



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

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

DYCD is requesting that programs administer this questionnaire to all program participants **quarterly**: within the first month, and then after 3 months of participation, 6 months of participation, 9 months of participation, and 12 months of participation. If a participant exits the program early, the survey should be conducted prior to exit, if possible.

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

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

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

Please contact us if you have any questions.

Scott Leach  
646-343-6424  
sleach@dycd.nyc.gov

[This page intentionally blank.]

# The Fatherhood Initiative: Measuring Program Outcomes

Questions for Fathers: Initial Survey

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

**ASSESSMENT SCORE:** After you complete this questionnaire enter scores here:

**ENGAGEMENT**

**FINANCIAL**

## I. INTRODUCTION

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

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

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

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

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

[PLEASE MAKE CHOICE BELOW FROM FATHER'S ANSWER OR ASK:] (Check a box)

☐ Mandated by court or government agency: [NAME AGENCY] \_\_\_\_\_

☐ Referred (recommended/suggested) by \_\_\_\_\_

☐ Self-referral

2. How many dependent children do you care for? \_\_\_\_\_

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

	Last Name, First Name	Age	M/F	Enrolled in DYCD programs?
Example:	Williams, Tray	6	M	Bronx Beacon Center
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

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

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

## II. **Co-Parenting**

4.(1) With whom does (Name of Child) live now? [PLEASE MAKE CHOICE BELOW FROM FATHER'S ANSWER]

<input type="checkbox"/> Lives with mother only	<input type="checkbox"/> Lives with other family member
<input type="checkbox"/> Lives with father only	<input type="checkbox"/> Lives with both father and mother
<input type="checkbox"/> Foster care arrangement – with relative	<input type="checkbox"/> Split custody between mother and father
<input type="checkbox"/> Foster care – with non-relative	<input type="checkbox"/> Other _____

5.(2) How frequently are you in contact with the mother/guardian of (Name of Child),? [PLEASE PICK THE CLOSEST ANSWER CHOICE.]

☐ No Contact   ☐ Less than Monthly   ☐ Monthly   ☐ Weekly   ☐ Daily

5a (11). What is your goal for being able to Co-parent with your child's Mother/Guardian?

<input type="checkbox"/> Work on Communication	<input type="checkbox"/> Visit with child	<input type="checkbox"/> Work on financial agreement
<input type="checkbox"/> Learn methods of how to raise our child(ren).	<input type="checkbox"/> Other _____	

6. (3) On a scale from very easy to very difficult, how easy is communication between you and (Name of Child's) mother/ guardian?

☐ very easy   ☐ easy   ☐ difficult   ☐ very difficult

7(4). Compared to three months ago, how well do you get along with the mother/  
guardian of this child?

- ☐ Much better   ☐ Somewhat better   ☐ About the same  
☐ Somewhat worse   ☐ Much worse

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

### ***III. Fathers and Child Engagement***

---

***IF FATHER HAS NO INPERSON CONTACT WITH CHILD, SKIP TO, QUESTION 10. IF  
FATHER LIVES WITH CHILD, SKIP TO, QUESTION 15.***

8(12). Do you have a court order or agency order that regulates or specifies how  
often  
you can see (Name of Child)?   ☐ Yes   ☐ No

8a. **IF YES:** Are these supervised or unsupervised visits?   ☐ Supervised   ☐ Unsupervised

9.(5) In the last three months, how often did you see (Name of Child) face to face? [PLEASE  
PICK THE CLOSEST ANSWER CHOICE.]

- |  |  |
|--|--|
| <input type="checkbox"/> Have not seen/met child                   | <input type="checkbox"/> Two visits per month (bi-weekly, once<br>every 2 weeks, every other week) |
| <input type="checkbox"/> No contact in the past year or longer     | <input type="checkbox"/> Once a week   |
| <input type="checkbox"/> Less than once per month in the past year | <input type="checkbox"/> More than once/week   |
| <input type="checkbox"/> Once per month on average in the year     | <input type="checkbox"/> Daily   |

10. What are the reasons you do not have any in-person contact with your child? [CHECK ALL  
THAT APPLY]

- ☐ Legal Order (Order of protection / Restraining order)  
☐ Mother or guardian will not allow contact  
☐ Do not have good relationship with child's mother or guardian  
☐ Do not have time (work schedule)  
☐ Do not have money for activities  
☐ Need to take care of other responsibilities / Looking for a job  
☐ Have never seen or met child  
☐ Incarceration  
☐ Transportation problems  
☐ Child lives out of state/Live far away from child  
☐ Other [WRITE IN]\_\_\_\_\_

11.(6) Can you estimate the number of hours **per week** in a typical week you see (Name of  
Child)? \_\_\_\_\_  
0\_\_\_\_ 1-3\_\_\_\_ 4-6\_\_\_\_ 7-10\_\_\_\_ 11-23\_\_\_\_ 24-35\_\_\_\_ 36-47\_\_\_\_ 48+\_\_\_\_

12.(7) Do you see (Name of Child) during the \_\_\_\_\_ week?   ☐ Yes   ☐ No  
(8) weekend?   ☐ Yes   ☐ No

**Compared to three months ago, do you see you child more or less often. Select Question 13 or 14**

13.(9) Why do you see this child more often? [CHECK ALL THAT APPLY]

