never married/Single	37	38.1
Separated/divorcing	7	7.2

Note: Not all participants responded to every question

Twenty-one participants who completed intakes for the program during the 08-09 year stated they lived a girlfriend or a boyfriend; 27 (27.8% lived with a spouse; and 128 (16%) lived either with parents or foster parents, other siblings, relatives or friends; and 28 (19.9%) participants reported living alone (see Table 28).

Table 28

Participants N=97		
Living Arrangements	N	%
Friend(s)	6	6.2
Girlfriend/Boyfriend	21	21.6
My Adult Children	2	2.1
No one, live alone	14	14.4
Not Applicable (e.g., live in halfway house or shelter)	4	4.1
One or both parents/foster parents	14	14.4
Other	5	5.2
Other Relative	7	7.2
Sibling(s)	2	2.1
Spouse	27	27.8

Note: Participants checked all applicable options

During the 08-09 year, the participants entering this program indicated that their reason for referral to the program was due to needing assistance with: 1) parent education training (82, 84.5%); 2) fatherhood support (82, 84.5%); 3) employment/job training (16, 16.5%); 4) DSS child support (5, 5.2%); 5) educational needs (46, 47.4%); and 6) DCF involvement (25, 25.8%) (see Table 29).

Table 29

Participants N=97		
Referrals	N	%
Counseling /Psychotherapy	1	1
DCF Involvement	25	25.8
DSS Child Support	5	5.2
Education	46	47.4
Employment/Job training	16	16.5
Fatherhood support group	82	84.5
Housing	1	1
Mediation/visitation	2	1.6
Other	7	5.6

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Parent education/Training	82	84.5
---------------------------	----	------

Note: Participants checked all applicable options

Madonna Place Intake Data

During the period of October 1, 2008 through September 30, 2009, one hundred (12.5%) participants completed intake forms and were enrolled at Madonna Place of Norwich (see, Table 1).

While the majority of participants were males, 88 (88%), 1 (1%) female was also enrolled into the program (see, Table 30). The average participant age was 32 years old, ranging from 20-61 years of age. Racially, the majority of the 100 participants were Caucasian, 61 (61%), followed by African American, 24 (24%), and 2 (2%) identified as American Indian (see, Table 31).

Ethnically, 9 (9%) enrolled participants were of the Latino descent (including Puerto Rican and other countries in Central and South America). One (1%) participant described their ethnic background as Caribbean or West Indian and 33 (33%) participants either identified with other ethnic background or chose not to respond to the question about their ethnicity (see, Table 32).

Table 30

Participants N=100		
Gender	N	%
Male	88	88
Female	1	1
Missing	11	11

Note: Not all participants responded to every question

Table 31

Participants N=100		
Race	N	%
African American/Black	24	24
Anglo/White/Caucasian	61	61
American Indian	2	2
Missing	9	9

Note: Not all participants responded to every question

Table 32

Participants N=100		
Ethnicity	N	%
Caribbean (West Indian), not Hispanic	1	1
Hispanic or Latino	9	9
Not Hispanic/Latino	22	22
Other/Unknown/ No Response/Refused to Answer	11	11

Note: Not all participants responded to every question

Upon enrollment into the program, participants could be distributed among four distinct categories: adult males, incarcerated fathers, adolescent fathers, and community residents. As of September 2009, a total of 96 (96%) adult males were intake into the program, followed by 1 (1%) community resident and 1 (1%) adolescent father (see Table 5). Of the 100 program participants, half 49 (49%) were single, 11 (11%) were married and living with a partner, and 24 (24%) were divorced, separated, or in the process of being divorcing (see Table 34).

Table 33

Participants N=100		
Participant Type	N	%
Adolescent father	1	1
Adult male	96	96
Incarcerated father	1	1
Other	1	1
Missing	1	1

Note: Not all participants responded to every question

Table 34

Participants N=100		
Marital Status	N	%
Divorced	11	11
Legally married/living with a spouse	11	11
Never married/Single	49	49

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Separated/divorcing	13	13
Other	3	3

Note: Not all participants responded to every question

Twelve participants who completed intakes during the 08-09 year stated they lived with their own adult children; 115 (14.3%) participants lived with a girlfriend or a boyfriend; 105 (13.1%) lived with a spouse; 128 (16%) lived either with parents or foster parents, other siblings, relatives or friends; and 103 (13.2%) participants reported living alone (see Table 35).

Table 35

Participants N=100		
Living Arrangements	N	%
Adult Children of Spouse/Boyfriend/Girlfriend	2	2
Friend(s)	9	9
Girlfriend/Boyfriend	19	19
My Adult Children	1	1
No one, live alone	20	20
Not Applicable (e.g., live in halfway house or shelter)	3	3
One or both parents/foster parents	15	15
Other	3	3
Other Relative	5	5
Sibling(s)	3	3
Spouse	14	14

Note: Participants checked all applicable options

During the 08-09 year, the participants entering this program indicated that their reason for referral to the program was due to needing assistance with: 1) parent education training (57, 57%); 2) fatherhood support (49, 49%); 3) employment/job training (26, 26%); 4) DSS child support (5, 5%); 5) DCF involvement (22, 22%) (see, Table 36).

Table 36

Participants N=100		
Referrals	N	%
Counseling /Psychotherapy	1	1
DCF Involvement	22	22
DSS Child Support	5	5
Education	9	9
Employment/Job training	26	26
Fatherhood support group	49	49
Housing	12	12
Legal representation/consultation	5	5

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Mediation/visitation	9	9
Other	8	8
Parent education/Training	57	57
Substance abuse treatment	6	6

Note: Participants checked all applicable options

New Haven Family Alliance Intake Data

During the period of October 1, 2008 through September 30, 2009, New Haven Family Alliance in New Haven completed 198 (24.7%) participant intakes (see, Table 1).

While the majority of participants were males, 173 (87.4%), 18 (9.1%) females were also enrolled into the program (see, Table 37). The average participant age was 34 years old, ranging from 17-71 years of age. Racially, the majority of the 802 participants were African Americans, 119 (60.1%), followed by Caucasians, 29 (14.6%), American Indians, Pacific Islanders and Asians, 3 (1.5%), and 19 (9.6%) participants identified themselves with “other” races (see, Table 38).

Ethnically, 37 (18.7%) enrolled participants were of the Latino descent (including Puerto Rican and other countries in Central and South America) (see Table 39). Three (1.5%) participants described their ethnic background as Caribbean or West Indian and 8 (4%) participants either identified with other ethnic background or chose not to respond to the question about their ethnicity.

Table 37

Participants N=198		
Gender	N	%
Male	173	87.4
Female	18	9.1
Missing	7	3.5

Note: Not all participants responded to every question

Table 38

Participants N=198		
Race	N	%
African American/Black	119	60.1
Anglo/White/Caucasian	29	14.6
American Indian	1	<1
Asian	1	<1

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Native Hawaiian or other Pacific Islander	1	<1
Other Race/Unknown/ No Response/Refused to Answer	19	9.6
Missing	28	14.1

Note: Not all participants responded to every question

Table 39

Participants N=198		
Ethnicity	N	%
Caribbean (West Indian), not Hispanic	3	1.5
Hispanic or Latino	37	18.7
Not Hispanic/Latino	5	2.5
Other/Unknown/ No Response/Refused to Answer	3	1.5

Note: Not all participants responded to every question

Upon enrollment into the program, participants could be distributed among four distinct categories: adult males, incarcerated fathers, adolescent fathers, and community residents. As of September 2009, a total of 159 (80.3%) adult males were intake into the program, followed by 113 (14.2%) incarcerated fathers, and 16 (8.1%) adolescent fathers. Eight (4%) participants identified themselves as community residents (see, Table 40). Of the 198, more than half (103, 52%) were single, 36 (18.2%) were married and living with a partner, and 34 (17.2%) were divorced, separated, or in the process of being divorcing (see, Table 41).

Table 40

Participants N=198		
Participant Type	N	%
Adolescent father	16	8.1
Adult male	159	80.3
Community resident	8	4
Other	14	7.1
Missing	1	<1

Note: Not all participants responded to every question

Table 41

Participants N=198		
Marital Status	N	%
Divorced	20	10.1
Legally married/living with a spouse	36	18.2
Never married/Single	103	52
Separated/divorcing	14	7.1

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Widowed	2	1
Other	8	4
Unknown/NA/Refused to answer	4	2

Note: Not all participants responded to every question

Eight participants who completed intakes for the program during the 08-09 year stated they lived with their own adult children; 25 (12.6%) participants lived with a girlfriend or a boyfriend; 33 (16.7%) lived with a spouse; 86 (43.5%) lived either with parents or foster parents, other siblings, relatives or friends; and 86 (43.5%) participants reported living alone (see, Table 42).

Table 42

Participants N=198		
Living Arrangements	N	%
Adult Children of Spouse/Boyfriend/Girlfriend	4	2
Friend(s)	8	4
Girlfriend/Boyfriend	25	12.6
My Adult Children	8	4
No one, live alone	21	10.6
Not Applicable (e.g., live in halfway house or shelter)	9	4.5
One or both parents/foster parents	38	19.2
Other	14	7.1
Other Relative	30	15.2
Sibling(s)	18	9.1
Spouse	33	16.7

Note: Participants checked all applicable options

During the 08-09 year, the participants entering this program indicated that their reason for referral to the program was due to needing assistance with: 1) parent education training (89, 44.9%); 2) fatherhood support (104, 52.5%); 3) employment/job training (110, 55.6%); 4) DSS child support (61, 30.8%); 5) educational needs (48, 24.2%); and 6) DCF involvement (24, 12.1%) (see, Table 43).

Table 43

Participants N=198		
Referrals	N	%
Counseling /Psychotherapy	15	7.6
DCF Involvement	24	12.1
DSS Child Support	61	30.8
Education	48	24.2
Employment/Job training	110	55.6
Fatherhood support group	104	52.5
Health care	20	10.1
Housing	52	26.3
Legal representation/consultation	18	9.1
Mediation/visitation	14	7.1
Other	4	2
Parent education/Training	89	44.9
Substance abuse treatment	12	6.1

Note: Participants checked all applicable options

New Opportunities Intake Data

During the period of October 1, 2008 through September 30, 2009, and New Opportunities of Waterbury completed 174 (21.7%) participant intakes (see, Table 1).

While the majority of participants were males, 165 (94.8%), 7 (4%) females were also enrolled into the program (see, Table 44). The average participant age was 34 years old, ranging from 17-59 years of age. Racially, the majority of the 174 participants were African Americans, 72 (41.4%), followed by Caucasians, 66 (37.9%), and 26 (14.9%) participants identified themselves with “other” races (see, Table 45).

Ethnically, 48 (27.6%) enrolled participants were of the Latino descent (including Puerto Rican and other countries in Central and South America). Two (1.1%) participants described their ethnic background as Caribbean or West Indian and 44 (25.3%) participants either identified with other ethnic background or chose not to respond to the question about their ethnicity (see, Table 46).

Table 44

Participants N= 174		
Gender	N	%
Male	165	94.8
Female	7	4
Missing	2	1.1

Note: Not all participants responded to every question

Table 45

Participants N=174		
Race	N	%
African American/Black	72	41.4
Anglo/White/Caucasian	66	37.9
Other Race/Unknown/ No Response/Refused to Answer	26	14.9

Note: Not all participants responded to every question

Table 46

Participants N=174		
Ethnicity	N	%
Caribbean (West Indian), not Hispanic	2	1.1
Hispanic or Latino	48	27.6
Not Hispanic/Latino	9	5.2
Other/Unknown/ No Response/Refused to Answer	35	20.1

Note: Not all participants responded to every question

Upon enrollment into the program, participants could be distributed among four distinct categories: adult males, incarcerated fathers, adolescent fathers, and community residents.

As of September 2009, a total of 135 (77.6%) adult males were intake into the program, followed by 25 (14.4%) incarcerated fathers, and 3 (1.7%) adolescent fathers. One (.6%) participant identified themselves as community residents (see, Table 47).

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Of the 174, more than half (104, 59.8%) were single, 13 (7.5%) were married and living with a partner, and 44 (25.2%) were divorced, separated, or in the process of being divorcing (see, Table 48).

Table 47

Participants N=174		
Participant Type	N	%
Adolescent father	3	1.7
Adult male	135	77.6
Community resident	1	<1
Incarcerated father	25	14.4
Other	32	4

Note: Not all participants responded to every question

Table 48

Participants N=174		
Marital Status	N	%
Divorced	30	17.2
Legally married/living with a spouse	13	7.5
Never married/Single	104	59.8
Separated/divorcing	14	8
Widowed	1	<1
Other	28	3
Unknown/NA/Refused to answer	27	3.4

Note: Not all participants responded to every question

One participant who completed intakes for the program during the 08-09 year stated they lived with their own adult children; 31 (17.8%) participants lived with a girlfriend or a boyfriend; 20 (11.5%) lived with a spouse; 73 (42%) lived either with parents or foster parents, other siblings, relatives or friends; and 22(12.6%) participants reported living alone (see, Table 49).

Table 49

Participants N=174		
Living Arrangements	N	%
Adult Children of Spouse/Boyfriend/Girlfriend	4	2.3
Friend(s)	13	7.5
Girlfriend/Boyfriend	31	17.8
My Adult Children	1	<1
No one, live alone	22	12.6
Not Applicable (e.g., live in halfway house or shelter)	21	12.1
One or both parents/foster parents	31	17.8
Other	15	8.6
Other Relative	12	6.9
Sibling(s)	17	9.8
Spouse	20	11.5

Note: Participants checked all applicable options

During the 08-09 year, the participants entering this program indicated that their reason for referral to the program was due to needing assistance with: 1) parent education training (62, 35.6%); 2) fatherhood support (48, 27.6%); 3) employment/job training (46, 26.4%); 4) DSS child support (38, 21.8%); 5) educational needs (19, 10.9%); and 6) DCF involvement (11, 6.3%) (see, Table 50).

Table 50

Participants N=174		
Referrals	N	%
Counseling /Psychotherapy	2	1.1
DCF Involvement	11	6.3
DSS Child Support	38	21.8
Education	19	10.9
Employment/Job training	46	26.4
Fatherhood support group	48	27.6
Health care	4	2.3
Housing	8	4.6
Judicial/Court child support	0	0

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Legal representation/consultation	0	0
Mediation/visitation	1	<1
Other	7	4
Parent education/Training	62	35.6
Substance abuse treatment	7	4

Note: Participants checked all applicable options

INTAKE DATA CROSS SITES COMPARISONS:

The section that follows presents some comparative information regarding this intake information across the six (6) certified sites that participated in this program. Where possible, the evaluators sought to compare the information and make inferences about their meaning. While not absolute, this information can be useful in determining regional and site specific occurrences that may have implications for program planning and development.

During Year 3 of the Promoting Responsible Fatherhood Project, the period of October 1, 2008 through September 30, 2009, eight hundred and two (802) participants completed intake forms and were enrolled across the six certified sites in Connecticut. Career Resources of Bridgeport completed 106 (13.2%) participant intakes; Families in Crisis in Waterbury completed 126 (15.7%) participant intakes; Family Strides in Torrington completed 97 (12.1%) participant intakes; Madonna Place of Norwich completed 100 (12.5%) participant intakes; New Haven Family Alliance in New Haven completed 198 (24.7%) participant intakes; and New Opportunities of Waterbury completed 174 (21.7%) participant intakes (see, Figure 1.)

When looking at the enrollment patterns, all of the sites were able to meet their minimum requirement. Although enrollment requirements were met, there were differences across sites. Two sites, New Haven Family Alliance and New Opportunities, were able to enroll significantly more men than their counterparts. Differences in enrolment may also be attributed to demographic characteristics of the communities being served. Most notably, both New Haven and Waterbury have a larger urban population from which to draw. When we examined the enrollment patterns by month, we see that most of the sites enrolling participants every months. These patterns resulted in differing levels of success by month but for the most part they were able to enroll at least a few men every month (see, Figure 2).

Unique to Families in Crisis was their enrollment patterns. While the other sites were able to enroll participants at any time, they were limited to a closed enrollment strategy because they were working with a prison population. Family in Crisis' closed enrollment strategy was also a result of their need to facilitate the Inside-Out Dad Curriculum in a closed format for their program participants. Their enrollment patterns reflect October, February/March, and June enrollment cycle (see, Figure 2). Although this strategy may be viewed by some as limited in its scope, it was however effective in helping them recruit the third largest cohort of participants,

demonstrating their effectiveness at meeting and exceeding the program requirements (see, Figure 1).

Figure 1. Enrollment by Site

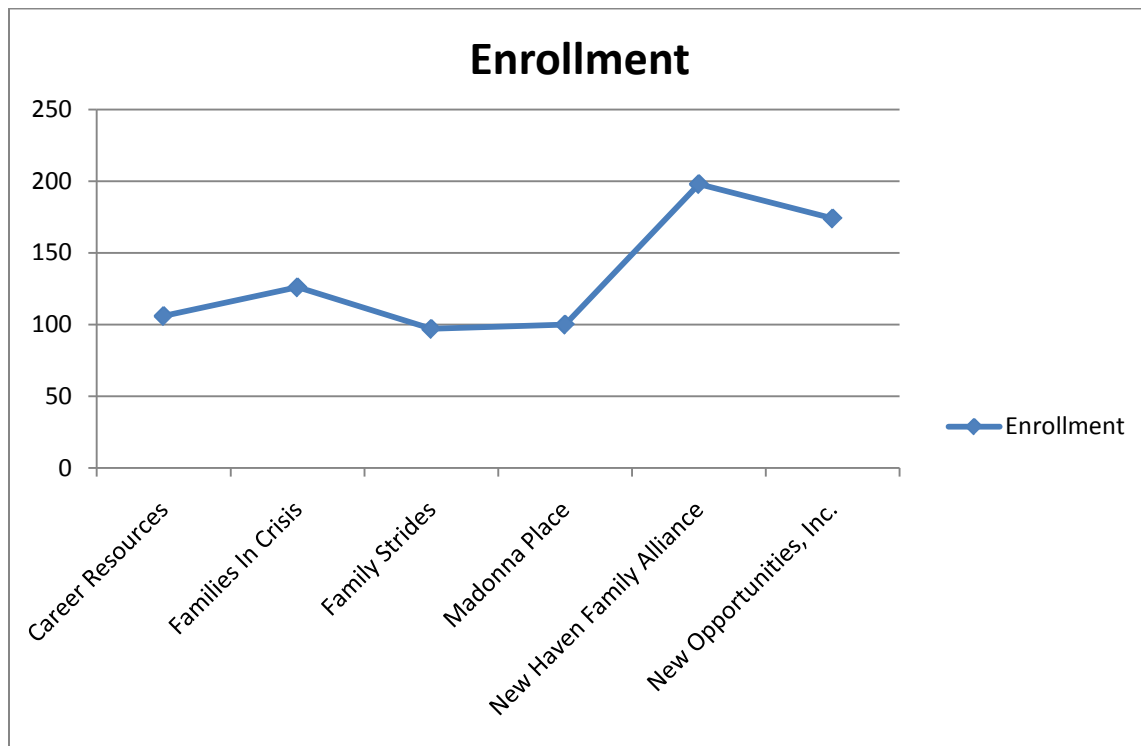
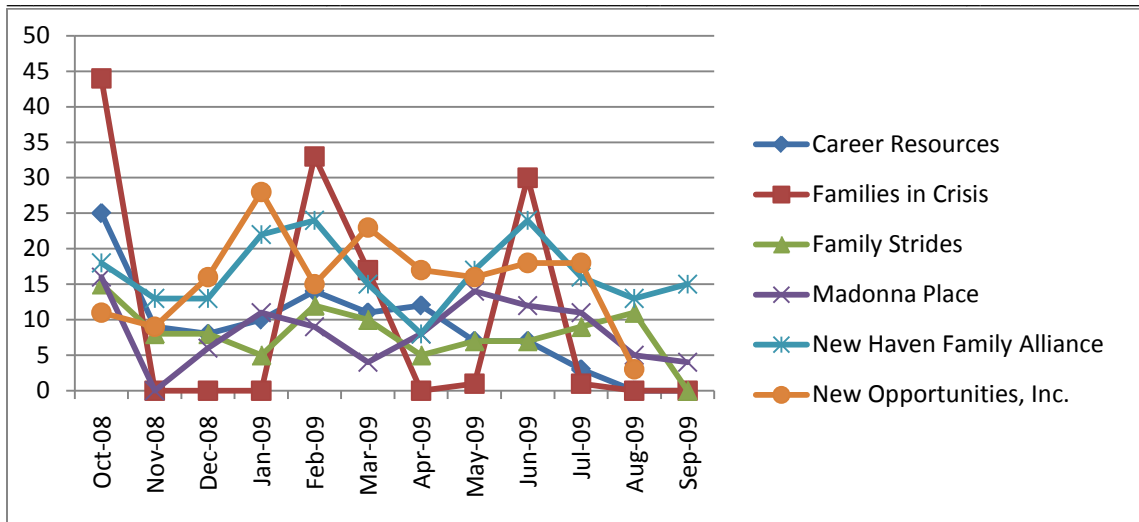


Figure 2. Enrollment Across the Fiscal Year

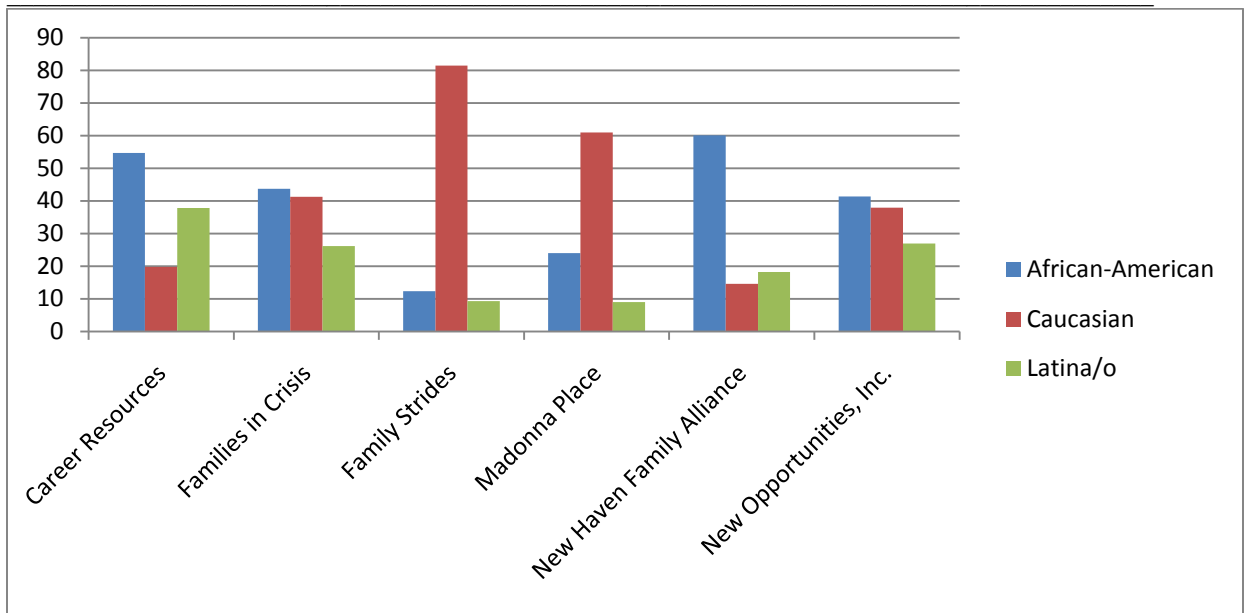
Connecticut Promoting Responsible Fatherhood Project
 Year 3 Annual Report October 2008-September 2009



Across all of the sites, racially the majority of the 802 participants were African Americans, 340 (42.4%), followed by Caucasians, 308 (38.4%), American Indians, Pacific Islanders and Asians, 9 (1%), and 81 (10.1%) participants identified themselves with “other” races. The enrollment patterns across sites, however tended to reflect the geographic make-up of the community from which the programs operated. US census data shows that for the sites where there were a large ethnic minority representation (African American, Latino and other underrepresented groups) there were more minority population to draw from. In those sites where there was larger Caucasian representation, these communities had more of this group from which to draw. While New Haven Family Alliance, Career Resources, and Families in Crisis enrolled more African American participants, Family Strides, Madonna Place, and Families in Crisis enrolled more Caucasian participants. Ethnically, Career Resources and New Opportunities were able to enroll the most Latino clients (see, Figure 3).

Figure 3. Enrollment by Racial and Ethnic group

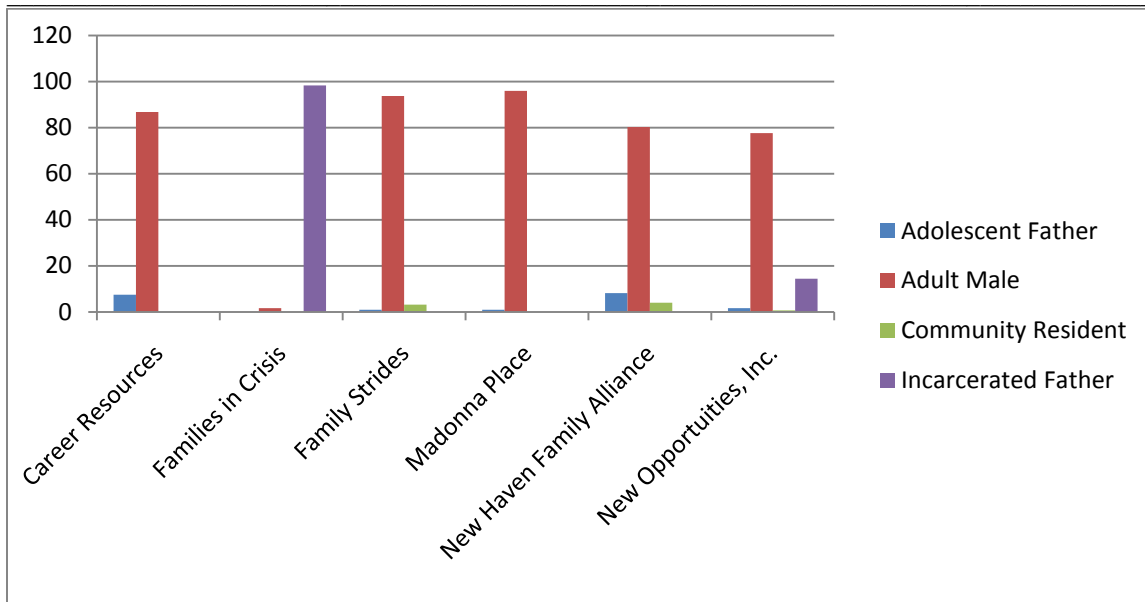
Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009



On enrollment into the PRF, participants were distributed among four distinct categories: adult males, incarcerated fathers, adolescent fathers, and community residents. Shown in Figure 4 most of the enrolled participants were adult males. For Families in Crisis, most of the enrolled participants were also incarcerated men. New Opportunities also enrolled some incarcerated men. Across all of the sites, Career Resources and New Haven Family Alliance also enrolled adolescent fathers. Although these numbers were small they raise important questions about the unique needs of these dads.

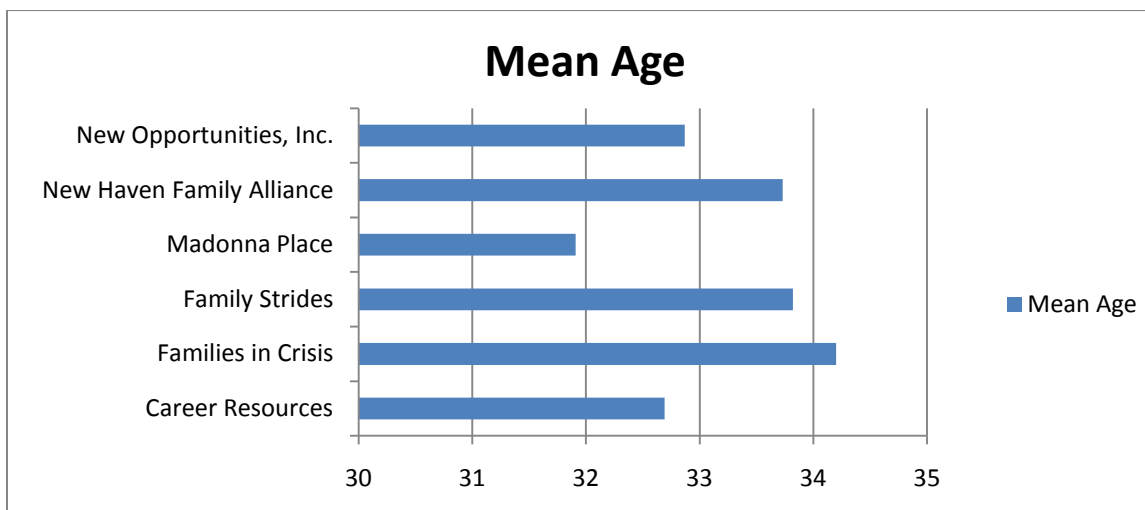
Figure 4. Enrollment by Participant Type

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009



Across all of the sites, the average participant age of a participant was 33 years with a range of 17-71 years. Demonstrated in Figure 5 below the mean age range across site was just under 32 years to just over 34 years. While this difference is not too large, Families in Crisis, Family Strides, and New Haven Family Alliance tended to enroll participants with the highest mean age while Madonna Place enrolled participants with the youngest mean age.

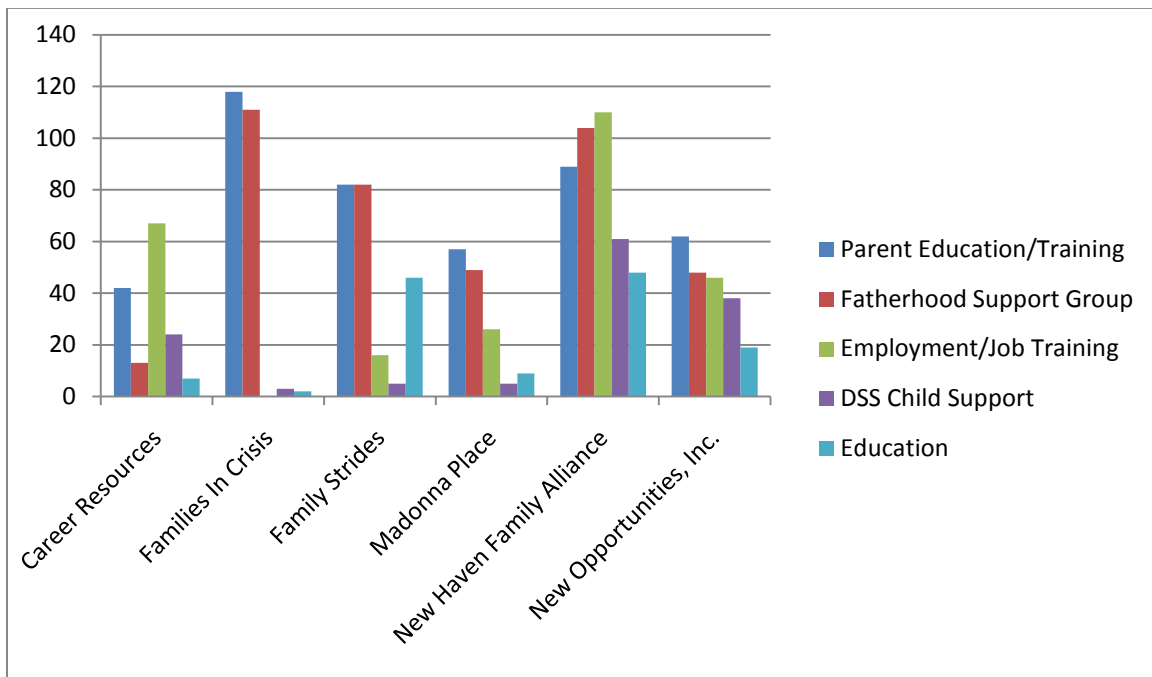
Figure 5. Mean Age of Enrollment Across Sites



During Year 3, the program participants entering the program indicated that their reason for referral were due to needing assistance with: 1) Parenting Education training; 2) Fatherhood

Support; 3) Employment/Job Training; 4) DSS child support; 5) Educational Needs. There were, however, differences in the endorsement of these reasons by site. While across all the sites, the participants indicated that they came to the program because they needed parent education and training, Families in Crisis, New Haven Family Alliance, and Family Strides had the highest number of participants who indicated that this was a reason for their presentation. For fatherhood support group, participants from Families in Crisis, New Haven Family Alliance, and Family Strides had the most participants indicating that this is one of the reasons for their presentation. Employment and job training was endorsed by more participants at Career Resources, New Haven Family Alliance, and New Opportunities. Child support concerns were most frequently endorsed by participants from New Haven Family Alliance, New Opportunities, and Career Resources. Education and education related issues were most endorsed by participants from New Haven Family Alliance, Family Strides, and New Opportunities (see, Figure 6).

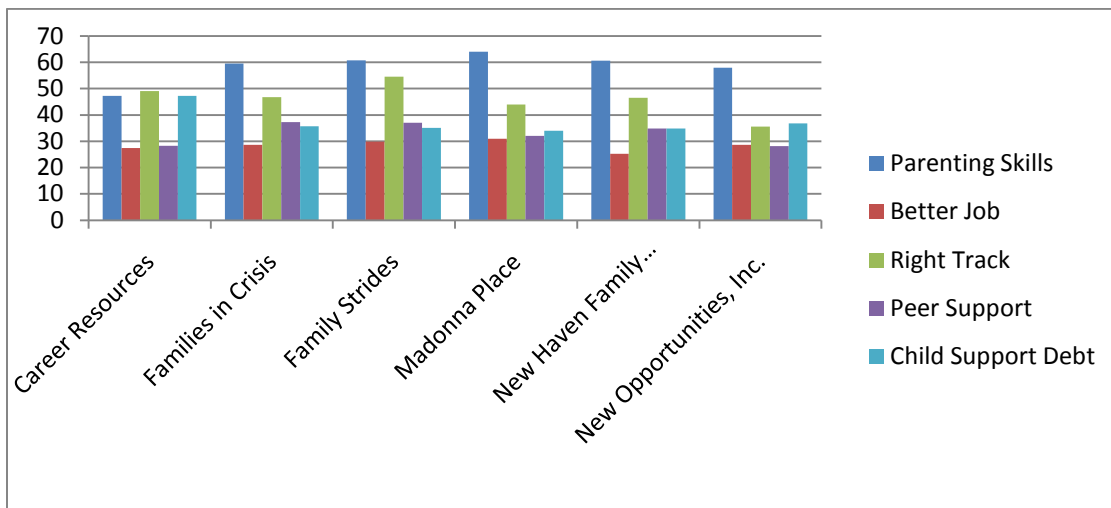
Figure 6. Needs on Referral to the Program



Once enrolled in the program, participants needed help addressing a variety of concerns. Challenges included parenting skills to become a better parent (470, 58.6%), finding a job or finding a better paying job (226, 28.2%), “getting on the right track” (363, 45.3%), talking with

others in the same situation (264, 32.9%), child support payments or debts (297, 37.0%), and additional education or training (325, 40.5%). The distribution across sites is indicated below. Consistently across the sites, program participants indicated that they wanted to improve their parenting skills. Getting on the right track was also consistently endorsed by the program participants across sites. The third area endorsed across sites was either issues related to child support (Career Resources, Madonna Place, New Opportunities), peer support (Families in Crisis, Family Strides) or tied between the two or closely endorsed by program participants (Families in Crisis, Family Strides, New Haven Family Alliance). It is important to note, that although the numbers for the finding a better job was the not endorsed and frequently as the other four areas it still represented an important concern endorsed by a significant number of participants across sites (see, Figure 7).

Figure 7. Participant Concerns by Site



COMPLETED ASSESSMENT INFORMATION

Aggregated Assessment Information across Sites

The data presented in this section of this report is a summary of the 663 assessments completed during the 08-09 fiscal year. Across the sites, Career Resources assessed 77 (12%) individuals, Families in Crisis assessed 122 (18%) individuals, Family Strides assessed 94 (14%) individuals, Madonna Place assessed 82 (12%) individuals, New Haven Family Alliance assessed 140 (21%) individuals, and New Opportunities assessed 148 (22%) individuals (see, Table 51). The sections to follow represent the areas identified by the Promoting Responsible Fatherhood program as significant in the intervention.

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 (470, 58.6%), finding a job or finding a better paying job (226, 28.2%), “getting on the right track” (363, 45.3%), talking with others in the same situation (264, 32.9%), child support payments or debts (297, 37.0%), and additional education or training (325, 40.5%) (see, Table 52).

Other requests for help included obtaining strategies for anger management (98, 12.2%), getting to see their children more often (319, 39.8%), improving their relationship with the other parent (247, 30.8%), and substance abuse treatment and counseling (68, 8.5%) (see, Table 52).

Table 51

Assessment by Site	N = 663	
	n	%
Career Resources	77	12
Families in Crisis, Inc.	122	18
Family Strides, Inc.	94	14
Madonna Place, Inc.	82	12
New Haven Family Alliance, Inc.	140	21
New Opportunities, Inc.	148	22

Table 52

Participants N=663		
Assistance upon entry into the program	N	%
Additional education or training	325	40.5
Strategies for anger management	98	12.2
Child support payments or debts	297	37.0
Finding a better paying job	226	28.2
Finding a job	458	57.1
Getting on the right track	363	45.3
Getting to see my children more often	319	39.8
Health services	109	13.6
Improving relationship with the child's other parent	247	30.8
Parenting skills/Being a better parent	470	58.6
Substance abuse treatment/Counseling	68	8.5
Talking with others in the same situation	264	32.9

Note: Participants checked all applicable options

The men enrolled in the program generally expressed having a number of strengths on entering the program. Most notably were their desire to be a more active and involved parent, desire to get a job, a commitment to change their unhealthy behaviors, and the desire to get skills that would make them more employable. These are significant areas that these participants aspire to. Attention to these and other areas the men identified as important strengths they add to the program should be monitored and used to advance the program (see, Table 53).

Table 53

Participants N=663		
Strengths	N	%
Commitment to and enthusiasm for the program	291	43.9
Commitment to change current/unhealthy behaviors	397	59.9
Commitment to healthy co-parenting	376	56.7
Commitment to healthy relationship w/ significant other/partner	330	49.8
Desire for a healthy relationship with partner or child's parent	312	47.1
Desire to become active in family planning	369	55.7
Desire to become more involved with his children and/or family	474	71.5
Desire to gain skills that will make him/her more employable	391	59.0
Desire to get a job	451	68.0
Educational achievement	286	43.1
Financial resources	221	33.3
Previous life experience with parenting and children	280	42.2
Support of child(ren)'s other parent	278	41.9
Support of employers	212	32.0
Support of family and friends	278	41.9
Support of other helping profs. (e.g., therapists, psychologists)	197	29.7
Willingness to learn	503	75.9

Note: Participants checked all applicable options

The program participants were asked to rate emotional, social, and financial support in order of importance. In these ratings, emotional support was often rated most first in order of importance and financial was rated second in order of support and social was rated last in order of support. Please refer to Figure 8 for a summary of these observations. They were also asked which of these supports were easiest for them to provide. Most of the men rated emotional support first, social support second, and financial support last (see, Figure 9).

Figure 8. Importance of Well-Being of Children

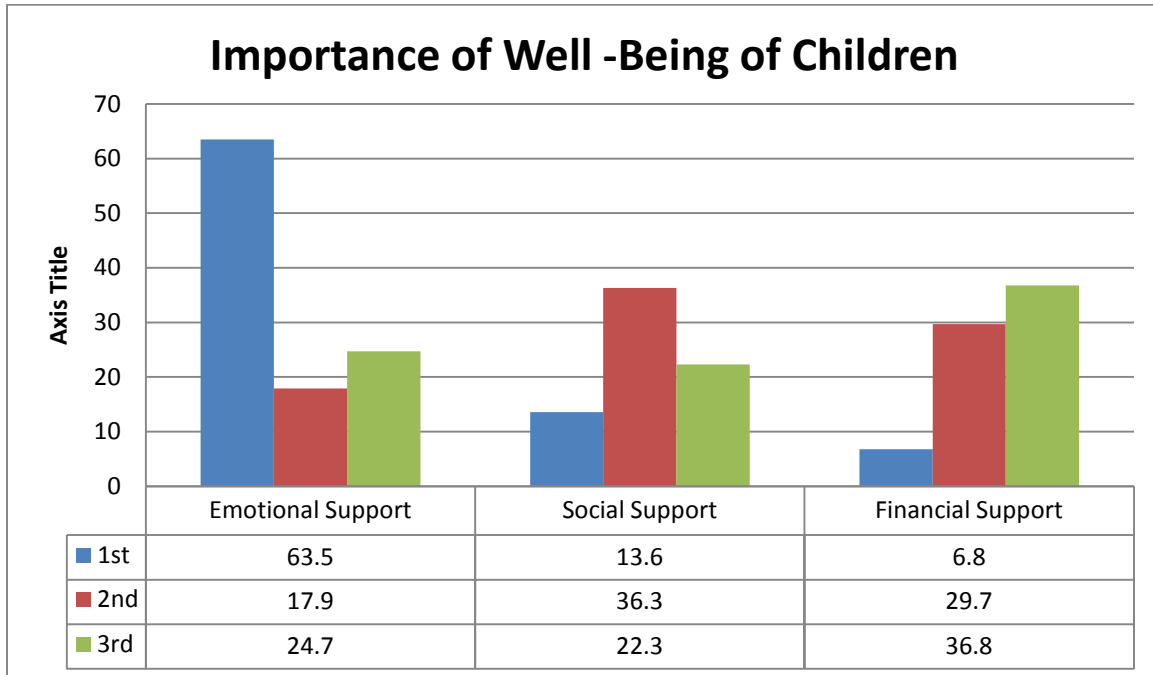
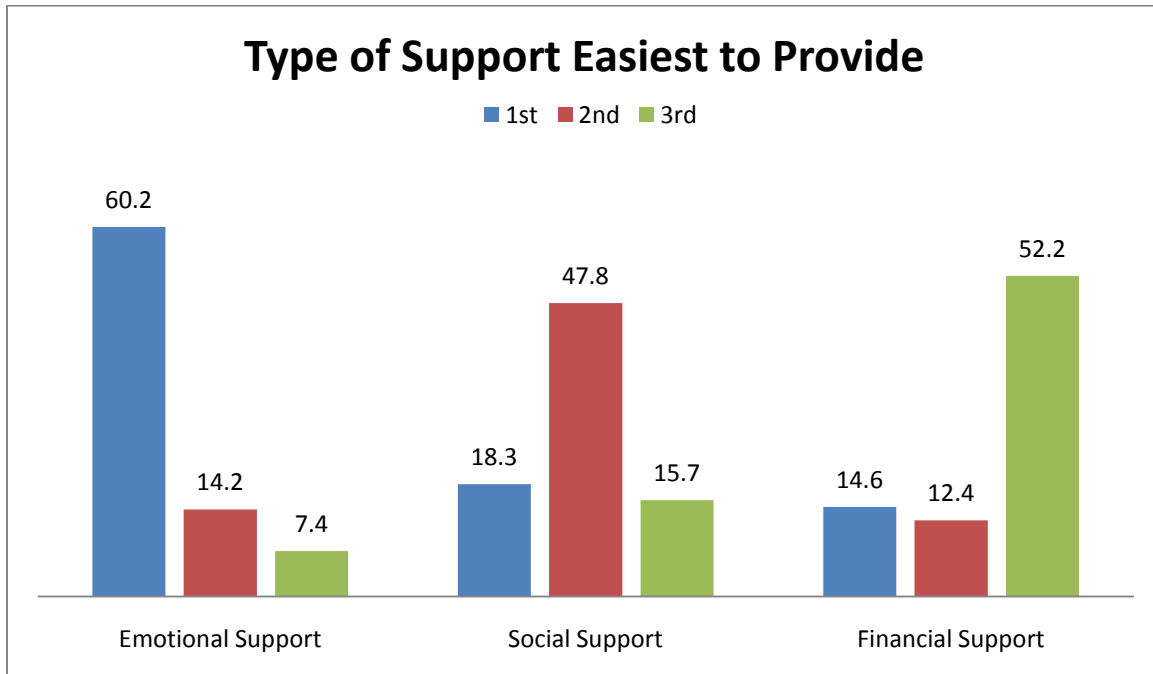


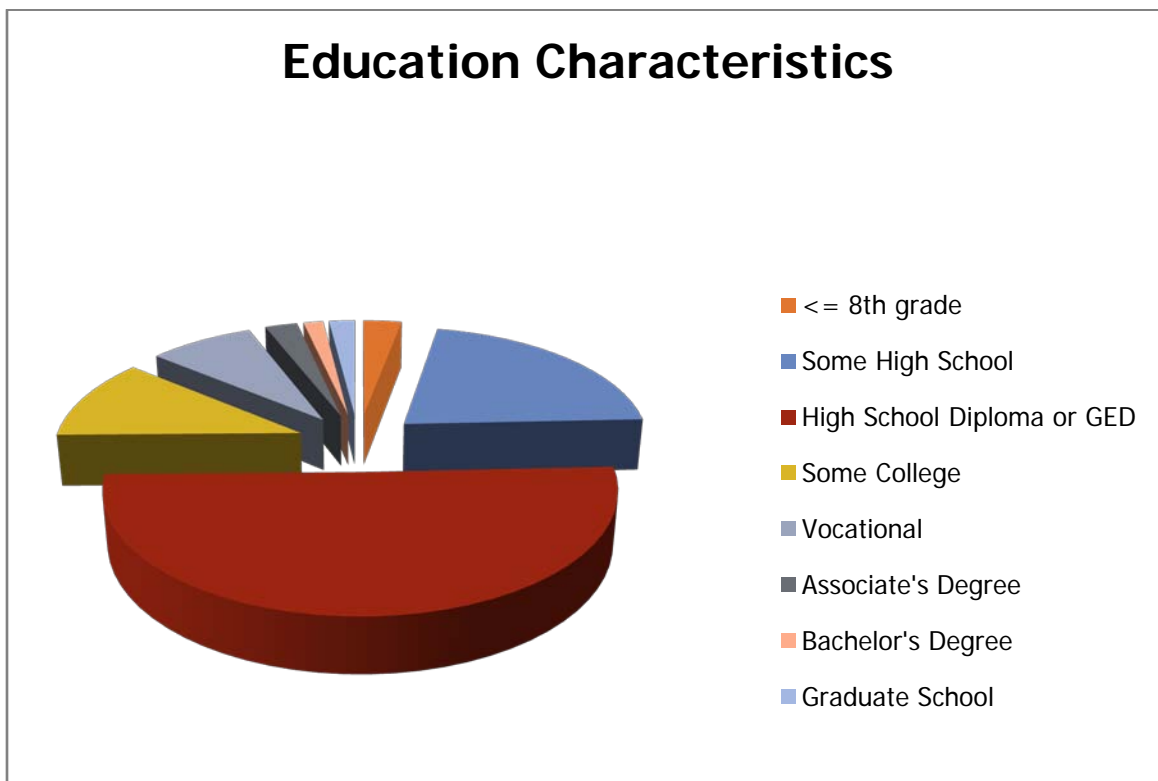
Figure 9. Type of Support Easiest to Provide



Education

The information presented below represents the data collected on the educational experience of the program participants assessed. In the project, each participant worked closely with his case manager for continuing education assistance. Five hundred and nine (63.5%) had a high school diploma or equivalent, and 195 (24.3%) had some or completed postsecondary education, while 246 (30.6%) of the participants had not completed high school (see Figure 10).

Figure 10. Education Characteristics



Employment

Of the 663 participants enrolled and assessed during the '08-'09 fiscal year, 140 (21.1%) were employed full-time; 96 (14.4%) were employed on a part-time basis or worked "pick-up" jobs; and 88 (13.4%) did not work at all. Three hundred and forty-seven (52.3%) participants reported that they were currently looking for another job, while 29 (4.4%) participants currently employed indicated that they were expected to lose their jobs within the next six months (see, Table 54).

Significant employment barriers identified by participants assessed included a lack of social security number 56 (8.4%), birth certificate 99 (14.9%), photo ID 114 (17.2%), permanent residence 158 (23.8%), access to reliable transportation 186 (28.1%) and valid driver's license 352 (53.1%) (see, Figure 11).

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Three hundred and eighteen (318, 47.9%) participants indicated that their income either did not cover or did not cover well their financial needs. In contrast, 121 (27%) employed participants said that their income covered their financial needs either fairly well or very well (see, Table 55).

Finally, in terms of employment, of participants enrolled during the 08-09 fiscal year, 110 (16.6%) said that their job provided them with paid vacation, 95 (14.3%) were eligible for paid sick leave, and 125 (18.9%) had medical coverage. Two hundred and forty-eight (37.4%) participants had none of the stated employment benefits (see, Figure 12).

Table 54

Participants N=663		
Employment Status	N	%
Employed full-time	126	19.0
Employed part-time	96	14.4
Employed on a temporary basis/pick-up work	88	13.4
Looking for another job	347	52.3
Expected to lose job within 6 months	29	4.4

Note: Not all participants responded to every question.

Figure 11. Barriers to Employment

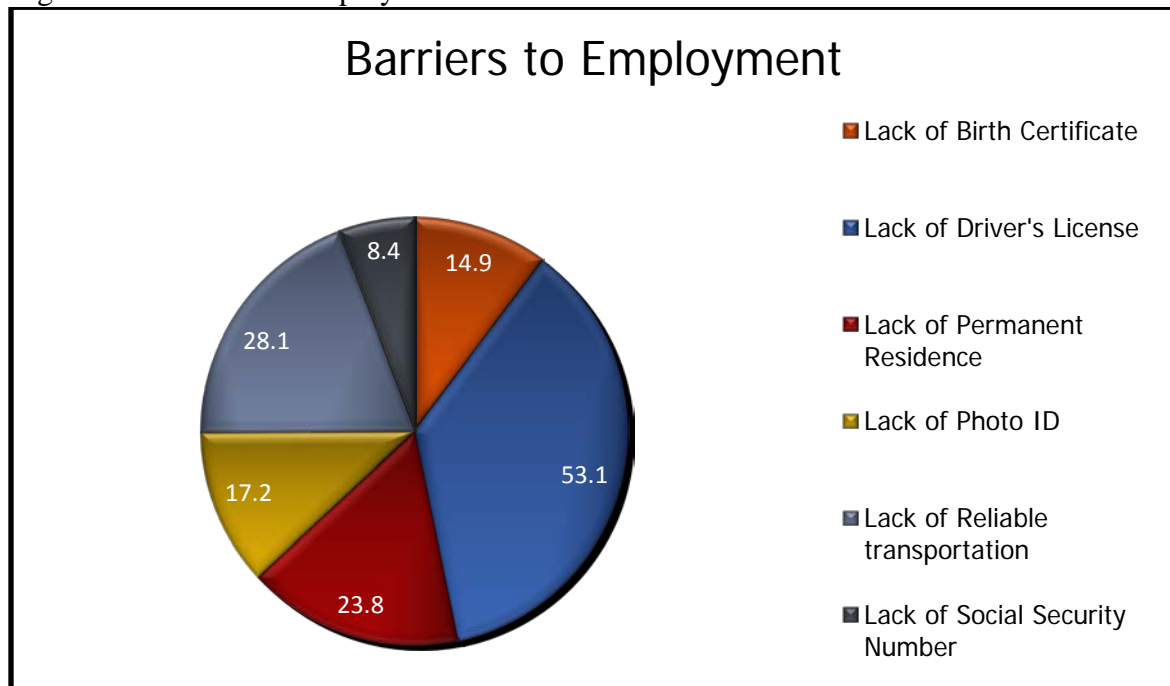
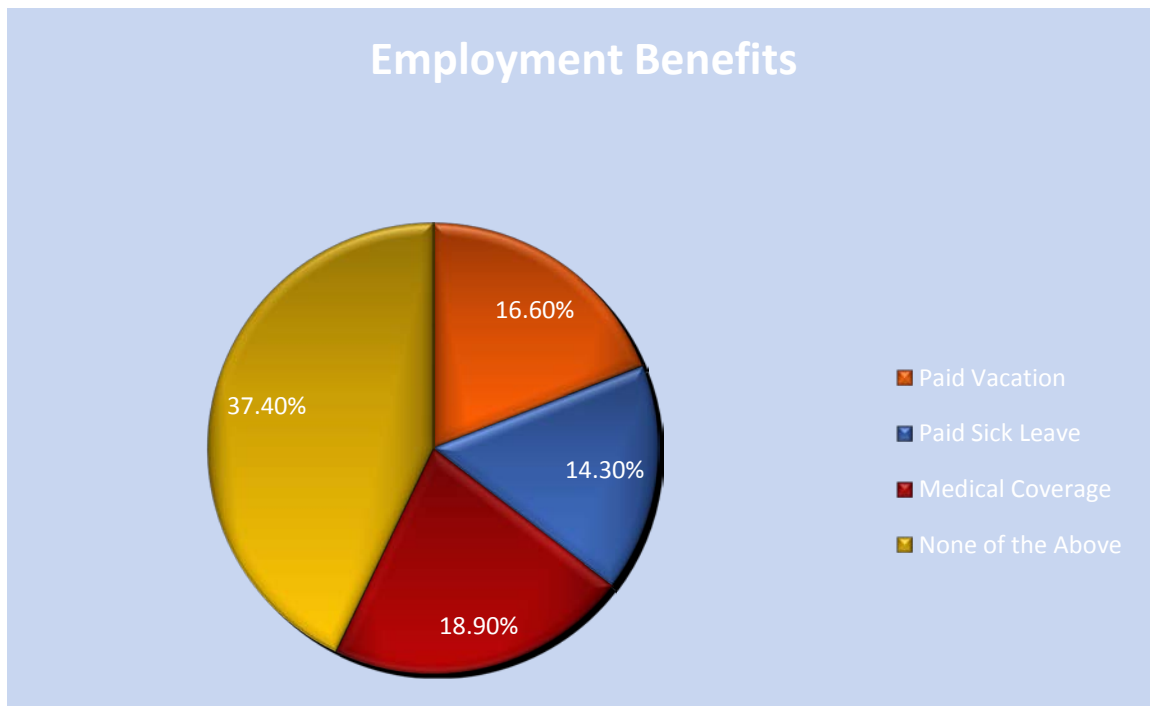


Table 55

Participants N=663		
Current Income Covers Their Financial Needs	N	%
Not at all	178	26.8
Not very well	140	21.1
Fairly well	178	26.8
Very well	29	4.4
Unknown/Not Applicable/No Response/Refused to answer	48	7.3

Note: Not all participants responded to every question

Figure12. Employment Benefits



Note: Not all participants responded to every question.

Health

When asked about their health and medical needs, 274 (41.3%) of the '08-'09 fiscal year assessed program participants rated their health as either "very good" or "excellent." Two hundred and eighteen (32.9%) participants said that the status of their health is "good," while 87 (13.2%) of those enrolled rated their health as "fair" or "poor" (see, Table 56). One Hundred and thirty-eight (20.8%) of respondents indicated that they had problems getting medical care. When asked about how they would access health care if they were sick, 297 (44.8%) said they would go to the emergency room, 116 (17.5%) participants said they would go to the doctor's office, and 71 (10.7%) said they would go to a health center (see, Table 57). If depressed or stressed, 357 (53.8%) participants said they would seek help to address this concern.

Forty-eight (48, 7.2%) reported having private insurance policy, 174 (26.2%) were insured through SAGA, 25 (3.8%) had Medicaid or were insured through free care programs, and 55 (8.3%) participants had either Husky A or Husky B or "Me and My Baby Insurance" policy (see, Figure 13).

When asked about whether respondents were at some time told by their health care provider they had an STI, 30 (4.5%) answered that they had Chlamydia, and 29 (4.5%) said that they either had genital herpes, genital warts, gonorrhea, syphilis, or Trichomonas (see Table 58).

