

# Final evaluation of the Suffolk County Fatherhood Initiative in Suffolk County, NY

Final Descriptive Evaluation Report for The Retreat Inc.

December 4, 2020

### Prepared by

Dr. Anna Hayward, Ph.D, Stony Brook University
Jack McKillop, LMSW, Stony Brook University
Houlin Hong, Stony Brook Medicine
Amy Hammock, Stony Brook Medicine

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0970-0356; this number is valid through 6/30/2021. Public reporting burden for this collection of information is estimated to average 30 hours, including the time for reviewing instructions, gathering and maintaining the data needed, reviewing the collection of information, and revising it. This collection of information is voluntary for individuals, but the information is required from Grantees.

Ļ	Recommen	ded	Citatio	'n.
п		ucu	CHAIN	,,,,

Hayward, R.A., McKillop, A.J., Hong, H.P., & Hammock, A. (2020). Descriptive evaluation of the Suffolk County Fatherhood Initiative.

#### Acknowledgements:

We would like to thank the entire program staff of the Suffolk County Fatherhood Initiative for their assistance with our evaluation efforts and for their dedicated service to fathers and families: Romarie McCue, Diane Saunders, Nancy Bresnihan-Medina, Maria Sanchez, Alfredo Rosario, Bruce Petrucci, Michael Pirozzi, Howard Treadwell-Smith, Michael Gilmartin, and Dave Uher.

In addition, we acknowledge the contribution of our research team over the last 5 years including: Fernando Beltran, Tiana DeJesus, Alexander Glazebrook, Ekta Kohli, Seung Ju Lee, Meagyn Mulleri, Guillermo Sandoval, and Kevin Yim.

#### Disclosure:

No conflict of interest is noted.

This publication was prepared under Grant Number from the Office of Family Assistance (OFA) within the Administration for Children and Families (ACF), U. S. Department of Health & Human Services (HHS). The views expressed in this report are those of the authors and do not necessarily represent the policies of HHS, ACF, or OFA.

**Structured Abstract:** A Descriptive Evaluation of the Suffolk County Fatherhood Initiative in Suffolk County, NY

The Suffolk County Fatherhood Initiative (SCFI) served 894 fathers between July 1, 2016 and January 3, 2020. SCFI provides responsible fatherhood, healthy relationships, and economic stability services for low-income fathers residing in Suffolk and Nassau counties in Long Island, New York. There is one primary program site located in Hauppauge, NY and the program serves fathers throughout Long Island by providing services in partner program locations. The findings and recommendations in this report are based on data collected from fathers at three time points: at intake to the program (n=750), at six weeks after intake (n=504), and at 12-weeks after intake (n=190). The descriptive outcome study explored changes over time in indicators of father involvement, healthy relationships and economic stability using a one-group design. Results indicated that enrollment in the program was positively associated with changes in time fathers spent with children and job confidence at 6 weeks, father engagement and coparenting at 12 weeks, and relationship conflict from 6 to 12 weeks. No other statistically significant changes over time were found. Further, we found no relationship between program supports (such as transportation, help with resume, etc.) and indicators of economic stability (new job or skill). The process study explored the unique needs of sub-groups of fathers, including young fathers, veterans and immigrant fathers. We did not find any particular areas of need for these fathers compared with the general population of program participants. The program's initial goals were to conduct targeted outreach and recruitment for these groups. SCFI faced significant challenges meeting these goals for a variety of logistical and staffing reasons, and found the most success recruiting fathers from existing community service providers in criminal justice, substance abuse, housing, and mental health services. Recruiting from these populations, which tend to be more transient after receiving services, created additional challenges for retention in the program and research protocol influencing the potential generalizability of findings. A supplementary qualitative study found that fathers reported benefits from ongoing engagement and positive relationships with program staff, and these relationships were seen as the most important components of the program experience.

# Contents

I.	INT	INTRODUCTION		
	A.	Introduction and study overview	1	
	В.	Description of the intended intervention	2	
II.	OU <sup>*</sup>	TCOME EVALUATION	6	
	A.	Research questions	6	
	В.	Study design	6	
	C.	Findings and analysis approach	11	
III.	PR	OCESS/IMPLEMENTATION STUDY	17	
	A.	Research questions	17	
	В.	Study design	17	
	C.	Findings and analysis approach	18	
IV.	Qua	alitative Study	24	
	A.	Results	25	
V.	DIS	CUSSION AND CONCLUSIONS	32	
VI.	REI	FERENCES	34	
VII.	APF	PENDICES	35	
	A.	Logic model (or theory of change) for program	35	
	B.	Process/implementation analysis	36	
	C.	Outcomes Study Data Cleaning and Preparation	40	
	D.	Semi-structured interview guide	41	
	E.	Referral sources	45	
	F	Data Collection Instruments	46	

# Tables

l.1.	Description of intended intervention components and target populations	3
1.2.	Staff training and development to support intervention components	4
II.1.	Sources of data to address the research questions	7
II.2.	Incentive schedule	8
II.3.	Outcomes study analytic sample	9
II.4.	Characteristics of participants in the outcomes study at baseline	9
II.5.	Outcome measures used to answer the outcomes study research questions	10
II.6a.	Changes in outcome measures from baseline to 6-week follow-up	12
II.6b.	Changes in outcome measures from baseline to 12-week follow-up	12
II.6c.	Change in outcome measures from 6-week to 12-week follow-up.	13
II.7a.	Father-child contact	14
II.7b.	Father engagement	14
II.7c.	Co-parenting	14
II.7d.	Relationship conflict	15
II.7e.	Relationship communication	15
II.7f.	Relationship satisfaction	15
II.7g.	Job confidence	15
III.1.	Data used to address process/implementation research questions	17
III.2.	Measures used to address process/implementation research questions	18
III.3.	Challenges reported by fathers at baseline (service needs)	19
III.4.	Young fathers (16–24) vs. others	20
III.5.	Fathers born outside of the U.S. vs. born in the U.S.	20
III.6.	Race and father challenges	21
III.7.	Education level	21
III.8.	Characteristics of participants in Qualitative study (N = 37)	24

B.1.	Differences in key demographic characteristics for participants who completed a baseline and 6-week survey (analytic sample) compared to participants who completed a baseline but not a 6-week survey	36
B.2.	Differences in key demographic characteristics for participants who completed a baseline and 12-week survey (analytic sample) compared to participants who completed a baseline but not a 12-week survey	38
C.1.	New skill logistic regression table	40
C.2.	Job confidence statistics	40
D.1.	Qualitative assessment of the Suffolk County Fatherhood Initiative	41
E.1.	Referral sources	45

# Descriptive Evaluation of the Suffolk County Fatherhood Initiative

#### I. INTRODUCTION

#### A. Introduction and study overview

The Suffolk County Fatherhood Initiative is one of **35 responsible** fatherhood programs funded by the Healthy Marriage Responsible Fatherhood (HMRF) initiative of the Office of Administration for Children and Families. The goals of HMRF programs are to improve the economic, physical, and social wellbeing of children and families in under-resourced, vulnerable communities. To do this, HMRF fatherhood programs generally focus on three pillars of intervention: (1) improving parenting skills, (2) fostering healthy relationships, and (3) promoting economic stability, including child support participation, employment, and skills training (Tollestrup, 2018). Most of HMRF programs use evidence-based curricula focusing on fathering and relationships as well as case management and economic stability services to address individual concrete needs such as transportation, clothing, housing, and employment. Participation in these programs has been found to increase the number of activities and nurturing behaviors between father and child (Avellar, Covington, Moor, Patnaik, & Wu, 2019), and to improve the quality of the father's relationship with his child (Dion, Zaveri, & Holcomb, 2015; Holmes, Hawkins, Egginton, Robbins, Shafer, 2018).

Low-income fathers nationwide, and particularly in Suffolk County, NY—a suburban area with poor public transportation and among the highest costs of living in the nation—are disconnected from an array of critically needed resources. One published report earlier this decade, entitled "Low-Income Fathers Need to Get Connected" (Moses, 2010) reflects the local reality: an underserved subset of fathers are disconnected from employment, housing, and their own family members, among other key factors aligned with responsible fathering and healthy living. As noted in the literature on disconnected fathers, employment and housing deficiencies and overall financial stresses often drive wedges between family members, obstructing family

In response to these needs, The Suffolk County Fatherhood Initiative provides evidence-based parenting and relationship classes, case management, peer mentorship, and other services to low-income fathers residing in the extremely racially and economically segregated counties of Long Island, NY. This descriptive local evaluation was conducted with fathers who enrolled in the program between July 1, 2016 and January 1, 2020. The primary focus of this study was to assess the implementation of the SCFI program (process evaluation) and to explore changes among program participants in the three target outcomes: responsible fatherhood, healthy relationships, and economic stability (outcomes study). Quantitative data were collected from men at 3 time points: upon entrance to the program (baseline, n=750), 6 weeks after baseline (n=504), and 12 weeks after baseline (n=190). nFORM, the federally developed management information system included client characteristics and performance indicators. To enhance

privacy, data was gathered from participants via self-administered questionnaires deployed on iPads. During this time, a member of the research team was close by in order to answer any questions about the survey that the respondent might have. In addition, we collected measures selected and developed by the local evaluation team and deployed in the data management system Qualtrics. Respondents were given iPads to complete the survey questions in privacy; however, a member of the research team was close by in order to answer any questions about the survey that the respondent might have. In depth qualitative interviews about the program and their daily lives as fathers were conducted from 2018-2019 with a convenience sample of 40 men who had completed at least 6 weeks of the program.

#### B. Description of the intended intervention

The Suffolk County Fatherhood Initiative (SCFI) represents a unique partnership between a traditional domestic violence agency (Retreat, Inc.), university researchers (Stony Brook University School of Social Welfare), and community partners (e.g., Department of Probation, various housing, substance abuse, and mental health service providers, local high schools, and the Suffolk County Department of Labor). During SCFI's first four years (2011-2015), we served over 800 low-income fathers and were successful in establishing connections with community-based providers, building a solid reputation in the county and state. During the current grant period (2015-2020) we expanded services in several ways:

- 1. Provided services fathers below age 18 (young fathers);
- 2. Served fathers with children up to age 24;
- 3. Expanded into Nassau County, NY;
- **4.** Made special efforts to recruit young fathers, veterans, and recent immigrants (by providing services in Spanish).

#### 1. Services provided to fathers

The program was designed to provide multiple services to fathers during their participation. Some components, such as case management and mentoring, were tailored to the specific needs of each individual father, with a strong focus on domestic violence prevention, and on parenting and economic stability as needed. Other components, such as the curriculum-based groups, were manualized evidence-based programs. Table I.1 details the service components, curriculum and content, dosage and schedule, delivery method, and target population as intended.

Case management (up to 24 weeks) – Case managers were responsible for program enrollment, intake, monitoring and referral to services, as well as assessment of client progress. Case managers formulated a plan with participants to help identify goals, needs and resources and connect participants to services. A primary focus of case management services was to increase knowledge of and prevent domestic violence.