- ☐ Relationship with child has improved
- ☐ Relationship with this child's mother or guardian has improved
- ☐ Live closer to this child
- ☐ Have more time (better work schedule, etc.)
- ☐ Have made more of an effort to see this child
- ☐ Child is at a better age for visiting
- ☐ ACS foster care allowing more visits
- ☐ Feeling more determined to be a good parent
- ☐ Visitation order changed
- ☐ Other

14.(10) Why are you seeing this child less often? [CHECK ALL THAT APPLY]

- ☐ Relationship with child is worse
- ☐ Relationship with this child's mother or guardian is worse
- ☐ Live farther away from child
- ☐ Have less time (busy work schedule, etc.)
- ☐ Child removed by ACS foster care
- ☐ Court changed visitation order
- ☐ Change in custody
- ☐ Restraining order
- ☐ Transportation problems
- ☐ Other

#### **IV. Financial Support**

---

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

15.(13) Do you provide any form of financial support (including formal or informal arrangements of child support, cash or gifts) for (Name of child)?

- ☐ Yes      ☐ No

16.(14) **IF YES:** What is your arrangement for child support? [CHECK ONE ANSWER]

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

17.(15) Are you in arrears (owe back payment for child support)?      ☐ Yes      ☐ No

18.(16) Within the past 3 months, have you paid child support each time it is due?

- ☐ Yes      ☐ No

19.(17) Do you pay child support in full ☐ Yes      ☐ No

20. Do you give money directly to the child (e.g., allowance)? ☐ Yes ☐ No ☐ N/A  
 If yes, How often? \_\_\_\_\_ and How much \$ \_\_\_\_\_

**IF FATHER IS IN ARREARS OR DOES NOT PAY IN FULL/EACH TIME IT IS DUE, ASK Q21**

21. What is the reason you can not / do not provide child support—at all or in full? Is it any of these reasons? [READ ALL OPTIONS AND CHECK ALL THAT APPLY]

- ☐ I don't have the money
- ☐ I think the other parent doesn't need the money
- ☐ I think the child is not mine
- ☐ The other parent has a new partner who can help support the children
- ☐ I have some disagreements about how the mother/guardian budgets the money
- ☐ I have some disagreements about visitation
- ☐ I have another family to support
- ☐ My child support order is too high and I need a modification
- ☐ Court ordered shared 50/50
- ☐ Child's mother has not gotten order of support
- ☐ Child's mother is on public assistance
- ☐ I receive some form of government assistance
- ☐ I receive unemployment
- ☐ Other: \_\_\_\_\_

**IV. Other Support**

22. I will read you a list of some ways that fathers provide support to their children, other than child support payments. During the past three months, how often have you given (Name of Child), or his/her other parent assistance by:

	Almost every time it was needed	About half the times it was needed	Less than half the times it was needed	Never or almost never	N/A
a. Paying Child's cell phone bill	4	3	2	1	0
b. Making or help with mortgage or rent payments for child's living arrangement	4	3	2	1	0
c. Providing or help with education or school expenses, such as daycare, school supplies, uniforms. etc.	4	3	2	1	0
d. Providing household financial support, for example (food, utilities, household items such as toilet paper, dish soap, laundry detergent)	4	3	2	1	0
e. Support with child's medical cost for child's needs, such as doctor bills, medical insurance, etc.	4	3	2	1	0

f. What other activities do you do to take care of your child, and how often do you do them?

1). \_\_\_\_\_

2). \_\_\_\_\_

3). \_\_\_\_\_

23. I will list some day-to-day activities fathers may do to help take care of their children.

During the past three months how often were you able to do these things with your child. You can also add your own activities at the end of my list.

	Almost every day	Several times a week	Several times a month	Almost never or never	N/A
a.(18) Transportation, for example, take or pick up from [YOUNGER:] <u>baby-sitter</u> , daycare or [OLDER:] school	4	3	2	1	0
b.(19) Assistance with daily routine, for example, [YOUNGER:] wash, bathe, dress, brush teeth or [ALL:] put to bed	4	3	2	1	0
c.(20) Share mealtime, for example, [YOUNGER:] prepare bottles, feed, [OLDER:] prepare meals, eat meals together	4	3	2	1	0
d.(21) Help [YOUNGER:] learn new things [OLDER:] with homework	4	3	2	1	0
e.(22) Taken your child to a healthcare professional?	4	3	2	1	0
f.(23) Attend school or place of learning?	4	3	2	1	0

24. Compared to three months ago, are you more or less satisfied with the amount of time you spend with this child?

☐ More satisfied ☐ About the same as three months ago ☐ Less satisfied



25. Through the program, did you improve in any of the following areas?

Through the program, did you improve:	Yes	No
Encouraging your child to succeed in school		
Partnering with your child's mother in the raising of your child		
Giving your child encouragement and emotional support		
Attending events your children participate in (sports, school, other events)		

**V. NEEDED BENEFITS & SERVICES:**\_\_\_\_\_

26. What if any additional service do you feel you need?

Access Services	Need	Improve	Working on	Completed or Achieved
Educational or Vocational services				
Adequate and safe housing				
Employment				
Needed health or health care services				
Health care insurance				
Help to enroll my child or family member in a DYCD program				
Other:				

**FOR THE CASE MANAGER:**

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

I \_\_\_\_\_ have answered all of the questions in this survey truthfully to the best of my knowledge. This survey was administered by \_\_\_\_\_ of \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_.

Participant/ Father \_\_\_\_\_ Date: \_\_\_\_\_

Administering Staff \_\_\_\_\_ Date: \_\_\_\_\_