

Coparent Interview Protocol

Thank you for taking the time to talk with us. My name is [NAME] and [NAME] is also joining us to take notes. We work for Child Trends, a nonprofit research center in Washington, D.C. We're interested in hearing about your relationship with the fathers you coparents with, your experience with [FATHERHOOD PROGRAM], and your perceptions about how [FATHERHOOD PROGRAM] might better serve fathers and coparents. We don't work for [FATHERHOOD PROGRAM] – we have been contracted by the Administration for Children and Families (ACF) to learn more about programs like [FATHERHOOD PROGRAM]. The study's overall goal is to better understand how fatherhood programs support and can better support fathers' healthy coparenting and romantic relationships.

As we're talking today, please keep in mind there are no right or wrong answers to the questions we're going to ask. You're the expert, and we want to hear your honest answers – positive or negative. Honest feedback will help us the most.

Before we start, I'd like to check to see if you received the consent form we sent?

[IF NO]: [GATHER INFORMATION NEEDED TO RESEND THE CONSENT FORM AND TELL PARTICIPANT WE WILL BE SENDING IT].

[IF YES]: Have you had a chance to read it? [WAIT FOR RESPONSE]

[IF PARTICIPANT DID NOT RECEIVE OR HAS NOT READ CONSENT] OK, I will read it to you. [READ CONSENT FORM, THEN PROCEED TO "ALL PARTICIPANTS" SECTION BELOW].

[IF PARTICIPANT HAS RECEIVED/READ CONSENT] Great. I'll just briefly summarize some of the main points from the consent form.

If there is a question you do not want to or do not feel comfortable answering, please let us know and we will skip to the next question. Your participation is voluntary, and you are free to stop the interview at any time. However, your opinions are important to us, so we hope you will stay for the whole time. Today's conversation may take up to 90 minutes, followed by a survey that may take up to 15 minutes.

What you say here will be kept private. No one outside the study team will have access to the information you share with us. Your name will not be shared or associated with your opinions, and we will not share who participated in the interviews. Your responses will be combined with responses from others who are participating in these interviews and may be shared in aggregate in published documents or with [FATHERHOOD PROGRAM]. Quotes from your interview may be included in published documents, but the quotes will not be attributed to you, so your information will remain private.

We will take notes and record the interview, so we can make sure that we don't miss important details. If you would like us to turn off the recorder at any point, please ask and we will do so. Only the study

team will have access to the recordings. Once we capture all the information on paper, we will delete the recordings.

The consent form also has contact information for the study's Principal Investigator as well as the Institutional Review Board that is in charge of ensuring our study follows certain guidelines regarding participant rights. You can contact them with any comments or concerns you have about participating in this study.

[ALL PARTICIPANTS] Because this is a federally-funded project, I have to read a couple of sentences to you before we begin. *According to the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for the described information collection is 0970-0540 and the expiration date is 02/28/2021. If you have comments regarding this estimated interview length or any other aspect of this collection of information, including suggestions for reducing the interview length, please send them to Mindy Scott at Child Trends, 7315 Wisconsin Ave, Suite 1200W, Bethesda MD 20814; Attn: OMB-PRA [NUMBER].*

Do you have any questions before we get started?

Do you agree to participate in this interview?

Do you agree to be recorded?

INTRODUCTION

- 1) We'd like to hear a little bit about your relationship to the father who is participating in **[FATHERHOOD PROGRAM]** and his children. For example, are you his children's biological mother or do you have a different relationship to them?
- 2) So that I can refer to him during this interview, could you tell me his first name?

BEING A COPARENT

Thank you for sharing. We'd now like to hear from you about what it's like to raise a child. We know that there are some things about raising kids that are easy and some that are not so easy.

- 3) What are some of the things you enjoy about being a parent or parent-figure (someone who plays a significant role in raising a child)?
- 4) We know being a parent or parent-figure can be challenging. What are some of the things that you find hard or difficult about it? [**Probe** by saying "Can you tell me more about that?"]
 - a. **Probe:** What are some things that cause you or other parents stress?

COPARENTING RELATIONSHIPS

Next, we're hoping to learn more about some of the relationships in your life, specifically your relationships with the father who is enrolled in **[FATHERHOOD PROGRAM]**. We will refer to these as "coparenting relationships" or "parenting relationships" in the next questions.

- 5) What is it like to parent with **[FATHER'S NAME]**?
 - a. **Probe:** What kinds of interactions do you have?
 - b. **Probe:** [IF CHALLENGES OR SUCCESSES ARE MENTIONED, **probe** further into what the challenges/positive aspects are, by asking] "What do you think works well/does not work well?"
 - c. **Follow up:** [IF CHALLENGES ARE NOT MENTIONED] All parents face challenges with others who help them raise their children. Do you have any difficulties parenting with **[FATHER'S NAME]**?
 - i. **Follow up:** What do you think contributes to these [INSERT CHALLENGES OR SUCCESSES]?
 - ii. **Probe:** What do you think would make your relationship with **[FATHER'S NAME]** stronger?
- 6) In what ways has your parenting relationship with **[FATHER'S NAME]** been affected by any changes or disruptions caused by the coronavirus?
 - a. **Probe:** How, if at all, have you had to change how you parent with **[FATHER'S NAME]** because of any changes or disruptions caused by the coronavirus? [IF NEEDED]: For example, have responsibilities for taking care of your children shifted or changed? If so, how?
 - b. **Follow up:** Are there any skills or strategies that you would like to learn to help navigate these changes?