Responsible fatherhood curriculum-based group intervention (4 sessions) – "On My Shoulders" (OMS), developed by Prep, Inc. (www.prepinc.com) is a strengths-based curriculum

designed to give fathers effective tools for being strong, involved fathers. OMS emphasizes relationship skills and self-awareness, addresses emotions, promotes mindful choices and encourages participants to value themselves as fathers and as men in the world. OMS focuses on core relationship values, such as commitment, respect, and healthy attachment. In addition, it focuses on introducing practical skills that make for effective parenting and effective relationships.

Economic stability (up to 24 weeks) – The Workforce Development Specialist worked with clients individually after completion of the fatherhood curriculum-based group intervention workshop. Economic stability services were tailored to client's needs and included the NYS Non-Custodial Parenting Workshop (focuses on child support responsibilities), referral to educational programs for GED or ESL classes, referral for job training programs, and collaboration with the Suffolk County Department of Labor for on-site recruitment, job training and placement.

**Healthy Relationships curriculum-based group intervention (4 weeks)** – *Within Our Reach* (WOR) or *Within My Reach* (WMR), developed by PREP, Inc. (<a href="www.prepinc.com">www.prepinc.com</a>) is a curriculum designed to help couples achieve their goals in relationships, family, and marriage. WOR is an intervention for parent couples, building on relationship strengths to encourage safer, more stable relationships, and by extension, better environments for children. WMR focuses on the same relationship skills for single men who are either not in a relationship or wish to attend workshops without their partners. WMR and WOR curriculum were offered as an additional supplement to the primary OMS workshop.

Mentoring and other services – Assistance with transportation, child care, and other needs-related to employment (e.g., clothing for interviews) were also provided to participants as needed. A **peer mentoring** component was added to our services beginning in 2015: former SCFI clients who had successfully completed the program were matched with fathers just entering the program for support and mentoring throughout their time in the program.

Table I.1. Description of intended intervention components and target populations

Component	Curriculum and content	Dosage and schedule	Delivery	Target population
Case management	Enrollment, intake, monitoring and referral to services; assessment of client progress	(no minimum, on an as-	Case managers, at the program site or other locations as requested by participants, formulate a plan with participants to help identify goals, needs and resources and connect participants to services	Low-income fathers

Component	Curriculum and content	Dosage and schedule	Delivery	Target population
Responsible fatherhood curriculum-based group intervention	Responsible fatherhood curriculum: relationship skills and self-awareness, addresses emotions, promotes mindful choices, and focuses on workable practical skills that make for effective parenting and effective relationships	10 hours, with 2.5-hour sessions occurring once a week	Group lessons provided at the intervention's facilities by one trained facilitator in every session	Low-income fathers
Economic stability	Resume preparation; interview and communication skills; appropriate work attire; financial literacy	Up to 24 weeks (no minimum, on an as needed ad-hoc basis)	Clients meet economic stability support specialist, at the program site or other locations as requested by participants, to assess individual needs	Individual members who need job search assistance
Healthy Relationships curriculum-based group intervention	Healthy relationships curriculum: Understanding partner's perspectives; avoiding destructive conflict; and communicating effectively	10 hours, with 2.5-hour sessions occurring once a week	Group lessons provided at the intervention's facilities by one trained facilitator in every session	Fathers who were interested in improving their relationships
Mentoring & other services	Assistance with transportation, child care, and other needs related to employment	Up to 24 weeks, needed (no minimum, on an as needed ad-hoc basis)	Case managers, at the program site or other locations as requested by participants, formulate a plan with participants to help identify goals, needs and resources and connect participants to services	Low-income fathers

Table I.2. Staff training and development to support intervention components

Component	Education and initial training of staff	Ongoing training of staff
Case management	Case managers are male or female and hold at least a bachelor's degree and complete the following:  1. Complete an Outreach and Recruitment Strategies training	Case managers receive a half-day of semi-annual refresher training in the intervention's curricula from study staff.
	Review case management protocol	
	3. Complete the Suffolk County Department of Social Services Advocate Training (offered bi-annually)	
	<ul> <li>Seminar 1 – Child Protective Services, Child Protective and Preventive Services, Foster Care and Adoption (3 hours)</li> </ul>	
	<ul> <li>Seminar 2 – Child Support Enforcement, Child Care Programs, Adult Protective Services (3 hours)</li> </ul>	
	<ul> <li>Seminar 3 – Medicaid Services (3 hours)</li> </ul>	
	<ul> <li>Seminar 4 – Child Benefits (TA and SNAP) and Housing (3 hours)</li> </ul>	
	Observe client appointment with seasoned case managers	
	5. Case managers can start a limited caseload of clients	

Component	Education and initial training of staff	Ongoing training of staff
Responsible fatherhood curriculum-based group intervention	<ol> <li>Facilitators are male or female and hold at least a bachelor's degree and complete the following:</li> <li>Must complete the On My Shoulders Facilitator Training</li> <li>Observe group sessions conducted by prevention specialists</li> <li>Conduct a mock presentation with peers</li> <li>Once the prevention specialist has completed a PREP facilitator training, he/she can begin co-presenting in conjunction with other seasoned prevention specialists</li> </ol>	Facilitators receive a half-day of semi- annual refresher training in the intervention's curricula from study staff.
Economic stability	Support specialists are male or female and hold at least a bachelor's degree and review the HMRF Within Reach: Workforce Development Program.	Support specialists receive a half-day of semi-annual refresher training in the intervention's curricula from study staff.
All program staff		<ul> <li>Professional development opportunities</li> <li>Program staff are encouraged to complete at least 24 units of training per calendar year</li> <li>Attend at least one professional state or local conference</li> <li>On-going in-service training</li> <li>Reinforcement of key policies and procedures, including, but not limited to, reviewing data collection procedures, key service delivery protocols such as making appropriate referrals, completing client surveys and/or assessments, etc.</li> <li>Peer learning and support</li> <li>Prevention Specialist have on-going access to PREP Tool Box to stay connected with our curriculum developer and get access to the most up-to-date innovative strategies to help facilitate the workshops</li> </ul>
		<ul><li>Meet with supervisor as needed</li><li>Annual performance reviews</li></ul>

#### II. OUTCOME EVALUATION

#### A. Research questions

- 1. Do participants show improvement in responsible fatherhood, healthy relationship skills, and/or economic stability after participating in the program?
- **2.** Is frequency or length of participation associated with improvements in responsible fatherhood, healthy relationship skills, and/or economic stability?
- **3.** What employment related supports are associated with attaining employment or educational skill?

All outcomes were assessed at both 6 weeks and 12 weeks after enrollment.

#### B. Study design

#### 1. Sample formation

Fathers were recruited from community-based agencies and all eligible fathers were included in the study (unless they declined to participate, as the study is voluntary). During the Orientation phase of the program, fathers completed an informed consent with members of the research or program staff and self-report via nForm and the Qualtrics platform (described in detail below), constituting our baseline sample. Fathers were considered in the sample if they completed both the intake assessment and the baseline assessment (which includes the nForm entrance survey). Program participants were recruited from an extensive list of community agencies across Suffolk and Nassau Counties, New York (see **Appendix E** for list of referral sources). The Institutional Review Board (IRB) at Stony Brook University approved the study and data collection plan in 2015 and every year since. The current approval was obtained April 20, 2019 and expired April 20, 2020 for data collection with human subjects.

#### a. Eligibility criteria

To be included in the sample, fathers must have met eligibility criteria for the program:

- 1. Father, step father, or a father figure to a child under 24 years old;
- **2.** Low-income, unemployed, or underemployed (this is defined as one or more of the following: earning less than \$75,000 per year, not currently working, or working part-time or in an unstable job, temporary, or per day work);
- 3. Residing in Suffolk or Nassau county, NY;
- 4. No current domestic violence case (by self-report); and
- 5. Willing and able to participate in program services.

#### b. Consent procedure and sample enrollment

The consent procedure was conducted by Stony Brook research staff or trained program staff. Participants were advised of the nature of the evaluation and their rights to decline participation.

Participants were assured that they could still receive program services without participating in the evaluation protocol. Consent, and all study materials were provided in English and Spanish (See **Appendix D**).

Data collection began on July 10, 2016 and ended for baseline data collection on January 3, 2020, closing interviews on February 13, 2020, and follow up interviews on February 13, 2020.

Table II.1.	Sources of	data to	address	the research	questions
-------------	------------	---------	---------	--------------	-----------

Data source	Timing of data collection	Mode	Start and end date
nForm entrance survey	At orientation	In-person online survey	July 2016–January 3, 2020
Qualtrics local	At orientation	In person online survey	July 2016–
evaluation – baseline			January 3, 2020
nForm exit survey	At 6 weeks or last group class,	In person online survey	August 2016–
	whichever is first		February 13, 2020
Qualtrics local	At 6 weeks or last group class,	In person online survey	August 2016–
evaluation – closing	whichever is first		February 13, 2020
Qualtrics local	At 12 weeks (or up to 24 weeks)	In person online survey	November 2016–
evaluation – follow-up			April 1, 2020

#### 2. Data collection

Survey data was collected via nForm and program intake forms at first meeting with the client, described as "intake". At intake, participants completed the nForm Applicant Characteristics form, consent for program participation, and other programmatic intake forms (confirming eligibility for the program). At Orientation, nForm entrance survey and the Qualtrics local evaluation were administered following informed consent procedures. After completing at least one of the program components (usually "On My Shoulders" fatherhood group), or at 6 weeks, whichever occurred first, clients were contacted via telephone or at their last program session to complete the nForm exit survey and local evaluation ("6-week"/closing assessment). At this time they were informed of the 12-week data collection point, and contact information was collected and confirmed. Another consent form was completed prior to this data collection. At 12 weeks from program entrance (or up to 24 weeks if the client was unable to be contacted), an additional consent procedure and data collection for the local evaluation "follow up" survey was completed. This interview took place via phone if the client was unable to meet in person.

#### a. Analytic sample, outcomes, and descriptive statistics

Below, we describe how we constructed the analytic sample, which outcome measures were used to assess outcomes, and the characteristics of the analytic sample.

**Analytic sample:** The sample includes all participants who completed at least the intake and baseline assessments (baseline survey, hereafter). Additional analyses were conducted with any participant who completed the 6 or 12 week surveys. Baseline data was analyzed to provide a description of all participants in the program but only a complete case sample is included in the

analysis of outcomes. There is no missing baseline data because participants had to answer each section before moving to the next.

To bolster participation in the evaluation protocol, incentives provided for participation consisted of the following incentive schedule:

Table II.2. Incentive schedule

Data collection/interview time	Incentive
Baseline (at orientation)	\$10 Walmart gift card
6 weeks (after completion of curriculum)	\$50 VISA gift card
12 weeks	\$25 VISA gift card
Qualitative interviews	\$25 VISA gift card

**Attrition:** In SCFI's first four years, we noticed significant attrition. We instituted several practices to increase retention, including increasing the monetary incentive (see **Table II.2** above), making frequent data collection phone calls on different days/times, making multiple visits to the participant's last known address, and improving coordination between research and case-management staff. We used a tracking system for each participant that was maintained by the research office. We made 12 contact attempts before considering the client lost to follow up.

**Approach to report attrition:** The percentage of non-response data is reported. There was considerable attrition from the program at both 6 and 12 weeks. Baseline characteristics of the sample, and the group differences between respondents and non-respondents are reported in **Table II.4/Appendix B**. In each analysis, p<.05 was used to determine statistical significance. Although we did not find any significant differences between those fathers that did and did not complete the 6-week assessments, we found that fathers who did complete the 12-week assessments were statistically significantly more likely to be Black or African American and less likely to be White, and were more likely to live in a shelter, halfway house, or treatment center and less likely to be a renter. These findings suggest that study results using the 12-week survey may not generalize to all fathers who began the program.

