



If the shoes fit . . .

Final Report and
Program Implementation Guide
of the Maine Young Fathers Project

If The Shoes Fit:

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of the Maine Young Fathers Project**

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The Maine Young Fathers Project*

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Chapter One

Introduction and Background of Project

The Maine Young Fathers Project was a two-and-a-half-year demonstration research project funded by the Office of Human Development Services' (OHDS), National Center on Child Abuse and Neglect (NCCAN). The Project was administered and evaluated by the Human Services Development Institute (HSDI) which is an applied social research center at the University of Southern Maine in Portland. The Project was conducted from October, 1987 until March, 1990.

The OHDS priority area for this project was "Models to Assist Teenage Parents in Preventing Child Abuse and Neglect." This project was the only one funded which focused exclusively on young fathers. The target population for this project was young fathers of children born to teenage mothers. Clients included any father, either biological or active parenting, up to the age of 24 years who voluntarily chose to participate. During the federally funded life of this project fifty-three (53) young fathers were served at two project sites (one urban and one rural). The rural site was at the Aroostook County Action Program (ACAP) in Presque Isle and the urban site was Young Men's Christian Association (YMCA) in Portland. A third site (rural), the Regional Medical Center of Lubec, attempted to develop a project but dropped out early on.

The project set forth both systemic and impact goals and objectives. The systemic goals and objectives, dealing with program design, administration, and evaluation, were the focus of the first year of the project. The impact goals and objectives, which were client focused, were the focus of the final year and a half of the project.

The systemic goals and objectives were as follows:

Systemic Project Goals

- ◆ To create a *comprehensive service plan* for involving fathers of children born to teenage mothers in Maine in programs and services which exist for pregnant and parenting teenage women at *two* (one urban and one rural) *demonstration sites*.
- ◆ To create a plan for *utilizing community volunteers* in the active *outreach, recruitment, and involvement of young fathers in case management services* designed to assist them in meeting their social and financial responsibilities as parents.
- ◆ To establish *administrative and management systems* to carry out the program.

Systemic Project Objectives

- ◆ To identify and increase the programs and services available and to establish service priorities to assist young fathers in achieving social and financial responsibility.
- ◆ To improve access to and better coordination of services needed by young fathers.
- ◆ To develop and install mechanisms and procedures by which the effectiveness of the system may be evaluated.
- ◆ To prepare the demonstration site projects to identify, actively involve and guide young fathers who are in need of service in the community.

The impact goals and objectives were as follows:

Impact Project Goals

- ◆ To facilitate the *constructive engagement* by fathers of children born to teenage mothers in Maine in the development of their children, thereby *reducing the incidence of abandonment*.
- ◆ To engage fathers in *reducing the burdens on teenage mothers* arising from raising children alone and in providing emotional support to lessen the risk of abuse and neglect.
- ◆ To obtain the participation of young fathers in *avoiding subsequent unplanned pregnancies* of adolescent females.
- ◆ To encourage these fathers to become *self-sufficient*, fully capable of *meeting their obligations* to their children.

Impact Project Objectives

- ◆ To increase the participation of fathers in those programs directed to *parent training* and *family management* that will give them a basis for constructive engagement in the development of their children.
- ◆ To develop methods by which *volunteers* and the community at large may *increase the constructive participation* of fathers in assuring the physical and emotional well-being of teen mothers and their children.
- ◆ To increase the participation by fathers in classes or counseling sessions focused on *family planning*.
- ◆ To increase the utilization of services by fathers that lead them toward *self-sufficiency*; particularly *educational, employment training and job placement programs*.
- ◆ To increase the numbers of *paternity establishment* and child support payment agreements by fathers of children born to teenage women.

The model proposed to be implemented for the Maine Young Fathers Project combined the essential features of two existing models. One of the models was the Maine Family Service Integration Demonstration (FSID), an OHDS-funded project which targeted single parent families headed by teenagers. This project's objective was to develop a statewide system in which the needs of multiproblem families could be identified in order of their priority and by which services may be integrated and combined, thus improving the service delivery and outcomes for the target population. This case management project created and utilized an innovative goal attainment scaling (GAS) mechanism to focus client service planning on behavioral outcomes. It was proposed that this GAS system would be adapted to fit the needs of young fathers.

The other model which the Maine Young Fathers Project relied on was that of the Fathers Project at the Teenage Pregnancy and Parenting (TAPP) Project in San Francisco. This project was one of eight Ford Foundation funded Teen Father Collaboration Projects conducted from 1983-85. Essential features of this project to be adopted by the Maine Young Fathers Project included:

- ◆ an active client outreach component which utilizes several strategies (media, community presentations, networking with other service agencies, etc.) to effectively locate young fathers and recruit them into the program.
- ◆ provision of case management for young fathers which includes an assessment of client needs and development of specific case plans to fit the individual needs.
- ◆ offer an array of services, through community referral to assist the young fathers in becoming responsible parents (such as job placement services, paternity establishment, family planning counseling) as well as services to promote a nurturing role for the young father (such as alternative birthing classes and parenting skills).

Other features of the proposed Maine Young Fathers Project model not borrowed from the above-mentioned existing models were:

- ◆ a volunteer component utilizing men in the community to serve as mentors and advocates for the young fathers.
- ◆ a strong emphasis on the establishment of legal paternity to assure young fathers their legal rights to their children and to formalize their financial responsibility (child support).

The Maine Young Fathers Project proposed to develop and implement this program model at two sites in Maine, one rural and one urban. Final outcomes for the project were to include:

- ◆ an evaluation of the effectiveness of the program model including:
 - outreach component
 - case management component
 - goal attainment scale (GAS) system
 - volunteer mentor component
- ◆ a profile of the urban and rural young fathers in Maine.

This is the final report of the Maine Young Fathers Project. In the following pages the project and its outcomes will be described in detail. In each section the reader will find "Hints for Program Implementation" which are suggestions based on the author's participation in this two-and-a-half year effort and also the two-year Teen Father Collaboration.

Chapter Two

Developing Project Design and Selecting Demonstration Sites

Convening a Statewide Project Planning Group

The primary focus of the first year of the project was to develop the project design and then select the two sites (urban and rural) to carry out the demonstration. The Maine Young Fathers Project was the first and only project in Maine designed to serve young fathers of children born to teenage mothers. An important first step at the inception of this project was to organize a statewide project planning group. Members were selected based on their expertise of the issues faced by teenage parents, and knowledge of the service system designed to help them. The following agencies/organizations were represented on the project planning group:

- Adolescent Pregnancy Coalition
- Child Abuse and Neglect Council
- DHS, Division of Maternal and Child Health
- DHS, Public Hearings Office
- DHS, Division of Welfare Employment
- DHS, Family Services Program
- DHS, Division of Child Support Enforcement
- DHS, Bureau of Social Services
- Department of Education, Division of Special Education
- Family Planning Association of Maine
- Males Preventing Pregnancies, Inc.
- Parent Resource Center
- United Way of Greater Portland

The makeup of the group was half men and half women. It was essential that there was male input in the design and implementation of the project.

The Project Planning Group met once a month with HSDI staff to design the project. The group also broke into smaller task-centered work groups focused on accomplishing the first year objectives in a timely method. During the first year the Project Planning Group accomplished the following tasks:

- ◆ Created a time-line for task completion
- ◆ Defined target population
- ◆ Defined essential project components and service priorities
- ◆ Developed a request for proposal (RFP) for demonstration site selection

- ◆ Disseminated RFP to appropriate agencies/programs statewide
- ◆ Selected two demonstration sites from six applicants
- ◆ Created an Intake Form for collecting demographic and other profile data from clients
- ◆ Revised the Goal Attainment Scale (GAS) system, developed by the FSID Project, to be used with young fathers
- ◆ Created a site Review Team which would visit each demonstration site quarterly to monitor progress towards meeting project objectives (process evaluation).

Following the accomplishment of these first year tasks, the Project Planning Group changed its focus to being an Advisory Committee to the project. Instead of meeting monthly the group elected to meet quarterly to hear reports from the demonstration sites and engage in problem-solving and provide guidance as needed. This was a natural transition for this group as the project, after selecting the demonstration sites, moved from meeting the systemic goals to meeting the impact goals.

Hints for Program Implementation

Benefits to Having a Planning/Advisory Group:

- ◆ Augment staff knowledge with expertise from other community/state agencies. No one can know it all.
- ◆ Let them do some of the work for you! Delegate work to smaller task-focused work groups. No one needs to do it all!
- ◆ Broaden your community support. Those on the Planning Group share in the ownership of the program. They can be your best advocates and help you get the word out.
- ◆ Let the group play an advisory function. Allow them to participate in the process evaluation and monitoring of the project. They can be more objective than staff and can be helpful in suggesting improvements.

Who Should be on a Planning/Advisory Group?

- ◆ Community/state professionals who have expertise about the issues of teen pregnancy and who are aware of what services exist.
- ◆ Teen parents, especially a young father if you can find one.
- ◆ Try to get a representative who has authority role in the different service systems which your clients will be utilizing (e.g., Education, Employment, Prenatal Care, etc.). It is *very important* to have a representative from the agency that has the responsibility for establishing legal paternity and collecting child support.
- ◆ Make sure you have input from men. Programs designed for fathers should not be designed solely by women.
- ◆ Invite people who can help you and who will be supportive of your efforts. You will need advocates if you are going to try to change the service system to better meet the needs of your clients. You will need people who can assist you in fundraising efforts.

Defining Target Population

The first task accomplished by the Project Planning Group was to define the target population. The Maine Young Fathers Project policy was as follows:

- ◆ ***The target population will be fathers of children, born to teenage mothers, who are aged 24 and younger.***

This decision was based on the Preliminary Data provided to us by vital statistics based on 1985 Live Births:

For mothers aged 19 and under:

283 or 14.3% have father's age as also a teen (under 20)

685 or 34.6% have father's age as 20-24 years old

By extending services up to the age of 24 we included approximately fifty percent of the fathers, who are partners of teen mothers, whose age has been identified. Eight hundred twenty six (or 41.8%) have father's age unknown on the birth record so it is assumed that many of them would fit into this target population. Of the known fathers only 183 (or 9%) would be excluded by this target population policy.

- ◆ ***The target population will include teenage fathers (under age 20) who have partners who are not teenage mothers.***

This decision was based on the same data source which reported that there were in that same year 88 teenage fathers identified with mothers who were between the ages of 20 and 34.

- ◆ ***There will be room for flexibility in the age guidelines.***

For instance, if a 25-year-old father whose partner was a teenage mother came to the service agency and requested service he should not be turned away. But, for the purposes of active outreach efforts, the focus will be on those fathers under age 24.

- ◆ ***The target population will include both biological fathers and in some instances the new partner of the teen mother if he is assuming an active parenting role.***

- ◆ ***If the teenage mother is not interested in having the biological father involved in parenting or receiving services, it is the project's intent to do a case-by-case evaluation to decide whether or not to outreach to and provide services for that father. Mediation should be attempted in every case when it is felt that it would be in the child's best interest to have the father involved.***

- ◆ ***It is the Project's plan to include fathers in the program prenatally (as soon as possible after the pregnancy is verified) when his relationship with the mother is more likely to be strong. It is the Project's goal that he will be actively involved in the pregnancy and birth of his child and will develop a strong bond with his child early in its life.***

Hints for Program Implementation

How and Why to Define Target Population?

- ◆ Defining your target population will help the staff focus outreach efforts to the appropriate age group.
- ◆ Define target population to include the majority of young fathers. Information for your state may be obtained from your state office of vital statistics which keeps birth certificate information. Ask for age of father of live births to teenagers.
- ◆ Some times funding may restrict you to serving only teenagers. If you have any input with funding sources convince them that a minority of fathers of children born to teenage mothers are teenagers themselves. The vast majority of young fathers are in their early twenties.
- ◆ Decide whether you'll serve just biological fathers or also young men who are new partners of the teen mother and who are actively parenting the child(ren).
- ◆ Create a policy as to whether you'll serve fathers when the young mother prefers that he not be involved. Keep in mind that without a court order the mother cannot legally deny the father access to his child (or unless the father has never established legal paternity). If ever a father needed an advocate it is when this situation occurs!

Defining Essential Project Components and Service Priorities

It is also important when designing a new project that you define clearly the essential components and prioritize which services will be available to clients. The Maine Young Fathers Project staff and associates were dedicated to creating a program that would assist young men to become both responsible and nurturing parents. The design of the project promotes a holistic service delivery for the target population.

The Project Planning Committee assisted in defining the essential project components to be implemented at the demonstration sites. They are as follows:

Outreach and Client Recruitment

Each demonstration site was required to conduct ongoing, active outreach to engage fathers in the program. A lesson learned by the earlier Teen Father Collaboration was that this service is essential to program success. Not only is active outreach important for recruiting clients into the program but it is also necessary to continue active outreach to formal clients so they don't "fall through the cracks." Young fathers do not reach out for help, therefore, we must reach out to help them.

It was expected that the demonstration sites not rely on just one strategy for outreach and recruitment, rather that they would employ several methods to ensure success. Several strategies, which were found successful in the TAPP model, to be implemented in this project were the following:

- ◆ *Recruit young fathers through their partners* — it was required that the demonstration sites either be an existing program that serves teenage mothers or have a proven link to an existing service in the community.

- ◆ *Community outreach* — another strategy for recruiting young fathers into the program was to be accomplished by:
 - doing *presentations to service providers* to inform them of the program and request referrals;
 - doing *presentations to teen groups* (schools, youth fairs, etc.) so they can share information about the program to their peers; and
 - doing *streetwork* by going to recreation centers, job sites and street corners in search of potential clients.

- ◆ *Media* — a third important strategy to “get the word out” about the demonstration sites was to use the media. Several strategies for media were to be employed:
 - *press conference* — after the site selection each of the demonstration sites was required to have an “open house” to kick off the program. It was requested that this open house include a press conference for the media.
 - *brochures and posters* — HSDI’s production specialist designed a brochure that could be disseminated widely at schools, social service programs and medical settings to inform the public and potential clients about the program. Also the sites were requested to design and disseminate posters/flyers for the same purpose.
 - *public service announcements* — another media strategy to be implemented was use of the radio and television public service announcements (PSA).

Once the sites employed the above outreach and recruitment strategies and were able to attract young fathers into their program it was required that they do a structured intake interview with each client. HSDI created an intake form that each site would use to collect demographic and other profile data on the young fathers. A sample of the piloted form used may be found in the Project Outcomes section and the revised intake form may be found in the Appendix.

Case Management

Each of the project sites were asked to implement a system of case management to provide services to young fathers. The definition of case management which was adopted by the project is:

“Case management is the act of identifying the needs of a client (be it an individual or two or more members of a family unit) as well as services appropriate to meet these needs and providing the assistance or coordination necessary to ensure access to such services. Case management comprises the following five functions:

- ◆ intake and assessment;
- ◆ development of a client-centered plan;
- ◆ coordination and advocacy to obtain identified services;
- ◆ monitoring implementation of the client-centered plan; and
- ◆ evaluation of the effectiveness of the services delivered and reassessment of the client’s needs on a regularly scheduled basis, with four possible outcomes:
 - continue present plan;
 - develop new plan;

- transfer responsibility to another system; or
- terminate services.”

(Children's Policy Committee of DHS, DMHMR and DECS, April, 1986)

Linkage Agreements

In order for the demonstration sites to provide effective case management another essential component of their projects was to do resource development and facilitate the establishment of linkage agreements. The purpose of the linkages is for assuring referrals from these community agencies as well as assuring access to services for the young fathers. An effective case management service program makes use of existing community services instead of duplicating services. A sample of a linkage agreement may be found in the Appendix.

Goal Attainment Scaling (GAS)

Each demonstration site was required to utilize the client goal setting procedure, known as goal attainment scaling (GAS), to address the specific case management needs of this project. Goal Attainment Scaling was developed in 1968 by Kuesak and Sherman. GAS is a procedure for operationalizing the goals of the project as they relate to the target population of young fathers. The form for the Maine Young Fathers Project is an adaptation of the scale created by the Family Service Demonstration (FSID) Project for use with pregnant and parenting adolescent girls in Maine. The goals were chosen by the Project Planning Group as those most pertinent to the client population. Then scales were created for each goal to represent all possible situations around specific goals that could exist for a client. The scales are ordinal, therefore changes can be tracked over time and judged (improvement or decline).

The purpose of the GAS tool is to assess client needs, to set goals collaboratively with the client, to identify sources to be utilized, and to measure client progress. A sample of the piloted version of the GAS goals can be found in the Project Outcomes Section. A copy of the revised GAS forms may be found in the Appendix. Please refer to pages 11 to 12 for Guidelines for the Use of the Goal Attainment Scale System.

Service Provision

At each demonstration site the case manager was to develop individualized service plans for all participants in the program. Most services were to be delivered by referring to a community agency that specializes in that service provision. The following services were considered to be a priority for this population:

- ◆ Personal (or Group) Counseling
 - future planning/decision-making
 - assertiveness counseling
 - family and couple's communication
 - paternity counseling
 - family violence counseling
 - substance abuse counseling

Guidelines for the Use of the Goal Attainment Scale System

The GAS' *first use* is to serve as a basis by which client and case manager may examine current circumstances and problems, establish a set of understandings regarding resources and needs, and reach agreement on a preliminary set of goals toward which the client may be expected to work within an agreed-upon period of time.

Client and case manager identify priority goal areas and decide which of the scales best captures the client's present position with respect to all the goal areas. The form allows for separate interpretation of client's present position by providing separate boxes for client's assessment and case manager's assessment. In some instances a client's assessment of his present situation will differ from the assessment made by his case manager.

Together, client and case manager develop a change agenda based on their collaborative assessment. Clients decide which goals to address first and which of the scales is most likely to characterize their position at the time of the next assessment. This establishes the basis for developing the Case Plan. Where the client's resources are adequate to achieve change without recourse to the human services system, this is determined. Where services are needed to move the client forward, these are identified and appropriate referrals are made. The accompanying Case Plan Agreement form is filled out stating the goals for this period and listing what each party, the client and the case manager, will do to assist in the accomplishment of the goals.

GAS is *also used* to provide the framework for each periodic assessment of client progress. Did the client accomplish the changes he anticipated? Why or why not? Is a change in the Case Plan indicated? Again, client and worker collaboratively revise the profile, develop the agenda for change, and predict client circumstances at the next assessment.

The GAS *is to be used* at the following intervals:

First Assessment is done at time of intake or shortly thereafter. The case manager should give status in *all* goal areas. Mark client's assessment under as many goal areas as possible. Enter the date at the top of the column and the number from the goal statement that most clearly defines the client's status. The case manager will mark his/her assessment in the top box and will mark the client's assessment of the situation in the lower box. N may be used for **Not Applicable**, U may be used if the status is **Unknown**, and O may be used for **Other**. If O is used, please specify response either in the box or on the line "Observations/Actions" which is directly below the column.

Indicate the goals on which the client and case manager will work during this first period by filling out a corresponding Case Plan Agreement form. Keep a copy of this form in the file and give copy to client.

Three Months, Six Months, Nine Months Assessments are done according to the date the client entered the program. Certainly a case manager may choose to assess client status on a more frequent basis but it will be necessary to case record using the GAS form at the above intervals.

Client and Case Manager will review the status of the priority goals listed on the Case Plan Agreement at three month intervals. The Case Manager will complete the "Progress Report" section of the Case Plan Agreement form and indicate the client's status on the GAS form by entering the date at the top of column and the number from the goal statement which best reflects the client's current status. Again, if the client's assessment of his current status differs, indicate by putting the appropriate number in the "client" box.

One Year or Discharge Assessment (Disc. Assess.) is done a year from the initial assessment, or when the client is discharged to give the status in *all* goal areas. This will give the overall changes in client status. As with the first assessment, enter the date at top of column and the letter from the goal statement that most clearly defines the client's status. The case manager will mark his/her assessment in the top box and will mark the client's assessment of the situation in the lower box.

General Assessment Comments:

- ◆ Assessments should always be done with the client. This is a collaborative goal setting process. The only exception might be the final assessment at discharge if the client has dropped out of the program but the case manager has an accurate understanding of where the client's status is in relation to the goals.
- ◆ When the client and worker assessments differ on status level, indicate both levels by using the case manager and client assessment boxes. If the client agrees with case manager assessment, indicate by marking the same number in both boxes.
- ◆ Although assessments are a team process, it is not necessary for the client to be exposed to the GAS form. *The assessment may be conducted more smoothly if the case manager is familiar with the GAS form and uses the "menu" with the client, instead of the GAS form, to determine what areas the client would like to work on.* The case manager can fill out the GAS form following the interview with the client.
- ◆ The Case Plan Agreement form should be filled out collaboratively with the client. It is important to spell out what each party will do to assist in goal accomplishment. If the case manager is to make referrals the specifics should be included on the "case manager" line.
- ◆ It is not necessary for the client and the case manager to formally sign the Case Plan Agreement. The decision to formally sign may be made case by case.
- ◆ A copy of the Case Plan Agreement is to be given to the client and a copy should be retained in the client's file. The agreement should be renewed and a "progress report" entered at the agreed-upon date.
- ◆ Case Plan Agreements should be reviewed and updated *at least every three months*. The client and case manager may agree to review more frequently.
- ◆ *Of most importance, the goals set for client must be realistic and achievable.* Review progress at an interval which allows client enough time for achieving progress. Goals can be attained in a step-by-step fashion, setting reasonable stages each time. The purpose is for clients to move forward and to obtain success in achieving reasonable goals. Success leads to higher self-esteem and further goal achievement.

- ◆ **Career Counseling/Vocational Services**
 - job readiness preparation
 - job training/placement
 - enrollment in vocational/technical program
- ◆ **School Enrollment/GED Preparation**
- ◆ **Life Skills Development**
 - financial planning
 - securing adequate housing, food, clothing and transportation
- ◆ **Medical Services**
- ◆ **Family Planning Education**
- ◆ **Parenting/Child Development Education**
- ◆ **Establishment of Legal Paternity**

Not all of these services would be needed by every client but it is important that all these services be available on-site or through referral and be offered to each client as needed.

Volunteer Mentors

As required by the OHDS RFP, another essential project component was the use of volunteers from the community. Each demonstration site was required to develop a volunteer component utilizing men from the community to serve as:

- role models
- mentors
- advocates
- advisors

It was expected that volunteers could be used in a variety of ways depending on project needs. Possible roles of the volunteers were:

- one-to-one counseling
- group facilitation
- outreach and recruitment of clients
- presentations in the community
- case management and followup
- fund raising
- recreational activities

Each of the demonstration sites was required to implement a system of recruiting volunteers. Each site was also responsible for defining the responsibility of the volunteers and training them for their roles. The sites were responsible for doing ongoing supervision of the volunteers.

Hints for Program Implementation

When you are designing your program

- ◆ Make sure you have an active outreach/recruitment component to attract young fathers to your program. Do not rely on one method of outreach rather employ several strategies. Outreach should be provided on an ongoing basis even to formal clients who may otherwise “fall through the cracks.”
- ◆ Decide what your primary mode of service delivery will be. Case management is a cost-effective method of service coordination during these days of shrinking social service dollars. With case management there is no duplication of existing services. Instead the case manager becomes a broker of services, referring clients to the existing service system in the community.
- ◆ If you decide to provide case management services then it is important to form linkage agreements with the service programs in your community. Make these agreements formal with a signed contract stating what services they promise to provide (as appropriate) for your clients. Not only can you refer to these service providers but you can also request that they refer young fathers to your program.
- ◆ When providing case management it is important to:
 - assess client needs;
 - develop a client-centered plan (collaborating with the client if you expect him to follow through!);
 - coordinate the acquisition of services; and
 - monitor and evaluate the implementation of the client-centered plan.

In order to do this, the Goal Attainment Scaling (GAS) system developed by HSDI is most helpful. Use the revised GAS forms found in the Appendix of this report.

- ◆ When deciding what types of services to provide (either on-site or through referral) remember that young fathers will have multiple needs. Think of service provision holistically. Basic needs (housing, food, clothing, transportation) will need to be met before other services such as parenting education can be attended to.
- ◆ Make sure the client has collaborative input in the service plan. It is an age-old social work rule to “start where the client is at!” Help the client meet his identified needs (such as getting a job) and he’ll come back for more. Once he has found your program helpful you’ll be able to sell him on other services that you identify as important such as family planning education!
- ◆ If you choose to use volunteers in your program make sure you define their role before doing the recruiting. Volunteers require training and supervision. Be realistic to what you expect from volunteers. Design this component to be beneficial for the volunteers and the clients and then this will be beneficial to you. You can’t expect volunteers to run the whole program for you.