Three hundred and seventeen (47.8%) participants currently smoke cigarettes, and 79 (11.9%) indicated they needed help to stop smoking. Finally, 71 (10.7%) participants indicated that they had asthma, 21 (3.2%) had diabetes, 19 (2.9%) had hypertension, 11 (1.7%) had heart disease, and 192 (29%) had a history of receiving alcohol or drug treatment (see, Table 59).

Table 56

Health Status	Participants N=663	
	N	%
Poor	17	2.6
Fair	70	10.6
Good	218	32.9
Very Good	177	26.7
Excellent	97	14.6
Unknown/Not Applicable/No Response/Refused	9	1.4

Note: Not all participants answered every question

Table 57

Participants N=663		
If sick, Participants would seek care	N	%
Participants having problems getting medical care	138	20.8
Emergency Room	297	44.8
Doctor' s Office	116	17.5
Health Center	71	10.7
Health Van	1	0.2
Other	27	4.1
If depressed or stressed, participant	357	53.8

Note: Not all participants responded to every question

Figure 13. Insurance Benefits

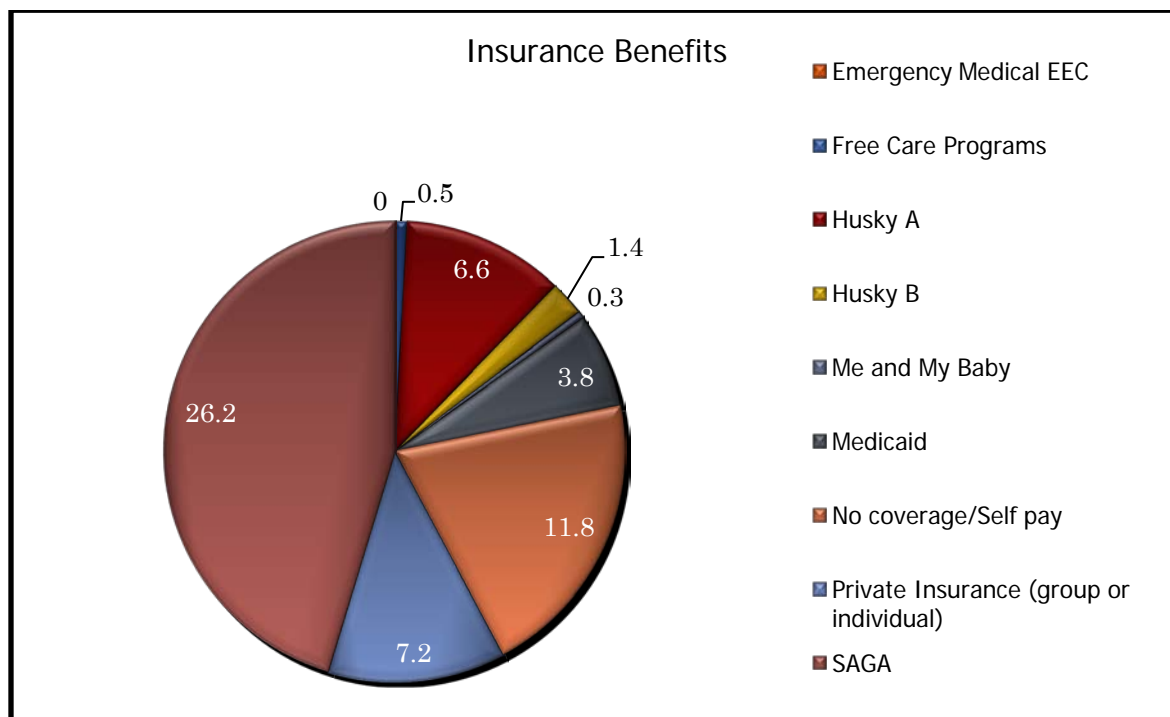


Table 58

Participants N=663		
STI History	N	%
Chlamydia	30	4.5
Genital Herpes (HSV-1, HSV-2)	1	0.2
Genital Warts or HPV	2	0.3
Gonorrhea	22	3.3
Syphilis	1	0.2
Trichomonas	3	0.5

Note: Not all participants responded to every question

Table 59

Participants N=663		
Illness History	N	%
Asthma	71	10.7
Diabetes in lifetime	21	3.2
Heart Disease	11	1.7
Hypertension	19	2.9
In alcohol/drug treatment program	192	29

Note: Not all participants responded to every question

Criminal History

Participants assessed from fiscal year 08-09 had a diverse criminal justice profile. Two hundred and eighty-nine (43.6%) of the participants had been convicted of a misdemeanor, 355 (53.5%) were convicted of a felony, and 144 (21.7%) had been incarcerated for a non-child support offense. Furthermore, 240 (38.1%) were convicted of a violent crime or of spousal or child abuse and 70 (10.6%) were previously arrested for DWI. At the time of the assessment, 119 (17.9%) participants were on probation, 39 (5.9%) were on parole, and 63 (9.5%) had charges pending against them (see Figure 14).

In addition to the issues represented by the participants criminal justice histories there were additional concerns related to their experience and perpetration of violence in their intimate relationships. Of the participants assessed, 110 (17%) reported being a victim of interpersonal violence, 22 (19.9%) indicated that they have perpetrated interpersonal violence in their intimate relationship, and 81 (12%) indicated that they would like assistance addressing interpersonal violence in their intimate relationship. Also significant was the disclosure of having sexually traumatic experience. Twenty (20, 3%) reported experiencing a sexually traumatic event and 38 (6%) reported needing help dealing with a sexually traumatic event (see, Table 60).

Figure 14. Criminal History

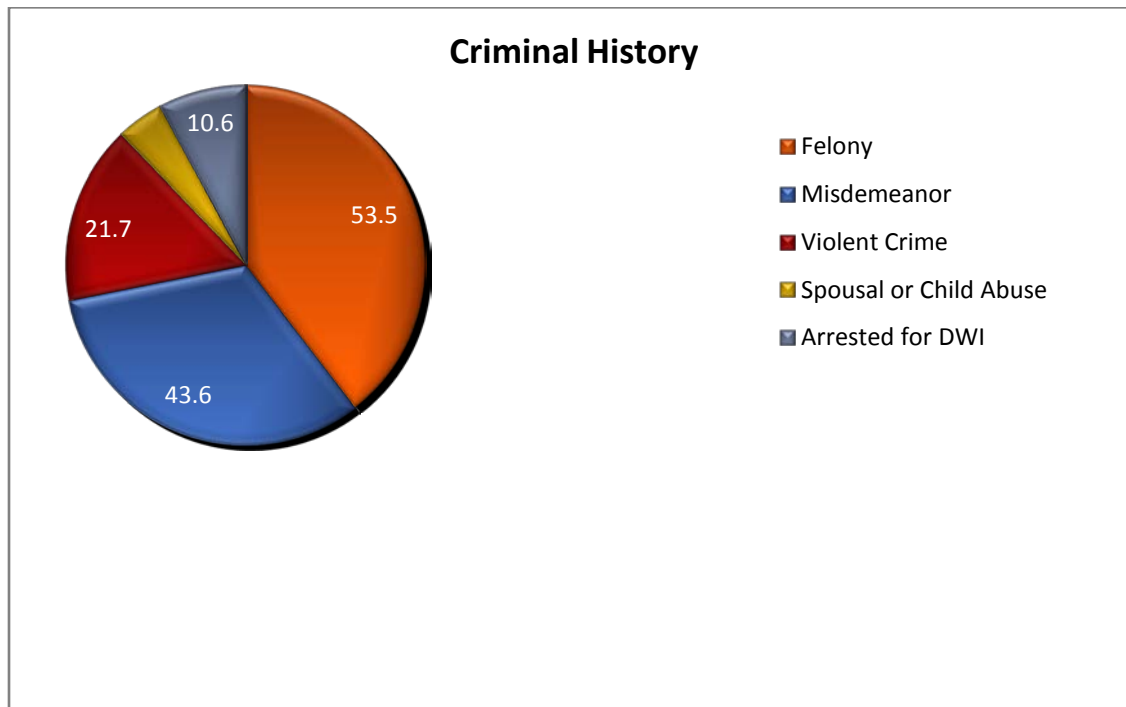


Table 60

Child Participants N=663		
Violence Profile	N	%
Has ever been victim of interpersonal violence	110	16.6
Would like help addressing violence in his life	81	12.2
Has been involved in a sexually traumatic experience (lifetime)	20	3
Would like help dealing with sexually traumatic experience(s)	38	5.7

Career Resources Assessed Participants

The data presented in this section of this report is a summary of the 77 assessments completed by Career Resources during the 08-09 fiscal year (see, Table 51). The sections to follow represent the areas identified by the Promoting Responsible Fatherhood program as significant in the intervention and are parallel to the aggregate data presented in the above section.

Analogous to the reasons for presenting to the program, once enrolled in the program, CR participants needed help addressing a variety of concerns. Top challenges included finding a job (87, 82%), child support payments or debts (80, 76%) and parenting skills (78, 74%) (see, Table 61).

The men enrolled in the program generally expressed having a number of strengths on entering the program. Most notably were their desire to get a job, their willingness to learn, to be a more active and involved parent and their enthusiasm for the program. These are significant areas that these participants aspire. Attention to these and other areas the men identified as important strengths they add to the program should be monitored and used to advance the program (see, Table 62).

Table 61

Participants N=106		
Assistance upon entry into the program	N	%
Additional education or training	70	66
Strategies for anger management	21	19.8
Child support payments or debts	80	75.5
Finding a better paying job	22	20.8
Finding a job	87	82.1
Getting on the right track	69	65.1
Getting to see my children more often	60	56.6
Health services	32	30.2
Improving relationship with the child's other parent	51	48.1
Parenting skills/Being a better parent	78	73.6
Substance abuse treatment/Counseling	7	6.6
Talking with others in the same situation	60	56.6
Other	2	1.9

Table 62

Participants N=77		
Strengths	N	%
Commitment to and enthusiasm for the program	64	83.1
Commitment to change current/unhealthy behaviors	60	77.9
Commitment to healthy co-parenting	43	55.8
Commitment to healthy relationship with significant other/partner	34	44.2
Desire for a healthy relationship with partner or child's parent	38	49.4
Desire to become active in family planning	62	80.5
Desire to become more involved with his children and/or family	67	87
Desire to gain skills that will make him/her more employable	58	75.3
Desire to get a job	67	87
Educational achievement	51	66.2
Financial resources	20	26
Previous life experience with parenting and children	54	70.1
Support of child(ren)'s other parent	33	42.9
Support of employers	36	46.8
Support of family and friends	58	75.3
Support of other helping professionals (e.g., therapists)	50	64.9
Willingness to learn	69	89.6

Note: Participants checked all applicable options

The program participants were asked to rate emotional, social, and financial support in order of importance. In these ratings, emotional support was rated number one with financial support close in their rating of its primary importance. Each of the categories were equally endorsed across the three areas, and social support was most likely to be rated third (see, Figure 15). They were also asked which of these supports were easiest for them to provide. Most of the men rated emotional support as the easiest support to provide followed by social support with financial support being rated as the most challenging to provide (see, Figure 16).

Figure 15. Importance of Well-Being

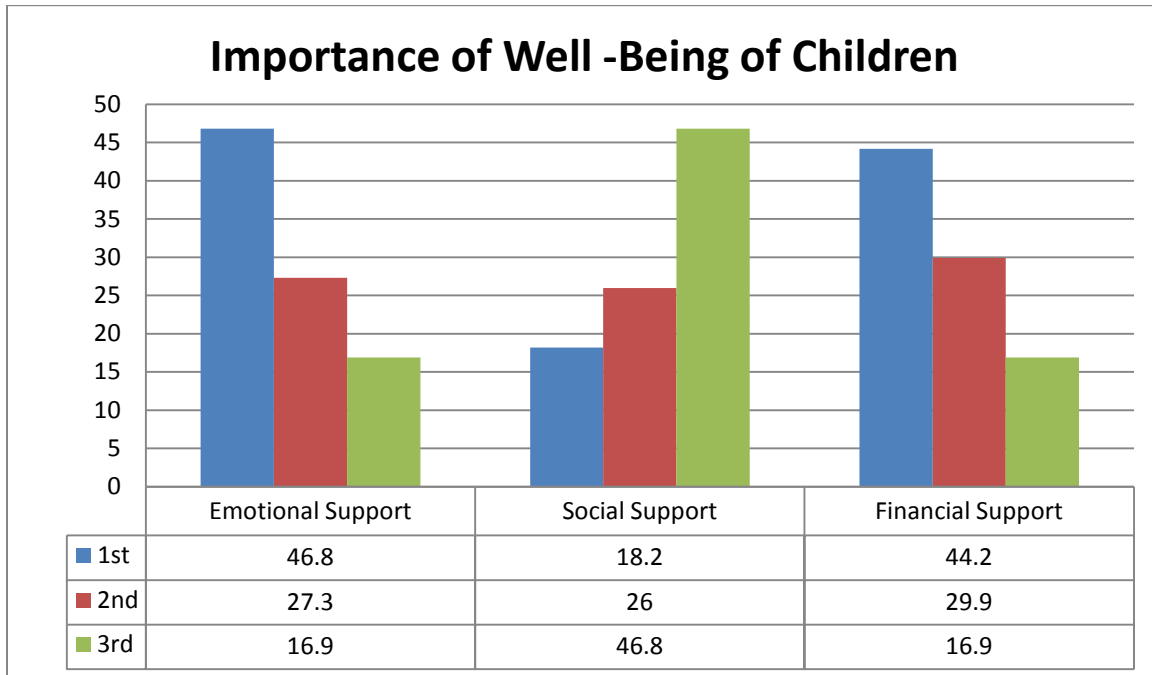
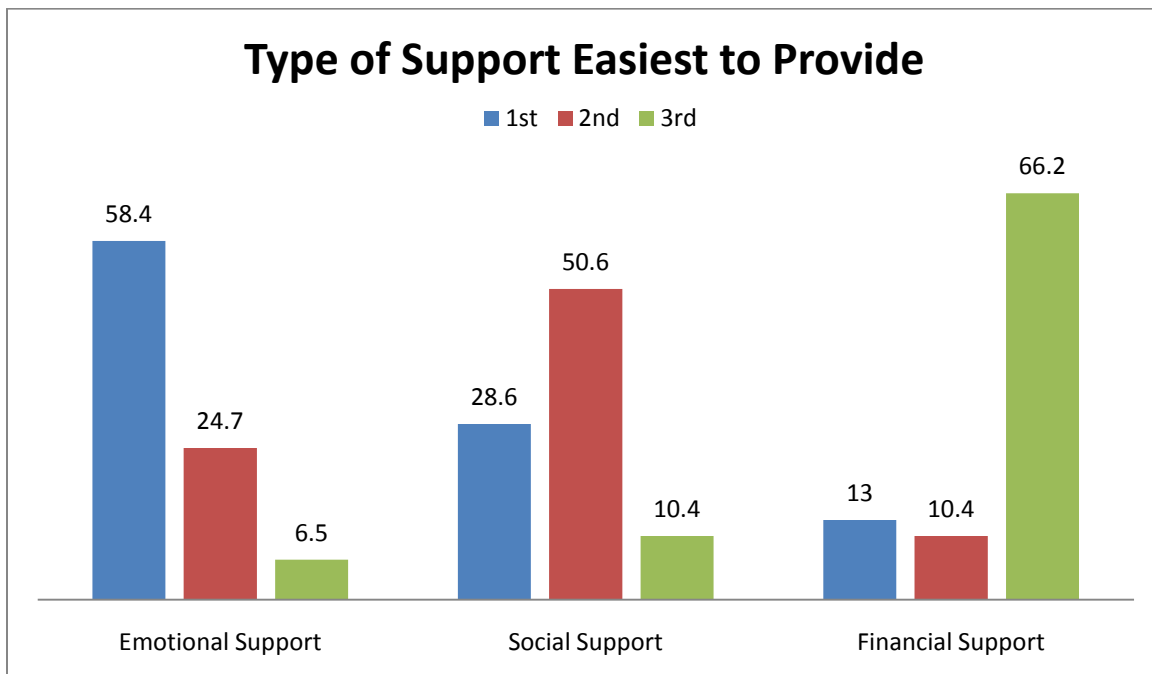


Figure 16. Type of Support Easiest to Provide



Education

Each participant worked closely with his case manager for continuing education assistance. Thirty-two (30.2%) had a high school education or equivalent, and 35 (33%) had some or completed postsecondary education, while 36 (34%) of the participants had not completed high school (see, Figure 17). In addition to their educational characteristics, the program participants indicated that they were had the most educational challenge with mathematics (see, Figure 18).

Figure 17. Educational Characteristics

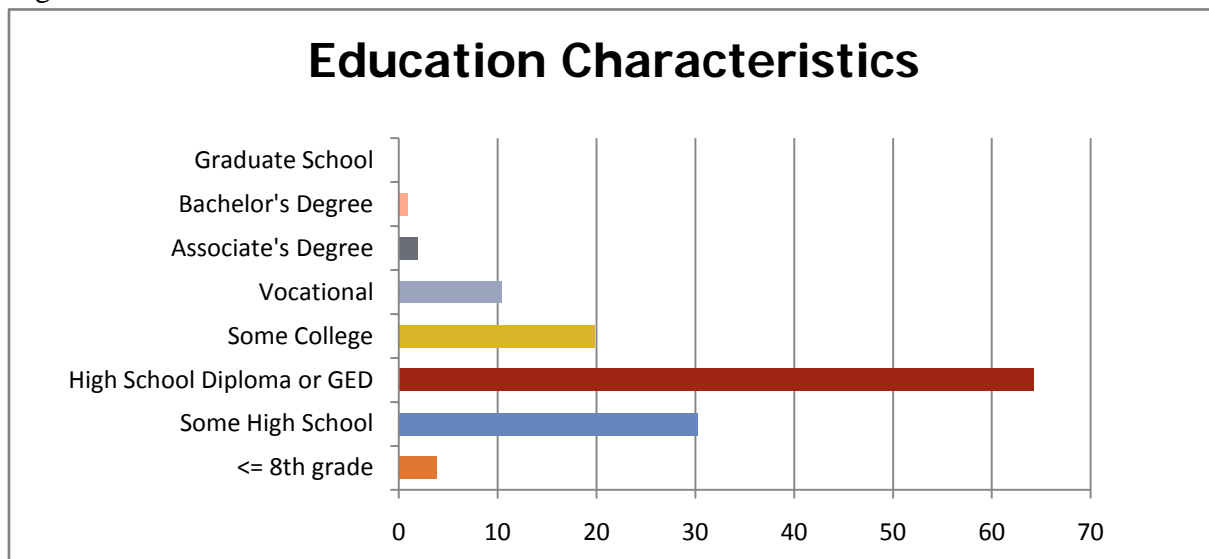
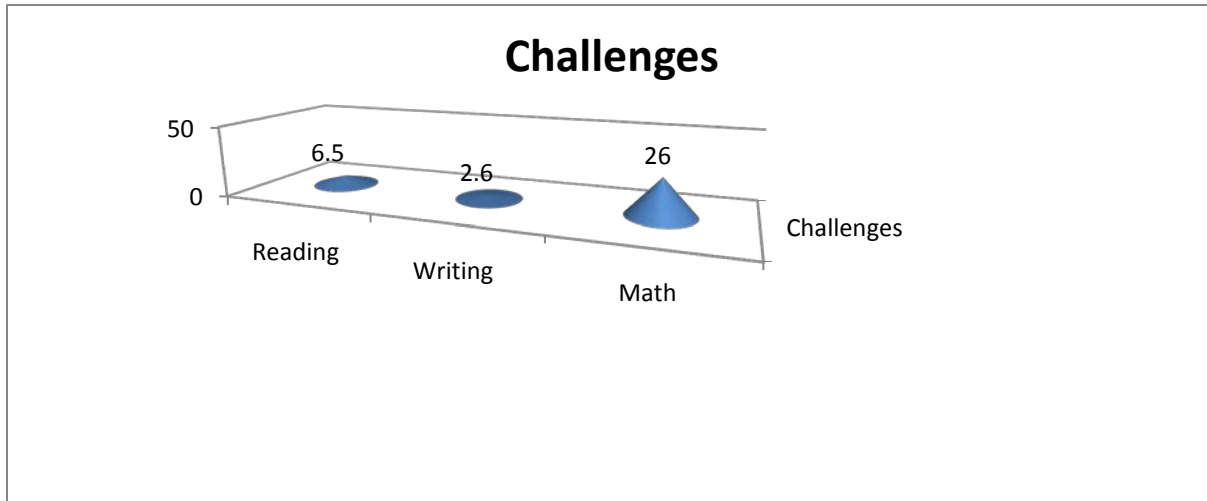


Figure 18. Educational Challenges



Employment

Of the participants enrolled and assessed during the '08-'09 fiscal year, 8 (10.4%) were employed full-time; 11 (14.3%) were employed on a part-time basis or worked “pick-up” jobs. Sixty-five (84.4%) participants were currently looking for another job, while 65 (84.4%) participants were currently unemployed (see Table 63).

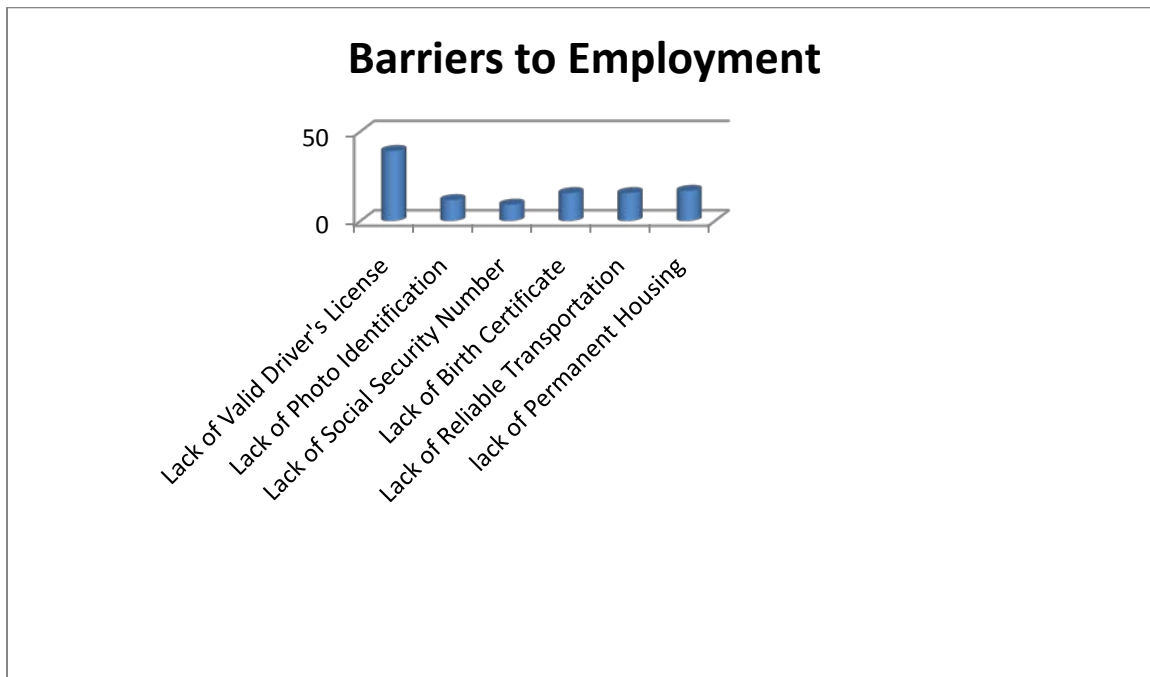
Significant employment barriers were identified by assessed participants. The largest barrier was their lack of a driver’s license (30, 39%). They also endorsed at lower levels the other areas including housing (13, 16.9%), transportation (12, 15.6%), birth certificate (12, 15.6%), photo identification (9, 11.7%) and social security number (7, 9.1%) (see, Figure 19).

Table 63

Participants N=77		
Employment Status	n	%
Employed full-time	8	10.4
Employed part-time	7	9.1
Employed on a temporary basis/pick-up work	4	5.2
Looking for another job	60	77.9
Currently unemployed	65	84.4

Note: Not all participants responded to every question.

Figure 19. Barriers to Employment



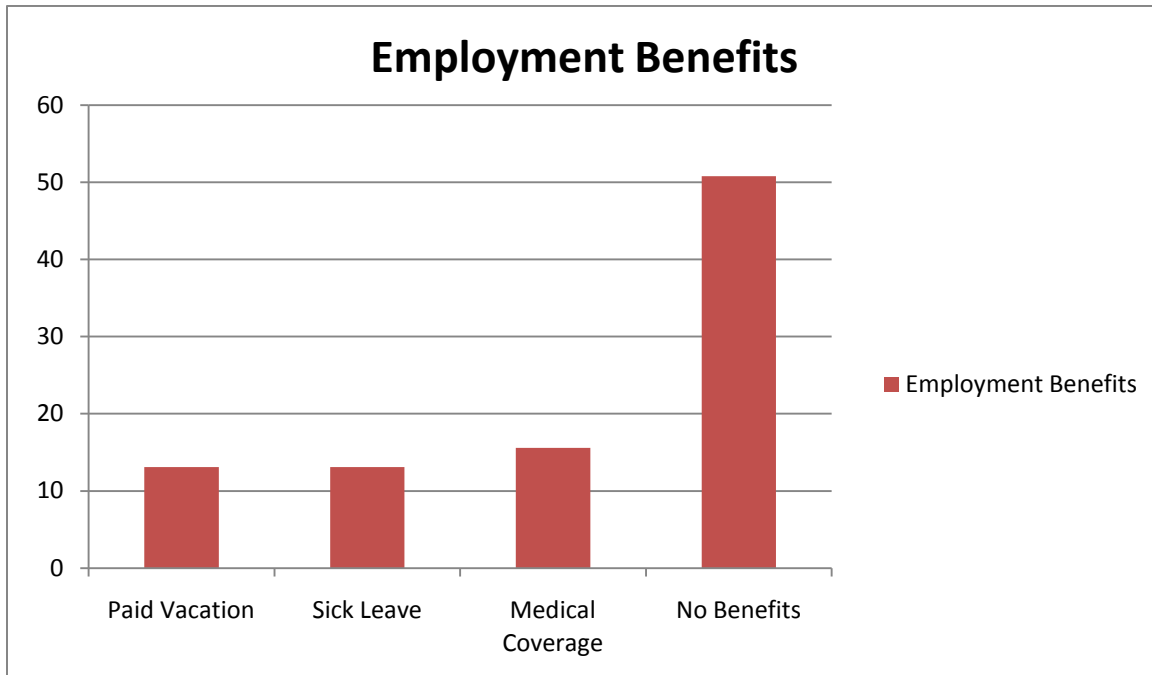
Thirty-two (41.6%) participants indicated that their income either did not cover or did not cover well their financial needs. In contrast, 39 (50.7%) employed participants said that their income covered their financial needs either fairly well or very well (see Table 64). When queried about their employment benefits, most of the assessed participants indicated that they did not have any (see, Figure 20). When asked about their financial management issues, most of the men indicated that they had outstanding debt. Some were familiar with completing a budget and fewer had experience using one. However, few men indicated that they currently have a budget in place (see, Figure 21).

Table 64

Participants N=122		
Current Income Covers Their Financial Needs	N	%
Not at all	15	12.3
Not very well	22	18.0
Fairly well	29	23.8
Very well	7	5.7
Unknown/Not Applicable/No Response/Refused	10	8.2

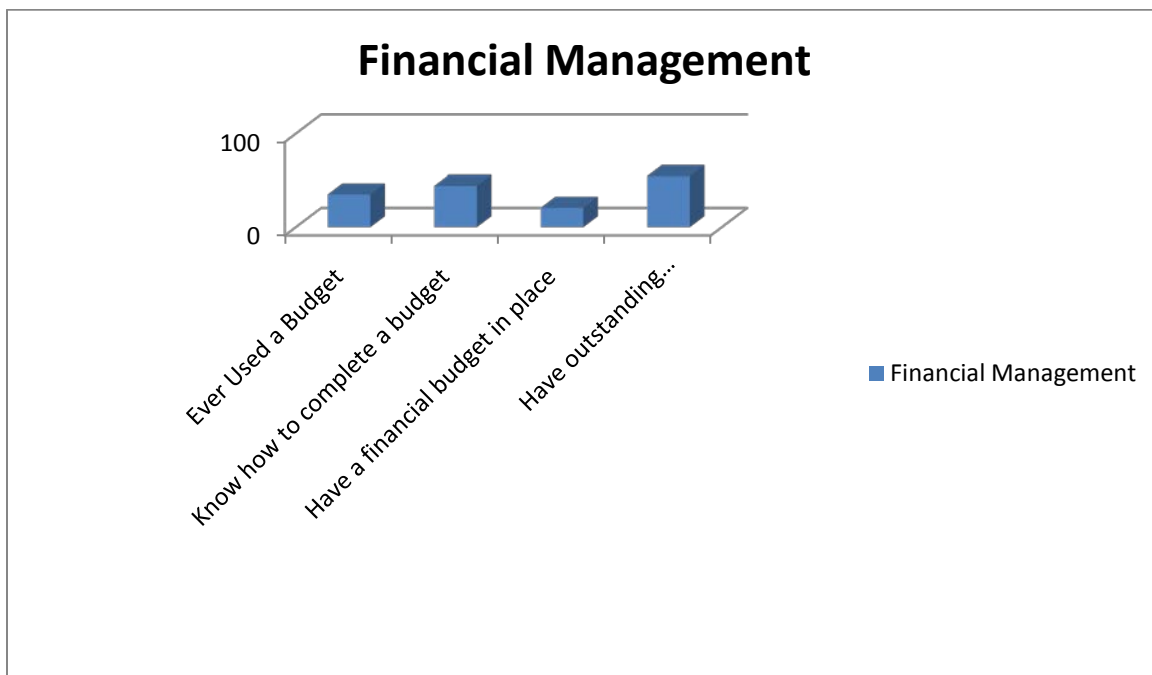
Note: Not all participants responded to every question

Figure 20. Employment Benefits



Note: Not all participants responded to every question.

Figure 21. Financial Management



Health

When asked about their health and medical needs, 38 (49.4%) of the '08-'09 fiscal year assessed program participants rated their health as either "very good" or "excellent." Twenty-seven (35.1%) participants said that the status of their health is "good," while 6 (7.8%) of those enrolled rated their health as "fair" or "poor" (see, Table 65). Thirteen (16.9%) of respondents indicated that they had problems getting medical care. When asked about how they would access health care if they were sick, 34 (44.2%) said they would go to the emergency room, 16 (20.8%) participants said they would go to the doctor's office, and 8 (10.4%) said they would go to a health center. If depressed or stressed 37 (48.1%) participants said they would seek help to address this concern (see Table 66).

When queried about health insurance, nine (9, 11.7%) reported having a private insurance policy, 27 (35.1%) were insured through SAGA, 1(1.3%) had Medicaid or were insured through free care programs, and 8 (10.4%) participants had either Husky A or Husky B or "Me and My Baby Insurance" policy (see Figure 22). When asked if they were ever told by their health care provider they had an STI, 4 (5.2%) answered that they had Chlamydia, and 4 (5.2%) said that they either had genital herpes, genital warts, gonorrhea, syphilis, or trichomonas (see, Table 67).

When asked during the last 12 months, how often have you used condoms, if at all, 3 (3.9%) program participants responded they had a few times or often, 1 (1.3%) responded never, and 3 (3.9%) responded always. Thirty-four (44.2%) participants currently smoke cigarettes, and 9 (11.7%) indicated they needed help to stop smoking. Finally, 13 (16.9%) participants indicated that they had asthma, 3 (3.9%) had diabetes, 36 (46.8%) had a history of receiving alcohol or drug treatment (see, Table 19).

Table 65

Participants N=77		
Health Status	n	%
Fair	6	7.8
Good	27	35.1
Very Good	27	35.1
Excellent	11	14.3
Unknown/Not Applicable/No Response/Refused	2	2.6
Missing	6	7.8

Note: Not all participants answered every question

Connecticut Promoting Responsible Fatherhood Project
 Year 3 Annual Report October 2008-September 2009

Table 66

Participants N=77		
If sick, Participants would seek care:	n	%
Participants having problems getting medical care	13	16.9
Emergency Room	34	44.2
Doctor' s Office	16	20.8
Health Center	8	10.4
Other	5	6.5
If depressed or stressed, participant	37	48.1

Note: Not all participants responded to every question

Figure 22. Insurance Benefits

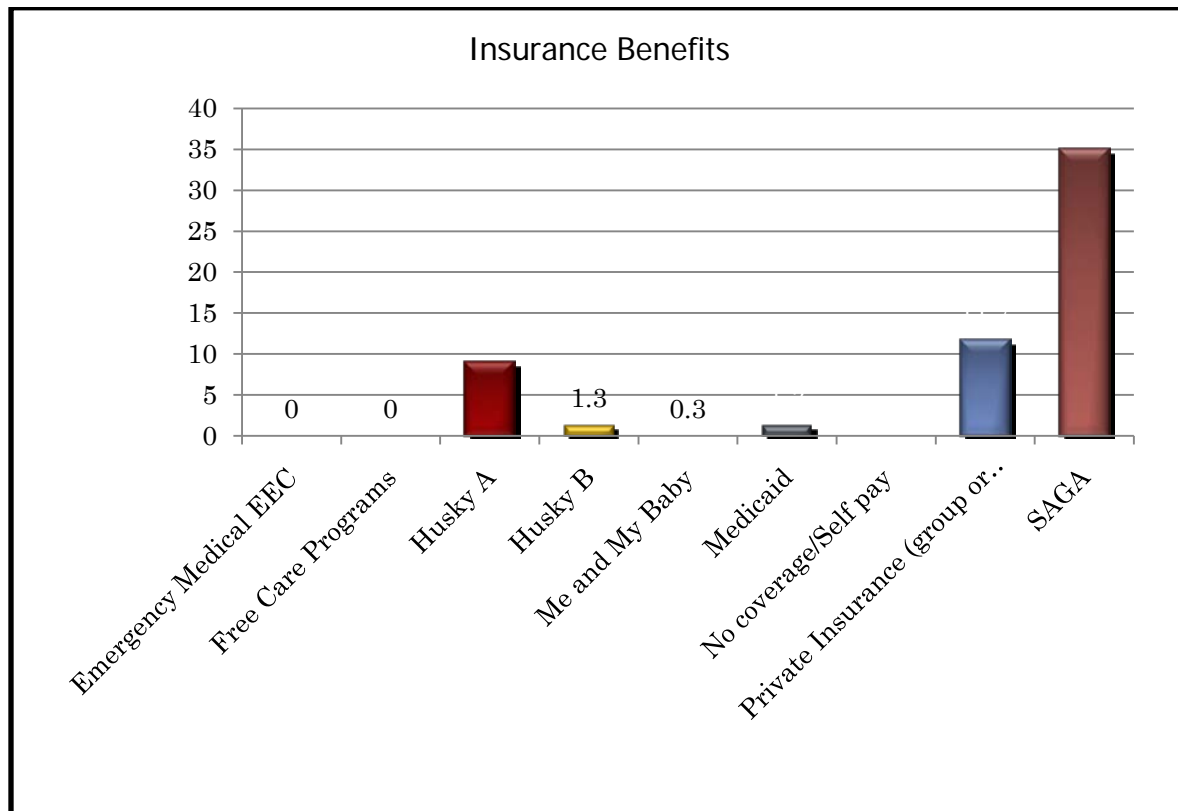


Table 67

Participants N=77		
STI History	N	%
Chlamydia	4	5.2
Genital Herpes (HSV-1, HSV-2)	0	0
Genital Warts or HPV	0	0
Gonorrhea	4	5.2
Syphilis	0	0
Trichomonas		

Note: Not all participants responded to every question

Table 69

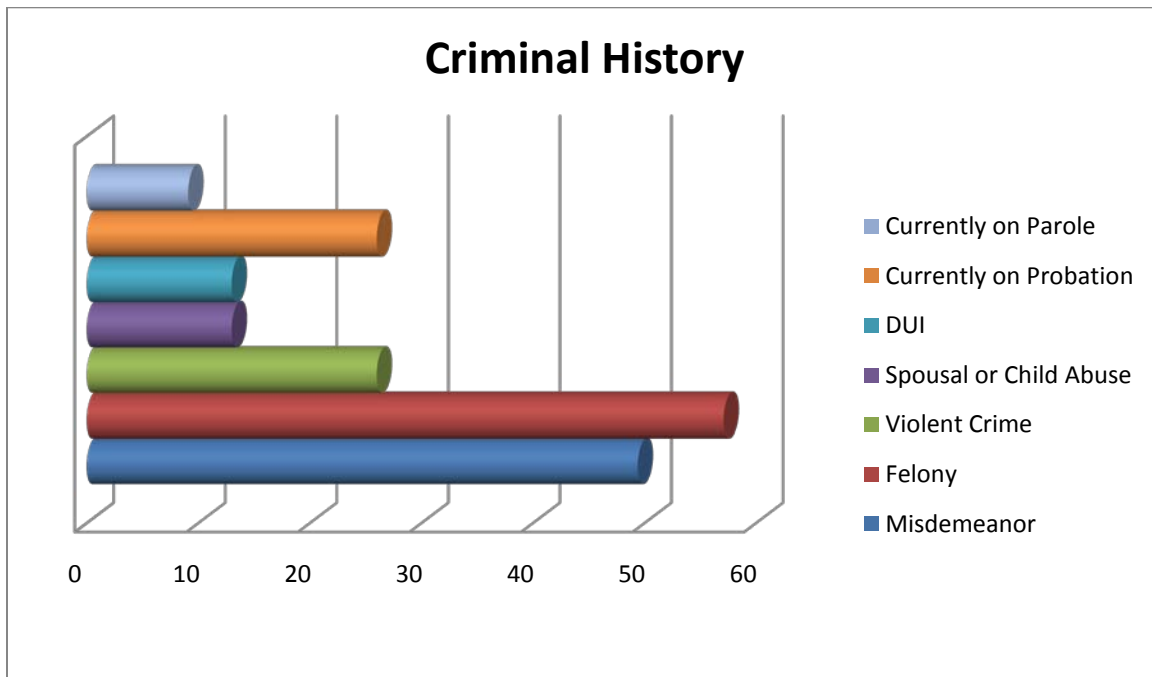
Participants N=77		
Illness History	N	%
Asthma	13	16.9
Diabetes in lifetime	3	3.9
In alcohol/drug treatment program	36	46.8

Note: Not all participants responded to every question

Criminal History

Participants from CR assessed during fiscal year 08-09 had a diverse criminal justice profile. Thirty-eight (49.4%) of the participants had been convicted of a misdemeanor, 44 (57.1%) were convicted of a felony. Furthermore, 30 (39%) were convicted of a violent crime or of spousal or child abuse, and 10 (13%) were previously arrested for DWI. At the time of the assessment, 20 (26%) participants were on probation, 7 (9.1%) were on parole. Six (7.8%) stated they were currently residing in a Halfway House (see, Figure 23).

Figure 23. Criminal History



When asked about their experience of interpersonal violence, 9 (11.7%) of the participants indicated that they were the victims, 2 (2.6%) reported perpetrating interpersonal violence, and 7 (9%) indicated that they needed assistance addressing interpersonal violence in their lives. Three (3, 4%) of the assessed program participants indicated that they experienced a traumatic sexual experience and 3 (4%) shared that they would like assistance addressing this traumatic experience in their lives (see, Table 70).

Table 70

Participants N=77		
Violence Profile	n	%
Has ever been victim of interpersonal violence	9	11.7
Would like help addressing violence in his life	7	9.1
Has been involved in a sexually traumatic experience (lifetime)	3	3.9
Would like help dealing with sexually traumatic experience(s)	3	3.9

Families in Crisis Assessed Participants

The data presented in this section of this report is a summary of the 122 assessments completed by Families in Crisis during the 08-09 fiscal year (see, Table 51). The sections to follow represent the areas identified by the Promoting Responsible Fatherhood program as significant in the intervention and are parallel to the aggregate data presented in the above section.

Analogous to the reasons for presenting to the program, once enrolled in the program, FIC participants needed help addressing a variety of concerns. By far, the top challenge was parenting (103, 82%). Other notable challenges included education and training and finding a job (57, 45%), getting to see their children more often (55, 44%) and getting on the right track (54, 43%) (see, Table 71).

The men enrolled in the program generally expressed having a number of strengths on entering the program. Most notably were their desire to be more active with their child(ren) and families (101, 83%), being willing to learn (95, 78%), being committed to change unhealthy behaviors (89, 73%) and becoming more active in family planning (88, 72%). These are significant areas that these participants aspire. Attention to these and other areas the men identified as important strengths they add to the program should be monitored and used to advance the program (see, Table 72).

Table 71

Participants N=126		
Assistance upon entry into the program	N	%
Additional education or training	57	45.2
Strategies for anger management	34	27
Child support payments or debts	32	25.4
Finding a better paying job	36	28.6
Finding a job	57	45.2
Getting on the right track	54	42.9
Getting to see my children more often	55	43.7
Health services	33	26.2
Improving relationship with the child's other parent	45	35.7
Parenting skills/Being a better parent	103	81.7
Substance abuse treatment/Counseling	21	16.7
Talking with others in the same situation	23	18.3
Other	14	11.1

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Table 72

Participants N=122		
Strengths	n	%
Commitment to and enthusiasm for the program	74	60.7
Commitment to change current/unhealthy behaviors	89	73
Commitment to healthy co-parenting	66	54.1
Commitment to healthy relationship with significant other/partner	61	50
Desire for a healthy relationship with partner or child's parent	53	43.4
Desire to become active in family planning	88	72.1
Desire to become more involved with his children and/or family	101	82.8
Desire to gain skills that will make him/her more employable	77	63.1
Desire to get a job	79	64.8
Educational achievement	66	54.1
Financial resources	65	52.5
Previous life experience with parenting and children	65	53.3
Support of child(ren)'s other parent	65	53.3
Support of employers	51	41.8
Support of family and friends	61	50
Support of other helping professionals (e.g., psychologists)	53	43.4
Willingness to learn	95	77.9

Note: Participants checked all applicable options

The program participants were asked to rate emotional, social, and financial support in order of importance. In these ratings, emotional support was rated number one. Social support was most often endorsed as the second area where they could lend support and financial support was most likely to be rated third (see, Figure 25). They were also asked which of these supports were easiest for them to provide. Most of the men rated emotional support and social support as the easiest support to provide. Financial support was endorsed as the most challenging to provide (see, Figure 26).

Figure 25. Importance of Well-Being of Children

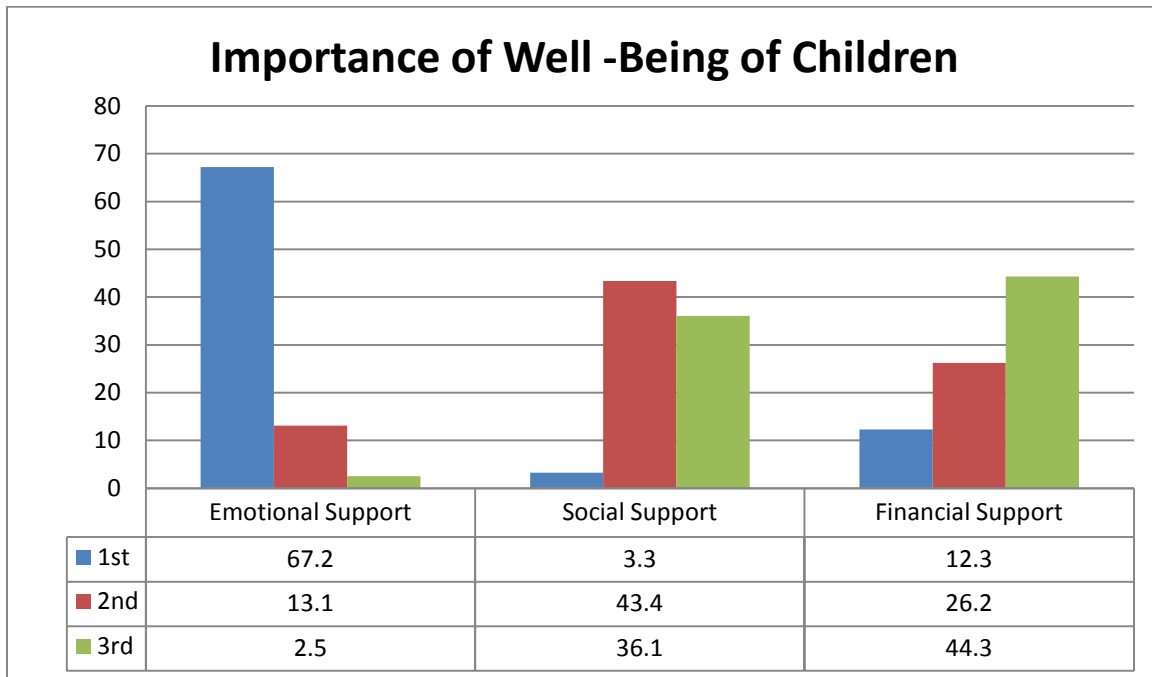
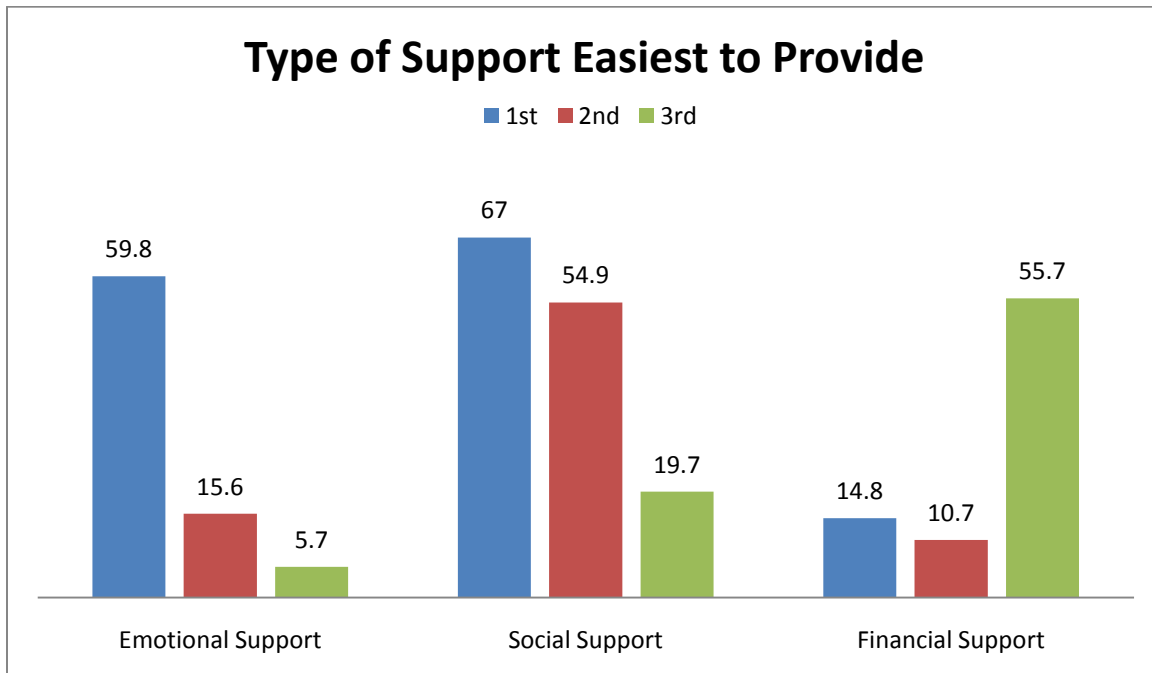


Figure 26. Type of Support Easiest to Provide



Education

Each participant worked closely with his case manager for continuing education assistance. Eighty-three (65.9%) had a high school education or equivalent, and 49 (39%) had some or completed postsecondary education, while 32 (25.3%) of the participants had not completed high school (see, Figure 27). In addition to their educational characteristics, the program participants indicated that they were had the most educational challenge with mathematics (see, Figure 28).

Figure 27. Education Characteristics

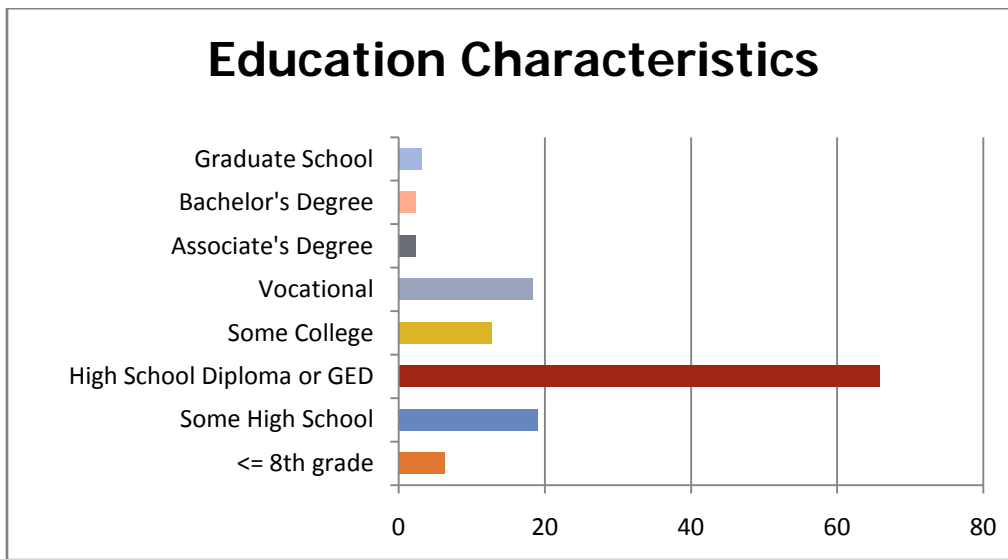
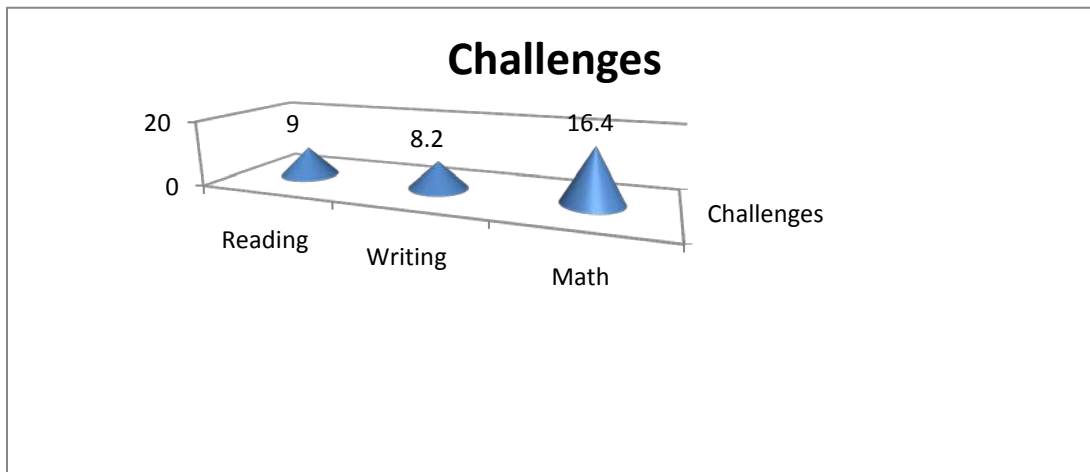


Figure 28. Education Characteristics



Employment

Of the participants enrolled and assessed during the '08-'09 fiscal year, 39 (32%) were employed full-time; 32 (26.2%) were employed on a part-time basis or worked “pick-up” jobs; and 19 (24.7%) did not work at all. Fourteen (11.5%) participants were currently looking for another job (see, Table 73).

Significant employment barriers were identified by participants assessed included a lack of social security number (7, 9.1%), birth certificate (12, 15.6%), photo ID (9, 11.7%), permanent residence (13, 16.9%), access to reliable transportation (12, 15.6%) and lack of valid driver’s license (30, 39%) (see, Figure 29). Finally, in terms of employment, of participants enrolled during the 08-09 fiscal year, 16 (13.1%) said that their job provided them with paid vacation, 16 (13.1%) were eligible for paid sick leave, and 19 (15.6%) had medical coverage (see, Figure 29). Fifty-nine (48.4%) participants had none of the above stated employment benefits (see, Figure 30).

Thirty-seven (30.3%) participants indicated that their income either did not cover or did not cover well their financial needs. In contrast, 36 (29.5%) stated that their needs were either covered fairly well or very well (see, Table 74). When asked about their financial management issues, most (72, 59%) of the men indicated that they had outstanding debt. Some (48, 39.3%) were familiar with completing a budget and fewer (56, 45.9%) had experience using one. However, few men (21, 17.2%) indicated that they currently have a budget in place (see, Figure 31).

Table 73

Participants N=122		
Employment Status	N	%
Employed full-time	39	32
Employed part-time	16	13.1
Employed on a temporary basis/pick-up work	16	13.1
Looking for another job	14	11.5

Note: Not all participants responded to every question.