#### 3. Data preparation and measures

The analytic dataset was constructed using the information from both the local evaluation surveys and from the nForm surveys. The two datasets were merged using clients' nForm ID, and this merged dataset comprised the analytic sample. Data entry errors were well-controlled because of the limited number of answer choices both surveys provided. Duplicates were manually checked and excluded from the analyses. All measures were scored according to established guidelines; measures, descriptions, time point for collection and Cronbach's alpha are presented in **Table II.5**.

No imputation methods were applied for missing data. Complete case analysis was done and all cases included responses to each question. Participants were unable to move through the electronic nFORM and local surveys unless all questions were answered completely.

Furthermore, the research team ensured that all questions to in-person paper surveys were completed prior to transmission of the survey incentives.

Table II.3. Outcomes study analytic sample

Participants who	Number
Enrolled in the program	894
Completed a baseline survey	749
Completed post-program survey at 6 weeks	507
Attrition rate (%)	43.26%
Completed 12-week follow-up survey	189
Attrition rate (%)	78.86%

Table II.4. Characteristics of participants in the outcomes study at baseline

Characteristic	N (%) at Baseline
Age	
Under 18 years old	1 (0.13%)
18–20 years	9 (1.20%)
21–24 years	32 (4.28%)
25–34 years	221 (29.59%)
35–44 years	195 (26.10%)
45–54 years	188 (25.17%)
55–64 years	91 (12.18%)
65 years or older	10 (1.34%)
Female (%)	0
Race (%)	
American Indian or Alaska Native	37 (5.00%)
Asian	10 (1.35%)
Black or African-American	280 (37.84%)
Native Hawaiian or other Pacific Islander	1 (0.13%)
White	324 (43.78%)
Other	88 (11.89%)
Ethnicity (%)	
Hispanic or Latino	136 (18.33%)
Not Hispanic or Latino	606 (81.67%)
Relationship status (%)	
Married or engaged	199 (26.97%)
Single (divorced, separated, widowed, never married)	539 (73.03%)
Education	
No degree	154 (21.10%)
GED	165 (22.60%)
High school diploma	153 (20.96%)
Vocational/technical certification	51 (6.99%)
Some college	124 (16.99%)
Associate's degree	34 (4.66%)
Bachelor's degree	36 (4.93%)
Master's/advanced degree	13 (1.78%)

Characteristic	N (%) at Baseline
Living situation	
Own home	43 (5.79%)
Rent	186 (25.03%)
Live rent-free	93 (12.52%)
Live in shelter, halfway house, or treatment center	340 (45.76%)
Live on streets, in car, in abandoned building	24 (3.23%)
Other	57 (7.67%)
	Mean (SD)
Father child contact (range 1–5)	3.28 (1.28)
Father engagement (range 1–5)	3.01 (1.43)
Co-parenting (range 1–5)	3.05 (0.96)
Relationship conflict (range 1–4)	2.80 (0.64)
Relationship communication (range 1–4)	2.88 (0.52)
Relationship satisfaction (range 1–7)	5.61 (1.69)
Job confidence (range 1–4)	3.18 (0.57)

Table II.5. Outcome measures used to answer the outcomes study research questions

Outcome name	Description of the outcome measure	Source	Timing
Father-child contact	Fatherhood Research & Practice Network (FRPN) Measure of father-child contact; scale, calculated from fathers' responses as the average of 3 survey items (sample $\alpha$ = 0.79)	Local eval	Baseline, 6, and 12 weeks
Father engagement	FRPN Father Engagement Scale (Dyer, Kaufman, Cabrera, Fagan, & Pearson, 2015); scale, calculated from fathers' responses as the average of survey items (number of items depends upon age range of client's youngest child) (sample $\alpha$ = (0.92, 0.97, 0.97, 0.96) There are 4 versions of this scale dependent on the age of the child.	Local eval	Baseline, 6, and 12 weeks
Co-parenting	FRPN Co-parenting relationship scale (Dyer, Fagan, Kaufman, Pearson, & Cabrera, 2015); scale, calculated from fathers' responses as the average of 11 survey items (sample $\alpha = 0.92$ )	Local eval	Baseline, 6, and 12 weeks
Relationship conflict	Personal Relationship Profile (PRP) (Strauss, et al., 1999); scale, calculated from fathers' responses as the average of 9 survey items (sample $\alpha = 0.88$ )	Local eval	Baseline, 6, and 12 weeks
Relationship communication	PRP (Strauss et al., 1999); scale, calculated from fathers' responses as the average of 8 survey items (sample $\alpha = 0.79$ )	Local eval	Baseline, 6, and 12 weeks
Relationship satisfaction	Relationship Assessment Scale (Hendrick, 1988); calculated as one item: "How satisfied are you in your current relationship?"	Local eval	Baseline, 6, and 12 weeks

Outcome name	Description of the outcome measure	Source	Timing
Employment skill gain/education	New skill or education as measured by nFORM New Skill = 1 (Yes) or 0 (No)	nFORM	Baseline, 6, and 12 weeks
Job confidence	Calculated from father's responses as the average of 6 survey items (sample $\alpha = 0.82$ )	nFORM	Baseline, 6, and 12 weeks

#### C. Findings and analysis approach

#### **Research Question 1:**

Do participants show improvement in responsible fatherhood, healthy relationship skills, and/or economic stability after participating in the program?

# **Key Findings:**

**Summary**: We found changes over time for both measures of father involvement (father-child contact at 6 weeks, and father engagement at 12 weeks), coparenting (at 12 weeks), relationship conflict (from 6 to 12 weeks), and job confidence (at 6 weeks). There were no significant differences in our measure of obtaining a new skill (economic stability). Measures are described in **Table II.5**.

#### a. Analytic approach

For primary outcome measures, such as changes in responsible fatherhood, healthy relationship skills, and economic stability from baseline, standard descriptive and summary statistics were calculated for the outcome measure (e.g. mean, standard deviations, percentage). For Research Questions 1 and 2, T-test or ANOVA test was used for comparing any continuous measure at baseline – 6 weeks, baseline-12 weeks, and 6-12 weeks. Chi-Square test was used when examining the associations between two categorical outcomes, such as the association between employment related supports and attaining employment or education skills. To address Research Question 3, a logistic regression was run with **new skill** as dependent variable, and employment related supports (employment/job readiness, licensure/certification, other education supports, career planning, employment resources, job search assistance, resume development) as independent variables. Fisher's exact test was used if the sparse count issue existed. All analysis was performed using SAS 9.4 (SAS Institute Inc., 2013), and significance level was set a priori to <0.05.

#### b. Findings

**Tables II.6a**—c present changes in outcome measures from baseline to 6 weeks (Table II.6a), 6 weeks to 12 weeks (Table II.6b), baseline to 12 weeks (Table II.6b), and 6 weeks to 12 weeks (Table II.6c). Note that there is a difference in respondent N sizes across these time points especially for the fatherhood and relationship measures. Fathers whose resident status and relationship status changed while enrolled in the program, or between time points, reflect this

change. Fathers who live with their children full-time are not prompted to respond to the Father-Child Contact measure. Fathers who are not in a relationship are not prompted to respond to the relationship measures.

**Table II.6a** presents changes in the outcome measures between baseline and 6 weeks, here we see statistically significant positive changes only for **Father-Child Contact** and **Job Confidence**. **Table II.6b**, from baseline to 12 weeks, reveals only statistically significant change over time for **Father Engagement** and **Co-Parenting**. **Table II.6c**, which explores changes between the 6 and 12 week follow up revealed statistically significant improvements in changes in **Relationship Conflict** and **Father Engagement**.

Table II.6a. Changes in outcome measures from baseline to 6-week follow-up

				Difference in	
Outcome	Sample size	Mean outcome at baseline	Mean outcome at 6-week	mean (standard deviation)	p-value of the difference
Father-child contact (nonresident fathers)	344	2.72 (1.71)	2.88 (1.56)	0.16 (1.36)	0.03**
Father engagement	498	2.96 (1.44)	2.97 (1.37)	0.01 (1.16)	0.83
Co-parenting	503	3.04 (0.97)	3.08 (0.94)	0.04 (0.74)	0.21
Relationship conflict	241	2.81 (0.64)	2.84 (0.63)	0.03 (0.61)	0.46
Relationship communication	241	2.92 (0.52)	2.92 (0.56)	0.00 (0.55)	0.96
Relationship satisfaction	240	5.74 (1.58)	5.63 (1.74)	-0.11 (1.66)	0.29
Job confidence	502	3.19 (0.59)	3.30 (0.60)	0.11 (0.54)	<0.0001***

<sup>\*</sup> Significantly different from zero at the .10 level, two-tailed test.

Table II.6b. Changes in outcome measures from baseline to 12-week follow-up

Outcome	Sample size	Mean outcome at baseline	Mean outcome at 12-week	Difference in mean (standard deviation)	p-value of the difference
Father-child contact (nonresident fathers)	113	2.82 (1.62)	3.02 (1.52)	0.20 (1.54)	0.16
Father engagement	184	3.14 (1.44)	3.39 (1.35)	0.25 (1.21)	0.005***
Co-parenting	187	3.01 (0.99)	3.14 (0.92)	0.12 (0.81)	0.04**

<sup>\*\*</sup> Significantly different from zero at the .05 level, two-tailed test.

<sup>\*\*\*</sup> Significantly different from zero at the .01 level, two-tailed test.

Outcome	Sample size	Mean outcome at baseline	Mean outcome at 12-week	Difference in mean (standard deviation)	p-value of the difference
Relationship conflict	81	2.77 (0.70)	2.77 (0.66)	0.001 (0.58)	0.99
Relationship communication	81	2.95 (0.58)	2.94 (0.55)	-0.003 (0.54)	0.96
Relationship satisfaction	80	5.68 (1.73)	5.80 (1.56)	0.13 (1.53)	0.47

<sup>\*</sup> Significantly different from zero at the .10 level, two-tailed test.

Table II.6c. Change in outcome measures from 6-week to 12-week follow-up.

Outcome	Sample size	Mean outcome at 6-week	Mean outcome at 12-week	Difference in mean (standard deviation)	p-value of the difference
Father-child contact (nonresident fathers)	118	2.94 (1.35)	3.02 (1.51)	0.08 (1.16)	0.44
Father engagement	186	3.10 (1.36)	3.39 (1.35)	0.29 (1.06)	0.0003**
Co-parenting	186	3.09 (0.98)	3.14 (0.92)	0.05 (0.61)	0.29
Relationship conflict	79	2.90 (0.73)	2.76 (0.67)	-0.14 (0.59)	0.03**
Relationship communication	79	2.94 (0.61)	2.94 (0.56)	-0.001 (0.55)	0.88
Relationship satisfaction	79	5.68 (1.73)	5.86 (1.57)	0.18 (1.87)	0.40

<sup>\*</sup> Significantly different from zero at the .10 level, two-tailed test.

<sup>\*\*</sup> Significantly different from zero at the .05 level, two-tailed test.