Selecting Demonstration Sites

A major task during the first project year was to select the two demonstration sites. The Project Planning Committee was instrumental in achieving this task. It was decided to create a request for proposals (RFP) to be disseminated to appropriate agencies state-wide instead of just selecting two sites by invitation. The reason for this decision was that by requiring a proposal from interested agencies we:

- ◆ Were assured that the agency was motivated to have a Young Fathers Project
- ◆ Could compare the program strategies proposed by the applicant and choose the agency that promised the most viable program
- ◆ Assured no favoritism and made the competition more fair for any non-profit agency in the state

Dissemination of the RFP was accomplished by direct mailing to 200 non-profit agencies statewide, including all members of the Adolescent Pregnancy Coalition and all regional offices of the Child Abuse and Neglect Councils. Also the RFP announcement was published in four major newspapers. Application kits were sent to 29 non-profit agencies per their request. Six proposals were submitted by the deadline. Four of these were for the rural site and two were for the urban site.

A small subgroup of the Project Planning Committee was formed to review and rate the proposals. This subcommittee met with the two finalists in the urban and rural competitions to ask questions and clarify program strategies.

Due to significant financial savings in the first project year it was decided to fund two rural demonstration sites and one urban site.

The two rural sites were as follows:

Aroostook County Action Program (ACAP), Presque Isle

This agency exists to help create maximum self-sufficiency and eliminate poverty. Since 1978, ACAP has conducted a successful, comprehensive adolescent pregnancy and parenting program in this northernmost county in Maine. The program revolves around a comprehensive case management system as a way of establishing effective delivery of services to teenage mothers. The program has a client-centered referral system which is utilized by a majority of the service providers in the rural community.

The ACAP Young Fathers Project design was to follow the case management model already in place for young mothers. Updated linkage agreements would be formed to ensure access to community services for fathers. Additionally the project would create an active outreach plan and develop a component to utilize male volunteers from the community as role models and advocates for fathers. Essentially the volunteers would be trained to provide case management services for the young fathers with the project staff member providing supervision.

Regional Medical Center (RMCL), Lubec

RMCL is a rural health center located in the most eastern tip of Maine and the United States. Lubec is located in one of the poorest counties in Maine. There is no adolescent parent program in this area although the RMCL conducts a Friends of Teens program which seeks to prevent teen pregnancy by matching teens with community volunteers who provide a positive role model of higher expectations and possibilities of a fuller life.

RMCL Young Fathers Project design relies on the "tough love" concept of straight, clear, down-to-earth talk that is founded in caring and concern. Volunteers from the community would be utilized to provide role models and be sponsors for the youth. A new group identity would be established for young men as a result of the group counseling emphasis of the project. In addition case management services would be provided.

The urban site was:

Young Men's Christian Association (YMCA), Portland

This well-established (135 years) YMCA is located in Maine's largest urban area. Although the YMCA does not have an adolescent parent program in place, it offers other services which could be accessed by young fathers including day care services and family recreation events. However, the YMCA assured linkage to the largest teenage parenting program in the area which is located a few blocks away at the YWCA.

The Young Fathers Project at the YMCA was designed to have a strong mentoring component linking community volunteers to young fathers. Also an active outreach component would be put in place as well as case management services.

Hints for Program Implementation

When deciding if you are ready for a Young Fathers Project

- ◆ Make sure that there is a commitment from "the top." Full commitment must come from the agency administration or Board in order to ensure that the program is going to receive the proper support for success.
- ◆ Make sure that the community is ready for this program. Do this by inviting community members to serve on your planning/advisory group. Also accomplish this by forming linkage agreements. Make a plan for utilizing community resources.
- ◆ Establish clear goals and objectives and make sure your program plan will accomplish these expectations. Create a time table for completing tasks.
- ◆ Make sure your budget will support the project activities needed to accomplish goals and objectives. The use of volunteers can augment services but will not replace paid staff. Make sure roles are clear for all staff.

Developing System for Site Review and Process Evaluation

A final task during the first year of the project was to develop a system for site review for the purpose of doing a process evaluation during the demonstration phase. Again a small task-focused subgroup of the Project Planning Group assisted in the design and implementation of this process evaluation.

The backbone of the process evaluation was the implementation of a management-by-objective (MBO) system. Each of the sites was required to spell out all of the objectives to be accomplished by their project during the demonstration. These specific and measurable objectives may be found in the Implementation section of this report. On a quarterly basis each site was required to plan for and state what activities would be accomplished during that quarter. These activities related directly to the accomplishment of the demonstration objectives. A sample Management by Objective form may be found in the Appendix.

A Site Review Committee, a subgroup of the Project Planning Group, was formed. Its members were to travel to the sites on a quarterly basis to review the status of the management-by-objective work plans

and to collect data. The purpose of these site reviews was for evaluation and to lend assistance to the sites with problems. A copy of the agenda and format for the site reviews may be found in the Appendix.

Hints for Program Implementation

How and Why to Conduct a Process Evaluation

- ◆ A process evaluation doesn't need to be complicated. The benefit to conducting a process evaluation is that you can evaluate the success of particular program components during the process of conducting a project and then, based on the evaluation, alterations can be made to the program design. Better to change mid-stream than to have a program that isn't a success!
- ◆ Defining your project objectives in a concrete, measurable fashion will make it easier to evaluate program success. Keep your objectives manageable!
- ◆ Make sure all of your project activities are directly connected to your objectives. Keep track of what you do and what you have accomplished.
- ◆ Review your progress at least quarterly. Think critically about your achievements and roadblocks. Invite members of your staff and Advisory Group to engage in this review. Alter program design based on results.

Chapter Three

Implementing the Demonstration Model

Conducting staff training

Once the three project demonstration sites were selected and staff was hired, the HSDI project staff developed and conducted staff training. Staff training sessions are a good forum for exploring attitudes about working with young fathers as well as for staff education. Prior to conducting the training, a Questionnaire on Fathers (QOF), developed by Barth at the University of California at Berkeley (1985), was administered to get a baseline of staff (and volunteer) perspective on and knowledge about services to young fathers. Results of this survey may be found in the Outcomes Section of this report.

Staff training was an ongoing process for the Maine Young Fathers Project. At the inception of the demonstration phase of the project a full day of training was provided which staff and volunteers from each of the three sites attended. The topics of this training seminar were:

- Finding and Working With Young Fathers
- Paternity Rights and Responsibilities
- Male Sexuality
- Domestic Violence

This session was conducted by experts in Maine. Each session was videotaped and the sites received copies of the videotapes for future use with new volunteers or staff.

Also early in the demonstration phase the Project Coordinator from HSDI travelled to each site to conduct training for the staff. The primary focus of this training was in the use of the GAS system for the purposes of case management.

Throughout the life of the demonstration phase of the project the Project Coordinator was available for consultation. Several other opportunities for training were provided including:

- Using the Electronic Resource Directory (ERD)
- The Process of Legally Establishing Paternity

Another format created for ongoing staff development was initiating quarterly staff retreats at a central location in the state. Because their sites were separated by hundreds of miles, these full day meetings were held so that the staff from each site could meet together to share resources, techniques, and to receive support for their work.

Staff at each site were also provided with written resources about working with young fathers including *Teen Fathers Do Care: A Training Manual for Working with Teen Fathers*, written by Sally Brown (1985).

Hints for Program Implementation

Conducting Staff Training

- ◆ Do a needs assessment, even if informal, to decide what training topics need to be covered.
- ◆ Use experts from your community and your staff to conduct training.
- ◆ Make sure to cover staff attitudes about working with young fathers. Have staff explore their feelings about their own fathers. Changing attitudes is a slow process which begins with education and awareness of the issue. Staff attitudes can be a barrier to program success so don't skip over it!
- ◆ Staff training and development should be an ongoing process! Working with young fathers can be frustrating so remember to provide a forum for much needed staff support!

Defining Demonstration Site Objectives and Staff Configuration

Following is a description of the objectives for each of the three original demonstration sites (two rural and one urban) and the staff configuration. Each site had very similar objectives with a slight difference in emphasis and the number of clients to be served under each objective. The objectives were to be reached during the demonstration phase of the project (one and a half years).

Site Objectives:

| | |
|---|--|
| 1. Recruit young fathers to participate in the client goal-centered case management project. | Number to be recruited: ACAP = 20 young fathers RMCL = 10 young fathers YMCA = 40 young fathers Total = 70 young fathers |
| 2. Recruit and train volunteers from the community to assist in facilitating goal attainment by the project clients. | Number to be recruited and trained: <i>Client/volunteer ratio</i> ACAP = 7 volunteers (3 to 1) RMCL = 4 volunteers (2.5 to 1) YMCA = 10 volunteers (4 to 1) Total = 21 volunteers (3 to 1) |
| 3. Establish linkage agreements with social service, health, and/or educational program/agencies to provide services for young fathers and to make referrals. | Number to be established: ACAP = 10 linkage agreements RMCL = 6 linkage agreements YMCA = 35 linkage agreements Total = 51 linkage agreements |

| | |
|--|--|
| <p>4. Assist clients in improving and sustaining adequate life skills including obtaining adequate housing, food, clothing, transportation, financial and health services.</p> | <p>Number to be assisted: ACAP = 8 clients (40%) RMCL = 3 clients (30%) YMCA = 10 clients (25%) Total = 21 clients (30%)</p> |
| <p>5. Assist clients in re-entering or staying in an educational program which will lead toward greater potential for sustained self-sufficiency.</p> | <p>Number to be assisted: ACAP = 5 clients (25%) RMCL = 3 clients (30%) YMCA = 20 clients (50%) Total = 28 clients (40%)</p> |
| <p>6. Engage clients in classes or counseling focused on family planning to avoid subsequent unplanned pregnancies.</p> | <p>Number to be engaged: ACAP = 10 clients (50%) RMCL = 5 clients (50%) YMCA = 20 clients (50%) Total = 35 clients (50%)</p> |
| <p>7. Assist clients in successfully completing a child birth education program which will prepare them for participating in the birth of their children.</p> | <p>Number to be assisted: ACAP = 5 clients (25%) RMCL = 5 clients (50%) YMCA = 8 clients (20%) Total = 10 clients (26%)</p> |
| <p>8. Engage clients in one-on-one or group parenting education which will give them the basis of constructive engagement in the development of their children.</p> | <p>Number to be engaged: ACAP = 10 clients (50%) RMCL = 3 clients (30%) YMCA = 8 clients (20%) Total = 21 clients (30%)</p> |
| <p>9. Assist clients in the establishment of legal paternity to afford them of their legal rights and responsibilities as parents.</p> | <p>Number to be assisted: ACAP = 3 clients (15%) RMCL = 2 clients (20%) YMCA = 5 clients (13%) Total = 10 clients (14%)</p> |
| <p>10. Assist clients in the completion of an employment training or job placement program which will lead them towards greater potential for sustained self-sufficiency.</p> | <p>Number to be assisted: ACAP = 10 clients (50%) RMCL = 5 clients (50%) YMCA = 10 clients (25%) Total = 25 clients (37%)</p> |
| <p>11. Engage clients in an ongoing weekly support group aimed at building group identity and new role models.</p> | <p>Number to be engaged: ACAP = 0 RMCL = 5 (50%) YMCA = 0 Total = 5 clients (7%)</p> |

Staff Configuration:

In order to accomplish the above objectives each site would hire a case manager.

ACAP would hire one case manager to work half time. She would receive training and active supervision by the Coordinator of Adolescent Health who dedicated 10 percent time to the project. The case manager would recruit and supervise the seven volunteers who would have responsibility for implementing and supporting case management services with clients.

RMCL would hire one case manager (Project Director) to work half time. She would work with guidance and support of the Teen Projects Consultant. She would recruit and train the four volunteers who will become sponsors to the young fathers. A weekly support group would be formed for the young fathers and their sponsors. The case manager would be responsible for providing case management services.

YMCA would hire one case manager (Project Director) to work full time. He/she would receive support and supervision from the Director of Youth and Family Services who dedicated 10 percent time to the project. The case manager would recruit and train the ten volunteers who would play a role of mentoring with young fathers as well as guide the clients through the implementation of their individual service plan. The case manager would be responsible for devising and implementing the service plans.

When setting objectives and hiring staff

- ◆ Define your program objectives, be concrete. Think about what is realistic based on your client population. Decide what your program priorities will be (e.g., parenting education, job training, etc.).
- ◆ Think about young fathers holistically. They have many needs including: basic needs (food, housing, clothing and transportation), needs to promote positive parenting (child birth education, parenting education and family planning education) and needs to become self-sufficient (educational services, job training and financial assistance).
- ◆ When hiring staff think realistically about role expectation and caseload size. Make sure staff are trained and receive supervision/support.
- ◆ Qualities and abilities which are important for working with young fathers:
 - Must feel comfortable dealing with adolescent and young men.
 - Must have the knowledge and comfort of dealing with male sexuality and family planning issues.
 - Must have the openness to accept a broader interpretation of "father's role."
 - Must be persistent in outreach to the young fathers. In order to do this must:
 - be flexible;
 - feel comfortable meeting the young father at home or in the community; and
 - be willing to explore the client's needs with him.
 - Must be aware of the resources in the community and be willing to be an advocate for young fathers to receive services.
 - Must be a good team player working with other professionals, volunteers and the young fathers.

Forming Linkage Agreements

As stated earlier, linkage agreements are an essential component of a successful case management based program. The purpose of linkages is for assuring referrals from those community agencies as well as assuring access of services for young fathers.

Following is a description of the type of community agencies which the sites successfully formed linkage agreements. Each demonstration site far exceeded its objective set at the onset of the project.

| Type of Program | ACAP | RMCL | YMCA |
|--------------------------------------|------|------|------|
| Education | 2 | 1 | 6 |
| Vocational education/job preparation | 4 | 1 | 9 |
| Legal | 1 | 0 | 3 |
| Financial/housing assistance | 3 | 0 | 3 |
| Mental health/substance abuse | 1 | 4 | 8 |
| Family planning | 0 | 0 | 2 |
| Military | 0 | 0 | 2 |
| Networking agency/multi-service | 0 | 0 | 6 |
| Nutrition/home management | 1 | 0 | 0 |
| Teen parent services | 0 | 1 | 2 |
| Child birth preparation | 1 | 0 | 0 |
| Health | 0 | 0 | 3 |
| Recreation | 0 | 0 | 2 |
| Total | 13 | 7 | 46 |

Clearly the urban setting is far richer in community services thus having a larger total of linkage agreements. Also, the nature of the linkage agreements depends on what types of programs are necessary for referrals. For instance, ACAP is a large multi-service agency and their Young Fathers Project is located within the adolescent health services; thus there is no need for outside linkages for teen parent services, health, or family planning services as all of these services can be obtained in-house. This was also the case for the Regional Medical Center at Lubec (RMCL) which is the largest service/health agency in that remote rural area.

Working with Volunteers

As stated earlier, it was an expectation by the federal funding source that the Maine Young Fathers Project have a volunteer component. When subcontracting to the demonstration sites, this expectation was transferred although the sites had some liberty in the design and implementation of this component. Following is a description of how the three sites developed and implemented a volunteer component.

Recruitment

At the onset of the demonstration phase each site had to set an objective as to how many male volunteers they would recruit to use in their programs. The target number of volunteers and actual number recruited by site was as follows:

| | Target Number | Actual Number |
|--------|---------------|---------------|
| ACAP: | 7 | 8 |
| RMCL: | 5 | 9 |
| YMCA: | 10 | 12 |
| Total: | 22 | 29 |

In order to recruit volunteers to participate in the program a strategy needed to be defined and implemented. Following is a description of the recruitment strategies at each site.

ACAP utilized several methods of recruitment. First of all they offered a small stipend to the volunteers as an incentive to participate. The stipend would cover expenses of a volunteer wanting to treat a client to pizza or could be used by the volunteer himself.

One recruitment method which resulted in locating half of their volunteers was through the use of the media. ACAP held an open house which also served as a press conference. They received both television and newspaper coverage which notified the community about the program and need for volunteers.

ACAP also put up numerous posters and distributed flyers at many community locations including the college campus and the Loring Air Force Base. They also put an ad in the college newspaper and personally invited professional men in the community who were known by the staff.

All of these efforts together were successful in the ACAP site exceeding their goal.

RMCL also used the incentive of paying a small weekly stipend (\$15) for their volunteers. Although they also issued a press release for recruiting volunteers, it was not successful.

The effective method in this community was personal invitation to known community members. The staff sat down and brainstormed likely candidates resulting in 15 names. Each were personally invited to participate by the staff member who knew them the best. This resulted in their receiving commitments by nine members of the community (although many gave a tentative commitment).

YMCA did not use the incentive of stipends. They did, however, use several strategies of recruitment. The first strategy they implemented was to recruit through invitation to the 3,000 members who regularly use the YMCA. This recruitment effort resulted in half of their original volunteer cohort.

The YMCA also used the services of a community agency, The Center for Voluntary Action, which matched potential volunteers to the program. The Center for Voluntary Action also assisted in coordinating the various newspaper ads and public service announcements (radio and television) which were implemented.

Also, the YMCA was successful in recruiting three student interns (during the course of the project) from the University of Southern Maine. These students proved to be very valuable to the program.

The combination of these recruitment strategies contributed to the YMCA's success of exceeding their goal.

Training

Each of the sites was responsible for training their own volunteers to prepare them for the role they would assume. Following is a description of the training which was conducted at each site.

ACAP provided their volunteer training in two full-day sessions which occurred on Saturdays. They utilized the expertise of their agency's staff trainer to conduct the sessions. Each of the sessions was videotaped. These videotapes were used by volunteers who came into the program after the training sessions had been delivered.

The topics and skills which were covered in this experiential two-day training were as follows:

- developmental tasks of adolescence
- male sexuality
- adolescent pregnancy
- paternity
- domestic violence
- child abuse
- crisis intervention (including suicide)
- counseling skills
- effective communication
- values clarification
- reality therapy

Although the training sessions were well received, a recommendation for future trainings was to hold shorter sessions (1 hour) in the evenings instead of this concentrated weekend session.

RMCL planned a two-hour workshop for volunteer training but did not deliver it due to their inability to recruit clients into the program. Tapes of the staff training conducted at the onset of the project were made available to the volunteers but were not used.

YMCA provided a four session volunteer training which was conducted in two-hour segments in the evening over four consecutive weeks. The training was designed by the site's Project Director. Many of the sessions were conducted by experts from the community.

The sessions covered the following topics:

- small group-building activities and listening skills
- adolescent male sexuality
- pre and post-natal bonding
- birthing experience
- establishment of legal paternity and child support enforcement
- role development

Following this initial training, the volunteers were also expected to participate in the weekly, topic-focused seminars with the young fathers:

- ethical communication - a 12-step model for communicating with others
- domestic violence
- tenant's rights
- parenting rights and responsibilities
- ages and stages of child development
- effective contraception

These ongoing seminars led to continued opportunities for training for the volunteers.

Role of Volunteers

Although each site was required to use male volunteers from their community in their programs, there was no clear direction in what role these volunteers were to play. Each site designed their own component and defined the role that their volunteers would fill. Following is a description of the role(s) at each site.

ACAP originally intended that their volunteers would provide case management services to the young fathers. It was anticipated that the volunteers would commit 4-5 hours per week to meet with the client and do case planning. The Project Director would in turn supervise the volunteers in this effort and would have minimal contact with the clients herself. This plan did not prove to be feasible. It was not realistic to expect a volunteer to fulfill this workload because the volunteers presented with a wide variance in counseling capabilities and most could not commit to five hours a week due to full-time jobs and family obligations.

The second role, which then became the program focus, was to be a mentor to the young father. The expectation was that the volunteer would contact the young father (at least by phone) once a week. The volunteer's role was to provide support and guidance.

RMCL intended to utilize their volunteers as sponsors (similar to the AA model) for the young fathers. It was the expectation that they would attend weekly support groups with the fathers. It was the hope that the volunteers would spend 1-2 hours a week with the young father that they sponsor to provide support.

As *RMCL* faced problems for recruiting clients into the program, they enlisted the help of the volunteers to brainstorm approaches for client recruitment. *RMCL* had hoped to recruit a "street smart" volunteer who could be used to do client outreach. This volunteer would have been someone who was familiar with the community and "known" to the young fathers. Unfortunately, they were unable to find such a volunteer, even with promise of a salary.

YMCA intended for their volunteers to work one-to-one with the young fathers as mentors. Their role was to be that of support and as a resource to the clients. They were expected to keep process sheets and case plan agreement forms when applicable. Ideally each mentor would be assigned to two young fathers.

The *YMCA* also used several of its volunteers to co-facilitate the weekly support groups which were conducted at the *YMCA* and the Maine Youth Center (*MYC*). These volunteers were much more skilled in counseling techniques.

One student intern in this program played a more active role of providing case management services to the young fathers. However, her time commitment to the project was far more substantial than the other volunteers.

Conclusion

Although using volunteers to work with young fathers is a worthy effort, the demonstration sites did not feel that this component was as successful or as beneficial as anticipated. Generally the volunteers report that they had a positive experience as a volunteer (see Volunteer Outcomes in Project Outcomes section), but the program staff felt less positive. None of the sites were able to sustain this component throughout the entire demonstration. Most of the volunteers at each site, except for the student interns, dropped out within six months of joining the program. None of this is to say that a volunteer component cannot work, but as it was configured for the Maine Young Fathers Project it was not found to be extremely successful. Following is some brief criticism of this volunteer component by site.

ACAP quickly changed its volunteer focus when they realized it was not realistic for the volunteers to carry the burden of the case management role. The focus then was for the volunteers to be mentors providing support to the young fathers on a weekly basis. Unfortunately this role did not meet with success either for the following reasons:

- the volunteers did not take a lot of personal initiative to contact the young fathers and follow up,
- the young fathers often missed appointments which frustrated the volunteers, resulting in losing motivation to keep pursuing the fathers,
- most of the volunteers had full-time jobs and family obligations so they did not have much time to commit to the Project, and
- the case manager was too busy in her role to serve as a full-time volunteer coordinator. There needed to be someone who could devote more time to the supervision and coordination of the volunteer force.

If the ACAP staff were to change the focus again and improve upon the model they would implement the following:

- Hire a volunteer coordinator who would be responsible for recruiting, training and supervising the volunteers. Maybe a volunteer could play this role.
- Use more student interns. The students have in a built-in motivator of the course requirement to make the time commitment to the project.
- Use volunteers in a more flexible way. Have them co-facilitate groups or be involved in family events.
- Match volunteers to clients based on a strong common interest instead of geographical proximity. Match them based on the volunteers speciality area (e.g., computers, mechanics, etc.).

In summary, the ACAP site realized that using volunteers does not relieve the case manager of the burden of providing service to the young fathers. The volunteers are a supplement and using them means devoting time and energy to recruiting, training and supervising. Also, using male volunteers is completely different than female volunteers because they are unable or unwilling to give the time commitment.

RMCL was unable to test their demonstration model, of using volunteers as sponsors in a weekly support group, because they were unable to recruit any fathers into the program. Without young fathers, the volunteers quickly lost interest in the program. Within six months this site had abandoned the hope of completing the demonstration.

YMCA also had their volunteer component dissolve before the end of the demonstration. This site was matching volunteers to clients for a one-on-one mentoring experience. The expectation was for the volunteer "to be there" for the young father. Although similar to the ACAP experience, following is an identification of the issues which resulted in the dissolution of the project component:

- Volunteers were recruited before the fathers were recruited into the program. It took a long time to match volunteers with clients. This frustrated some volunteers who then dropped out.
- For those who were matched, they became frustrated because the fathers weren't very reliable at making and keeping appointments.
- Volunteering for most of the community men was extraneous to their other commitments. If they had time they would devote it to the client but they did not have a strong commitment to make the time. This was seen as the basic difference between male and female volunteers.
- The case manager needed to juggle her focus between coordinating the volunteers and serving the young fathers. It became a situation where one or the other focus needed to be chosen and was decided to put primary focus on serving the clients. Coordinating volunteers takes a lot of time and should have a separate focus.
- Not every client wants or needs a mentor. Many of the young fathers rejected the offer of being matched with a volunteer.

