



## The Fatherhood Initiative: Follow-up Survey Measuring Program Outcomes

This questionnaire is intended to track the Fatherhood Initiative's progress in increasing fathers' engagement with and financial support for their children.

DYCD is requesting that programs administer this questionnaire to all program participants **quarterly**: within the first month, and then after 3 months of participation, 6 months of participation, and 9 months of participation. If a participant exits the program early, the survey should be conducted prior to exit, if possible.

Individual participant's responses will be tracked by DYCD and changes in responses will be calculated. Data will be combined for all participants within a program in order to summarize a program's progress. Eventually, the data will be linked to quarterly performance reporting.

To maintain participants' confidentiality, the database will assign an ID number to each Father and use this number to identify their questionnaires. You will need to use the same ID number each time you administer the survey so that you can match each of the survey administrations to the participant.

Please ask the questions in the order they are presented here. Throughout the survey, keep in mind the age of the child that the participant is talking about and adjust questions accordingly. Words that are **CAPITALIZED** are instructions to you and should **NOT** be read aloud.

Please contact us if you have any questions.

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<b>Date Survey Administered:</b> _____ <b>Case Manager:</b> _____
<b>Program:</b> _____
<b>Father's I.D.:</b> _____
<b>Date Father Entered Program This Year:</b> _____ <input type="checkbox"/> First Time Enrolled <input type="checkbox"/> Re-Enrolled
<input type="checkbox"/> Initial (Conduct survey within 30 days of intake)
<b>Please check one of the following:</b>
<input type="checkbox"/> 3-Months <input type="checkbox"/> 6-Months <input type="checkbox"/> 9-Months <input type="checkbox"/> 12-Months

<b>ASSESSMENT SCORE:</b> After you complete this questionnaire enter scores here:	
<b>ENGAGEMENT</b>	<b>FINANCIAL</b>

**I. INTRODUCTION**

**[READ TO FATHER]** The New York City Department of Youth and Community Development is the city agency funding this program. DYCD would like to monitor the effectiveness of this program by measuring the progress of Fathers during their participation. Your name will not be used in any report. DYCD will combine the information of all fathers who answer these questions to determine the progress of the program as a whole.

DYCD is requesting that we interview you several times during your participation in the program: when you first begin the program and then every three months.

This interview will take approximately \_\_\_\_\_ minutes to complete.

Before we talk about your relationship with your child, I would like to ask a few general questions:

1. Why did you come to this program? How did you hear about it?

[PLEASE MAKE CHOICE BELOW FROM FATHER'S ANSWER OR ASK:]

- Mandated by court or government agency: [NAME AGENCY] \_\_\_\_\_
- Referred (recommended/suggested) by \_\_\_\_\_
- Self-referral

2. How many children do you have? \_\_\_\_\_
3. What is/are your child(ren)'s first name(s)? How old is/are your child(ren)? [FOR AGE: PLEASE PUT NUMBER OF YEARS IF CHILD IS 1 YEAR OR OLDER, AND PUT "LESS THAN 1 YEAR" IF YOUNGER THEN 1 YEAR.]

	Name	Age	Male/Female
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

I'd like you to tell me about the non-custodial child that brings you to this program. If there is more than one child that you come here for, please choose **one child** for the purpose of this survey. This will make it easier for me to focus our questions and you to provide answers.