<sup>\*\*\*</sup> Significantly different from zero at the .01 level, two-tailed test.

<sup>\*\*</sup> Significantly different from zero at the .05 level, two-tailed test.

<sup>\*\*\*</sup> Significantly different from zero at the .01 level, two-tailed test.

#### **Research Question 2:**

Is frequency or length of participation associated with improvements in responsible fatherhood, healthy relationship skills, and/or economic stability?

# **Key Findings:**

To explore the association of program dosage (as measured by number of contacts and minutes of contact) on the outcomes of interest, correlations between the measures of dosage and the outcomes were examined for each of the 9 outcomes described above. Findings are presented in **Tables II.7a–g**. We found a significant correlation between number of contacts and the change in score for *co-parenting* from 6 weeks to 12 weeks (r= 0.15, p = 0.035). T-tests were used to compare the number of contacts and contact time between the individuals who acquired a *new skill* and those who did not. No significant differences were found in those who acquired a *new skill* and those who did not. No significant differences were found in the number of contacts (t(275.71) = -0.19, p = 0.85)) and minutes of contact (t(316.93) = 0.52, p = 0.60) for a new skill.

Table II.7a. Father-child contact

	Δ baseline to 6 weeks		Δ baseline to 12 weeks		Δ 6 weeks to 12 weeks	
	N	Correlation coefficient (p-value)	N	Correlation coefficient (p-value)	N	Correlation coefficient (p-value)
N of contacts	344	-0.02 (0.65)	113	0.01 (0.91)	118	-0.07 (0.46)
Minutes of contact	343	0.02 (0.76)	113	0.08 (0.42)	118	-0.06 (0.50)

Table II.7b. Father engagement

	Δ baseline to 6 weeks		Δ baselin	e to 12 weeks	Δ 6 weeks to 12 weeks	
	N	Correlation coefficient (p-value)	N	Correlation coefficient (p-value)	N	Correlation coefficient (p-value)
N of contacts	498	-0.06 (0.21)	184	0.04 (0.61)	186	0.02 (0.82)
Minutes of contact	497	-0.02 (0.73)	184	0.04 (0.56)	186	-0.00 (0.96)

Table II.7c. Co-parenting

	Δ baseline to 6 weeks		Δ baseline to 12 weeks		Δ 6 weeks to 12 weeks	
	N	Correlation coefficient (p-value)	N	Correlation coefficient (p-value)	N	Correlation coefficient (p-value)
N of contacts	503	0.01 (0.81)	187	0.06 (0.40)	186	0.15 (0.035)**
Minutes of contact	502	0.03 (0.51)	187	0.05 (0.47)	186	0.06 (0.42)

<sup>\*\*</sup> Significantly different from zero at the .05 level, two-tailed test.

Table II.7d. Relationship conflict

	Δ baseline to 6 weeks		Δ baseline to 12 weeks		Δ 6 weeks to 12 weeks	
	N	Correlation coefficient (p-value)	N	Correlation coefficient (p-value)	N	Correlation coefficient (p-value)
N of contacts	241	-0.05 (0.41)	81	-0.02 (0.84)	79	0.002 (0.98)
Minutes of contact	241	-0.03 (0.67)	81	-0.05 (0.64)	79	-0.03 (0.80)

Table II.7e. Relationship communication

	Δ baseline to 6 weeks		Δ baseline to 12 weeks		Δ 6 weeks to 12 weeks	
	N	Correlation coefficient (p-value)	N	Correlation coefficient (p-value)	N	Correlation coefficient (p-value)
N of contacts	241	0.02 (0.71)	81	-0.07 (0.53)	79	-0.13 (0.27)
Minutes of contact	241	-0.05 (0.43)	81	-0.11 (0.34)	79	-0.02 (0.87)

Table II.7f. Relationship satisfaction

	Δ baseline to 6 weeks		Δ baselin	Δ baseline to 12 weeks		Δ 6 weeks to 12 weeks	
	N	Correlation coefficient (p-value)	N	Correlation coefficient (p-value)	N	Correlation coefficient (p-value)	
N of contacts	240	-0.11 (0.08)*	80	0.09 (0.41)	79	0.07 (0.55)	
Minutes of contact	240	-0.11 (0.08)*	80	-0.01 (0.91)	79	-0.01 (0.96)	

<sup>\*</sup> Significantly different from zero at the .10 level, two-tailed test.

Table II.7g. Job confidence

	Δ baseline to 6 weeks			
	N	Correlation coefficient (p-value)		
N of contacts	502	-0.02 (0.73)		
Minutes of contact	502	0.03 (0.55)		

#### **Research Question 3:**

What employment related supports are associated with attaining employment or educational skill?

**Summary of Findings.** We did not find any relationship between the number of employment related supports provided and measures of job confidence or obtaining a new skill.

**New skill** is only measured at the 6 week timepoint, and job confidence is measured at baseline and 6 weeks. A logistic regression was run with **new skill** as dependent variable, and all employment related supports (employment/job readiness, licensure/certification, other education supports, career planning, employment resources, job search assistance, resume development) as independent variables entered at the same time. No significant differences were found between those who did and did not receive individual supports. Linear mixed models were used to examine the association between employment-related supports and changes in *job confidence* between baseline and 6 weeks, no significant differences were found. See **Appendix** C for detailed outcome analyses.

#### III. PROCESS/IMPLEMENTATION STUDY

#### A. Research questions

- 1. Do service needs (as measured by father challenges) differ by population type (i.e. young fathers, veterans, immigrant fathers) or by age, race, or education level?
- 2. What approaches were used to recruit target populations including young fathers and veterans? What sources of referrals into the program led to enrollment of these populations? What were the barriers to recruitment of these populations?

#### B. Study design

#### 1. Sample formation

Fathers were recruited from community-based agencies, and all fathers who entered the program were included in the study (unless they declined to participate, as the study is voluntary). During the Orientation phase of the program, fathers completed an informed consent with members of the research or program staff and self-report via nForm and the Qualtrics platform, constituting our baseline sample. The sample is the same as the outcome study described above.

#### 2. Data collection

In addition to quantitative data collected via nForm (service needs, units of service, referrals) and the local evaluation (measure of father challenges), research staff also regularly met with the program staff and program director to gather qualitative data for the process study. **Table III.1** describes the data collected and each data source. **Table III.2** describes measures used to address research questions. From 2015-2020, quarterly research-program meetings were held at the SCFI site, and from 2018-2020 research staff and program staff came together for Continuous Quality Improvement (CQI) meetings on a monthly or bi-monthly basis. Program staff identified and evaluated efforts/interventions with potential and continuing community referrals. Case management and economic stability staff discussed unique service needs by population type.

Table III.1. Data used to address process/implementation research questions

Implementation element	Research question	Data source	Timing/ frequency of data collection	Party responsible
Engagement	Do service needs (as measured by father challenges and referrals made) differ by population type (i.e. young fathers, veterans, immigrant fathers) or by age, race, or education level?	<ul> <li>FRPN Father challenges measure; calculated as a count of 20 survey items</li> <li>Referrals made (nForm)</li> </ul>	Intake, 6-week, 12-week	Research staff

Implementation element	Research question	Data source	Timing/ frequency of data collection	Party responsible
Engagement	What approaches were used to recruit target populations including young fathers and veterans? What sources of referrals into the program led to enrollment of these populations? What were the barriers to recruitment of these populations?	<ul> <li>Referral source (nForm)</li> <li>CQI meetings with program staff (described above)</li> </ul>	Monthly	Research staff

Table III.2. Measures used to address process/implementation research questions

Implementation		·
element	Research question	Measures
Engagement	Do service needs (as measured by father challenges and referrals made) differ by population type (i.e. young fathers, veterans, immigrant fathers) or by age, race, or education level?	Referrals made (nForm)     FRPN measure of father challenges - contains 20 items that fathers' may experience, fathers respond yes or no to each item. Challenges in this measure include: Employment stress including unemployment or working long hours; housing including homelessness; drug or alcohol problems; being accused of child maltreatment or violence to partner; financial strain including child support, problems paying bills, or having enough to eat; anger management, transportation; difficulties with the children's mother including her new partner, her family, or her directly; immigration.
Engagement	What approaches were used to recruit target populations including young fathers and veterans? What sources of referrals into the program led to enrollment of these populations? What were the barriers to recruitment of these populations?	<ul> <li>CQI meeting - program staff</li> <li>Focus groups with providers</li> <li>nForm (referral source into the program)</li> </ul>

#### C. Findings and analysis approach

#### **Process Question 1:**

Do service needs (as measured by father challenges at baseline) differ by population type (i.e. young fathers, immigrant fathers) or by age, race, or education level?

**Summary:** We found some differences between targeted groups (younger fathers, veterans, and immigrant fathers) across father challenges. Young fathers reported significantly lower rates of challenges around drug or alcohol issues, child support, and indicators of economic need (paying bills, having enough money) than older fathers. Immigrant fathers similarly had lower rate of drug and alcohol problems, being unable to pay child support or other bills, and car problems compared to U.S. born fathers. Not surprisingly, fathers born outside of the U.S. reported more

challenges associated with immigration. These results are presented in **Tables III.3–4**. Further exploration of race and ethnicity differences, as well as by education, were explored and presented in **Tables III.5–7**.

At intake we queried fathers (N = 750) about their current challenges. The frequency and percentage of each challenge is listed in **Table III.3** below. We found some differences amongst the target groups which are described in **Tables III.4–5**, as well as differences based on demographic characteristics described in **Tables III.6–7**.

Table III.3. Challenges reported by fathers at baseline (service needs)

Challenges	N	%
Unemployment	453	60.40
Not having a steady place to live (or homeless)	333	44.40
Drug or alcohol problem	352	46.93
Being accused of being violent to your partner	30	4.00
Being accused of neglecting or abusing your child(ren)	69	9.20
An overcrowded house	76	10.13
Being unable to pay child support	169	22.53
Being unable to pay other bills	350	46.67
Difficulty controlling your anger	96	12.80
Having your child(ren) in foster care	21	2.80
Living too far from your child(ren)	207	27.60
Working too many hours	66	8.80
Not having enough money to buy things for your child(ren)	357	47.60
Your child(ren)'s mother having a new partner who does not want you around	52	6.93
Having car problems or lack of transportation	363	48.40
Trouble with your child(ren)'s mother or her family	171	22.80
Immigration problems	16	2.13
Not having enough money for food	212	28.27
Other problem	63	8.40

We considered these challenges as service needs and using chi-square analyses examined differences between groups for young fathers and immigrant fathers, as well as differences between racial groups. Findings that were statistically significant are presented in **Tables III.4**–7.

#### a. Young fathers

The sample of young fathers was small (only around 5% of the total sample). We compared this group to the sample of all other fathers in the program across reported challenges using the FRPN measure of father challenges described in **Table III.1**. Young fathers did not have significantly higher reported challenges across most domains. As described in **Table III.4**, young fathers reported significantly lower rates of challenges around drug or alcohol issues,

child support, and indicators of economic need (paying bills, having enough money). We found no differences between Veteran fathers and non-vets in our analysis.