The YMCA would change the expectations of the volunteers if they were to reinstitute this component. They would not make it mandatory for clients to be matched with volunteers. Instead, it would be offered as an option. They would design this component as a real mentor program. Ideally they would have a card file of potential volunteers with their interests defined. Clients would be matched with mentors based on interest so that the mentor could nurture that interest in the young father.

Also, the one-on-one mentoring doesn't need to be the standard pattern. Volunteers could be used in many other helpful ways as well. The YMCA found volunteers useful for supervising visits between parent and child per order of Child Protective Services. Volunteers can also be used to provide transportation.

In summary, the YMCA's experience was quite similar to that experienced at the rural ACAP site. With more staff to coordinate the volunteers and a different focus, as suggested above, a volunteer component might be successfully implemented in a young fathers program.

Hints for Program Implementation

When Designing a Volunteer Component

- ◆ Be realistic. You cannot expect volunteers to lighten your workload. In fact, recruiting, training and supervising volunteers is a time consuming process. It would be ideal to have a volunteer coordinator.
- ◆ Before recruiting volunteers carefully design their role. Know what you will expect of them before bringing them into the program. Be realistic about your expectations. Remember our experience was that male volunteers are unable and unwilling to commit a lot of time to this role!
- ◆ When recruiting volunteers use several strategies. In rural areas personal invitation was found to be effective. In urban areas use the media and rely on voluntary coordination agencies in the community.
- ◆ Make sure the volunteers who commit to the program are comfortable and knowledgeable with their role. Train the volunteers. Do the training in the evenings and in short segments so as not to overwhelm the volunteers.
- ◆ Help the volunteers understand that young fathers are not the most reliable group of clients. Give the volunteers plenty of support to deal with their frustration with the fathers. Encourage them to be persistent in their outreach efforts.
- ◆ Use volunteers for what they do best. Match them with clients who share their interest so they might nurture the young father. Be flexible and use them in a variety of ways.

Working With Young Fathers

The major thrust of this demonstration project was the provision of case management services to young fathers of children born to teenage mothers. As with the volunteer component, each site had some leeway in the development and implementation of the demonstration at their site. Following is a description of the recruitment methods and service provision to fathers at each site.

Recruitment

At the onset of the demonstration phase each site had to set an objective as to how many young fathers they would recruit into their programs. The target number of clients and actual number recruited was as follows:

| | Target Number | Actual Number |
|--------|---------------|---------------|
| ACAP: | 20 | 16 |
| RMCL: | 10 | 0 |
| YMCA: | 40 | 37 |
| Total: | 70 | 53 |

In order to recruit young fathers to participate in the program, outreach strategies needed to be defined and implemented. Following is a description of the outreach/recruitment strategy at each site.

ACAP found that it was much easier to recruit the young fathers prenatally, especially just a few months into the pregnancy. This was the time when the fathers were most receptive to the program

~~because they had a lot of questions about the pregnancy and implications about being a father. Most of the sixteen clients (76%) were referred to the program through ACAP's Adolescent Parent Program, either by the case manager or by the teen mother.~~

ACAP employed other strategies for outreaching to and recruiting clients as well. At the beginning of the program an open house and press conference was held. This resulted in television, radio and newspaper coverage. It also served the purpose of informing professionals about this new service and encouragement was made for referrals. Following this open house, the case manager visited many professional agencies, health care centers and schools to introduce the program and request referrals. Presentations were also made at community network meetings such as the Region V Adolescent Pregnancy Coalition.

Also, flyers and brochures about the program were disseminated widely in the community from grocery stores to schools. ACAP staff also made presentations at youth-oriented events including a teen conference and a health fair.

Although most clients came through the young mother's program, all of these strategies were found to be helpful to "get the word out" about the program and contributed to client recruitment.

RMCL also implemented several strategies to recruit clients into their program. Over the course of 4-5 months the RMCL staff attempted several strategies but unfortunately to no avail. This site was unsuccessful at recruiting any young fathers into their program thus resulting in them dropping out of the demonstration in March, 1987. Following is a description of the strategies which they implemented and at the end of this section in Conclusions is an analysis of why this project met with no success.

The first strategy the staff implemented was to do a press release resulting in articles in four local newspapers. Following the press release several "poster splashes" were done. Posters advertising the program were put up in grocery stores, the library, churches, the high school, professional offices, health centers and even a pool hall. Neither of these strategies led to success.

Next, the staff met with service providers (including the high school) to describe the program and request referrals. The program was greeted with support but unfortunately no one would commit to making referrals due to confidentiality issues. Although many young fathers were known in the community no one wanted to be the "informant." Eventually a doctor at RMCL shared seven names of potential clients. Letters were sent out to these young fathers to invite them into the program. Phone contact could not be made because many families in this very poor area can not afford telephones. Unfortunately these letters met with no response.

The RMCL staff also attempted to recruit the young fathers by approaching the young mothers who received prenatal care at RMCL. Each prenatal mother received a folder with information about the program. In addition, a group was held weekly at the high school for high risk youth who might refer friends into the program. None of these strategies met with success.

Finally, RMCL attempted to hire an outreach youth worker, someone who is comfortable in the community and is known by the youth. It was expected that this person would be a man at the para-professional level. Unfortunately, even with a salary offered, they could find no one to fill this position. Following this disappointment, the RMCL site decided to pull out of the demonstration.

YMCA also implemented several similar strategies as ACAP and RMCL. They held a press conference at the onset of the demonstration. They used the media continuously. They had ongoing ads in the

“Wellness” section of the local free newspaper announcing the weekly support group for fathers. They also had television and radio public service announcements.

The YMCA staff met individually with over 35 agencies and professionals to introduce the program and request referrals. About four months into the program, they created an Advisory Group which met monthly. This was helpful for all the attending agencies to learn about the YMCA Young Fathers Project as well as about each others agencies. The staff also joined the Adolescent Network Committee and the Region I Adolescent Pregnancy Coalition which meet regularly.

Most of the clients were referred into the program from one of the agencies in the community (50%) or the Maine Youth Center (40%) where the staff held a weekly support group. Each client was given an incentive to join the program which was a full YMCA membership for their family as long as they were an active participant in the program. This incentive was well received by the young fathers.

The YMCA staff also did presentations in the community at service agencies which serve young people. A presentation was held at the Teen Clinic at Maine Medical Center. The YMCA, however, never received a referral from the local teen parent program at the YWCA. This was viewed as very problematic by the administrative staff of this project. Although initially the two Y's had agreed to work together in providing referrals, some historic tension between the two Y's resulted in a strained working relationship. Essentially no young fathers were recruited through the young mothers which was the most successful method at the ACAP rural site.

Hints for Program Implementation

How to Recruit Clients

- ◆ Try to locate your young fathers through the young mothers. Link to existing services for young mothers in the community.
- ◆ Try to recruit the fathers prenatally when they might be “in crisis” and more amenable to services.
- ◆ Provide incentives for participation if you can.
- ◆ Make sure your local service community is aware of your program and knows how to make a referral.
- ◆ Use several strategies for recruiting fathers instead of relying on just one. Take advantage of the media and public service announcements. Keep visible!

Service Provision

Each site set objectives to serve/assist clients under the identified goal areas for this population. Following is a description of the target number to be served under each objective and the actual number accomplished during the demonstration phase. The “actual number” reflects that the client and case manager set a goal to be worked on in that area. It does not necessarily reflect that the client achieved his stated goal during the life of the demonstration. The number also reflects clients who participated in group sessions focused on this topic.

| | ACAP | | YMCA | |
|---|-----------|-----------|-----------|-----------|
| | Target | Actual | Target | Actual |
| 1. Improve life skills | 8 (40%) | 11 (69%) | 10 (25%) | 14 (38%) |
| a. housing | — | 7 (44%) | — | 11 (30%) |
| b. food | — | 4 (25%) | — | 1 (3%) |
| c. clothing | — | 1 (6%) | — | 2 (5%) |
| d. transportation | — | 2 (13%) | — | 4 (11%) |
| e. financial | — | 7 (44%) | — | 7 (19%) |
| f. health services | — | 0 | — | 1 (3%) |
| 2. Re-enter/stay in educational program | 5 (25%) | 11 (69%) | 20 (50%) | 11 (30%) |
| 3. Family Planning education | 10 (50%) | 11 (69%) | 20 (50%) | 17 (46%) |
| 4. Child birth preparation | 5 (25%) | 7 (44%) | 8 (20%) | 3 (8%) |
| 5. Parenting education | 10 (50%) | 12 (75%) | 8 (20%) | 12 (32%) |
| 6. Assist in establishing legal paternity | 3 (15%) | 7 (44%) | 5 (13%) | 9 (24%) |
| 7. Job training/employment | 10 (50%) | 10 (63%) | 10 (25%) | 13 (35%) |
| Number of Clients: | 20 (100%) | 16 (100%) | 40 (100%) | 37 (100%) |

In addition, the YMCA site set many personal counseling goals for young fathers although this was not a stated objective at the beginning of the program. Following is a description of the goals set:

| | |
|-------------------------|---------|
| Personal counseling | 4 (11%) |
| Anger control | 4 (11%) |
| Increase social support | 3 (8%) |
| Substance abuse | 7 (19%) |
| Couples counseling | 2 (5%) |
| Legal counseling | 2 (5%) |

Each client was to set goals under the Goal Attainment Scaling (GAS) process with their case manager. The goal areas which they worked on is reflected above. At ACAP there was a range of zero to eleven goals set with the average client working on five goals. Clients were involved in the ACAP program for an average of eight months with a range of one month to thirteen months. At the YMCA there was a range of zero to eight goals set with the average client working on three goals. Clients were involved in the YMCA program for an average of three-and-a-quarter months with a range of one month to six months.

The most popular goals set and services rendered were the following:

| ACAP | | YMCA | |
|--|-------|------------------------------|-------|
| 1. Parenting Education | (75%) | 1. Family Planning Education | (46%) |
| 2. Improve Life Skills | (69%) | 2. Improve Life Skills | (38%) |
| 3. Re-enter/stay in Educational Program | (69%) | 3. Job Training/Employment | (35%) |
| 4. Family Planning Education | (69%) | 4. Parenting Education | (32%) |
| 5. Job Training/Employment Educational Program | (63%) | 5. Re-enter/stay in | (30%) |

Although both sites dealt with the same goal areas there was some differentiation in service delivery methods. Following is a description of the service delivery methods at each site.

ACAP's case manager saw her role as a "motivational force" for the young fathers. She had to play a very active role in encouraging the young fathers to "work" the program. She assisted in defining goal areas for the young fathers and then had to be persistent in encouraging them to follow through. ACAP's case manager felt there was a big difference between the younger (17-20) and older clients (21-over). The younger fathers were far less motivated, not following through on appointments or referrals. She felt they were more egocentric and in less touch with reality. Magically at age 21 they seemed to be much more accountable. They generally put more effort into improving their status. They had more concern about parental issues and about health issues (getting insurance). The case manager did not have to be as repetitious as she did with the younger clients.

Unfortunately for many of the clients, she felt that their aspiration level was very low. They wanted the outcome but didn't want to work through the process to get there. The case manager had to work on delayed gratification with the clients. However, when looking at the GAS outcomes in the Project Outcomes Section, we find that there was marked improvement in the status of the ACAP clients.

Although not directly reflected above under service provision by goal, the ACAP case manager reports that the two most popular service requests when entering the program are: 1) they want jobs, and 2) they want information about paternity issues (legal rights and responsibilities). All sixteen (100%) of the clients at ACAP were given paternity counseling/information although less were actually assisted in the establishment of legal paternity.

The ACAP case manager reports that initially she would have to assist the young fathers in meeting basic needs (lifeskills, primarily housing and financial) before she could go on to assist them in other areas. Usually within 6-9 months, when the client's situation is more stable, is when they were more receptive to dealing with parenting issues. Most of the fathers don't think that they need parenting education, especially not classes. Instead, the case manager would provide one-to-one parenting education to the fathers while doing home visits. The case manager also provided most of the young fathers with one-to-one family planning education regardless if they had identified this as a need or not.

The ACAP case manager generally delivered service one-to-one with the fathers and through referral to other community services. She generally saw the fathers or talked to them weekly. It was very helpful for the case manager to be aware of the services which exist in the community and also how to access

these services. It was also helpful to have a contact person at the state-run agencies such as the Child Support Enforcement Office. The case manager presented the "menu" to new clients along with a packet of helpful parenting information in order to help him focus on their needs. Unfortunately transportation was a big problem in this rural community. There is no public transportation system so without a car the young father would not be able to follow through on appointments. Consequently, the case manager spent a lot of time transporting clients to appointments (although she did set reasonable limits).

Home visiting was also considered to be a very essential service provided by ACAP. When visiting at the home, the case manager would have an opportunity to meet the young father's family and, if he were living with his child, observe interaction between the young father and his child. She would also have a first-hand opportunity to observe the family's living conditions. The case manager also met the clients for lunch quite often if they had day jobs. Flexibility was certainly found to be the key.

ACAP attempted to pull together a support group for the young fathers which would also be a forum for further parenting education. The first group was held on Father's Day. The case manager sent out Father's Day cards and invitations for a pizza party. Of the ten fathers invited, three came. They were very happy to be "acknowledged" for Father's Day. They recommended that future groups be held on Sundays as most fathers who work agricultural jobs are too tired in the evenings. A second group was tried but only one father came. It was decided that the energy it took to coordinate a group would be better spent on one-to-one service with the fathers.

YMCA's case manager focused more heavily on providing group services than on one-to-one service, although that too was provided. There were several different types of groups provided by the YMCA case manager. Early in the project she initiated an "orientation" series of workshops which were content focused. These workshops were attended by the young fathers as well as the volunteer mentors. Eventually partners of the young fathers were invited to attend as well. Originally these groups were held once a week but eventually it grew into once a month sessions. Topics were presented by experts from the community and they covered such things as:

- ages and stages of child development
- responsible sexuality and family planning
- tenant's rights
- ethical communication
- domestic violence
- rights and responsibilities of parenting
- substance abuse in the family

Initially the attendance at these workshops was sparse but eventually with persistence from the case manager there developed a core group of five participants.

In addition to the content focused workshops there was also a weekly support group run at the YMCA. This group was held on Monday evenings and was open just to young fathers (not their partners). If a young father attended these support groups then he was "rewarded" by being able to play basketball in the gym following the session. Again, the participation in this weekly support group grew over time.

The case manager at the YMCA had a second focus. Instead of just serving young fathers in the community, she also arranged to provide services for young fathers who are incarcerated at the Maine Youth Center (MYC). Primarily the service she provided at MYC was a weekly two-hour support group which was co-facilitated by one of the volunteers. The Unit Directors at MYC referred identified young

fathers to this group. The weekly group was attended by approximately 10-12 young fathers. Although it was a support group it was also topic focused. The following issues were addressed:

- values clarification
- responsible sexuality and family planning
- rights and responsibility of parenting
- anger control/family violence
- ages and stages of child development
- positive parenting skills
- substance abuse in the family
- communication skills
- problem solving
- male stereotypes and homophobia

Due to the fact that the young fathers membership in this group fluctuated with releases and new participants, it made it difficult to have much continuity. Also, because fathers were released to their homes state-wide, it made it very difficult to provide any follow-up services for the clients served at MYC.

In addition to the group sessions, a special family event was planned for Father's Day. A splash party at the YMCA was attended by five fathers, four partners and four children. Following the swim they served pizza and other refreshments. The fathers were also sent Father's Day cards which were very well received. Due to the success of this Family Event, others were to be planned.

Two different retreats were planned to have the clients go up to a YMCA owned retreat center for an overnight. These retreats were intended for group building. Unfortunately both retreats were cancelled due to a lack of commitment of attendance by the clients and the volunteers. It seems that it was not realistic to have the clients go away for an extended period (two days) of time.

In terms of providing case management services, the YMCA case manager found a similar situation as the ACAP case manager. Clearly basic needs such as housing and food needed to be attended to prior to being able to address parenting skills. As with the rural young fathers, most of the YMCA's clients came into the program with lots of questions about their rights and responsibilities as parents.

Due to the special situations of several clients, the case manager was active in assisting them in their reunification plans with their children. Volunteers were used to provide transportation and to supervise visits between the young fathers and their children.

The YMCA case manager did not do home visiting. This was primarily due to her feeling uncomfortable with the situation. She did however think that it was a service that should be provided as she did have difficulty getting the clients to follow-through on office visits.

Conclusion

The two demonstration sites took very separate routes in client service provision. The ACAP site focused primarily on case management services and provided most services by one-to-one, home visits. Although they attempted to run a support group it wasn't extremely successful. Inversely, the YMCA site focused primarily on providing group services, both education and support, at the YMCA and Maine Youth Center. Case management services were provided but not through home visiting.

Both sites have identified improvements that they would make on their service provision after the federal part of the demonstration was completed. Following is a description of those proposed changes as well as an analysis of why the rural RMCL site was unsuccessful at conducting the demonstration.

ACAP felt that it was to their disadvantage having a female case manager. Although she was able to provide a female point of view to the clients, she also felt that a male would be able to make more impact about relationship issues and parenting. The case manager also should be a full-time position (it was half-time during the demonstration).

The case manager feels more focus should have been put on having the fathers participate in the birth. The partners generally were not opposed to having him present at the birth but they were more interested in having their own mother as the labor coach. Many of the fathers did attend the births but were very confused as to their role. More work needs to be done to get the fathers "tuned in" to the pregnancy and delivery. Unfortunately these rural fathers still stereotypically see their role as supporting the child financially.

The case manager needs to continue to do home visiting as this component was found to be very effective. However, the case manager should be more flexible with time, be available on nights and weekends, than the present case manager was able to be. This is due to the fact that many of the clients worked agricultural jobs and were inaccessible during the day.

It would also be helpful to increase the staff to include a half-time position for someone whose primary focus would be outreach and advocacy. More outreach is needed to recruit clients into the program and keep them involved.

ACAP would like to do more groups, even though their first attempt was not successful. Instead of having them be support focused they would change the focus to be more educational in nature. But, there would have to be an incentive provided to get the fathers to attend the groups. It would also be beneficial if a volunteer (male) would co-facilitate the groups (as occurred at the YMCA site).

The last service which ACAP would like to institute is to do more case conferences. The case manager believes that service delivery would be much more effective if the service providers involved in each case were to meet together periodically to coordinate efforts. The YMCA site began to do this later in the demonstration and found it quite helpful.

RMCL, as described earlier, was unsuccessful at recruiting and serving any young fathers. Although the reason is not entirely known, following are some factors which contributed to their inability to be successful:

- The case manager who was hired was very new to this community. Although she was extremely qualified, she was viewed as a mental health professional. In rural Maine, the community is leary of outsiders as well as those who are associated with mental health. People generally want to take care of their own problems. In addition, being a woman was probably a barrier to providing services to young men.
- The men who were seen to be getting teen women pregnant in this area were over the target age for this project. Most of these men were over 25 years old. Addressing these men was complex as there was a community lifestyle which really didn't see their behavior as an issue. It was rumored that many of these men, who had impregnated more than one teenager, were "having a race to produce male babies".

- When the Young Fathers Project was begun there was yet to be support services in place for teen mothers. It really felt that we were putting the cart before the horse. This program was seen to be too progressive for this community at this time.
- Most of the men in that area, if working, work independently as clam diggers or as “tippers” for wreath making. They make all of their income “under the table”. These men are very suspicious of Child Support Enforcement. It was felt that the teen mothers were “protecting” the fathers by not giving their names to be recruited into the program. Most were very suspicious of the program assuming a link to Child Support Enforcement.

Unfortunately all of these issues contributed to the program’s demise. Many of these issues are very complex and not easily overcome. It is not expected that this community will attempt to revitalize the program in the near future.

YMCA hopes to develop a peer-leadership component. They would train fathers (3-4), who have been in the program and who developed well, to work with new clients. The peer leaders would be provided a weekly stipend. They could be used to do outreach to bring more young fathers into the program. They would also be used to provide one-to-one and groups support.

Hints for Program Implementation

When providing services to young fathers

- ◆ Offer services to meet the basic needs a young father might have such as housing assistance, transportation, financial, clothing and food assistance. Provide these first before you expect a father to focus on parenting skills.
- ◆ Be aware of father’s rights and responsibilities. Make sure you have accurate information. The fathers will have lots of questions. Know where you can refer the clients. Try to have a working relationship with the Child Support Enforcement Office.
- ◆ Be the “motivational force” for the young fathers to set and complete goal attainment. Often they will be impatient and won’t follow-through but you must be patient and persistent.
- ◆ Meet the identified needs for a client first (e.g., information about paternity) before you try to sell them on other services (such as family planning education).
- ◆ Go out into the homes. It will provide you with a wealth of information about the young father and his family. It isn’t realistic to expect the young fathers to make and keep office appointments. It will be far less frustrating to go out and meet him “on his own turf”.
- ◆ Keep flexible hours if you can. You will probably be more successful meeting with clients in the evening hours or even on weekends. Many of the young fathers have jobs and aren’t available during the day.
- ◆ Provide parenting education one-to-one or during an established support group. Most young fathers would not go to an organized parenting class.
- ◆ If you want to do fathers groups be persistent. It generally takes months to get them off the ground. Make sure one of the facilitators is a man. Keep it topic focused although it doesn’t need to be educational in nature.

Chapter Four

Project Outcomes

Profile of Young Fathers in Maine

Introduction and Description of the Sample

During the demonstration year and a half, the two sites collected profile information on fifty-three young fathers. The information was collected as part of the intake process into the program. The intake form was completed during a structured interview either at program entry or shortly thereafter. Because the profile information was collected only at program entry, it will not reflect any changes or improvement in client status based on program intervention. Due to the fact that the information was collected during a structured interview it is purely self-report. No effort was made to collaborate any information from another source.

It is also important to point out that all of the young fathers who participated in the demonstration project were completely self-selected. The profile then is of young fathers who availed themselves of the project services and cannot accurately reflect all the young fathers in the two Maine communities who were eligible for services but who did not take advantage of them. There was not a control group in this study. The profiles provided by this demonstration do however give us helpful information about the young men whom we are likely to serve. Understanding their backgrounds and characteristics may help us to design our programs to better serve them.

Client background information was collected as clients entered the program between December 1988 and November 1989. The following represents the client breakdown at each site:

ACAP Presque Isle (rural site) = 16 clients
YMCA Portland (urban site) = 37 clients
Total = 53 clients

The case manager at the urban site served two distinct populations of clients. Slightly over half of the clients were from the Portland urban areas while the others were incarcerated at the Maine Youth Center in South Portland. The clients from the Maine Youth Center were from all parts of the state including rural communities. The actual client breakdown of the YMCA clients was as follows:

Non-Maine Youth Center (true urban) = 20 clients
Maine Youth Center = 17 clients
Total = 37 clients

The following pages are devoted to profiling the clients of the Maine Young Fathers Project. The information about the young fathers has been broken down for the following comparisons:

- a. Profile of young father in Maine (N=53)
- b. Non-incarcerated urban clients (N=20) compared to rural clients (N=16)
- c. Non-incarcerated urban clients (N=20) compared to incarcerated clients (N=17)

Each section will have a narrative summary of the highlights of the comparison followed by a complete presentation of the data.

Profile of Young Fathers in Maine

The following is a description of the most common characteristics of the total client population served by the Maine Young Fathers Project. The fifty-three clients were from the urban and rural sites. The urban site clients included young fathers who were incarcerated at the Maine Youth Center.

The young father of children born to teenage mothers in Maine is a white youth whose average age is nineteen. His partner's average age is eighteen and a half. He has known her on an average of two and a half years and considers her his girlfriend.

The young man states that he is the biological father of the child but has not yet established legal paternity. This is the father's first child. The pregnancy was unplanned.

The young father grew up generally with either just his mother (34%) or both of his parents (28%). Currently his living arrangements are very varied, either living with a parent (39%), with the mother of the child (34%), or elsewhere (26%) which includes the Maine Youth Center or with other relatives. Generally he reports the household to be self-supporting (68%) with a quarter reporting public assistance.

The young father reports that he sees the mother of the baby and his baby daily. The baby lives with its mother (82%) and in many cases himself as well (43%). He and the child's mother made the decision where the child would live and he is satisfied with these arrangements. It was generally his and the child's mother's decision as to how often he would see the child. He is also satisfied with this arrangement.

The young father generally does not have siblings who also were young parents. However, half of the young fathers report that their own mother was a teenage parent and that their own father was a young father (25 years old or younger). Both of his parents know about his status as a father.

For emotional/social support the young father generally relies on the mother of the child (56%), his friends (52%) and his own mother (42%).