Figure 29. Barriers to Employment

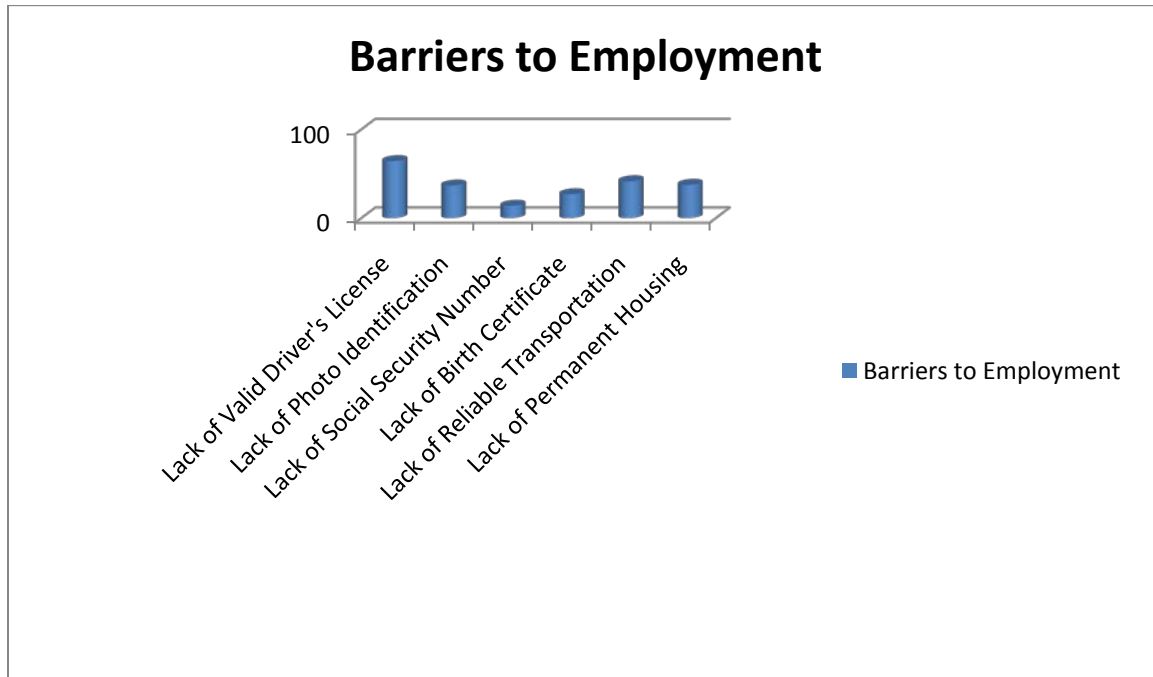
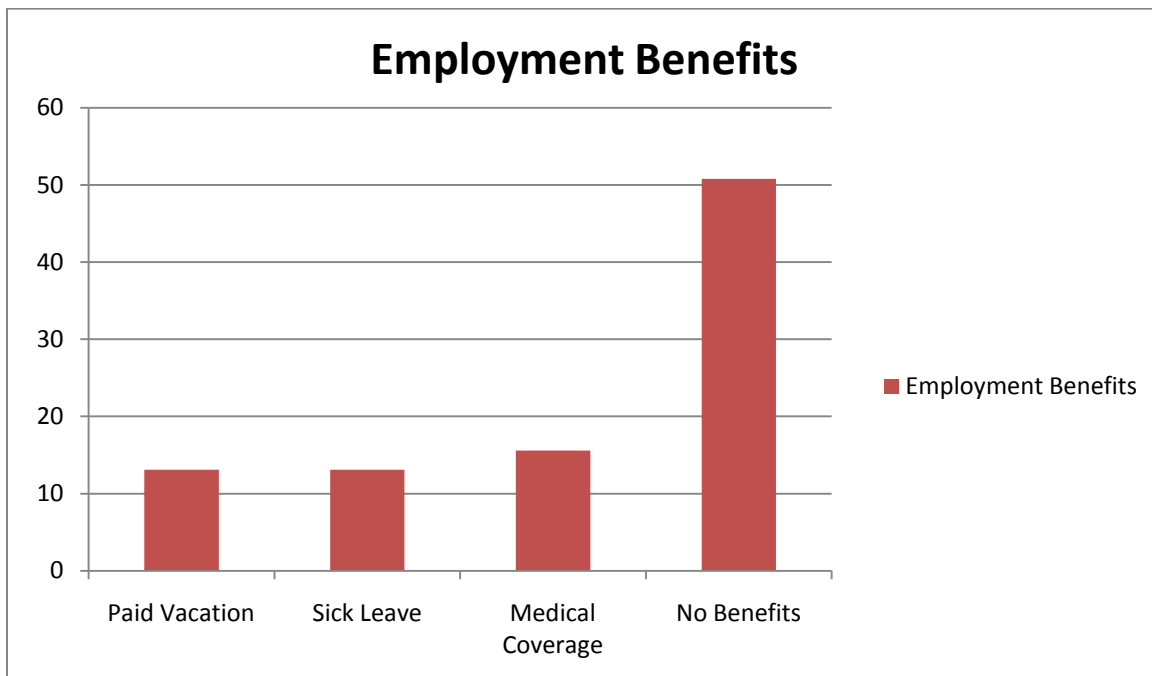


Figure 30. Employment Benefits



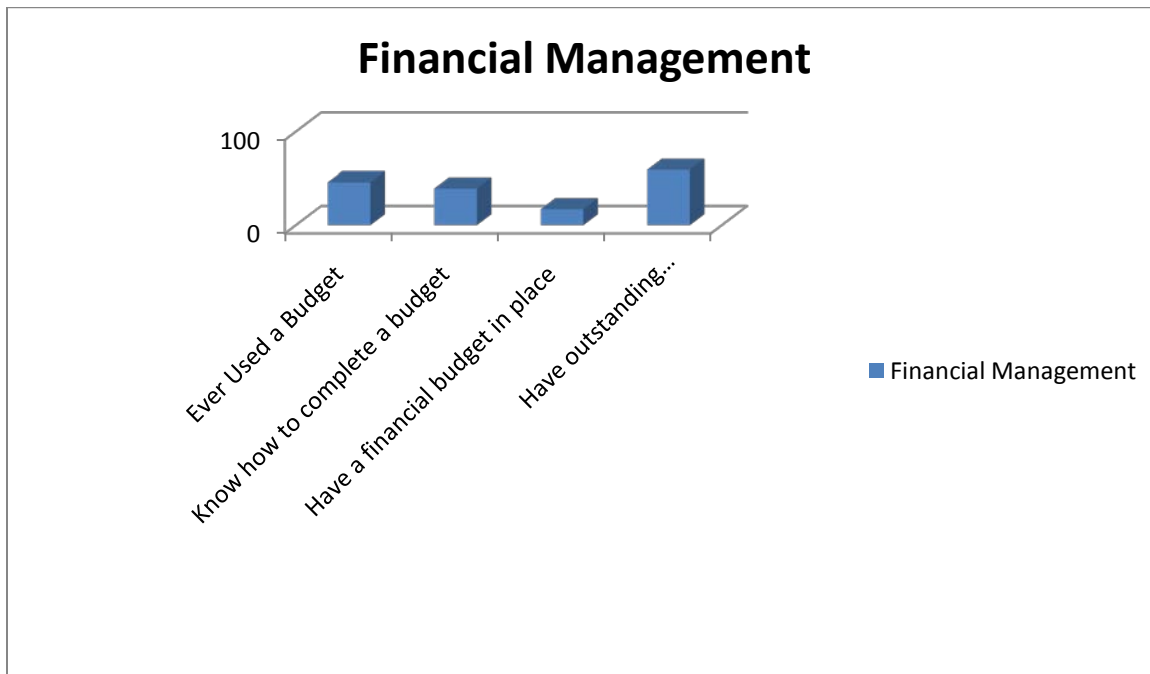
Note: Not all participants responded to every question.

Table 74

Participants N=122		
Current Income Covers Their Financial Needs	N	%
Not at all	15	12.3
Not very well	22	18
Fairly well	29	23.8
Very well	7	5.7
Unknown/Not Applicable/No Response/Refused	10	8.2

Note: Not all participants responded to every question

Figure 31. Financial Management



Health

When asked about their health and medical needs, 40 (40.9%) of the FIC '08-'09 fiscal year assessed program participants rated their health as either "very good" or "excellent." Thirty-five (28.7%) participants said that the status of their health is "good," while 20 (16.4%) of those enrolled rated their health as "fair" or "poor" (see Table 75). Thirty-six (29.5%) of respondents indicated that they had problems getting medical care.

When asked about how they would access health care if they were sick, 57 (46.7%) said they would go to the emergency room, 21 (17.2%) participants said they would go to the doctor's office, and 15 (12.3%) said they would go to a health center. If depressed or stressed, 67 (54.9%) participants said they would seek help to address this concern (see Table 76).

When queried about health insurance, nine (9, 7.4%) reported having private insurance policy, 28 (23%) were insured through SAGA, 5 (4.1%) had Medicaid or were insured through free care programs, and 5 (4.1%) participants had either Husky A or Husky B or "Me and My Baby Insurance" policy (see, Figure 32). When asked about whether respondents were at some time told by their health care provider they had an STI, 6 (4.9%) answered that they had Chlamydia, and 10 (8.1%) said that they either had genital herpes, genital warts, gonorrhea, syphilis, or trichomonas (see, Table 77).

When asked during the last 12 months, how often have you used condoms, if at all, 3 (2.4%) program participants responded they had a few times or often, 4 (3.3%) responded never, and 4 (3.3%) responded always. Fifty-nine (48.4%) participants currently smoke cigarettes, and 11 (9%) indicated they needed help to stop smoking (see, Table 78). Finally, 13 (16.9%) participants indicated that they had asthma, 3 (3.9%) had diabetes, 3(2.5%) had hypertension, 2 (1.6%) had heart disease, 44 (36.1%) had a history of receiving alcohol or drug treatment (see, Table 79).

Table 75

Participants N=122		
Health Status	n	%
Poor	7	5.7
Fair	13	10.7
Good	35	28.7
Very Good	33	27
Excellent	17	13.9
Unknown/Not Applicable/No Response/Refused	16	13.1
Missing	1	<1

Note: Not all participants answered every question

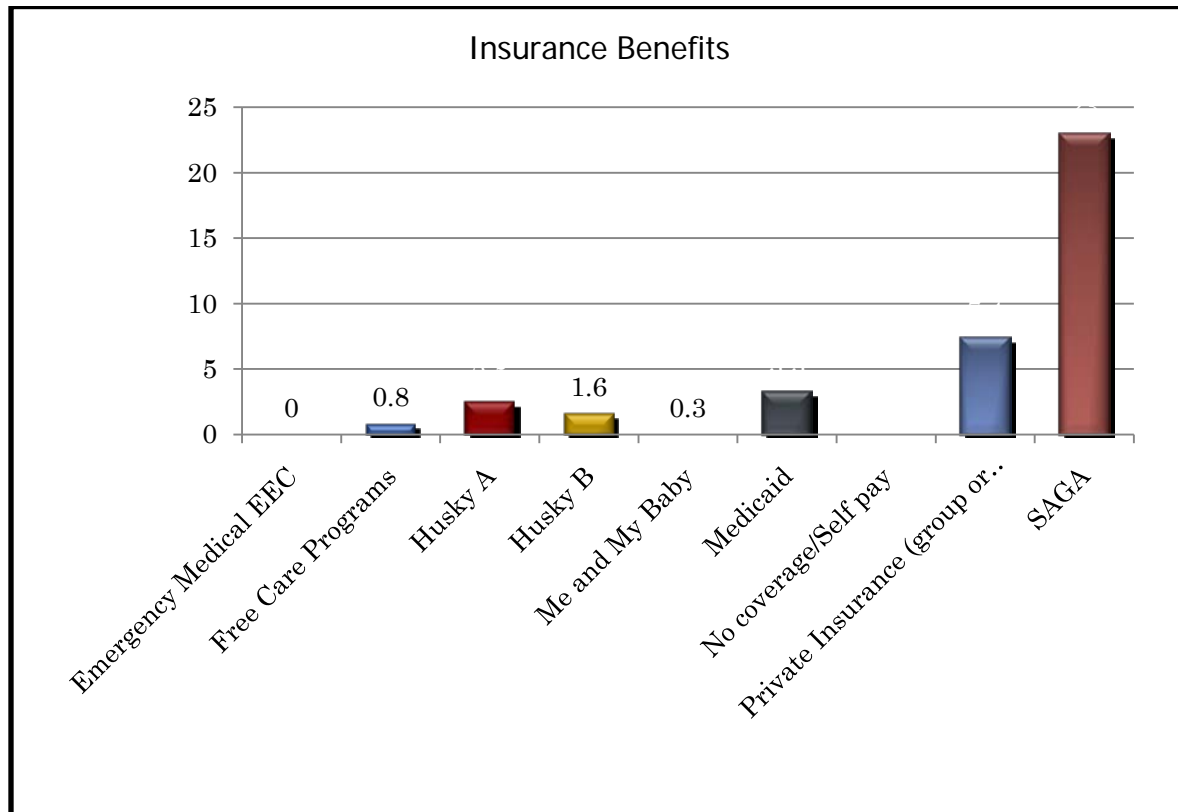
Connecticut Promoting Responsible Fatherhood Project
 Year 3 Annual Report October 2008-September 2009

Table 76

Participants N=122		
If sick, Participants would seek care:	n	%
Participants having problems getting medical care	13	16.9
Emergency Room	34	44.2
Doctor' s Office	16	20.8
Health Center	8	10.4
Health Van	0	0
Other	5	6.5
If depressed or stressed, participant	37	48.1

Note: Not all participants responded to every question

Figure 32. Insurance Benefits



Connecticut Promoting Responsible Fatherhood Project
 Year 3 Annual Report October 2008-September 2009

Table 77

Participants N=122		
STI History	N	%
Chlamydia	6	4.9
Genital Herpes (HSV-1, HSV-2)	1	<1
Genital Warts or HPV	1	<1
Gonorrhea	6	4.9
Syphilis	1	<1
Trichomonas	1	<1

Note: Not all participants responded to every question

Table 78

Participants N=122		
Smoking	n	%
Currently smoke cigarettes	59	48.4
Need assistance to stop smoking	11	9

Table 79

Participants N=122		
Illness History	N	%
Asthma	13	16.9
Diabetes in lifetime	3	3.9
Heart Disease	2	1.6
Hypertension	3	2.5
In alcohol/drug treatment program	44	36.1

Note: Not all participants responded to every question

Criminal History

Participants assessed from FIC during fiscal year 08-09 had a diverse criminal justice profile. Sixty-nine (56.6%) of the participants had been convicted of a misdemeanor, 107 (87.7%) were convicted of a felony. Furthermore, 64 (52.5%) were convicted of a violent crime or of spousal or child abuse, and 13 (10.7%) were previously arrested for DUI. Because of the participant involvement at this site, all of the participants were currently incarcerated.

When asked about their experience of interpersonal violence, 23 (19%) participants indicated that they were the victims, 19 (15.6%) reported having perpetrated interpersonal violence, and 17 (14%) reported that they would like assistance addressing violence in their lives. Twelve (12, 10%) of the men indicated that they experienced a traumatic sexual experience in their lives and 8 (7%) shared that they would like assistance addressing this traumatic experience in their lives (see, Table 80).

Figure 33. Criminal History

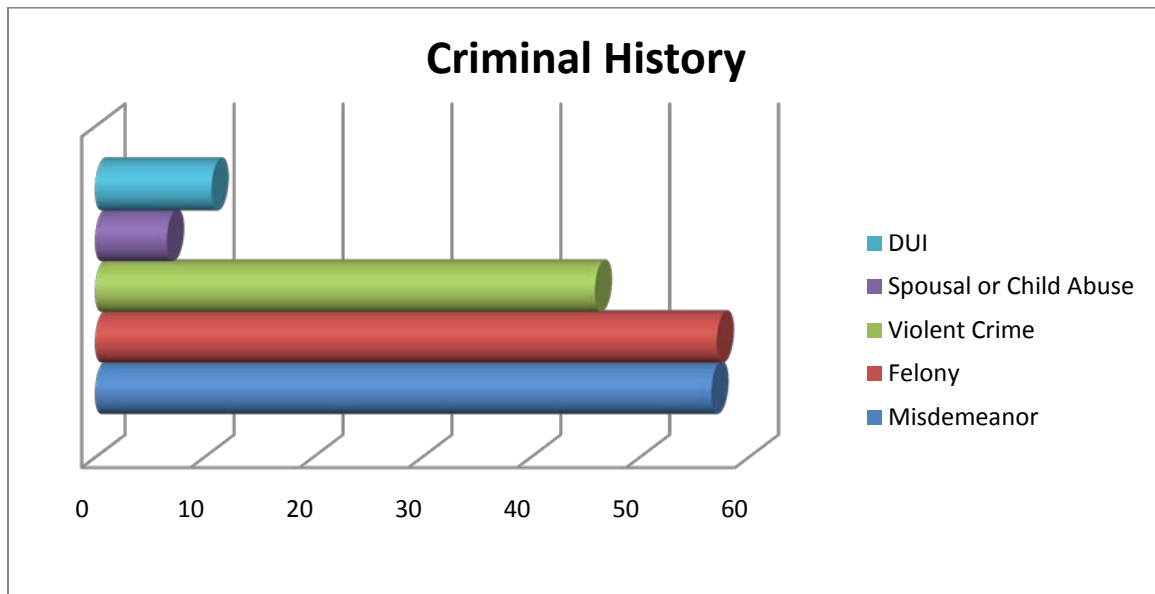


Table 80

Participants N=122		
Violence Profile	n	%
Has ever been victim of interpersonal violence	23	18.9
Would like help addressing violence in his life	17	13.9
Has been involved in a sexually traumatic experience (lifetime)	12	9.8
Would like help dealing with sexually traumatic experience(s)	8	6.6

Family Strides Assessed Participants

The data presented in this section of this report is a summary of the 94 assessments completed by Family Strides during the 08-09 fiscal year (see, Table 51). The sections to follow represent the areas identified by the Promoting Responsible Fatherhood program as significant in the intervention and are parallel to the aggregate data presented in the above section.

Analogous to the reasons for presenting to the program, once enrolled in the program, FIC participants needed help addressing a variety of concerns. The top challenges were their goal of improving their parenting skills (75, 77%), talking to others in the same situation (68, 70%), and improving relationship with the child's other parent (55, 56%) (see, Table 81).

The men enrolled in the program generally expressed having a number of strengths on entering the program. Most notably were their willingness to learn (77, 82%), be more involved with their children (72, 77%), and committing to change unhealthy behaviors (62, 66%). Other strengths that they identified included commitment to healthy co-parenting, support of family and friends, and enthusiasm for the program. These are significant areas that these participants aspire. Attention to these and other areas the men identified as important strengths they add to the program should be monitored and used to advance the program (see, Table 82).

Table 81

Participants N=97		
Assistance upon entry into the program	N	%
Additional education or training	29	29.9
Strategies for anger management	3	3.1
Child support payments or debts	24	24.7
Finding a better paying job	24	24.7
Finding a job	35	36.1
Getting on the right track	37	38.1
Getting to see my children more often	39	40.2
Health services	1	1
Improving relationship with the child's other parent	55	56.7
Parenting skills/Being a better parent	75	77.3
Substance abuse treatment/Counseling	4	4.1
Talking with others in the same situation	68	70.1
Other	1	1

Table 82

Participants N=94		
Strengths	n	%
Commitment to and enthusiasm for the program	50	53.2
Commitment to change current/unhealthy behaviors	62	66
Commitment to healthy co-parenting	58	61.7
Commitment to healthy relationship with significant other/partner	44	46.8
Desire for a healthy relationship with partner or child's parent	41	43.6
Desire to become active in family planning	44	46.8
Desire to become more involved with his children and/or family	72	76.6
Desire to gain skills that will make him/her more employable	24	25.5
Desire to get a job	43	45.7
Educational achievement	4	4.3
Financial resources	2	2.1
Previous life experience with parenting and children	24	25.5
Support of child(ren)'s other parent	38	40.4
Support of employers	39	41.5
Support of family and friends	57	60.6
Support of other helping professionals (therapists, psychologists, etc.)	3	3.2
Willingness to learn	77	81.9

Note: Participants checked all applicable options

The program participants were asked to rate emotional, social, and financial support in order of importance. In these ratings, emotional support was rated number one. Social support was most often endorsed as the second area where they could lend support and financial support was most likely to be rated third (see, Figure 34). They were also asked which of these supports were easiest for them to provide. Most of the men rated emotional support as the easiest support to provide. Second easiest to provide is social support. Financial support was endorsed as the most challenging to provide (see, Figure 35).

Figure 34. Importance to Well-being of Children

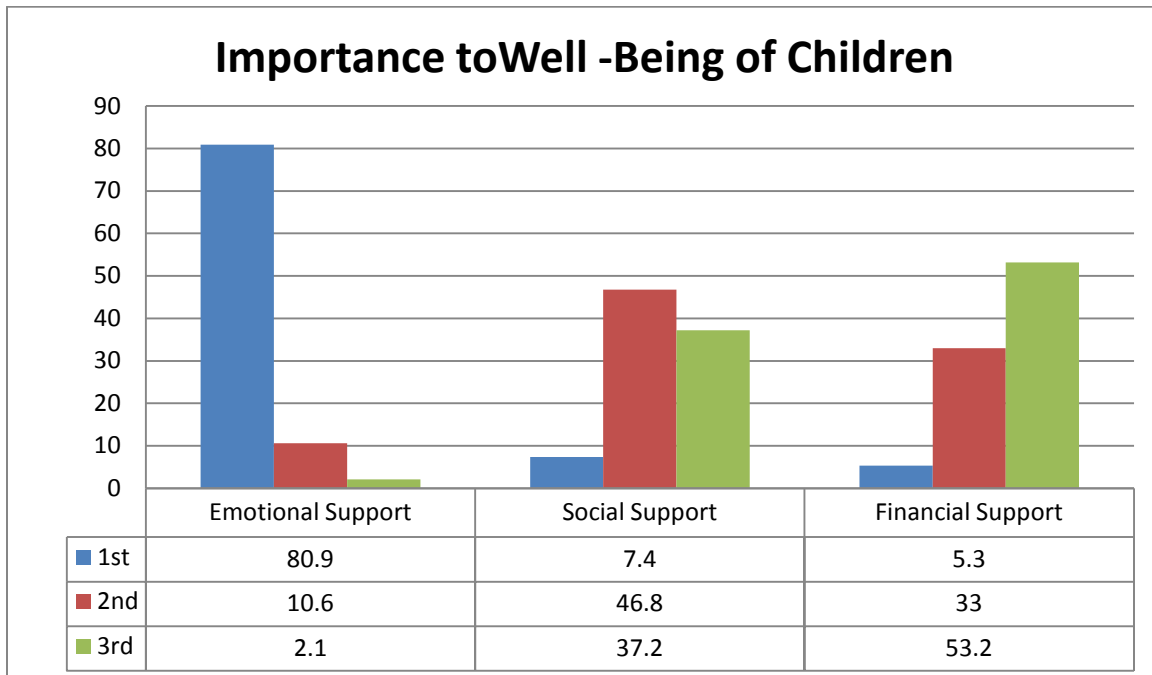
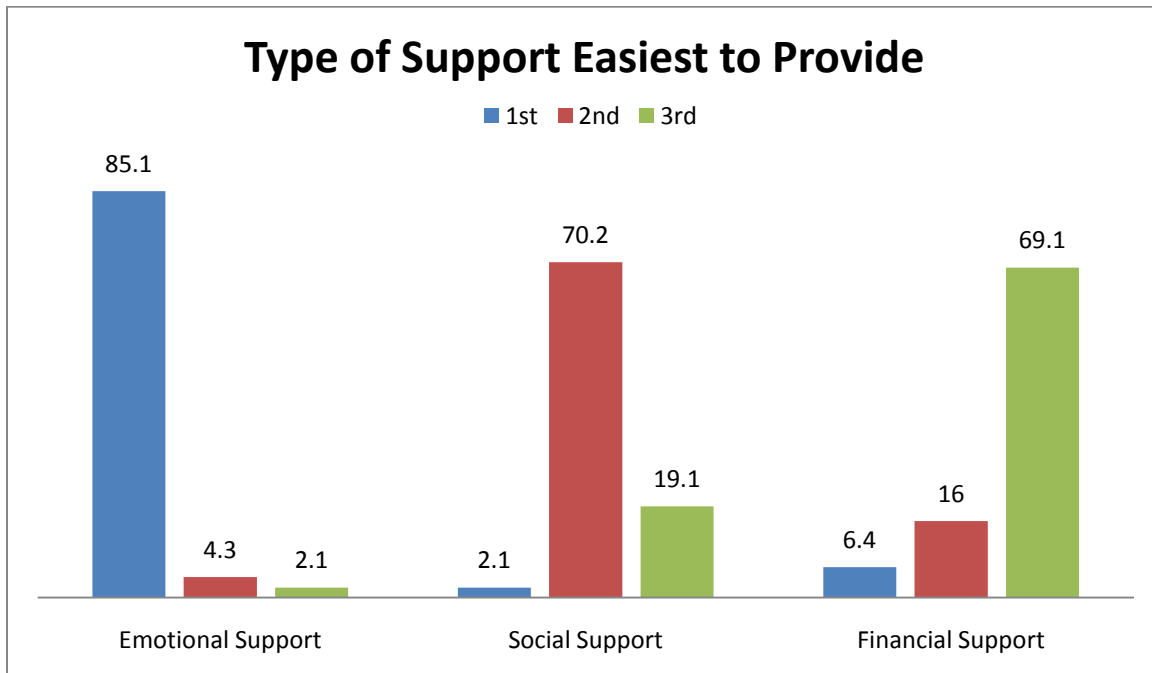


Figure 35. Support Easiest to Provide



Education

Each participant worked closely with his case manager for continuing education assistance. Sixty-eight (68, 70.1%) had a high school education or equivalent, and 30 (30.9%) had some or completed postsecondary education, while 25 (25.8%) of the participants had not completed high school (see, Figure 36). In addition to their educational characteristics, the program participants indicated that they had the most educational challenge with reading (see, Figure 37).

Figure 36. Education Characteristics

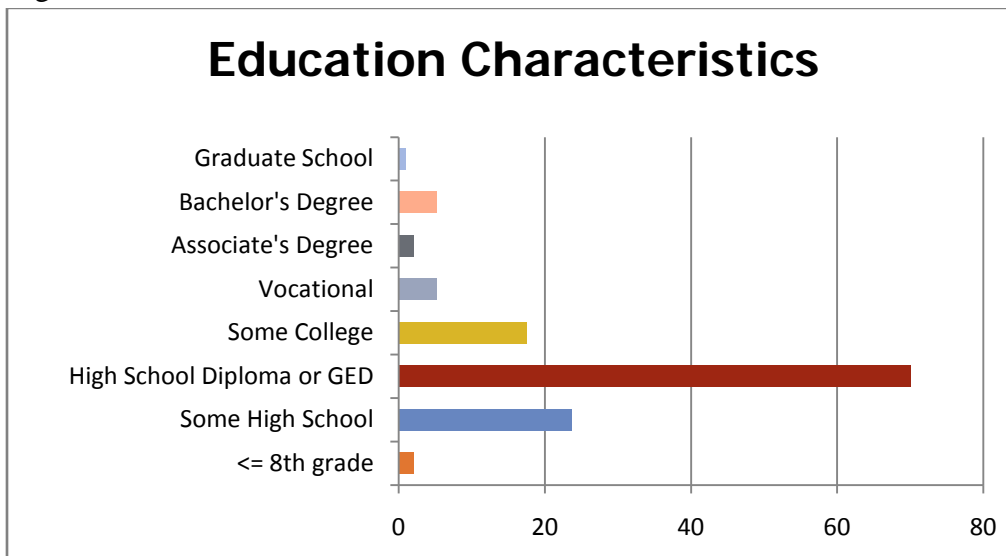
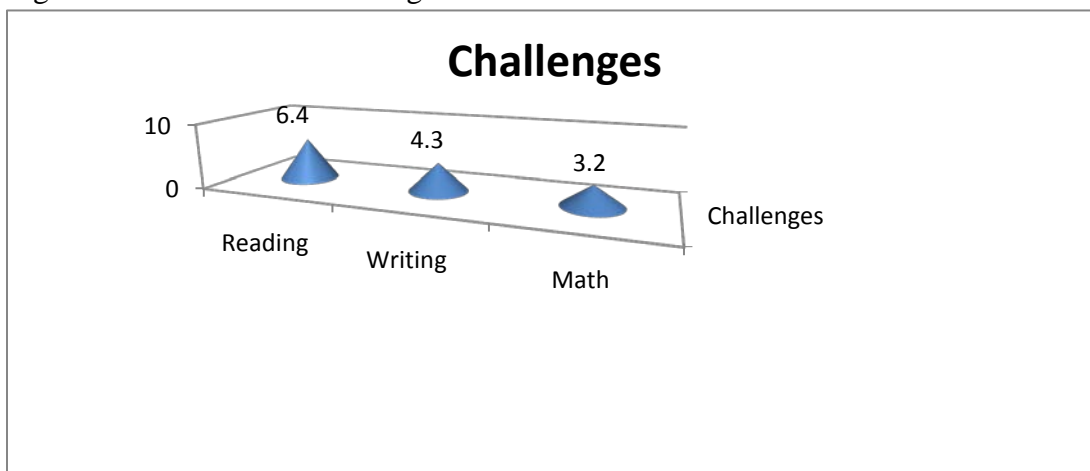


Figure 37. Educational Challenges



Employment

Of the participants enrolled by FS and assessed during the '08-'09 fiscal year, 33 (35.1%) were employed full-time; 15 (15.9%) were employed on a part-time basis or worked “pick-up” jobs; and 34 (36.2%) did not work at all. Twenty-three (24.5%) participants were currently looking for another job, while 48 (51.1%) participants were currently unemployed (see, Table 83).

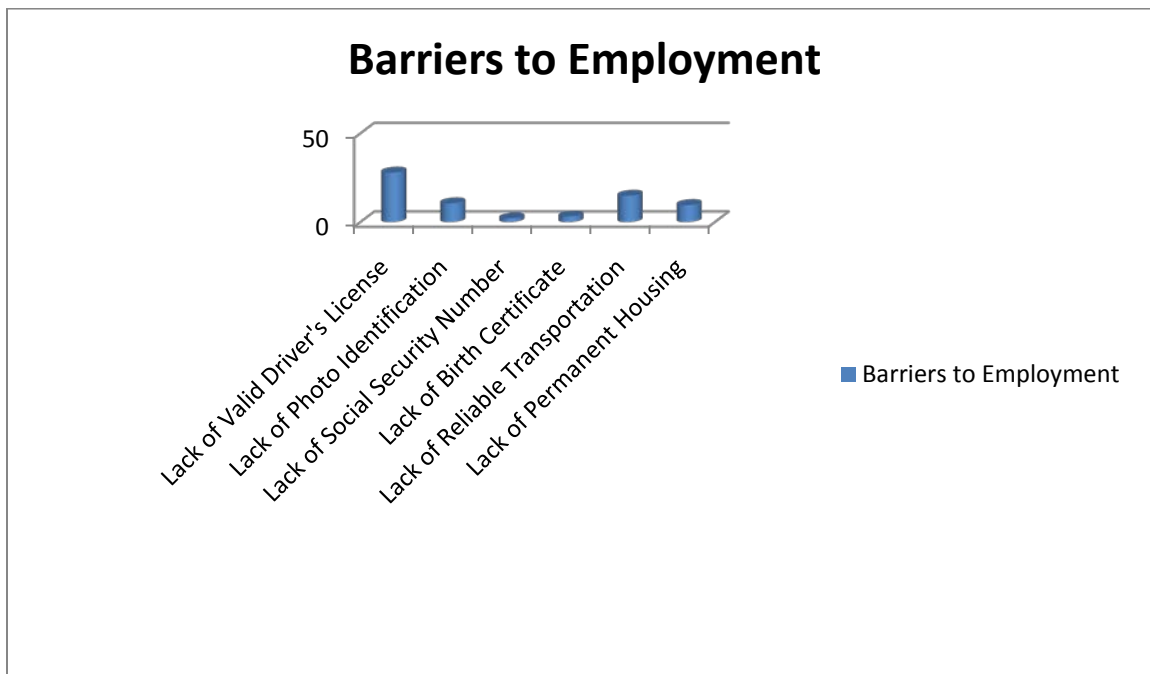
Significant employment barriers were identified by participants assessed included a lack of social security number 2 (2.1%), birth certificate 3, (3.2%), photo ID, 10 (10.6%), permanent residence 9, (9.6%), access to reliable transportation, 14 (14.9%) and valid driver’s license, 30 (39%) (see, Figure 38).

Table 83

Participants N=94		
Employment Status	N	%
Employed full-time	33	35.1
Employed part-time	8	8.5
Employed on a temporary basis/pick-up work	7	7.4
Looking for another job	23	24.5
Currently Unemployed	48	51.1

Note: Not all participants responded to every question.

Figure 38. Barriers to Employment



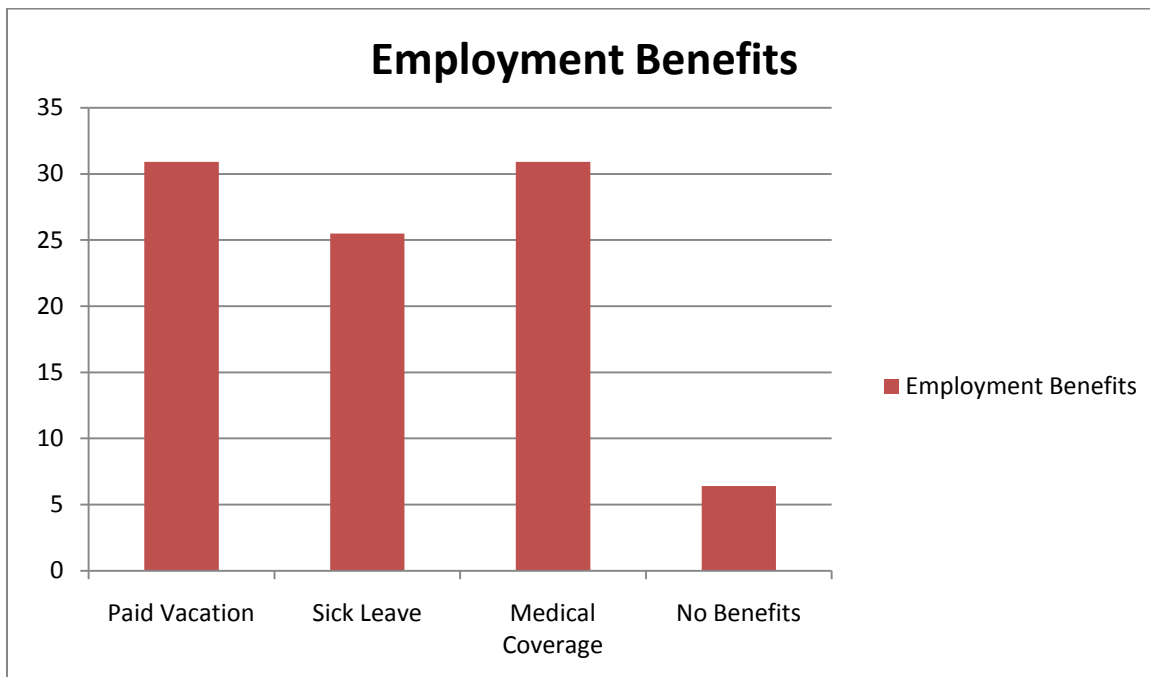
Fifty-five (55, 58.5%) participants indicated that their income either did not cover or did not cover well their financial needs. In contrast, 31 (33%) employed participants said that their income covered their financial needs either fairly well or very well (see Table 84). When queried about their employment benefits, 29 (30.9%) said that their job provided them with paid vacation, 24 (25.5%) were eligible for paid sick leave, and 29 (30.9%) had medical coverage (see Figure 39). Six (6.4%) participants had none of the above stated employment benefits. When asked about their financial management issues, most (47, 50%) had outstanding debt. Thirty-eight (38, 40.4%) were familiar with completing a budget, 35 (37.2%) had experience using a budget, and 21 (22.3%) currently had a budget in place (see, Figure 40).

Table 84

Participants N=94		
Current Income Covers Their Financial Needs	N	%
Not at all	32	34
Not very well	23	24.5
Fairly well	29	30.9
Very well	2	2.1
Unknown/Not Applicable/No Response/Refused to answer	3	3.2

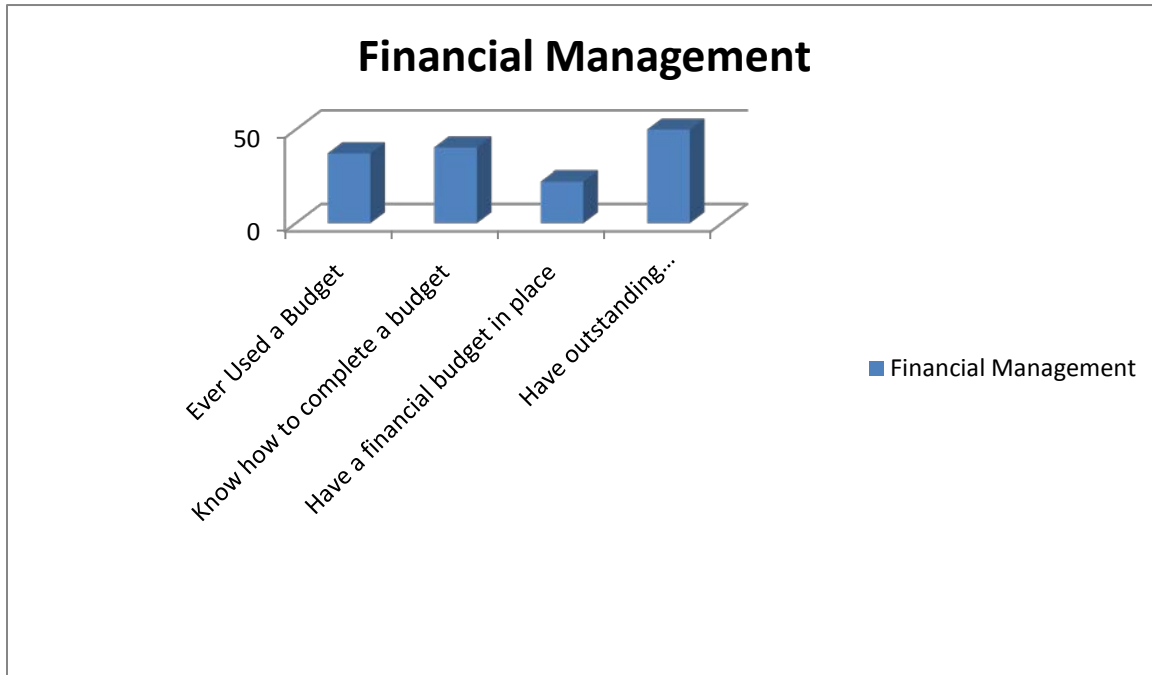
Note: Not all participants responded to every question

Figure 39. Employment Benefits



Note: Not all participants responded to every question.

Figure 40. Financial Management



Health

When asked about their health and medical needs, 53 (56.4%) of the 08-09 fiscal year assessed program participants from FS rated their health as either “very good” or “excellent.” Thirty (30, 31.9%) participants said that the status of their health is “good,” while 9 (9.6%) of those enrolled rated their health as “fair” or “poor” (see Table 85). Sixteen (17%) of respondents indicated that they had problems getting medical care. When asked about how they would access health care if they were sick, 43 (45.7%) said they would go to the emergency room, 16 (17%) participants said they would go to the doctor’s office, and 7 (7.4%) said they would go to a health center. If depressed or stressed, 47 (50%) participants said they would seek help to address this concern (see, Table 86).

When queried about health insurance, 10 (10.6%) reported having private insurance policy, 23 (24.5%) were insured through SAGA, 1 (1.1%) had Medicaid or were insured through free care programs, and 12 (12.8%) participants had either Husky A or Husky B or “Me and My Baby Insurance” policy (see, Figure 41). When asked about whether respondents were at some time told by their health care provider they had an STI, 4 (4.3%) answered that they had Chlamydia, and 6 (6.5%) said that they either had genital herpes, genital warts, gonorrhea, syphilis, or trichomonas (see Table 87).

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

When asked during the last 12 months, how often have you used condoms, if at all, 2 (2.1%) program participants responded they had a few times or often, 3 (3.2%) responded never, and 1 (1.1%) responded always. Forty (42.6%) participants currently smoke cigarettes, and 10 (10.6%) indicated they needed help to stop smoking (see, Table 88). Finally, 10 (10.6%) participants indicated that they had asthma, 2 (2.1%) had diabetes, 3 (3.2%) had hypertension, and 26 (27.7%) had a history of receiving alcohol or drug treatment (see, Table 89).

Table 85

Participants N=94		
Health Status	N	%
Fair	6	7.8
Good	27	35.1
Very Good	27	35.1
Excellent	11	14.3
Unknown/Not Applicable/No Response/Refused	2	2.6
Missing	6	7.8

Note: Not all participants answered every question

Table 86

Participants N=94		
If sick, Participants would seek care at the following:	N	%
Participants having problems getting medical care	16	17
Emergency Room	43	45.7
Doctor' s Office	16	17
Health Center	7	7.4
Other	2	2.1
If depressed or stressed, participant	47	50

Note: Not all participants responded to every question

Figure 41. Insurance Benefits

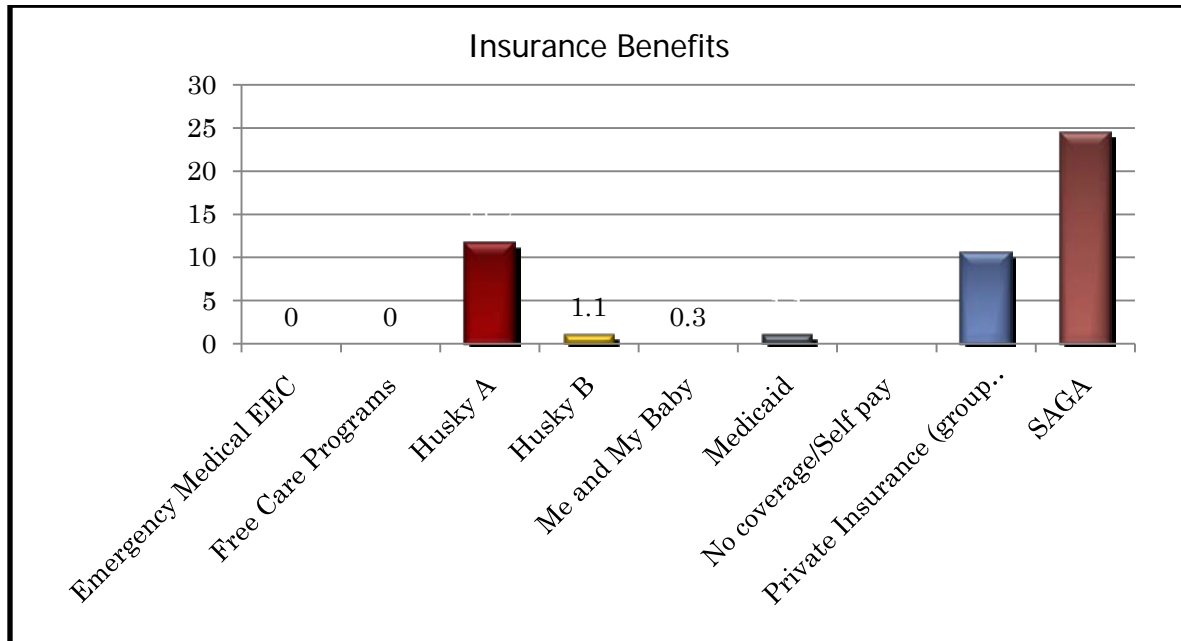


Table 87

Participants N=94		
STI History	N	%
Chlamydia	4	4.3
Genital Herpes (HSV-1, HSV-2)	1	1.1
Genital Warts or HPV	1	1.1
Gonorrhea	2	2.1
Syphilis	1	1.1

Note: Not all participants responded to every question

Table 88

Participants N=94		
Smoking	n	%
Currently smoke cigarettes	40	42.6
Need assistance to stop smoking	10	10.6

Table 89

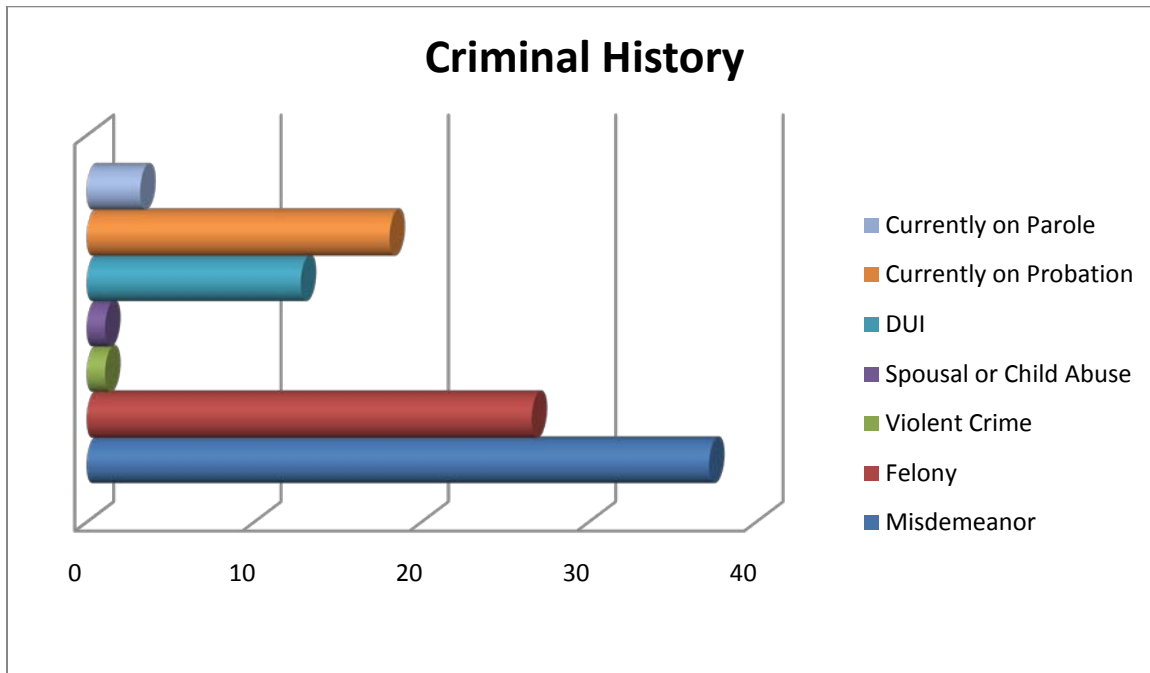
Participants N=94		
Illness History	N	%
Asthma	10	10.6
Diabetes in lifetime	2	2.1
Hypertension	3	3.2
In alcohol/drug treatment program	26	27.7

Note: Not all participants responded to every question

Criminal History

Participants from FS assessed during fiscal year 08-09 had a diverse criminal justice profile. Thirty-five (37.2%) of the participants had been convicted of a misdemeanor, 25 (26.6%) were convicted of a felony. Furthermore, 2 (2.2%) were convicted of a violent crime or of spousal or child abuse, and 12 (12.8%) were previously arrested for DUI. At the time of the assessment, 17 (18.1%) participants were on probation, 3 (3.2%) were on parole. Four (4.3%) stated they were currently residing in a Halfway House (see, Figure 42).

Figure 42. Criminal History



When asked about their experience of interpersonal violence, 19 (20%) of the participants indicated that they were the victims, 12 (12.7%) reported perpetrating interpersonal violence, and 11 (12%) indicated that they needed assistance addressing interpersonal violence in their lives. Thirteen (13, 14%) of the assessed program participants indicated that they experienced a traumatic sexual experience and 9 (10%) shared that they would like assistance addressing this traumatic experience in their lives (see, Table 90).

Table 90

Participants N=94		
Violence Profile	N	%
Has ever been victim of interpersonal violence	19	20.2
Would like help addressing violence in his life	11	11.7
Has been involved in a sexually traumatic experience (lifetime)	13	13.8
Would like help dealing with sexually traumatic experience(s)	9	9.6

Madonna Place Assessed Participants

The data presented in this section of this report is a summary of the 82 assessments completed by Madonna Place during the 08-09 fiscal year (see, Table 51). The sections to follow represent the areas identified by the Promoting Responsible Fatherhood program as significant in the intervention and are parallel to the aggregate data presented in the summary section above.

Analogous to the reasons for presenting to the program, once enrolled in the program, MP participants needed help addressing a variety of concerns. The top challenges were their goal of improving their parenting skills (57, 57%), talking to others in the same situation through the fatherhood support group (49, 49%) (see, Table 91).

The men enrolled in the program generally expressed having a number of strengths on entering the program. Most notably were their desire to be a more involved parent and father (72, 77%), willingness to learn (52, 63%), and commitment to co-parenting (50, 61%). These are significant areas that these participants aspire. Attention to these and other areas the men identified as important strengths they add to the program should be monitored and used to advance the program (see, Table 92).

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Table 91

Participants N=100		
Assistance upon entry into the program	N	%
Additional education or training	24	24
Strategies for anger management	8	8
Child support payments or debts	12	12
Finding a better paying job	26	26
Finding a job	33	33
Getting on the right track	48	48
Getting to see my children more often	47	47
Health services	4	4
Improving relationship with the child's other parent	31	31
Parenting skills/Being a better parent	57	57
Substance abuse treatment/Counseling	10	10
Talking with others in the same situation	34	34
Other	7	7

Table 92

Participants N=82		
Strengths	N	%
Commitment to and enthusiasm for the program	22	26.8
Commitment to change current/unhealthy behaviors	36	43.9
Commitment to healthy co-parenting	50	61.0
Commitment to healthy relationship with significant other/partner	40	48.8
Desire for a healthy relationship with partner or child's parent	41	43.6
Desire to become active in family planning	33	40.2
Desire to become more involved with his children and/or family	72	76.6
Desire to gain skills that will make him/her more employable	31	37.8
Desire to get a job	29	35.4
Educational achievement	25	30.5
Financial resources	15	18.3
Previous life experience with parenting and children	31	37.8
Support of child(ren)'s other parent	25	30.5
Support of employers	14	17.1
Support of family and friends	40	48.8
Support of other helping professionals (e.g., therapists)	17	20.7
Willingness to learn	52	63.4

Note: Participants checked all applicable options

The program participants were asked to rate emotional, social, and financial support in order of importance. In these ratings, emotional support was rated number one. Financial support and social support were closely rated in second (see, Figure 43). They were also asked which of these supports were easiest for them to provide. Most of the men rated emotional support as the easiest support to provide. Second easiest to provide is financial support. Social support was endorsed as the most challenging to provide (see, Figure 44).

Figure 43. Importance of Well-Being of Children

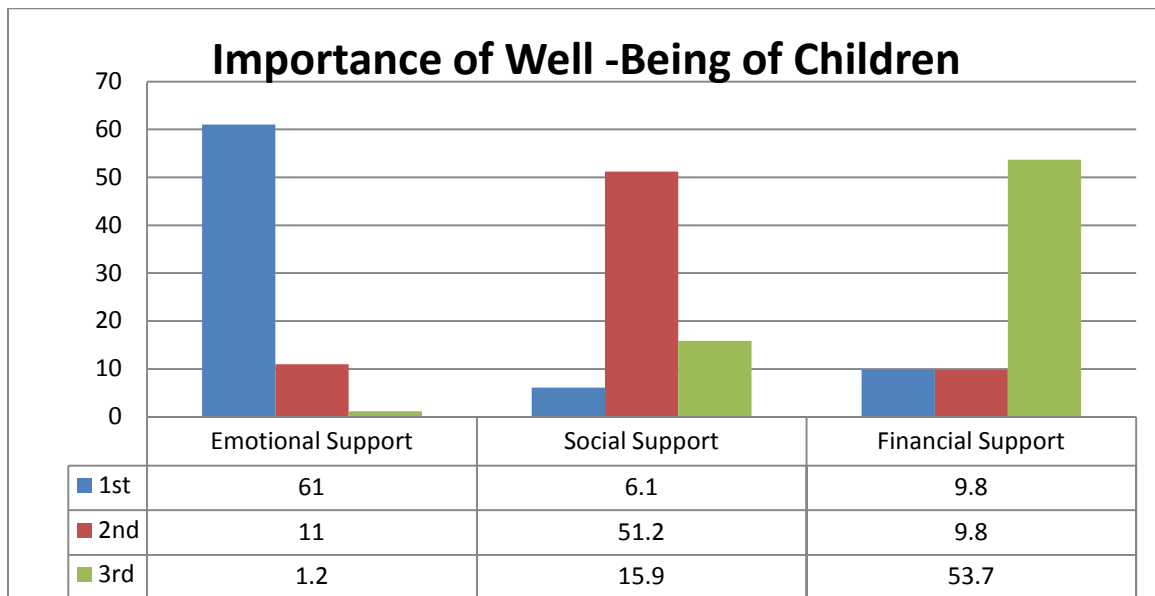
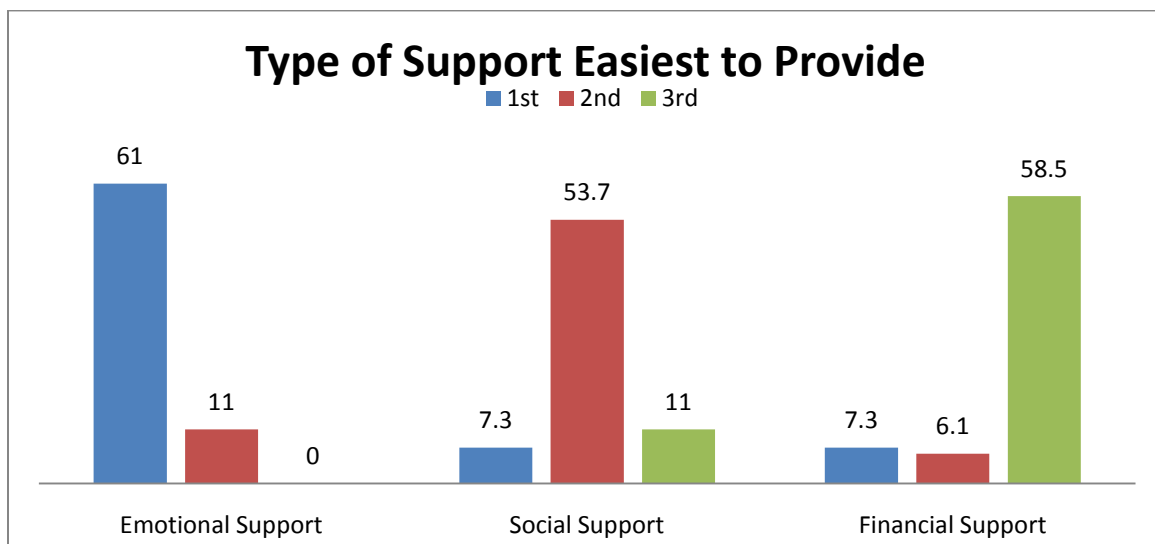


Figure 44. Type of Support Easiest to Provide



Education

Each participant worked closely with his case manager for continuing education assistance. Sixty-nine (69%) had a high school education or equivalent, and 34 (34%) had some or completed postsecondary education (see, Figure 45). In addition to their educational characteristics, the program participants indicated that they had the most educational challenge with writing (see, Figure 46).

Figure 45 . Education Characteristics

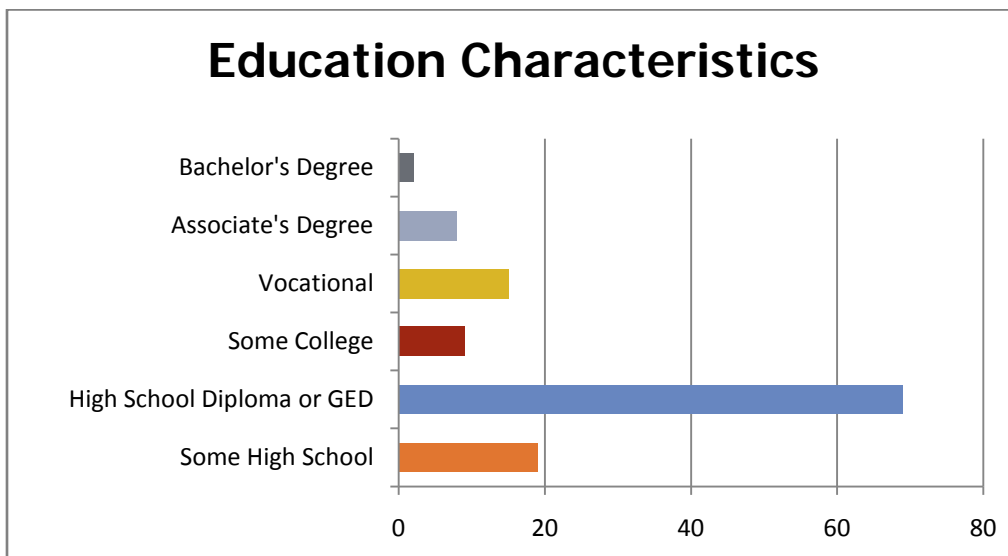
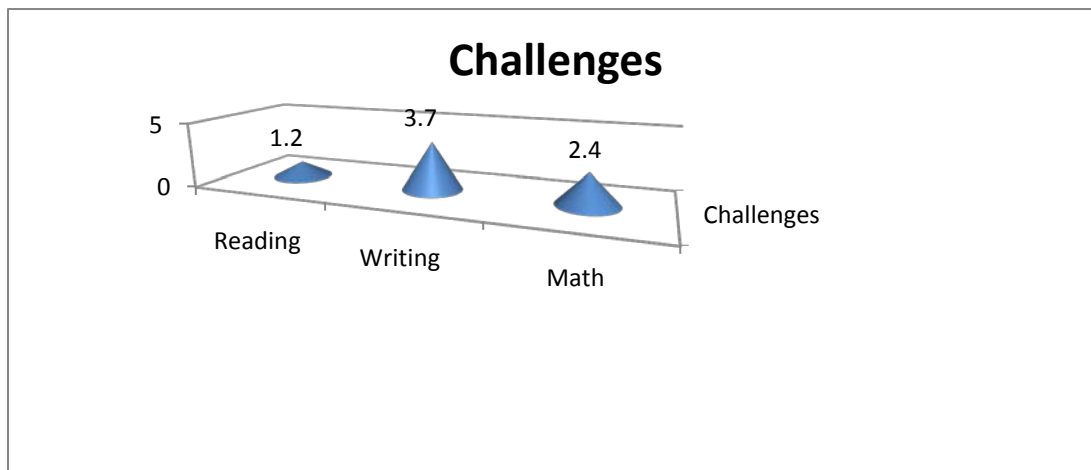


Figure 46. Educational Challenges



Employment

Of the participants enrolled and assessed during the '08-'09 fiscal year, 24 (29.3%) were employed full-time; 27 (32.9%) were employed on a part-time basis or worked “pick-up” jobs; and 17 (20.7%) did not work at all. Thirty-four (41.5%) participants were currently looking for another job, while 42 (51.1%) participants were currently unemployed (see, Table 93).