Table III.4. Young fathers (16-24) vs. others

Challenge	Age 16–24 N = 42	Other age groups N = 706	p-value
Drug or alcohol problem	13 (30.95%)	337 (47.73%)	0.03
Being unable to pay child support	4 (9.52%)	164 (23.23%)	0.04
Being unable to pay other bills	13 (30.95%)	337 (47.73%)	0.03
Not having enough money to buy things for your child(ren)	13 (30.95%)	344 (48.73%)	0.03

#### b. Immigrant fathers

We identified immigrant fathers as those that identified as being born outside of the U.S. We did not inquire about participants' citizenship status. The sample size for fathers reporting being born outside the U.S. was small (N=47, 6.27%), however we found no differences in father challenges except a lower rate of drug and alcohol problems, being unable to pay child support or other bills, and car problems. Not surprisingly, fathers born outside of the U.S. reported more challenges associated with immigration.

Table III.5. Fathers born outside of the U.S. vs. born in the U.S.

Challenge	Born outside of the U.S. N = 47	Born in the U.S. N = 703	p-value
Drug or alcohol problem	13 (27.66%)	339 (48.22%)	0.0062
Being unable to pay child support	3 (6.38%)	166 (23.61%)	0.0062
Being unable to pay other bills	15 (31.91%)	335 (47.65%)	0.0363
Having car problem or lack of transportation	14 (29.79%)	349 (49.64%)	0.0084
Immigration problem	3 (6.38%)	13 (1.85%)	0.0373

#### c. Race and ethnicity

Race was recorded into three primary groups: White, Black, and All Other races (including: Native American or Alaskan native, Asian, Native Hawaiian or other Pacific Islander, and "Other"). The racial categories were collapsed in this way because of the small samples of Native American, Alaskan Native, Asian, and Native Hawaiian participants. White fathers reported more challenges with drugs or alcohol while "other" racial groups reported more issues with working too many hours and with difficulty with their children's mother or family members. For ethnicity, significant differences were found between Hispanic or Latino vs. not Hispanic or Latino.

Table III.6. Race and father challenges

Challenge	White N = 325	Black N = 280	Other N = 136	p-value
Drug or alcohol problem	178 (54.77%)	111 (39.64%)	58 (42.65%)	0.0006
Working too many hours	33 (10.15%)	13 (4.64%)	19 (13.97%)	0.004
Trouble with your child(ren)'s mother or her family	84 (25.85%)	46 (16.43%)	41 (30.15%)	0.002

#### d. Education

Level of education was re-coded into three groups representing the highest level of education received: Less than high school education, high school diploma or GED, and more than high school (includes: Vocational/technical certification, some college but no degree, Associate's degree, Bachelor's degree, and Master's degree/Advanced degree). Educational categories were collapsed in this way because of the small number of participants with advanced degrees.

Fathers with less than a high school diploma/GED reported more issues with not having a steady place to live or homelessness, these numbers were very high overall across the sample (over 40%). Those with more education were more likely to report issues with their children's mother having a new partner and those with less than a high school diploma with trouble with the family of their children's mother.

Table III.7. Education level

Challenge	Less than high school N = 154	High school education N = 318	Higher than high school N = 259	p-value
Not having a steady place to live (or homeless)	87 (56.49%)	135 (42.45%)	105 (40.54%)	0.004
Your child(ren)'s mother having a new partner who does not want you around	12 (7.79%)	14 (4.40%)	26 (10.04%)	0.03
Trouble with your child(ren)'s mother or her family	45 (29.22%)	56 (17.61%)	68 (26.25%)	0.006

#### e. Veterans status

We identified veterans as those having VA health insurance (N=20, 2.67%) and found no significant differences in father challenges (service needs) between veterans and other program participants.

#### **Process Question 2:**

How well did the program recruit target populations? a. What approaches were used to recruit target populations including young fathers and veterans? b. What sources of referrals into the program led to enrollment of these populations? c. What were the barriers to recruitment of these populations?

## **Key Findings:**

**Summary:** Although the program originally planned targeted recruitment to young fathers, there were several challenges to recruiting a critical mass of young (ages 16-24) fathers to start a group. Some of the challenges involved working within existing youth serving organizations (such as schools), and the smaller number of young fathers in the population in general. Challenges to recruiting immigrant fathers revolved around scheduling conflicts around long work hours as well as trepidation to become involved in a program due to immigration status.

Data for this question was derived from several data sources including CQI meetings (instituted in Year 4), quarterly meetings with research and program staff, FRPN Father Challenges measure, and analysis of referral sources throughout the program. We found helpful information about recruiting target populations from these sources; staff cited significant barriers to recruiting young fathers including, issues with confidentiality and identification of young fathers within referral organizations (including schools). We also identified challenges to recruiting immigrant fathers including scheduling conflicts as a result of day-labor assignments and immigration status.

Appendix E enumerates the SCFI program's referral sources throughout the reporting period 2015-2020. The SCFI program staff recruited fathers from 41 programs in Suffolk and Nassau Counties on Long Island, NY. These included 9 community agencies, 8 substance use agencies, 6 shelter programs, 6 programs serving incarcerated fathers and fathers at-risk for incarceration, 2 housing programs, 2 veteran organizations, 2 religious organizations, 1 domestic violence organization, and 1 mental health agency. To recruit young fathers, SCFI attempted to recruit young fathers through referrals from Head Start, Man in the Mirror, and the Riverhead Youth program (part of a Suffolk County Correctional Facility). Recruitment from these programs resulted in only 9 referrals. SCFI recruited veteran fathers the Northport VA and the United Veterans Beacon House, which resulted in 3 referrals. SCFI recruited immigrant fathers from Adelante of Suffolk County and Iglesia Pentecoste Valle De Bendicion, which resulted in 13 referrals. The largest percentage of referrals (29.18%, N=262) came from C.K. Post and Phoenix House Hauppauge, programs serving fathers experiencing substance use in the community these were organizations that SCFI staff had previously developed relationships with and the reliance on these referral sources likely contributed to the high level of drug and alcohol problems in the sample.

Additional efforts to recruit young fathers were not as successful. Program staff presented and met with several organizations serving youth such as Eastern Suffolk BOCES, Brentwood School District, Tuckahoe School District (Southampton, NY), Daytop, Little Flower, Mercy House, etc. SCFI staff cited several significant challenges to successful recruitment of young

fathers. These included an insufficient number of fathers present in relevant organization caseloads to initiate a group (in one example, a youth program of 10 residents included only 1 father). Additionally, several potential community partners requested that the SCFI curriculum be delivered to all clients, including non-parents, which was not appropriate for the intended intervention. Furthermore, representatives from school districts cited difficulty identifying young fathers within their student populations because of issues of confidentiality. SCFI program staff additionally identified challenges in recruiting immigrant fathers, including scheduling conflicts. Staff explained that many recruited immigrant fathers worked as day laborers, who then could not commit to the attendance requirement as a result of their work schedules.

## IV. Qualitative Study

The purpose of this study was to supplement from the quantitative local evaluation. Our qualitative study focused on the following program-related research questions: (1) What did the dads learn about fatherhood and healthy relationships through the fatherhood program? (2) How did they learn this knowledge? (3) How did they apply skills they learned?

Following principles of community-based participatory research (Branom, 2012; Minkler & Wallerstein, 2008), researchers engaged in ongoing consultation with an advisory board of fathers in the program to develop a socio culturally-relevant interview guide. (Please see **Appendix D** for interview guide). A purposeful, typical case study sample (Patton, 2014) of fathers was recruited for the qualitative study. Between September 2017-December 2018, all fathers who completed at least six weeks of program services were asked to participate in the qualitative study by the member of the research team when they were completing the 6-week survey. Audiotaped, semi-structured interviews were conducted by one of two research assistants from the university at a time and location convenient to the respondent. Interviews were transcribed and imported to Dedoose 8.0.31 for thematic analysis to answer the research questions, following Braun and Clark's (2006) 6-step approach.

Multiple forms of triangulation were employed to enhance analytic rigor. Multiple investigators coded the data and regular meetings were held among team members to check coding congruence. Analytic memos were written by each investigator during the coding process, which served both as documentation of our analytical decisions as well and as spaces for increasingly complex analysis.

A total of 37 fathers participated in the qualitative interviews. Their ages ranged from 25-64, the majority identified as African American, all were un-/underemployed, the majority were unpartnered, and few had full-time custody of their children (please see **Table III.8** for more details).

Table III.8. Characteristics of participants in Qualitative study (N = 37)

Characteristic	n (%)	Mean (range)
Race and ethnicity		
Latino/Hispanic	16 (43.24)	
African American	21 (56.76)	
White	11 (29.71)	
Other	5 (13.51)	
Education level		
No degree or diploma	5 (13.51)	
High school diploma/GED	20 (54.05)	
Vocational/technical certification	4 (10.81)	
Some college (no degree)	4 (13.51)	
Associate degree	2 (5.41)	
Bachelor's degree or above	1 (2.70)	

Characteristic	n (%)	Mean (range)
Employment status		
Full-time	2 (5.41)	
Part-time	1 (2.70)	
Variable hours each week	3 (8.11)	
Temporary, seasonal, occasional	2 (5.41)	
Not currently employed	29 (78.38)	
Age		36.2 (20–64)
Number of children under 24		2.4 (1–8)
Parenting across multiple partners		
Only one child	7 (18.92)	
All children have the same mother	7 (18.92)	
Children have different mothers	10 (27.05)	
Unknown	13 (35.14)	
Relationship status		
Yes, with mother of child	7 (18.92)	
Yes, with other person	7 (18.92)	
No	25 (67.57)	
Dyer et al. (2015) Coparenting Scale score		3.51 (1.82–5.00)

#### A. Results

The qualitative data provided rich detail about the reasons for the fathers' high regard for the program. In interviews, all participants described their experience at the fatherhood program as positive; several said that the program was the one safe place where they could be themselves. They described concrete details about what they had learned, how they had learned it, and how they now enacted the new skills in their daily lives.

#### **Qualitative RQ1:**

# What did the fathers learn about fatherhood and healthy relationships through the program?

The specific skills that fathers described having learned in the fatherhood program were grouped into three categories: effective techniques to engage and/or disciplining child(ren) (n=20); patience for their child(ren) and for the mother of their children (n=18); and (3) communication skills (n=23).

Fathers described learning how to talk with their children, how to discipline effectively, and how to show affection for their children. They often mentioned that they had not received this knowledge in their families of origin, so it was very helpful to learn it now.

"When I was young and I was disciplined, it was crazy.. And I definitely did not want to raise my kids with the same discipline I received. So [the program] taught me how to talk to them about certain things. So if my child was to pick up candy and walk out the store with it...instead of disciplining him the way I was disciplined, rather talk to them

and explain to them that its somebody's money and they work hard for that. Explain to them that they're taking from someone else's mouth."  $-EE^{l}$ 

DG: "They taught me how to understand my child's personality and how to deal with it when certain things happen and they get upset and start throwing stuff. Temper tantrums-- how to deal with that."

Interviewer: "How do you deal with that?"

DG: "I just let her go off until she calms down."

CC: "I try to explain to both of them, the right way to do things and the wrong way and hopefully that they'll take that and go with it. That's another thing I have learned how to do this from [the program]. Like I said, the instructor was very clear and make you, whether you know it or not, go over it until you become a picture in your head."