The young father intends to contribute to the financial support of his child (66%), although many will be receiving AFDC (58%), Medicaid (64%) or WIC (62%). Most report that they will provide some kind of non-financial support for the child.

The young father generally is not in school or any educational training program (56%) and has been out of school for an average of three years. The average grade completed was tenth grade. He does, however, plan to return to school (52%).

The young father is generally not working (56%) but is trying to find work. He has been looking for work an average of two months.

The young father has had problems with the law (83%). He has been convicted of a crime (75%) with the average conviction rate being twice. He is not currently on probation or incarcerated.

Client Profile 1988-89

53 Clients at Two Sites

Background Information and Living Arrangements

1. Are you: 92% White 2% Black 2% American Indian
 0 Asian 2% Franco-American 2% Other
 How old are you? *average = 19 years (range = 15 - 25 years old)*

2. Are you an American Citizen? 100% Yes

3. Who do you live with now? (*Check all that apply.*)
 8% living alone 34% living with mother of present or expected child
 26% living with your mother 13% living with your father
 6% living with own child(ren)
 26% other (*specify relationship*): *Maine Youth Center, Foster Care, other relatives*

4. What are the sources of financial support for you and your household? (*Check all that apply.*)
 68% self-supporting 17% other family members 25% AFDC
 30% food stamps 25% Medicaid 2% other cash assistance
 4% don't know 28% other (*specify*): *WIC, Section 8 Housing, General Assistance, Fuel Assistance*

5. Who did you live with during most of the time you were growing up?
 28% both parents 34% just mother 6% mother and her partner
 8% several living arrangements 23% other (*specify*): *foster homes, adopted, on own*

Information About Relationship With Child and Child's Mother

6. Are you the biological father? 81% Yes 8% No 12% Not sure

7. Have you legally established paternity? 31% Yes 56% No 13% Not sure

8. When was your child born? 53% entered with children 42% entered prenatally 6% not father

9. Sex of child? 35% boy 23% girl 42% not born yet

10. Is this your first child? 90% Yes 10% No

IF NO: How many other children do you have? *one*

Were these children born to the mother of your present baby or were different mothers involved? 50% Same 50% Different

11. How long have you known this child's mother? *average = 2-1/2 years (range = 3 mos - 12 years)*

12. How old is this child's mother? *average = 18-1/2 years (range = 15 - 27 years old)*

25. Who do you use for emotional/social support? (Check all that apply.)

| | | |
|--|------------------------------|------------------------------|
| 42% mother | 15% father | 56% mother of this baby |
| 21% other relatives | 52% friends | 13% social service provider |
| 8% clergy | 13% school teacher/counselor | 10% probation/parole officer |
| 29% other (specify): <i>keeps to self, foster parent, new girlfriend, Young Fathers Project Mentor</i> | | |

26. Does your child receive (will your child receive) any financial support from the following sources? (Check all that apply.)

| | | |
|------------------------------------|--------------------|--------------------------|
| 66% yourself | 8% other relatives | 62% WIC |
| 28% the child's mother | 4% anyone else | 6% other cash assistance |
| 32% the child's mother's parent(s) | 58% AFDC | 10% don't know |
| 26% your parent(s) | 64% Medicaid | |

27. There are many ways in which a father might be able to contribute to his child's well-being. But we know that a lot of young fathers are not able to give anything, even though they would like to. At this time in your life, are you able to offer any of the following? (Check all that apply):

| | | |
|--|----------------------|--------------------|
| 65% food | 65% diapers | 73% clothing |
| 57% baby furniture | 69% babysitting time | 73% toys and books |
| 71% taking child for appointments (e.g., doctors, day care) | | |
| 16% anything else (specify): <i>emotional support, pay child support</i> | | |

28. Do your parents know that you have (are expecting) this child?

| | | | |
|-----------------------|---------------------|-------|---------------|
| 58% Yes, both parents | 32% Yes, one parent | 6% No | 3% Don't know |
|-----------------------|---------------------|-------|---------------|

School, Employment and Legal Information

29. Are you now enrolled in school or any educational training program? 44% Yes 56% No

IF THE PARTICIPANT IS CURRENTLY ENROLLED:

What kind of school or program is it? (Check all that apply.)

| | |
|--|-------------------------|
| 0 Junior high school | 35% Preparation for GED |
| 43% High School (specify grade): <i>average grade = 10th</i> | 0 College |
| 30% Technical school | |

Do you expect to finish your schooling? 86% Yes 14% No 0 Don't know

IF YES: When? *average = within one year*

IF THE PARTICIPANT IS NOT CURRENTLY ENROLLED:

How long has it been since you were last in school
or in any other educational training program? *average = 3 years (range = 2 months - 7 years)*

What was the highest grade or grade equivalent you completed? *average = 10th grade (range = 8th - 12th grade)*

What were your reasons for leaving school? *life unstable (17%); job related (10%); expelled/quit (28%); other (10%)
graduated (34%)*

Do you plan to go back to school or to any other educational institution?

| | | |
|---------|--------|----------------|
| 52% Yes | 30% No | 17% Don't know |
|---------|--------|----------------|

30. Do you have a job now? 44% Yes 56% No

IF YES: what kind of work do you do?

| | |
|----------------------------------|------------------------|
| 26% Agricultural/fishing/logging | 5% Plumber's assistant |
| 5% Auto mechanic | 5% Porter |
| 26% Cook/food preparation/server | 5% Phone sales |
| 11% Janitor | 5% Sales clerk |
| | 11% Service station |

Is it 46% part time? 54% full time?
Is it 29% temporary? 71% permanent?

IF NO: Are you trying to find work? 63% Yes 37% No
How long have you been looking? *average = 2 months (range = 1 - 5 months)*

31. Have you ever had problems with the law? 83% Yes 17% No

IF YES: Specify type of offense(s):

| | |
|------------------------|----------------------|
| 20% traffic violations | 16% assault |
| 29% burglary/theft | 5% domestic violence |
| 14% trespass/mischief | 5% drugs |
| 7% auto theft | 4% harrassment |

Convicted of crime(s)? 75% Yes 25% No
How many times convicted? *average = 2 times (range = 1 - 6 times)*
Are you currently on probation? 39% Yes 61% No
Are you currently incarcerated? 34% Yes 66% No

How did you find out about this program? (Check all that apply.)

| | | |
|--|-----------------------|--------------------------|
| 4% your child's mother | 12% friends | 13% another young father |
| 0 flyer/brochure | 6% newspaper/radio/tv | 2% found it on your own |
| 41% school/social service or health agency | | |
| 42% other (specify): Maine Youth Center | | |

Comparison Profile of Urban and Rural Clients

For this comparison the urban population being addressed are those clients who are not incarcerated at the Maine Youth Center. The Maine Youth Center clients were removed from this sample because many of them are from very rural areas of the state.

The urban and rural young fathers are similar in many of their characteristics. They are white young men of an average age of twenty years who are first time fathers. Following is a description of how the two populations differ.

In terms of current living situation, the rural clients are far more likely to be living with a parent, especially a father. More rural clients than urban clients report living with their father (38% to 5%). Also more rural clients than urban clients report living with their mother (25% to 15%). The rural clients also report a higher rate of living with their own children (19% to 0).

Twice as many rural than urban clients (47% to 20%) reported living with both parents during the time of growing up. Whereas twice as many urban than rural clients (40% to 20%) reported either several living arrangements or alternative living arrangements such as foster care during the time of growing up.

The urban father has known the child's mother on the average of a year and a half longer and the urban mother is generally a year older than the rural mother. However, the rural father is more likely than the urban father (75% to 35%) to report that the child's mother is his girlfriend, whereas the urban father is more likely (25% to 6%) to report their relationship as that of just friends.

Although both urban and rural fathers report that the child is unplanned, there are more urban fathers (33% to 13%) reporting that the child was planned.

More rural fathers (56% to 35%) report that they either live with their child or plan to after its birth. The court was more involved in the decision of where the child will live for urban clients (16% to 0) than rural clients.

Rural clients report that they will see their child slightly more often, reporting daily contact (81% to 70%) more often than urban clients. Urban clients report once a week contact more often than rural clients (15% to 6%).

Urban fathers are more likely than rural fathers to use a formal network system including school teacher/counselor (16% to 0), social service provider (16% to 6%) and probation/parole officer (21% to 0).

Urban fathers are far more likely to report that they are or will be contributing financially to their child (78% to 47%). Ironically, the urban fathers also report a much higher rate of receiving AFDC (83% to 53%). The urban fathers also report a higher rate of financial contribution from their parents (23% to 0) and from the child's mother's parents (39% to 20%). The only source of support which the rural fathers reported higher was WIC (80% to 61%).

Although the rural fathers were less likely to contribute financially to their child, they rate far higher on non-financial contributions:

Food (93% to 58%)

Baby furniture (87% to 42%)

Diapers (93% to 63%)
Baby sitting time (87% to 79%)
Clothing (93% to 74%)
Toys and books (93% to 74%)
Taking child to appointments (93% to 74%)

The rural young fathers were far more likely to report that both parents knew of his status as father (88% to 50%).

The educational status of the fathers, both urban and rural, is quite similar. However, the rural fathers report a higher rate of employment (69% to 55%). They report work in more part-time (55% to 40%) and more temporary (46% to 10%) jobs. All of the rural clients (100%) compared to 89% of the urban clients were currently seeking employment. Almost half of the rural fathers reported agricultural jobs (46%) whereas the urban young fathers generally reported service industry positions.

Both urban and rural young fathers report a high rate of having problems with the law (80% and 69%) but the urban fathers report a much higher rate of conviction (80% to 29%). The average number of convictions is higher for the urban father as well (average 2-1/2 times to 1 time). The reported crimes differ dramatically with the rural clients reporting traffic violations much higher (67% to 14%) and the urban fathers reporting a higher rate of burglary/theft charges (38% to 8%).

Client Profile 1988-89

URBAN - RURAL COMPARISON

20 Urban YMCA Non-Maine Youth Center Clients

16 Rural ACAP Clients

Urban Rural

Background Information and Living Arrangements

1. Are you: 95% 94% White 5% 0% Black 0% 0% American Indian
 0% 0% Asian 0% 6% Franco-American 0% 0% Other

How old are you? average = 20 years (range = 16 - 24 years old)
 average = 20 1/2 years (range = 17 - 25 years old)

2. Are you an American Citizen? 100% 100% Yes

3. Who do you live with now? (Check all that apply.)

5% 0% living alone 40% 50% living with mother of present or expected child
 15% 25% living with your mother 5% 38% living with your father
 0% 19% living with own child(ren)
 35% 6% other

4. What are the sources of financial support for you and your household? (Check all that apply.)

60% 51% self-supporting 10% 38% other family members 30% 19% AFDC
 35% 38% food stamps 30% 19% Medicaid 0% 0% other cash assistance
 0% 0% don't know 30% 41% other

5. Who did you live with during most of the time you were growing up?

20% 47% both parents 30% 27% just mother 10% 7% mother and her partner
 10% 0% several living arrangements 30% 20% other

Information About Relationship With Child and Child's Mother

6. Are you the biological father? 90% 94% Yes 10% 7% No 0% 0% Not sure
7. Have you legally established paternity? 42% 43% Yes 47% 57% No 11% 0% Not sure
8. When was your child born? 80% 62% entered with children 20% 38% entered prenatally
9. Sex of child? 55% 31% boy 25% 31% girl 20% 38% not born yet
10. Is this your first child? 78% 100% Yes 22% 0% No

IF NO: How many other children do you have? one none

Were these children born to the mother of your present baby or were different mothers involved? 40% n/a Same 60% n/a Different

11. How long have you known this child's mother? average = 3 1/2 years (range = 3 mos - 12 years)
 average = 2 years (range = 4 mos - 4 1/2 years)

12. How old is this child's mother?

average = 18 1/2 years (range = 15 - 26 years old)

average = 17 1/2 years (range = 16 - 20 years old)

13. What kind of relationship do you now have with this child's mother?

5% 6% married

55% 75% girlfriend

25% 6% just friends

10% 13% don't see each other anymore

5% 0% other

14. How often do you see your child's mother (mother to be)?

70% 75% every day

0% 13% about once a week

10% 0% once or twice a month

10% 6% from time to time

10% 6% almost never

0% 0% never

15. Was this child: 33% 13% planned

61% 67% unplanned

6% 20% don't know

16. Who does (will) this child live with? (Check all that apply.)

35% 56% you

10% 25% the child's mother's parents

80% 88% the child's mother

5% 0% other relatives

0% 6% your parent(s)

15% 13% other nonrelatives

17. Whose decision determined where the child lives (will live)? (Check all that apply.)

63% 75% your decision

90% 88% the child's mother's decision

0% 0% your family's decision

0% 13% her family's decision

16% 0% court ordered

16% 0% other

18. Do these arrangements seem okay to you? 85% 88% Yes

15% 13% No

IF NO: How would you like things to be different? *wants custody*

19. How often do you see (plan to see) this child?

70% 81% every day

15% 6% about once a week

10% 13% once or twice a month

5% 0% from time to time

0% 0% almost never

0% 0% never

20. Whose decision determined how often you see (will see) your child? (Check all that apply.)

80% 75% your decision

60% 50% the child's mother's decision

0% 0% your family's decision

0% 0% her family's decision

0% 0% court ordered

20% 13% other

21. Does this arrangement seem okay to you? 80% 79% Yes

20% 21% No

IF NO: How would you like things to be different? *would like to see child daily*

Information About Your Family and Support Network

22. Do you have any brothers or sisters who became parents before they were 20 years old? 39% 31% Yes

61% 69% No

23. How old was your mother when she had her first child?

0% 0% under 15

47% 31% 16-19

37% 13% 20-25

5% 13% over 25

11% 44% don't know

24. How old was your father when he had his first child?

0% 0% under 15

21% 19% 16-19

42% 6% 20-25

5% 19% over 25

32% 56% don't know

25. Who do you use for emotional/social support? (Check all that apply.)

- | | | | | | |
|---|-----------------|---|--------------------------|---|--------------------------|
| <input checked="" type="checkbox"/> 37% <input checked="" type="checkbox"/> 38% | mother | <input checked="" type="checkbox"/> 16% <input checked="" type="checkbox"/> 19% | father | <input checked="" type="checkbox"/> 47% <input checked="" type="checkbox"/> 69% | mother of this baby |
| <input checked="" type="checkbox"/> 37% <input checked="" type="checkbox"/> 13% | other relatives | <input checked="" type="checkbox"/> 42% <input checked="" type="checkbox"/> 50% | friends | <input checked="" type="checkbox"/> 16% <input checked="" type="checkbox"/> 6% | social service provider |
| <input checked="" type="checkbox"/> 11% <input checked="" type="checkbox"/> 6% | clergy | <input checked="" type="checkbox"/> 16% <input checked="" type="checkbox"/> 0% | school teacher/counselor | <input checked="" type="checkbox"/> 21% <input checked="" type="checkbox"/> 0% | probation/parole officer |
| <input checked="" type="checkbox"/> 42% <input checked="" type="checkbox"/> 19% | other | | | | |

26. Does your child receive (will your child receive) any financial support from the following sources? (Check all that apply.)

- | | | | | | |
|---|--------------------------------|---|-----------------|---|-----------------------|
| <input checked="" type="checkbox"/> 78% <input checked="" type="checkbox"/> 47% | yourself | <input checked="" type="checkbox"/> 11% <input checked="" type="checkbox"/> 7% | other relatives | <input checked="" type="checkbox"/> 61% <input checked="" type="checkbox"/> 80% | WIC |
| <input checked="" type="checkbox"/> 22% <input checked="" type="checkbox"/> 7% | the child's mother | <input checked="" type="checkbox"/> 0% <input checked="" type="checkbox"/> 0% | anyone else | <input checked="" type="checkbox"/> 0% <input checked="" type="checkbox"/> 20% | other cash assistance |
| <input checked="" type="checkbox"/> 39% <input checked="" type="checkbox"/> 20% | the child's mother's parent(s) | <input checked="" type="checkbox"/> 83% <input checked="" type="checkbox"/> 53% | AFDC | <input checked="" type="checkbox"/> 11% <input checked="" type="checkbox"/> 0% | don't know |
| <input checked="" type="checkbox"/> 28% <input checked="" type="checkbox"/> 0% | your parent(s) | <input checked="" type="checkbox"/> 78% <input checked="" type="checkbox"/> 67% | Medicaid | | |

27. There are many ways in which a father might be able to contribute to his child's well-being. But we know that a lot of young fathers are not able to give anything, even though they would like to. At this time in your life, are you able to offer any of the following? (Check all that apply):

- | | | | | | |
|---|-------------------------------|---|------------------|---|----------------|
| <input checked="" type="checkbox"/> 58% <input checked="" type="checkbox"/> 93% | food | <input checked="" type="checkbox"/> 63% <input checked="" type="checkbox"/> 93% | diapers | <input checked="" type="checkbox"/> 74% <input checked="" type="checkbox"/> 93% | clothing |
| <input checked="" type="checkbox"/> 42% <input checked="" type="checkbox"/> 87% | baby furniture | <input checked="" type="checkbox"/> 79% <input checked="" type="checkbox"/> 87% | babysitting time | <input checked="" type="checkbox"/> 74% <input checked="" type="checkbox"/> 93% | toys and books |
| <input checked="" type="checkbox"/> 74% <input checked="" type="checkbox"/> 93% | taking child for appointments | | | | |
| <input checked="" type="checkbox"/> 21% <input checked="" type="checkbox"/> 7% | anything else | | | | |

28. Do your parents know that you have (are expecting) this child?

- | | | | | | | | |
|---|-------------------|--|-----------------|---|----|--|------------|
| <input checked="" type="checkbox"/> 56% <input checked="" type="checkbox"/> 83% | Yes, both parents | <input checked="" type="checkbox"/> 39% <input checked="" type="checkbox"/> 6% | Yes, one parent | <input checked="" type="checkbox"/> 0% <input checked="" type="checkbox"/> 0% | No | <input checked="" type="checkbox"/> 11% <input checked="" type="checkbox"/> 0% | Don't know |
|---|-------------------|--|-----------------|---|----|--|------------|

School, Employment and Legal Information

29. Are you now enrolled in school or any educational training program? 20% 31% Yes 80% 69% No

IF THE PARTICIPANT IS CURRENTLY ENROLLED:

What kind of school or program is it? (Check all that apply.)

- | | | | |
|---|--------------------|--|---------------------|
| <input checked="" type="checkbox"/> 0% <input checked="" type="checkbox"/> 0% | Junior high school | <input checked="" type="checkbox"/> 50% <input checked="" type="checkbox"/> 0% | Preparation for GED |
| <input checked="" type="checkbox"/> 25% <input checked="" type="checkbox"/> 60% | High School | <input checked="" type="checkbox"/> 0% <input checked="" type="checkbox"/> 0% | College |
| <input checked="" type="checkbox"/> 25% <input checked="" type="checkbox"/> 40% | Technical school | | |

Do you expect to finish your schooling? 100% 100% Yes 0% 0% No

IF YES: When? average = within one year

IF THE PARTICIPANT IS NOT CURRENTLY ENROLLED:

How long has it been since you were last in school or in any other educational training program?

average = 3 years average 2 1/2 years

What was the highest grade or grade equivalent you completed? average = 10th grade average = 11th grade

What were your reasons for leaving school? 24% 10% life unstable 12% 10% job related
 24% 20% expelled/quit 18% 0% other 24% 60% graduated

Do you plan to go back to school or to any other educational institution?

50% 56% Yes 25% 33% No 25% 11% Don't know

30. Do you have a job now? 55% 69% Yes 45% 31% No

IF YES: what kind of work do you do?

| | | | |
|---|------------------------------|--|---------------------|
| <input type="checkbox"/> 0% <input checked="" type="checkbox"/> 46% | Agricultural/fishing/logging | <input type="checkbox"/> 0% <input checked="" type="checkbox"/> 9% | Plumber's assistant |
| <input type="checkbox"/> 0% <input checked="" type="checkbox"/> 0% | Auto mechanic | <input checked="" type="checkbox"/> 14% <input checked="" type="checkbox"/> 0% | Porter |
| <input checked="" type="checkbox"/> 29% <input checked="" type="checkbox"/> 27% | Cook/food preparation/server | <input checked="" type="checkbox"/> 14% <input checked="" type="checkbox"/> 0% | Phone sales |
| <input checked="" type="checkbox"/> 29% <input checked="" type="checkbox"/> 0% | Janitor | <input type="checkbox"/> 0% <input checked="" type="checkbox"/> 9% | Sales clerk |
| | | <input checked="" type="checkbox"/> 14% <input checked="" type="checkbox"/> 9% | Service station |

Is it 40% 55% part time? 60% 46% full time?
 Is it 10% 36% temporary? 90% 55% permanent?

IF NO: Are you trying to find work? 89% 100% Yes 11% 0% No
 How long have you been looking? average = 2 months average = 3 months

31. Have you ever had problems with the law? 80% 69% Yes 20% 31% No

IF YES: Specify type of offense(s):

| | | | |
|---|--------------------|--|-------------------|
| <input checked="" type="checkbox"/> 14% <input checked="" type="checkbox"/> 67% | traffic violations | <input checked="" type="checkbox"/> 19% <input checked="" type="checkbox"/> 0% | assault |
| <input checked="" type="checkbox"/> 38% <input checked="" type="checkbox"/> 8% | burglary/theft | <input checked="" type="checkbox"/> 5% <input checked="" type="checkbox"/> 8% | domestic violence |
| <input checked="" type="checkbox"/> 10% <input checked="" type="checkbox"/> 8% | trespass/mischief | <input checked="" type="checkbox"/> 5% <input checked="" type="checkbox"/> 0% | drugs |
| <input checked="" type="checkbox"/> 5% <input checked="" type="checkbox"/> 0% | auto theft | <input checked="" type="checkbox"/> 5% <input checked="" type="checkbox"/> 8% | harrasment |

Convicted of crime(s)? 80% 29% Yes 20% 71% No
 How many times convicted? average = 2 1/2 times average 1 time
 Are you currently on probation? 64% 0% Yes 36% 100% No

How did you find out about this program? (Check all that apply.)

| | | | | | |
|---|--|--|--------------------|--|----------------------|
| <input type="checkbox"/> 0% <input checked="" type="checkbox"/> 13% | your child's mother | <input checked="" type="checkbox"/> 15% <input checked="" type="checkbox"/> 6% | friends | <input checked="" type="checkbox"/> 10% <input checked="" type="checkbox"/> 6% | another young father |
| <input type="checkbox"/> 0% <input checked="" type="checkbox"/> 0% | flyer/brochure | <input checked="" type="checkbox"/> 5% <input checked="" type="checkbox"/> 13% | newspaper/radio/tv | <input type="checkbox"/> 0% <input checked="" type="checkbox"/> 6% | found it on your own |
| <input checked="" type="checkbox"/> 50% <input checked="" type="checkbox"/> 63% | school/social service or health agency | | | | |
| <input checked="" type="checkbox"/> 40% <input checked="" type="checkbox"/> 19% | other | | | | |

Comparison Profile of Incarcerated and Non-incarcerated Urban Clients

For this comparison the urban population is being split almost in two between those who are incarcerated at the Maine Youth Center (MYC, N=17) and those who are not (Non-MYC, N=20).

The average age of the incarcerated father was younger (16 years to 20 years). Although incarcerated, these young fathers reported a much higher rate of living with their mother (41% to 15%) whereas the Non-MYC client was more likely to live alone (18% to 5%) or with the mother of the child (40% to 12%).

The incarcerated fathers were much more likely to doubt that they were the biological father (35% to 0) and much less likely to have established legal paternity (7% to 42%).

The non-incarcerated father was more likely to have another child (22% to 7%). The non-incarcerated father has known the child's mother on an average of a year longer. The incarcerated father is more likely to consider the mother his girlfriend (71% to 55%), but also more likely to no longer see her anymore (18% to 10%). He is more likely to report "almost never" contact with her (31% to 10%) whereas the non-incarcerated father reports far more daily contact (70% to 44%).