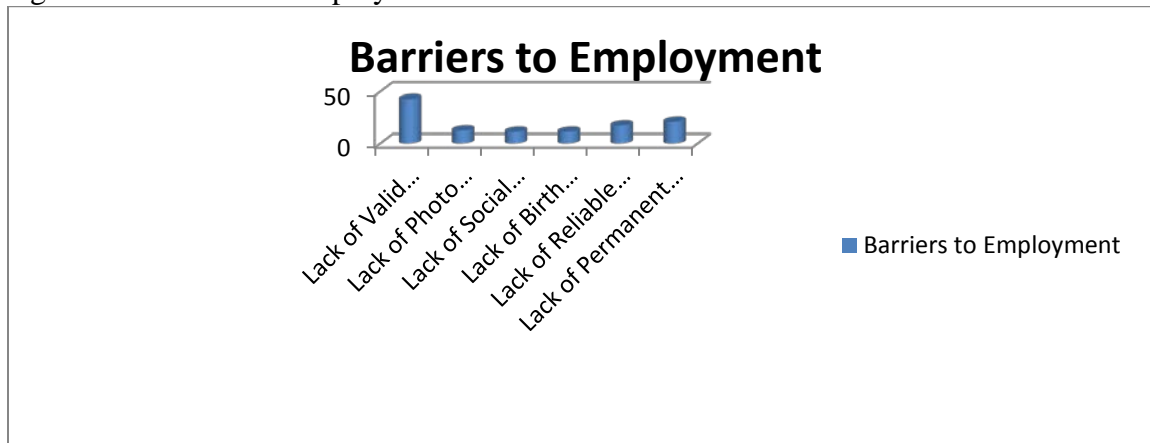
Significant employment barriers were identified by participants assessed included a lack of social security number 9 (11%), birth certificate 9, (11%), photo ID, 10 (12.2%), permanent residence 17, (20.7%), access to reliable transportation, 14 (17.17%) and lack of valid driver’s license, 35 (42.7%) (see, Figure 47).

Table 93

Participants N=82		
Employment Status	n	%
Employed full-time	24	29.3
Employed part-time	10	12.2
Employed on a temporary basis/pick-up work	17	20.7
Looking for another job	34	41.5
Currently Unemployed	42	51.2

Note: Not all participants responded to every question.

Figure 47. Barriers to Employment



Thirty-five (42.7%) participants indicated that their income either did not cover or did not cover well their financial needs (see, Table 14). In contrast, 29 (35.3%) employed participants said that their income covered their financial needs either fairly well or very well (see Table 94). When queried about employment benefits, 13 (15.9%) said that their job provided them with paid vacation, 10 (12.2%) were eligible for paid sick leave, and 14 (17.1%) had medical coverage.

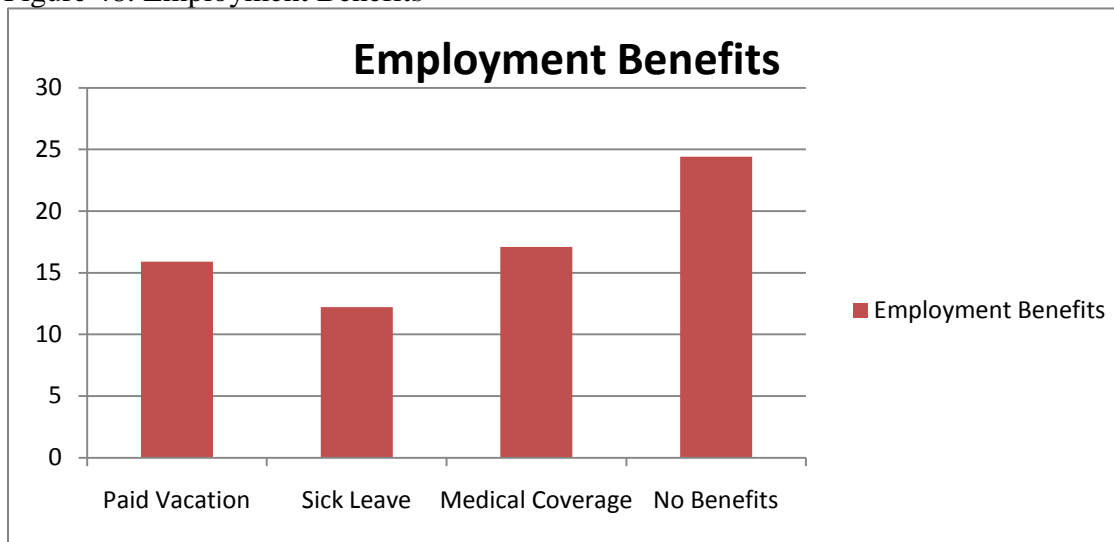
Twenty (24.4%) participants had none of the above stated employment benefits (see, Figure 48). When asked about their financial management issues, 40 (48.8%) had outstanding debt, 34 (41.5%) knew how to complete a budget, 30 (36.6%) used a budget in the past, and 12 (14.6%) currently had a budget in place (see, Figure 49).

Table 94

Participants N=82		
Current Income Covers Their Financial Needs	N	%
Not at all	18	22
Not very well	17	20.7
Fairly well	28	34.1
Very well	1	1.2
Unknown/Not Applicable/No Response/Refused to answer	2	2.4

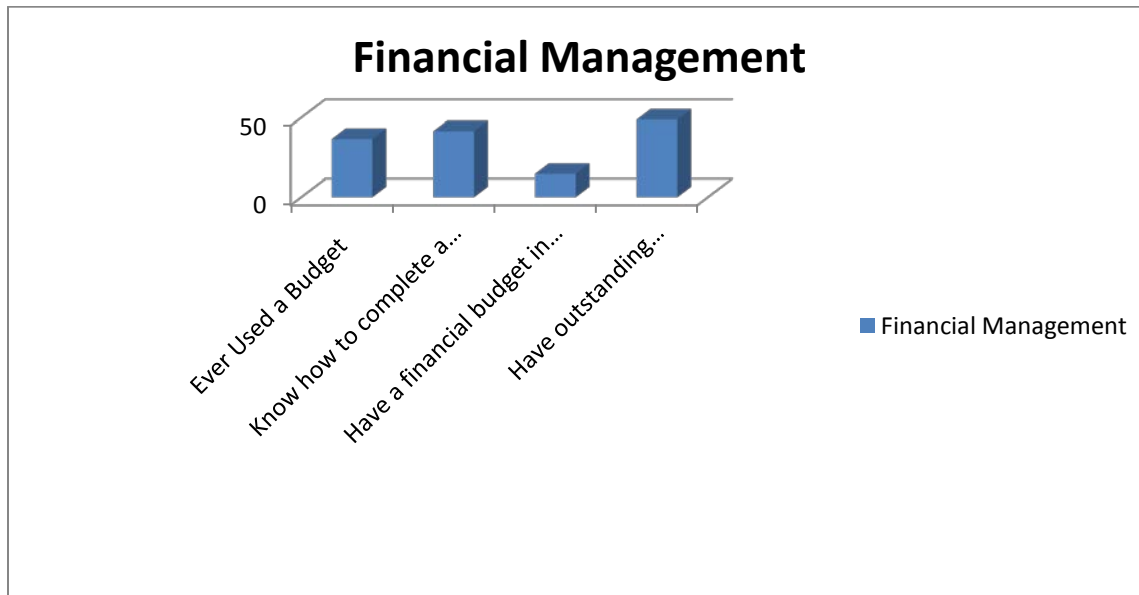
Note: Not all participants responded to every question

Figure 48. Employment Benefits



Note: Not all participants responded to every question.

Figure 49. Financial Management



Health

When asked about their health and medical needs, 31 (35.9%) of the '08-'09 fiscal year assessed program participants rated their health as either "very good" or "excellent." Twenty-eight (34.1%) participants said that the status of their health is "good," while 9 (10.9%) of those enrolled rated their health as "fair" or "poor" (see, Table 95). Eighteen (22%) of respondents indicated that they had problems getting medical care. When asked about how they would access health care if they were sick, 32 (39%) said they would go to the emergency room, 15 (18.3%) participants said they would go to the doctor's office, and 9 (11%) said they would go to a health center. If depressed or stressed, 42 (51.2%) participants said they would seek help to address this concern (see, Table 96).

When queried about health insurance, six (7.3%) reported having private insurance policy, 22 (26.8%) were insured through SAGA, 4 (4.9%) had Medicaid or were insured through free care programs, and 8 (10.4%) participants had either Husky A or Husky B or "Me and My Baby Insurance" policy (see, Figure 50). When asked about whether respondents were at some time told by their health care provider they had an STI, 2 (2.4%) answered that they had Chlamydia, and 1 (1.2%) said that they either had genital herpes, genital warts, gonorrhea, syphilis, or trichomonas (see, Table 97).

When asked during the last 12 months, how often have you used condoms, if at all, 2 (2.4%) responded they always wear condoms, and 2 (2.4%) responded they never wear condoms. Forty-six (56.1%) participants currently smoke cigarettes, and 10 (12.2%) indicated they needed help to stop smoking (see, Table 98).

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Finally, 6 (7.3%) participants indicated that they had asthma, 3 (3.7%) had diabetes, 4 (4.9%) had hypertension, 3 (3.7%) had heart disease, 20 (24.4%) had a history of receiving alcohol or drug treatment (see, Table 99).

Table 95

Participants N=82		
Health Status	N	%
Poor	2	2.4
Fair	7	8.5
Good	28	34.1
Very Good	18	22
Excellent	13	15.9
Unknown/Not Applicable/No Response/Refused	1	1.2
Missing	13	15.9

Note: Not all participants answered every question

Table 96

Participants N=82		
If sick, Participants would seek care:	N	%
Participants having problems getting medical care	13	16.9
Emergency Room	34	44.2
Doctor' s Office	16	20.8
Health Center	8	10.4
Other	5	6.5
If depressed or stressed, participant	37	48.1

Note: Not all participants responded to every question

Figure 4. Insurance Benefits

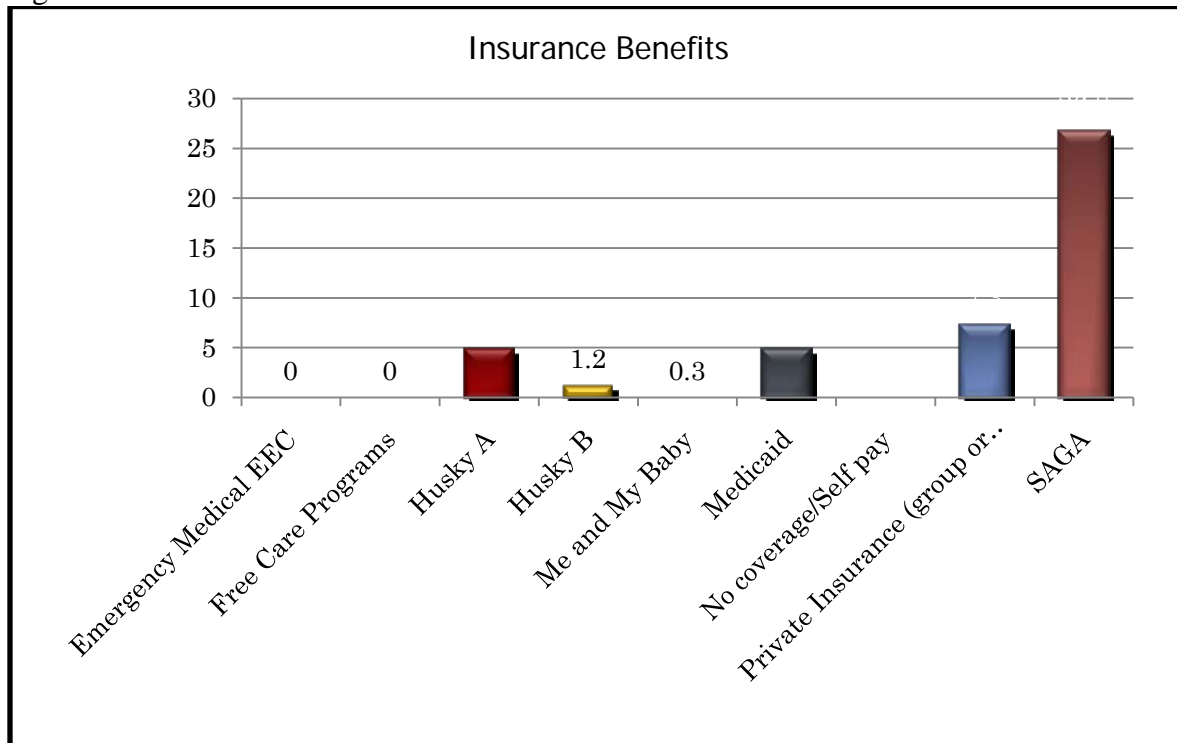


Table 97

Participants N=82		
STI History	N	%
Chlamydia	2	2.4
Gonorrhea	1	1.2

Note: Not all participants responded to every question

Table 98

Participants N=82		
Smoking	n	%
Currently smoke cigarettes	46	56.1
Need assistance to stop smoking	10	12.2

Table 99

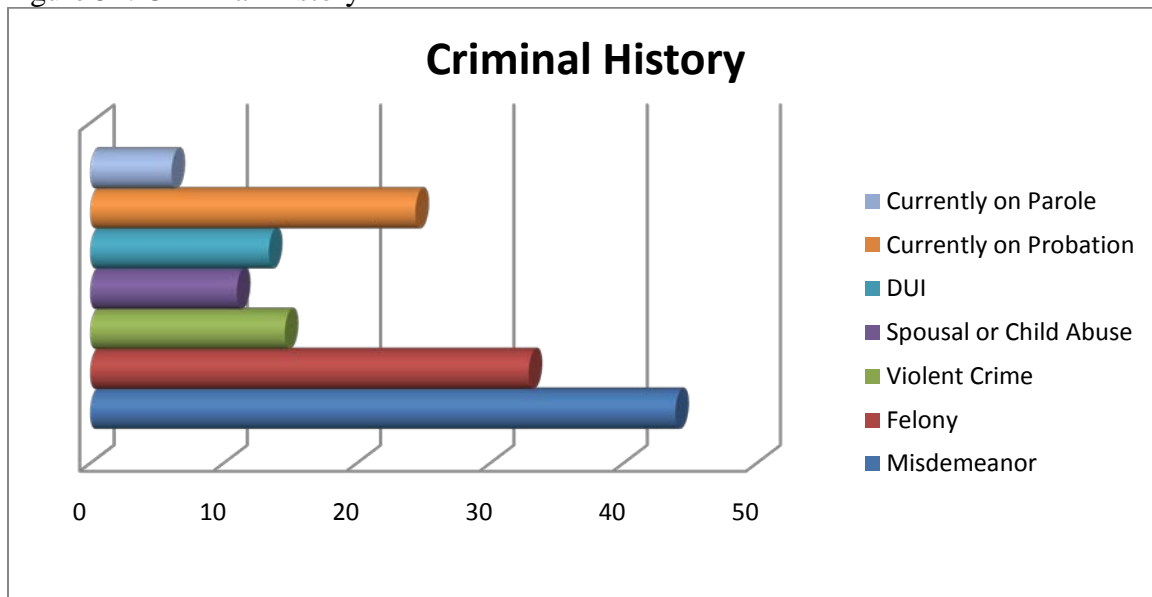
Participants N=82		
Illness History	N	%
Asthma	6	7.3
Diabetes in lifetime	3	3.7
Heart Disease	3	3.7
Hypertension	4	4.9
In alcohol/drug treatment program	20	24.4

Note: Not all participants responded to every question

Criminal History

Participants assessed from fiscal year 08-09 had a diverse criminal justice profile. Thirty-six (36, 43.9%) of the participants had been convicted of a misdemeanor, 27 (32.9%) were convicted of a felony. Furthermore, 21 (25.6%) were convicted of a violent crime or of spousal or child abuse, and 11 (13.4%) were previously arrested for DUI. At the time of the assessment, 20 (24.4%) participants were on probation, 5 (6.1%) were on parole. Six (7.8%) stated they were currently residing in a Halfway House (see, Figure 51).

Figure 51. Criminal History



When asked about their experience of interpersonal violence, 13 (16%) of the participants indicated that they were the victims, 15 (18.3%) reported perpetrating interpersonal violence, and 8 (9%) indicated that they needed assistance addressing interpersonal violence in their lives. Five (5, 6% of the assessed program participants indicated that they experienced a traumatic sexual experience and 1 (1%) shared that they would like assistance addressing this traumatic experience in their lives (see, Table 100).

Table 100

Participants N=82		
Violence Profile	N	%
Has ever been victim of interpersonal violence	13	15.9
Would like help addressing violence in his life	8	9.8
Has been involved in a sexually traumatic experience (lifetime)	5	6.1
Would like help dealing with sexually traumatic experience(s)	1	1.2

Assessment- New Haven Family Alliance

The data presented in this section of this report is a summary of the 140 assessments completed by New Haven Family Alliance during the 08-09 fiscal year (see, Table 51). The sections to follow represent the areas identified by the Promoting Responsible Fatherhood program as significant in the intervention and are parallel to the aggregate data presented in the summary section above.

Analogous to the reasons for presenting to the program, once enrolled in the program, MP participants needed help addressing a variety of concerns. The top challenges were their goal of finding a job (126, 66%), getting additional education and training (90, 46%), developing their parenting skills (83, 42%) and help to address their child support debt (81, 41%) (see, Table 101).

The men enrolled in the program generally expressed having a number of strengths on entering the program. Most notably were their willingness to learn (109, 78%), desire to get a job (104, 74%) and get the skills to make him more employable (96, 69%), become a more involved parent (80, 57%), and enthusiasm for the program (78, 56%). These are significant areas that these participants aspire. Attention to these and other areas the men identified as important strengths they add to the program should be monitored and used to advance the program (see, Table 102).

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Table 101

Participants N=198		
Assistance upon entry into the program	N	%
Additional education or training	90	45.5
Strategies for anger management	21	10.6
Child support payments or debts	81	40.9
Finding a better paying job	67	33.8
Finding a job	126	63.6
Getting on the right track	79	39.9
Getting to see my children more often	53	26.8
Health services	25	12.6
Improving relationship with the child's other parent	38	19.2
Parenting skills/Being a better parent	83	41.9
Substance abuse treatment/Counseling	13	6.6
Talking with others in the same situation	57	28.8
Other	4	2

Table 102

Participants N=140		
Strengths	n	%
Commitment to and enthusiasm for the program	78	55.7
Commitment to change current/unhealthy behaviors	71	50.7
Commitment to healthy co-parenting	76	54.3
Commitment to healthy relationship with significant other/partner	74	52.9
Desire for a healthy relationship with partner or child's parent	68	48.6
Desire to become active in family planning	64	45.7
Desire to become more involved with his children and/or family	80	57.1
Desire to gain skills that will make him/her more employable	96	68.6
Desire to get a job	104	74.3
Educational achievement	72	51.4
Financial resources	60	42.9
Previous life experience with parenting and children	56	40
Support of child(ren)'s other parent	52	37.1
Support of employers	37	26.4
Support of family and friends	64	45.7
Support of other helping professionals (e.g., psychologists)	36	25.7
Willingness to learn	109	77.9

Note: Participants checked all applicable options

The program participants were asked to rate emotional, social, and financial support in order of importance. In these ratings, emotional support was rated number one. Financial support and social support were closely rated in second (see, Figure 52). They were also asked which of these supports were easiest for them to provide. Most of the men rated emotional support as the easiest support to provide. Social support and financial support were closely rated in ease (see, Figure 53).

Figure 52. Importance of Well-Being of Children

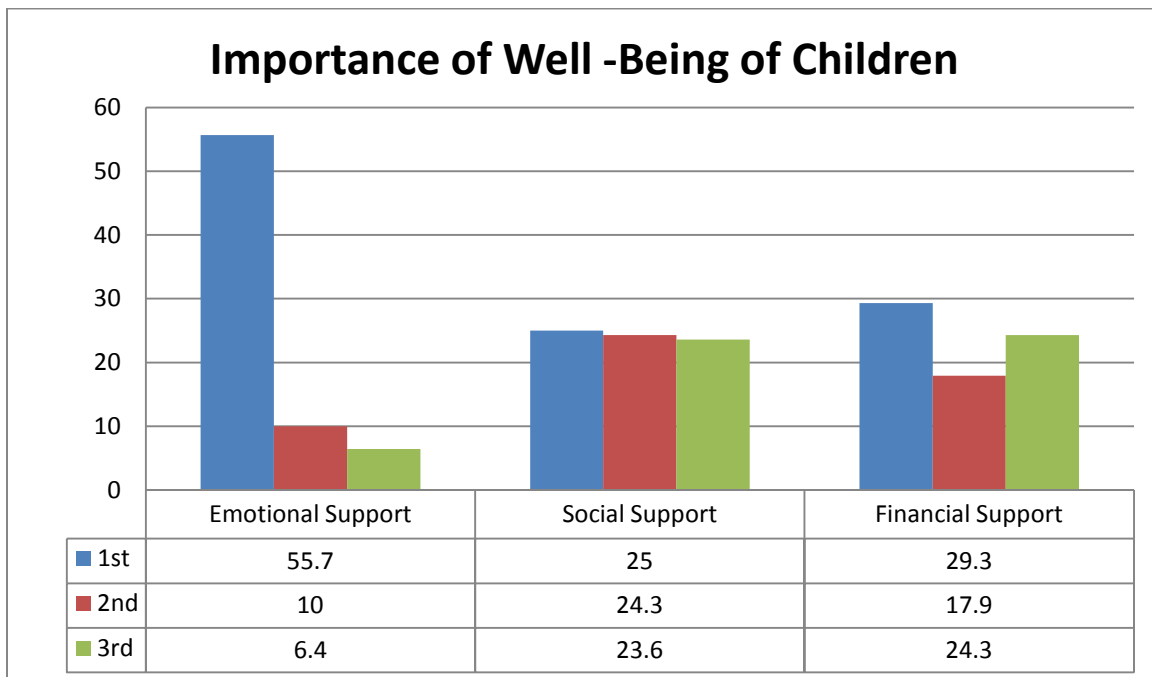
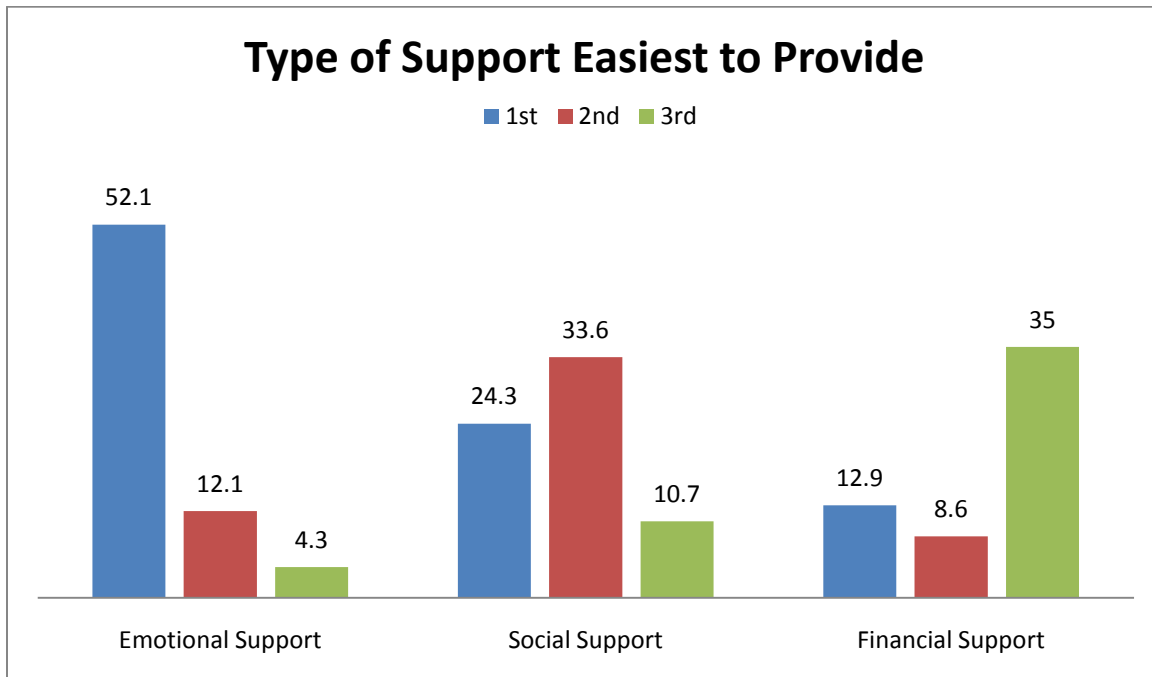


Figure 53. Type of Support Easiest to Provide



Education

Each participant worked closely with his case manager for continuing education assistance. One hundred and seventeen (59.1%) had a high school education or equivalent, and 64 (32.3%) had some or completed postsecondary education, while 54 (27.3%) of the participants had not completed high school (see, Figure 54). In addition to their educational characteristics, the program participants indicated that they had the most educational challenge with mathematics (see, Figure 55).

Figure 54. Education Characteristics

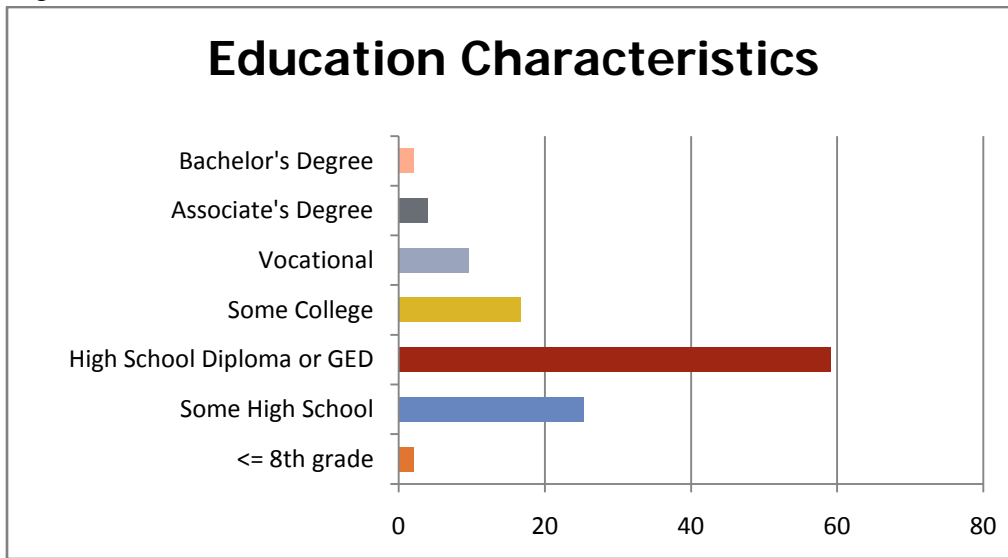
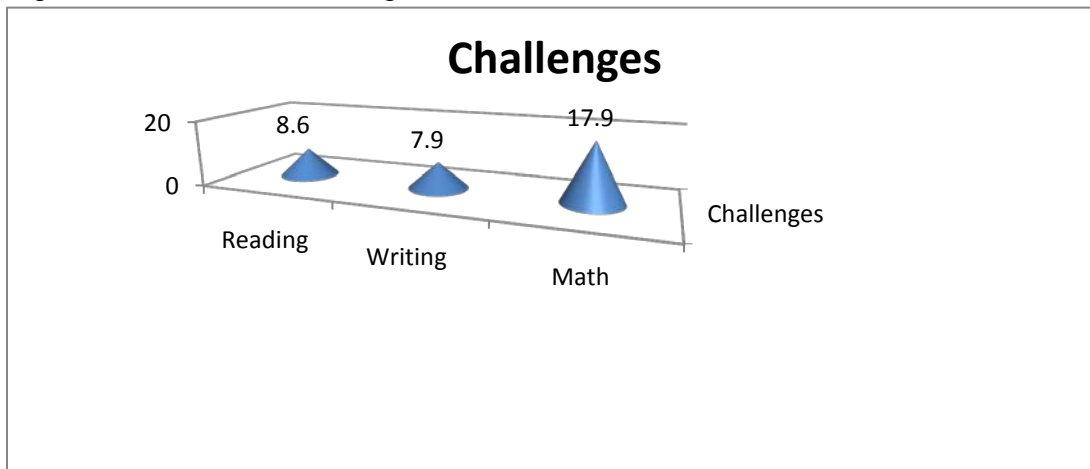


Figure 55. Education Challenges



Employment

Of the participants enrolled and assessed during the '08-'09 fiscal year, 37 (26.4%) were employed full-time; 45 (32.2%) were employed on a part-time basis or worked "pick-up" jobs; and 45 (32.1%) did not work at all. Ninety-six (68.6%) participants were currently looking for another job, while 107 (76.4%) participants were currently unemployed (see, Table 103).

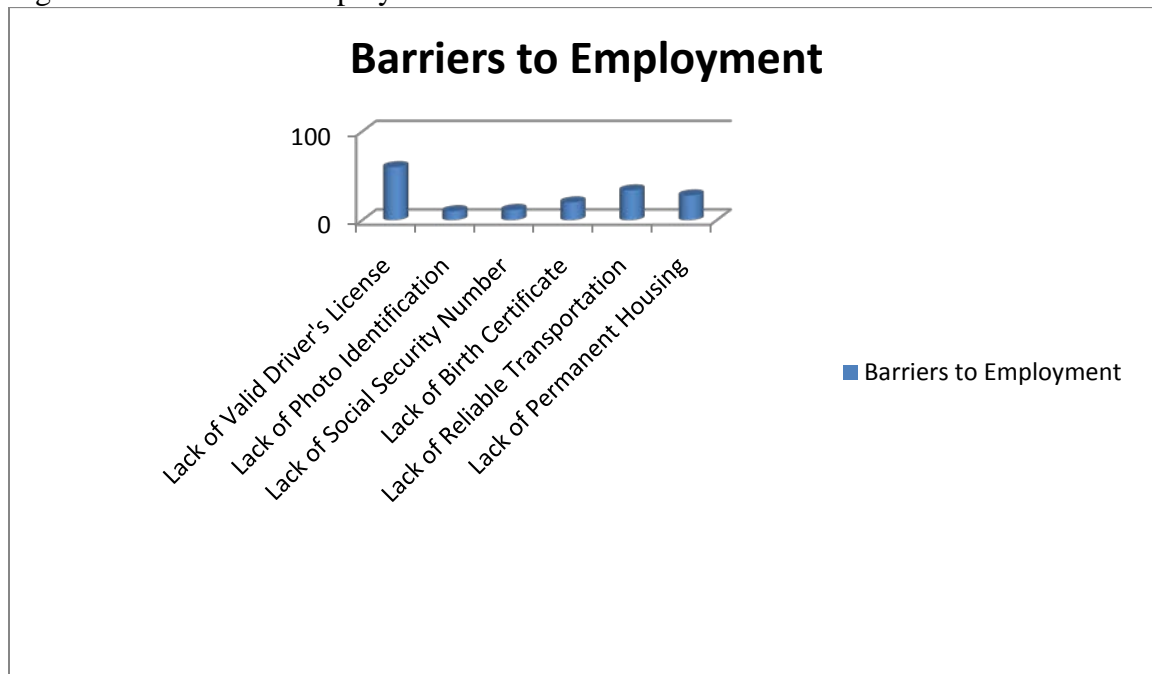
Significant potential employment barriers were identified by participants assessed included a lack of social security number 16 (11.4%), birth certificate 28, (20%), photo ID, 14 (10%), permanent residence 39, (27.9%), access to reliable transportation, 47 (33.6%) and lack of valid driver's license, 83 (59.3%) (see, Figure 56).

Table 103

Participants N=140		
Employment Status	N	%
Employed full-time	37	26.4
Employed part-time	20	14.3
Employed on a temporary basis/pick-up work	25	17.9
Looking for another job	96	68.6

Note: Not all participants responded to every question.

Figure 56. Barriers to Employment



Seventy-five (53.6%) participants indicated that their income either did not cover or did not cover well their financial needs (see, Table 104). In contrast, 39 (27.9%) employed participants said that their income covered their financial needs either fairly well or very well (see Table 104). When queried about their employment benefits, 110 (16.6%) said that their job provided them with paid vacation, 95 (14.3%) were eligible for paid sick leave, and 125 (18.9%) had medical coverage. One hundred and thirty (92.9%) participants had none of the above stated employment benefits (see, Figure 57).

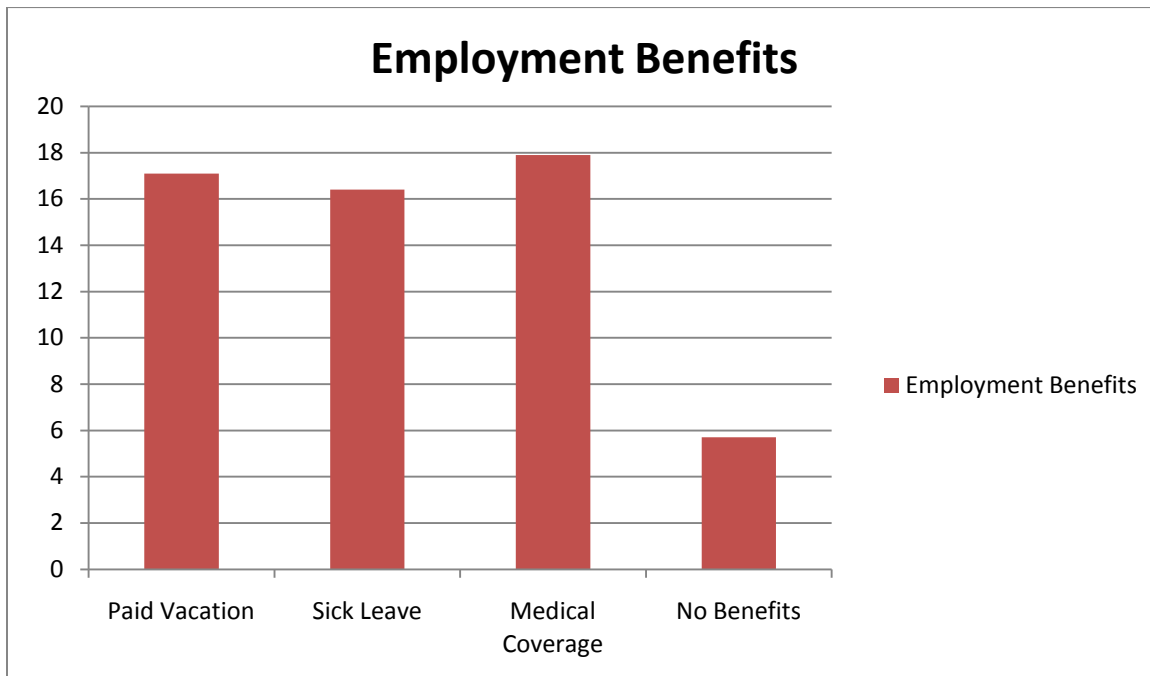
When asked about their financial management issues, 70 (50%) had outstanding debt, 67 (47.9%) knew how to complete a budget, 60 (42.9%) used a budget in the past, and 24 (17.1%) currently had a budget in place (see, Figure 58).

Table 104

Participants N=140		
Current Income Covers Their Financial Needs	N	%
Not at all	48	34.3
Not very well	27	19.3
Fairly well	32	22.9
Very well	7	5.0
Unknown/Not Applicable/No Response/Refused	7	5.0

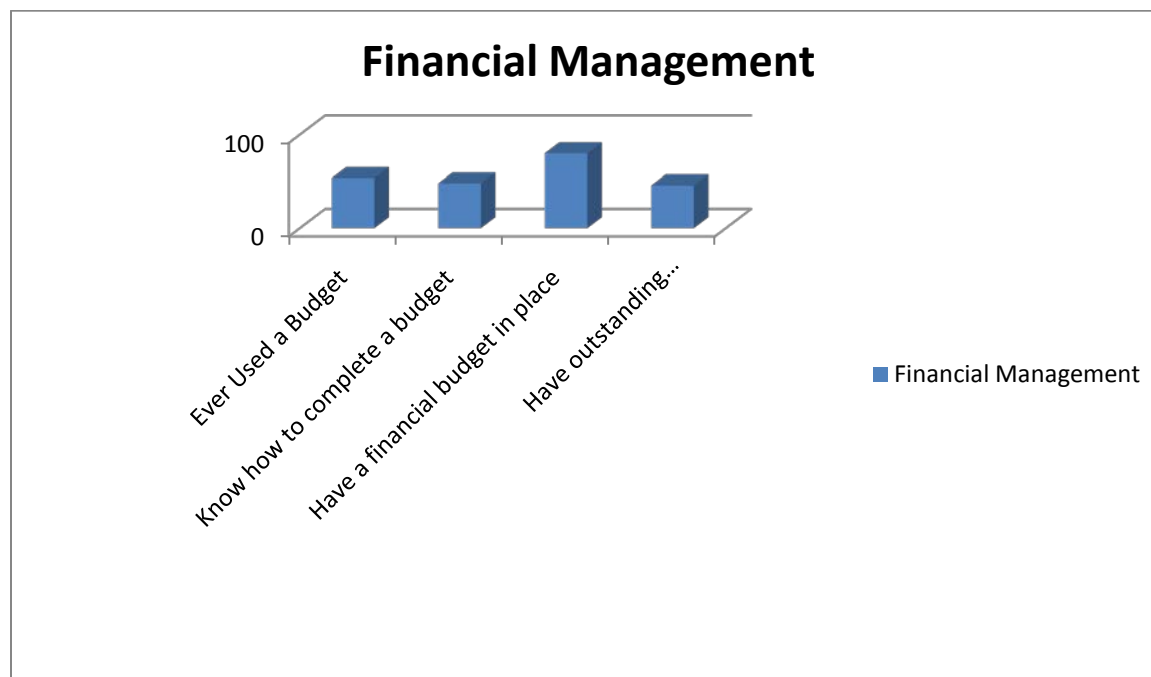
Note: Not all participants responded to every question

Figure 57. Employment Benefits



Note: Not all participants responded to every question.

Figure 58. Financial Management



Health

When asked about their health and medical needs, 53 (37.8%) of the 08-09 fiscal year assessed program participants rated their health as either “very good” or “excellent.” Forty-six (32.9%) participants said that the status of their health is “good,” while 26 (18.5%) of those enrolled rated their health as “fair” or “poor” (see, Table 105). Thirty-one (22.1%) of respondents indicated that they had problems getting medical care. When asked about how they would access health care if they were sick, 62 (44.3%) said they would go to the emergency room, 21 (15%) participants said they would go to the doctor’s office, and 16 (11.4%) said they would go to a health center. If depressed or stressed, 79 (56.4%) participants said they would seek help to address this concern (see Table 106).

Four (2.9%) reported having private insurance policy, 35 (25%) were insured through SAGA, 12(8.6%) had Medicaid or were insured through free care programs, and 12 (8.5%) participants had either Husky A or Husky B or “Me and My Baby Insurance” policy (see, Figure 59).

When asked about whether respondents were at some time told by their health care provider they had an STI, 6 (4.3%) answered that they had Chlamydia, and 6 (4.2%) said that they either had genital herpes, genital warts, gonorrhea, syphilis, or trichomonas (see, Table 107).

When asked during the last 12 months, how often have you used condoms, if at all, 4 (3.8%) program participants responded they had a few times or often, 10 (7.1%) responded never, and 4 (2.9%) responded always. Seventy-two (51.4%) participants currently smoke cigarettes, and 26 (18.6%) indicated they needed help to stop smoking (see, Table 108).

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Finally, 11 (7.9%) participants indicated that they had asthma, 3 (2.1%) had diabetes, 6 (4.3%) had hypertension, 2 (1.4%) had heart disease, 35 (25%) had a history of receiving alcohol or drug treatment (see, Table 109).

Table 105

Participants N=140		
Health Status	N	%
Poor	2	1.4
Fair	24	17.1
Good	46	32.9
Very Good	30	21.4
Excellent	23	16.4
Missing	15	10.7

Note: Not all participants answered every question

Table 106

Participants N=140		
If sick, Participants would seek care:	N	%
Participants having problems getting medical care	31	22.1
Emergency Room	62	44.3
Doctor' s Office	21	15
Health Center	16	11.4
Health Van	1	<1
Other	6	4.3
If depressed or stressed, participant	79	56.4

Note: Not all participants responded to every question

Figure 59. Insurance Benefits

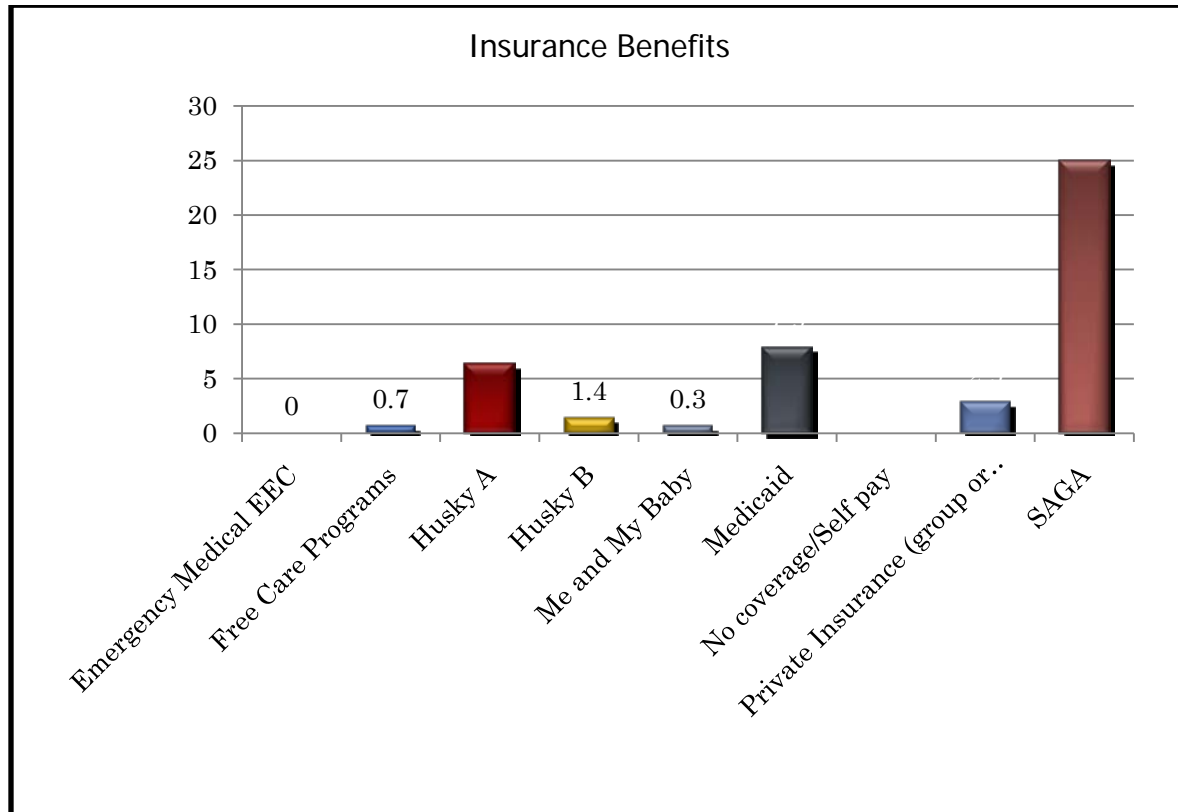


Table 107

Participants N=140		
STI History	n	%
Chlamydia	6	4.3
Genital Herpes (HSV-1, HSV-2)	0	0
Genital Warts or HPV	2	1.4
Gonorrhea	3	2.1
Trichomonas	1	<1

Note: Not all participants responded to every question

Table 108

Participants N=140		
Smoking	n	%
Currently smoke cigarettes	72	51.4
Need assistance to stop smoking	26	18.6

Table 109

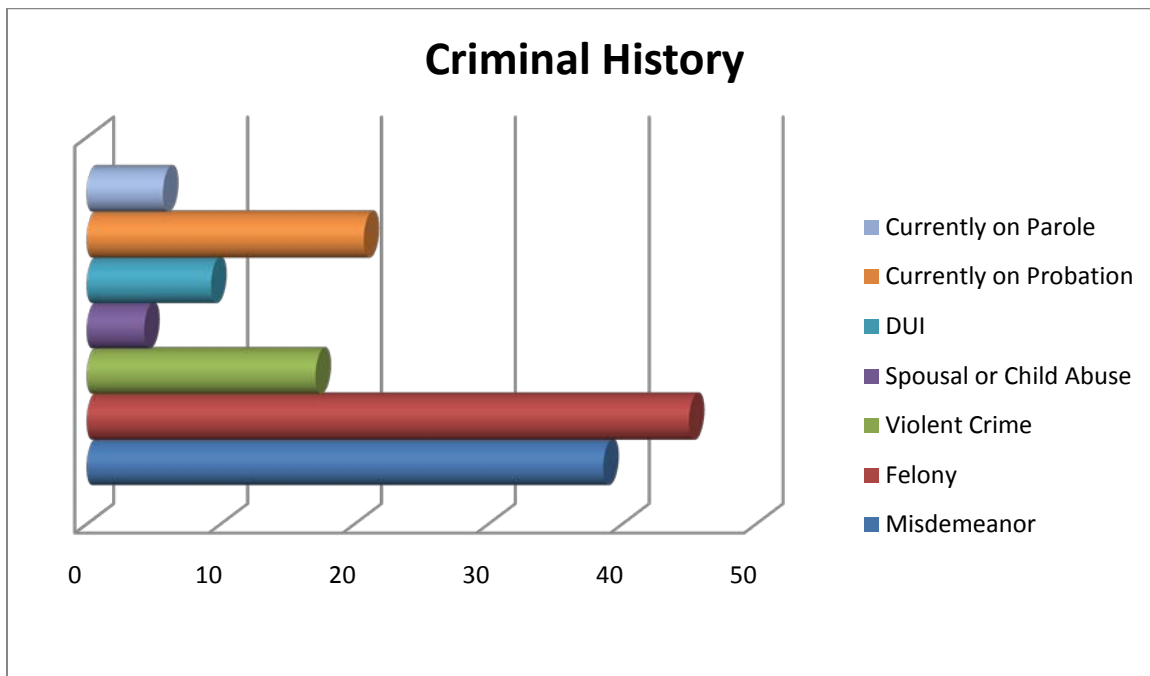
Participants N=140		
Illness History	n	%
Asthma	11	7.9
Diabetes in lifetime	3	2.1
Heart Disease	6	4.3
Hypertension	2	1.4
In alcohol/drug treatment program	35	25

Note: Not all participants responded to every question

Criminal History

Participants assessed from NHFA during fiscal year 08-09 had a diverse criminal justice profile. Fifty-four (38.6%) of the participants had been convicted of a misdemeanor, 63 (45%) were convicted of a felony. Furthermore, 30 (11.4%) were convicted of a violent crime or of spousal or child abuse, and 13 (9.3%) were previously arrested for DUI. At the time of the assessment, 29 (20.7%) participants were on probation, 8 (5.7%) were on parole (see Figure 5). Six (7.8%) stated they were currently residing in a Halfway House (see, Figure 60).

Figure 60. Criminal History



When asked about their experience of interpersonal violence, 17 (12%) of the participants indicated that they were the victims, 17 (12.1%) reported perpetrating interpersonal violence, and 108 (77%) indicated that they needed assistance addressing interpersonal violence in their lives. Ten (10, 7% of the assessed program participants indicated that they experienced a traumatic sexual experience and 7 (5%) shared that they would like assistance addressing this traumatic experience in their lives (see, Table 110).

Table 110

Participants N=140		
Violence Profile	N	%
Has ever been victim of interpersonal violence	17	12.1
Would like help addressing violence in his life	108	77.1
Has been involved in a sexually traumatic experience (lifetime)	10	7.1
Would like help dealing with sexually traumatic experience(s)	7	5.0

Assessment Cross Site Comparisons

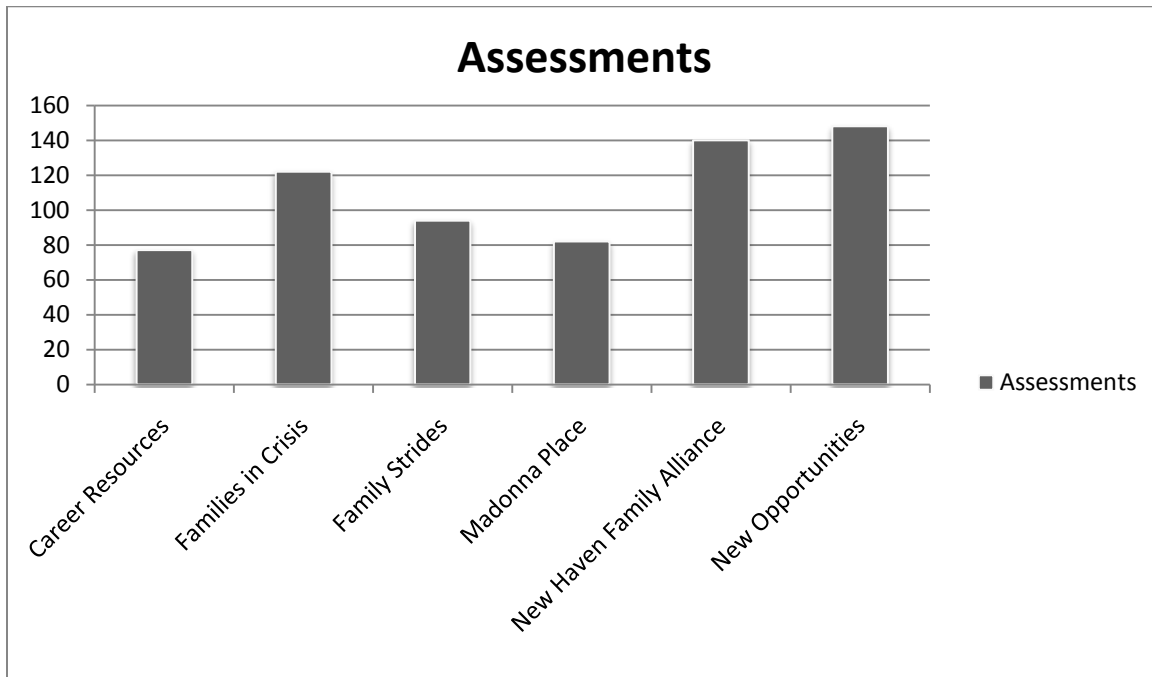
The section that follows presents some comparative information regarding this assessment information across the six (6) certified sites that participated in this program. Where possible, the evaluators sought to compare the information and make inferences about their meaning. While not absolute, this information can be useful in determining regional and site specific occurrences that may have implications for program planning and development.

During Year 3 of the Promoting Responsible Fatherhood Project, the period of October 1, 2008 through September 30, 2009, six hundred and sixty three (663) participants completed assessment forms across the six certified sites in Connecticut. Career Resources of Bridgeport completed 77 (12%) participant assessments; Families in Crisis in Waterbury completed 122 (18%) participant assessments; Family Strides in Torrington completed 94 (14%) participant assessments; Madonna Place of Norwich completed 82 (12%) participant assessments; New Haven Family Alliance in New Haven completed 140 (21%) participant assessments; and New Opportunities of Waterbury completed 148 (22%) participant assessments (see, Figure 61).

In examining the program's success at assessing participants, Families in Crisis, New Haven Family Alliance, and New Opportunities were most successful. While important to note, there were additional issues highlighted by a review of this date. When examining the retention rate of participants from intake to assessment, we observed that Family Strides and Families in Crisis were able to retain most of their intake participants. In comparison, although New Haven Family Alliance intake more participants, they had the most attrition between intake and assessment (58 men).

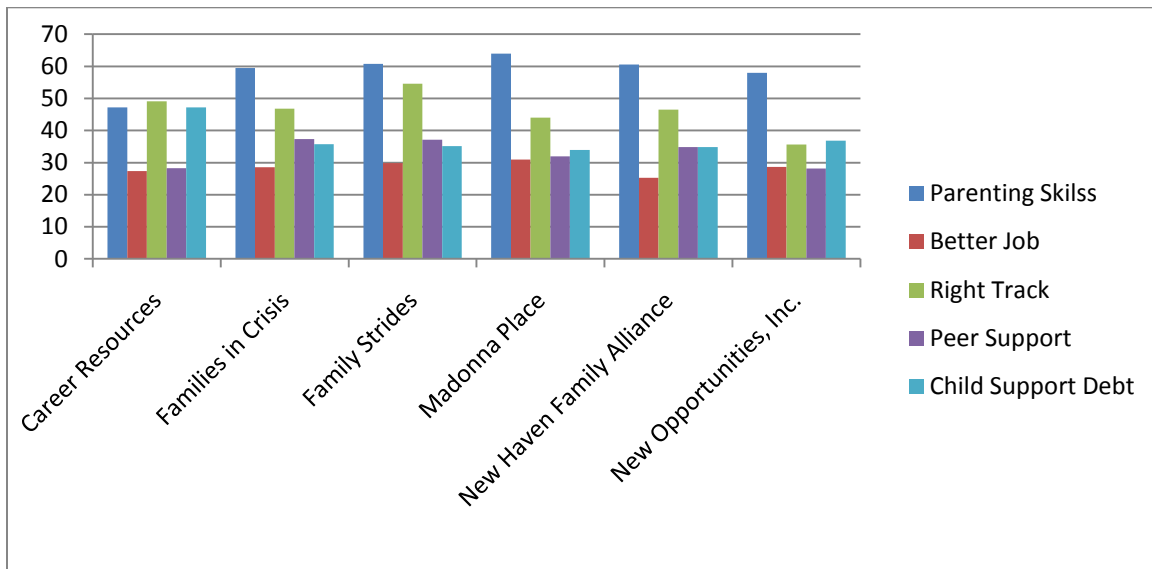
Understanding the factors that impact the ability of a program to take a participant from intake, to assessment, to program completion would be important. Further, evaluating the geographical issues present that may impact the programs ability to move participants through these important steps would also be important to understand. Unclear from our analyses was the attrition rate at Career Resources. While they intake 106 participants, they assessed 77. Questions for this sharp decline are present (see, Figure 61).

Figure 61. Assessment comparisons



Once enrolled in the program, participants needed help addressing a variety of concerns. Challenges included parenting skills to become a better parent (470, 58.6%), finding a job or finding a better paying job (226, 28.2%), “getting on the right track” (363, 45.3%), talking with others in the same situation (264, 32.9%), child support payments or debts (297, 37%), and additional education or training (325, 40.5%). A closer examination of these issues observed that for most of the sites parenting skills was identified as an important area for the participants. Also important was the program participants’ assessment that they needed to “get on the right track.” Although sometimes endorsed as frequently as peer support, child support debt was identified by the participant as a significant issue impacting their presentation to the programs. Please refer to Figure 62 for these comparisons.

Figure 62. Needs



Across all the sites, the most of the participants had at least a high school diploma. There was, however, a representative sample of men who did not have their high school diploma. Identifying educational resources that are regionally located and connected to the employment (planned or currently available) within the communities where these programs operated would be important as they engage Connecticut’s Departments of Education and Labor. Although there were program participants who met the basic requirements for the high school diploma, there were some who shared concerns about their mathematics skills, reading skills, and writing skills. Of these areas, mathematics was the most endorsed academic weakness of the participants. Working to address and identify with the Departments of Education would be valuable as this program moves forward. It is important to note that participants from Family Strides identified reading as a more significant educational challenge and participant from Madonna Place indicated that writing was more educationally challenging (see, Figure 64).