*Interviewer: "A picture of what?"* 

CC: "A picture of how to explain things or how to talk to your kids. Not just kids, but anybody you could come in contact with and for them to understand what you're saying. First you have to know what you're talking about, and see the picture of what you're talking about because that's the only way you can explain it to somebody what you want to say. That class was excellent."

About half the fathers described learning how to be patient with their children and with the mothers of their child(ren), which was an essential first-step step to engaging in productive communication.

"An example is that us males — we always feel a way about the mothers of our child [and] bad mouth them in front of the kids. That's not helping our kids to function and grow [with the] knowledge that mommy and daddy is there. You can't be there like, "I can't stand you mom," etc. That class taught us to always put your part in: "I got love for your mom- we have our difficulties, but I am here right now." You gotta show them that you not trashing-mouthing my mom or my dad. Y'all can sit there and have a conversation without no arguments. If she wanna [fight] with you, have her beat that whole argument like a brick wall and try and acknowledge and stand as a man and as a father in front of your kids...' Cause if you...bad mouth the mother, its gonna teach the kids how to bad mouth they mother of the child. The [class] taught me that."—JJ

A majority of fathers also mentioned having learned effective communication techniques that were widely applicable to any interpersonal conversation, but particularly useful when engaging with their child(ren) or the mothers of their child(ren). The most widely-reported communication technique learned was how to really listen to the other person when they are speaking, rather than simply imposing one's idea on them at the outset. Another technique mentioned was to

<sup>&</sup>lt;sup>1</sup> To preserve anonymity, each interview participant was assigned a random set of initials, which are used throughout the qualitative section.

paraphrase what the other person has said before responding to a statement during a conversation, in order to ensure that you heard the message that the person was trying to communicate. A few fathers also mentioned that direct, clear speaking was useful during a conversation, helping its participants stay on task.

DK: "The big thing I took away from the program was this speaker/listener technique.

*Interviewer: "Okay. What is that?* 

DK: "Because with my son's mother, we always just fought and argued and nobody could get a word in and it was hectic towards the end. And the speaker/listener technique was important to me, because obviously when the other person is speaking, the other person isn't. And especially on a touchy subject or an argument that's about to start, let's say she'd be speaking and I would listen to her, paraphrase what she said to show her that I was listening to her. And it doesn't have to be agreed upon, but you have to acknowledge it."

"Yes. When you have to remember that your kids like are small. Something that seems like, you know, insignificant to me as a father, you know, is like major to them. You have to literally listen and pay attention. Yeah. That and basically, there's really no book on parenting...It's like you learn as you go." --UA

"Because you're scoping down to their level when you're talking to them and you're not standing over them looking down. You're not intimidating them. You're letting them know that, I'm here with you. I could come down. I could talk to you. We can deal. We are friends also." -- ES

#### **Qualitative RQ2:**

#### How did fathers learn this knowledge?

The participants described three main ways that the fatherhood program helped them to learn how to be better parents and partners: creating a warm, non-judgmental atmosphere that allowed them to feel open to learning new things and asking questions (n=10); connecting with other dads (n=22); learning from good facilitators who knew what they were talking about (n=19); and providing them with instrumental support (n=19).

Many of the fathers felt that the fatherhood program as a whole had a warmer feeling than many of the other programs they had attended. The participants said that the program staff did not make them feel judged, allowing them to feel comfortable asking questions and getting support from the staff, furthering their learning.

*Interviewer:* "What did you get help with, specifically?"

KA: "Just my patient knowledge of being a father. How to handle things, how to deal with different situations."

Interviewer: "Like what?"

KA: "Anger, behavioral problems, with me and my kids. Just basically disciplining my kids, doing different things, stuck in a situation, how to maneuver out of it. If I ever run into a problem I could call [program staff] often next, and "This is going on, what would you do in this situation," and they would help out in a heartbeat."

Fathers also mentioned that connecting with other fathers in similar situations was a very important part of the excellent atmosphere at the program, and, for some, this connection continued after the program ended.

"Basically, the class is basically the connection. We would talk with the counselor, we would talk amongst ourselves. We talk about, you know, our tempers, we talk about how our spouses respond to certain things, like when someone tries to to have the upper hand, someone wants to be in charge. Basically we would just say you gotta kinda consider each other's feelings and not say hurtful things because then you gotta say sorry and you gotta go back and say "Oh I didn't mean it," but meanwhile feelings are hurt now. You said some things that are not easy to forgive." --NQ

"Yeah. I got to know one dad. I got to know all the dads that were there in the program. We talked not only in class, but afterwards and stuff like that....So there was one guy who was very helpful. He had two teenagers, and he was basically just talking about how his teenagers are and what to look for. And I'm just like, "Wow, mine's turning 15." At the time, she was 14, and I was just like, "Wow." I'm listening to these guys talk and whatnot, because they got teenagers, but I haven't been able to raise her. And I get to do that now.....It broadened my horizon, as far as instead of thinking inside the box to think outside the box sometimes, because they're unpredictable too, just like we are. They're just a lot younger. So I don't know what she's going to do or what she's going to say. I just know that if I don't have an answer for her, I have to tell her to: "Hold on one minute. I'm going to get back to you." And I'll call some people." --MM

Another factor contributing to fathers' learning was the delivery of program content and other program services. The fathers talked about how the facilitators of the groups were really knowledgeable about the topic, even though some of them did not have children. This allowed fathers to feel comfortable coming to them with questions in and outside of class. Additionally, the fathers developed close relationships with the caseworkers at the program, and many mentioned the benefit of concrete resources provided to them via the caseworkers, such as diapers, work opportunities, and other needs.

"Everyone was just overly nice, you know. At the end of the day, whatever problem you had, they were going to help. They wouldn't do it for you, but they would show you the way to do it, which, I feel, is a good thing." --FH

<sup>&</sup>quot;He definitely taught you, he's on time, he's early, he'll wait for everyone. It's just something that you need to do, it's just like school for kids. If you don't do it, you're just being ignorant 'cause at the end of the day, why would you not wanna be informed on [this]? And, even if you hear it, if you just agree to disagree, you can tell him, and he'll

talk to you. Like, "Well how do you think that would be?" He'll ask you your opinion on it and then you gotta think about it. Obviously, everything I asked him, or any type of rebuttal I gave him--I give people rebuttals all the time, like my whole life. When I gave him a rebuttal, he would let me answer how I think it would pan out, and I would answer to the best of my ability, what I already thought when I approached the question. He would say, "Alright, well, I think it will go like this." I'd look at what he says, I'm like, "I think it would too." --XB

"As far as [the program], they do help out I mean when I can't afford the diapers or wipes, things like that - or if I just need somebody to talk to - I can just call them." -- EE

HX: "I had [case manager]'s number and [case manager] heard my desperation. I remember exactly where I was. I was in the Brentwood train station trying to get to an interview with almost no money, trying to take a train, and it was stressful. I remember [case manager] and I looked at my paperwork and I called [case manager]. The next day she gave me some bus passes and that was helpful and a lot of things because I live alone, so I had no food. They helped me with food a little bit. It was real good. That first week I needed help, and they were there."

Interviewer: "That's great. When you came out [of jail], they were your support system?"

HX: "Mm-hmm."

Interviewer: "Wow."

HX: "They didn't even know that I got out, but I called them. That's what they tell us to do."

#### **Qualitative RQ3:**

#### How did fathers apply what they had learned?

Participants gave examples of specific ways they had used the new parenting and relationship skills described above. The great majority of the fathers (n=35) gave examples of how they had changed interpersonal interactions with their children and/or partners to be less aggressive and volatile by consciously concentrating on being patient, calm, and listening more to the other person's point of view.

FH: "Like, that fact that, it's alright to be mad, it's just not alright to act on it in certain ways. And there's ways you can act on it without affecting someone else. Like, you know, it's not all about, um, giving an action to get a reaction. Like, I used to have that. I used to thrive off of going tit for tat with my ex, and now I don't even. I will, I don't want to say I will demean her, but I don't give her the opportunity to rise me up."

Interviewer: "Yeah, you don't feed into it."

FH: "Yeah, like if it's going south, I'll just be like, "Maybe we should just come back to this discussion another time cause I feel myself getting angry." It helps....I definitely learned that it's not worth getting out of control."

"Not too long ago when it was time for my daughter to go back to school, her mother was stressed about finances, and I could tell the tone in her text was negative, and so I had to come back with something positive. And I remember in the class that we had to look things not from just our point of view, but also from the mother's point of view, and basically analyze what she is saying. And I knew that she needed help with thinking things through, and if we put our heads together we could figure it out. So I just had a lot of patience and just stayed positive." --HT

Other participants (n=27) talked about making an effort to engage in regular and consistent interactions with the children, as well as to show them outward affection (n=16) in order to build a deep relationship on consistency and dependability.

Interviewer: "Is there any situation that you can recall that you dealt with differently after being a part of SCFI?"

FN: "I definitely feel like I hug my daughter much more now. I was affectionate before, but they stressed always affection is possible because kids remember that. So I find myself hugging my daughter and kissing her on her head more than I used to, I think."

"When I'm with him it's like for hours on end I'm playing with him, I'm letting him jump on me and all that. It's not like he's reading books but I'll read to him, I'll look at the fish with him, because [there's a] tank in the house and he likes to go to the fish tank and point at the fish. I watch TV with him. Like I said, I read to him. I take him out, we go in the backyard, I take him to the store, whatever, I shop with him. And he's always good behaved, well behaved, so he already knows my presence is like I ain't with the bull crap but we can play when it's time to play." --VC

Participants also described disciplining their children differently than they had before. For some dads this meant that they took more of an active role in parenting, including disciplining, than they ever had before. For other dads, this meant that they changed the tenor of how they addressed their children's wrongdoing: rather than yell punishments at their children when they misbehaved, they were more calm in the way they parented.

AZ: "My son, when he was here Sunday, and I was getting frustrated, because I tell him no and he's telling me no. And I'm like, "No, it don't work like that. I tell you no. You don't tell me no." You know and it had me frustrated. You know, and I literally was having some arguments, like, a break-up situation with my girl [at the same time]. So, I had to separate the both, because what I got going on with my girl has nothing to do with my son. You know, so I am learning that…"

Interviewer: "One can affect the other."

AZ: "Yes. Cause it started getting there. And I literally had to take a breather. Let him do what he wanted to do. You know, I put him in the --we have a little playground over here, so I let him play in the playground, on his own. And I basically just--I called my girl back and just told her like, "Yo, listen, I'll call you later. We're not going to do this right now because I'm trying to have a good time with my son. And what I'm going through with you, is starting to affect me and I don't want it to affect my son." And it was so crazy that, like I said, my son is only two and a half, but it's like he can see, like I can see the worry in his eyes because I think he could see and sense and notice that I was upset. You know and... At first, like I said, I was upset, but I told him to come over to me, I picked him up and I told him that I really loved him, I looked him in his eyes and I just kissed him and hugged him. And let him went to play, you know, 'cause what I have in my personal life, doesn't have nothing to do with him. You know what I mean?"

As intended, this qualitative study provided in-depth contextual information to better understand the experience of fathers going through this program. All expressed feeling positive about the program, which corroborates the survey findings. One of the key findings from this qualitative study was that fathers felt that they learned a lot about how to have patience and communicate more effectively with both children and children's mothers.