The child's living arrangements and how often the father plans to see the child is very similar for both sets of clients. The incarcerated father reports more financial support from the child's mother (53% to 22%) and from his parents (47% to 28%) whereas the non-incarcerated fathers report higher reliance on public assistance: AFDC (83% to 35%), WIC (61% to 47%) and Medicaid (78% to 47%). The non-incarcerated father reports higher levels of non-financial support:

- Food (58% to 47%)
- Diapers (63% to 47%)
- Clothing (74% to 53%)
- Baby sitting time (79% to 41%)
- Toys and books (74% to 53%)
- Taking child for appointments (74% to 47%)

The incarcerated father is far more likely to be in school (88% to 20%) as there is a school on campus at the Youth Center. On the other hand, the non-incarcerated father is far more likely to be employed (55% to 6%) as most of the incarcerated fathers are not allowed off campus.

Client Profile 1988-89

YMCA COMPARISON — INCARCERATED VS. NOT

20 Non-Maine Youth Center Clients

17 Maine Youth Center Clients

YMCA MYC

Background Information and Living Arrangements

- Are you: 95% 88% White 5% 0% Black 0% 6% American Indian
 0% 0% Asian 0% 0% Franco-American 0% 6% Other
 How old are you? average = 20 years (range = 16 - 24 years old)
 average = 16 years (range = 15 - 18 years old)
- Are you an American Citizen? 100% 100% Yes
- Who do you live with now? (Check all that apply.)
 5% 18% living alone 40% 12% living with mother of present or expected child
 15% 41% living with your mother 5% 0% living with your father
 0% 0% living with own child(ren)
 35% 35% other
- What are the sources of financial support for you and your household? (Check all that apply.)
 60% 65% self-supporting 10% 6% other family members 30% 24% AFDC
 35% 18% food stamps 30% 24% Medicaid 0% 6% other cash assistance
 0% 12% don't know 30% 12% other
- Who did you live with during most of the time you were growing up?
 20% 24% both parents 30% 47% just mother 10% 0% mother and her partner
 10% 6% several living arrangements 30% 24% other

Information About Relationship With Child and Child's Mother

- Are you the biological father? 90% 59% Yes 10% 6% No 0% 35% Not sure
- Have you legally established paternity? 42% 7% Yes 47% 67% No 11% 27% Not sure
- When was your child born? 80% 24% entered with children 20% 76% entered prenatally
- Sex of child? 55% 13% boy 25% 13% girl 20% 75% not born yet
- Is this your first child? 78% 93% Yes 22% 7% No

IF NO: How many other children do you have? one one

Were these children born to the mother of your present baby or were different mothers involved? 40% 100% Same 60% 0% Different

- How long have you known this child's mother? average = 3 1/4 years (range = 3 mos - 12 years)
 average = 2 1/4 years (range = 7 mos - 5 years)

12. How old is this child's mother? **average = 18 1/2 years (range = 15 - 26 years old)**
average = 18 1/2 years (range = 15 - 27 years old)

13. What kind of relationship do you now have with this child's mother?

5% 0% married **55% 71%** girlfriend **25% 12%** just friends
10% 18% don't see each other anymore **5% 0%** other

14. How often do you see your child's mother (mother to be)?

70% 44% every day **0% 0%** about once a week **10% 6%** once or twice a month
10% 19% from time to time **10% 31%** almost never **0% 0%** never

15. Was this child: **33% 19%** planned **61% 69%** unplanned **6% 13%** don't know

16. Who does (will) this child live with? (Check all that apply.)

35% 40% you **10% 27%** the child's mother's parents
80% 80% the child's mother **5% 0%** other relatives
0% 7% your parent(s) **15% 20%** other nonrelatives

17. Whose decision determined where the child lives (will live)? (Check all that apply.)

63% 56% your decision **90% 88%** the child's mother's decision
0% 0% your family's decision **0% 19%** her family's decision
16% 0% court ordered **16% 0%** other

18. Do these arrangements seem okay to you? **85% 100%** Yes **15% 0%** No

IF NO: How would you like things to be different? *wants custody*

19. How often do you see (plan to see) this child?

70% 63% every day **15% 13%** about once a week **10% 0%** once or twice a month
5% 0% from time to time **0% 13%** almost never **0% 13%** never

20. Whose decision determined how often you see (will see) your child? (Check all that apply.)

80% 71% your decision **60% 53%** the child's mother's decision **0% 0%** your family's decision
0% 12% her family's decision **0% 0%** court ordered **20% 29%** other

21. Does this arrangement seem okay to you? **80% 94%** Yes **20% 6%** No

IF NO: How would you like things to be different? *would like to see child daily*

Information About Your Family and Support Network

22. Do you have any brothers or sisters who became parents before they were 20 years old? **39% 38%** Yes **61% 63%** No

23. How old was your mother when she had her first child?

0% 6% under 15 **47% 63%** 16-19 **37% 25%** 20-25 **5% 0%** over 25 **11% 6%** don't know

24. How old was your father when he had his first child?

0% 0% under 15 **21% 33%** 16-19 **42% 47%** 20-25 **5% 0%** over 25 **32% 20%** don't know

25. Who do you use for emotional/social support? (Check all that apply.)

- | | | | | | | | | |
|------------------------------|------------------------------|-----------------|------------------------------|------------------------------|--------------------------|------------------------------|------------------------------|--------------------------|
| <input type="checkbox"/> 37% | <input type="checkbox"/> 53% | mother | <input type="checkbox"/> 16% | <input type="checkbox"/> 12% | father | <input type="checkbox"/> 47% | <input type="checkbox"/> 53% | mother of this baby |
| <input type="checkbox"/> 37% | <input type="checkbox"/> 12% | other relatives | <input type="checkbox"/> 42% | <input type="checkbox"/> 65% | friends | <input type="checkbox"/> 16% | <input type="checkbox"/> 18% | social service provider |
| <input type="checkbox"/> 11% | <input type="checkbox"/> 6% | clergy | <input type="checkbox"/> 16% | <input type="checkbox"/> 24% | school teacher/counselor | <input type="checkbox"/> 21% | <input type="checkbox"/> 6% | probation/parole officer |
| <input type="checkbox"/> 42% | <input type="checkbox"/> 24% | other | | | | | | |

26. Does your child receive (will your child receive) any financial support from the following sources? (Check all that apply.)

- | | | | | | | | | |
|------------------------------|------------------------------|--------------------------------|------------------------------|------------------------------|-----------------|------------------------------|------------------------------|-----------------------|
| <input type="checkbox"/> 78% | <input type="checkbox"/> 71% | yourself | <input type="checkbox"/> 11% | <input type="checkbox"/> 6% | other relatives | <input type="checkbox"/> 61% | <input type="checkbox"/> 47% | WIC |
| <input type="checkbox"/> 22% | <input type="checkbox"/> 53% | the child's mother | <input type="checkbox"/> 0% | <input type="checkbox"/> 12% | anyone else | <input type="checkbox"/> 0% | <input type="checkbox"/> 0% | other cash assistance |
| <input type="checkbox"/> 39% | <input type="checkbox"/> 35% | the child's mother's parent(s) | <input type="checkbox"/> 83% | <input type="checkbox"/> 35% | AFDC | <input type="checkbox"/> 11% | <input type="checkbox"/> 18% | don't know |
| <input type="checkbox"/> 28% | <input type="checkbox"/> 47% | your parent(s) | <input type="checkbox"/> 78% | <input type="checkbox"/> 47% | Medicaid | | | |

27. There are many ways in which a father might be able to contribute to his child's well-being. But we know that a lot of young fathers are not able to give anything, even though they would like to. At this time in your life, are you able to offer any of the following? (Check all that apply):

- | | | | | | | | | |
|------------------------------|------------------------------|-------------------------------|------------------------------|------------------------------|------------------|------------------------------|------------------------------|----------------|
| <input type="checkbox"/> 58% | <input type="checkbox"/> 47% | food | <input type="checkbox"/> 63% | <input type="checkbox"/> 41% | diapers | <input type="checkbox"/> 74% | <input type="checkbox"/> 53% | clothing |
| <input type="checkbox"/> 42% | <input type="checkbox"/> 47% | baby furniture | <input type="checkbox"/> 79% | <input type="checkbox"/> 41% | babysitting time | <input type="checkbox"/> 74% | <input type="checkbox"/> 53% | toys and books |
| <input type="checkbox"/> 74% | <input type="checkbox"/> 47% | taking child for appointments | | | | | | |
| <input type="checkbox"/> 21% | <input type="checkbox"/> 18% | anything else | | | | | | |

28. Do your parents know that you have (are expecting) this child?

- | | | | | | | | | | | | |
|------------------------------|------------------------------|-------------------|------------------------------|------------------------------|-----------------|-----------------------------|------------------------------|----|------------------------------|-----------------------------|------------|
| <input type="checkbox"/> 50% | <input type="checkbox"/> 38% | Yes, both parents | <input type="checkbox"/> 39% | <input type="checkbox"/> 50% | Yes, one parent | <input type="checkbox"/> 0% | <input type="checkbox"/> 13% | No | <input type="checkbox"/> 11% | <input type="checkbox"/> 0% | Don't know |
|------------------------------|------------------------------|-------------------|------------------------------|------------------------------|-----------------|-----------------------------|------------------------------|----|------------------------------|-----------------------------|------------|

School, Employment and Legal Information

29. Are you now enrolled in school or any educational training program? 20% 88% Yes 80% 13% No

IF THE PARTICIPANT IS CURRENTLY ENROLLED:

What kind of school or program is it? (Check all that apply.)

- | | | | | | |
|------------------------------|------------------------------|--------------------|------------------------------|------------------------------|---------------------|
| <input type="checkbox"/> 0% | <input type="checkbox"/> 0% | Junior high school | <input type="checkbox"/> 50% | <input type="checkbox"/> 43% | Preparation for GED |
| <input type="checkbox"/> 25% | <input type="checkbox"/> 43% | High School | <input type="checkbox"/> 0% | <input type="checkbox"/> 0% | College |
| <input type="checkbox"/> 25% | <input type="checkbox"/> 14% | Technical school | | | |

Do you expect to finish your schooling? 100% 75% Yes 0% 0% No 0% 25% Don't know

IF YES: When? *average = within one year*

IF THE PARTICIPANT IS NOT CURRENTLY ENROLLED:

How long has it been since you were last in school or in any other educational training program?

average = 3 years *average 2 years*

What was the highest grade or grade equivalent you completed? *average = 10th grade* *average = 9th grade*

What were your reasons for leaving school? 24% 0% life unstable 12% 0% job related 24% 100% expelled/quit 18% 0% other 24% 0% graduated

Do you plan to go back to school or to any other educational institution?

50% 50% Yes 25% 50% No 25% 0% Don't know

30. Do you have a job now? 55% 66% Yes 45% 94% No

IF YES: what kind of work do you do?

| | | | |
|---|------------------------------|--|-----------------|
| <input checked="" type="checkbox"/> 0% <input checked="" type="checkbox"/> 100% | Auto mechanic | <input checked="" type="checkbox"/> 14% <input checked="" type="checkbox"/> 0% | Porter |
| <input checked="" type="checkbox"/> 29% <input checked="" type="checkbox"/> 0% | Cook/food preparation/server | <input checked="" type="checkbox"/> 14% <input checked="" type="checkbox"/> 0% | Phone sales |
| <input checked="" type="checkbox"/> 29% <input checked="" type="checkbox"/> 0% | Janitor | <input checked="" type="checkbox"/> 14% <input checked="" type="checkbox"/> 0% | Service station |

Is it 40% 0% part time? 60% 100% full time?

Is it 10% 0% temporary? 90% 100% permanent?

IF NO: Are you trying to find work? 89% 36% Yes 11% 64% No

How long have you been looking? average = 2 months average = 1 month

31. Have you ever had problems with the law? 80% 100% Yes 20% 0% No

IF YES: Specify type of offense(s):

| | | | |
|---|--------------------|---|-------------------|
| <input checked="" type="checkbox"/> 14% <input checked="" type="checkbox"/> 0% | traffic violations | <input checked="" type="checkbox"/> 19% <input checked="" type="checkbox"/> 21% | assault |
| <input checked="" type="checkbox"/> 38% <input checked="" type="checkbox"/> 25% | burglary/theft | <input checked="" type="checkbox"/> 5% <input checked="" type="checkbox"/> 4% | domestic violence |
| <input checked="" type="checkbox"/> 10% <input checked="" type="checkbox"/> 21% | trespass/mischief | <input checked="" type="checkbox"/> 5% <input checked="" type="checkbox"/> 8% | drugs |
| <input checked="" type="checkbox"/> 5% <input checked="" type="checkbox"/> 13% | auto theft | <input checked="" type="checkbox"/> 5% <input checked="" type="checkbox"/> 0% | harrassment |

Convicted of crime(s)? 80% 92% Yes 20% 7% No

How many times convicted? average = 2 1/4 times average 2 times

Are you currently on probation? 64% 33% Yes 36% 68% No

How did you find out about this program? (Check all that apply.)

| | | | | | |
|---|--|---|--------------------|---|----------------------|
| <input checked="" type="checkbox"/> 0% <input checked="" type="checkbox"/> 0% | your child's mother | <input checked="" type="checkbox"/> 15% <input checked="" type="checkbox"/> 13% | friends | <input checked="" type="checkbox"/> 10% <input checked="" type="checkbox"/> 25% | another young father |
| <input checked="" type="checkbox"/> 0% <input checked="" type="checkbox"/> 0% | flyer/brochure | <input checked="" type="checkbox"/> 5% <input checked="" type="checkbox"/> 0% | newspaper/radio/tv | <input checked="" type="checkbox"/> 0% <input checked="" type="checkbox"/> 0% | found it on your own |
| <input checked="" type="checkbox"/> 50% <input checked="" type="checkbox"/> 66% | school/social service or health agency | | | | |
| <input checked="" type="checkbox"/> 40% <input checked="" type="checkbox"/> 69% | other | | | | |

Goal Attainment Scale (GAS) Profile

Introduction

During the demonstration year and a half, the two sites collected goal attainment status information on fifty-three young fathers. The Goal Attainment Scale (GAS) process was an integral part of the case management system implemented for the Young Fathers Project.

Each site was to do a first assessment on the young fathers either at intake or shortly after entering the program. The purpose of this first assessment was to discover in what goal areas the young father wanted/needed improvement. This assessment was the basis for case planning. As described earlier the GAS form has space for both the case manager and the client to mark their rating on each goal. Quite often the client's perception of goal status was a step or more higher on the scale than the case manager's rating.

The sites were to continue doing assessments on client goal status at three month intervals and were to do a "termination/discharge" assessment at the end of the federal funded demonstration (even though the sites may continue to operate with private funding). The interval assessment process was accomplished as scheduled at the ACAP rural site. The case manager at that site did an excellent job of data collection. She reported that the GAS system was very helpful as it pinpointed the client's needs and gave her direction for case planning. Unfortunately the data collection from the urban YMCA site was not as effective. Due to difficulties at that site and the untimely resignation of two case managers, HSDI was only able to collect first assessment information on the urban clients and that information was somewhat sketchy.

The following pages are devoted to profiling the goal status of the clients of the Maine Young Fathers Project. The GAS information has been broken down for the following comparisons:

- a. First Assessment Baseline Status (Rural compared to Urban and Total Project Status), and
- b. Outcome Status for Rural Clients (First Assessment Compared to Discharge Assessment).

Each section will have a narrative summary of the highlights of the comparison followed by a complete presentation of the data.

First Assessment Baseline Status (Rural Compared to Urban and Total Project Status)

On the following chart you will find the first assessment results or baseline status of the young fathers in this demonstration project. There is a rural and urban comparison as well as presentation of the status as a project whole. Both the case manager's rating of the clients and their own rating of themselves is presented. There is a rating of "0" added to each scale either when data was missing or when the case manager discovered that goal area to be "not applicable."

Following is a brief summary of the highlights of the baseline status of all the fathers in the Maine Young Fathers Project. As a whole, in the "Physical Environment" goal areas (including housing, food and clothing, and transportation) there was a fair amount of distribution for each goal, with housing being the most accomplished goal (43% have safe, affordable, realistic housing). Almost a quarter (23%) of the fathers have rejected resources for food and clothing. Most (70%) of the clients had transportation needs that have been identified with a quarter (27%) actually beginning to work on that need.

Less than a quarter (23%) are currently in an educational program but almost half (48%) are interested in starting a program. The skill building goal was open ended. For most clients the goal was identified for skill building towards parenting skills.

In the health and medical goals there is a wide distribution for most goals. Almost a quarter (23%) are using birth control appropriately with over a third (35%) not being applicable under this goal, probably because they were prenatal. Because not being prenatal one half (55%) marked the involvement in prenatal care goal "not applicable." Most young fathers have no health care plan for self (71%) but on the other hand do have health care for their babies (42% with additional 38% being "not applicable" because prenatal). Almost no young fathers (6%) had a client in need of specialty medical services.

In terms of personal growth goals, a third (31%) of the fathers have frequent and predictable interaction with their child. Of the fathers whose children were born, all of them established paternity either informally or legally. There was a wide variation in reports of having a positive support system. Over half (55%) have no support available or have acknowledged a need for support.

A half of the fathers (53%) have problems with victimization (family violence) with a third (32%) having continuing problems in this area. Just over a third (36%) have a continuing problem with substance abuse.

Regarding financial goals, half of the fathers are either not job ready or have no job available (51%) with only a fifth (20%) having a job adequate for self-sufficiency. Over half (55%) are either unaware of financial resources or have not availed themselves of them. Most of the clients (62%) have experienced financial crisis although they vary in their ability to deal with it.

For those of which the goal is applicable, most are willing but unable to financially pay for prenatal care. Also, very few (8%) are able to pay financial child support although a third (34%) acknowledge responsibility or provide non-financial support.

There are some distinctions between the rural clients and the urban clients which will be highlighted briefly. Note that some of the distraction may be due to a different interpretation and use of the GAS system. There is also some variation due to missing data from the urban site where, unfortunately, more of the goals were deemed "not applicable" by the case manager.

The urban clients were less likely to have safe, affordable and realistic housing (35% to 63%). They also were less likely to have and use resources for food and clothing (27% to 88%). Their resources for transportation were quite similar although the rural area does not have a public transportation service.

Rural clients were less likely to be taking action toward an education program (38% to 8%). The skill building goal was utilized much more by the rural case manager than the urban case manager.

The rural and urban clients were quite similar on the health and medical goals. Rural clients were slightly more likely to be contracepting responsibly (31% to 19%). The rural clients were also more likely to use a plan for well/sick care for their child (50% to 27%).

The rural and urban clients were also quite similar in the personal growth goals. Although none of the rural clients were assessed to either have family violence problems (100%) or substance abuse problems (94%). The difference is probably due to the urban case manager's comfort level and skill to assess these areas more accurately at the first assessment. The urban clients show a very high rate of victimization/family violence (76%) and half (49%) have ongoing problems with substance abuse.

In terms of the financial goals, the urban clients were less likely to be job ready (46% to 25%), but the rural client was more likely to be in financial crisis (82% to 57%). The rural and urban clients were quite similar in their ability to pay child support and for prenatal care.

Goal Attainment Scaling

Rural (N=16) and Urban (N=37) Sites

Baseline Status First Assessment

| GOAL | Rural | | Urban | | Total | |
|--|----------------|----------|----------------|----------|----------------|----------|
| | Case Manager % | Client % | Case Manager % | Client % | Case Manager % | Client % |
| A. Adequate housing | | | | | | |
| 1. none | 0 | 0 | 5 | 8 | 3 | 6 |
| 2. unsafe | 0 | 0 | 8 | 5 | 6 | 3 |
| 3. temporary safe | 0 | 6 | 30 | 8 | 21 | 7 |
| 4. safe but unrealistic | 38 | 44 | 8 | 35 | 17 | 38 |
| 5. safe, affordable, realistic | 63 | 44 | 35 | 8 | 43 | 19 |
| 0. unknown/not applicable | 0 | 6 | 14 | 35 | 10 | 26 |
| B. Resources for food and clothing | | | | | | |
| 1. resource known/client declines | 0 | 6 | 33 | 33 | 23 | 25 |
| 2. worker/client agree on resource, resources not utilized | 0 | 0 | 0 | 0 | 0 | |
| 3. resources used inappropriately | 13 | 0 | 5 | 5 | 7 | 3 |
| 4. resources used with guidance | 63 | 44 | 8 | 5 | 25 | 17 |
| 5. resources used independently | 25 | 44 | 19 | 22 | 21 | 29 |
| 0. unknown/not applicable | 0 | 6 | 35 | 35 | 24 | 26 |
| C. Resources for transportation | | | | | | |
| 1. no transportation available (public or private) | 19 | 13 | 16 | 16 | 17 | 15 |
| 2. transportation unreliable/unpredictable | 25 | 0 | 27 | 30 | 26 | 21 |
| 3. client working towards meeting transportation needs | 38 | 13 | 22 | 19 | 27 | 17 |
| 4. adequate, reliable transportation | 19 | 69 | 22 | 19 | 21 | 34 |
| 0. unknown/not applicable | 0 | 6 | 14 | 16 | 10 | 13 |
| D. Educational toward: | | | | | | |
| 1. no action | 38 | 38 | 8 | 11 | 17 | 19 |
| 2. seeks information | 13 | 19 | 30 | 30 | 25 | 27 |
| 3. decides on program | 25 | 19 | 22 | 22 | 23 | 21 |
| 4. begins program | 6 | 0 | 14 | 14 | 12 | 10 |
| 5. consistent, continuous progress | 19 | 25 | 8 | 11 | 11 | 15 |
| 0. unknown/not applicable | 0 | 0 | 19 | 14 | 13 | 10 |

| GOAL | Rural | | Urban | | Total | |
|--|----------------------|-------------|----------------------|-------------|----------------------|-------------|
| | Case Manager % | Client % | Case Manager % | Client % | Case Manager % | Client % |
| E. Skill-building toward | | | | | | |
| 1. need identified/client declined | 44 | 38 | 14 | 11 | 23 | 19 |
| 2. client agreed/no service delivered | 38 | 44 | 30 | 27 | 32 | 32 |
| 3. service initiated but terminated | 0 | 0 | 8 | 8 | 6 | 6 |
| 4. service initiated, progress | 6 | 6 | 8 | 8 | 7 | 7 |
| 5. service completed | 0 | 0 | 0 | 0 | 0 | 0 |
| 0. unknown/not applicable | 13 | 13 | 41 | 46 | 33 | 36 |
| F. Plans to prevent/delay subsequent pregnancy/disease | | | | | | |
| 1. repeated unplanned pregnancy | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. no method | 19 | 13 | 5 | 3 | 9 | 6 |
| 3. has information, methods not used | 6 | 0 | 22 | 22 | 17 | 15 |
| 4. using methods inconsistently | 6 | 6 | 22 | 24 | 17 | 19 |
| 5. responsible use of methods or lack of birth control if pregnancy is planned | 31 | 31 | 19 | 19 | 23 | 23 |
| 0. unknown/not applicable | 38 | 50 | 33 | 33 | 35 | 38 |
| G. Involvement in prenatal care with partner | | | | | | |
| 1. has no interest | 0 | 0 | 3 | 3 | 2 | 2 |
| 2. plays no role but would like to | 0 | 0 | 16 | 16 | 11 | 11 |
| 3. participates sporadically | 31 | 13 | 14 | 14 | 19 | 14 |
| 4. regularly assists partner to obtain care | 6 | 19 | 14 | 14 | 12 | 16 |
| 5. participation in child birth classes and delivery | 0 | 6 | 3 | 3 | 2 | 4 |
| 0. unknown/not applicable | 63 | 63 | 52 | 52 | 55 | 55 |
| H. Has health care plan for self | | | | | | |
| 1. does not use health services | 69 | 56 | 14 | 16 | 31 | 28 |
| 2. crisis care only | 6 | 13 | 41 | 43 | 30 | 34 |
| 3. explores options | 0 | 0 | 14 | 14 | 10 | 10 |
| 4. uses appropriately but not consistently | 13 | 6 | 14 | 14 | 14 | 12 |
| 5. uses plan for well/sick care | 6 | 19 | 5 | 5 | 5 | 9 |
| 0. unknown/not applicable | 6 | 6 | 14 | 8 | 12 | 7 |
| I. Has child health care plan | | | | | | |
| 1. does not use health services | 13 | 13 | 3 | 3 | 6 | 6 |
| 2. crisis care only | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. explores options | 0 | 0 | 22 | 19 | 15 | 13 |
| 4. uses appropriately but not consistently | 0 | 0 | 11 | 14 | 8 | 10 |
| 5. uses plan for well/sick care | 50 | 50 | 27 | 24 | 34 | 32 |
| 0. unknown/not applicable | 38 | 38 | 38 | 41 | 38 | 40 |
| J. Assists in accessing speciality services for child's needs | | | | | | |
| 1. need acknowledged, plays no role | 6 | 6 | 3 | 0 | 4 | 2 |
| 2. worker/client identify need/services | 0 | 0 | 3 | 3 | 2 | 2 |
| 3. client participates in seeking services | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. service needs resolved | 0 | 0 | 3 | 3 | 2 | 2 |
| 0. unknown/not applicable | 94 | 94 | 92 | 95 | 93 | 95 |

