

Instrument 3: SIRF Follow-Up Meeting with Program Participant Protocol

Strengthening the Implementation of Responsible Fatherhood Programs (SIRF)

Semi-Structured Phone Protocol with Program Participant

My name is _____, and I'm a researcher with MDRC/MEF/Insight Policy Research. We are working with the Administration for Children and Families' Office of Planning, Research, and Evaluation on a project called Strengthening the Implementation of Responsible Fatherhood Programs (SIRF). The project is trying to learn more about the implementation challenges and effective solutions that Responsible Fatherhood programs, or programs like them, face.

The main purpose of this meeting, and similar meetings with other fathers, is to learn about your experience in [insert name of program]. We are also interested in learning about challenges you faced to successfully participate in [insert name of program], and to hear any ideas you have to improve the experiences of fathers in [insert program name].

Please know that talking to us is completely voluntary, and you can choose not to answer any question you don't want to answer, or to leave the discussion entirely without any penalty. The discussion will last approximately 1 hours. If you complete only part of the discussion, we may use the information you shared before that point to better understand the program.

Any information you share will be kept private and will not be used to evaluate you in any way.

I'll be taking some notes in order to keep track of what we discussed here today.

They'll be stored securely. They will not be shared with anyone outside of the research team.

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 # for this information collection is 0970-0356 and the expiration date is 6/30/2021.

Do you have any questions?

Are you willing to still participate in this discussion?

About the Participant

- a. What services have you participated in at [insert program name]?
- b. How long have you participated in services at [insert program name]?
- c. How many children do you have? How old are they?

Recruitment and enrollment

- a. How did you first learn about [insert program name]?

- b. Why did you decide to participate in [insert program name]?
- c. Do you have specific goals for participating in [insert program name]?
- d. What information about [insert program name] did you want to know before deciding to participate?
 - a. Did you face any challenges finding the information you were looking for?
- e. What other ways would it have been helpful to learn about [insert program name] and their services for fathers?
- f. What was the process to enroll in services at [insert program name]?
 - a. Did you face any challenges?
 - b. What did you like about the process?
 - c. How long did it take you to enroll (from the time you first had contact with the program to when you started receiving services)?

Engagement and Retention

- a. What services did you find most helpful at [insert program name]?
- b. What services did you find least helpful at [insert program name]?
- c. What are ways [insert program name] could improve their services for fathers?
 - a. Are there ways that [insert program name] could better address your needs?
 - b. Are there ways that increased peer support could be more helpful?
 - c. Are there ways the format or scheduling of services could be adjusted to make it easier for you to participate?
- d. Why have you continued participating in services at [insert program name]?
 - a. Are there things that staff could have done that that would have been helpful?
- e. What challenges do/did you face to stay in the [insert program name]?
 - a. What are reasons you would consider leaving [insert program name]?
 - b. Are there things that staff have done to encourage you to stay in the program?

Other Challenges and Innovative Ideas

- a. Are there any other challenges that you faced related to participating in services at [insert program name]?
- b. What participation challenges have you faced related to the COVID-19 pandemic? How has [insert program name] responded to these challenges?
- c. What are other ways you think [insert program name] could improve the experience of fathers?

NOTE: The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to gather preliminary information about the fatherhood field and explore with fatherhood programs the research questions that are of interest and the design options that are feasible. Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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 this information collection is 0970 - 0356 and the expiration date is 6/30/2021. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Charles Michalopoulos; Charles.Michalopoulos@mdrc.org, and Dina Israel; Dina.Israel@mdrc.org; Attn: OMB-PRA (0970-0356).