What is the name of the child we will focus on? Name \_\_\_\_\_

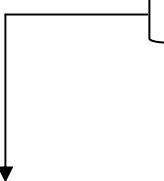
4. With whom does (Name of Child) live? [PLEASE MAKE CHOICE BELOW FROM FATHER'S ANSWER]
- |  |  |
|--|--|
| <input type="checkbox"/> Lives with mother only                            | <input type="checkbox"/> Lives with other family member          |
| <input type="checkbox"/> Lives with father only                            | <input type="checkbox"/> Foster care arrangement – with relative |
| <input type="checkbox"/> Lives with both father and mother all of the time | <input type="checkbox"/> Foster care – with non-relative         |
| <input type="checkbox"/> Split custody between mother and father           | <input type="checkbox"/> Other _____                             |
5. What are your living arrangements? Who do you live with? [PLEASE MAKE CHOICE BELOW FROM FATHER'S ANSWER]
- |  |  |
|--|--|
| <input type="checkbox"/> Live alone                  | <input type="checkbox"/> Live with child's mother    |
| <input type="checkbox"/> Live with family member     | <input type="checkbox"/> Group or supportive housing |
| <input type="checkbox"/> Live with non-family member | <input type="checkbox"/> Other _____                 |
6. What kind of contact do you have with (Name of Child)'s mother?
- No contact with mother
  - Contact only about child
  - Contact about child and other things
  - Other \_\_\_\_\_
7. If you have contact with the mother of (Name of Child), how frequent is your contact? [PLEASE PICK THE CLOSEST ANSWER CHOICE.]
- Daily
  - Weekly
  - Monthly
  - Less than Monthly
8. How would you characterize communication about (Name of Child) between you and (Name of Child)'s mother?
- We do not communicate
  - Communication is difficult
  - We communicate easily

## II. VISITATION WITH CHILD

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**IF FATHER LIVES WITH CHILD, SKIP TO PAGE 4, SECTION III, QUESTION 17.**

From now on in this interview, we will only talk about your relationship with (Name of Child). First, I want to talk to you about how often you visit with (Name of Child).

9. Do you have a court order or agency order that regulates or specifies how often you can see (Name of Child)?  Yes  No
- a. **IF YES:** Would you say you see (Name of Child) as often as you are allowed or less frequently than that?  Yes, as often as allowed  Less than that  Not allowed to see child
- b. **IF YES:** Are these supervised or unsupervised visits?  Supervised  Unsupervised
10. How often do you see (Name of Child) now? [PLEASE PICK THE CLOSEST ANSWER CHOICE.]
- |   |   |
|---|---|
| <input type="checkbox"/> Have never seen or met child           | <input type="checkbox"/> Two visits per month (bi-weekly, once every 2 weeks, every other week) |
| <input type="checkbox"/> No contact in the past year or longer  | <input type="checkbox"/> Once a week  |
| <input type="checkbox"/> Less than once per month in past year  | <input type="checkbox"/> More than once a week (including weekends)                             |
| <input type="checkbox"/> Once per month on average in past year | <input type="checkbox"/> Daily  |
- 

**IF FATHER HAS NO IN PERSON CONTACT WITH CHILD IN PAST YEAR OR LONGER, ASK Q11.**

11. What are the reasons you do not have any in-person contact with your child? [CHECK ALL THAT APPLY]
- Legal Order (Order of protection / Restraining order)
  - Mother will not allow contact
  - Need to take care of other responsibilities / Looking for a job
  - Incarceration
  - Other [WRITE IN] \_\_\_\_\_

**IF FATHER HAS NO IN PERSON CONTACT WITH CHILD IN PAST YEAR OR LONGER, SKIP TO Q14.**

12. Can you estimate the number of hours **per week** in a typical week you see (Name of Child)? \_\_\_\_\_
13. When you see (Name of Child), where do you spend time with him/her? [CHECK ALL THAT APPLY]
- Your own home
  - (Name of Child)'s relative's home
  - (Name of Child)'s mother's home
  - Public place like park, museum, church
  - This agency (CBO) where you are in the Fatherhood program
  - Administration for Children's Services (ACS) / DYFS (New Jersey)
  - Foster care agency
  - Other: \_\_\_\_\_

14. Are you in contact with (Name of Child) by phone or e-mail?  Yes  No  NA

**IF FATHER HAS NO IN-PERSON CONTACT, BUT DOES HAVE PHONE OR EMAIL CONTACT WITH CHILD, OR**

**IF FATHER HAS NO CONTACT AT ALL WITH CHILD, SKIP TO PAGE 8, SECTION V, QUESTION 28.**

15. Does your child ever stay over night with you?  Yes  No

a. **IF YES:** How often? [PLEASE PICK THE CLOSEST ANSWER CHOICE.]