| GOAL | Rural | | Urban | | Total | |
|---|---------|--------|---------|--------|---------|--------|
| | Case | Client | Case | Client | Case | Client |
| | Manager | % | Manager | % | Manager | % |
| K. Participates in child/care development | | | | | | |
| 1. plays no role | 0 | 0 | 0 | 3 | 0 | 2 |
| 2. wants to but mother refuses | 6 | 0 | 0 | 0 | 2 | 0 |
| 3. sporadic/unpredictable interactions | 19 | 0 | 14 | 11 | 16 | 8 |
| 4. occasional and predictable interactions | 13 | 13 | 5 | 5 | 7 | 7 |
| 5. frequent and predictable interactions | 25 | 44 | 33 | 35 | 31 | 38 |
| 0. unknown/not applicable | 38 | 44 | 49 | 46 | 46 | 45 |
| L. Establishes legal paternity | | | | | | |
| 1. denies paternity | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. acknowledges paternity, mother denies | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. father and mother informally acknowledge paternity | 56 | 31 | 22 | 22 | 32 | 25 |
| 4. paternity legally established | 31 | 44 | 24 | 27 | 26 | 32 |
| 0. unknown/not applicable | 13 | 25 | 54 | 52 | 42 | 44 |
| M. Establishes/strengthens support system | | | | | | |
| 1. no support | 19 | 19 | 16 | 16 | 17 | 17 |
| 2. negative support | 0 | 0 | 11 | 11 | 8 | 8 |
| 3. inconsistent support | 19 | 6 | 19 | 22 | 19 | 17 |
| 4. consistent, limited support | 44 | 13 | 16 | 19 | 24 | 17 |
| 5. family, friends, formal help-givers | 13 | 56 | 27 | 27 | 23 | 36 |
| 0. unknown/not applicable | 6 | 6 | 11 | 5 | 9 | 5 |
| N. Builds supportive interpersonal relationships | | | | | | |
| 1. no people available | 31 | 25 | 11 | 16 | 17 | 19 |
| 2. acknowledges need for support | 50 | 13 | 33 | 33 | 38 | 27 |
| 3. develops plan to create supportive relationships | 0 | 0 | 30 | 30 | 21 | 21 |
| 4. implements plan | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. usually has support | 6 | 56 | 16 | 16 | 13 | 28 |
| 0. unknown/not applicable | 13 | 6 | 11 | 5 | 12 | 5 |
| O. Stops victimizing/being victimized | | | | | | |
| 1. victimization continues | 0 | 0 | 46 | 33 | 32 | 23 |
| 2. client acknowledges the problem | 0 | 6 | 14 | 16 | 10 | 13 |
| 3. decides to take action | 0 | 0 | 8 | 14 | 6 | 10 |
| 4. takes action | 0 | 0 | 8 | 8 | 6 | 6 |
| 5. client has control | 0 | 19 | 8 | 8 | 6 | 11 |
| 0. unknown/not applicable | 100 | 75 | 16 | 22 | 41 | 38 |
| P. Eliminates alcohol/substance abuse | | | | | | |
| 1. refuses to acknowledge problem | 6 | 13 | 5 | 5 | 5 | 7 |
| 2. acknowledges but continues to abuse | 0 | 0 | 3 | 3 | 2 | 2 |
| 3. sporadic efforts for solving problems | 0 | 0 | 14 | 11 | 10 | 8 |
| 4. seeks assistance in ending abuse | 0 | 0 | 27 | 27 | 19 | 19 |
| 5. terminates abuse | 0 | 0 | 22 | 22 | 15 | 15 |
| 0. unknown/not applicable | 94 | 88 | 30 | 33 | 49 | 50 |

| GOAL | Rural | | Urban | | Total | |
|---|----------------------|-------------|----------------------|-------------|----------------------|-------------|
| | Case Manager % | Client % | Case Manager % | Client % | Case Manager % | Client % |
| Q. Obtains employment | | | | | | |
| 1. not job-ready | 25 | 0 | 46 | 49 | 40 | 34 |
| 2. job-ready, no job available | 19 | 44 | 8 | 8 | 11 | 19 |
| 3. accepts job-not appropriate | 31 | 13 | 11 | 14 | 17 | 14 |
| 4. has job adequate for self-sufficiency | 25 | 31 | 14 | 14 | 17 | 19 |
| 5. satisfied with job which is adequate for self-sufficiency | 0 | 13 | 5 | 5 | 3 | 7 |
| 0. unknown/not applicable | 0 | 0 | 16 | 11 | 11 | 8 |
| R. Obtains financial resources | | | | | | |
| 1. lacks knowledge about resources | 50 | 6 | 19 | 19 | 28 | 15 |
| 2. knows about resources, has not applied | 19 | 44 | 30 | 30 | 27 | 34 |
| 3. application pending | 19 | 25 | 5 | 5 | 9 | 11 |
| 4. application rejected | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. application accepted/client receiving | 6 | 6 | 8 | 8 | 7 | 7 |
| 0. unknown/not applicable | 6 | 19 | 38 | 38 | 28 | 32 |
| S. Manages financial resources | | | | | | |
| 1. ongoing financial crisis | 25 | 0 | 30 | 30 | 28 | 21 |
| 2. knows cause of crisis, does not take action | 38 | 31 | 5 | 5 | 15 | 13 |
| 3. develops plan to reduce crisis | 13 | 13 | 16 | 16 | 15 | 15 |
| 4. implements plan | 6 | 13 | 3 | 3 | 4 | 6 |
| 5. crisis-free for 3 months | 6 | 25 | 8 | 8 | 7 | 13 |
| 0. unknown/not applicable | 13 | 19 | 38 | 38 | 30 | 32 |
| T. Helps pay for prenatal care | | | | | | |
| 1. refuses to participate | 0 | 0 | 5 | 5 | 3 | 3 |
| 2. willing but unable to participate financially | 38 | 38 | 30 | 30 | 32 | 32 |
| 3. gets information about resources | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. pays for part of needed services | 0 | 0 | 3 | 3 | 2 | 2 |
| 5. pays for all needed services | 0 | 0 | 0 | 0 | 0 | 0 |
| 0. unknown/not applicable | 63 | 63 | 62 | 62 | 62 | 62 |
| U. Pays child support | | | | | | |
| 1. refuses to pay/denies responsibility | 6 | 6 | 0 | 0 | 2 | 2 |
| 2. acknowledges responsibility but has no resources | 13 | 6 | 27 | 27 | 23 | 21 |
| 3. provides non-financial support | 19 | 19 | 8 | 8 | 11 | 11 |
| 4. provides some financial support | 0 | 6 | 3 | 3 | 2 | 4 |
| 5. provides full financial support | 0 | 0 | 8 | 8 | 6 | 6 |
| 0. unknown/not applicable | 63 | 63 | 54 | 54 | 57 | 57 |

Outcome Status of Rural Clients (First Assessment Compared to Discharge Assessment)

The Goal Attainment Scaling (GAS) process is a helpful case management assessment tool whereas the case manager and client can track progress over time. The scales under each goal, however, have not been assigned absolute weights representing equal intervals of goal attainment. For instance, a step increase under the goal of “Obtains employment” may not absolutely equal a step increase in another goal area such as “Eliminates alcohol/substance abuse.” Whereas this instrument is helpful at the micro-level, between case manager and client, it is less helpful at the macro-level, due to an inability to weigh the scales absolutely and calculate aggregate change, when trying to reach conclusions about program outcomes.

It is also important to point out that a client’s goal status can fluctuate considerably both positively and negatively. For instance, a client may have attained a job adequate for self-sufficiency and found safe, affordable and realistic housing only to get laid off and go into financial crisis, get evicted, and thus need to start the process again. Consequently, showing an improvement in any goal area is an accomplishment but one which may be temporary. For this reason a case manager should continue to reassess in goal areas, even when the optimum level of achievement has been attained.

When comparing baseline information with termination information, it is also important to note that baseline information isn’t always the most accurate assessment. This information is collected shortly after the client enters the program. Without a lot of background history/knowledge about the client, the case manager may be presented with a “rosier” picture than what actually exists. The second, or three month, assessment may reflect a more accurate picture of client status.

With all disclaimers, the following summary and presentation of data is the comparison of first assessment and discharge assessment information at the ACAP rural site. When looking at both assessments we can see change (both positive and negative) in most of the goal areas. For the purposes of this summary the focus will be on change indicated at the top and bottom ends of the scale.

Under physical environment (life skills) goals the most dramatic changes were in the goals for attaining resources for food and clothing and resources for transportation. In both of these scales there was marked improvement at the top end of the scale. Twice as many clients were able to use resources independently for food and clothing (25% to 56%) and three times as many secured adequate, reliable transportation (19% to 63%).

Under the goal of education there was less improvement at the top of the scale (19% to 31%) and actually some drop at the bottom of the scale (38% to 44%). Although educational attainment was encouraged at this site there was not much improvement. However in skill building toward parenting skills there was dramatic improvement at the top of the scale (0 to 56%).

Under the health and medical goals there was an unfortunate outcome with a rise (0 to 13%) in repeated unplanned pregnancies. However, there was also a rise (31% to 50%) in responsible use of birth control methods. There was also improvement in client use for personal well/sick care (6% to 44%) which may be a result of attaining better jobs and health insurance. There was also improvement in obtaining well/sick care for the child (50% to 100%) with most children being served under Medicaid or the father’s insurance.

There was an increase in the number of fathers who had frequent and predictable interactions with their children (25% to 69%) although the lower first assessment status is partly due to the prenatal status

of the child. There was also a dramatic increase in the number of young fathers who established legal paternity (31% to 75%).

The rural young fathers had an increase in their use of their support system (13% to 50%) and improved their interpersonal relationships (6% to 38%).

While the client was in the program, slightly more abuse was identified which he was unwilling to deal with. In terms of the family violence goal area there was a rise in the status of the victimization continuing (0 to 19%) but also a rise in clients having control of this problem (0 to 13%). There was a slight rise in incidents when the case manager would discuss a substance abuse problem but the client was not willing to acknowledge the problem (6% to 13%).

There was improvement in obtaining employment with an increase of clients having jobs adequate for self-sufficiency (25% to 44%). There was also a rise in clients obtaining financial resources as needed (public aid) (6% to 44%).

More clients were able to implement plans to manage financial resources (6% to 38%) but fewer were able to stay crisis free for three months (6% to 0).

With the rise in adequate employment there was also a rise in the father's ability to provide some financial support for the child (0 to 44%), but even at discharge no father was able to provide full financial support.

In summary, the ACAP Young Fathers Project seemed to have a very positive effect on the lives of the 16 young fathers they served. Although not completely self-sufficient there is a trend in that direction as well as an indication that the fathers are more willing to take a positive parenting role.

Goal Attainment Scaling

Rural Site (ACAP) N=16

| GOAL | FIRST ASSESSMENT | | DISCHARGE ASSESSMENT | |
|--|-------------------|-------------|----------------------|-------------|
| | Case Manager % | Client % | Case Manager % | Client % |
| A. Adequate housing | | | | |
| 1. none | 0 | 0 | 0 | 0 |
| 2. unsafe | 0 | 0 | 0 | 0 |
| 3. temporary safe | 0 | 6 | 6 | 6 |
| 4. safe but unrealistic | 38 | 44 | 38 | 13 |
| 5. safe, affordable, realistic | 63 | 44 | 56 | 44 |
| 0. unknown/not applicable | 0 | 6 | 0 | 38 |
| B. Resources for food and clothing | | | | |
| 1. resource known/client declines | 0 | 6 | 0 | 0 |
| 2. worker/client agree on resource, resources not utilized | 0 | 0 | 6 | 0 |
| 3. resources used inappropriately | 13 | 0 | 0 | 0 |
| 4. resources used with guidance | 63 | 44 | 38 | 6 |
| 5. resources used independently | 25 | 44 | 56 | 56 |
| 0. unknown/not applicable | 0 | 6 | 0 | 38 |
| C. Resources for transportation | | | | |
| 1. no transportation available (public or private) | 19 | 13 | 13 | 0 |
| 2. transportation unreliable/unpredictable | 25 | 0 | 13 | 6 |
| 3. client working towards meeting transportation needs | 38 | 13 | 6 | 13 |
| 4. adequate, reliable transportation | 19 | 69 | 63 | 56 |
| 0. unknown/not applicable | 0 | 6 | 6 | 25 |
| D. Educational toward: | | | | |
| 1. no action | 38 | 38 | 44 | 19 |
| 2. seeks information | 13 | 19 | 6 | 6 |
| 3. decides on program | 25 | 19 | 6 | 0 |
| 4. begins program | 6 | 0 | 13 | 19 |
| 5. consistent, continuous progress | 19 | 25 | 31 | 19 |
| 0. unknown/not applicable | 0 | 0 | 0 | 38 |
| E. Skill-building toward | | | | |
| 1. need identified/client declined | 44 | 38 | 19 | 0 |
| 2. client agreed/no service delivered | 38 | 44 | 13 | 6 |
| 3. service initiated but terminated | 0 | 0 | 13 | 0 |
| 4. service initiated, progress | 6 | 6 | 0 | 13 |
| 5. service completed | 0 | 0 | 56 | 44 |
| 0. unknown/not applicable | 13 | 13 | 0 | 38 |

| GOAL | FIRST ASSESSMENT | | DISCHARGE ASSESSMENT | |
|--|-------------------|-------------|----------------------|-------------|
| | Case Manager % | Client % | Case Manager % | Client % |
| F. Plans to prevent/delay subsequent pregnancy/disease | | | | |
| 1. repeated unplanned pregnancy | 0 | 0 | 13 | 13 |
| 2. no method | 19 | 13 | 0 | 6 |
| 3. has information, methods not used | 6 | 0 | 25 | 6 |
| 4. using methods inconsistently | 6 | 6 | 6 | 0 |
| 5. responsible use of methods or lack of birth control if pregnancy is planned | 31 | 31 | 50 | 38 |
| 0. unknown/not applicable | 38 | 50 | 6 | 38 |
| G. Involvement in prenatal care with partner | | | | |
| 1. has no interest | 0 | 0 | 0 | 0 |
| 2. plays no role but would like to | 0 | 0 | 13 | 0 |
| 3. participates sporadically | 31 | 13 | 13 | 6 |
| 4. regularly assists partner to obtain care | 6 | 19 | 0 | 6 |
| 5. participation in child birth classes and delivery | 0 | 6 | 13 | 6 |
| 0. unknown/not applicable | 63 | 63 | 63 | 81 |
| H. Has health care plan for self | | | | |
| 1. does not use health services | 69 | 56 | 31 | 13 |
| 2. crisis care only | 6 | 13 | 13 | 0 |
| 3. explores options | 0 | 0 | 6 | 0 |
| 4. uses appropriately but not consistently | 13 | 6 | 0 | 0 |
| 5. uses plan for well/sick care | 6 | 19 | 44 | 31 |
| 0. unknown/not applicable | 6 | 6 | 6 | 56 |
| I. Has child health care plan | | | | |
| 1. does not use health services | 13 | 13 | 0 | 0 |
| 2. crisis care only | 0 | 0 | 0 | 0 |
| 3. explores options | 0 | 0 | 0 | 0 |
| 4. uses appropriately but not consistently | 0 | 0 | 0 | 0 |
| 5. uses plan for well/sick care | 50 | 50 | 100 | 56 |
| 0. unknown/not applicable | 38 | 38 | 0 | 44 |
| J. Assists in accessing speciality services for child's needs | | | | |
| 1. need acknowledged, plays no role | 6 | 6 | 0 | 0 |
| 2. worker/client identify need/services | 0 | 0 | 0 | 0 |
| 3. client participates in seeking services | 0 | 0 | 0 | 0 |
| 4. service needs resolved | 0 | 0 | 0 | 0 |
| 0. unknown/not applicable | 94 | 94 | 100 | 100 |

| GOAL | FIRST ASSESSMENT | | DISCHARGE ASSESSMENT | |
|---|-------------------|-------------|----------------------|-------------|
| | Case Manager % | Client % | Case Manager % | Client % |
| K. Participates in child/care development | | | | |
| 1. plays no role | 0 | 0 | 6 | 0 |
| 2. wants to but mother refuses | 6 | 0 | 0 | 0 |
| 3. sporadic/unpredictable interactions | 19 | 0 | 6 | 0 |
| 4. occasional and predictable interactions | 13 | 13 | 13 | 6 |
| 5. frequent and predictable interactions | 25 | 44 | 69 | 50 |
| 0. unknown/not applicable | 38 | 44 | 6 | 44 |
| L. Establishes legal paternity | | | | |
| 1. denies paternity | 0 | 0 | 0 | 0 |
| 2. acknowledges paternity, mother denies | 0 | 0 | 0 | 0 |
| 3. father and mother informally acknowledge paternity | 56 | 31 | 19 | 13 |
| 4. paternity legally established | 31 | 44 | 75 | 50 |
| 0. unknown/not applicable | 13 | 25 | 6 | 38 |
| M. Establishes/strengthens support system | | | | |
| 1. no support | 19 | 19 | 0 | 0 |
| 2. negative support | 0 | 0 | 0 | 0 |
| 3. inconsistent support | 19 | 6 | 6 | 0 |
| 4. consistent, limited support | 44 | 13 | 44 | 6 |
| 5. family, friends, formal help-givers | 13 | 56 | 50 | 56 |
| 0. unknown/not applicable | 6 | 6 | 0 | 38 |
| N. Builds supportive interpersonal relationships | | | | |
| 1. no people available | 31 | 25 | 0 | 6 |
| 2. acknowledges need for support | 50 | 13 | 31 | 6 |
| 3. develops plan to create supportive relationships | 0 | 0 | 0 | 0 |
| 4. implements plan | 0 | 0 | 13 | 0 |
| 5. usually has support | 6 | 56 | 38 | 63 |
| 0. unknown/not applicable | 13 | 6 | 19 | 25 |
| O. Stops victimizing/being victimized | | | | |
| 1. victimization continues | 0 | 0 | 19 | 0 |
| 2. client acknowledges the problem | 0 | 6 | 0 | 0 |
| 3. decides to take action | 0 | 0 | 0 | 0 |
| 4. takes action | 0 | 0 | 0 | 0 |
| 5. client has control | 0 | 19 | 13 | 25 |
| 0. unknown/not applicable | 100 | 75 | 69 | 75 |
| P. Eliminates alcohol/substance abuse | | | | |
| 1. refuses to acknowledge problem | 6 | 13 | 13 | 6 |
| 2. acknowledges but continues to abuse | 0 | 0 | 0 | 0 |
| 3. sporadic efforts for solving problems | 0 | 0 | 0 | 0 |
| 4. seeks assistance in ending abuse | 0 | 0 | 0 | 0 |
| 5. terminates abuse | 0 | 0 | 0 | 6 |
| 0. unknown/not applicable | 94 | 88 | 88 | 88 |

| GOAL | FIRST ASSESSMENT | | DISCHARGE ASSESSMENT | |
|---|-------------------|-------------|----------------------|-------------|
| | Case Manager % | Client % | Case Manager % | Client % |
| Q. Obtains employment | | | | |
| 1. not job-ready | 25 | 0 | 0 | 0 |
| 2. job-ready, no job available | 19 | 44 | 19 | 19 |
| 3. accepts job-not appropriate | 31 | 13 | 19 | 13 |
| 4. has job adequate for self-sufficiency | 25 | 31 | 38 | 19 |
| 5. satisfied with job which is adequate for self-sufficiency | 0 | 13 | 6 | 0 |
| 0. unknown/not applicable | 0 | 0 | 19 | 50 |
| R. Obtains financial resources | | | | |
| 1. lacks knowledge about resources | 50 | 6 | 6 | 0 |
| 2. knows about resources, has not applied | 19 | 44 | 31 | 25 |
| 3. application pending | 19 | 25 | 6 | 0 |
| 4. application rejected | 0 | 0 | 13 | 13 |
| 5. application accepted/client receiving | 6 | 6 | 44 | 25 |
| 0. unknown/not applicable | 6 | 19 | 0 | 38 |
| S. Manages financial resources | | | | |
| 1. ongoing financial crisis | 25 | 0 | 19 | 0 |
| 2. knows cause of crisis, does not take action | 38 | 31 | 38 | 6 |
| 3. develops plan to reduce crisis | 13 | 13 | 6 | 13 |
| 4. implements plan | 6 | 13 | 38 | 31 |
| 5. crisis-free for 3 months | 6 | 25 | 0 | 13 |
| 0. unknown/not applicable | 13 | 19 | 0 | 38 |
| T. Helps pay for prenatal care | | | | |
| 1. refuses to participate | 0 | 0 | 0 | 0 |
| 2. willing but unable to participate financially | 38 | 38 | 31 | 19 |
| 3. gets information about resources | 0 | 0 | 0 | 0 |
| 4. pays for part of needed services | 0 | 0 | 0 | 0 |
| 5. pays for all needed services | 0 | 0 | 0 | 0 |
| 0. unknown/not applicable | 63 | 63 | 69 | 81 |
| U. Pays child support | | | | |
| 1. refuses to pay/denies responsibility | 6 | 6 | 6 | 0 |
| 2. acknowledges responsibility but has no resources | 13 | 6 | 0 | 0 |
| 3. provides non-financial support | 19 | 19 | 25 | 6 |
| 4. provides some financial support | 0 | 6 | 44 | 50 |
| 5. provides full financial support | 0 | 0 | 0 | 0 |
| 0. unknown/not applicable | 63 | 63 | 25 | 44 |

Paternity Establishment and Child Support Outcomes

An important objective of the Maine Young Fathers Project was to increase the numbers of paternity establishment and child support payment agreements by fathers of children born to teenage women. Obtaining support agreements from fathers of children born to teenage mothers has proved to be particularly difficult nationwide, and Maine is no exception. The Maine Department of Human Services examined the extent and nature of established support obligations to teen mothers in October, 1985. Of 865 cases, support obligations were in force in only 130 cases, or 15 percent. Paternity establishment is an important first step toward assuming financial responsibility but it also assures the young father of his legal rights as well. This, too, is why paternity establishment was emphasized in the program. The following chart outlines the success which the Maine Young Fathers project has had in this effort.

| Rural | Urban |
|---|---|
| ACAP Presque Isle Site N=16 Clients | YMCA Portland Site N=37 Clients |
| 11 have established legal paternity (69%) (9 at Child Support Enforcement, DHS, and 2 were married) | 10 have established legal paternity (27%) (8 at Child Support Enforcement, DHS, and 2 were married) |
| 3 were in the process of legally establishing (19%) (2 had taken blood tests at DHS, and 1 had signed birth certificate) | 14 were in the process of legally establishing (38%) (11 informally acknowledged and were referred to DHS, and 3 signed birth certificates) |
| 1 was prenatal | 8 were prenatal |
| 1 was not biological father | 2 were not biological fathers |
| | 3 either aborted/miscarried |
| Of the 9 which have legal paternity established at Department of Human Services: | Of the 8 which have legal paternity established at Department of Human Services: |
| 3 are paying child support (33%) | 3 are paying child support (38%) |
| 4 are on Unemployed Parent AFDC grants (44%) | 3 have terminated parental rights (38%) |
| 1 later married | 2 have status unknown to program |
| 1 has support order deferred while in school | |

Both sites exceeded their objective set at the onset of the project. ACAP only projected to have 15% establish legal paternity and far exceeded this number with a 69% establishment. YMCA had only hoped for a 13% establishment and exceeded this with 27% legally establishing paternity. These outcomes were a very positive effect of the Maine Young Fathers Project assuring its clients both their rights and responsibilities as parents.

Volunteer Outcomes

Near the end of the project a survey was sent to all of the people who volunteered at each of the two sites to learn more about their participation in the program and request feedback about their experience. Surveys were sent to 15 volunteers at the two sites and HSDI received eleven completed at a 73% rate of return.

Generally the volunteers seemed satisfied with their role and their impact on the young fathers. There was a slightly more positive experience reported at the rural site than the urban site. Although programatically the use of volunteers was not as successful as anticipated (see Implementation Section) it was rewarding to find that the volunteers left the program with a positive perception of their experience.