Figure 63. Education Profile

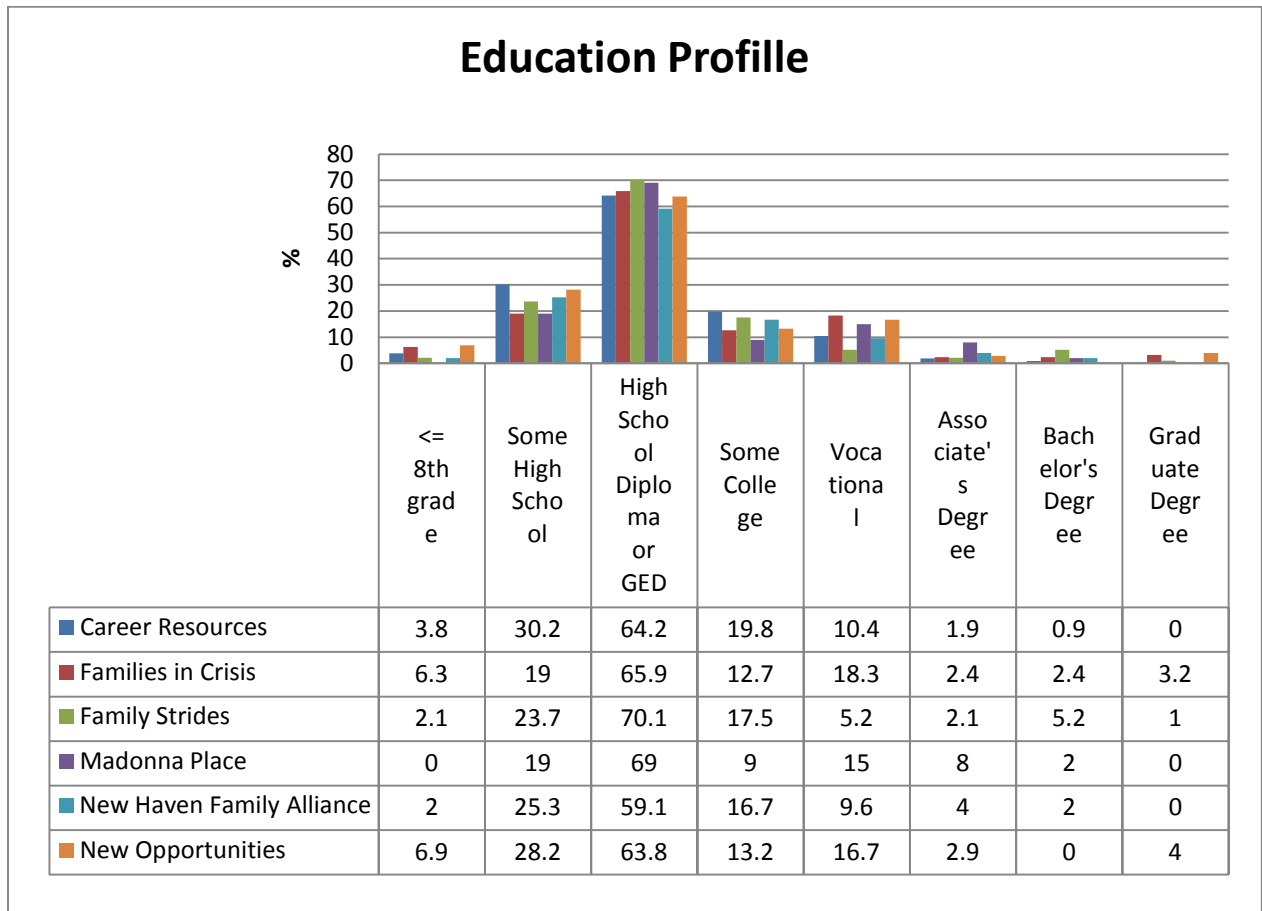
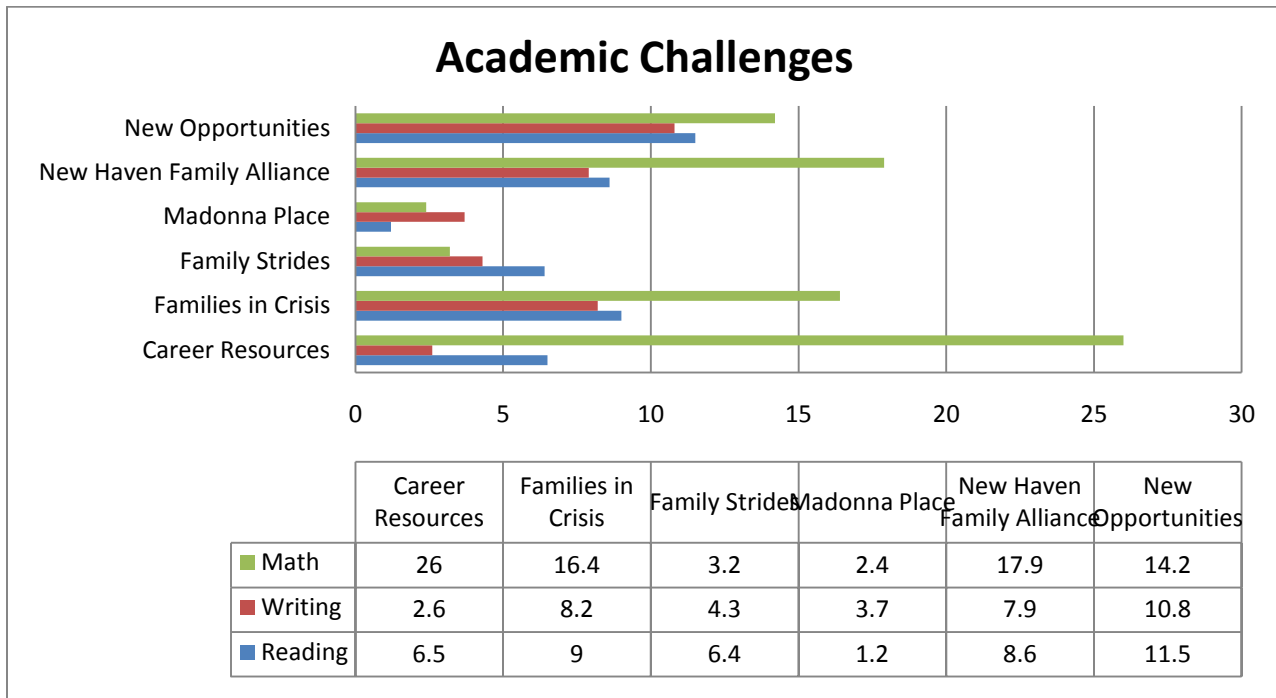
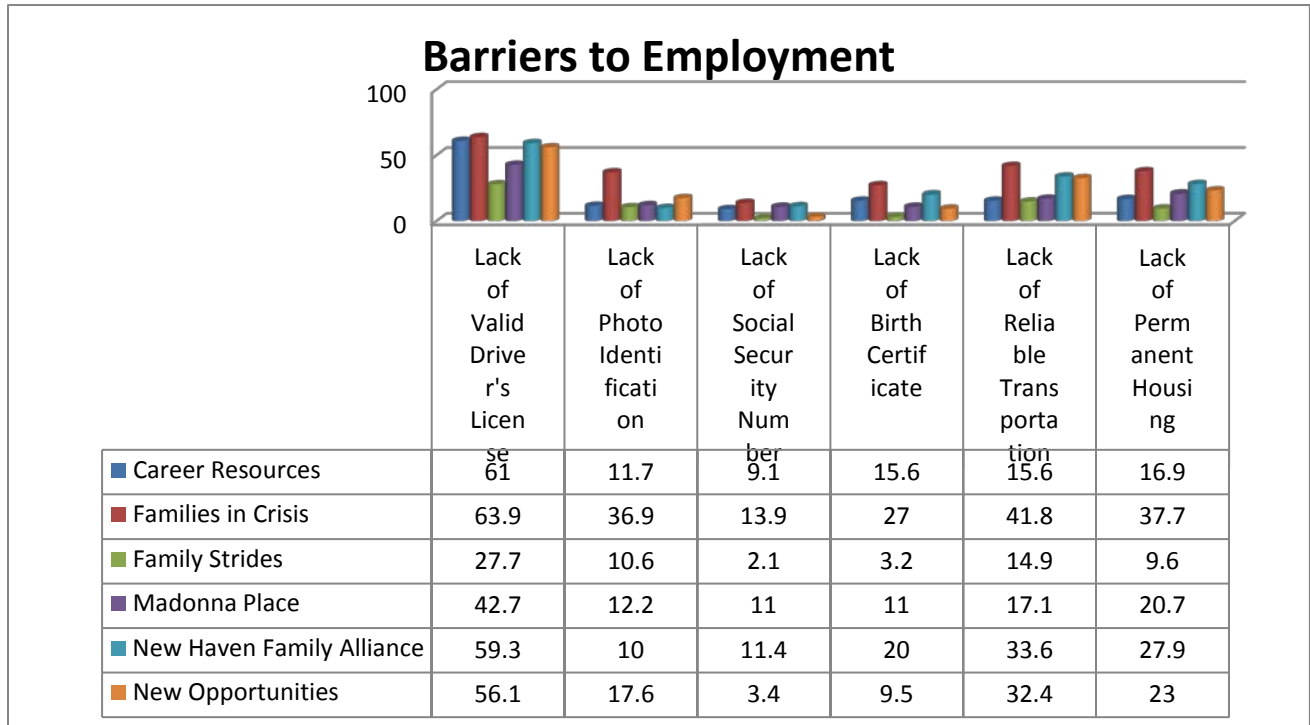


Figure 64. Academic Challenges



Significant employment barriers were identified by participants assessed included a lack of social security number 16 (11.4%), birth certificate 28, (20%), photo ID, 14 (10%), permanent residence 39, (27.9%), access to reliable transportation, 47 (33.6%) and lack of valid driver’s license, 83 (59.3%) (see Figure 1). Across sites lack of a valid driver’s license was most frequently endorsed as an employment barrier. Working in collaboration with Connecticut’s Departments of Motor Vehicle and Transportation with the collaborative goal to help the program meet the transportation needs of program participants may help to advance their expressed interest in securing a job. Although smaller in number, participants also indicated that they had difficulty securing documents vital for employment. Included are birth certificates and social security numbers. While if the immigration statuses of the participants prohibit their access to these documents, connections need to be made with the Department of Public Health and the Social Security Administration to ensure that the necessary linkages are established that may help to facilitate the smooth acquisition of these important work documents.

Figure 65. Barriers to Employment



Most of the men enrolled in the program indicated that they had significant outstanding debt. Importantly, this debt was included outstanding child support payments, credit cards and the like. Working with a consumer debt correction agency may help these men address their concerns. Connecticut's Department of Social Services and Court Support Services Division need to work more collaboratively to address the arrearage concerns of the program participants. Building these linkages is important to the success of this and any fatherhood programming sanctioned by the State.

Although a fair number of the men shared that they were aware of financial planning and could do so, few had one in place. Closer examination of the barriers to implementing better financial planning is indicated. This requires programs to ask and follow-up with participants about how best to achieve this goal. In addition, partnership with programs located in the local community action agencies that may provide incentives for the participants to save, engage in money management activities, and develop greater comfort and competence in this area is indicated.

Figure 66. Financial Management

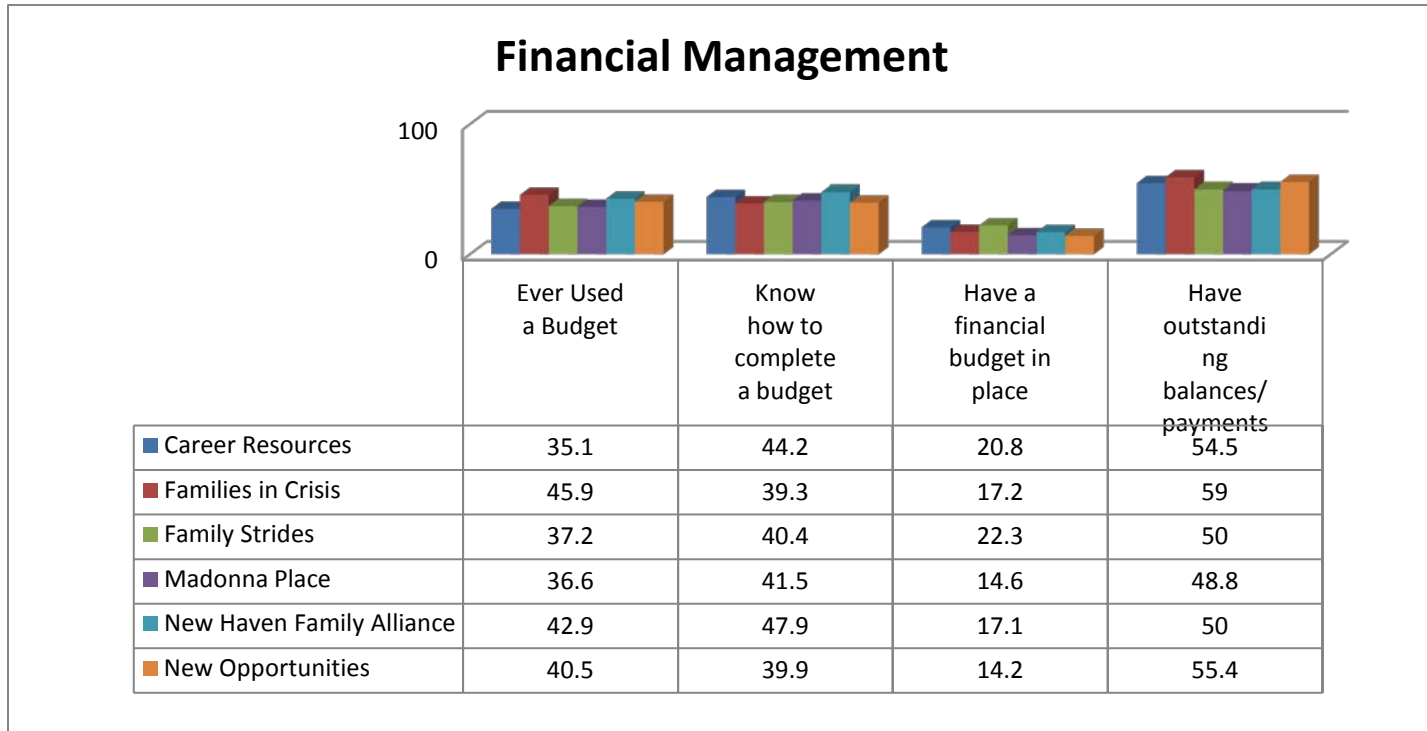
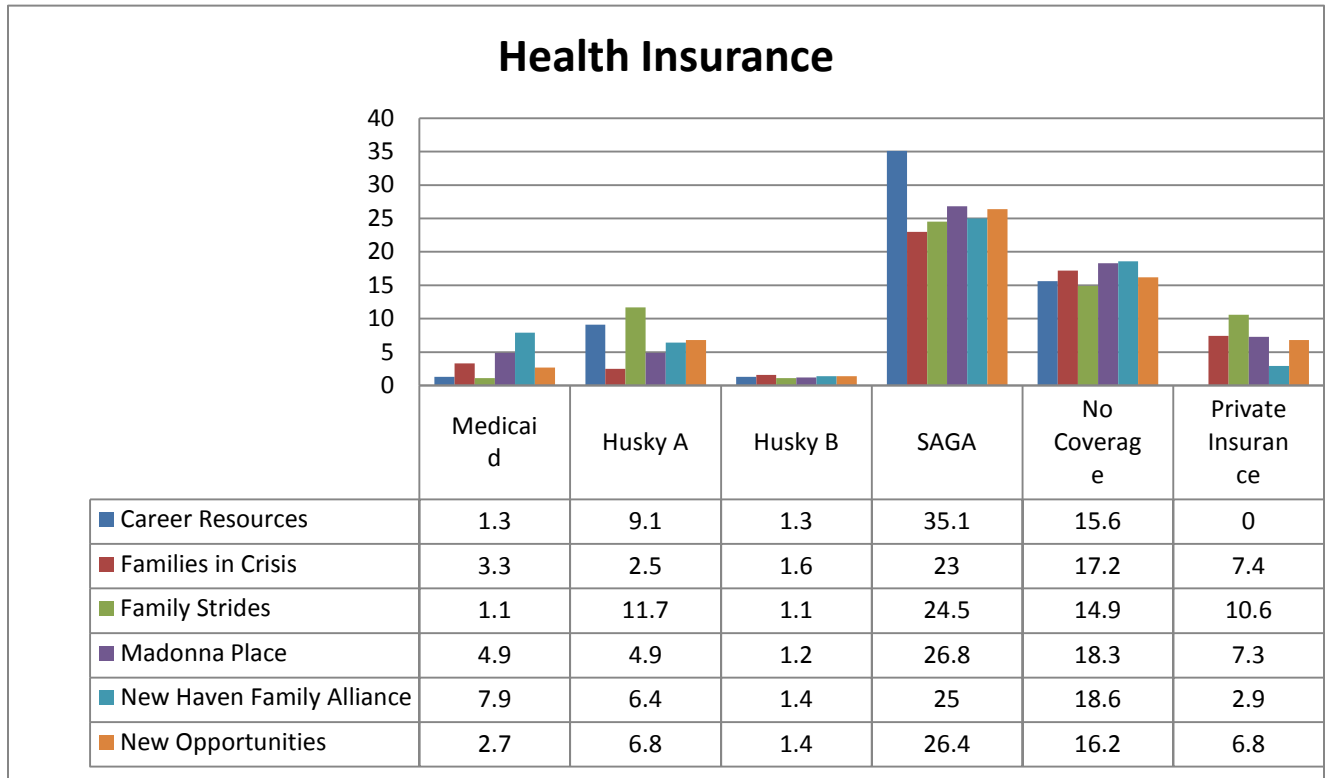
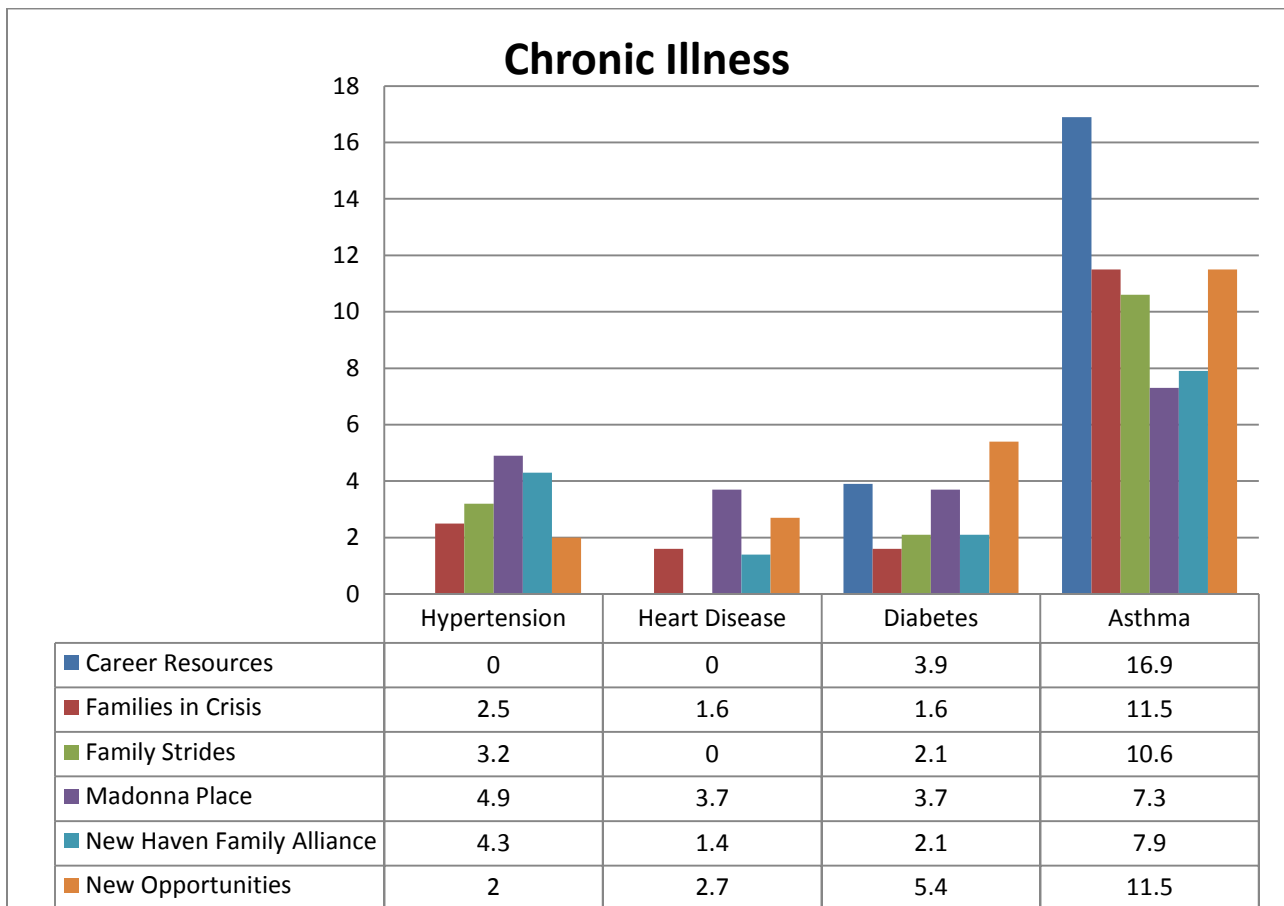


Figure 67. Health Insurance Profile



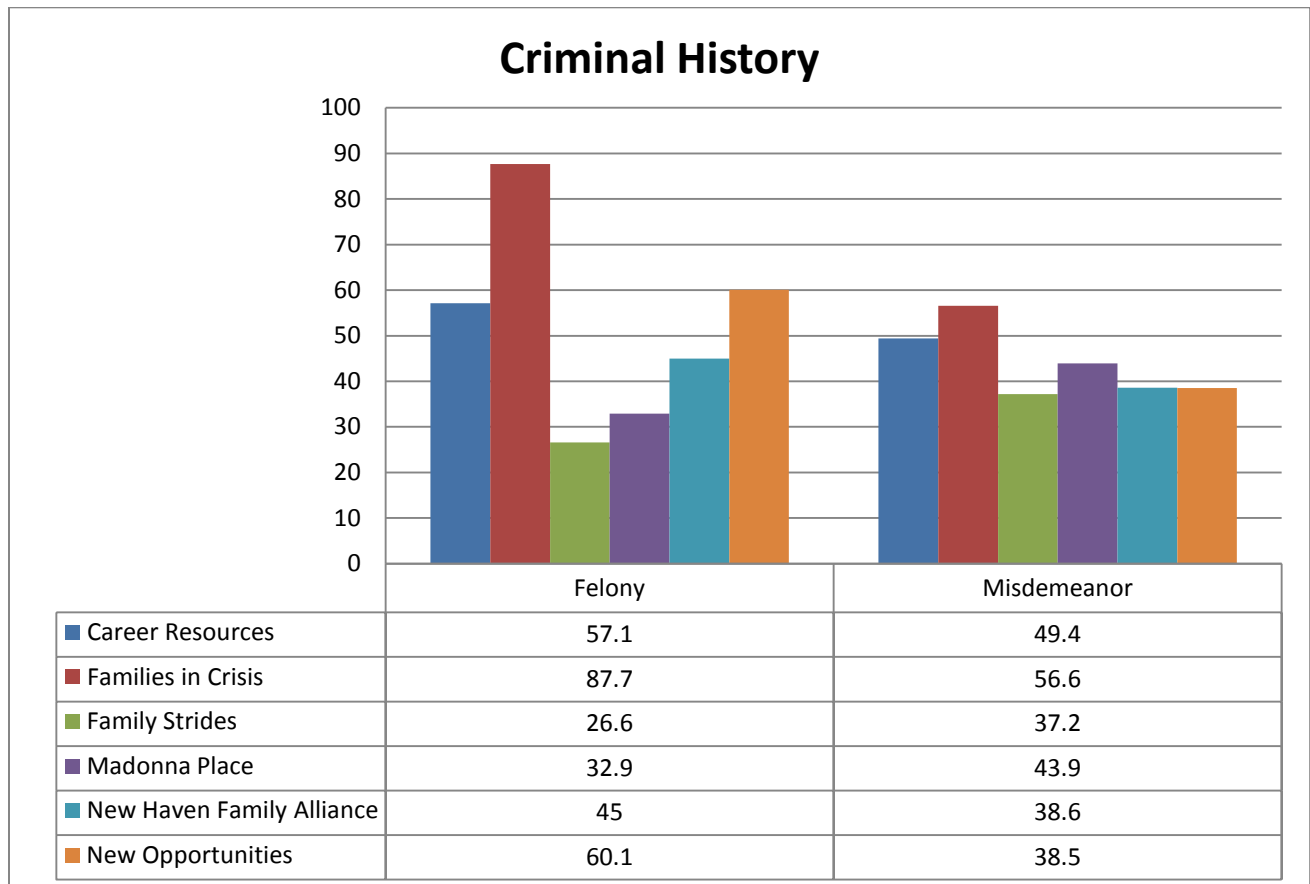
When asked about chronic health issues, asthma was the most endorsed chronic health issues identified. There were other chronic health issues identified, please refer to figure 68 for a complete summary. Fifty-nine (59, 48.4%) participants currently smoke cigarettes, and 11 (9%) indicated they needed help to stop smoking. Finally, 13 (16.9%) participants indicated that they had asthma, 3 (3.9%) had diabetes, 3(2.5%) had hypertension, 2 (1.6%) had heart disease, and 44 (36.1%) had a history of receiving alcohol or drug treatment (see, Figure 69).

Figure 68. Chronic Illness



Program participants assessed during Year 3 had a diverse criminal justice profile. Families in Crisis had the highest endorsed history of felony conviction. This observation was expected given their focus. Sixty percent of New Opportunities program participants had been convicted of a felony, followed by Career Resources with 57.1%, and New Haven Family Alliance at 45%.

Figure 69. Criminal History



CHILD FORM DATA

Combined Sites Child Form Data

The data presented in this section of this report is a summary of the 919 child forms completed during the 08-09 fiscal year. During '08-'09, a total of 919 children were identified to assessed program participants. Career Resources completed 134 (14.6%) child forms; Families in Crisis completed 124 (13.5%); Family Strides completed 155 (16.9%); Madonna Place completed 88 (9.6%); New Haven Family Alliance completed 255 (24.5%) and New Opportunities completed 193 (21%) child forms (see, Table 111). Four hundred and twenty-one, (45.8%) were male, and 450 (49%) were female. The average child's age was 8.9 years (see, Table 112).

Table 111

Child Forms Completed by Site	N = 919
Career Resources	134
Families in Crisis, Inc.	124
Family Strides, Inc.	155
Madonna Place, Inc.	88
New Haven Family Alliance, Inc.	225
New Opportunities, Inc.	193

Table 112

Age of all Responsible Fatherhood program participants' children: '08-09

	Participants (n=919)	
	Range	Mean
Age	0-32	8.9

Note: Not all participants responded to every question.

When we examined the current living arrangements for the children associated with the participants enrolled in the program we observed that most of the children (535, 58%) lived with the other parent, 129 (14%) lived with the participant enrolled in this program, and to a lesser extent, resided in other contexts, including other relatives, foster homes or unknown. See Table 113 for a complete summary of these observations. With respect to the custody arrangements of the children, we observe that most (679, 74%) did not share this information with the programs, 72 (8%) program participants reported that they had joint custody with the other parent, and 46 (5%) reported that the other parent had sole legal and physical custody of the children. For a complete summary custody data, please refer to Table 114.

Table 113

Child Participants N=919		
Children Living Arrangement	n	%
Participant	129	14.0
Other parent	535	58.2
Grandparent	51	5.5
Another Relative	12	1.3
Foster Home	39	4.2
Other	35	3.8
Unknown/Not Applicable/ No Response/Refused	25	2.7

Note: Not all participants responded to every question

Table 114

Child Participants N=919		
Child Custody Arrangement	n	%
I have sole legal and physical custody	23	2.5
Other parent has sole legal and physical custody	46	5.0
Joint legal custody but I have primary physical custody	21	2.3
Joint legal custody but other parent has primary physical custody	72	7.8
Joint legal and physical custody	21	2.3
Custody to a third party	37	4.0
Unknown/Not applicable/ No response/Refused	20	2.1
Missing Data	679	73.9

Note: Not all participants responded to every question

In terms of child support issues, during the 08-09 fiscal year participants self reported that on average they were required to pay \$172.98 (see, Table 115). The actual self reported average child support payment paid by program participants monthly during the last six months was \$96.85 (see, Table 116). The participants were asked to identify what things they were able to provide to their children. They self reported that they purchased clothes (354, 38%), gave money to the other parent (334, 26%) and bought items (115, 13%) or paid rent/mortgages 110 (12%) (see, Table 117). Six hundred and fifty-five (71%) program participants stated they had their name on the birth certificate as the legal parent or paternity had been established for the child. Two hundred and fifty-four (27.5%) of program participant have had legal custody decided by the court (see, Table 118).

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Table 115

Amount Responsible Fatherhood program participants were required to pay in child support payments: 08-09

	Child Participants (n=919)	
	Range	Mean
Amount required	\$0-1600	\$172.98

* self report

Table 116

Amount Responsible Fatherhood program participants reported paying for child support per month: 08-09

	Child Participants (n=919)	
	Range	Mean
Amount paid	\$0-\$3000	\$96.85*

*self report

Table 117

Child Participants N=919		
Provisions for Children	n	%
Giving money directly to the child or his/her other parent	334	26.2
Making car payments, purchasing a car, or loaning your car	89	9.7
Paying medical bills	90	9.8
Making mortgage or rent payments	110	11.9
Purchasing of clothes, furniture, bikes, or other major items	354	38.4
Buying Diapers	115	12.5
Miscellaneous Contributions	49	5.3

Note: Not all participants responded to every question

Table 118

Child Participants N=919		
Children Living Arrangement	n	%
Paternity Established	655	71
Obtained legal custody	254	27.5

Note: Not all participants responded to every question

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

During the 08-09 fiscal year program participants reported contact with their children over the previous 12 months. One hundred and fifty two (152, 16.5%) children were not seen by their fathers; 75 (8.1%) children were seen about once or twice a year by their fathers; 31 (3.4%) children were visited about every other month by their fathers; 87 (9.4%) children were seen by their fathers about once or twice a month; 99 (10.7%) children were seen by their fathers about once a week; 124 (13.4%) children were seen several times a week by their fathers; and 203 (22.0%) children were seen by their fathers on a daily basis (see Table 119). One hundred and ninety-two (20.8%) fathers had a court order permitting visitation, while 79 (8.6%) fathers had a court-ordered restricting contact with their child (see Table 120).

Table 119

Participants N=919		
Visitation	n	%
Not at all	152	16.5
About once or twice a year	75	8.1
About every other month	31	3.4
About once/twice a month	87	9.4
About once a week	99	10.7
Several times a week	124	13.4
Daily	203	22.0
Unknown/Not applicable	47	5.1

Note: Not all participants responded to every question

Table 120

Child Participants N=919		
Court Restrictions	n	%
Yes	79	8.6
No	649	70.6
Unknown/Not Applicable	67	7.2

The fathers of 310 (33.6%) children said that they were very dissatisfied with the amount of time they spent with their child; the fathers of 104 (11.3%) children were somewhat dissatisfied with the amount of time spent with their child or children; the fathers of 134 (14.5%) of the children were somewhat satisfied with the amount of time spent with their children; and the fathers of 206 (22.3%) of the children reported that they were very satisfied with the amount of time spent with their children (see, Table 121).

Table 121

Participants N=919		
Satisfaction of Time Spent	n	%
Very Dissatisfied	310	33.6
Somewhat Dissatisfied	104	11.3
Somewhat Satisfied	134	14.5
Very Satisfied	206	22.3
Unknown/Not Applicable	71	7.7

Note: Not all participants responded to every question

The participants were asked about how much influence during the previous 12 months they had in making major decisions about their child or children. The fathers of 328 (35.7%) children indicated that they had no influence, the fathers of 215 (23.4%) children reported having some influence, and the fathers of 246 (26.8%) children indicated they had a great deal of influence (see, Table 122).

When asked if they had a choice of becoming a parent again would they still choose to be a parent 669 (72.8%) indicated they would, 63 (7%) said maybe they would choose to be a parent if they could do this over again, and 42 (5%) said that they would not choose to be a parent if they could do it over again (see, Table 123).

Table 122

Participants N=919		
Influence on making major decisions	n	%
No Influence	328	35.7
Some Influence	215	23.4
Great Deal of Influence	246	26.8

Note: Not all participants responded to every question.

Table 123

Would Responsible Fatherhood program participants still choose to be a parent if they could do it over again? 08-09

	Participants (n=919)	
	n	%
No	42	4.6
Yes	669	72.8
Maybe	63	6.9

Note: Not all participants responded to every question.

Career Resources Child Form Data

The data presented in this section of this report is a summary of the 134 child forms completed by Career Resources during the 08-09 fiscal year. Career Resources completed 134 (14.6%) child forms (see, Table 111). Sixty-seven, (50%) were male, and 66 (49.3%) were female (see, Table 124). The average child’s age was 9.3 years (see, Table 125).

Table 124

Child Participants N=134		
Gender	n	%
Male	67	50
Female	66	49.3
Missing	1	<1

Note: Not all participants responded to every question.

Table 125

Age of all Responsible Fatherhood program participants’ children: ‘08-09

	Child Participants (n=134)	
	Range	Mean
Age	1-33	9.3

When we examined the current living arrangements for the children associated with the participants enrolled in the program we observed that most of the children (94, 70%) lived with the other parent, 17 (13%) lived with the participant enrolled in this program, and to a lesser extent, resided in other contexts, including other relatives, foster homes or unknown. See Table 126 for a complete summary of these observations. With respect to the custody arrangements of the children, we observe that most 13 (9.7%) program participants reported that they had joint custody with the other parent, and 13 (9.7%) reported that the other parent had sole legal and physical custody of the children. For a complete summary custody data (see, Table 127). Eighty-seven (64.9%) program participants stated they had their name on the birth certificate as the legal parent or paternity had been established for the child (see, Table 128).

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Table 126

Child Participants N=134		
Child Living Arrangement	n	%
Participant	17	12.7
Other parent	94	70.1
Grandparent	7	5.2
Another Relative	6	4.5
Foster Home	1	<1
Other	6	4.5
Unknown/Not Applicable/ No Response/Refused	3	2.2

Note: Not all participants responded to every question

Table 127

Child Participants N=134		
Child Custody Arrangement	n	%
I have sole legal and physical custody	3	2.2
Other parent has sole legal and physical custody	13	9.7
Joint legal custody but I have primary physical custody	4	3
Joint legal custody but other parent has primary physical custody	13	9.7
Custody to a third party	5	3.7
Missing Data	96	71.6

Table 128

Child Participants N=134		
Paternity	n	%
Paternity Established	87	64.9
Obtained legal custody	38	28.4

In terms of child support issues, during the 08-09 fiscal year 82 participants self reported they had a child support order for their child, and that on average they were required to pay \$208.93 (see, Table 129). The actual self reported average child support payment paid by program participants monthly during the last six months was \$100.44 (see, Table 130). The participants were asked to identify what things they were able to provide to their children. They self reported that they purchased clothes (66, 49%), gave money to the other parent (47, 35%) and bought items (17, 13%) or paid rent/mortgages (13, 11%) (see, Table 131).

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Table 129

Amount Responsible Fatherhood program participants were required to pay in child support payments: 08-09 * self report

	Child Participants (n=134)	
	Range	Mean
Amount required	\$0-800	\$208.93

Table 130

Amount Responsible Fatherhood program participants paid for child support per month: 08-09 *self report

	Child Participants (n=134)	
	Range	Mean
Amount paid	\$0-\$2000	\$100.44

Table 131

Child Participants N=134		
Provisions for Children	n	%
Giving money directly to the child or his/her other parent	47	35.1
Making car payments, purchasing a car, or loaning your car	7	5.2
Paying medical bills	8	6
Making mortgage or rent payments	13	9.7
Purchasing of clothes, furniture, bikes, or other major items	66	49.3
Buying Diapers	17	12.7
Miscellaneous Contributions	9	6.7

Note: Not all participants responded to every question

During the 08-09 fiscal year program participants reported contact with their children over the previous 12 months. Twenty-four (24, 17.9%) children were not seen by their fathers; 13 (9.7%) children were seen about once or twice a year by their fathers; 7 (5.2%) children were visited about every other month by their fathers; 22 (16.4%) children were seen by their fathers about once or twice a month; 5 (3.7%) children were seen by their fathers about once a week; 24 (17.9%) children were seen several times a week by their fathers; and 35 (26.1.0%) children were seen by their fathers on a daily basis (see Table 132). Twenty-five (18.7%) fathers had a court order permitting visitation, while 4 (3%) fathers had a court-ordered restricting contact with their child (see, Table 133).

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

The fathers of 51 (38.1%) children said that they were very dissatisfied with the amount of time they spent with their child; the fathers of 17 (12.7%) children were somewhat dissatisfied with the amount of time spent with their child or children; the fathers of 24 (17.9%) of the children were somewhat satisfied with the amount of time spent with their children; and the fathers of 38 (28.4%) of the children reported that they were very satisfied with the amount of time spent with their children (see, Table 134).

Table 132

Participants N=134		
Visitation	n	%
Not at all	24	17.9
About once or twice a year	13	9.7
About every other month	7	5.2
About once/twice a month	22	16.4
About once a week	5	3.7
Several times a week	24	17.9
Daily	35	26.1
Unknown/Not applicable	1	<1
Missing	3	2.2

Note: Not all participants responded to every question

Table 133

Child Participants N=134		
Court-ordered Contact	n	%
Court order permitting visitation	25	18.7
Court order restricting contact	4	3

Table 134

Participants N=134		
Satisfaction of Time Spent	n	%
Very Dissatisfied	51	38.1
Somewhat Dissatisfied	17	12.7
Somewhat Satisfied	24	17.9
Very Satisfied	38	28.4
Unknown/Not Applicable	1	<1
Missing	3	2.2

Note: Not all participants responded to every question

The participants were asked about how much influence during the previous 12 months they had in making major decisions about their child or children. The fathers of 52 (38.8%) children indicated that they had no influence, the fathers of 36 (26.9%) children reported having some influence, and the fathers of 43 (32.1%) children indicated they had a great deal of influence (see, Table 135).

When asked if they had a choice of becoming a parent again would they still choose to be a parent 114, 85.1% indicated they would, 2, 1.5% said maybe they would choose to be a parent if they could do this over again, and 12, 9% said that they would not choose to be a parent if they could do it over again (see, Table 136).

Table 135

Participants N=134		
Influence on making major decisions	n	%
No Influence	52	38.8
Some Influence	36	26.9
Great Deal of Influence	43	32.1

Note: Not all participants responded to every question.

Table 136

Would Responsible Fatherhood program participants still choose to be a parent if they could do it over again? 08-09

Participants (n=134)		
	n	%
No	12	9.0
Yes	114	85.1
Maybe	2	1.5

Note: Not all participants responded to every question.

Program participants were asked how often they have seen their partner/mother of their child(ren) in the last 12 months. Twenty-five, (18.7%) fathers indicated they had not seen her, 9 (6.7%) one time, 25 (18.7%) 2-4 times, 11 (8.2%) every other month, 49 (36.6%) every months, and 12 (9.0%) every 6 months (see, Table 137). They were also asked to identify if they were satisfied with the time that they spent with the mother of their children. Sixty-nine (69, 52%) of the participants was very satisfied or satisfied with the time spent with the other parent. Thirty one (31, 24%) was not satisfied or very dissatisfied with the amount of time spent with the other parent (see, Table 138).

The participants were asked if they were satisfied with the relationship they have with the other parent. Seventy nine (78, 59%) indicated that they were neutral to very satisfied. Fifty two (52, 40%) were either not satisfied or very dissatisfied with the relationship they had with the other parent (see, Table 139).

When asked to characterize the nature of their relationship with the other parent, 65 (49%) reported that they were neutral to very friendly with the other parent of their child. Sixty five (65, 49%) of the participants characterized their relationship with the other parent of their child as somewhat hostile to no relationship (see, Table 140). Finally, the participants were asked how often they talked with the other parent about what was going on with their child. Sixty two (62, 46%) indicated that they did not regularly communicate with the other parent and 35 (26%) indicated that they communicated daily. For a complete summary please refer to Table 141.

Table 137

Participants N=134		
Seen partner/mother of child last 12 months	n	%
I have not seen her	25	18.7
One time	9	6.7
2-4 times	25	18.7
Every other month	11	8.2
Every month	49	36.6
Every 6 months	12	9
Missing	3	2.2

Table 138

Participants N=134		
Satisfaction Time Spent with Mother of child	n	%
Very Dissatisfied	21	15.7
Not Satisfied	10	7.5
Neutral	31	23.1
Satisfied	32	23.9
Very Satisfied	37	27.6
Missing	3	2.2

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Table 139

Participants N=134		
Satisfaction with the relationship you have with Mother of your child	n	%
Very Dissatisfied	26	19.4
Not Satisfied	26	19.4
Neutral	24	17.9
Satisfied	27	20.1
Very Satisfied	28	20.9
Missing	3	2.2

Table 140

Participants N=134		
How would you describe the relationship with this child's other parent	n	%
No relationship	34	25.4
Very hostile	16	11.9
Somewhat hostile	15	11.2
Neutral	9	6.7
Somewhat friendly	21	15.7
Very friendly	35	26.1
Unknown/Not Applicable	1	<1
Missing	3	2.2

Table 141

Participants N=134		
How often do you and the other parent of this child talk about what is going on with this child	n	%
Not regularly	62	46.3
About once a month	7	5.2
More than once a month	8	6
Once per week	6	4.5
More than once per week	4	3
Daily	35	26.1
Not applicable/unknown	8	6
Missing	15	12.1

Families in Crisis Child Form Data

During '08-'09, a total of 919 children were identified to assessed program participants. Families in Crisis completed 124 child forms. Sixty-seven, (5%) were male, and 56 (45.2%) were female. The average child's age was 8.2 years.

Table 142

Age of all Responsible Fatherhood program participants' children: '08-09

	Participants (n=124)	
	Range	Mean
Age	1-21	8.2

Table 143

Child Participants N=124		
Gender	n	%
Male	67	54
Female	56	45.2
Missing	1	<1

Note: Not all participants responded to every question.

When we examined the current living arrangements for the children associated with the participants enrolled in the program we observed that most of the children (76, 61.3%) lived with the other parent, 9 (7.3%) lived with the participant enrolled in this program, and to a lesser extent, resided in other contexts, including other relatives, foster homes or unknown. See Table 144 for a complete summary of these observations. With respect to the custody arrangements of the children, we observe that most 13 (9.7%) program participants reported that they had joint custody with the other parent, and 13 (9.7%) reported that the other parent had sole legal and physical custody of the children. For a complete summary custody data (see, Table 145). Eighty-seven (64.9%) program participants stated they had their name on the birth certificate as the legal parent or paternity had been established for the child (see, Table 146).

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Table 144

Child Participants N=124		
Children Living Arrangement	n	%
Participant	9	7.3
Other parent	76	61.3
Grandparent	7	5.6
Another Relative	3	2.4
Foster Home	5	4
Other	2	1.6
Unknown/Not Applicable/ No Response/Refused to answer	5	4

Note: Not all participants responded to every question

Table 145

Child Participants N=124		
Child Custody Arrangement	n	%
I have sole legal and physical custody	3	2.4
Other parent has sole legal and physical custody	6	4.8
Joint legal custody but I have primary physical custody	4	3.2
Joint legal custody but other parent has primary physical custody	3	2.4
Joint and legal custody	2	1.6
Custody to a third party	5	4
Missing Data	98	79

Ninety-six (77.4%) program participants stated they had their name on the birth certificate as the legal parent or paternity had been established for the child. Twenty-seven (21.8%) of program participant have had legal custody decided by the court (see, Table 146).

Table 146

Child Participants N=124		
Paternity	n	%
Paternity Established	96	77.4
Obtained legal custody	27	21.8

In terms of child support issues, during the 08-09 fiscal year 41, (33.1%) participants self reported they had a child support order for their child, and that on average they were required to pay \$76.77. The actual self reported average child support payment paid by program participants monthly during the last six months was \$31.31.

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Amount Responsible Fatherhood program participants were required to pay in child support payments: 08-09 * self report

Child Participants (N=124)		
	Range	Mean
Amount required	\$0-1200	\$76.77

Table 147

Child Participants N=124		
Provisions for Children	n	%
Giving money directly to the child or his/her other parent	19	15.3
Making car payments, purchasing a car, or loaning your car	0	0
Paying medical bills	1	.8
Making mortgage or rent payments	3	2.4
Purchasing of clothes, furniture, bikes, or other major items	17	13.7
Buying Diapers	3	2.4
Miscellaneous Contributions	6	4.8

Note: Not all participants responded to every question

Table 148

Amount Responsible Fatherhood program participants are supposed to pay for child support per month: 08-09 *self report

Child Participants (n=124)		
	Range	Mean
Amount paid	\$0-\$800	\$31.31

During the 08-09 fiscal year program participants reported contact with their children over the previous 12 months. Forty-five (36.3%) children were not seen by their fathers; 21 (16.9%) children were seen about once or twice a year by their fathers; 5 (4%) children were visited about every other month by their fathers; 12 (9.7%) children were seen by their fathers about once or twice a month; 11 (8.9%) children were seen by their fathers about once a week; 4 (3.2%) children were seen several times a week by their fathers; and 2 (1.6%) children were seen by their fathers on a daily basis (see, Table 149). Twenty-one (16.9%) fathers had a court order permitting visitation, while 8 (6.5%) fathers had a court-ordered restricting contact with their child (see, Table 150).

Table 149

Child Participants N=124		
Visitation	n	%
Not at all	45	36.3
About once or twice a year	21	16.9
About every other month	5	4
About once/twice a month	12	9.7
About once a week	11	8.9
Several times a week	4	3.2
Daily	2	1.6
Unknown/Not applicable	8	6.5
Missing	16	12.9

Note: Not all participants responded to every question

Table 150

Child Participants N=134		
Court-ordered Contact	n	%
Court order permitting visitation	25	18.7
Court order restricting contact	4	3

The fathers of 51 (38.1%) children said that they were very dissatisfied with the amount of time they spent with their child; the fathers of 17 (12.7%) children were somewhat dissatisfied with the amount of time spent with their child or children; the fathers of 24 (17.9%) of the children were somewhat satisfied with the amount of time spent with their children; and the fathers of 38 (28.4%) of the children reported that they were very satisfied with the amount of time spent with their children (see, Table 151).

Table 151

Child Participants N=124		
Satisfaction of Time Spent	n	%
Very Dissatisfied	60	48.4
Somewhat Dissatisfied	19	15.3
Somewhat Satisfied	10	8.1
Very Satisfied	6	4.8
Unknown/Not Applicable	11	8.9
No Response/Refused/ Missing	18	15.5

Note: Not all participants responded to every question

The participants were asked about how much influence during the previous 12 months they had in making major decisions about their child or children. The fathers of 62 (50%) children indicated that they had no influence, the fathers of 25 (20.2%) children reported having some influence, and the fathers of 15 (12.1%) children indicated they had a great deal of influence (see, Table 151). When asked if they had a choice of becoming a parent again would they still choose to be a parent 100, 80.6% indicated they would, 3, 2.4% said maybe they would choose to be a parent if they could do this over again, and 3, 2.4% said that they would not choose to be a parent if they could do it over again.

Table 151

Child Participants N=124		
Influence on making major decisions	n	%
No Influence	62	50
Some Influence	25	20.2
Great Deal of Influence	15	12.1

Note: Not all participants responded to every question.

Table 152

Would Responsible Fatherhood program participants still choose to be a parent if they could do it over again? 08-09

	Participants (n=124)	
	n	%
No	3	2.4
Yes	100	80.6
Maybe	3	2.4

Note: Not all participants responded to every question.

Program participants were asked how often they have seen their partner/mother of their child(ren) in the last 12 months. Fifty-five, (44.4%) fathers indicated they had not seen her, 7 (5.6%) one time, 18 (14.5%) 2-4 times, 3 (2.4%) every other month, and 23 (18.5%) every month (see, Table 153). They were also asked to identify if they were satisfied with the time that they spent with the mother of their children. Twenty-five (25, 18.6%) of the participants was very satisfied or satisfied with the time spent with the other parent. Fifty-three (42.8%) were not satisfied or very dissatisfied with the amount of time spent with the other parent (see, Table 154). The participants were asked if they were satisfied with the relationship they have with the other parent. Fifty-five (44.4%) indicated that they were neutral to very satisfied. Fifty (40.3%) were either not satisfied or very dissatisfied with the relationship they had with the other parent (see, Table 155).

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

When asked to characterize the nature of their relationship with the other parent, 67 (54%) reported that they were neutral to very friendly with the other parent of their child. Twenty-eight (19.6%) of the participants characterized their relationship with the other parent of their child as somewhat hostile to no relationship (see, Table 156). Finally, the participants were asked how often they talked with the other parent about what was going on with their child. Thirty-five (28.2%) indicated that they did not regularly communicate with the other parent and 9 (7.3%) indicated that they communicated daily. For a complete summary please refer to Table 157.

Table 153

Child Participants N=124		
Seen your partner/mother of your child in last 12 months	n	%
I have not seen her	55	44.4
One time	7	5.6
2-4 times	18	14.5
Every other month	3	2.4
Every month	23	18.5
Every 6 months	0	0
Missing	18	14.5

Table 154

Child Participants N=124		
Satisfaction of Time Spent with Mother of your child	n	%
Very Dissatisfied	41	33.1
Not Satisfied	12	9.7
Neutral	29	23.4
Satisfied	9	7.3
Very Satisfied	14	11.3
Missing	19	15.3

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Table 155

Child Participants N=124		
Satisfaction with the relationship you have with Mother of your child	n	%
Very Dissatisfied	36	29
Not Satisfied	14	11.3
Neutral	25	20.2
Satisfied	18	14.5
Very Satisfied	12	9.7
Missing	19	15.3

Table 156

Child Participants N=124		
How would you describe the relationship with this child's other parent	n	%
No relationship	14	11.3
Very hostile	5	4
Somewhat hostile	9	7.3
Neutral	19	15.3
Somewhat friendly	22	17.7
Very friendly	26	21
Unknown/Not Applicable	6	4.8
Missing	16	12.9

Table 157

Child Participants N=124		
How often do you and the other parent of this child talk about what is going on with this child	N	%
Not regularly	35	28.2
About once a month	10	8.1
More than once a month	14	11.3
Once per week	13	10.5
More than once per week	8	6.5
Daily	9	7.3
Not applicable/unknown	11	8.9
No Response/Refused/Missing	24	19.4

Child Form – Family Strides

During '08-'09, a total of 919 children were identified to assessed program participants. Family Strides completed 155 child forms (see, Table 111). Fifty-four, (34.8%) were male, and 82 (52.9%) were female (see, Table 159). The average child's age was 8 years.

Table 158

Age of all Responsible Fatherhood program participants' children: '08-09

	Participants (n=155)	
	Range	Mean
Age	0-22	8

Table 159

Child Participants N=155		
Gender	n	%
Male	54	34.8
Female	82	52.9
Missing	19	12.3

Note: Not all participants responded to every question.

When we examined the current living arrangements for the children associated with the participants enrolled in the program we observed that most of the children (70, 45.2%) lived with the other parent, 27 (17.4%) lived with the participant enrolled in this program, and to a lesser extent, resided in other contexts, including other relatives, foster homes or unknown. See Table 160 for a complete summary of these observations. With respect to the custody arrangements of the children, we observe that most 13 (9.7%) program participants reported that they had joint custody with the other parent, and 13 (9.7%) reported that the other parent had sole legal and physical custody of the children. For a complete summary custody data (see, Table 161). One hundred and seventeen (75.5%) program participants stated they had their name on the birth certificate as the legal parent or paternity had been established for the child. Fifty-four (34.8%) of program participants have had legal custody decided by the court (see, Table 162).

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Table 160

Child Participants N=155		
Children Living Arrangement	n	%
Participant	27	17.4
Other parent	70	45.2
Grandparent	5	3.2
Another Relative	0	0
Foster Home	5	3.2
Other	12	7.7
Unknown/Not Applicable/ No Response/Refused to answer	1	<1
No Response/Refused	7	4.5

Note: Not all participants responded to every question

Table 161

Child Participants N=155		
Child Custody Arrangement	n	%
I have sole legal and physical custody	5	3.2
Other parent has sole legal and physical custody	5	3.2
Joint legal custody but I have primary physical custody	29	18.7
Joint legal custody but other parent has primary physical custody	3	1.9
Custody to a third party	6	3.9
Missing Data	107	69

Table 162

Child Participants N=155		
Paternity	n	%
Paternity Established	117	75.5
Obtained legal custody	54	34.8

In terms of child support issues, during the 08-09 fiscal year 48 participants self reported they had a child support order for their child, and that on average they were required to pay \$237.33 (see, Table 163). The actual self reported average child support payment paid by program participants monthly during the last six months was \$140.39 (see, Table 164). The participants were asked to identify what things they were able to provide to their children.

They self reported that they purchased clothes (77, 49.7%), gave money to the other parent (70, 45.2%), and bought items (18, 11.6%) or paid rent/mortgages (45, 29%) (see, Table 165).

Table 163

Amount Responsible Fatherhood program participants were required to pay in child support payments: 08-09 * self report

	Child Participants (n=155)	
	Range	Mean
Amount required	\$0-836.00	\$237.33

Table 164

Amount Responsible Fatherhood program participants are supposed to pay for child support per month: 08-09 *self report

	Child Participants (n=155)	
	Range	Mean
Amount paid	\$0-\$2500	\$140.39

Table 165

Child Participants N=155		
Provisions for Children	n	%
Giving money to the child or his/her other parent	70	45.2
Making car payments, purchasing a car, or loaning your car	42	27.1
Paying medical bills	37	23.9
Making mortgage or rent payments	45	29
Purchasing of clothes, furniture, bikes, or other major items	77	49.7
Buying Diapers	18	11.6
Miscellaneous Contributions	0	0

Note: Not all participants responded to every question

During the 08-09 fiscal year program participants reported contact with their children over the previous 12 months. Five (3.2%) children were not seen by their fathers; 7 (4.5%) children were seen about once or twice a year by their fathers; 3 (1.9%) children were visited about every other month by their fathers; 13 (8.4%) children were seen by their fathers about once or twice a month; 14 (9%) children were seen by their fathers about once a week; 19 (12.3%) children were seen several times a week by their fathers; and 47 (30.3%) children were seen by their fathers on a daily basis (see, Table 166). Thirty (19.4%) fathers had a court order permitting visitation, while 19 (12.3%) fathers had a court-ordered restricting contact with their child (see Table 167).

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

The fathers of 30 (19.4%) children said that they were very dissatisfied with the amount of time they spent with their child; the fathers of 18 (11.6%) children were somewhat dissatisfied with the amount of time spent with their child or children; the fathers of 25 (16.1%) of the children were somewhat satisfied with the amount of time spent with their children; and the fathers of 40 (25.8%) of the children reported that they were very satisfied with the amount of time spent with their children (see, Table 168).

