

Instrument 4 – Fatherhood TIES Reflections from Fathers

MDRC will develop an electronic data collection approach using Qualtrics that the program staff at each site can use to solicit reflections from fathers to learn more about the intervention’s implementation and impact. All possible questions are noted below but the exact deployment of them will depend on the interventions being tested with each site.

Hello! [Program name] is partnering with [MDRC](#), a nonprofit organization, to learn how to better support fathers in their program. The project is called Testing Identified Elements for Success in Fatherhood, or [Fatherhood TIES](#). [Program name] is one of four fatherhood programs involved in this project.

As part of this project, we'd like to hear about your experiences with [program name] by asking you a few questions. Your responses will help the program to better engage fathers in their services. Your responses will also be combined with those from the other programs participating in the project to come up with ideas for how fatherhood programs nationwide can be better in the future.

It will take about 15 minutes to give your feedback. We will not ask you to provide any personal information. Your responses will be kept private. Providing your feedback is your choice. There is no penalty for not answering these questions.

If you have questions about this project, you can reach out to MDRC by email (TIES@mdrc.org) or call the Fatherhood TIES hotline at (855) 907-6696.

This project is funded by the U.S. Department of Health and Human Services.

PRIVACY STATEMENT: This survey is covered by the Privacy Act. This means that your participation is voluntary, so you can decline to participate. If you decide to decline to participate, you may lose the chance to receive innovative services that may help you achieve your goals in your work and family life. The purpose of this study is to find out which parts of fatherhood programs are the most effective at improving the lives of participating fathers and their children and co-parents. The information you provide may be shared with state and federal agencies and researchers involved in similar work. The legal authority for this project is [insert funding stream for the project]. If you would like more information about this project, please see Systems of Records Notice (SORN) 09-80-0361, OPRE Research and Evaluation Project Records.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is 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 15 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. The answers you give will be kept private. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is XXXX-XXXX and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact Dina Israel; Dina.Israel@mdrc.org, and Michelle Manno; Michelle.Manno@mdrc.org ; Attn: OMB-PRA (XXXX-XXXX).

<p>Consent 1.</p>	<p>Given what you just read about the purpose of this project, please select a response below.</p> <ul style="list-style-type: none"> ▪ I agree to provide my feedback about [name of program] to help the program and the Fatherhood TIES project to learn how to better support fathers. I understand that no personal information will be collected about me. ▪ I do not agree to provide my feedback about [name of program]. I understand that there is no penalty for now answering these questions. [move to Exit_no_consent] 	
<p><i>Question series for fathers who did attend during the timeframe in question.</i></p>		
<p>2.</p>	<p>Have you ever found it challenging to attend services offered by [program name]?</p>	<ul style="list-style-type: none"> ▪ Yes [move to 3] ▪ No [skip to 6]
<p>3.</p>	<p>What <u>challenges have you had</u> participating in [program name]?</p> <p>Select all that apply</p>	<ul style="list-style-type: none"> ▪ Personal/family issues [move to 4] ▪ Not convenient time or location [skip to 5] ▪ Computer or internet access issues Topics are not interesting or don't apply ▪ Staff issues ▪ Mandatory Program requirements ▪ Other (Please specify)
<p>4.</p>	<p>What type of personal or family issue?</p> <p>Select one.</p>	<ul style="list-style-type: none"> ▪ Lack of childcare ▪ Living situation ▪ Legal or law enforcement issues ▪ Conflict with child's other parent ▪ Other (please specify)
<p>5.</p>	<p>What specifically made it inconvenient?</p> <p>Select one.</p>	<ul style="list-style-type: none"> ▪ Work scheduling conflict ▪ Other scheduling conflict ▪ Not easy to get to/transportation ▪ Other (Please specify)

<i>Question series for fathers who did attend during the timeframe in question.</i>		
<p>6.</p>	<p>What aspect of [program name] do you think have been <u>most</u> helpful in helping you work towards your co-parenting, co-parenting, or financial goals?</p> <p>Select all that apply.</p>	<ul style="list-style-type: none"> ▪ The program topics ▪ Help with employment ▪ Help with parenting issues ▪ Help with co-parent relationship ▪ Help with child support ▪ Help legal issues ▪ Cash assistance ▪ Financial counseling/advice ▪ One-on-one sessions with staff ▪ Group session with other fathers ▪ None of the above
<p>7.</p>	<p>How well has the [name of program] tailored their programming to help you meet your financial/parenting/co-parenting goals?</p>	<ul style="list-style-type: none"> ▪ Extremely well ▪ Very well ▪ Somewhat well ▪ Not so well ▪ Not well at all
<p>8.</p>	<p>In what ways did the programming feel tailored to your financial/parenting/co-parenting goals?</p>	<ul style="list-style-type: none"> ▪ The program topics ▪ The way the programming was delivered ▪ Support provided outside of workshop sessions ▪ Other (please specify) ▪ Program did not feel tailored
<p>9.</p>	<p>Did [program name] deliver program content in group or one-on-one sessions?</p>	<ul style="list-style-type: none"> ▪ Group sessions ▪ One-on-one sessions ▪ Both group and one-on-one sessions
<p>10.</p>	<p>How well did the program content help you move toward your financial/parenting/co-parenting goals?</p>	<ul style="list-style-type: none"> ▪ Extremely well ▪ Very well ▪ Somewhat well ▪ Not so well ▪ Not well at all

11.	How satisfied are you with the quality of programming you received?	<ul style="list-style-type: none">▪ Very satisfied▪ Satisfied▪ Neither satisfied nor dissatisfied▪ Dissatisfied▪ Very dissatisfied
12.	How satisfied are you with the amount of programming you received?	<ul style="list-style-type: none">▪ Very satisfied▪ Satisfied▪ Neither satisfied nor dissatisfied▪ Dissatisfied▪ Very dissatisfied
13.	How much do you feel that the services you received helped improve your parenting, co-parenting, or financial situation.	<ul style="list-style-type: none">▪ A great deal▪ A lot▪ A moderate amount▪ A little▪ Not at all
Exit_responder	Thank you for responding! Your input will help [program name] to improve! We wish you success in reaching your goals.	
Exit_no_consent	Thanks for considering. We wish you all the best on your fatherhood journey.	