There are several limitations to this qualitative study that should be noted. Interviews were conducted over the course of a year, and while all fathers interviewed had completed a minimum of 6 weeks of core programming (including the required fatherhood group intervention) some men may have received more weeks of services than others. In addition, different fathers have different custody and visitation arrangements, and different housing and work arrangements, all of which may impact their beliefs and their behaviors. Further, we relied on a one-time, retrospective self-report from fathers about their relationship with the mothers of their child(ren). Although the program has limited contact with some women with whom fathers are currently in relationships, we collected no research data on children or the mothers of children in the program, which would have provided additional insight and triangulation. Finally, beliefs, skills and behaviors are not immutable, so it is hard to know how much their beliefs have changed since being in the fatherhood program and how much they have not; rather, we could only document how fathers perceived that their relationships with the mothers of their children had changed over time.

#### V. DISCUSSION AND CONCLUSIONS

There are several limitations of the evaluation study that should be noted. In addition to the limitations of the qualitative study described above, we did not employ an experimental design to measure impacts of the program and thus any changes we noted may not necessarily be attributed to program participation. In addition, we had significant attrition from the program at 6 and 12 weeks which could have affected findings. Although we did not find any significant differences between those fathers that did and did not complete the 6-week assessments, we found that fathers who did complete the 12-week assessments were statistically significantly more likely to be Black or African American and less likely to be White, and were more likely to live in a shelter, halfway house, or treatment center and less likely to be a renter. These findings suggest that study results using the 12-week survey may not generalize to all fathers who began the program. Finally, we relied on self-report questionnaires which asked fathers to recall their experiences with their children and their partners. For our process study, we relied on feedback from a limited number of referral partners and did not query all referral sources over the 5 years of the program.

The process, outcome and qualitative study components all revealed strengths and challenges of the program. Results of the outcome study suggest that the program may have been most successful in achieving goals related to father involvement - we noted a significant increase in father's reported time with their children and engagement with children between entry into the program and either 6 or 12 weeks post-intake. Participants are enrolled first in the evidenced-based group father involvement curriculum, and thus may have been more focused on these goals. This result was also reflected in the qualitative study where fathers discussed the importance of connecting or reconnecting with their children.

Fathers who indicated that they were currently in a relationship answered questions about negative relationship issues (conflict, communication problems) and overall positive coparenting and relationship satisfaction. Fathers could participate in the relationship curriculum after completing the fatherhood curriculum; this was a much smaller sample and included both those in relationships (N = 15) and single fathers (N = 115) who wanted to strengthen their relationship skills. Because the primary focus of the intervention was on father involvement, and because of the complicated dynamics of coparenting and negotiating relationships with current and past partners (including multiple mothers of children) we were not surprised to find less change over time in our indicators of relationship challenges and strengths. We did find change over time at 12 weeks for standardized measures of coparenting, and changes in relationship conflict between 6 and 12 weeks and the qualitative data suggest that many of the fathers experienced change in the way they felt about and interacted with their partners as a result of the program. In particular, many described feeling able to stay calm and patient when interacting with the mother of their children over parental conversations and decisions. Thus, in future evaluations of similar programs, it may be useful to include items on surveys that measure these more subtle relationship changes. Similarly, we saw only 28% of participants achieve a new skill while in the program, and there was no significant relationship between provision of

employment-related supports and obtaining a new skill. Despite this result, we did see significant changes in job confidence between baseline and 6 weeks. The case management component of our program is the primary intervention and this may be contributing to the changes we see in job confidence. This finding is supported by findings from our qualitative study which suggest the relationship and support from the case managers appears to serve as a vehicle for positive change in the program. According to Social Cognitive Theory (Bandura, 1986) and the Health Belief Model (Rosenstock, Stecher, & Becker, 1988), self-efficacy is a key precursor to behavior change; therefore, it is possible that program delivery over a longer amount of time or a longer longitudinal follow-up (beyond 12 weeks) is needed to observe improvements in job skills. Lengthening the amount time that dads engage with employment management might be one change in programming to improve job skills. Additionally, the evaluation might benefit from a longitudinal design that collects follow-up data after a longer period of time (perhaps 6 months or a year) in order to see improvements; however, we know that with challenges to retention in the program and evaluation this may be difficult.

Despite successes with recruiting fathers from the community and other providers, the program had significant challenges recruiting specific subpopulations of fathers including young fathers (ages 16–24), veterans, and immigrant fathers, although these subgroups of fathers are included in the overall population of fathers served by the program. Most of the challenges, according to program staff, providers, and analysis of referral data, stems from difficulty in scheduling with schools and other youth-serving providers, and the strength of existing relationships with referral sources that tend to serve fathers that fall outside of these categories. Future programming should consider broadening referral sources to other sectors, such as religious organizations or sports leagues.

There are several lessons for future iterations of this program, for fatherhood programs in general, and for research and evaluation with fathers. We found that while there is a great need for fatherhood services in substance abuse and homeless services programs, the more pressing needs of fathers in these programs (addressing addiction, mental health, and immediate housing needs) may take precedence over fathers' engagement in the program. Hence the program had difficulty retaining these fathers in program services after the initial weeks. Therefore, it may make sense to integrate the fatherhood services with programming that addresses these other social determinants of health. Further, we noted that the program had limited success trying to specifically recruit young fathers into the program due to constraints of our referral partners and the relatively low level of teen fatherhood in youth serving programs (such as schools) making it difficult to form a full group of such fathers. Exploration of barriers to recruitment, challenges faced by fathers during enrollment, and the role of case management services in addressing these challenges are potential questions for further research in this area.

#### VI. REFERENCES

- Bandura, A. (1986). Social foundations of thought and action: A social cognitive theory. Prentice-Hall, Inc.
- Branom, C. (2012). Community-based participatory research as a social work research and intervention approach. Journal of Community Practice, 20(3), 260-273.
- Creswell, J. W., Plano Clark, V. L., Gutmann, M. L. & Hanson, W. E. (2003). Advanced mixed methods research designs. In A. Tashakkori and C. Teddlie (Eds), Handbook on mixed methods in the behavioral and social sciences (pp. 209-240). Thousand Oaks, CA: Sage Publications.
- Moses, J. (2010). Low-income fathers need to get connected: Helping children and families by addressing low-income fathers' disconnection from employment, society, and housing. Washington DC: Center for American Progress.
- Rosenstock, I.M., Strecher, V.J., & Becker, M.H. (1988). Social learning theory and the Health Belief Model. Health Education and Behavior, 5(2), 174-183. doi:10.1177/109019818801500203
- SAS Institute (2013). SAS (9.4). SAS Institute. https://www.sas.com/en\_us/home.html.

SCFI Final Descriptive Report 12/04/2020

#### VII. APPENDICES

#### A. Logic model (or theory of change) for program

Logic Model: Enhanced Suffolk County Fatherhood Initiative

Inputs	Activities	Expected Outputs (per year)	Outcomes (at end of service)	Ultimate Program Goals
	*Community	220 fathers completing	Responsible Fathering	*Fathers will be better
DHHS ACF OFA	recruitment	screening and intake &	*Increased time spent with children	able to care for their
	*Screening & Intake	assigned to case manager	*Increased enjoyment & pleasure	children emotionally and
The Retreat/	*Individualized		experienced in time spent	financially.
Enhanced Suffolk	assessment &	220 fathers receiving 20	*Positive attitude toward providing	
County Fatherhood	Case-management	weeks of case-management	resources for children	*Fathers will spend time
Initiative	supportive services	services	*Increased financial support of children	with children and
	*On My Shoulders		Healthy Relationships	participate in their lives.
PREP Curriculum	Groups for fathers	154 receiving "On My	*Increased knowledge of risk factors for,	
	*Mentoring Program	Shoulders" program;	consequences of, and prevention of domestic	*Couples with children
Suffolk County	forfathers		violence	will have healthy
Department of			*Increased communication and conflict	violence-free and
Probation &	*Within Our Reach	22 participants completing 8	resolution skills	mutually supportive
Sherriff's Office	group program for	hours of "Within Our Reach"	*Increased positive relationship behaviors	relation ships.
	couples	couples program	with significant other(s)	
New York State	*Within My Reach		*Increased anger management skills	*Fathers will become
Dept. of Labor	program for individuals	44 completing 8 hours of	Economic Stability / Mobility	economically stable and
	Employment &	"Within My Reach" individual	*Increased self-confidence in job-related	secure to meet the needs
Stony Brook	Education Program	program	activities & possible career paths	of themselves and their
University School	(Economic Stability)		*New full- or part-time employment	families.
of Social Welfare		220 enrolled in economic	*Improved budgeting skills	
		stability/mobility and		
		workforce dev. program		

#### Assumptions

Children fare better across a number of outcomes when they have an engaged and responsible father figure in their lives; low-income fathers may have particular challenges in meeting the economic and emotional needs of their children. Challenges that may impede positive father involvement include any barriers to: employment, knowledge of and skills of responsible parenting, positive relationship(s) with the children's mother(s). SCFI program's casemanagement has successfully engaged fathers in services that address parenting, relationships, and economic stability. Providing case management, supportive services, groups on fathering and relationships, and economic stability-/job placement-related services will increase fathers' abilities to care for their children.

## B. Process/implementation analysis

Table B.1. Differences in key demographic characteristics for participants who completed a baseline and 6-week survey (analytic sample) compared to participants who completed a baseline but not a 6-week survey

	Baseline mean for those who COMPLETED 6-week	Baseline mean for those who DID NOT COMPLETE 6-week	Difference (p-value of
Baseline measure	N (%)	N (%)	difference)
Age	4 (2 222()	•	0.11
Under 18 years old	1 (0.20%)	0	
18–20 years	4 (0.79%)	5 (2.05%)	
21–24 years	18 (3.57%)	14 (5.74%)	
25–34 years	139 (27.58%)	82 (33.61%)	
35–44 years	130 (25.79%)	65 (26.64%)	
45–54 years	139 (27.58%)	50 (20.49%)	
55–64 years	67 (13.29%)	24 (9.84%)	
65 years or older	6 (1.19%)	4 (1.64%)	
Female (%)	0		
Race (%)			0.14
American Indian or Alaska Native	25 (5.02%)	12 (4.94%)	
Asian	9 (1.81%)	1 (0.41%)	
Black or African-American	201 (40.36%)	79 (32.51%)	
Native Hawaiian or other Pacific Islander	1 (0.2%)	0	
White	205 (41.16%)	120 (49.38%)	
Other	57 (11.45%)	31 (12.76%)	
Ethnicity (%)			0.46
Hispanic or Latino	95 (19.00%)	41 (16.87%)	
Not Hispanic or Latino	405 (81.00%)	202 (83.13%)	
Relationship status (%)			0.20
Married, engaged, or partnered	139 (27.97%)	60 (24.79%)	
Single	360 (72.03%)	182 (75.21%)	
Education			0.21
No degree	101 (20.53%)	53 (22.18%)	
GED	103 (20.93%)	62 (25.94%)	
High school diploma	102 (20.73%)	51 (21.34%)	
Vocational/technical certification	37 (7.52%)	14 (5.86%)	
Some college	89 (18.09%)	36 (15.06%)	
Associate's degree	23 (4.67%)	11 (4.6%)	
Bachelor's degree	24 (4.88%)	11 (4.6%)	
Master's/advanced degree	13 (2.64%)	0	