Table 166

Participants N=155		
Visitation	n	%
Not at all	5	3.2
About once or twice a year	7	4.5
About every other month	3	1.9
About once/twice a month	13	8.4
About once a week	14	9.0
Several times a week	19	12.3
Daily	47	30.3
Unknown/Not applicable	6	3.9

Note: Not all participants responded to every question

Table 167

Child Participants N=155		
Court-ordered Contact	n	%
Court order permitting visitation	30	19.4
Court order restricting contact	19	12.3

Table 168

Participants N=155		
Satisfaction of Time Spent	n	%
Very Dissatisfied	30	19.4
Somewhat Dissatisfied	18	11.6
Somewhat Satisfied	25	16.1
Very Satisfied	40	25.8
Unknown/Not Applicable	1	<1
Missing	11	7.1

Note: Not all participants responded to every question

The participants were asked about how much influence during the previous 12 months they had in making major decisions about their child or children. The fathers of 24 (15.5%) children indicated that they had no influence, the fathers of 43 (27.7%) children reported having some influence, and the fathers of 45 (29%) children indicated they had a great deal of influence (see, Table 169).

When asked if they had a choice of becoming a parent again would they still choose to be a parent 106, 68.4% indicated they would, 2, 1.3% said maybe they would choose to be a parent if they could do this over again, and 4, 2.6% said that they would not choose to be a parent if they could do it over again (see, Table 170).

Table 169

Participants N=155		
Influence on making major decisions	n	%
No Influence	24	15.5
Some Influence	43	27.7
Great Deal of Influence	45	29

Note: Not all participants responded to every question.

Table 170

Would Responsible Fatherhood program participants still choose to be a parent if they could do it over again? 08-09

	Participants (n=155)	
	n	%
No	4	2.6
Yes	106	68.4
Maybe	2	1.3

Note: Not all participants responded to every question.

Program participants were asked how often they have seen their partner/mother of their child(ren) in the last 12 months. Nine (5.8%) fathers indicated they had not seen her, 4 (2.6%) one time, 9 (5.8%) 2-4 times, 6 (3.9%) every other month, 46 (29.7%) every month, and 38 (24.5%) every 6 months (see, Table 171). They were also asked to identify if they were satisfied with the time that they spent with the mother of their children. Sixty-nine (51.5%) of the participants was very satisfied or satisfied with the time spent with the other parent. Thirty one (31, 22.2%) was not satisfied or very dissatisfied with the amount of time spent with the other parent (see, Table 172). The participants were asked if they were satisfied with the relationship they have with the other parent. Seventy-six (49.1%) indicated that they were neutral to very satisfied. Thirty-eight (24.5%) were either not satisfied or very dissatisfied with the relationship they had with the other parent (see, Table 173).

When asked to characterize the nature of their relationship with the other parent, 69 (44.5%) reported that they were neutral to very friendly with the other parent of their child. Forty-five (29.1%) of the participants characterized their relationship with the other parent of their child as somewhat hostile to no relationship (see, Table 174). Finally, the participants were asked how often they talked with the other parent about what was going on with their child. Twenty-six (16.8%) indicated that they did not regularly communicate with the other parent and 40 (25.8%) indicated that they communicated daily. For a complete summary please refer to Table 175.

Table 171

Participants N=155		
Seen your partner/mother of your child in last 12 months	n	%
I have not seen her	9	5.8
One time	4	2.6
2-4 times	9	5.8
Every other month	6	3.9
Every month	46	29.7
Every 6 months	38	24.5
Missing	43	27.7

Table 172

Participants N=155		
Satisfaction of Time Spent with Mother of your child	n	%
Very Dissatisfied	21	15.7
Not Satisfied	10	7.5
Neutral	31	23.1
Satisfied	32	23.9
Very Satisfied	37	27.6
Missing	3	2.2

Table 173

Participants N=155		
Satisfaction with the relationship you have with Mother of your child	n	%
Very Dissatisfied	16	10.3
Not Satisfied	22	14.2
Neutral	32	20.6
Satisfied	29	18.7
Very Satisfied	15	9.7
Missing	41	26.5

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Table 174

Participants N=155		
How would you describe the relationship with this child's other parent	n	%
No relationship	10	6.5
Very hostile	22	14.2
Somewhat hostile	13	8.4
Neutral	20	12.9
Somewhat friendly	22	14.2
Very friendly	27	17.4
No Response/Refused	10	6.5
Missing	31	20

Table 175

Participants N=155		
How often do you and the other parent of this child talk about what is going on with this child	n	%
Not regularly	26	16.8
About once a month	6	3.9
More than once a month	7	4.5
Once per week	14	9
More than once per week	16	10.3
Daily	40	25.8
Not applicable/unknown	3	1.9
Missing	32	20.6
No Response/Refused	11	7.1

Child Form – Madonna Place

During '08-'09, a total of 919 children were identified to assessed program participants. Madonna Place completed 88 child forms (see, Table 111). Sixty-seven, (50%) were male, and 66 (49.3%) were female (see, Table 176). The average child's age was 6.2 years (see, Table 177).

Table 176

Child Participants N=88		
Gender	n	%
Male	38	43.2
Female	44	50
Missing	6	6.8

Note: Not all participants responded to every question.

Table 177

Age of all Responsible Fatherhood program participants' children: '08-09

	Participants (n=88)	
	Range	Mean
Age	0-19	6.2

When we examined the current living arrangements for the children associated with the participants enrolled in the program we observed that most of the children (37, 42%) lived with the other parent, 12 (13.6%) lived with the participant enrolled in this program, and to a lesser extent, resided in other contexts, including other relatives, foster homes or unknown. See Table 178 for a complete summary of these observations. With respect to the custody arrangements of the children, we observe that most 8 (9.1%) program participants reported that the other parent had sole legal and physical custody of the children, 7 (8%) reported that they had joint custody with the other parent. For a complete summary custody data (see, Table 179).

Fifty-three (60.2%) program participants stated they had their name on the birth certificate as the legal parent or paternity had been established for the child. Thirty-one (35.2%) of program participant have had legal custody decided by the court. (see, Table 180).

Table 178

Child Participants N=88		
Children Living Arrangement	n	%
Participant	12	13.6
Other parent	37	42
Grandparent	3	3.4
Foster Home	9	10.2
Other	2	2.3
Unknown/Not Applicable/ No Response/Refused	1	1.1
Missing	24	27.3

Note: Not all participants responded to every question

Table 179

Child Participants N=88		
Child Custody Arrangement	n	%
I have sole legal and physical custody	5	5.7
Other parent has sole legal and physical custody	8	9.1
Joint legal custody but I have primary physical custody	3	3.4
Joint legal custody but other parent has primary physical custody	7	8
Custody to a third party	4	4.5
Joint legal and physical custody	1	1.1
Unknown/Not Applicable	2	2.3
Missing Data	58	65.9

Table 180

Child Participants N=88		
Paternity	n	%
Paternity Established	53	60.2
Obtained legal custody	31	35.2

In terms of child support issues, during the 08-09 fiscal year 30 participants self reported they had a child support order for their child, and that on average they were required to pay \$410.55 (see, Table 181). The actual self reported average child support payment paid by program participants monthly during the last six months was \$152.69. The participants were asked to identify what things they were able to provide to their children. They self reported that they purchased clothes (36, 40.9%), gave money to the other parent (33, 37.5%) and bought items (10, 11.4%) or paid rent/mortgages (11, 12.5%) (see, Table 183).

Table 181

Amount Responsible Fatherhood program participants were required to pay in child support payments: 08-09

	Child Participants (n=88)	
	Range	Mean
Amount required	\$0-1600	\$410.55*

* self report

Table 182

Amount Responsible Fatherhood program participants are supposed to pay for child support per month: 08-09

	Child Participants (n=88)	
	Range	Mean
Amount paid	\$0-\$1600	\$152.69

*self report

Table 183

Child Participants N=88		
Provisions for Children	n	%
Giving money directly to the child or his/her other parent	33	37.5
Making car payments, purchasing a car, or loaning your car	11	12.5
Paying medical bills	13	14.8
Making mortgage or rent payments	11	12.5
Purchasing of clothes, furniture, bikes, or other major items	36	40.9
Buying Diapers	10	11.4
Miscellaneous Contributions	3	3.4

Note: Not all participants responded to every question

During the 08-09 fiscal year program participants reported contact with their children over the previous 12 months. Four (4.5%) children were not seen by their fathers; 3 (3.4%) children were seen about once or twice a year by their fathers; 6 (6.8%) children were visited about every other month by their fathers; 3 (3.4%) children were seen by their fathers about once or twice a month; 12 (13.6%) children were seen by their fathers about once a week; 13 (14.8%) children were seen several times a week by their fathers; and 21 (23.9%) children were seen by their fathers on a daily basis (see Table 184). Thirty (34.1%) fathers had a court order permitting visitation, while 18 (20.5%) fathers had a court-ordered restricting contact with their child (see Table 185).

The fathers of 25 (28.4%) children said that they were very dissatisfied with the amount of time they spent with their child; the fathers of 12 (13.6%) children were somewhat dissatisfied with the amount of time spent with their child or children; the fathers of 8 (9.1%) of the children were somewhat satisfied with the amount of time spent with their children; and the fathers of 16 (18.2%) of the children reported that they were very satisfied with the amount of time spent with their children (see Table 186).

Table 184

Child Participants N=88		
Visitation	n	%
Not at all	4	4.5
About once or twice a year	3	3.4
About every other month	6	6.8
About once/twice a month	3	3.4
About once a week	12	13.6
Several times a week	13	14.8
Daily	21	23.9
Unknown/Not applicable	3	3.4
Missing	23	26.1

Note: Not all participants responded to every question

Table 185

Child Participants N=88		
Court-ordered Contact	n	%
Court order permitting visitation	30	34.1
Court order restricting contact	18	20.5

Table 186

Participants N=88		
Satisfaction of Time Spent	n	%
Very Dissatisfied	25	28.4
Somewhat Dissatisfied	12	13.6
Somewhat Satisfied	8	9.1
Very Satisfied	16	18.2
Unknown/Not Applicable	2	2.3
Missing	25	28.4

Note: Not all participants responded to every question

The participants were asked about how much influence during the previous 12 months they had in making major decisions about their child or children. The fathers of 29 (33%) children indicated that they had no influence, the fathers of 11 (12.5%) children reported having some influence, and the fathers of 23 (26.1%) children indicated they had a great deal of influence (see, Table 187).

When asked if they had a choice of becoming a parent again would they still choose to be a parent 50, 56.8% indicated they would, 5, 5.7% said maybe they would choose to be a parent if they could do this over again, and 1, 1.1% said that they would not choose to be a parent if they could do it over again (see, Table 188).

Table 187

Participants N=88		
Influence on making major decisions	n	%
No Influence	29	33
Some Influence	11	12.5
Great Deal of Influence	23	26.1

Note: Not all participants responded to every question.

Table 188

Would Responsible Fatherhood program participants still choose to be a parent if they could do it over again? 08-09

	Child Participants (n=88)	
	n	%
No	1	1.1
Yes	50	56.8

Maybe

5

5.7

Note: Not all participants responded to every question.

Program participants were asked how often they have seen their partner/mother of their child(ren) in the last 12 months. Twelve, (13.6%) fathers indicated they had not seen her, 1 (1.1%) one time, 3 (3.4%) 2-4 times, 16 (18.2%) every other month, 23 (26.1%) every month, and 12 (9.0%) every 6 months (see, Table 189). They were also asked to identify if they were satisfied with the time that they spent with the mother of their children. Twenty (22.5%) of the participants were very satisfied or satisfied with the time spent with the other parent. Twenty-two (22, 25%) was not satisfied or very dissatisfied with the amount of time spent with the other parent (see, Table 190). The participants were asked if they were satisfied with the relationship they have with the other parent. Thirty-four (38.6%) indicated that they were neutral to very satisfied. Twenty-four (24, 27.2%) were either not satisfied or very dissatisfied with the relationship they had with the other parent (see, Table 191).

When asked to characterize the nature of their relationship with the other parent, 31 (35.2%) reported that they were neutral to very friendly with the other parent of their child. Twenty-six (26, 29.5%) of the participants characterized their relationship with the other parent of their child as somewhat hostile to no relationship (see, Table 192). Finally, the participants were asked how often they talked with the other parent about what was going on with their child. Thirty (34.1%) indicated that they did not regularly communicate with the other parent and 13 (14.8%) indicated that they communicated daily. For a complete summary please refer to Table 193.

Table 189

Participants N=88		
Seen your partner/mother of your child in last 12 months	n	%
I have not seen her	12	13.6
One time	1	1.1
2-4 times	3	3.4
Every other month	16	18.2
Every month	23	26.1
Every 6 months	5	5.7
Missing	28	31.8

Table 190

Participants N=88		
Satisfaction of Time Spent with Mother of your child	n	%
Very Dissatisfied	7	8.0
Not Satisfied	15	17.0
Neutral	17	19.3
Satisfied	11	12.5

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Very Satisfied	9	10.2
Missing	29	33

Table 191

Participants N=88		
Satisfaction with the relationship you have with Mother of your child	n	%
Very Dissatisfied	12	13.6
Not Satisfied	12	13.6
Neutral	17	19.3
Satisfied	11	12.5
Very Satisfied	6	6.8
Missing	30	34.1

Table 192

Participants N=88		
How would you describe the relationship with this child's other parent	n	%
No relationship	12	13.6
Very hostile	2	2.3
Somewhat hostile	12	13.6
Neutral	15	17
Somewhat friendly	10	11.4
Very friendly	6	6.8
Unknown/Not Applicable	1	1.1
Missing	30	34.1

Table 193

Participants N=88		
How often do you and the other parent of this child talk about what is going on with this child	n	%
Not regularly	30	34.1
About once a month	4	4.5
More than once a month	2	2.3
Once per week	3	3.4
More than once per week	6	6.8
Daily	13	14.8
Missing	30	34.1

New Haven Family Alliance Child Form Data

During '08-'09, a total of 919 children were identified to assessed program participants. New Haven Family Alliance completed 225 child forms (see, Table 111). One hundred and six, (47.1%) were male, and 101 (44.9%) were female (see, Table 194). The average child's age was 8.9 years (see, Table 195).

Table 194

Child Participants N=225		
Gender	n	%
Male	106	47.1
Female	101	44.9
Missing	18	8.0

Note: Not all participants responded to every question.

Table 195

Age of all Responsible Fatherhood program participants' children: '08-09

	Participants (n=225)	
	Range	Mean
Age	0-28	8.9

When we examined the current living arrangements for the children associated with the participants enrolled in the program we observed that most of the children (128, 56.9%) lived with the other parent, 45 (20%) lived with the participant enrolled in this program, and to a lesser extent, resided in other contexts, including other relatives, foster homes or unknown. See Table 196 for a complete summary of these observations. With respect to the custody arrangements of the children, we observe that most, 10 (4.4%) program participants who answered the question, reported that they had joint custody but the other parent has primary physical custody, and 8 (3.6%) had joint legal and physical custody. Most of this data was missing, for a complete summary custody data see, Table 197.

One hundred and sixty (71.1%) program participants stated they had their name on the birth certificate as the legal parent or paternity had been established for the child. Forty-nine (49, 21.8%) had legal custody determined by the court (see, Table 198).

Table 196

Child Participants N=225		
Children Living Arrangement	n	%
Participant	45	20
Other parent	128	56.9
Grandparent	11	4.9
Another Relative	1	<1
Foster Home	9	4
Other	7	3.1
Unknown/Not Applicable/ No Response/Refused	4	1.8
Missing	17	17.6

Note: Not all participants responded to every question

Table 197

Child Participants N=225		
Child Custody Arrangement	n	%
I have sole legal and physical custody	9	4.0
Other parent has sole legal and physical custody	2	<1
Joint legal custody but I have primary physical custody	2	<1
Joint legal custody but other parent has primary physical custody	10	4.4
Joint legal and physical custody	8	3.6
Custody to a third party	5	2.2
Unknown/Not Applicable	8	3.6
Missing Data	181	80.4

Table 198

Child Participants N=225		
Paternity	n	%
Paternity Established	160	71.1
Obtained legal custody	49	21.8

In terms of child support issues, during the 08-09 fiscal year, 127 participants self reported they had a child support order for their child, and that on average they were required to pay \$147.61. The actual self reported average child support payment paid by program participants monthly during the last six months was \$125.09. The participants were asked to identify what things they

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

were able to provide to their children. They self reported that they purchased clothes (82, 36.4%), gave money to the other parent (90, 40%) and bought items (41, 18.2%) or paid rent/mortgages (22, 9.8%) (see, Table 201).

Table 199

Amount Responsible Fatherhood program participants were required to pay in child support payments: 08-09 * self report

	Child Participants (n=225)	
	Range	Mean
Amount required	\$0-1040.00	\$147.61

Table 200

Amount Responsible Fatherhood program participants are supposed to pay for child support per month: 08-09 *self report

	Child Participants (n=225)	
	Range	Mean
Amount paid	\$0-\$1040	\$125.09

Table 201

Child Participants N=225		
Provisions for Children	n	%
Giving money directly to the child or his/her other parent	90	40
Making car payments, purchasing a car, or loaning your car	18	8
Paying medical bills	21	9.3
Making mortgage or rent payments	22	9.8
Purchasing of clothes, furniture, bikes, or other major items	82	36.4
Buying Diapers	41	18.2
Miscellaneous Contributions	11	4.9

Note: Not all participants responded to every question

During the 08-09 fiscal year program participants reported contact with their children over the previous 12 months. Twenty-six (11.6%) children were not seen by their fathers; 13 (5.8%) children were seen about once or twice a year by their fathers; 3 (1.3%) children were visited about every other month by their fathers; 16 (7.1%) children were seen by their fathers about once or twice a month; 29 (12.9%) children were seen by their fathers about once a week; 32 (14.2%) children were seen several times a week by their fathers; and 72 (32%) children were

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

seen by their fathers on a daily basis (see Table 202). Forty-five (20%) fathers had a court order permitting visitation, while 18 (8%) fathers had a court-ordered restricting contact with their child (see Table 203).

The fathers of 64 (28.4%) children said that they were very dissatisfied with the amount of time they spent with their child; the fathers of 15 (6.7%) children were somewhat dissatisfied with the amount of time spent with their child or children; the fathers of 36 (16%) of the children were somewhat satisfied with the amount of time spent with their children; and the fathers of 78 (37.4%) of the children reported that they were very satisfied with the amount of time spent with their children (see Table 204).

Table 202

Participants N=225		
Visitation	n	%
Not at all	26	11.6
About once or twice a year	13	5.8
About every other month	3	1.3
About once/twice a month	16	7.1
About once a week	29	12.9
Several times a week	32	14.2
Daily	72	32
Unknown/Not applicable	13	5.8
No Response/refused/Missing	21	9.4

Note: Not all participants responded to every question

Table 203

Child Participants N=225		
Court-ordered Contact	n	%
Court order permitting visitation	45	20
Court order restricting contact	18	8

Table 204

Participants N=225		
Satisfaction of Time Spent	n	%
Very Dissatisfied	64	28.4
Somewhat Dissatisfied	15	6.7
Somewhat Satisfied	36	16
Very Satisfied	78	34.7
Unknown/Not Applicable	12	5.3
No Response/Refused/ Missing	20	8.9

Note: Not all participants responded to every question

The participants were asked about how much influence during the previous 12 months they had in making major decisions about their child or children. The fathers of 58 (25.8%) children indicated that they had no influence, the fathers of 58 (25.8%) children reported having some influence, and the fathers of 80 (35.6%) children indicated they had a great deal of influence (see, Table 205). When asked if they had a choice of becoming a parent again would they still choose to be a parent 149, 66.2% indicated they would, 24, 10.7% said maybe they would choose to be a parent if they could do this over again, and 22, 9.8% said that they would not choose to be a parent if they could do it over again (see, Table 206).

Table 205

Participants N=225		
Influence on making major decisions	n	%
No Influence	58	25.8
Some Influence	58	25.8
Great Deal of Influence	80	35.6

Note: Not all participants responded to every question.

Table 206

Would Responsible Fatherhood program participants still choose to be a parent if they could do it over again? 08-09

	Participants (n=225)	
	n	%
No	22	9.8
Yes	149	66.2
Maybe	24	10.7

Note: Not all participants responded to every question.

Program participants were asked how often they have seen their partner/mother of their child(ren) in the last 12 months. Thirty-two, (14.2%) fathers indicated they had not seen her, 14 (6.2%) one time, 56 (24.9%) 2-4 times, 12 (5.3%) every other month, 44 (19.6%) every month, and 42 (18.7%) every 6 months (see, Table 207).

Ninety-five (95, 41.3%) of the participants were very satisfied or satisfied with the time spent with the other parent. Forty-eight (48, 22.3%) were not satisfied or very dissatisfied with the amount of time spent with the other parent (see, Table 208). The participants were asked if they

were satisfied with the relationship they have with the other parent. Seventy nine (79, 59%) indicated that they were neutral to very satisfied. Fifty two (52, 40%) were either not satisfied or very dissatisfied with the relationship they had with the other parent (see, Table 209).

When asked to characterize the nature of their relationship with the other parent, 136 (60.4%) reported that they were neutral to very friendly with the other parent of their child. Fifty-six (56, 41.3%) of the participants characterized their relationship with the other parent of their child as somewhat hostile to no relationship (see, Table 210). Finally, the participants were asked how often they talked with the other parent about what was going on with their child. Fifty-one (51, 22.7%) indicated that they did not regularly communicate with the other parent and 68 (30.2%) indicated that they communicated daily. For a complete summary please refer to Table 211.

Table 207

Participants N=225		
Seen your partner/mother of your child in last 12 months	n	%
I have not seen her	32	14.2
One time	14	6.2
2-4 times	56	24.9
Every other month	12	5.3
Every month	44	19.6
Every 6 months	42	18.7
Missing	25	11.1

Table 208

Participants N=225		
Satisfaction of Time Spent with Mother of your child	n	%
Very Dissatisfied	35	15.6
Not Satisfied	15	6.7
Neutral	54	24
Satisfied	34	15.1
Very Satisfied	59	26.2
Missing	28	12.4

Table 209

Participants N=225		
Satisfaction with the relationship you have with Mother of your child	n	%
Very Dissatisfied	37	16.4
Not Satisfied	17	7.6
Neutral	49	21.8

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Satisfied	44	19.6
Very Satisfied	49	21.8
Missing	29	12.9

Table 210

Participants N=225		
How would you describe the relationship with this child's other parent	n	%
No relationship	32	14.2
Very hostile	12	5.3
Somewhat hostile	12	5.3
Neutral	46	20.4
Somewhat friendly	28	12.4
Very friendly	62	27.6
Unknown/Not Applicable	12	5.3
Missing	20	8.9

Table 211

Participants N=225		
How often do you and the other parent of this child talk about what is going on with this child	n	%
Not regularly	51	22.7
About once a month	10	4.4
More than once a month	13	5.8
Once per week	19	8.4
More than once per week	22	9.8
Daily	68	30.2
Not applicable/unknown	16	7.1
No response/Refused/Missing	26	11.5

Child Form – New Opportunities

During '08-'09, a total of 919 children were identified to assessed program participants. New Opportunities completed 193 child forms, (see, Table 111). Eighty-nine (46.1%) were male, and 101 (52.3%) were female (see, Table 212). The average child's age was 8.8 years (see, Table 213).

Table 212

Child Participants N=193		
Gender	n	%
Male	89	46.1
Female	101	52.3
Missing	3	1.6

Note: Not all participants responded to every question.

Table 213

Age of all Responsible Fatherhood program participants' children: '08-09

	Participants (n=193)	
	Range	Mean
Age	0-29	8.8

When we examined the current living arrangements for the children associated with the participants enrolled in the program we observed that most of the children (130, 67.4%) lived with the other parent, 19 (9.8%) lived with the participant enrolled in this program, and to a lesser extent, resided in other contexts, including other relatives, foster homes or unknown. See Table 214 for a complete summary of these observations. With respect to the custody arrangements of the children, we observe that 13 (9.7%) program participants reported that they had joint custody with the other parent, and 13 (9.7%) reported that the other parent had sole legal and physical custody of the children. For a complete summary custody data see, Table 215. One hundred and forty-two (73.6%) program participants stated they had their name on the birth certificate as the legal parent or paternity had been established for the child. Fifty-five (55, 28.5%) of program participant have had legal custody decided by the court (see, Table 216).

Table 214

Child Participants N=193		
Children Living Arrangement	N	%
Participant	19	9.8
Other parent	130	67.4
Grandparent	18	9.3
Another Relative	2	1
Foster Home	10	5.2
Other	6	3.1
Unknown/Not Applicable/ No Response/Refused	1	.5
Missing	4	2.1

Note: Not all participants responded to every question

Table 215

Child Participants N=193		
Child Custody Arrangement	n	%
I have sole legal and physical custody	3	1.6
Other parent has sole legal and physical custody	12	6.2
Joint legal custody but I have primary physical custody	3	1.6
Joint legal custody but other parent has primary physical custody	10	5.2
Custody to a third party	12	6.2
Missing Data	139	72

Table 216

Child Participants N=193		
Paternity	n	%
Paternity Established	142	73.6
Obtained legal custody	55	28.5

In terms of child support issues, during the 08-09 fiscal year 120 participants self reported that they had a child support order for their child, and that on average they were required to pay \$155.64. The actual self reported average child support payment paid by program participants monthly during the last six months was \$55.51 (see, Table 217). The participants were asked to identify what things they were able to provide to their children. They self reported that they

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

purchased clothes (76, 39.4%), gave money to the other parent (71, 36.8%) and bought items (26, 13.5%) or paid rent/mortgages (16, 8.3%) (see, Table 218).

Table 217

Amount Responsible Fatherhood program participants were required to pay in child support payments: 08-09 * self report

	Child Participants (n=193)	
	Range	Mean
Amount required	\$0-1352.00	\$155.64

Table 218

Child Participants N=193		
Provisions for Children	n	%
Giving money directly to the child or his/her other parent	71	36.8
Making car payments, purchasing a car, or loaning your car	11	5.7
Paying medical bills	10	5.2
Making mortgage or rent payments	16	8.3
Purchasing of clothes, furniture, bikes, or other major items	76	39.4
Buying Diapers	26	13.5
Miscellaneous Contributions	20	10.4

Note: Not all participants responded to every question

Table 219

Amount Responsible Fatherhood program participants are supposed to pay for child support per month: 08-09 *self report

	Child Participants (n=193)	
	Range	Mean
Amount paid	\$0-\$1500	\$55.51

During the 08-09 fiscal year program participants reported contact with their children over the previous 12 months. Twenty-four (17.9%) children were not seen by their fathers; 13 (9.7%) children were seen about once or twice a year by their fathers; 7 (5.2%) children were visited about every other month by their fathers; 22 (16.4%) children were seen by their fathers about

once or twice a month; 5 (3.7%) children were seen by their fathers about once a week; 24 (17.9%) children were seen several times a week by their fathers; and 35 (26.10%) children were seen by their fathers on a daily basis (see Table 23). Forty-one (51, 21.2%) fathers had a court order permitting visitation, while 12 (6.2%) fathers had a court-ordered restricting contact with their child (see Table 24).

The fathers of 80 (41.5%) children said that they were very dissatisfied with the amount of time they spent with their child; the fathers of 23 (11.9%) children were somewhat dissatisfied with the amount of time spent with their child or children; the fathers of 31 (16.1%) of the children were somewhat satisfied with the amount of time spent with their children; and the fathers of 28 (14.5%) of the children reported that they were very satisfied with the amount of time spent with their children (see, Table 222).

Table 220

Participants N=193		
Visitation	n	%
Not at all	48	24.9
About once or twice a year	18	9.3
About every other month	7	3.6
About once/twice a month	21	10.9
About once a week	28	14.5
Several times a week	32	16.6
Daily	26	13.5
Unknown/Not applicable	2	1
Missing	4	2.1

Note: Not all participants responded to every question

Table 221

Child Participants N=193		
Court-ordered Contact	n	%
Court order permitting visitation	41	21.2
Court order restricting contact	12	6.2

Table 222

Participants N=193		
Satisfaction of Time Spent	n	%
Very Dissatisfied	80	41.5
Somewhat Dissatisfied	23	11.9
Somewhat Satisfied	31	16.1
Very Satisfied	28	14.5
Unknown/Not Applicable	9	4.7

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

No Response/Refused/Missing	22	11.4
-----------------------------	----	------

Note: Not all participants responded to every question

The participants were asked about how much influence during the previous 12 months they had in making major decisions about their child or children. The fathers of 103 (53.4%) children indicated that they had no influence, the fathers of 42 (21.8%) children reported having some influence, and the fathers of 40 (20.7%) children indicated they had a great deal of influence (see, Table 223).

When asked if they had a choice of becoming a parent again would they still choose to be a parent 150, 77.7% indicated they would, 6, 3.1% said maybe they would choose to be a parent if they could do this over again, and 21, 10.9% said that they would not choose to be a parent if they could do it over again (see, Table 224).

Table 223

Participants N=193		
Influence on making major decisions	n	%
No Influence	103	53.4
Some Influence	42	21.8
Great Deal of Influence	40	20.7

Note: Not all participants responded to every question.

Table 224

Would Responsible Fatherhood program participants still choose to be a parent if they could do it over again? 08-09

	Participants (n=193)	
	n	%
No	21	10.9
Yes	150	77.7
Maybe	6	3.1

Note: Not all participants responded to every question.

Program participants were asked how often they have seen their partner/mother of their child(ren) in the last 12 months. Fifty-four, (28%) fathers indicated they had not seen her, 18 (9.3%) one time, 36 (18.7%) 2-4 times, 17 (8.8%) every other month, 32 (16.6%) every month, and 33 (17.1%) every 6 months (see Table 225). They were also asked to identify if they were satisfied with the time that they spent with the mother of their children. Ninety-five (41.3%) of

the participants were very satisfied or satisfied with the time spent with the other parent. Forty-eight (48, xx%) was not satisfied or very dissatisfied with the amount of time spent with the other parent (see, Table 226).

The participants were asked if they were satisfied with the relationship they have with the other parent. Seventy nine (78, 59%) indicated that they were neutral to very satisfied. Fifty two (52, 40%) were either not satisfied or very dissatisfied with the relationship they had with the other parent (see, Table 227).

When asked to characterize the nature of their relationship with the other parent, 65 (49%) reported that they were neutral to very friendly with the other parent of their child. Sixty five (65, 49%) of the participants characterized their relationship with the other parent of their child as somewhat hostile to no relationship (see, Table 228). Finally, the participants were asked how often they talked with the other parent about what was going on with their child. Sixty two (62, 46%) indicated that they did not regularly communicate with the other parent and 35 (26%) indicated that they communicated daily. For a complete summary please refer to Table 229.

Table 225

Participants N=193		
Seen your partner/mother of your child in last 12 months	n	%
I have not seen her	54	28
One time	18	9.3
2-4 times	36	18.7
Every other month	17	8.8
Every month	32	16.6
Every 6 months	33	17.1
Missing	3	1.6

Table 226

Participants N=193		
Satisfaction of Time Spent with Mother of your child	n	%
Very Dissatisfied	33	17.1
Not Satisfied	33	17.1
Neutral	53	27.5
Satisfied	40	20.7
Very Satisfied	31	16.1
Missing	3	1.6

Table 227

Participants N=193		
Satisfaction with the relationship you have with Mother of your child	n	%
Very Dissatisfied	42	21.8
Not Satisfied	46	23.8
Neutral	50	25.9
Satisfied	30	15.5
Very Satisfied	20	10.4
Missing	5	2.6

Table 228

Participants N=193		
How would you describe the relationship with this child's other parent	n	%
No relationship	44	22.8
Very hostile	18	9.3
Somewhat hostile	21	10.9
Neutral	30	15.5
Somewhat friendly	24	12.4
Very friendly	35	18.1
Unknown/Not Applicable	10	5.2
Missing	4	2.1

Table 229

Participants N=193		
How often do you and the other parent of this child talk about what is going on with this child	N	%
Not regularly	77	39.9
About once a month	12	6.2
More than once a month	16	8.3
Once per week	10	5.2
More than once per week	16	8.3
Daily	37	19.2

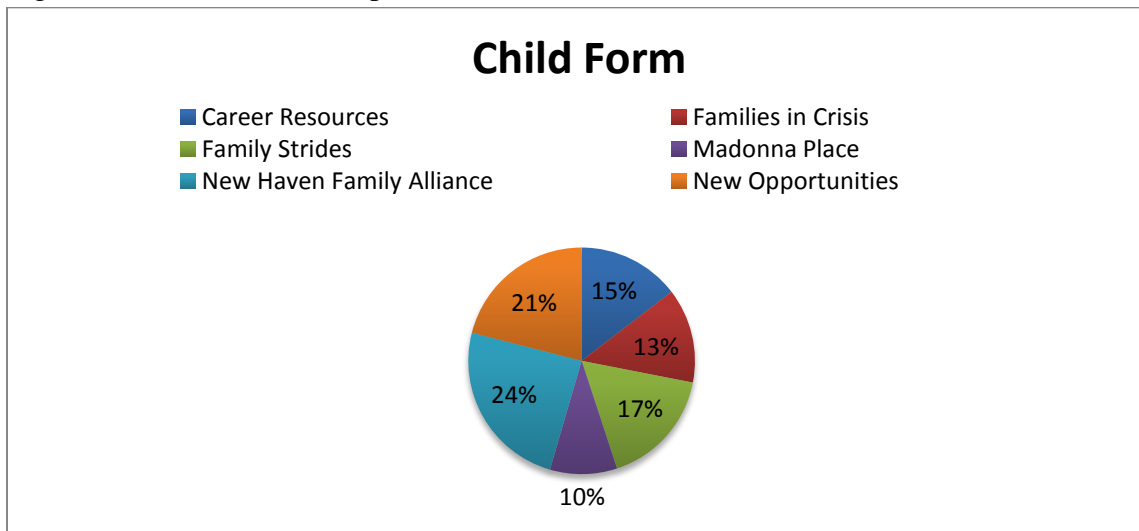
Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Not applicable/unknown	13	6.7
Missing	4	2.1

CROSS SITE COMPARISON

During Year 3 of PRF, assessed program participants identified a total of 919 children. Career Resources completed 134 (14.6%) child forms; Families in Crisis completed 124 (13.5%); Family Strides completed 155 (16.9%); Madonna Place completed 88 (9.6%); New Haven Family Alliance completed 255 (24.5%) and New Opportunities completed 193 (21%) child forms. New Haven Family Alliance and New Opportunities identified the most children of all the sites.

Figure 70. Child Forms completed



The average child's age was 8.9 years. Career Resources of Bridgeport, CT served participants with children whose average age of 9.3 was the oldest, followed by New Haven Family Alliance and New Opportunities, 8.9 years respectively. Madonna Place served participants whose children had the youngest age of 6.2 years (see Figure 71). For most of the sites, the rates of males and female children were comparable. Family Strides, however, enrolled more female children than males (see, Figure 72).

Figure 71. Mean Age of Children by Site

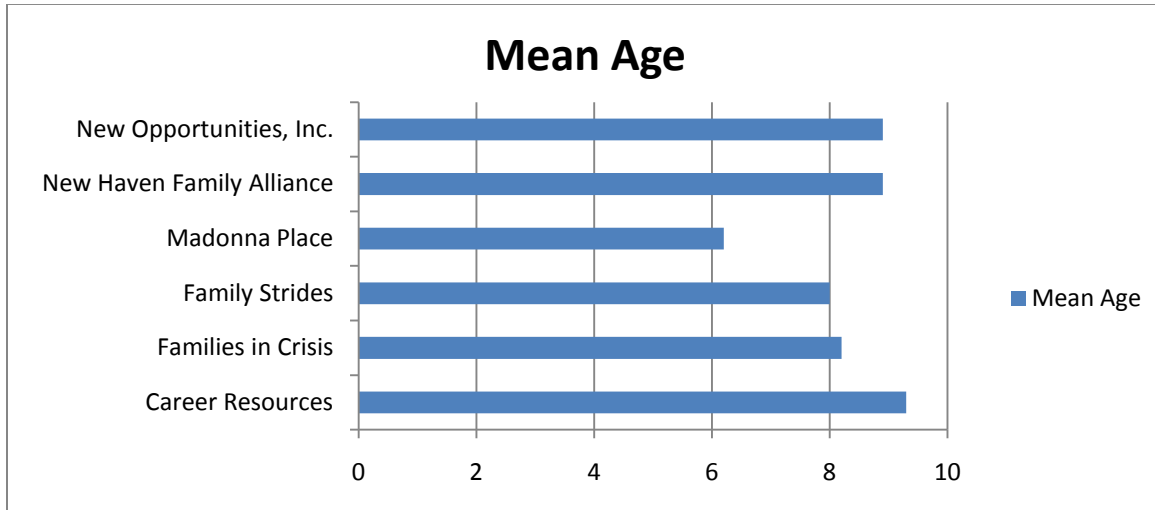
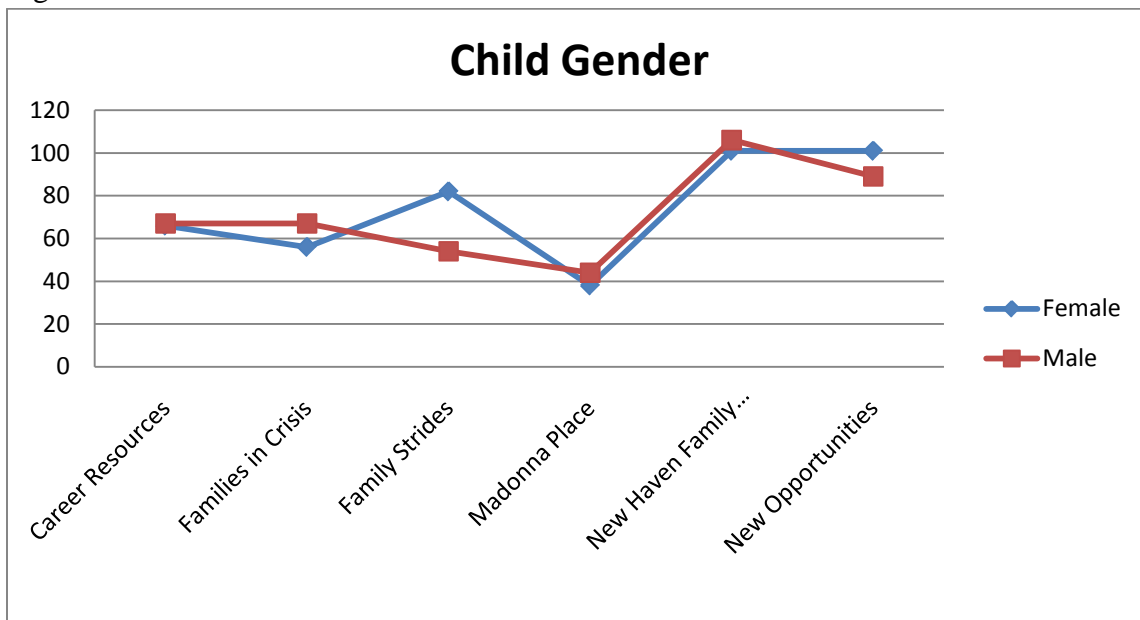


Figure 72. Gender of children



New Haven Family Alliance had 127 of their participants who had child support orders, followed by New Opportunities, 120, and Career Resources 82 participants (see Figure 73). The participants also indicated that they contributed to the financial care of their children by contributing to their mothers in various ways. Please see figure 74 for a summary of these means.

Figure 73. Child Support Order

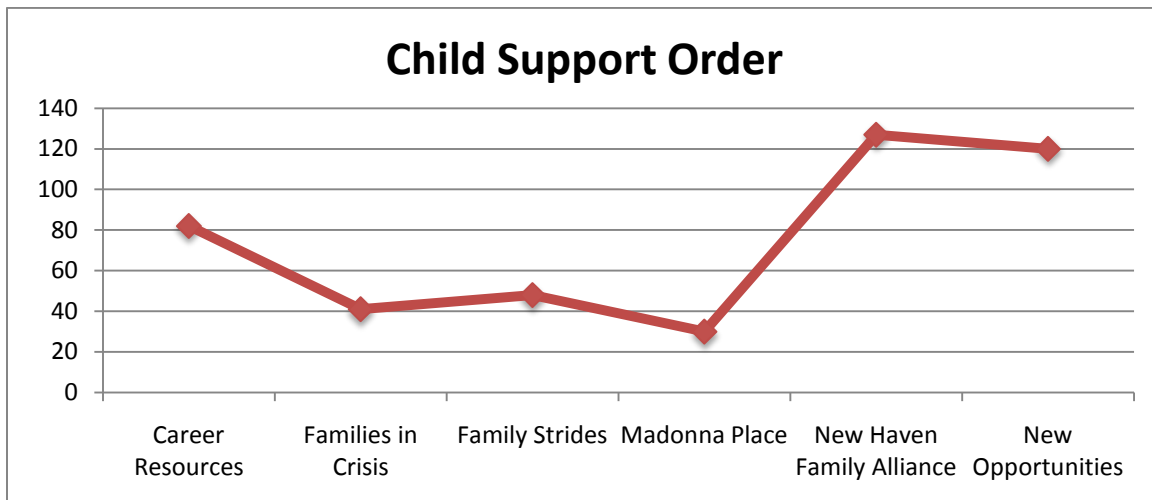
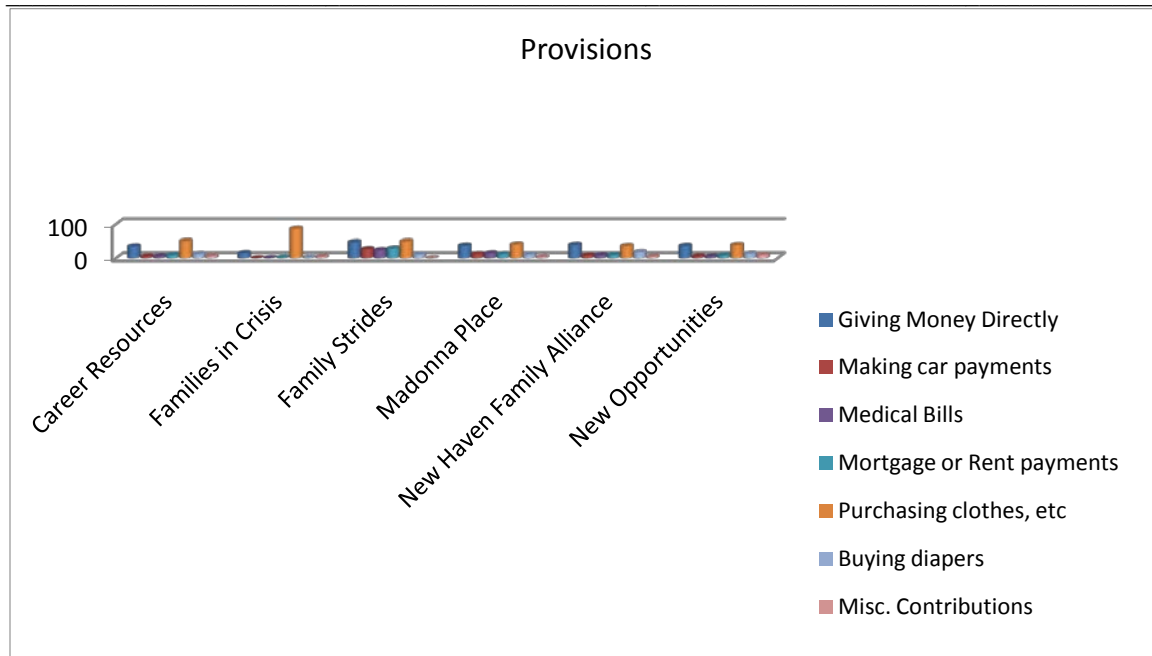


Figure 74. Provisions provided

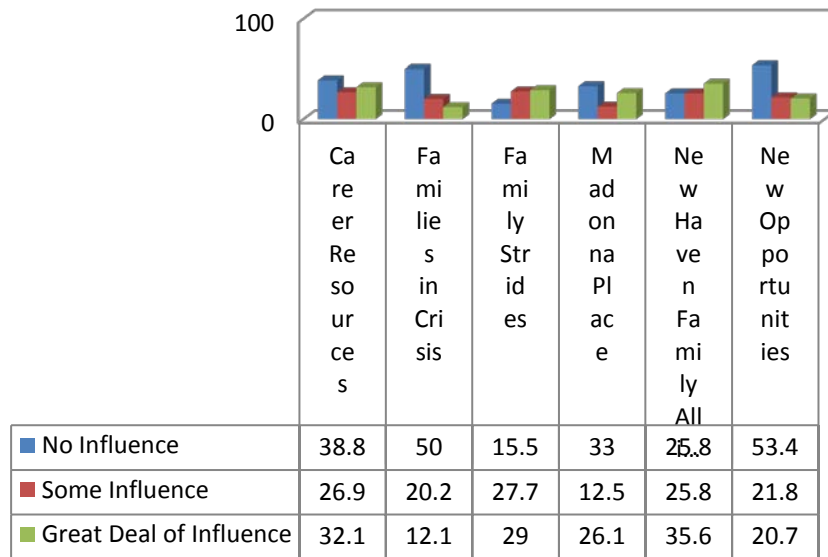
Connecticut Promoting Responsible Fatherhood Project
 Year 3 Annual Report October 2008-September 2009



Participants were asked how much influence they have had in making major decisions about such things as their child’s education, religion, and health. One hundred and three, (53.4%) of participants at New Opportunities responded they had no influence in making major decisions, followed by Career Resources 52 (38.8%).

Figure 75. Influences on major decisions

Influence on Major Decisions



Program participants were asked during the past 12 months how often did you see their child. Forty-eight (48, 24.9%) of participants at New Opportunities did not see their child at all, followed by Families in Crisis 45 (36.3%), and Career Resources 24 (17.9%) (see, Figure 76). When asked if they are satisfied with the amount of time spent with their children, participants from New Haven Family Alliance and Career Resources were more likely to indicate that they were very satisfied while participants from Families in Crisis and New Opportunities were more likely to indicate that they were very dissatisfied with the time they spent with their children (see, Figure 77). With respect to the relationship with the mother of the child, Families in Crisis and Career Resources were more likely to indicate that they were very friendly with the mother of their child and participants from Career Resources and New Opportunities were likely to indicate that they have no relationship with the mother of their child (see, Figure 78).

Figure 76. Child Visitation

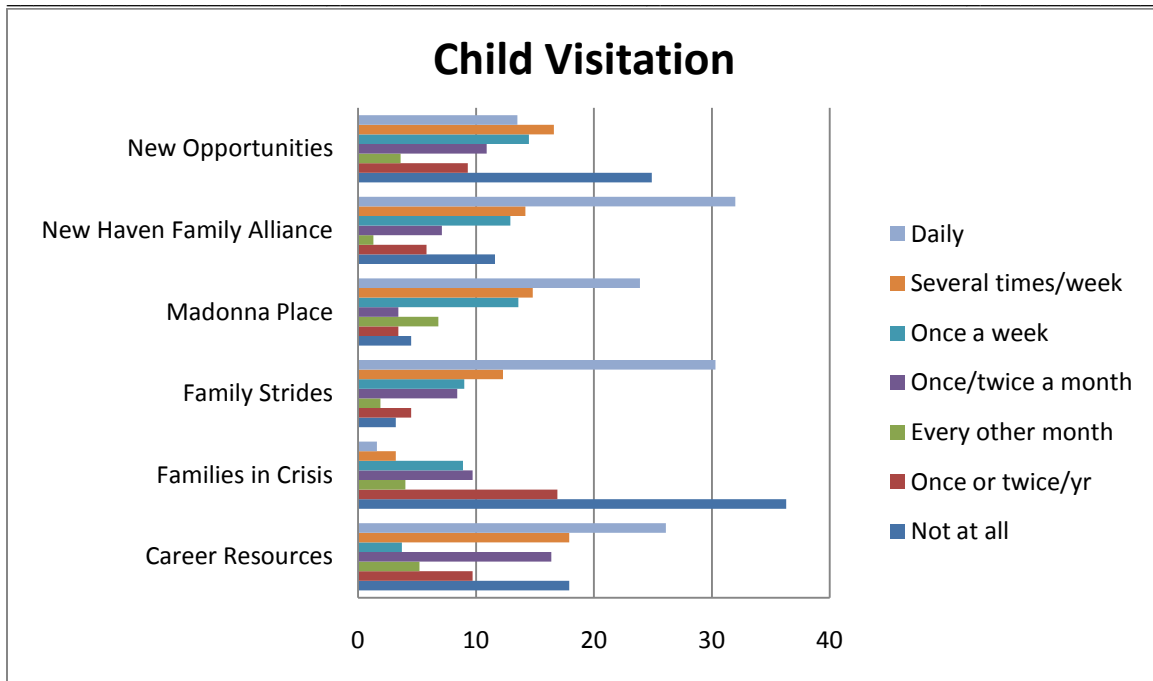


Figure 77. Time spent with child

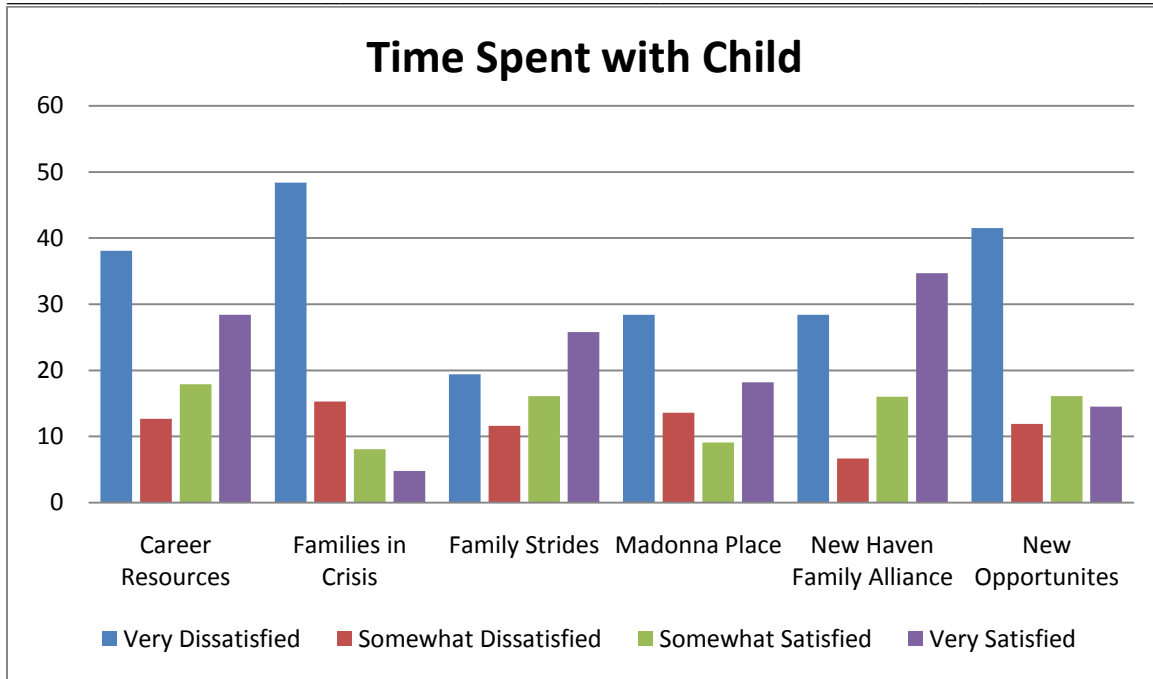
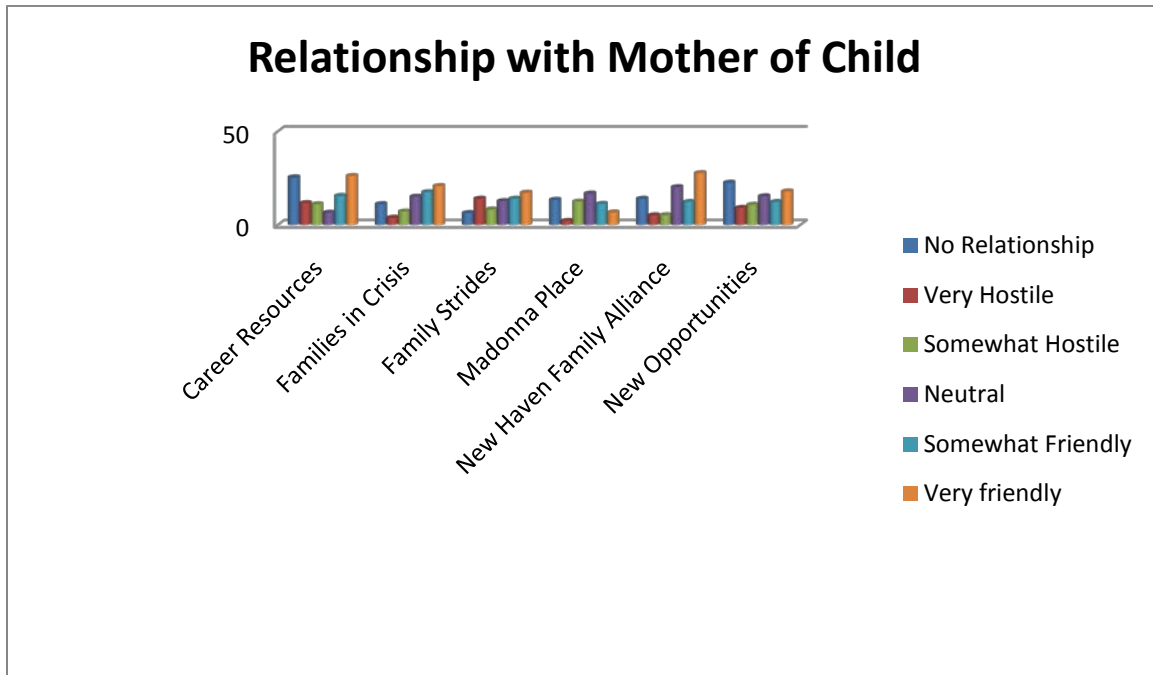


Figure 78. Relationship with mother of child



CASE CLOSING

The data presented in this section of this report is a summary of the 287 Case Closing forms completed during the 08-09 fiscal year. Career Resources of Bridgeport completed 20 (7.0%); Families in Crisis completed 118 (41.1%); Family Strides in Torrington completed 38 (13.2%); Madonna Place of Norwich completed 26 (9.1%); New Haven Family Alliance in New Haven completed 37 (12.9%); and New Opportunities of Waterbury completed 48 (16.7%) (see, Figure 79).

Figure 79. CASE CLOSING

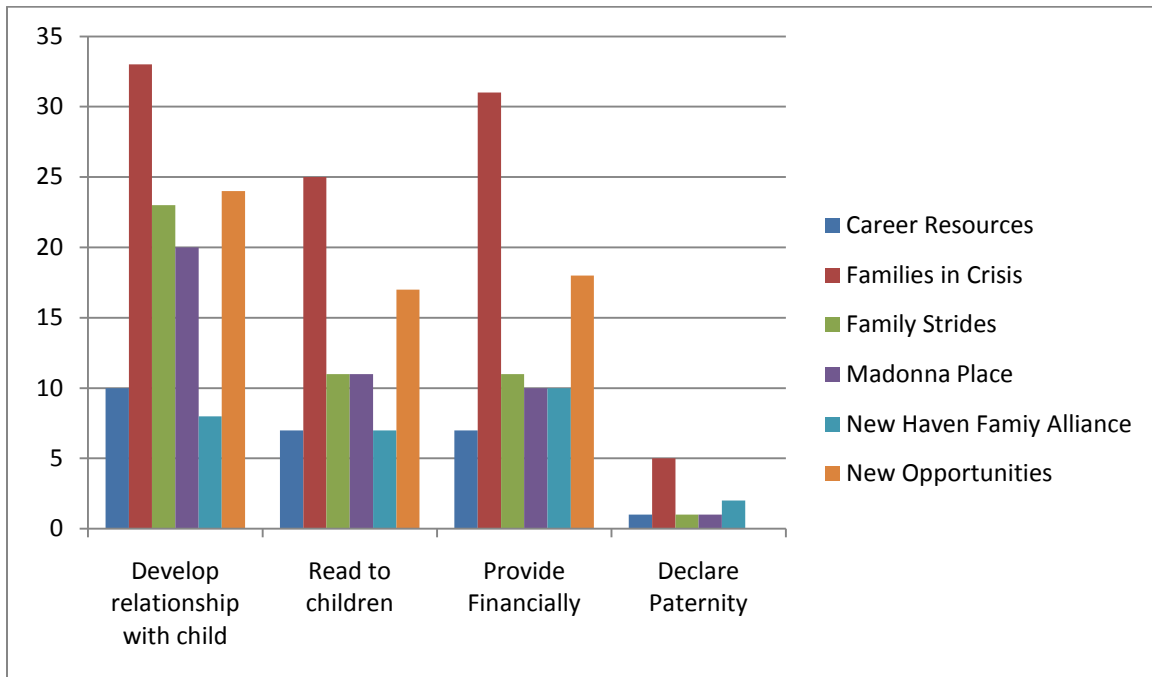


Program Participants were asked in the past month have they:

- Develop a relationship with their child(ren)
- Read to their children
- Provide financially for their child(ren)
- Declared paternity since entering the program

Of the sites that completed this form, participants from Families in Crisis had more individuals indicating that they affirmatively were able to complete the aforementioned tasks. Please refer to figure 80 for a summary of the participants response to the questions posed.