- Holidays and special occasions only
- One/two nights every other week
- One night per week
- Two nights per week
- More than two nights per week

16. Do you spend holidays and other special occasions (e.g. birthdays) with (Name of Child)?  Yes  No

a. **IF YES:** How many special occasions do you spend together in one year? # \_\_\_\_\_

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### III. ACTIVITIES

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17. Next, I will read you a list of some activities fathers may do with their children. **In a typical visit, considering your current visitation arrangement,** tell me which of these things you do with your child. You can also add your own. [CHECK ALL BOXES THAT APPLY]

<u>Outdoor Activities</u>	<u>Indoor Activities</u>
[ALL AGES]	[ALL AGES]
<input type="checkbox"/> Go to a local event (e.g. block party)	<input type="checkbox"/> Play with toys, puzzles, games or video games
<input type="checkbox"/> Go to the park	<input type="checkbox"/> Sing or listen to music
<input type="checkbox"/> Bring child to visit with friends or family	<input type="checkbox"/> Additional <u>indoor</u> activities?
<input type="checkbox"/> Go shopping or run errands	[WRITE IN]
[FOR AGE 3 AND OLDER]	
<input type="checkbox"/> Go to church / religious services	
<input type="checkbox"/> Go to the movies	
<input type="checkbox"/> Eat in a restaurant	
<input type="checkbox"/> Play a sport together	
<input type="checkbox"/> Go to sporting event	
<input type="checkbox"/> Have a conversation with each other	
<input type="checkbox"/> Additional <u>outdoor</u> activities?	
[WRITE IN]	

a. **IF YES to any:** On a typical visit, how often would you say you do these types of activities?

- Rarely
- Sometimes
- Often
- Always

18. Do you watch videos/DVDs, or television shows with (Name of Child)?  Yes  No  NA
- a. **IF YES:** Do you talk to (Name of Child) about the movies/shows you watch together?  Yes  No  NA
- b. **IF YES:** When you watch movies, videos/DVDs, or television shows with \_\_\_\_\_(Name of Child), how often do you feel that the programs are appropriate for your child?  Rarely  Sometimes  Often  Always

19. Do you read with (Name of Child)?  Yes  No
- a. **IF YES:** During a typical visit, how often do you read books with (Name of Child)?  Rarely  Sometimes  Often  Always

**I would now like to ask about some responsibilities you may have as a father.**

20. I will list some day-to-day activities fathers may do to help take care of their children. After I read this list, tell me how often you are able to do these with your child. You can also add your own. [MARK **NA** IF IT IS NOT POSSIBLE FOR FATHER TO DO THIS. FOR EXAMPLE, FATHER IS NOT PRESENT DURING DAILY ROUTINE]
- a. Transportation, for example, take to or pick up from [YOUNGER: baby-sitter, daycare] or [OLDER: school]  Never  Rarely  Sometimes  Often  Always  NA
- b. Assistance with daily routine, for example, [YOUNGER: wash, bathe, dress, brush teeth] or [ALL: put to sleep]  Never  Rarely  Sometimes  Often  Always  NA
- c. Share meal time, for example, [YOUNGER: prepare bottles, feed], [OLDER: prepare meals, eat meals together]  Never  Rarely  Sometimes  Often  Always  NA
- d. Help [YOUNGER: learn new things] [OLDER: with homework]  Never  Rarely  Sometimes  Often  Always  NA
- e. Anything else you do? [WRITE IN]  Never  Rarely  Sometimes  Often  Always  NA
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21. In the past year, have you been to your child's medical/dental check up?  Yes  No  NA

22. Thinking about all of the possible activities and responsibilities of fatherhood we spoke of so far, is there anything you are not able to do, but would like to?  Yes  No

a. **IF YES:** What activities would you like to do that you are not currently doing?

b. **IF YES:** What are the reasons you are not able to do these things? [CHECK ALL THAT APPLY]

- Child is too young
- Not permitted to do these things because of court order / visitation rules
- Child's mother will not allow it
- Do not have enough money
- Other: \_\_\_\_\_

#### **IV. INTERACTION/COMMUNICATION**

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23. Now I will read you a list of some ways fathers interact with their children. After I read this list, tell me how often you are able to do these with your child. You can also add your own.

a. Physical affection, for example, hugs and kisses, patting on the back, giving high fives, [UNDER 3 YEARS OLD: smiling or clapping]  Never  Rarely  Sometimes  Often  Always

b. Verbal affection, for example, tell child you love him/her, give praise (good job!), use nicknames (honey, sweetie, buddy, etc.)  Never  Rarely  Sometimes  Often  Always

c. Anything else you do? [WRITE IN]  Never  Rarely  Sometimes  Often  Always

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**IF CHILD IS UNDER 3 YEARS OF AGE, SKIP TO Q28.**

Now I'd like to ask you more about what you know about your child.