Baseline measure Living situation	Baseline mean for those who COMPLETED 6-week N (%)	Baseline mean for those who DID NOT COMPLETE 6-week N (%)	Difference (p-value of difference) 0.22
Own home	28 (5.60%)	15 (6.15%)	
Rent	122 (24.40%)	65 (26.64%)	
Live rent-free	57 (11.40%)	36 (14.75%)	
Live in shelter, halfway house, or treatment center	236 (47.20%)	104 (42.62%)	
Live on streets, car, abandoned building	13 (2.60%)	11 (4.51%)	
Other	44 (8.80%)	13 (5.33%)	
Sample size	504	246	

Table B.2. Differences in key demographic characteristics for participants who completed a baseline and 12-week survey (analytic sample) compared to participants who completed a baseline but not a 12-week survey

Baseline measure	Baseline mean for those who COMPLETED 12-week N (%)	Baseline mean for those who DID NOT COMPLETE 12 week N (%)	Difference (p-value of difference)
Age	(70)	11 (70)	0.76
Under 18 years old	0 (0.00%)	1 (0.18%)	• • • •
18 - 20 years	2 (1.06%)	7 (1.25%)	
21 - 24 years	12 (6.35%)	20 (3.58%)	
25 - 34 years	55 (29.10%)	166 (29.75%)	
35 - 44 years	46 (24.34%)	149 (26.70%)	
45 - 54 years	51 (26.98%)	137 (24.55%)	
55 - 64 years	20 (10.58%)	71 (12.72%)	
65 years or older	3 (1.59%)	7 (1.25%)	
Female (%)	0(0%)	0(0%)	
Race (%)			0.004
American Indian or Alaska Native	9 (4.81%)	28 (5.06%)	0.48
Asian	1 (0.53%)	9 (1.63%)	0.45
Black or African-American	90 (48.13%)	190 (34.36%)	0.0003
Native Hawaiian or other Pacific Islander	1 (0.53%)	0 (0.00%)	0.04
White	63 (33.69%)	261 (47.20%)	
Other	23 (12.30%)	65 (11.75%)	0.17
Ethnicity (%)			0.44
Hispanic or Latino	38 (20.21%)	98 (17.69%)	
Not Hispanic or Latino	150 (79.79%)	456 (82.31%)	
Relationship status (%)			0.36
Married, engaged, or partnered	58 (30.85%))	141 (25.64%)	
Single	130 (69.15%)	409 (71.36%)	
Education			0.86
No degree	34 (18.38%)	120 (22.02%)	
GED	38 (20.54%)	127 (23.30%)	
High school diploma	39 (21.08%)	114 (20.92%)	
Vocational/technical certification	14 (7.57%)	37 (6.79%)	
Some college	37 (20.00%)	87 (15.96%)	
Associate's degree	10 (5.41%)	24 (4.40%)	
Bachelor's degree	9 (4.86%)	27 (4.95%)	
Master's/advanced degree	4 (2.16%)	9 (1.65%)	

Baseline measure	Baseline mean for those who COMPLETED 12-week N (%)	Baseline mean for those who DID NOT COMPLETE 12 week N (%)	Difference (p-value of difference)
Living situation			0.008
Own home	10 (5.32%)	33 (5.95%)	0.25
Rent	34 (18.09%)	152 (27.39%)	0.0009
Live rent-free	16 (8.51%)	77 (13.87%)	0.006
Live in shelter, halfway house, or treatment center	108 (57.45%)	232 (41.80%)	
Live on streets, car, abandoned building	6 (3.19%)	18 (3.24%)	0.49
Other	14 (7.45%)	43 (7.75%)	0.28
Sample size	189	556	

## C. Outcomes Study Data Cleaning and Preparation

Table C.1. New skill logistic regression table

Supports (Yes vs. No)	Odds ratio (95% confidence interval)	p-value
Employment/job readiness	0.43 (0.05, 3.90)	0.45
Other education	0.79 (0.23, 2.70)	0.71
Career planning	1.02 (0.40, 2.63)	0.96
Employment resources	1.57 (0.83, 2.98)	0.16
Job search assistance	0.80 (0.25, 2.58)	0.71
Resume development	0.56 (0.05, 6.01)	0.63

<sup>\*</sup> Licensure/certification was excluded from the model as no one in the study population received licensure/certification support.

Table C.2. Job confidence statistics

Supports (Yes vs. No)	Degree of freedom	F value	p value
Employment/job readiness	220	0.51	0.48
Licensure/certification	220	0.01	0.93
Other education	220	0.26	0.61
Career planning	220	2.1	0.15
Employment resources	220	0.02	0.89
Job search assistance	220	0	0.99
Resume development	220	0.4	0.53

## D. Semi-structured interview guide

Table D.1. Qualitative assessment of the Suffolk County Fatherhood Initiative

   a   i	Thank you for agreeing to meet with me. My name is and I am on the Suffolk County Fatherhood Initiative research team at Stony Brook University. I am speaking with men today about their experiences of fatherhood, healthy relationships, and being part of SCFI. The insights gained from this discussion will help us understand how to make this program and
	programs like it better for dads and their families.
i	We on the research team will treat any information you share as confidential. We will not include your name or any information that could identify you in any reports we write. We will destroy the notes and audiotapes after we complete this study and publish the results.
	To express our appreciation for your participation in the study, you will be given a \$25 Visa gift card.
ļ	Do you have any questions before we begin?
Fatherhood: Social	What are sources of strain for you as a father?
support and strain	<ul><li>Probe: What makes life hard for you in terms of parenting?</li></ul>
	<ul> <li>Probe: Do any specific incidents standout to you?</li> </ul>
•	Probe: How have you dealt with these sources of strain?
	What are sources of support for you as a father?
	Probe: What helps you the most as a father?
	Probe: Who is helpful to you in your role as a father?
•	<ul> <li>Probe: Are there any groups you are a part of that provide support to you? (religious, cultural, other dads, school, etc.)</li> </ul>
	How do you identify culturally?
	Probe: Tell me more about your cultural background?
immigration influences	<ul><li>Probe: Would you say that you identify as bicultural (American and xyz)?</li></ul>
,	How does your cultural identity influence your parenting?
	Probe: Tell me about a time when your cultural background influenced your parenting.
•	<ul> <li>Probe: What specific things do you do as a dad that are linked to your cultural background?</li> </ul>
•	<ul> <li>Probe: Do you feel the need to keep connected to your cultural background for your child(ren)?</li> </ul>
	<ul> <li>Probe: Describe how you and your child(ren) keep connected to your cultural background?</li> </ul>
	Tell me about your immigration experience to the United States (if immigrant).
	Probe: What was your experience like immigrating to the U.S.?
	Probe: How long ago did you immigrate to the U.S.?
	Probe: In that time, have you visited your native country?
	Probe: How often do you visit your native country?
	How does your identity as an immigrant influence your parenting?
	<ul> <li>Probe: Tell me about a time when your immigrant background influenced your parenting.</li> </ul>

Section	Protocol
Fatherhood: Work	How has your work situation impacted your parenting?
and employment	Probe: What is your current employment situation?
	Probe: (How) Has your work situation changed over the time you've been a father?
Fatherhood:	Have you been incarcerated for any period since you became a father?
Criminal justice	If yes,
involvement	How did incarceration impact your parenting?
	Probe: How did you maintain connection with your children during your incarceration?
Fatherhood:	How many children do you have?
Fathering across	Do your children have the same mother or different mothers?
different	If different mothers:
relationships	Please describe your relationship with your children.
	Do you pay child support for each child?
	If so,
	How does that make you feel?
	How would you characterize the strength of your relationship with each child?
	<ul> <li>Probe: Do you feel like your relationship is stronger with the children from one mother opposed to others? Why?</li> </ul>
	How do the mothers of each child influence your relationship with your children? Explain.
	Probe: How do you feel fathering children from different women has affected your ability to parent?

Section Protocol

# Feelings about relationships

How many sexual relationships are you in right now?

Tell me about these relationships.

- Probe: How did you meet your partner?
- Probe: When did you meet your partner?
- Probe: What about your partner attracted you to her?
- · Probe: What are the things you like about this partner?
- Probe: What are things you dislike about this partner?
- Probe: How would you classify this relationship (serious, non-serious, fun, booty call, etc.).
   Why?

Did your partner have children when you met them? If so, how did this influence your decision to pursue the relationship?

• Probe: How did it affect your decision to treat this as a serious relationship versus a casual sexual relationship (or however the participant classifies the relationship)?

How has your participation in SCFI influenced how you interact with your partner(s)?

- Probe: Do you think there is a difference between how you interact with your partner now versus when you started SCFI? If so, what is that difference? (better, the same, worse)
   Why do think it has changed?
- Probe: What skills, if any, have you learned for dealing with your relationship?
- Probe: Can you think of a situation with your partner that you have dealt with differently now that you have attended SCFI than you would have before? Tell me about that specific situation.

Ask the following of all participants regardless if they identify as currently monogamous. Currently monogamous does not mean an individual would not engage or has not engaged in non-monogamous relationships:

How do you feel about monogamy?

- Probe: Do you believe men and women should be monogamous? Men? Women? Or both? Why?
- Probe: Do you believe monogamy is possible? Why?
- Probe: What are the benefits of monogamous relationships? Explain why you feel this way.
- Probe: What are the cons of monogamous relationships? Explain why you feel this way.
- Probe: What are the benefits of non-monogamous relationships? Explain why you feel this
  way
- Probe: What are the cons of non-monogamous relationships? Explain why you feel this way.
- Probe: Have you ever engaged in non-monogamous relationships? How would you characterize your experience?
- Probe: If you haven't ever engaged in non-monogamous relationships, would or have you
  ever considered doing so? Explain.
- Probe: What is the role of monogamous relationships on the wellbeing of children?
   Explain.
- Probe: What is the role of non-monogamous relationships on the wellbeing of children?
   Explain.

Section	Protocol
Experience at SCFI	How did you hear about SCFI initially?
	What made you come to the program your first time?
	Tell us about your relationship with SCFI staff.
	Probe: Who do you connect with the most? What was their role?
	Probe: What were additional relationships like?
	If not addressed earlier under "Support,"
	Did you get to know other dads in the program?
	<ul> <li>Probe: Tell us about another dad you connected to? What do you get out of that friendship?</li> </ul>
	Probe: Do you talk to the other dads outside of SCFI?
	Were you part of the text messaging program?
	If so,
	What do you think of the text messaging program?
	Probe: What do you like about receiving text messages?
	Probe: What do you dislike about receiving text message?
	Probe: What is one text message you remember?
	Probe: Did the text messages make you feel more connected to the program? If so, how?
	Firstly, have a solid and describe this management of solid and so
	Finally, how would you describe this program if someone asked you about it?
Final thoughts	Those were all the questions I wanted to ask. Is there any additional information you would like me to know about your experiences of fatherhood, relationships, or SCFI specifically?

## E. Referral sources

Table E.1. Referral sources

Type of program	Number of referrals
Family shelter	228
Substance use programs	203
Corrections	222
Community based program	59
Other	44
Housing program	14
Religious/Spanish language	10
Religious organization	9
Veteran serving organization	3
Community/Spanish language	3
Mental health	2
Domestic violence	1
Total	798

## F. Data Collection Instruments

To be provided upon request.