Figure 80. Case Closing Outcomes



Program participants were asked in which of these they felt they have made progress since beginning with the sessions?

- Dealing with stress
- Helping my children learn
- Dealing with conflict and anger
- Learning to communicate better
- Relationships with women
- Dealing with discrimination
- Understanding my children
- Reducing risks for AIDS and STIs

* Note: Not all participants responded to every question.

Presented below is a summary of the observations from these questions. Participants from New Haven Family Alliance endorsed having a lot of stress, children learn, while participants from Families in Crisis reported having none (see, Figure 81 and 82). With respect to managing conflict and anger, men from New Opportunities shared that they needed a lot of assistance and participants from Families in Crisis reported needing none (see, Figure 83).

None of the program participants indicated that they had challenges with communication (see, Figure 84). With respect to their relationships with women, participants from Madonna Place reported needing a lot of assistance in working with women and men from Families in Crisis reported that they needed none (see, Figure 85). Participants also indicated that they received a lot of assistance in dealing with discrimination (see, Figure 86). Participants from Families in Crisis reported that they received no greater knowledge in understanding their children and a lot of information about reducing sexual health risks (See, Figures 87, 88).

Figure 81. Stress

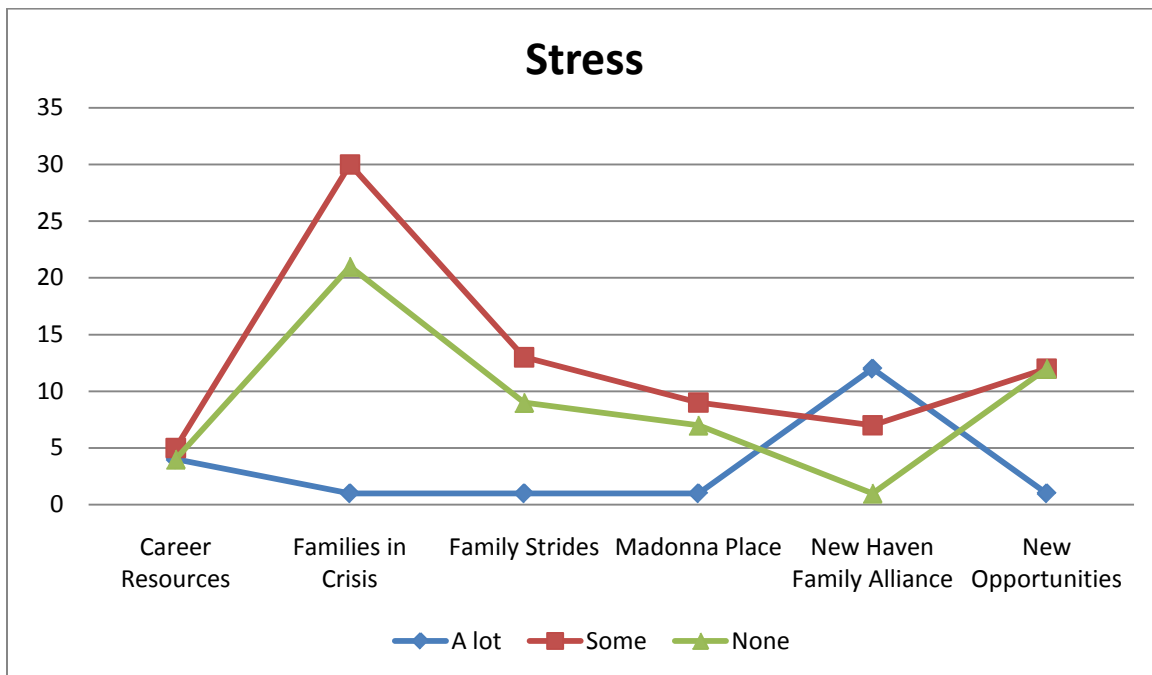


Figure 82. Learning

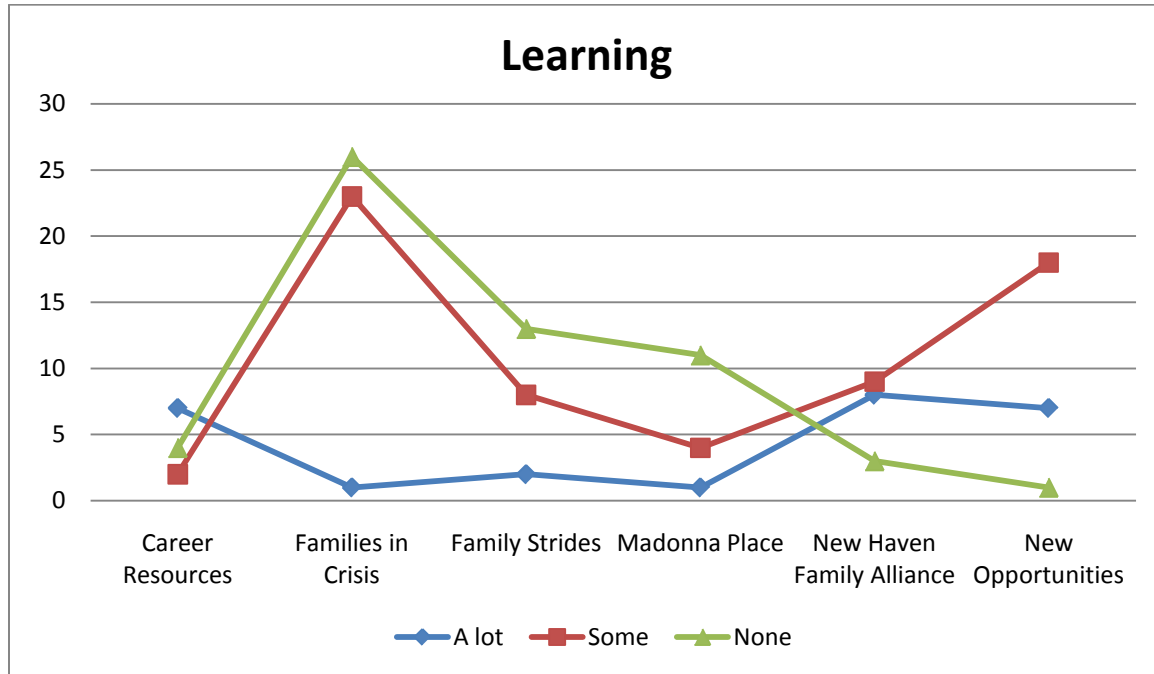


Figure 83. Conflict and Anger

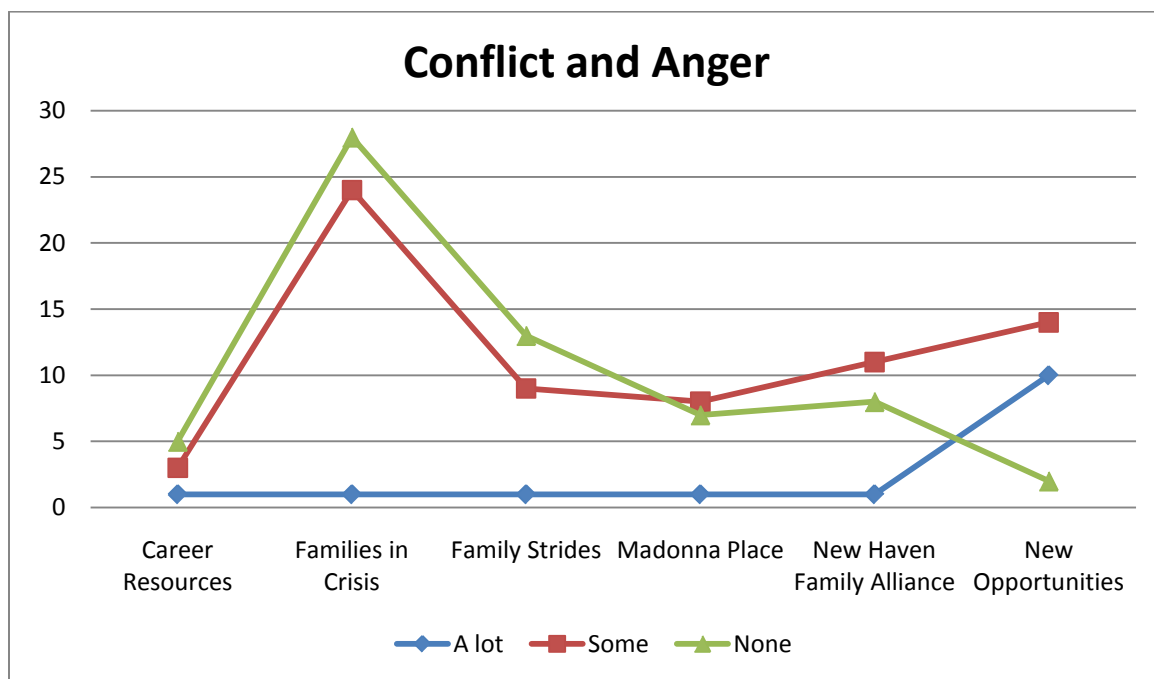


Figure 84. Communication

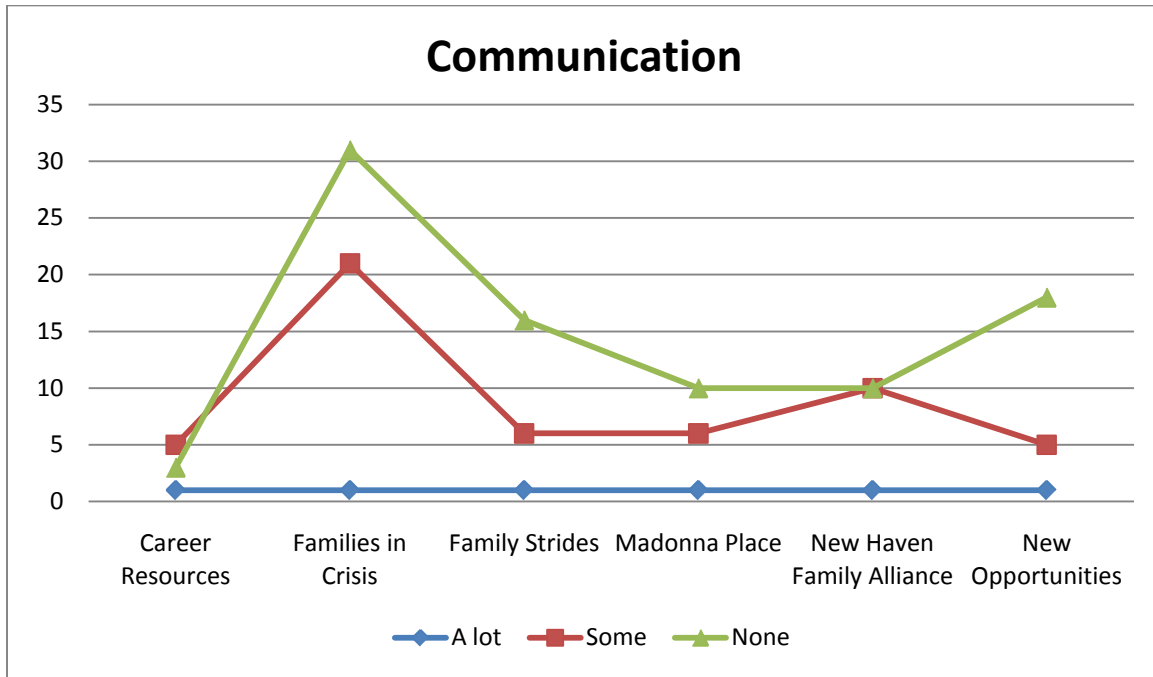


Figure 85. Relationship with women

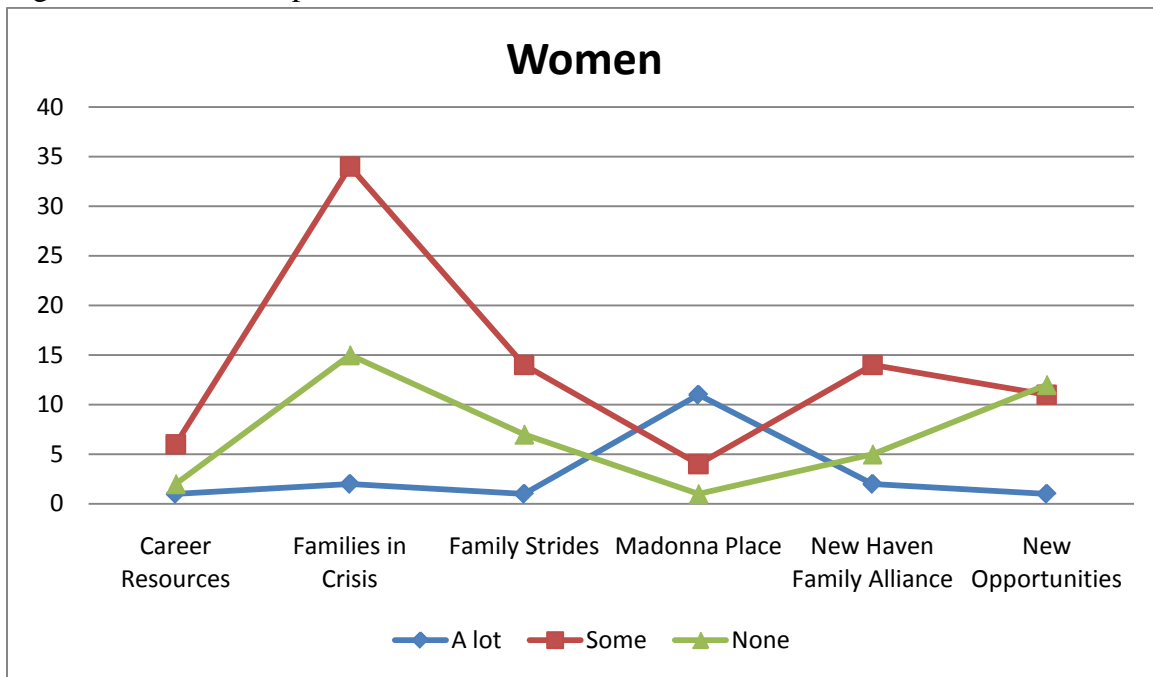


Figure 86. Discrimination

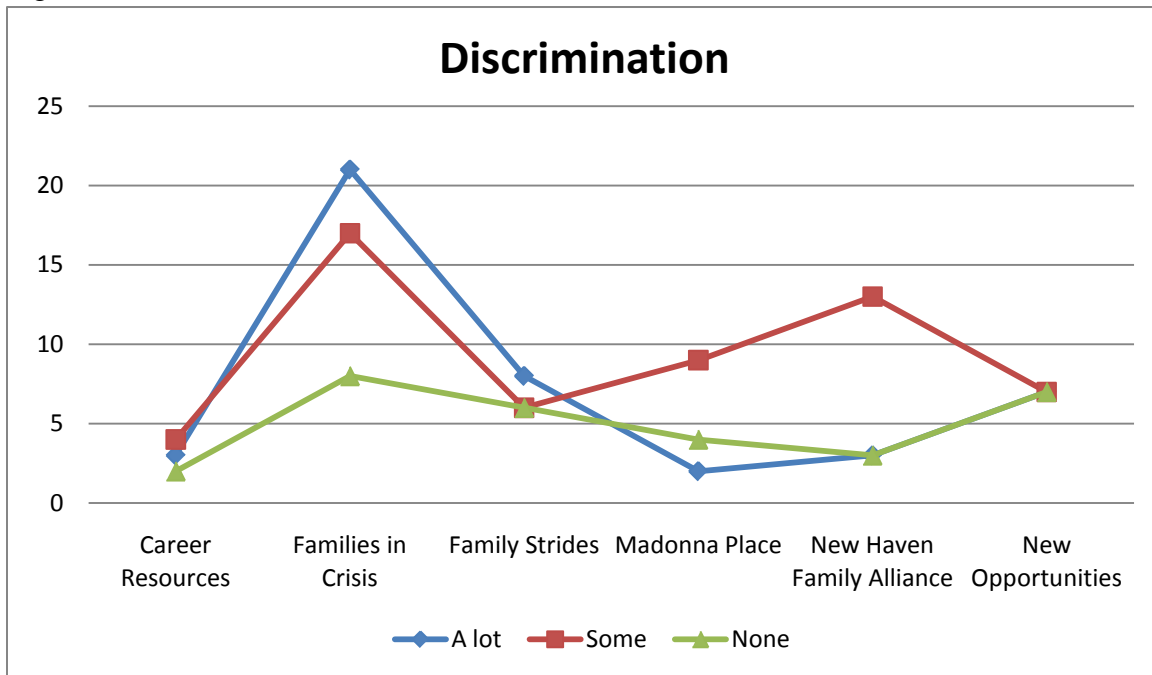


FIGURE 87. Understanding their children

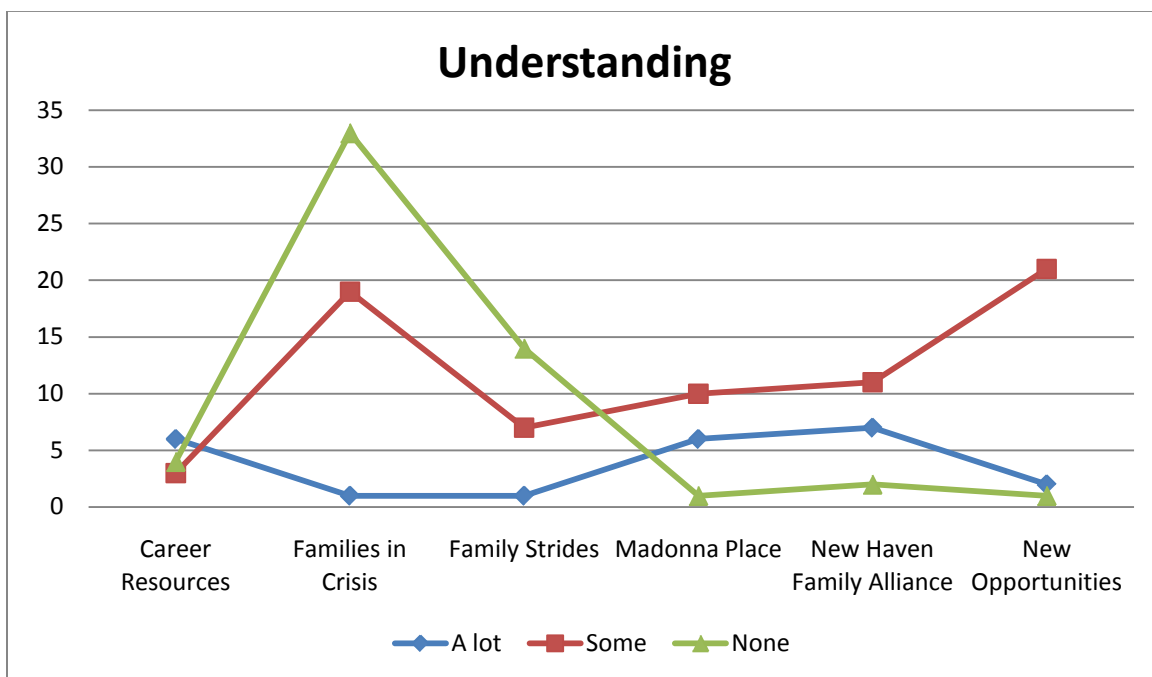
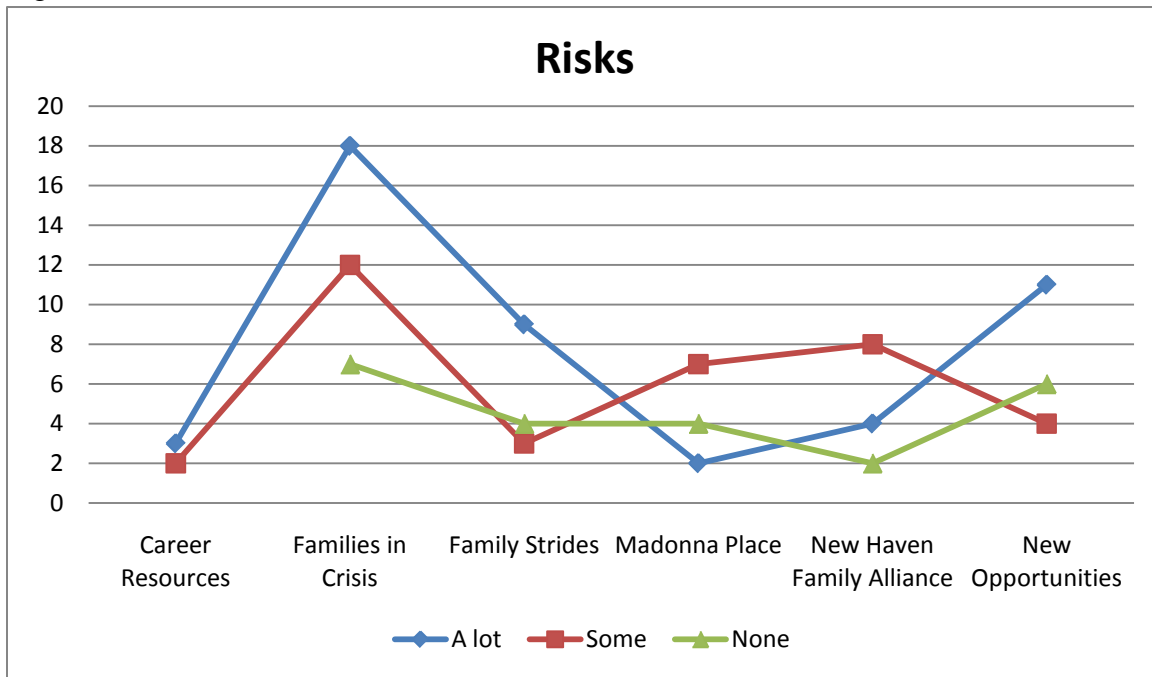


Figure 88. Risks



Program participants were asked how helpful it would be to talk about each of these topics further or (for the first time) in the program?

- Dealing with stress
- Helping my children learn
- Dealing with conflict and anger
- Learning to communicate better
- Relationships with women
- Dealing with discrimination
- Understanding my children
- Reducing risks for AIDS and STDs

*Note: Not all participants responded to every question.

With respect to the helpfulness of the program in addressing the aforementioned areas, a larger percentage of participants from Family Strides reported that the program was helpful addressing stress, helping children learn, dealing with conflict and anger, and communication (see, Figures 89, 90, 91 and 92). Participants from Career Resources and Family Strides indicated that it would be helpful to talk about relationships with women.

Figure 89. Stress

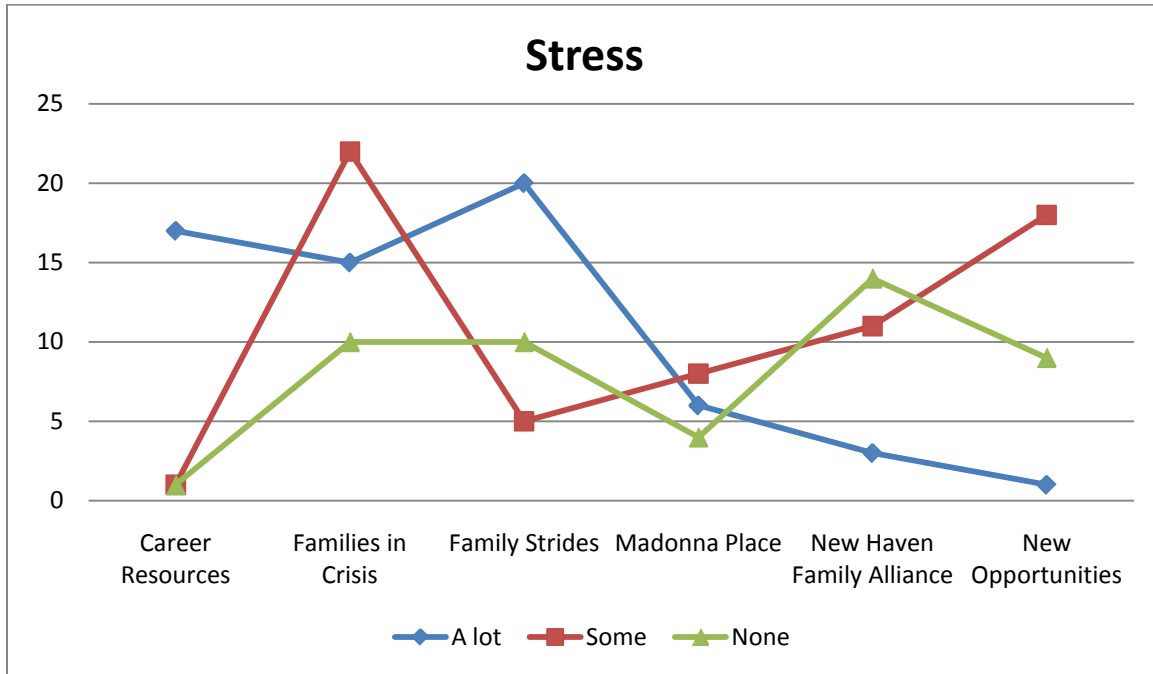


Figure 90. Learning about children

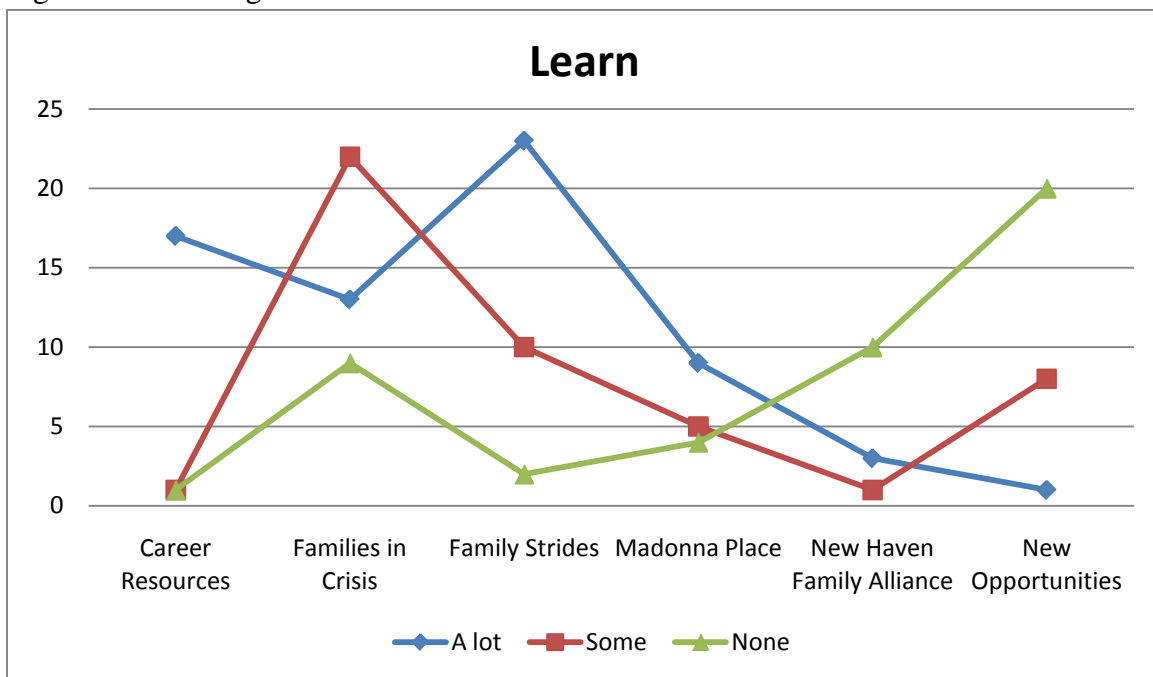


Figure 91. Conflict and anger

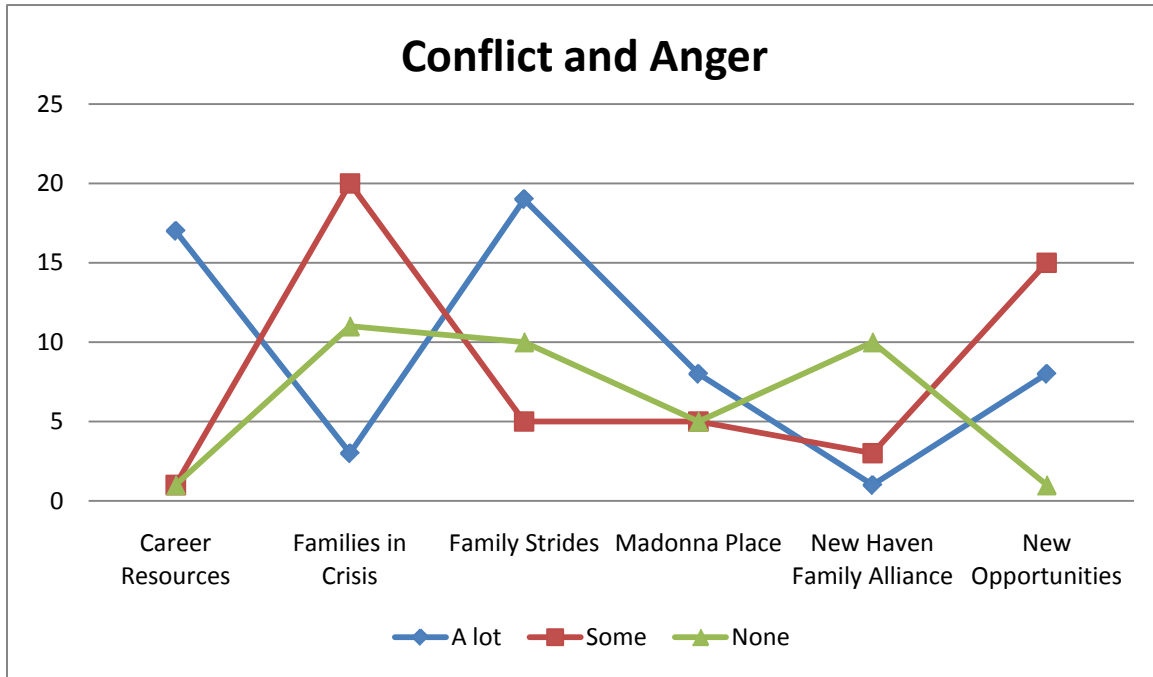


Figure 92. Communication

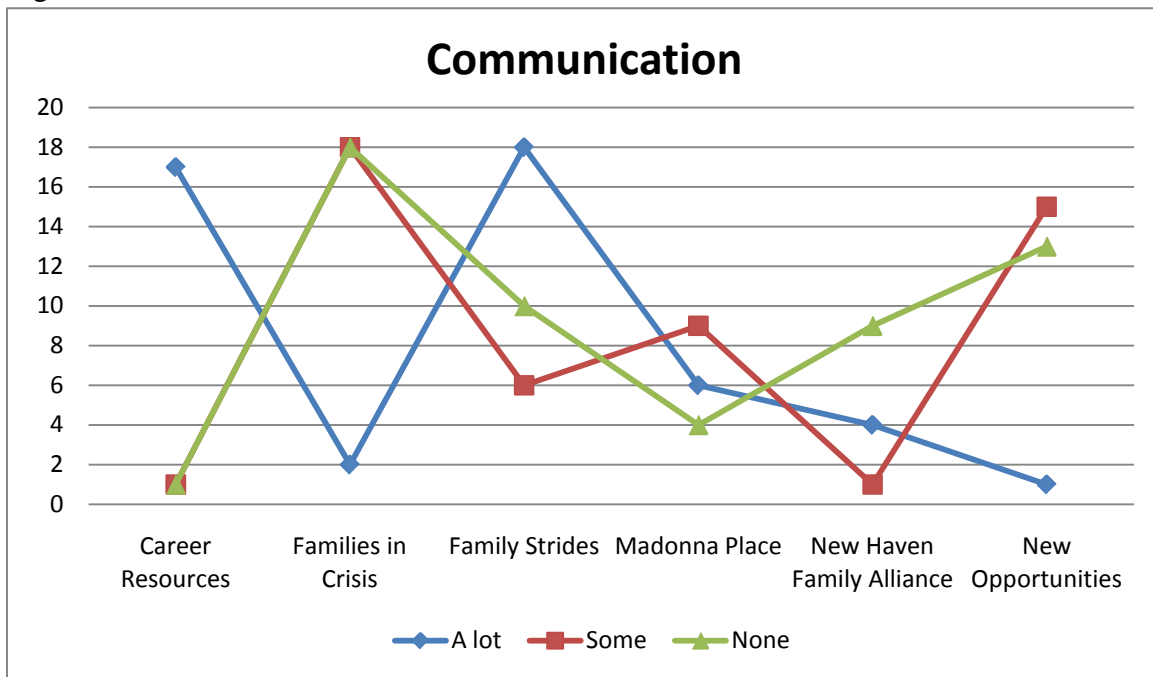


Figure 93. Women

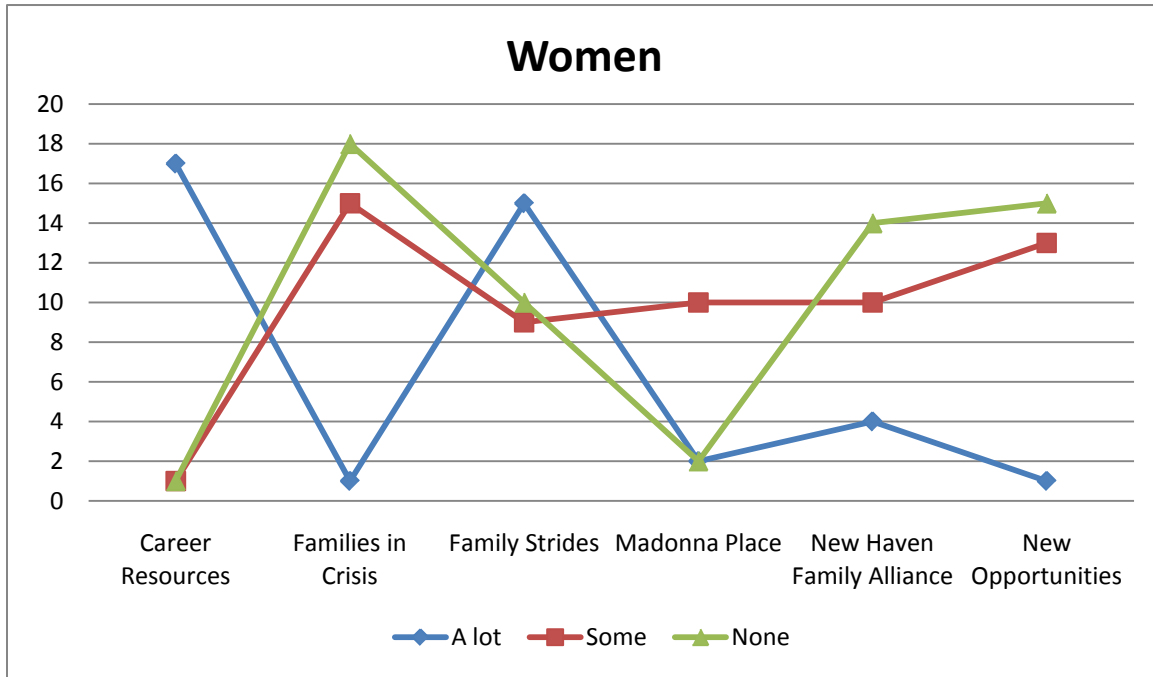


Figure 94. Discrimination

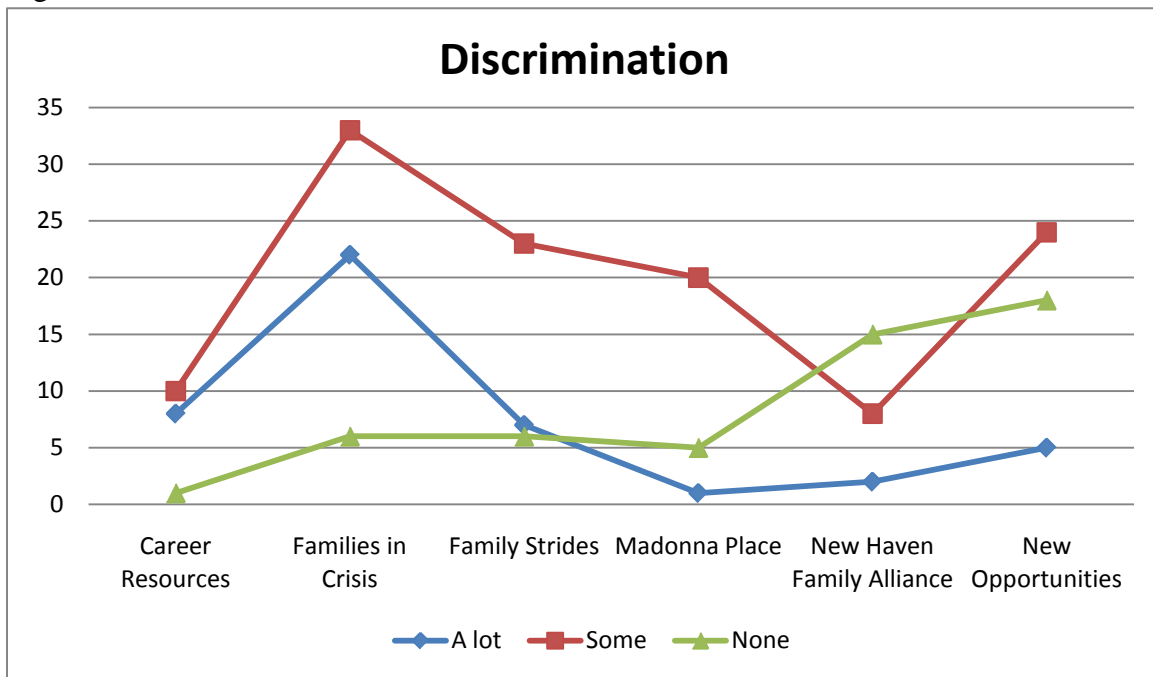


Figure 95. Understanding

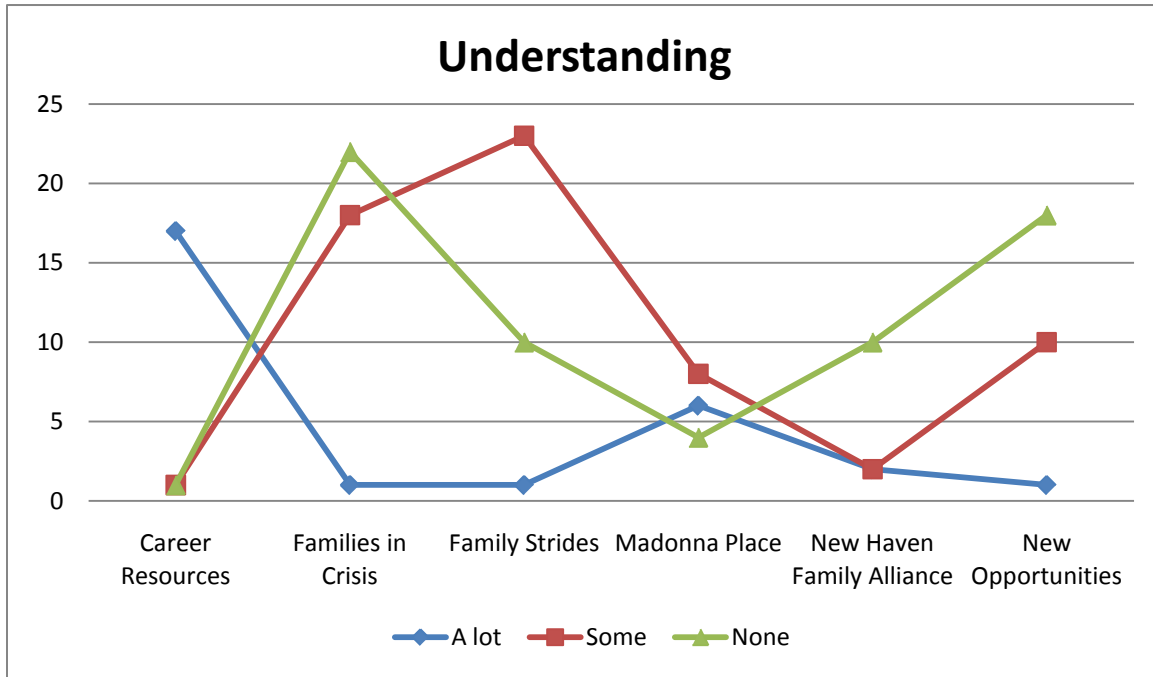
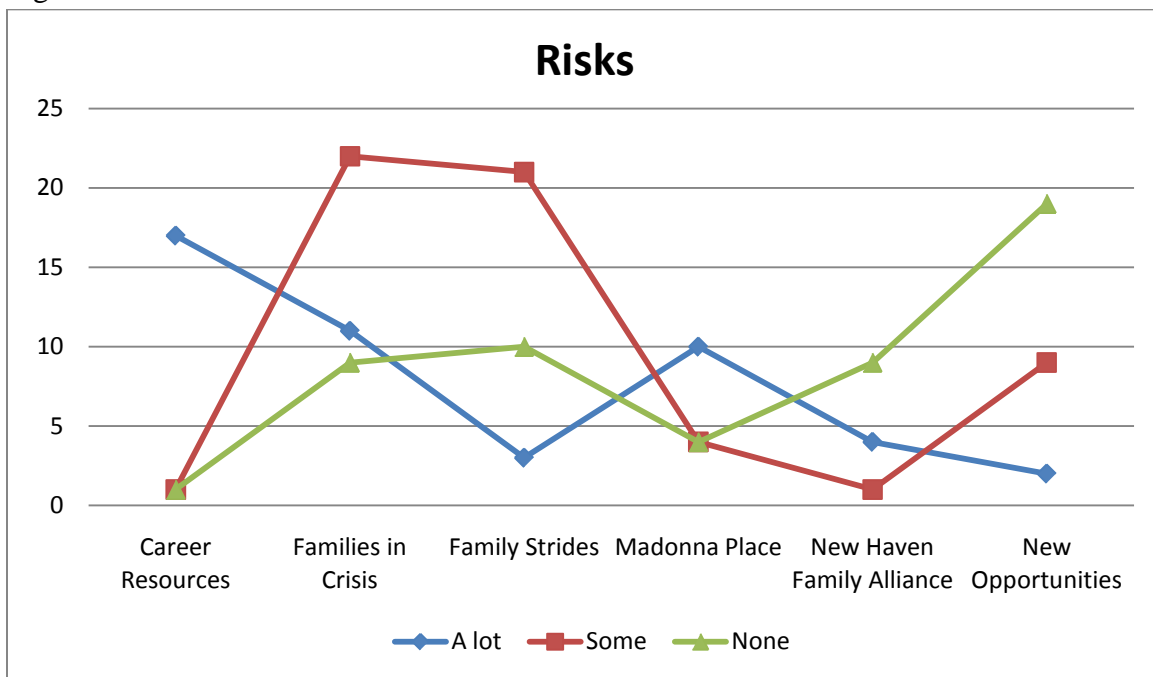


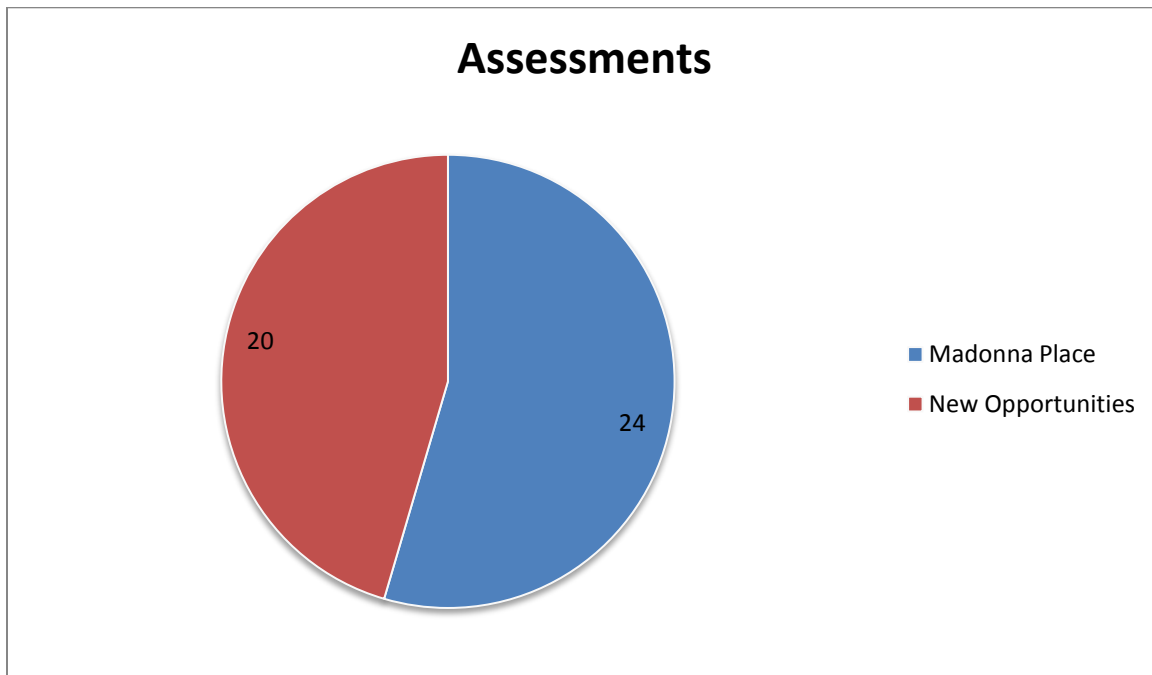
Figure 96. Sexual Health Risks



ASSESSMENT FOLLOW UP

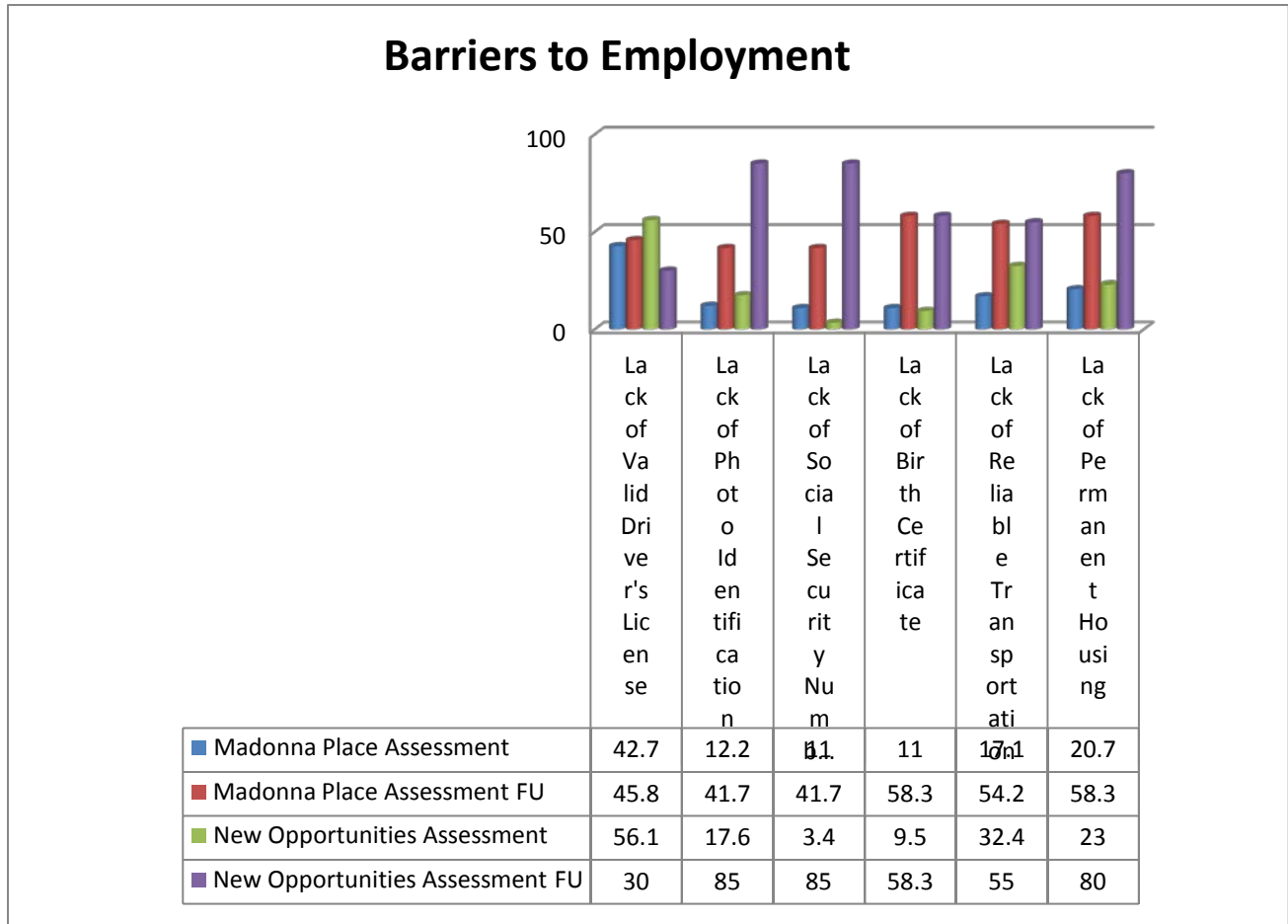
The data presented in this section of this report is a summary of the Assessment Follow Up forms completed during the 08-09 fiscal year. Through Year 3, October 1, 2008 through September 30, 2009, 44, assessment follow up forms were completed. Madonna Place completed 24 Assessment follow up forms, and New Opportunities, Inc. completed 20.

Figure 97. Completed assessments



As participants assessed identified potential employment barriers, at follow up they stated the following issues remained. Issues included lack of social security number, lack of birth certificate, lack of photo ID, lack of permanent residence, lack of reliable transportation, and lack of valid driver's license (see Figure 98).

Figure 98. Barriers to Employment



In terms of employment, of participants assessed at follow up during the 08-09 fiscal year, 12 (50%) were currently employed at Madonna Place, and 5 (25%) were currently employed at New Opportunities. Thirteen (54.2%) were employed full time and 2 (8.3%) were employed part-time at Madonna Place. Five (25%) were employed full time and 7 (35%) were employed part-time at New Opportunities (see, Figure 100). With regards to financial management, (45.8%) of participants at Madonna Place responded at assessment follow up they had ever used a budget, (41.7%) knew how to complete a budget, (41.7%) had a financial budget in place, while (25%) had outstanding balances and payments. Seventy-five percent of participants at New Opportunities responded at assessment follow up they had ever used a budget, (80%) knew how to complete a budget, (75%) had a financial budget in place, while (90%) had outstanding balances and payments (see, Figure 101).