24. In the past year, have you attended any school meetings?  Yes  No  NA

25. Do you eat meals with your child?  Yes  No  NA

a. **IF YES:** What is the arrangement when you eat meals together? [CHECK ALL THAT APPLY]

- Eat together at a table at home or in a restaurant
- Have a conversation
- Watch TV
- Other

26. What kinds of the things do you and (Name of Child) talk about?

27. I'm going to ask you a series of questions about (Name of Child). If possible, please describe some things you know about (Name of Child). [WRITE THE CLIENT'S ANSWER IN THE BOX, THEN CHECK WHETHER THEY WERE ABLE TO PROVIDE AN ANSWER OR NOT, OR NA IF IT DOES NOT APPLY TO THE CHILD.]

a. What time does (Name of Child) wake up and go to sleep?

- Answer  No Answer/  
Don't Know

b. What does (Name of Child) like to do when he or she comes home from school?

- Answer  No Answer/  
Don't Know  NA

c. What kinds of foods does (Name of Child) like?

- Answer  No Answer/  
Don't Know

d. What characters in books/videos/games does (Name of Child) like?

- Answer  No Answer/  
Don't Know

e. What kinds of books does (Name of Child) like to read or have read to him/her?

- Answer  No Answer/  
Don't Know  NA

**V. BELIEFS AND ATTITUDES ABOUT PARENTING**

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The following questions are about your beliefs and attitudes about parenting.

28. Do you ask friends and family for parenting advice or do you parent without assistance from anyone?  Yes, ask for advice  No, do not ask for advice

a. **IF YES:** What kinds of advice are you getting from friends and family?

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29. Please tell me how much you agree with these statements. Do you... Strongly Disagree, Disagree, Agree, or Strongly Agree?

- a. Putting yourself in your child’s place is a good way to find out how he/she feels.  
 Strongly Disagree  Disagree  Agree  Strongly Agree
- b. An important step in negotiating with your child is to give him/her an opportunity to present his/her views.  
 Strongly Disagree  Disagree  Agree  Strongly Agree
- c. I am consistent in setting limits and discipline.  
 Strongly Disagree  Disagree  Agree  Strongly Agree

30. What do you hope to accomplish while participating in this program? [READ ALL OPTIONS AND CHECK ALL THAT APPLY]

- Spend more time with the child  Increased knowledge of parenting  
 Stronger relationship with the child  Other [WRITE IN]  
 Being able to provide any/more financial support for the child  
 Stronger relationship with mother

**IF FIRST TIME ADMINISTERING SURVEY, SKIP TO PAGE 9, SECTION VI, EMPLOYMENT AND FINANCES.**

31. What have you accomplished since the last time participating in this survey? [READ ALL OPTIONS AND CHECK ALL THAT APPLY]

<input type="checkbox"/> Spend more time with the child	<input type="checkbox"/> Increased knowledge about parenting
<input type="checkbox"/> Better relationship with the child	<input type="checkbox"/> Other [WRITE IN]
<input type="checkbox"/> Being able to provide financial support	
<input type="checkbox"/> Better relationship with mother	

a. Please explain what you did to achieve these accomplishments

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32. How, if at all, has the relationship with your child changed since the last time you were surveyed, [PROVIDE A DATE], and now?


33. At this point in the program, do you feel the program has helped you the way you thought it would? Why or why not?


## VI. EMPLOYMENT AND FINANCES

→ Now I want to ask you some questions about your employment, finances and educational plans.