The following is a complete presentation of the results of the survey disseminated to the volunteers.

Maine Young Fathers Project Mentor Survey

1) Number of Returns

ACAP - 5

YMCA - 6

Total - 11

2) Length of Time as Volunteer

| | ACAP | YMCA | TOTAL |
|----------------------------|------|------|-------|
| Under 1 Month | 0 | 0 | 0 |
| 1 - 2 Months | 0 | 0 | 0 |
| 3 - 4 Months | 1 | 1 | 2 |
| 5 - 6 Months | 2 | 1 | 3 |
| 7 - 8 Months | 1 | 1 | 2 |
| 9 - 10 Months | 1 | 1 | 2 |
| 11 - 12 Months | 0 | 0 | 0 |
| Over 12 Months | 0 | 1 | 1 |
| Never Actually Volunteered | 0 | 1 | 1 |
| Average Number of Months | 6.3 | 6.5 | 6.4 |

3) Average # of Hours per Week Spent as Volunteer

| | ACAP | YMCA | TOTAL |
|----------------------------|------|------|-------|
| Under 1 Hour | 0 | 1 | 1 |
| 1 - 3 Hours | 4 | 2 | 6 |
| 4 - 6 Hours | 0 | 1 | 1 |
| 7 - 9 Hours | 1 | 0 | 1 |
| 10 - 12 Hours | 0 | 0 | 0 |
| 13 - 15 Hours | 0 | 1 | 1 |
| Over 15 Hours | 0 | 0 | 0 |
| Never Actually Volunteered | 0 | 1 | 1 |
| Average Number of Hours | 3.2 | 3.9 | 3.6 |

4) Description of Understanding of Role as a Volunteer

ACAP

- R#01 To be “a good listener to my client’s problems and reflect back what he had said”. Had a client in a very emotional state who also had a substance abuse problem. “I practiced crisis skill[s] with him. I tried to be a friend to him”.
- R#02 “To establish a friendly relationship with my client in order to assist him and ACAP in constructing a working relationship between his girlfriend, the child and the agency.”
- R#03 [My role was to] “provide support, empathy, compassion, experience, abilities.”
- R#04 “My job was to be a friend to the individual - to provide him with an opportunity to discuss his goals, frustrations, concerns and so on. I offered myself as a babysitter for free and access to me as needed.”
- R#05 “To be there. To be a resource person. To be a listener. To help direct and channel energies. To encourage and be supportive. But most of all to care.”

YMCA

- R#06 “For the first three or four months, [it was] difficult to grasp program’s purpose and mentor’s role. After this initial period and as program became more organized, [my] understanding increased.
- R#07 “As a mentor - meeting with the individual assigned to me. Guidance counseling regarding job opportunities [and] personal conflicts regarding child, unwed mother, girlfriend, etc.”
- R#08 Never actually a volunteer.
- R#09 [My role was to] “assist young fathers to [better] participate in the parenting process.”
- R#10 “Attended many training sessions of two to three hours - five to seven of them. Presumably I was ultimately to be quasi foster father/mentor figure for young fathers.”
- R#11 [To supply], “support and guidance for the father.”

5) Activities of Volunteers (check all that apply)

| | ACAP | YMCA | TOTAL |
|--------------------------------|--------|--------|-------|
| One-on-One Counseling | 4(80%) | 5(83%) | 9 |
| Outreach | 1 | 1 | 2 |
| Group Counseling | 1 | 2 | 3 |
| Community Presentations | 0 | 0 | 0 |
| Recreational Activities | 2 | 2 | 4 |
| Case Management for Clients | 1 | 0 | 1 |
| Sexuality Education/Counseling | 0 | 1 | 1 |

6) Number of Fathers, Volunteers had Direct Contact with

| | ACAP | YMCA | TOTAL |
|----------------|--------|--------|--------------|
| One Father | 4(80%) | 4(67%) | 8 Volunteers |
| Four Fathers | 1 | 0 | 1 Volunteer |
| Eight Fathers | 0 | 1 | 1 Volunteer |
| Thirty Fathers | 0 | 1 | 1 Volunteer |

The average volunteer at each site had one father.

7) Brief descriptions of Motivation for Becoming a Volunteer

ACAP

- R#01 "My own life experience and I just felt that young men have a need to be helped also. My heart goes out to the teens."
- R#02 "I felt a need within myself to become involved in a worth while community service project."
- R#03 "Field experience for degree."
- R#04 "I see the social problems around me and the individuals affected by them. I have a responsibility to share my experience, education and finances to assist another in any way I can."
- R#05 "As a Roman Catholic priest my vocation in life is to be a missionary of charity - a bringer of God's love. I was motivated to help these young fathers because of love - for the world and for all."

YMCA

- R#06 "To increase my professional knowledge and understanding of teen parenting and sexual issues with this population."
- R#07 "Concern for youth in southern Maine."
- R#08 "The attraction to me is the tremendous need for positive messages and healthy role models. Often our culture has an automatic negative attitude attached to being a young father. On the other hand I first became a father at 31, and I know that with greater maturity I can give more with my child."
- R#09 "I have enjoyed my role as father and felt this program offered an outlet to encourage young fathers to grow with their child."
- R#10 "Since [my] retirement (at age 65 in 1978) I have been a community do-good volunteer in many areas - as Senior Citizens, Blood Mobiles, etc. From my ancient, generations ago interests, [I am] still intrigued by sociological, community results/aspects of sexuality."
- R#11 "I had hoped to give encouragement to these young fathers to 'pull it together'."

8) On a scale of 1 to 5 with 1 being the most satisfying and 5 being very unsatisfying, describe your relationship with the young father(s) you had the most contact with.

| | | ACAP | YMCA | TOTAL |
|-------------------|---------|------|------|-------|
| Most Satisfying | 1 | 2 | 0 | 2 |
| | 2 | 2 | 2 | 4 |
| | 3 | 0 | 0 | 0 |
| | 4 | 0 | 2 | 2 |
| Very Unsatisfying | 5 | 0 | 1 | 1 |
| | Missing | 1 | 1 | 2 |
| | Average | 1.5 | 3.4 | 2.5 |

9) **Measure of impact of volunteers on young father(s) they had the most contact with. 1 is very positive and 5 is very negative.**

| | | ACAP | YMCA | TOTAL |
|---------------|---------|------|------|-------|
| Very Positive | 1 | 2 | 1 | 3 |
| | 2 | 1 | 0 | 1 |
| | 3 | 2 | 2 | 4 |
| | 4 | 0 | 0 | 0 |
| Very Negative | 5 | 0 | 2 | 2 |
| | Missing | 0 | 1 | 1 |
| | Average | 2 | 3.4 | 2.7 |

10) **On a scale from 1 to 5, with 1 being very useful and 5 being not at all useful, how volunteers rate the training and ongoing support they received.**

| | | ACAP | YMCA | TOTAL |
|-------------------|---------|------|------|-------|
| Very Useful | 1 | 2 | 1 | 3 |
| | 2 | 3 | 2 | 5 |
| | 3 | 0 | 1 | 1 |
| | 4 | 0 | 1 | 1 |
| Not at all Useful | 5 | 0 | 0 | 0 |
| | Missing | 0 | 1 | 1 |
| | Average | 1.6 | 2.4 | 2 |

11) **Volunteers ratings of staff's expectations of their participation as a volunteer in the program.**

| | ACAP | YMCA | TOTAL |
|------------|------|------|-------|
| Too high | 1 | 1 | 2 |
| Just Right | 4 | 4 | 8 |
| Too low | 0 | 0 | 0 |
| Missing | 0 | 1 | 1 |

The average volunteer reported the expectations were just right.

12) **Volunteers' most rewarding aspect of participation in the Young Fathers Project.**

ACAP

- R#01 "When my client came out of the hospital and asked for me to be his sponsor again."
- R#02 "To feel that I was a positive influence in establishing a useful relationship between [the] mother and father of the child."
- R#03 "Parents got married, father got a job."
- R#04 "Going in the home and meeting the families of the program participant."
- R#05 "It was working and growing with the young father. I learned more about myself due to my relationship with others."

YMCA

- R#06 "Knowledge gained about teen parenting problems and teen sexuality."
- R#07 "Counseling, one-on-one."
- R#08 Missing.
- R#09 "No satisfaction."
- R#10 "Conversation at training sessions with leader, my peers (other volunteers) or the few young fathers who showed up at some meetings."
- R#11 "Learning more about the needs of these people and this type of population."

13) Least rewarding aspect of volunteers' participation in the Young Fathers Project.

ACAP

- R#01 No Response.
- R#02 "To be manipulated at times into believing in my client when I shouldn't have. To realize how desperate some situations can be with no ready solution."
- R#03 "Only female trainers available."
- R#04 "The lack of participation on the part of participant. He missed appointments and didn't use me as I had hoped."
- R#05 "Not being able to spend more quality time with the young father."

YMCA

- R#06 "Due to newness of program, difficult to understand one's role as a mentor for at least 3-4 months into program."
- R#07 "Group participation; guidance from person responsible for administering program."
- R#08 Missing.
- R#09 "The young father was not ready for the job."
- R#10 "Never having met any of the young fathers (who wanted a mentor or guidance)."
- R#11 "The fathers did not have the skills needed to communicate or keep appointments."

14) How volunteers found out about the Young Fathers Project. (Could check more than one.)

| | ACAP | YMCA | TOTAL |
|-----------------------------|------|------|-------|
| Newspaper | 3 | 2 | 5 |
| Radio | 1 | 0 | 1 |
| Poster/Brochure | 0 | 1 | 1 |
| Center for Voluntary Action | 0 | 1 | 1 |
| Television | 1 | 1 | 2 |
| Personal Contact | 0 | 2 | 2 |

15) Sex of Volunteer

| | |
|--------|----|
| Male | 11 |
| Female | 0 |

16) Age of Volunteer

| | ACAP | YMCA | TOTAL |
|---------|------|------|-------|
| 76 1/2 | 0 | 1 | 1 |
| 44 | 1 | 1 | 2 |
| 39 | 2 | 0 | 2 |
| 38 | 0 | 1 | 1 |
| 34 | 0 | 1 | 1 |
| 32 | 0 | 1 | 1 |
| 31 | 0 | 1 | 1 |
| 28 | 2 | 0 | 2 |
| Average | 36 | 43 | 39 |

The median age of volunteers was mid-thirties.

17) Highest grade in school completed by volunteer.

| | ACAP | YMCA | TOTAL |
|------------------------------|------|------|-------|
| Some College | 2 | 1 | 3 |
| College Undergraduate Degree | 2 | 0 | 2 |
| Some Graduate Work | 0 | 2 | 2 |
| Graduate Degree | 1 | 3 | 4 |

Most (73%) volunteers had a college

Many (36%) had a Master's degree

18) Is volunteer currently working?

| | |
|-----|--------------------|
| Yes | 10 |
| No | 1 (retired) (YMCA) |

19) Volunteers' jobs and job titles:

| | |
|-------------|---|
| ACAP | Roman Catholic Priest |
| | College/career counselor |
| | Contractor/carpentry |
| | Hotel Management |
| | Custodian for a Human Services building |
| YMCA | President and CEO |
| | Letter carrier |
| | Attorney |
| | Medical social work/social service director |
| | Missing (2) |

Baseline Staff Attitude Survey on Fathers

At the beginning of the project a survey was administered to all staff (case managers and supervisors) and volunteers who were participating in this program. The survey, Questionnaire on Fathers (QOF), was developed by Associate Professor Rick Barth of the School of Social Welfare at the University of California at Berkeley (1985). The purpose of administering this survey was to get a baseline of staff and volunteer perspective on and knowledge about services to young fathers. The survey was completed by fourteen staff members or volunteers of the Maine Young Fathers Project.

It was anticipated that the same fourteen participants would complete a post-test version of the QOF near the end of the project so we could measure attitude and knowledge change. Unfortunately, due to one site (Lubec) dropping out, staff turnover (YMCA), and attrition of volunteers, it was not feasible to conduct the post-test. Following is a presentation of close-ended portion of the QOF which was administered at the onset of the program.

In summary, most of the participants who completed the survey had a positive and realistic attitude about working with young fathers. The questions which had the widest variation were those about establishing legal paternity. It became clear to Project administrative staff that training needed to be provided on that issue.

In regards to the statements about counseling fathers on a variety of issues, generally participants felt that they were either likely or very likely to broach those issues. However, 43% stated they were unlikely to contact the father directly, regardless of the mother's wish. In addition, 21% stated they were unlikely to provide counseling to the father's parent(s). Also, 28% were either unlikely or very unlikely to mediate custody or visitation decisions between the mother and father. Finally, 21% stated they were unlikely or very unlikely to discuss contraception with the teenage mother or mother-to-be alone. Although all of these issues are appropriate to be addressed by staff of the Maine Young Fathers Project, it was not expected that the volunteers would have that responsibility. So, some negative responses under this category did not present as a problem for the project. Overall the Project was very pleased with the baseline results of this survey.

Questionnaire on Fathers (QOF)

BASELINE ADMINISTRATION
N=14

This questionnaire asks about your perspective on and knowledge about services to teenage fathers. Your response to these questions will help us to better understand services to fathers. The questionnaire takes about 8 minutes to complete. Please circle the one response for each item with which you most agree.

Involving Fathers in Teen Services

1. Most teen fathers are interested in participating in prenatal classes and delivery.

| | |
|----------------------|-----|
| 1. STRONGLY AGREE | 7% |
| 2. AGREE | 57% |
| 3. DISAGREE | 36% |
| 4. STRONGLY DISAGREE | 0 |

2. In general, teen fathers express an interest in the future of their children:

| | |
|----------------------|-----|
| 1. STRONGLY AGREE | 29% |
| 2. AGREE | 71% |
| 3. DISAGREE | 0 |
| 4. STRONGLY DISAGREE | 0 |

3. In general, young couples who marry have better educational, economic, and childbirth (e.g. less low birthweight) outcomes than young couples who do not marry:

| | |
|----------------------|-----|
| 1. STRONGLY AGREE | 7% |
| 2. AGREE | 64% |
| 3. DISAGREE | 21% |
| 4. STRONGLY DISAGREE | 7% |

4. Teen fathers are often difficult to engage in services:

| | |
|----------------------|-----|
| 1. STRONGLY AGREE | 21% |
| 2. AGREE | 50% |
| 3. DISAGREE | 29% |
| 4. STRONGLY DISAGREE | 0 |

5. Participation in prenatal classes and delivery will increase the father's commitment to an active fatherhood role:

| | |
|----------------------|-----|
| 1. STRONGLY AGREE | 64% |
| 2. AGREE | 36% |
| 3. DISAGREE | 0 |
| 4. STRONGLY DISAGREE | 0 |

6. It is generally best to test the father's seriousness about participation in the mother and child's life by waiting for the father to contact the program:

| | |
|----------------------|-----|
| 1. STRONGLY AGREE | 7% |
| 2. AGREE | 7% |
| 3. DISAGREE | 21% |
| 4. STRONGLY DISAGREE | 64% |

7. Most young fathers are more concerned about the economic responsibilities of being a father than about the nurturing responsibilities:

| | |
|----------------------|-----|
| 1. STRONGLY AGREE | 7% |
| 2. AGREE | 57% |
| 3. DISAGREE | 14% |
| 4. STRONGLY DISAGREE | 14% |
| 0. NO ANSWER | 7% |

8. Young fathers require more active outreach to keep involved in a program than young mothers:

| | |
|-------------------|-----|
| 1. STRONGLY AGREE | 43% |
| 2. AGREE | 57% |

- 3. DISAGREE 0
- 4. STRONGLY DISAGREE 0

9. Generally, what do you feel is more effective for teen fathers: group counseling or individual counseling?

- 1. Group is a lot more effective than individual. 29%
 - 2. Group is a little more effective than individual. 21%
 - 3. Individual is a little more effective than individual. 29%
 - 4. Individual is a lot more effective than group. 7%
 - Why? 0. NO ANSWER 14%
-

10. It is best to contact the father and offer him participation in your school-age parent program:

- 1. Only if mother grants permission and the father has shown interest in participating. 14%
 - 2. Only if the mother grants permission. 14%
 - 3. Even if the mother is not sure about giving permission. 29%
 - 4. Even if the mother does not grant permission. 29%
 - 0. NO ANSWER 14%
 - Why? _____
-

11. On the average, you can expect the fathers of babies born to school-age mothers to be:

- 1. About the same age as the mothers 7%
- 2. About 1 to 2 years older than the mothers 36%
- 3. About 3 to 4 years older than the mothers 36%
- 4. More than 5 years older than the mothers 21%

On Paternity

12. By law, fathers can establish legal paternity only after the age of 18:

- 1. DEFINITELY TRUE 7%
- 2. PROBABLY TRUE 14%
- 3. PROBABLY FALSE 14%
- 4. DEFINITELY FALSE 36%
- 0. NO ANSWER/UNKNOWN 29%

Please list as many advantages and disadvantages of father's establishing legal paternity as you can identify:

13. Advantages of Paternity

14. Disadvantages of Paternity

15. A father who has not established paternity has no legal right to participate in parenting his child:

- | | |
|----------------------|-----|
| 1. STRONGLY AGREE | 7% |
| 2. AGREE | 43% |
| 3. DISAGREE | 43% |
| 4. STRONGLY DISAGREE | 7% |

16. A father who establishes paternity has more right to have contact with his child than the mother does to limit the that contact:

- | | |
|----------------------|-----|
| 1. STRONGLY AGREE | 29% |
| 2. AGREE | 43% |
| 3. DISAGREE | 29% |
| 4. STRONGLY DISAGREE | 0 |

Counseling Fathers

Draw a sample in your mind of pregnant teens who you have served. Assume that each one is in contact with the baby's father. Please circle the number to indicate the likelihood that you would do the following:

| | Very Un-likely | Unlikely | Like-ly | Very like-ly |
|---|----------------|----------|---------|--------------|
| 17. Ask the mother who the father is. | 1 | 2 | 3 57% | 4 43% |
| 18. Ask the mother if you can call the father even if she does not want him involved in services. | 1 | 2 7% | 3 64% | 4 29% |
| 19. Ask the mother to encourage the father to call your program if he wishes to receive services. | 1 | 2 7% | 3 7% | 4 86% |

| | | | | |
|--|-------|-------|-------|-------|
| 20. Contact the father directly, regardless of the mother's wish. | 1 | 2 43% | 3 50% | 4 7% |
| 21. Involve the father in counseling about pregnancy options. | 1 | 2 7% | 3 50% | 4 43% |
| 22. Offer to provide couple counseling. | 1 | 2 7% | 3 29% | 4 64% |
| 23. Ask the mother if she would like to include the father in classes on prenatal care or labor-preparation (e.g. Lamaze). | 1 | 2 | 3 21% | 4 79% |
| 24. Discuss the advantages and disadvantages of legal paternity with the father. | 1 | 2 | 3 29% | 4 71% |
| 25. Discuss contraception with the father. | 1 | 2 | 3 29% | 4 71% |
| 26. Encourage the father to claim legal paternity. | 1 | 2 7% | 3 50% | 4 43% |
| 27. Provide job counseling for the father. | 1 | 2 | 3 29% | 4 71% |
| 28. Provide educational referrals for the father. | 1 | 2 | 3 29% | 4 71% |
| 29. Provide personal counseling for the father. | 1 | 2 | 3 36% | 4 64% |
| 30. Provide counseling to the father's parent(s). | 1 | 2 21% | 3 57% | 4 21% |
| 31. Mediate custody or visitation decisions between the mother and father. | 1 14% | 2 14% | 3 36% | 4 36% |
| 32. Provide counseling to prevent or stop family violence. | 1 | 2 7% | 3 36% | 4 57% |
| 33. Teach the father parenting skills such as holding, feeding, changing, or stimulating his child. | 1 | 2 | 3 21% | 4 79% |

| | | | | | | | | |
|--|---|----|---|-----|---|-----|---|-----|
| 34. Discuss contraception with the teenage mother or mother-to-be alone. | 1 | 7% | 2 | 14% | 3 | 43% | 4 | 36% |
| 35. Discuss the advantages and disadvantages of legal paternity with the mother. | 1 | | 2 | 7% | 3 | 71% | 4 | 21% |
| 36. Refer father for nutrition assessment and education. | 1 | | 2 | 14% | 3 | 50% | 4 | 36% |
| 37. Encourage father to take active parenting role. | 1 | | 2 | | 3 | 29% | 4 | 71% |
| 38. Encourage father to take an active role in bringing his child to necessary appointments. | 1 | | 2 | | 3 | 36% | 4 | 64% |
| 39. Provide medical referrals for fathers. | 1 | | 2 | | 3 | 50% | 4 | 50% |
| 40. Provide services for fathers after normal working hours to fit with his schedule. | 1 | | 2 | | 3 | 43% | 4 | 57% |
| 41. Continue to work with father after his relationship ends with partner. | 1 | | 2 | 7% | 3 | 36% | 4 | 57% |
| 42. Discuss contraception with the mother and father together. | 1 | | 2 | | 3 | 43% | 4 | 57% |

43. In your opinion, what does a good father do?

44. Additional comments about work with teen fathers:

DEMOGRAPHIC DATA:

The following questions will not be used to identify individuals completing this survey but will be useful for drawing conclusions about differences in responses by categories of individuals. Please indicate your:

A. Age in years: RANGE 26-45

B. Sex: 1. Female 2. Male
43% 57%

C. Ethnic Identification:

- 1. White 100%
- 2. Hispanic 0
- 3. Black 0
- 4. American Indian 0
- 5. Asian 0
- 6. Other 0

(specify)

D. Agency: _____

E. State: Maine

F. Months in current agency: _____
RANGE 1 month-9 years

G. Job Title: _____

H. Highest degree obtained:

- 1. Less than high school 0
- 2. High school diploma or GED 14%
- 3. AA 0
- 4. BA, BSW 57%
- 5. MA, MSW, MFCC and higher 29%

I. How many teenage fathers have you had as clients? Average = 0
Range = 0-10

J. Roughly, what is the average number of contacts you have had with each father who is a client? Average = 0

K. How many teenage mothers have you had as clients? Average = 0
Range = 0-100

L. Roughly, what is the average number of contacts you have had with each mother who is a client? _____

M. Please indicate the last 4 digits of your Social Security Number in the first four spaces: _____

Thank you very much for your help.

Chapter Five

Conclusion

The Human Services Development Institute (HSDI) learned a great deal during this two-and-a-half year demonstration. Two of the original three demonstration sites served fifty-three young fathers. The third site pulled out as they found this program to be too progressive for their rural community. Each of the two active sites met with some successes and some disappointments. Following are a few major points which were described in more detail in the text of this report. These points represent both project successes as well as recommendations to how future projects might be more successful.

- ◆ Take some time to plan your program to fit your community. Involve your community in the planning and monitoring.
- ◆ Define clear objectives which are measurable and attainable.
- ◆ Define your target population based on the profile of teenage parents in your community. Don't limit your services just to teenage fathers if most fathers are in their early twenties.
- ◆ Use several strategies for client recruitment. The two most successful strategies employed by the Maine Young Fathers Project were:
 - recruit young fathers through their partners, and
 - community outreach, especially doing presentations to and networking with service providers.
- ◆ Have an active outreach component when recruiting clients. Commit to do outreach to clients once in the program to make sure they don't "fall through the cracks".
- ◆ When providing case management, form linkage agreements with local service providers to assure referrals from them as well as assure access to services for the young fathers.
- ◆ The Maine Young Fathers project found the Goal Attainment Scaling System to be very effective for working with this population. Use the improved version of the forms found in the appendix. Let the client set his own goals but help be the "motivator" for goal attainment. Assist clients in delayed gratification.
- ◆ When setting priorities for service provision, think about the young father as a whole person. Focus on meeting basic needs before attempting to assist with parenting skills. Meet the client's identified needs before you try to sell them on other services.
- ◆ Have males represented on your staff. If need be, involve them as volunteers. Programs for young fathers should not be designed and run by all women.

- ◆ ~~If you decide to use volunteers, use them for what they do best. If using them as mentors, match clients to volunteers who share the same interests. Do not expect male volunteers to give you a substantial time commitment. Do not expect volunteers to do all your work for you.~~
- ◆ Train both your staff and volunteers. Assess their attitudes about working with young fathers and address this in the training. Include topics which can be a problem for young fathers such as family violence and substance abuse.
- ◆ When serving clients, be as flexible as you can. Be available in the evenings and weekends if possible. Meet clients at their home or jobs. Young fathers aren't very good at following through on making and keeping office visits. It is easy to get frustrated but be persistent in your efforts to serve this population.
- ◆ If you plan to run groups, keep topic focused and be persistent in recruiting group members. Offer an incentive for participation if possible. Groups take several months to get off the ground.