Figure 100. Employment

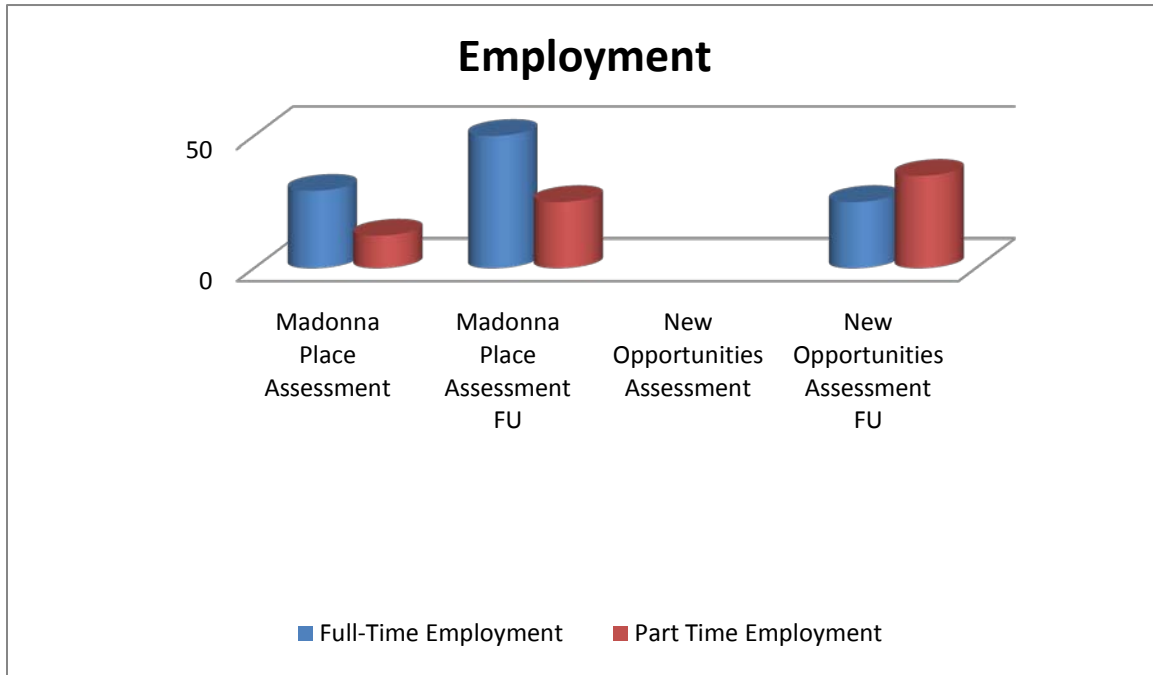
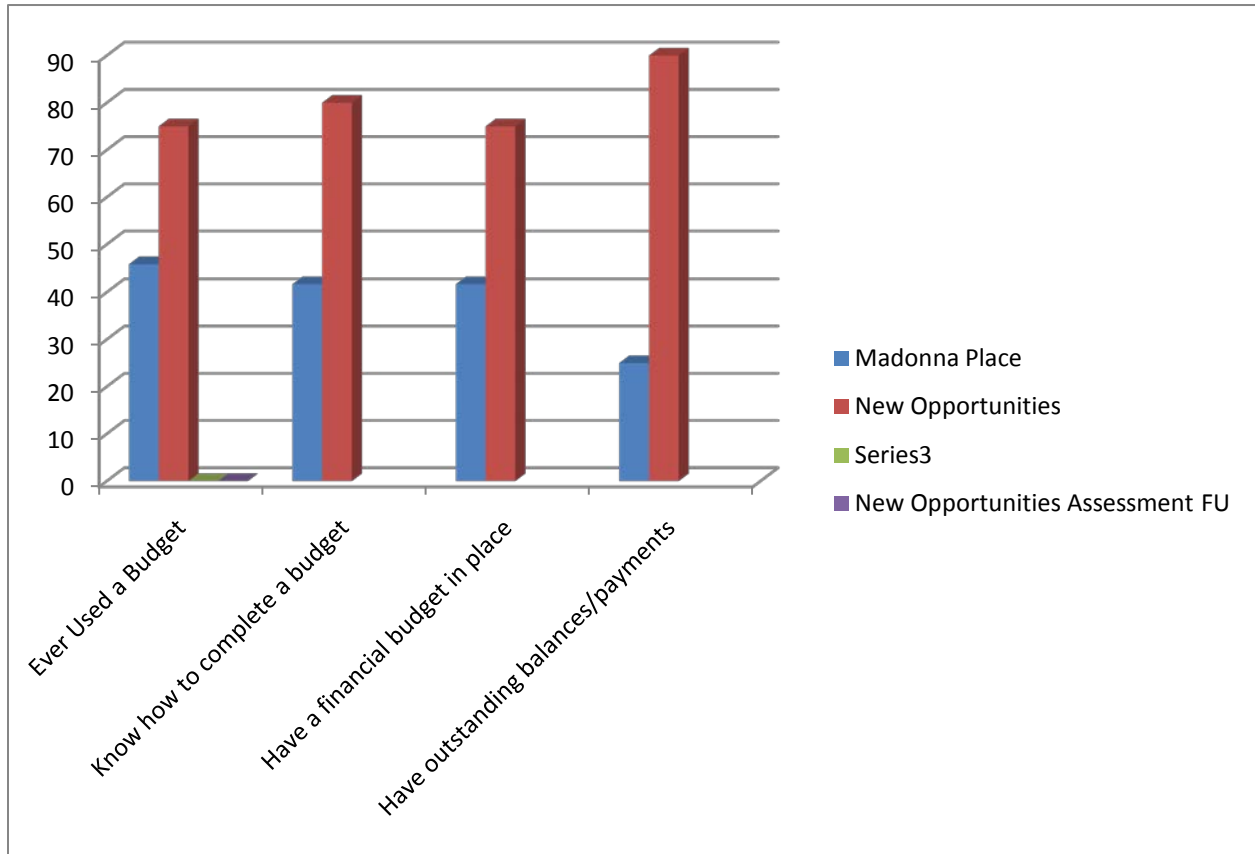


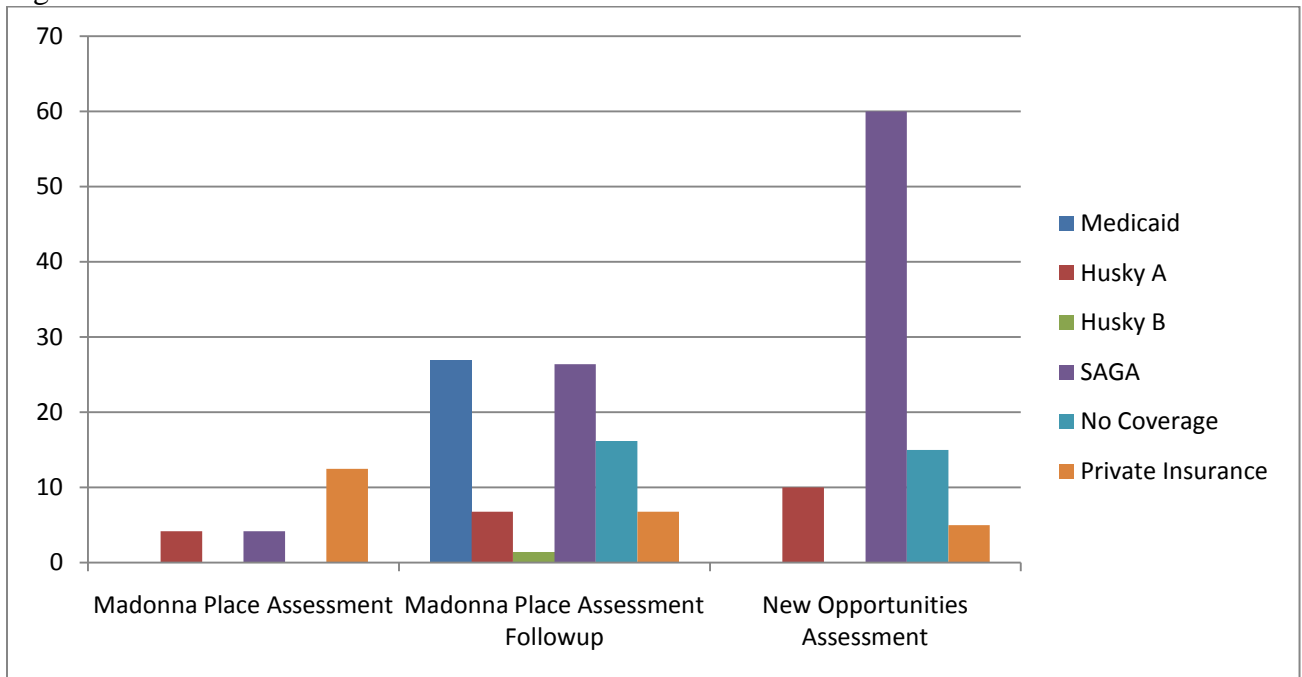
Figure 101. Financial management

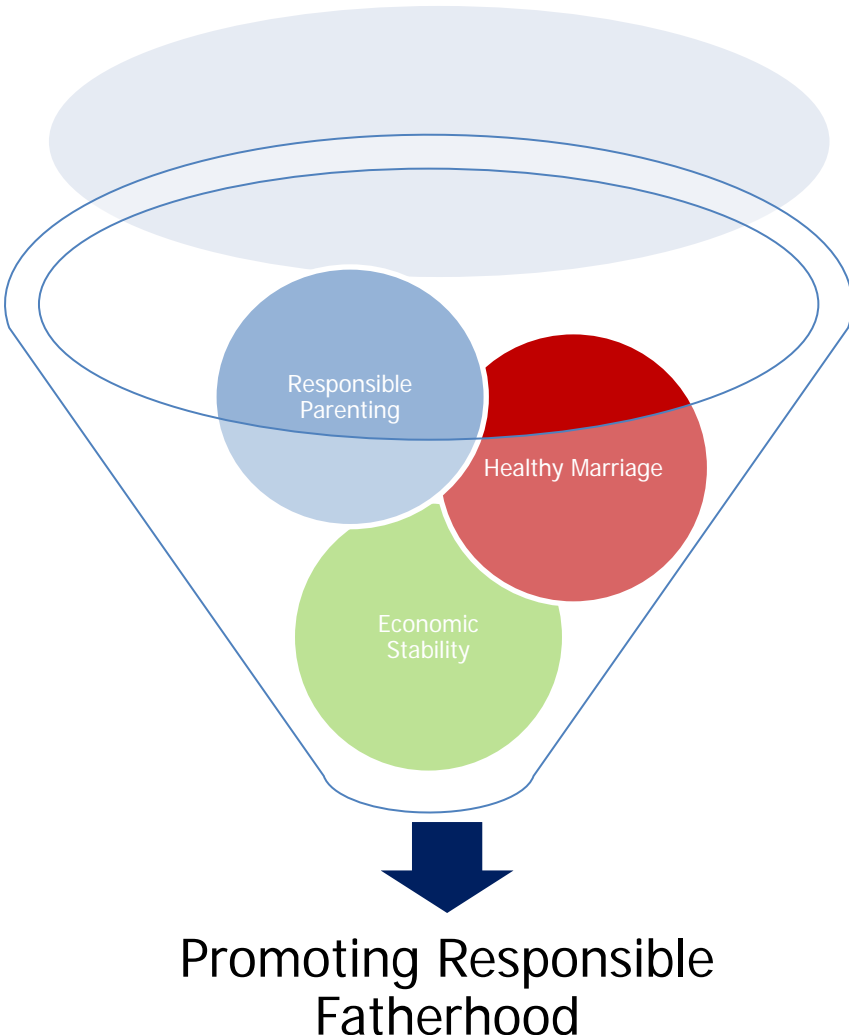


At assessment follow-up, (12.5%) reported having a private insurance policy, (4.2%) were insured through SAGA, and (4.2%) participants had an Husky A policy at Madonna Place in Norwich, CT. While (5%) participants reported having private insurance policy, (60%) were insured through SAGA, (10%) participants had Husky A policy, and (15%) had no coverage at New Opportunities (see Figure 102).

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

Figure 102. Health Insurance





PROMOTING RESPONSIBLE FATHERHOOD

Economic Stability

Money Smart is designed for adults and includes 10 training modules covering basic financial topics such as an introduction to bank services and credit, budgeting, savings credit cards, loans and homeownership. The program sites use a modified version of the curriculum with participants based on experience with the target population delivered in four modules.

Module 2: Borrowing Basics

- Define credit; explain why credit is important;
- Distinguish between secured and unsecured loans;
- Identify three types of loans;
- Identify the costs associated with getting a loan;
- Explain why it is important to be wary of rent-to-own, pay-day loan, and refund anticipation; and
- Determine if they are ready to apply for credit

Module 3: Check it out

- State the benefits of using a checking account;
- Determine which checking account is best;
- Identify the steps involved in opening a checking account;
- Add and withdraw money from a checking account; and
- Reconcile a check register with a bank statement

Module 4: Pay yourself first

- Explain why it is important to save;
- Determine goals toward which they want to save;
- Identify savings options; and
- Determine which savings options will help reach savings goals

Module 8: Charge it right

- Describe the purpose of credit cards;
- Determine which credit card is best;
- Identify the factors creditors look for when making credit decision;
- Describe how to use a credit card responsibly; and

- Identify the steps to take when a credit card is lost or stolen

The data presented in this section of this report is a summary of the Economic Stability Service Hours completed during the 08-09 fiscal year. Career Resources of Bridgeport completed 179; Families in Crisis completed 117; Family Strides in Torrington completed 707; Madonna Place of Norwich completed 448; New Haven Family Alliance in New Haven completed 670; and New Opportunities of Waterbury completed 715 (see, Figure 103).

Figure 103. Economic Stability

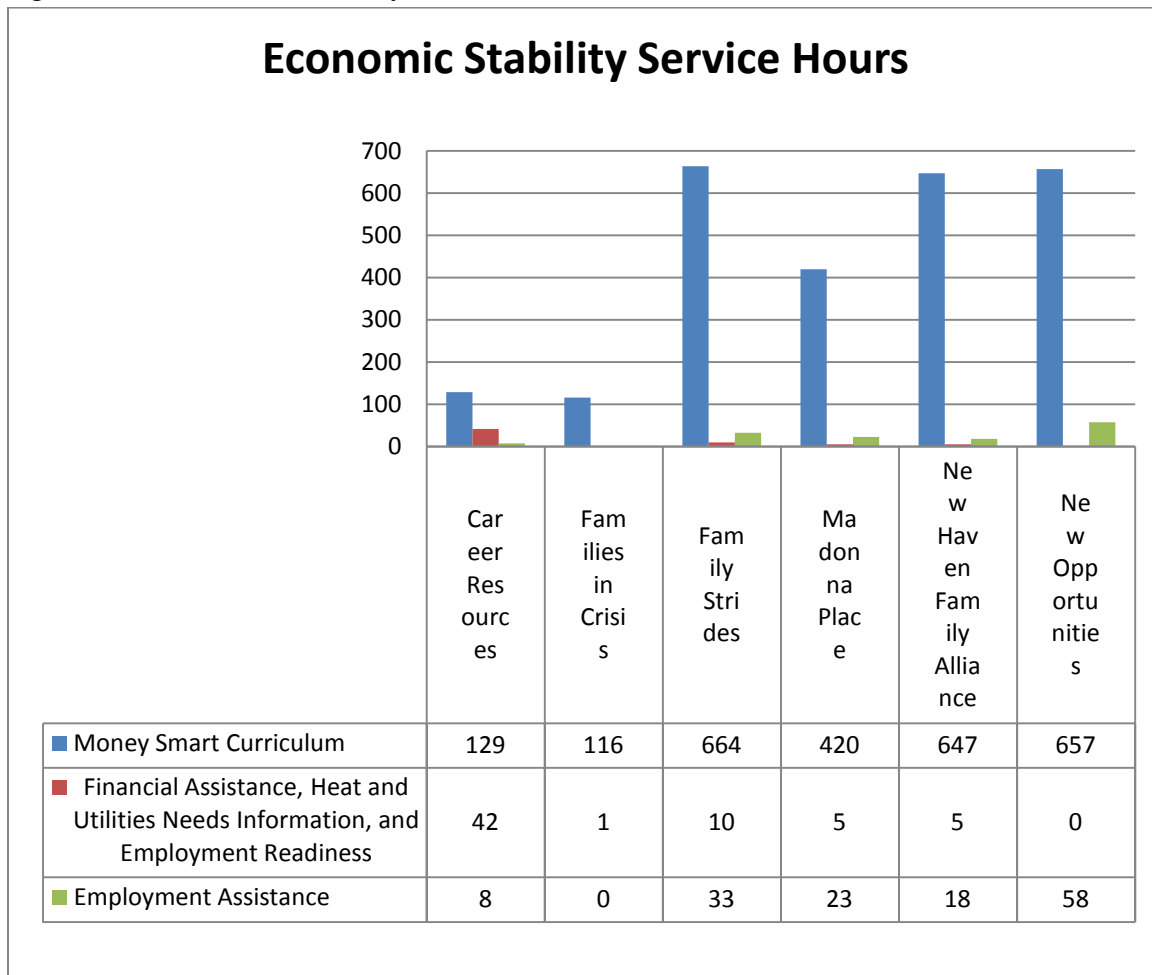
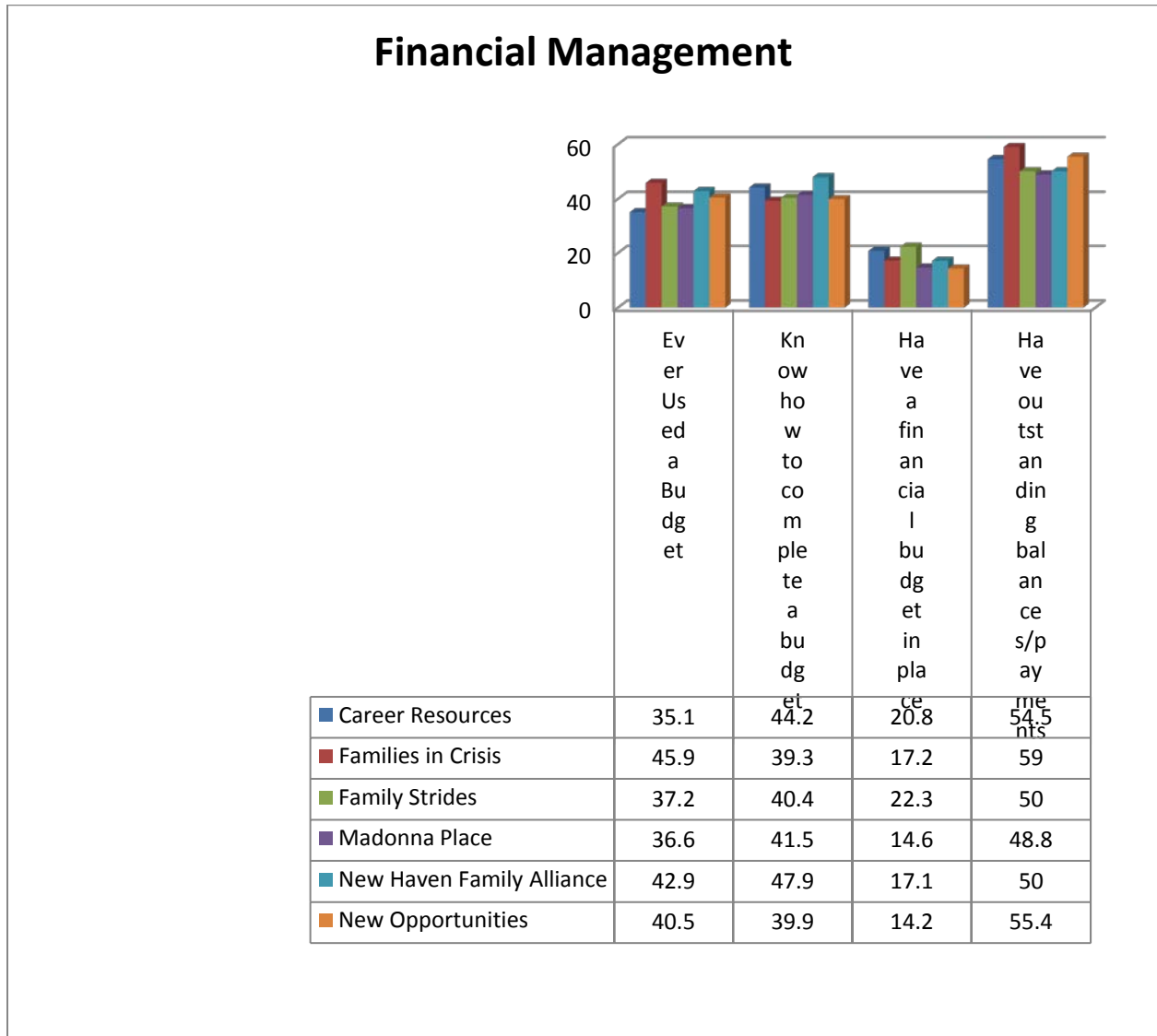


Figure 104. Financial management



*data based on 663 Assessment Forms.

Healthy Marriage

This curriculum was designed to help romantically-involved parents gain the knowledge and skills that can strengthen their relationships and provide a practical way for them to explore a healthy marriage. The eight-session curriculum brings together basic concepts from marriage education with a frank and open exploration of issues and challenges present in the relationships of many low-income parents.

The eight sessions of the curriculum are as follows:

Session 1: Advanced Relationships

Session 2: Healthy Relationships

Session 3: Mind on Marriage Mountain

Session 4: Conflict Control Room

Session 5: Weather Storm Safe-Station

Session 6: Sweet Truth Talk Shop

Session 7: Real Thing Spa

Session 8: Rings, Wings, and Reasons to Wait Center

The data presented in this section of this report is a summary of the Healthy Marriage Service Hours completed during the 08-09 fiscal year. Career Resources of Bridgeport completed 16; Families in Crisis completed 177; Family Strides in Torrington completed 95; Madonna Place of Norwich completed 63; New Haven Family Alliance in New Haven completed 138; and New Opportunities of Waterbury completed 34 (see, Figure 105).

Figure 105. Healthy marriage hours

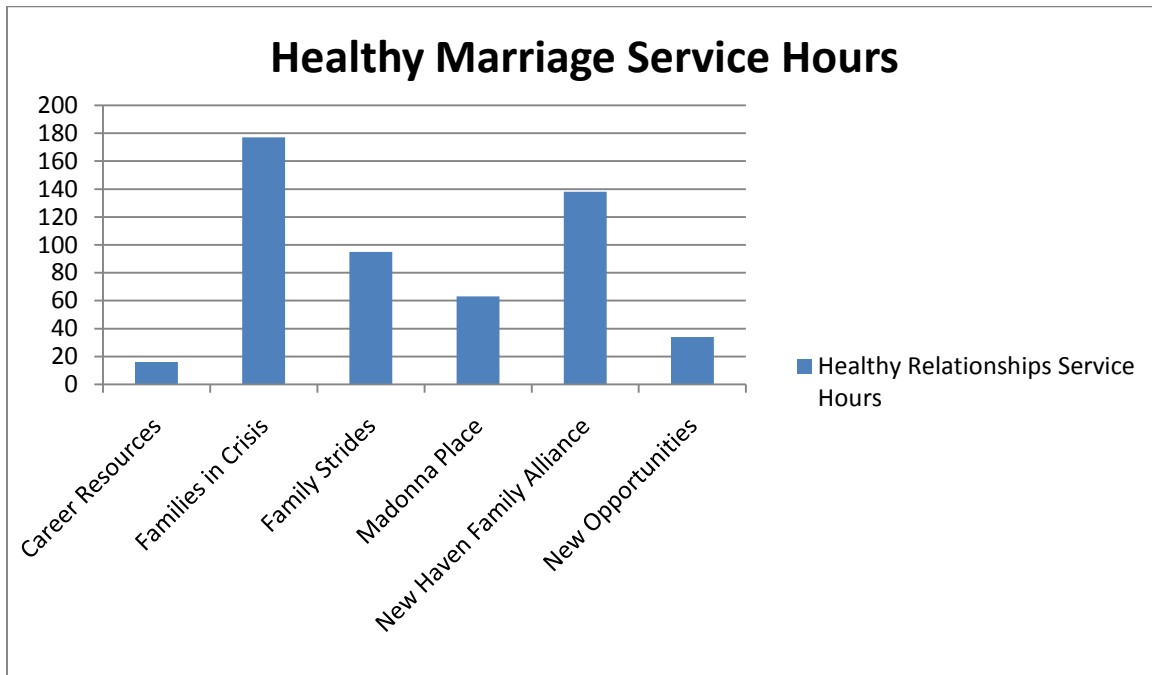
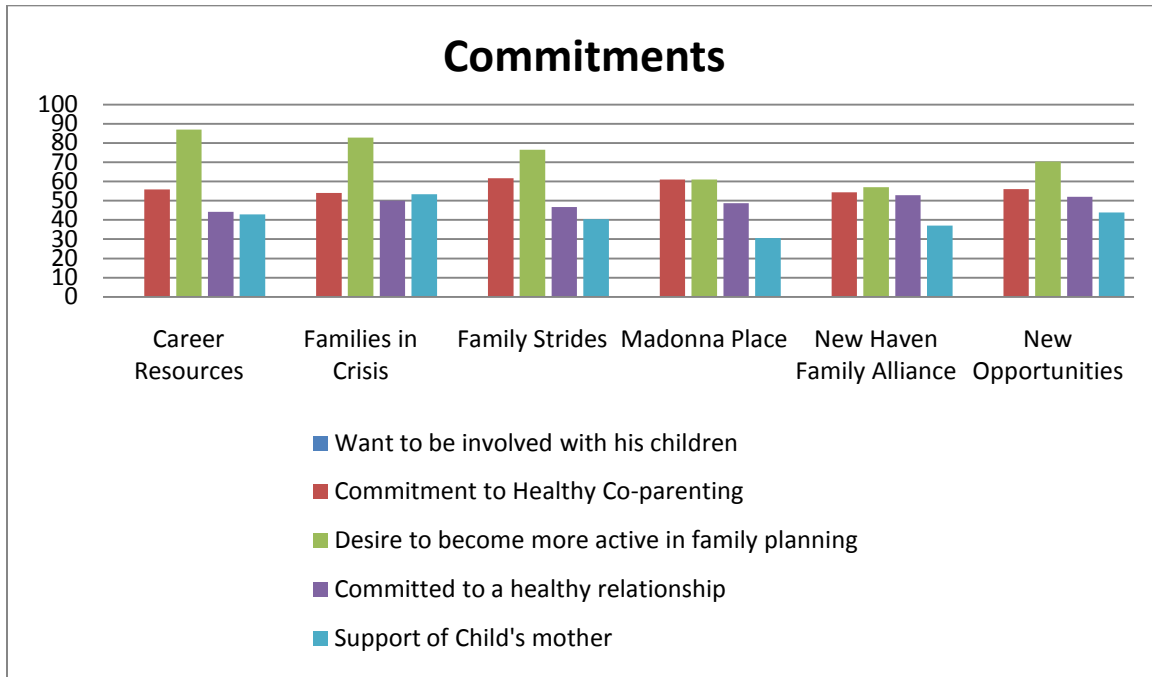


Figure 106. Commitments



*Based on Assessment Form Data

Responsible Parenting

Five of the six fatherhood programs are responsible for delivering the 24-7 Dads curriculum to program participants. This curriculum, consisting of 12 two-hour sessions, focuses on five characteristics that a father needs to be a great dad 24 hours a day, 7 days week, and covers universal aspects of fatherhood so that men of all cultures, races and religions and backgrounds can benefit.

The sessions include:

Session 1: Family Origin

Session 2: Masculinity

Session 3: Understanding Yourself

Session 4: Handling and Expressing Emotions

Session 5: Physical and Mental Health

Session 6: Fathering and Family Roots

Session 7: Fathering and Culture

Session 8: Discipline, Rewards, and Punishment

Session 9: Expectations and Children's Development

Session 10: Balancing Work and Family

Session 11: Getting Involved with Young Children

Families in Crisis, Inc. is delivering the Inside Out Dad educational training to incarcerated fathers. Inside Out Dad program is designed to connect inmates to their families and prepare them for release. This unique reentry program reaches men inside prison and prepares them for life when they get out by helping them explore and heal from their past, while developing healthy emotions, reconnecting to their families, and planning for the future. The Inside Out Dad includes twelve 2-hour sessions, including:

Topic 1: Getting Started

Topic 2: About Me

Topic 3: Being a Man

Topic 4: Money Smart

Topic 5: Handling and Expressing Emotions

Topic 6: Relationships

Topic 7: Fathering

Topic 8: Parenting

Topic 9: Discipline

Topic 10: Child Development

Topic 11: Fathering from the Inside

Topic 12: Ending the Program

Connecticut Promoting Responsible Fatherhood Project
Year 3 Annual Report October 2008-September 2009

The data presented in this section of this report is a summary of the Responsible Parenting Service Hours completed during the 08-09 fiscal year. Career Resources of Bridgeport completed 479; Families in Crisis completed 1654; Family Strides in Torrington completed 1194; Madonna Place of Norwich completed 671; New Haven Family Alliance in New Haven completed 2571; and New Opportunities of Waterbury completed 1109 (see, Figure 107).

Figure 107. Responsible Parenting hours

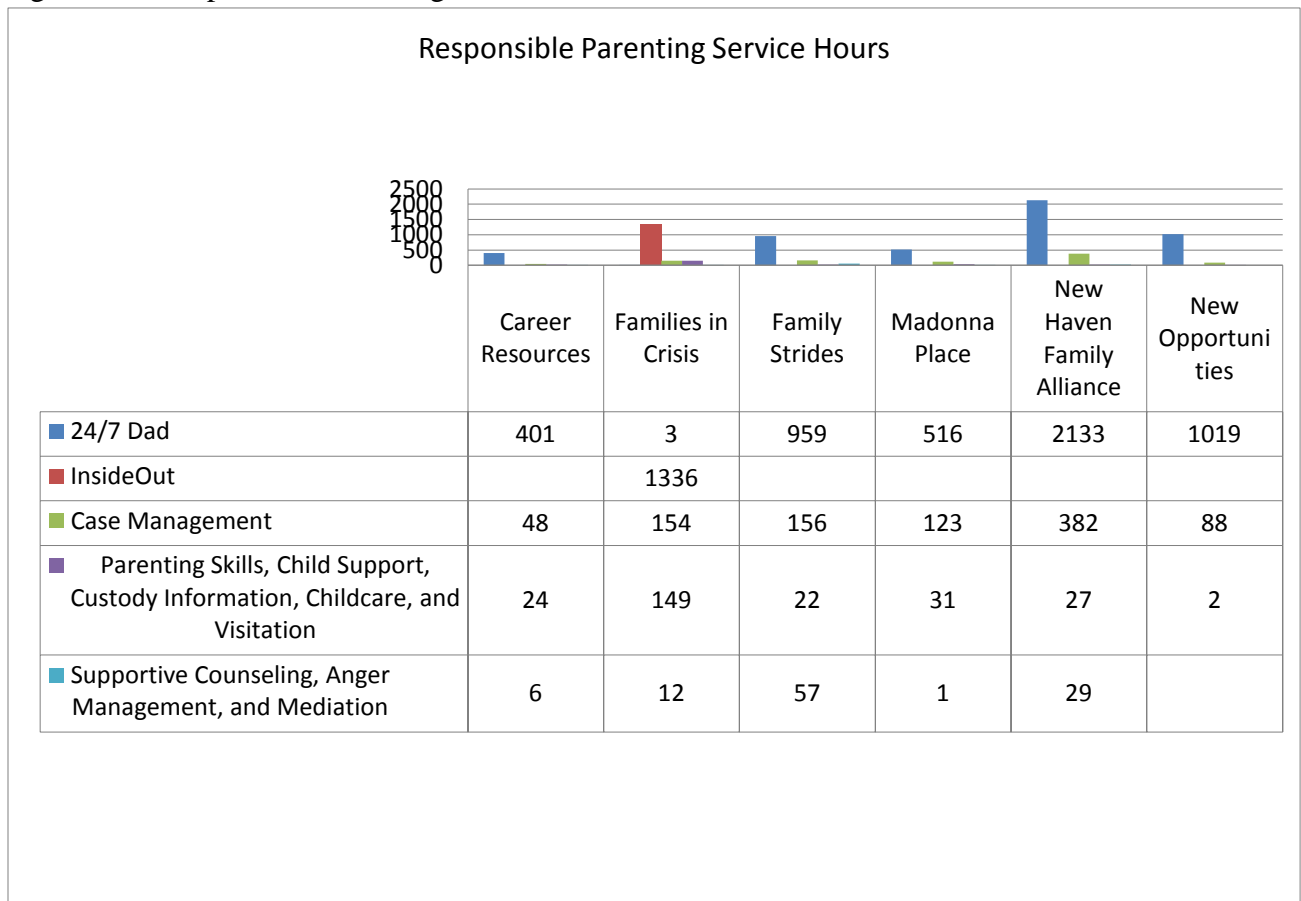
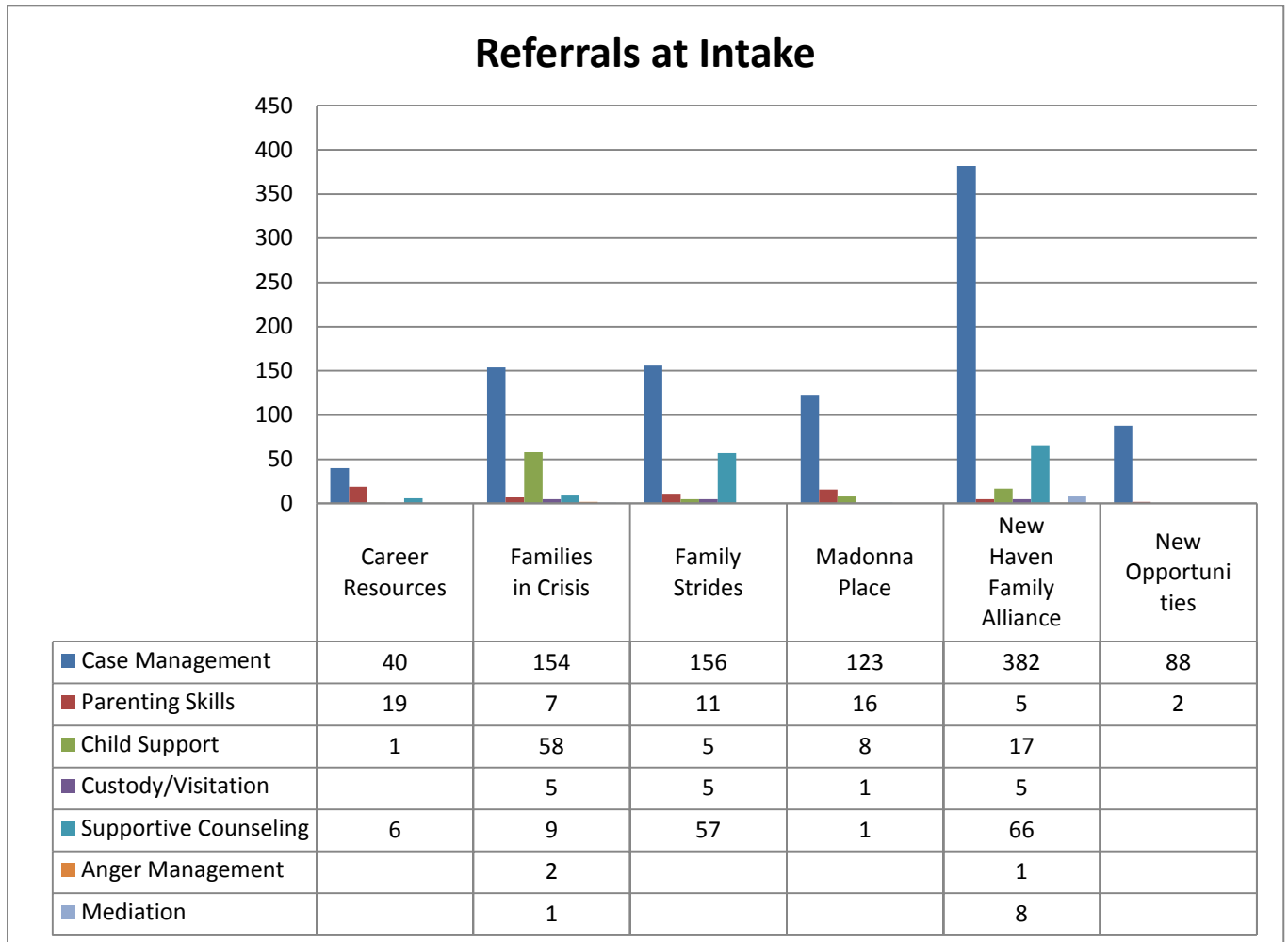


Figure 108. Referrals at intake



*Based on Intake Form Data

SUMMARY OF DESCRIPTIVE RESULTS

Demographics of Program Participants

- ✚ The average age of program participants is 33, ranging from 17-71 years of age.
- ✚ 38.4% of program participants are identified as Caucasian, 42.4% are African American, and 1% identified as American Indian, Asian, or Pacific Islander.
- ✚ 22.3% of program participants identified as being Latino/a.
- ✚ 919 children were identified through program participants.
- ✚ More than half of program participants identified as being single/never married at intake. Of the remaining, 14% were legally married/living with a spouse, 13.6% were divorced, and 11.6% were separated/divorcing, widowed, or stated “other”.
- ✚ Program participants self reported that on average they were required to pay \$172.98. The actual self reported average child support payment paid by program participants monthly during the last six months was \$96.85.

Referral Information

- ✚ Most of the program participants were referred to PRF services through Support Enforcement Services. The remaining referrals were provided by: Child Support Court, Department of Children and Families (DCF), Department of Correction (DOC), and Self-Referred.
- ✚ The top 5 presenting reasons for referral upon entry into PRF as identified by program participants at intake included: Parent education/Training (56.1%), Fatherhood support group (49.1%), Employment/Job training (33%), Child support assistance (17%), and Education assistance (16.3%).

Family History

- ✚ Many of the program participants entered in to the PRF with histories of significant difficulties. At intake, program participants had experienced the following: 16.6% had been the victim of interpersonal violence, 4.5% have been involved in a sexually traumatic experience.
- ✚ Program participants also had considerable stress in their lives with 18.5% reported having a chronic illness, 29% had been in a alcohol/drug treatment program.

- ✚ One third of program participants indicated they had no influence on making major decisions in their child(ren) lives, 33.6% reported being very dissatisfied with the amount of time spent with their child(ren). While two-thirds of program participants stated they would become a parent again if they had a choice to do it all over again.

Case Closing

- ✚ Two Hundred and Eight Seven Case Closing Forms were completed across the 6 certified sites
- ✚ 27.2% (78) had spent an hour or more reading to their child(ren)
- ✚ 30.3 (87) had provided financially for their child(ren)
- ✚ 3.5% (10) had declared paternity for their child(ren) since entering the program

SATISFACTION SURVEYS

Upon completion of the program, participants completed a Participant Satisfaction Survey. As the process for assessing program participation, on the instrument, program participants indicated in a series the degree to which they agreed with the statement, using a 5-point scale from Strongly Disagree (1) to Strongly Agree (5). Participants were also given the opportunity to write additional comments.

1. Staff understood any problems I was having.
2. Meeting with staff were helpful.
3. Staff gave me appropriate referrals for other services.
4. Staff was cooperative.
5. Overall help for my issue was received.
6. I trust the staff.
7. I received the type of help I wanted.
8. I received information about the program/my treatment.
9. My opinion of my involvement was sought.
10. I had influence over my goals and objectives plan.
11. I was able to communicate with staff about my specific issues.
12. I had time to meet individually with staff.
13. I had time to meet with appropriate staff teams.
14. I was able to track progress with staff as needed.

Key Observations:

- 89.5% (119) participants agreed they received the type of help they wanted
- 91.7% (122) participants agreed they received overall help for their issues
- 51.9% (69) participants felt the facilitator communicated the lesson material in a way that could be understood and applied
- 48.1% (64) participants feel they gained a new understanding of parenting and fatherhood as a result of the program

Feedback

When asked, what was the most helpful part of the program?

- Gaining knowledge that I can still be a father while incarcerated
- Getting a chance to be involved
- I learned acceptance
- I thought discipline meant to punish, but now I know it means to teach
- It is hard for me to choose because it was all great

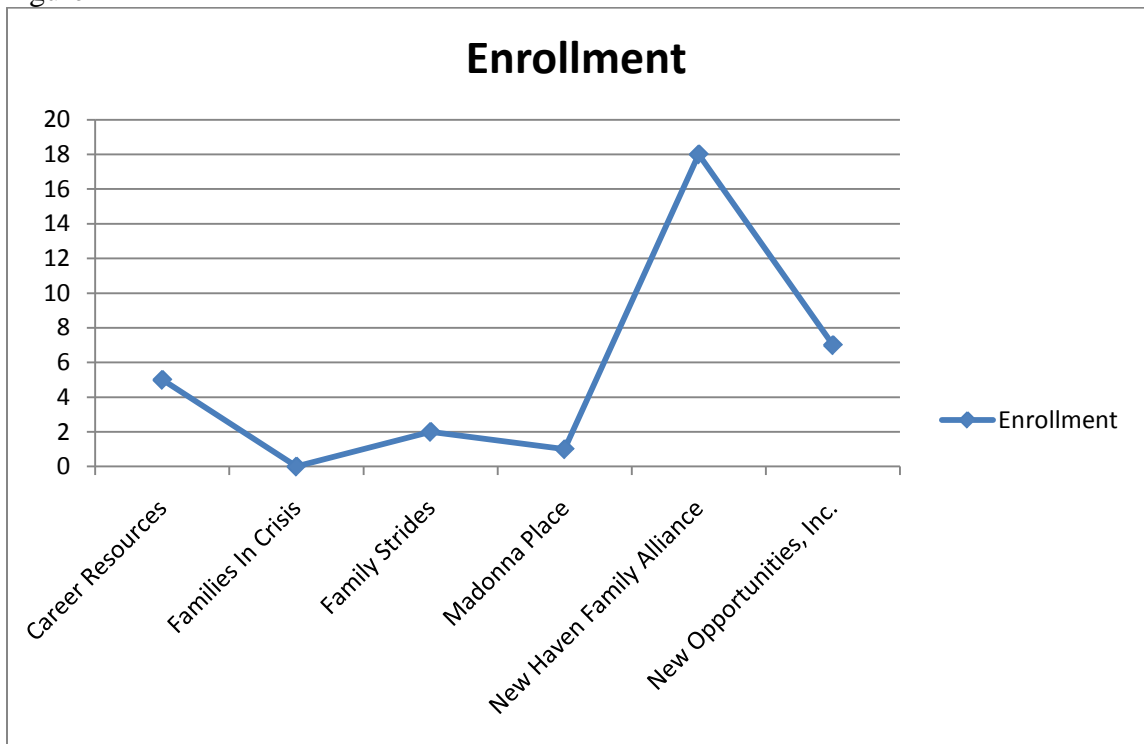
When asked, what was the least helpful part of the program?

- I like some lessons better than others, but all were valuable
- Not enough time for class participation
- The many forms to fill out
- Sharing personal information, remembering my past
- Only meeting once a week

Female Participants:

The section that follows presents data regarding across the six (6) certified sites for females that participated in this program. During Year 3 of the Promoting Responsible Fatherhood Project, the period of October 1, 2008 through September 30, 2009, thirty-three female participants completed intake forms and were enrolled across the six certified sites in Connecticut. Career Resources of Bridgeport completed 5, (15.2%) participant intakes; Family Strides in Torrington completed 2, 6.1 (%) participant intakes; Madonna Place of Norwich completed 1 (3%) participant intakes; New Haven Family Alliance in New Haven completed 18 (54.5%) participant intakes; and New Opportunities of Waterbury completed 7 (21.2%) participant intakes (see, Figure 1.)

Figure 1



Across all of the sites, the average participant age of a participant was 34 years with a range of 18-49 years. Across all of the sites, racially the majority of the 33 participants were African Americans, 16 (48.5%), followed by Caucasians, 7 (21.2%), and the remaining participants were unknown or missing. During Year 3, the program participants entering the program indicated that their reason for referral were due to needing assistance with: 1) Parenting Education training; 2) Fatherhood Support; 3) Employment/Job Training; 4) DSS child support; 5) Educational Needs. Once enrolled in the program, participants needed help addressing a variety of concerns. Challenges included “getting on the right track” (22, 66.7%) parenting skills to become a better parent (19, 57.6%), finding a job or finding a better paying job (19, 57.6%), talking with others in the same situation (11, 33.3%), and child support payments or debts (11, 33.3%).

PRE AND POST TEST ASSESSMENT

These measures were completed before the curriculum interventions and on completion of either the curriculum or on completion of their involvement with the program. These measures will document the effects of the planned interventions across economic stability, responsible parenting, and healthy relationships. This section presents data reported by program sites on program participants who completed pre- and post assessments.

24/7 Dad

The Fathering Inventory, a 50-item instrument, assesses a father's attitudes and opinions about his identity and his roles with his children.

- 634 Pre Test Completed
- 186 Post Test Completed
 - 58 (9.1%) participants were African-American
 - 286 (45.1%) Caucasian
 - 59 (9.3%) Hispanic
 - Age: 39.6 (Range 17-57 years of age)

Inside Out Dad

- 182 Pre Test Completed
- 140 Post Test Completed
 - 75 (41.2%) participants were African-American
 - 49 (26.9%) Caucasian
 - 47 (25.8%) Hispanic
 - Age: 34.8 (Range 20-59 years of age)

FOCUS GROUP SUMMARY

As part of the evaluation component of the Promoting Responsible Fatherhood Project, focus groups were conducted with 57 selected past and current participants from each of the six certified fatherhood initiative programs. Career Resources (9), Families in Crisis (20), Madonna Place (12), New Haven Family Alliance (2), New Opportunities (14). In these interviews, the participants were asked to describe their experiences in the program, talk about the rewards and benefits of the participation, and identify any challenges.

The interview questions posed to each group addressed key areas: characteristics of the program, program outcomes, and additional comments. The focus group transcripts add rich qualitative data. The shared themes across all six sites were program participant's commitment to nurturing their child's well-being. Focus group participants also indicated that transportation, job training, employment, visitation were among the service challenges.

Focus Group Script

Greeting and Introduction

- Purpose: Welcome participants and express appreciation
- Things to include in welcome:
 - Introduction of Facilitators
 - The Promoting Responsible Fatherhood Grant
 - The role of Yale Evaluation Team
 - Purpose of focus group

Utilities

- Confidentiality
 - Highlight the definition of confidentiality
 - Participants will be reassured that what they say during the focus group will be treated with the same confidentiality as the responses made on their survey questionnaire.
 - No one besides the facilitators will have access to the participants' names.
 - No observers are allowed in the focus groups
- Recording
 - Highlight the presence and purpose of audio equipment.
 - Ex. *The focus group is being taped in order to gain the fullest information from the comments you make. The tapes will be transcribed and listened to or read only in strict confidentiality.*

Your comments will be transcribed only for informational purposes and you will be referred to as participant 1, participant 2, etc. Again this information will be used only by those involved in this evaluation of the Promoting Responsible Fatherhood Project.

- Consent Process

Ground Rules/Icebreaker

- Rules
 - Participate Fully
 - Respect comments of all participants

Promoting Responsible Fatherhood Project Focus Group
Current Participants

1. Do you know who your case manager is?
2. What is his/her role and responsibility?
3. What kind of areas have you worked on together?
4. If not, how have they been unhelpful?
5. Which areas, if any, important to you that may have not been addressed?
6. Is the program helpful to you in meeting your goals?
7. What feedback would you give to the program staff?
8. What has this program taught you about:
 - A. Parenting? Co-parenting?
 - B. Healthy relationships?
 - C. Managing money and/or related “Economic Stability” impacts? = Pre-test Performance Measure for “Economic Stability Priority Area “.
9. Do you have any additional comments, ideas, and/or recommendations?

Promoting Responsible Fatherhood Project Focus Group
Past Participants

1. What were your reasons for enrolling in the program?
 - A. Were they met?
 - B. If not, where were they not met?
2. Do you know the goals of the program?
3. What types of referrals were made for you to services outside the fatherhood program?
Did the staff at these other agencies help you?
4. How has the program affected your goals?
5. Which issues are important to you that may have not been addressed?
6. How has the program been helpful to you in meeting your needs?
7. How has the program affected you as a father?
8. What feedback would you give to the program staff?
9. What has this program taught you about:
 - A. Parenting? Co-parenting?
 - B. Healthy relationships?
 - C. Managing money and/or related “Economic Stability” impacts? == Post-test Performance Measure for “Economic Stability” “Priority Area”.
10. Do you have any additional comments, ideas, and/or recommendations?

Focus Group Findings

The focus groups were conducted with past and current participants. Findings provided first-hand insight into the need for assistance for healthy parent-child relationships. Both groups described systemic and personal challenges that affected their role as fathers. While there were many themes shared across the sites, some were unique to particular communities and settings (rural or urban). The generalization across sites is referenced. Focus Group transcripts are provided.

F=Facilitator, R= Respondent

Do you know who your case manager is?

All program participants were aware of their case manager, and program staff. Program participants stated that on occasion, they had the privilege of working with various staff on issues, and had been treated with respect.

R: He's been through what we been through first hand so he's been on both sides of the spectrum. He's been in front of the judge, as we all have been in this program. There's not one person here who hasn't got that judgment. You left court and you're like, I don't even know what I'm going to do right now. But he's been there, and he's also been in the position where he knows what ... used to go through to get that thought of it out of your mind like that, know where to turn for it. Like, he says, the support is part of it, but also giving the access to different things you can do as far as work, job, money. When you go that job sheet, sometimes you know, you did your own job sheet like for the past four months, so it's like almost ridiculous that you're going to get job, like what am I going to do, go back to everywhere I just went again to have them tell me no.

R: He has a lot he has access to a lot of information. He can hold your attention. He could talk just like a teacher. You have those individuals that just talk and you can tell they're just there to get a paycheck. He's there, he has lots of information, this is information that not everybody's entitled to and a lot of people don't know anything about it. So he has that necessary what we need.

What is his/her role and responsibility?

Current and past participants were aware of roles and responsibility of their case manager as well as the site Program Manager.

R1: Yeah, I think all of us have Tony. [agreement from others]

F: Do you know Tony's role and responsibility in the program?

R1: He's a supervisor.

R2: I believe he's the administrator.

R3: He's the man that's in charge as far as this program, as far as I know, the Fatherhood program.

F: And do you know what his responsibilities are for you all?

R1: To teach a curriculum that gives us the knowledge to be better fathers, better men in our community.

R2: He gets us to understand what we have in life right now and how we can do different, if there's a difference to be made. Cause I think we're all good fathers, it's just that we're in situations that we're in right now that's out of our control.

R3: He puts us in a forum where we could basically learn some better tactics than what we've been taught.

F: Expand on that. What...

R3: I think, ... you'd understand that there are many different qualities of life represented. I think for the most part, we all not have had great role models, in attempting to become that role model that we didn't have.

F: For your children?

R3: Exactly.

What kind of areas have you worked on together?

The areas described were: Child Support, Visitation, Employment, Education, Housing, Probation, Anger Management, and Financial Resources such as State/Local General Assistance, Unemployment Insurance Compensation.

R1: Tony gave me an outlook on the system in itself. A bigger part of what we don't take time to look at. What we contribute to, when it's all said and down. How many paychecks we contribute to. We look at it, it's a big picture considering 25% of every dollar goes to tax revenue from every job that you contribute to from the choices that you make. So it's a bigger picture than I what I ever even thought it was.

But I sat down and I thought about it and from having wrong relations with people, I was sending other people's kids to college while teaching me to perform (?) ... that separates the community. It was better for me to actually go through it. I was glad because I got tired of dealing with her on a level where I couldn't even communicate to her that I even loved my son.

If not, how have they been unhelpful?

None of the Focus Group participants expressed concern in the areas worked on with their case managers.

Which areas, if any, important to you that may have not been addressed?

A theme across sites was the issue of visitation. Focus group participants stated although many of their service needs were being met, the ability to have a safe environment for child visitation is needed.

Is the program helpful to you in meeting your goals?

Across sites, the Focus group participants stated the program had been extremely helpful in meeting goals such as employment, budgeting, and anger management.

F: Have you reached a point or had you gotten to a point before you were in the class that situation would have got you in trouble, but because of this class you stopped.

R: I been at the point where I might be going for a trip on domestic just over a petty argument that could have been defused if I could have been like, you know what, you go that way, I'll go this way, drop it instead of holding on to the feeling and letting it boil up day by day like that. The thing that blows it all up is like, when the female has that control over the child that you think you should have because it's a shared control, it should be shared at all times, it's a partnership...So you know, nobody should be abusing the sharing time. You should be able to do equally, and if you can't the compromise should be there. ... it should just be on the level like okay you're the mom, you know.

Cause we're the men, like how you said they have that more nurturing side, we always want to be rougher, like "come on give me my son!" you know "give me my daughter!" "gimme, gimme, gimme!" I'd be knocking on that door all night "open the door!" You don't want to handle situations like that or you'll teach your child to handle situations like that.

F: Do you guys ever get with other guys in the program maybe when you're walking out. Like have you ever found yourself outside, walking out, continuing the conversation you had upstairs.

R: Oh yeah

R1: Sure

R2: Of course.

R: Like my sister and her husband they're always arguing in front of the baby, I learned that when the mother says something and the father jumps in like "don't talk to the baby like that", that you shouldn't do that.

If something's bothering you, you wait for the baby to leave, you pull her to the side, you talk to her so that the baby won't always go to mommy or daddy when they say yes or no.

You understand? I tell them in front of them. And then what's so good about it, all of this makes us realized that metamorphosis, that change, because once you have the information and the knowledge, then you put it into use.

Outside of here – work, job, family, more family than anything. We’re talking about our significant others and our children so you know, they see that metamorphosis – that we’re willing to understand and to listen and to just not talk so much. So that’s what that metamorphosis is.

What feedback would you give to the program staff?

The Focus Group participants expressed the need for the case managers to continue the support they have been giving to the program participants, and the need to have programs such as this for Fathers.

What has this program taught you about:

Parenting? Co-parenting?; Healthy relationships?; Managing money and/or related “ Economic Stability” impacts? = Pre-test Performance Measure for “ Economic Stability Priority Area “.

Participants noted single parent upbringing, their lack of knowledge on how to parent, and confrontational relationships with their child(ren) mother. Most of the program focus group participants indicated that Program participants had significant challenges in financial burdens and employment barriers. Program participants stated they also faced increased accrued arrearages owed to the Department of Social Services.

Many program participants stated they were unable to find adequate employment due to prior incarceration, and were unable to fulfill their obligations to pay child support. Program participants also noted their case managers and program staff helped them address their lack of parenting knowledge. The facilitator’s personal experiences engaged the program participants, offering an environment for them to feel safe and be forthright.

Program participants stressed the need for continued support from the programs, as they provide a structured environment and outlet for peer support.

F: Give me an example of something where you were sitting in the class and you maybe walked out with something that you didn’t expect, or learned something or maybe added on to information you already had about being a better father, about being a better boyfriend, husband, whatever it was. Give me an example.

R1: I learned how to save money.

F: Which way?

R1: Like how much you have, say I want to spend \$400 for Christmas. I just learned today that I have to save \$37 a day from now until Christmas, or a week, a week, \$37 a week.

F: And that just kind of clicked in your head. Like hey, that’s

R1: It was an eye-opener. I was like wow. Between this time and Christmas.

R2: He explained how the tax return, you know that's really our money so don't feel like it's a gift and we laughed, you know. Most people probably don't. But every time you hear ... you always be waiting for that time of year to come around, like Yes, I get it back, I been paying all this time then I get it back.

KEY OBSERVATIONS AND RECOMMENDATIONS SUMMARY

1. The program 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. Across the 6 programs there were a total of 106 men who were not fully enrolled and assessed. 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. Given the enrollment differences observed, DSS in partnership with the program sites may consider the value of differing enrollment expectations by site. In these considerations, attention to the urban versus rural demands is indicated.
4. There were also questions about the issues of attrition across sites. These questions centered on the men who completed the intake and assessment measures compared to the men who only completed the intake measure. Closer examination of these differences will be explored by this evaluator with an eye towards identifying issues for programming.
5. Building on recommendation 2, special attention may be focused on the unique needs of adolescent =< 23 fathers involved in this type of fatherhood programming.
6. The men enrolled in the program represent the diversity present in the State of Connecticut with significant numbers coming from the ethnic minority groups. Attending to and programming specifically focused on the unique challenges experienced by men of color in Connecticut is indicated. Program offerings need to continue to incorporate culturally responsive strategies, staff, and materials.
7. 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.

A partnership with Connecticut's State Department of Education is indicated. Building on their already established MOU signed with the DOE could be used to facilitate these efforts.

8. 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. Building on the relationship with the DOE, expanding this work with Connecticut's Department of Labor to address the challenges faced by men enrolled in this application.
9. Given the large number of men reporting significant outstanding debt, debt counseling appears to be indicated. Further, closer relationship between DSS' support and enforcement office and CSSD's child support office is needed given the larger number of men indicating on entry ongoing debt issues that were specifically child support arrearage related.
10. 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.
11. The men enrolled in this program consistently asked for help with similar issues. Included were 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. Attention to and development of initiatives that specifically target these areas for all participants on entry into the program are indicated.
12. 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 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. Including Connecticut State agencies that may be valuable in addressing these issues include the Departments of Transportation, Motor Vehicles, Public Health, and aligning the services offered within the Department of Social Services.

13. There is a body of research that suggests that men do not accurately identify and address non-specific areas of stress. Understanding this fact, developing interventions that seek to preventively address the health care needs of this population may further the purpose of the intervention and reduce the health burden often observed in this population of men.
14. 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. Here, aligning with Connecticut's Departments of Social Services, Mental Health and Addiction Services, and Public Health is indicated. Exploring issues related to health insurance offered through DSS and health care coverage offered through DPH and public services through DMHAS.
15. 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). Partnerships with Connecticut's Departments of Corrections, Court Support Services Division, and Judicial Branch are indicated. Implementing strategies that redirect State resources to the challenges of post-incarcerated men would further support the work undertaken by this project.
16. The men involved in the intervention reported experiencing challenges related to their situational experiences, including stress. Integrating interventions proven to facilitate the health resolution of these issues will help to increase the effectiveness of the intervention and meet some of the expressed needs of the program participants.
17. 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.
18. The children impacted by these men were unborn or adult with mean age of 8 to 9 years. Understanding the unique developmental needs of the children served by this program through the fathers is indicated. This should be integrated into any parent training and programming offered.
19. 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.

20. After consistent concerns expressed by the programs, the database used to document the work and impact of the program was changed from the New Haven Healthy Start database to the one developed and managed by the Department of Social Services.
21. Building on recommendation 20, program sites need to consistently document the gains made by participants by completing the case closing forms. This documentation would help to support the way participants changed as a function of this work.

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.**

IMPLICATIONS

- Need for systematic engagement of low-income fathers
- Incorporate fatherhood into men's social identity
- Increase interventions that provide skills to fathers and create social contexts that support their role as fathers
- Involve men in prevention strategies that seek to mitigate the generational patterns of father disengagement

FUTURE DIRECTION: YEAR 4

Pre-Post Comparison on:

- HHS' Authorized Activities
- Assessment Form
- Child Form

Outcomes Analyses

- Increase in time spent with children
- Increased employment experiences
- Increased commitment to financially supporting their children
- Increase in their financial support of their children
- Increase in parenting and co-parenting skills
- Increase in community support for the role of fathers

Return on Investment (ROI) Analyses

- A performance measure used to evaluate the efficiency of the investment. This metric will identify direct, demonstrable cost savings that result from the intervention.

Formula:

$$\text{ROI} = \frac{(\text{Gain from Investment} - \text{Cost of Investment})}{\text{Cost of Investment}}$$

PRF Site Characteristics Analyses

- Client demographic, housing, and income characteristics
- Common Services
- Direct Services
- Staff Support