COPARENT INVOLVEMENT IN PROGRAMMING

Now we are interested in learning more about the ways you are or could be included in services or activities offered at **[FATHERHOOD PROGRAM]**. In the next section we will use the term *coparents* to refer to you as individuals who share responsibility for parenting or raising a child or children.

- 7) Does **[FATHERHOOD PROGRAM]** offer services or activities that you, as a coparent, could attend? *If they say no, go to Q17 in the Looking Ahead section.*
- 8) [IF SERVICES/ACTIVITIES ARE OFFERED]: What are these services?
 - a. **Probe** "Can you tell me more about that?" or "What does that look like?"
 - b. **Probe** for whether services are offered for coparents separately or with the father.
- 9) [IF SERVICES/ACTIVITIES ARE OFFERED]: How did you first hear about [SERVICES MENTIONED IN Q8]?
- 10) Have you participated in these services?
 - a. [IF ATTENDED] How many classes/activities did you attend?

- b. Tell me about some of the reasons you do or do not attend the services.

11) [IF ATTENDED]: What do you discuss or do in these classes/activities?

- a. **Probe:** Can you tell me about anything that came up specifically related to coparenting relationships? *Interviewer note: we want to know about what is discussed related to the relationship with the father in the program, including anything related to coparenting more broadly (e.g., communication, getting along well enough to coparent).*

COPARENT ASSESSMENT AND RECOMMENDATION OF SERVICES (COPARENT AND/OR HEALTHY RELATIONSHIP)

12) [IF ATTENDED] What, if anything, did you learn?

- a. Follow up: Do you feel like what you learned was useful to you? [IF NEEDED] Tell me more about that. Do you feel like it would be relevant to the other coparents?
- b. Follow up: Have you found yourself using any of the skills you learned about coparenting or romantic relationships from [FATHERHOOD PROGRAM] to help navigate any changes or disruptions caused by the coronavirus? If so, can you tell me about how and why you used these skills?

13) [IF ATTENDED]: What, if anything, did you really like about [SERVICES MENTIONED IN Q8]?
Interviewer should reference answers given to Q8.

14) [IF ATTENDED]: What, if anything, did you not like, or think could be better about [INSERT SERVICES MENTIONED IN Q8]? Is there anything missing?

- a. **Probe:** Tell me about the atmosphere participating in [SERVICES MENTIONED IN Q8]? (e.g., was it a friendly atmosphere to come to, describe the facilitation)?
- b. **Probe:** Was it easy or more difficult to connect with the staff and other participants? [IF NEEDED]: Tell me more about that.

15) [IF ATTENDED] What does [FATHER'S NAME] think about you attending these services?

LOOKING AHEAD

The next few questions are about things that programs could do to support coparents.

16) What could [FATHERHOOD PROGRAM] or programs like it do to help support coparenting relationships? **Probe:** What kind of services or activities related to coparenting would be most helpful?

- a. **Probe:** What do you think these kinds of services or activities should look like? **Probe** for number of sessions/classes they'd ideally attend, whether they'd attend with the father or separately, and what topics the services would cover.
- b. Follow up: Now thinking about [FATHER'S NAME], what services or activities do you think would be most helpful for [FATHERHOOD PROGRAM] to offer fathers like him?

- c. Follow up: If these services or activities existed, how could **[FATHERHOOD PROGRAM]** or programs like it encourage fathers to participate?

CLOSING

Thank you for sharing your thoughts on this. We are coming now to our last few questions.

- 17) [IF PARTICIPANTS MENTIONED ANY SYSTEMS OR AGENCIES EARLIER]: Earlier you mentioned **[SYSTEM OR AGENCY]**. Are there any ways in which **[SYSTEM OR AGENCY]** affects your coparenting relationship? Can you think of any [other] systems or agencies that affect your coparenting relationship, either positively or negatively?
 - a. **Probe**: [IF PARTICIPANTS ARE HAVING DIFFICULTY ANSWERING] For example, social systems, legal systems, community or school systems, child support, child protective services, domestic violence agencies, etc.
 - b. Follow up: What are the steps other systems or agencies can take to help make your coparenting or romantic relationships better?

- 18) [IF PARTICIPANT DID NOT MENTION ANY SYSTEMS OR AGENCIES EARLIER]: Sometimes there are external factors that can affect people’s coparenting relationships. We’ve already talked about how any changes or disruptions caused by the coronavirus have affected your coparenting and romantic relationships. Can you think of any other external factors that affect your coparenting relationship, either positively or negatively?
 - a. **Probe**: What about systems or agencies like social, legal, community, or school systems, or specific agencies, like child support, child protective services, or domestic violence agencies?

- 19) Is there anything that we didn’t touch on today that you want us to know? Do you have any final comments or suggestions related to **[FATHERHOOD PROGRAM]** or **[COPARENTING SERVICES]**?

We really appreciate you taking the time to talk with us today, thank you!

Before you go, we have a quick survey we’d like to complete with you. [ADMINISTER BRIEF QUESTIONNAIRE]