34. Are you currently in school?  Yes  No

a. **IF YES:** Are you enrolled in academic or trade school?  Academic  Trade

35. Are you currently employed?  Yes, Full-Time  Yes, Part-Time  No, Not Working

### **IF Q35=NO, SKIP TO Q37**

a. **IF Q35=YES:** Is your employment permanent or temporary?  Permanent  Temporary  Other Arrangement

b. **IF Q35=YES:** Did you find this job through the assistance of this Fatherhood program?  Yes  No

36. What kind of work do you do? [Briefly describe industry and job responsibilities]

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→ 37. Are you looking for employment [**IF EMPLOYED:** better employment]?  Yes  No

a. **IF YES:** Are you receiving assistance from this Fatherhood program to find employment?  Yes  No

38. Do you receive any of the following government assistance/benefits?

- |   |   |
|---|---|
| <input type="checkbox"/> Medicaid                 | <input type="checkbox"/> Food Stamps                                      |
| <input type="checkbox"/> Section 8                | <input type="checkbox"/> Cash Assistance / TANF / PA (Public Assistance)  |
| <input type="checkbox"/> SSI/Disability Insurance | <input type="checkbox"/> Live in NYCHA housing                            |
| <input type="checkbox"/> Unemployment             | <input type="checkbox"/> Do not receive government assistance or benefits |
| <input type="checkbox"/> Other, which? _____      |   |

39. What is your TAKE-HOME income, including all sources? \$ \_\_\_\_\_  
 a. Is this income:  Weekly  Bi-weekly  Monthly  Annually
40. Do you pay rent?  Yes  No
41. Do you provide any form of child support for (Name of Child)?  Yes  No  
 a. **IF YES:** How much money do you typically provide each week?  
 \$ \_\_\_\_\_

**IF Q41=NO, SKIP TO Q47**

42. Do you have an arrangement for child support?  Yes  No

a. **IF YES:** What is your arrangement for child support? [CHECK ONE ANSWER]

- When extra cash is available father provides it
- An informal agreement between two parents
- A court order to pay custodial parent directly
- A court order to pay through a support collection unit (HRA) / Enforcement because of owed child support
- Other (please explain) \_\_\_\_\_

**IF THERE IS NO COURT ARRANGEMENT, DIRECT OR THROUGH COLLECTION, SKIP TO Q47.  
 IF THERE IS A COURT ARRANGEMENT, ASK Q43-Q45.**

43. Are you in arrears (owe back payment for child support)?  Yes  No
44. Do you pay child support each time it is due?  Yes  No
45. Do you pay child support in full?  Yes  No

**IF FATHER IS IN ARREARS OR DOES NOT PAY IN FULL/EACH TIME IT IS DUE, ASK Q46.**

46. What is the reason you cannot/do not provide child support—at all or in full? Is it any of these reasons? [READ ALL OPTIONS AND CHECK ALL THAT APPLY]
- Court ordered shared 50/50
  - Child's mother refuses to get order of support
  - Child's mother is on public assistance
  - You receive some form of government assistance
  - You receive unemployment
  - Other: \_\_\_\_\_

- 47. I will read you a list of some ways that fathers provide financial support to their children, other than child support. Tell me how often, if at all, you provide this kind of financial support. You can also add your own.
- a. Gifts, for example, toys, games, treats  Never  Rarely  Sometimes  Often  Always
- b. Household financial support, for example, food, utilities, household items such as toilet paper, dish soap, laundry detergent  Never  Rarely  Sometimes  Often  Always

c. Support with bills for child's needs, for example paying for doctor bills, medical insurance, childcare, etc.  Never  Rarely  Sometimes  Often  Always

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d. Financial support with items for child, for example, [UNDER 3 YEARS OLD: bottles, diapers, strollers], [ALL AGES: sneakers, clothes, school supplies, etc.]  Never  Rarely  Sometimes  Often  Always

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e. Giving child's mother or caretaker money to use for general purposes  Never  Rarely  Sometimes  Often  Always

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f. Any other type of financial support you provide? [WRITE IN]  Never  Rarely  Sometimes  Often  Always

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g. **IF NEVER TO ANY:** If you do NOT provide this kind of financial support, why not?

- Unemployed / Not enough income
- Unable to locate my child / Have not seen child in long time
- My child is in foster care
- The mother has sufficient income to support the child
- I do not trust the child's mother to use money wisely
- Other [WRITE IN] \_\_\_\_\_

**FOR THE CASE MANAGER:**

Please add anything that was not covered in the interview that you know or perceive about the father's engagement with his child and the financial support he provides his child. If this is a follow-up interview, please discuss progress.