The Maine Young Fathers project accomplished the task of developing a profile of the young father in Maine. This will help service providers better understand the characteristics of this population so they might better serve them. The Maine Young Fathers Project also developed, piloted and improved a Goal Attainment Scaling System (GAS) which was the backbone of the case management service system. With GAS, the case manager could develop case plans — monitor client progress. At the rural site, client status was improved in almost every goal area with clients being in the program an average of eight months. Similar outcome analysis could not be done with the urban site due to incomplete data. The Maine Young Fathers project was also successful in increasing the numbers of paternity establishments and child support orders for its clients. This was an important objective of the project which should be included in any report for young fathers.

In closing, the Human Services Development Institute was very pleased with the outcomes of the Maine Young Fathers demonstration Project. We hope that the description of the planning, process and outcomes included in this final report will be helpful for those who are hoping to implement a program.

Appendix

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Mentor Survey
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Maine's Young Fathers Project

Site: _____

| |
|---|
| Date _____ |
| Case Manager _____ |
| Client Number _____ |
| Date of Birth _____ (Month/Day/Year) |

Client Name _____
Address _____ Zip _____
Telephone _____
(home or message)

Background Information and Living Arrangements

- Are you: White Black American Indian* Asian
 Franco-American Other*
*Specify: _____
- Are you an American Citizen? Yes No, citizen of: _____
- Who do you live with now? (Check all that apply.)
 living alone living with mother of present or expected child
 living with your mother living with your father
 living with own child(ren) (specify number): _____
 living with children other than your own (specify number): _____
 homeless
 other (specify relationship): _____
- What are the sources of financial support for you and your household? (Check all that apply.)
 self-supporting other family members AFDC
 food stamps Medicaid other cash assistance (specify): _____
 don't know other (specify): _____
- Who did you live with during most of the time you were growing up?
(Specify relationship): _____
- Did any of the following occur in this household while you were growing up? (Check all that apply.)

| | |
|--|--|
| <input type="checkbox"/> you were physically abused | <input type="checkbox"/> chronic unemployment of adult household member |
| <input type="checkbox"/> you were sexually abused | <input type="checkbox"/> you were chronically truant |
| <input type="checkbox"/> you were emotionally abused | <input type="checkbox"/> adult household members frequently involved with the law |
| <input type="checkbox"/> you were neglected | <input type="checkbox"/> one or more parents incarcerated |
| <input type="checkbox"/> other child(ren) in the home were abused or neglected | <input type="checkbox"/> parent(s) involved in substance abuse |
| <input type="checkbox"/> family experienced homelessness | <input type="checkbox"/> you were involved in substance abuse |
| <input type="checkbox"/> you or your family had multiple living situations | <input type="checkbox"/> other child(ren) in home were involved in substance abuse |
| <input type="checkbox"/> household members changed frequently | |

Information About Relationship With Child and Child's Mother

7. When was this child born? / / not born yet / /
 (month/day/year) (due date)
8. Is this child a boy or girl? Boy Girl Not born yet
9. Are you the biological father? Yes No Not sure
10. Have you legally established paternity? Yes No Not sure Not biological father
11. Is this your first child? Yes No Not sure Not biological father

How many other children do you have or are you parenting? _____

| For each child, specify: | Age | Sex | Living with you (Check if applies) | Biological Father (Check if applies) |
|--------------------------|-------|-------|---------------------------------------|---|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Were these children born to the mother of this present baby or were different mothers involved? Same Different

12. How long have you known this child's mother? _____
13. How old is this child's mother? _____
14. What kind of relationship do you now have with this child's mother?
 married girlfriend just friends
 don't see each other anymore other (specify): _____
15. How often do you see this child's mother (mother to be)?
 every day about once a week once or twice a month
 from time to time almost never never
16. Was this child: planned unplanned don't know not biological father
17. Who does (will) this child live with? (Check all that apply.)
 you the child's mother's parents don't know
 the child's mother other relatives (specify): _____
 your parent(s) other nonrelatives (specify): _____
18. Whose decision determined where this child lives (will live)? (Check all that apply.)
 your decision the child's mother's decision
 your family's decision her family's decision
 court ordered other (specify): _____

19. Do these arrangements seem okay to you? Yes No

IF NO: How would you like things to be different? _____

20. How often do you see (plan to see) this child?

- every day about once a week once or twice a month
 from time to time almost never never

21. Whose decision determined how often you see (will see) this child? (Check all that apply.)

- your decision the child's mother's decision your family's decision
 her family's decision court ordered other (specify): _____

22. Does this arrangement seem okay to you? Yes No

IF NO: How would you like things to be different? _____

Information About Your Family and Support Network

23. Do you have any brothers or sisters who became parents before they were 20 years old? Yes No Don't Know

IF YES: Number of brothers: _____ Number of sisters: _____

24. How old was your mother when she had her first child?

- 15 and under 16-19 20-25 over 25 don't know

25. How old was your father when he had his first child?

- 15 and under 16-19 20-25 over 25 don't know

26. Who do you use for emotional/social support? (Check all that apply.)

- mother father mother of this baby
 other relatives friends social service provider
 clergy school teacher/counselor probation/parole officer
 other (specify): _____

27. Does this child receive (will this child receive) any financial support from the following sources? (Check all that apply.)

- AFDC yourself
 WIC the child's mother
 Medicaid your parent(s)
 don't know the child's mother's parent(s)
 other cash assistance other relatives (specify): _____
 (specify): _____ anyone else (specify): _____

28. At this time in your life, are you able to offer any of the following to this child? (Check all that apply):

- food diapers clothing toys and books
 baby furniture babysitting time
 taking child for appointments (e.g., doctors, day care)
 anything else (specify): _____

29. Do your parents know that you have, are expecting, or are parenting this child?

- Yes, both parents Yes, one parent No Don't know

School, Employment and Legal Information

30. Are you now enrolled in school or any educational training program? Yes No

IF YES: What kind of school or program is it?

Junior high school (*specify grade*) _____ special education? Yes No

High School (*specify grade*) _____ special education? Yes No

Technical school (*specify program*): _____

Preparation for GED

College

Other (*specify*): _____

Do you expect to finish your schooling?

Yes: When? _____

No: Why not? _____

Don't know

IF NO: How long has it been since you were last in school or in any other educational training program? _____ years _____ months

What was the highest grade or grade equivalent you completed so far? _____

What were your reasons for leaving school? _____

Do you plan to go back to school or to any other educational institution?

Yes (*specify*): _____ No Don't know

31. Do you have a job now? Yes No

IF YES: Describe the type of work do you do now: _____

Is it part time? full time?

Is it temporary? permanent?

32. Are you trying to find work? Yes No

What type of work are you looking for? _____

How long have you been looking? _____

33. Have you ever had problems with the law? Yes No

IF YES: For each problem, specify:

| Type | Number of Arrests | Number of Convictions | Currently on Probation (Check if applicable.) |
|-------|-------------------|-----------------------|--|
| _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |

34. How did you find out about this program? (*Check all that apply.*)

this child's mother friends school

flyer/brochure newspaper/radio/tv another young father

found it on your own other (*specify*): _____

social service or health agency (*specify*): _____

AROOSTOOK COUNTY ACTION PROGRAM

P.O. BOX 1116

PRESQUE ISLE, MAINE 04769-1116

PHONE 764-3721

BRANCH OFFICES
FORT KENT, MAINE 04743
HOULTON, MAINE 04730

The following is a linkage agreement between M.S.A.D. No. 1 Adult Education and ACAP/Adolescent Health Program.

I will provide to adults 17 years of age and older;

1. Day and evening classes for credit towards a high school diploma.
2. GED preparation and testing.
3. External credit option program for adults who cannot attend day or evening classes.
4. Adult Basic Education; basic reading, writing or math skills.
5. Vocational Training courses designed to prepare individuals for employment in a certain area to upgrade skills.
6. Interest inventories to individuals who are unsure of career/job interests.

ACAP/Adolescent Health

Date

Service Provider

Date

Maine's Young Fathers Project

Goal Attainment Scale Form

Site: _____

| | |
|---------------|------------------|
| Client Number | _____ |
| Date | _____ |
| Case Manager | _____ |
| Date of Birth | _____ |
| | (Month/Day/Year) |

| | Goal | | First | Three | Six | Nine | One Year or |
|----------------------|--|-----------|------------|--------|--------|--------|---------------|
| | | | Assessment | Months | Months | Months | Disc. Assess. |
| Physical Environment | A. Adequate housing | Date | | | | | |
| | 1. none - no place for client to live | Case Mgr. | | | | | |
| | 2. unsafe - housing is structurally unsound or otherwise a hazard | Client | | | | | |
| | 3. safe but temporary - time limited arrangement | | | | | | |
| | 4. safe but unrealistic - cost too high or location unfeasible | Comments: | _____ | | | | |
| | 5. safe, affordable, realistic | | | | | | |
| Physical Environment | B. Resources for food and clothing | Date | | | | | |
| | 1. resource unknown or unavailable | Case Mgr. | | | | | |
| | 2. resources known and available but client declines | Client | | | | | |
| | 3. resources used but inappropriately | | | | | | |
| | 4. resources used appropriately with guidance | Comments: | _____ | | | | |
| | 5. resources used appropriately and independently | | | | | | |
| Physical Environment | C. Secures and prepares nutritional food | Date | | | | | |
| | 1. lacks knowledge and skills to secure and prepare nutritional food | Case Mgr. | | | | | |
| | 2. has knowledge but has no skills or refuses to | Client | | | | | |
| | 3. actively improving skills with guidance | | | | | | |
| | 4. secures and prepares nutritional food with some guidance | Comments: | _____ | | | | |
| | 5. secures and prepares nutritional food consistently and independently | | | | | | |
| Physical Environment | D. Resources for transportation | Date | | | | | |
| | 1. no transportation available (public or private) | Case Mgr. | | | | | |
| | 2. transportation available but unreliable or unpredictable | Client | | | | | |
| | 3. transportation inadequate but client working to improve | | | | | | |
| | 4. transportation reliable but limited - not always able to get where he needs to go | Comments: | _____ | | | | |
| | 5. transportation adequate and reliable - always able to get where he needs to go | | | | | | |
| Education/Vocation | E. Education toward high school diploma/GED | Date | | | | | |
| | 1. not in educational program and no interest to enroll or satisfied with current status | Case Mgr. | | | | | |
| | 2. not in educational program but seeks information | Client | | | | | |
| | 3. applies for or enters an educational program | | | | | | |
| | 4. enrolled in educational program but attends inconsistently | Comments: | _____ | | | | |
| | 5. enrolled in educational program with consistent and continuous progress or achieved diploma/GED | | | | | | |

| Goal | | First Assessment | Three Months | Six Months | Nine Months | One Year or Disc. Assess. |
|--|--|------------------|--------------|------------|-------------|---------------------------|
| Education/Vocation | F. Career planning toward: _____ | Date | | | | |
| | 1. has no career plan and no interest in developing | Case Mgr. | | | | |
| | 2. is somewhat aware of strengths and needs but is unrealistic about career options without assistance | Client | | | | |
| | 3. is aware of strengths and needs and is sometimes realistic about career options without assistance | Comments: | _____ | | | |
| | 4. begun developing a career plan based on realistic options | _____ | | | | |
| | 5. established a career plan which is realistically based on assets and limitations | _____ | | | | |
| | G. Implements career plan (education/training) | Date | | | | |
| | 1. complete lack of understanding on how to accomplish career goals | Case Mgr. | | | | |
| | 2. has some idea of educational or training needs but plans little without assistance | Client | | | | |
| | 3. has identified some specific educational or training requirements for career goals and has done some independent planning | Comments: | _____ | | | |
| 4. knows the education or training required for desired career and knows exactly how to obtain independently | _____ | | | | | |
| 5. implemented career plans by entering appropriate educational or training program | _____ | | | | | |
| Health and Medical | H. Maintains personal hygiene | Date | | | | |
| | 1. unaware of routine hygiene needs and does not take care of self | Case Mgr. | | | | |
| | 2. aware of routine hygiene needs but does not take care of self even with constant reminders | Client | | | | |
| | 3. practices minimal skills in routine personal hygiene but needs constant reminders | Comments: | _____ | | | |
| | 4. maintains appropriate personal hygiene with occasional reminding | _____ | | | | |
| | 5. maintains appropriate personal hygiene with no reminders | _____ | | | | |
| | I. Understands and uses medical services for self | Date | | | | |
| | 1. unaware of health care services or aware but does not use | Case Mgr. | | | | |
| | 2. inappropriate use of health care services | Client | | | | |
| | 3. explores options for health care (including insurance) | Comments: | _____ | | | |
| 4. uses health care options appropriately but not consistently | _____ | | | | | |
| 5. has realistic plan for well/sick care and uses when needed | _____ | | | | | |
| J. Understands and uses medical services for child | Date | | | | | |
| 1. unaware of health care services or doesn't know what provisions are made for child's health care | Case Mgr. | | | | | |
| 2. inappropriate use of health care services | Client | | | | | |
| 3. explores options for health care (including insurance) | Comments: | _____ | | | | |
| 4. uses health care options appropriately but not consistently | _____ | | | | | |
| 5. has realistic plan for well/sick care and uses when needed | _____ | | | | | |
| K. Understands responsible sexual behavior | Date | | | | | |
| 1. unaware of pregnancy and STD prevention methods | Case Mgr. | | | | | |
| 2. minimal awareness of prevention methods but doesn't understand the necessity or refuses to use | Client | | | | | |
| 3. adequate knowledge of prevention methods and understands the necessity but none utilized | Comments: | _____ | | | | |
| 4. adequate knowledge of prevention methods but utilizes inconsistently or has no plan to utilize when needed | _____ | | | | | |
| 5. adequate knowledge of prevention methods and consistently utilizes a method or has plans to utilize when needed | _____ | | | | | |

| Goal | | First Assessment | Three Months | Six Months | Nine Months | One Year or Disc. Assess. |
|--|---|------------------|--------------|------------|-------------|---------------------------|
| Health and Medical | L. Involvement in prenatal care with partner | Date | | | | |
| | 1. has no interest or partner is not receiving prenatal care | Case Mgr. | | | | |
| | 2. plays no role because he is being excluded or because of other circumstances but would like to participate | Client | | | | |
| | 3. participates sporadically | Comments: _____ | | | | |
| | 4. participates regularly but does not participate in child birth preparation classes | _____ | | | | |
| 5. participates regularly in prenatal care, child birth classes and delivery | _____ | | | | | |
| Personal Growth | M. Establishes legal paternity | Date | | | | |
| | 1. denies or unsure of paternity | Case Mgr. | | | | |
| | 2. acknowledges paternity, mother denies | Client | | | | |
| | 3. father and mother informally acknowledge paternity | Comments: _____ | | | | |
| | 4. paternity establishment in process | _____ | | | | |
| 5. paternity legally established | _____ | | | | | |
| Health and Medical | N. Participates in parenting | Date | | | | |
| | 1. plays no role | Case Mgr. | | | | |
| | 2. wants to play a role but is excluded | Client | | | | |
| | 3. sporadic and unpredictable interactions | Comments: _____ | | | | |
| | 4. occasional and predictable interactions | _____ | | | | |
| 5. frequent and predictable interactions | _____ | | | | | |
| Personal Growth | O. Builds parenting skills | Date | | | | |
| | 1. has inadequate parenting skills and no motivation to build | Case Mgr. | | | | |
| | 2. acknowledges need for parenting skills but no action taken | Client | | | | |
| | 3. identifies resources and implements plan to build parenting skills | Comments: _____ | | | | |
| | 4. uses positive parenting skills with guidance | _____ | | | | |
| 5. consistently uses positive parenting skills independently | _____ | | | | | |
| Health and Medical | P. Maintains and utilizes positive support system | Date | | | | |
| | 1. has no support system and unable to develop relationships | Case Mgr. | | | | |
| | 2. has only negative support and unable to develop positive relationships | Client | | | | |
| | 3. has inconsistent support or unable to utilize support when needed | Comments: _____ | | | | |
| | 4. has consistent but limited support or relies too heavily on limited relationships | _____ | | | | |
| 5. has consistent use of family, friends and formal help system | _____ | | | | | |
| Personal Growth | Q. Understands and controls abusive behaviors | Date | | | | |
| | 1. problem exists but client denies | Case Mgr. | | | | |
| | 2. acknowledges problem but takes no action | Client | | | | |
| | 3. acknowledges problem and explores resources | Comments: _____ | | | | |
| | 4. takes action toward understanding and controlling abusive behaviors | _____ | | | | |
| 5. understands and has control of abusive behaviors or no problem exists | _____ | | | | | |

| Goal | | First Assessment | Three Months | Six Months | Nine Months | One Year or Disc. Assess. |
|------------------------|---|------------------|--------------|------------|-------------|---------------------------|
| Personal Growth | R. Understands and confronts alcohol/substance abuse | Date | | | | |
| | 1. refuses to acknowledge problem | Case Mgr. | | | | |
| | 2. acknowledges but continues to abuse | Client | | | | |
| | 3. seeks assistance for solving problem | Comments: _____ | | | | |
| | 4. sporadic efforts for solving problem | _____ | | | | |
| | 5. consistent progress in remaining substance free or no problem exists | _____ | | | | |
| Financial | S. Attains Job Readiness | Date | | | | |
| | 1. is not job ready - has no initiative and/or skills | Case Mgr. | | | | |
| | 2. is interested in employment but has no skills to handle work without constant supervision | Client | | | | |
| | 3. has basic understanding of skills necessary for obtaining and maintaining a job but unable to implement | Comments: _____ | | | | |
| | 4. able to look through want-ads and select appropriate job openings and call for an application without assistance | _____ | | | | |
| | 5. able to fill out an application, interview and qualify for employment without assistance | _____ | | | | |
| Financial | T. Obtains and sustains employment | Date | | | | |
| | 1. is not job-ready or has unrealistic expectations for employment | Case Mgr. | | | | |
| | 2. has achieved job readiness but has unrealistic expectations for employment or unable to obtain job | Client | | | | |
| | 3. accepts a job which is not appropriate due to skill level, transportation needs, financial implications | Comments: _____ | | | | |
| | 4. obtains a job which is adequate for current skill level but not adequate for self-sufficiency | _____ | | | | |
| | 5. obtains and sustains a job which is adequate for self-sufficiency | _____ | | | | |
| Financial | U. Manages financial resources | Date | | | | |
| | 1. ongoing financial crisis | Case Mgr. | | | | |
| | 2. knows cause of crisis and available resources but does not take action | Client | | | | |
| | 3. develops and implements plan to reduce crisis | Comments: _____ | | | | |
| | 4. manages financial resources with guidance | _____ | | | | |
| | 5. consistently manages financial resources independently | _____ | | | | |
| Financial | V. Pays child support | Date | | | | |
| | 1. refuses to pay or denies responsibility | Case Mgr. | | | | |
| | 2. acknowledges responsibility but has no resources | Client | | | | |
| | 3. provides non-financial support | Comments: _____ | | | | |
| | 4. provides some financial support | _____ | | | | |
| | 5. provides full financial support | _____ | | | | |

Maine's Young Fathers Project Case Plan Agreement

My _____ goal(s) is to: _____

In order to reach my goal(s) I plan to: _____

My Case Manager will assist me by: _____

We will review progress toward reaching my goal(s) on: _____
Date

Progress Report: _____

"With the help from my Case Manager, I will work hard in these areas to achieve my goals and to become the person I want to be."

Client Signature Date

"As your Case Manager I will provide you with counseling, training, technical assistance, and referral to any services needed to accomplish this goal."

Case Manager Signature Date Volunteer Date

MAINE'S YOUNG FATHERS PROJECT

PROJECT OBJECTIVE: _____

SITE _____ QUARTER _____ / / 198_

| PROJECT ACTIVITY | PROJECTED DATE | ACTUAL DATE | PERSON(S) RESPONSIBLE | METHOD OF EVALUATION |
|------------------|----------------|-------------|-----------------------|----------------------|
| | | | | |

Maine's Young Fathers Project
Site Review Meetings

SITE INSTRUCTIONS

The Site Review Team will be visiting your site on, _____ from _____ to _____. The purpose of this visit is to monitor your project progress and help you identify potential barriers to success. Enclosed in this packet is an agenda for that meeting.

The Site Review Team consist of ___ members of the Maine Young Fathers Project Advisory Committee. They have volunteered their time for this process because they are interested in the evaluation of project progress. If you would like to know the specific members who will be visiting your site please call Sally Brown.

We would like the attendance of the Case Manager and his/her supervisor at this meeting. We would also be interested in meeting any of the project's volunteers if they are available. The meeting will be four hours long, which should be plenty of time to review your project's progress.

In preparation for the meeting please review the enclosed materials. Please fill in the enclosed Client/Volunteer/Referral Status Sheet. Also, please be up to date on your Management by Objective (MBO) forms so we can review them at the meeting. Organize your thoughts about all of your objectives by reviewing the enclosed Management by Objective Review Sheet. Also, please have an initial draft of activities for next quarter's MBO plan.

The Review Team will collect and review data while at your site. Please have someone photocopy all new intake, GAS, and Case Plan forms. Have them either block out the name, address and phone number when photocopying or black out on the photocopy. Please be sure that the client # is on all of these forms! If you have questions about what data to collect together for us please call Sally.

If there are any other questions about this Site Review Process and how to prepare for it please don't hesitate to call. The first visit will be a learning process for us all!

Maine's Young Fathers Project
~~Site Review Meetings~~

AGENDA

| | <u>time estimates</u> |
|--|-----------------------|
| 1. Introductions/Process for Meeting | (15 min) |
| 2. Client/Volunteer/Referral Status | (30 min) |
| 3. Management by Objective Review and Plan | (2 hrs) |
| Break out by Objectives | |
| - Major Activities and Accomplishments | |
| - Problems and Barriers | |
| - Dissemination Activities | |
| - Activities Planned for Next Quarter | |
| 4. Other Activities | (15 min) |
| 5. Discussion about Data Collection | (30 min) |
| 6. Agenda Planning for Advisory Meeting | (30 min) |

Maine's Young Fathers Project
Site Review Meetings

Client/Volunteer/Referral Status Sheet

Please review your records for the quarter for the dates _____ to present and fill in the blanks below.

- I. In total, how many clients or potential clients have you served this quarter? _____

What is their status:

(fill in the number which fit under each category)

1. _____ informal/potential clients (pre-intake)
2. _____ formal/active clients. Of these, how many are:
 - a. _____ just intake
 - b. _____ intake and case plan
 - c. _____ ongoing case management
3. _____ formal/inactive
4. _____ discharged

- II. In total, how many volunteers or potential volunteers have you worked with this quarter? _____

1. _____ informal/potential (pre-screening/acceptance)
2. _____ formal/active. Of these, how many are involved in:
 - a. _____ one-on-one with clients
 - b. _____ groups with clients
 - _____ small groups (under 5 clients)
 - _____ large groups (over 5 clients)
 - c. _____ outreach
 - _____ direct contact with potential clients
 - _____ direct contact with potential referral sites
3. _____ discharged

Client/Volunteer/Referral Status Sheet

III. In total, of all your client contact, how many referrals did you make during this quarter? _____

How many new linkage agreements were formed this quarter? _____
 (list them below even if no referral sent to them)

| <u>Name of Program</u> | <u>Type of Program</u> | <u># of referrals</u> | <u># of referrals completed</u> | <u>Linkage Agreement?</u> |
|------------------------|------------------------|-----------------------|---------------------------------|---------------------------|
|------------------------|------------------------|-----------------------|---------------------------------|---------------------------|

EXAMPLE:

| | | | | |
|--------|----------------------------|---|---|-----|
| DayOne | Substance abuse counseling | 4 | 2 | Yes |
| ASPIRE | Job training/preparation | 0 | 0 | Yes |

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.

Maine's Young Fathers Project
Site Review Meetings

Management by Objective Review

At the site review meeting we will spend a full two hours reviewing your progress on your Management by Objective Plan for this quarter. The purpose of this focus will be to: 1) review your status of activity completion for this quarter and, 2) to assist you in planning for next quarter.

Please have your MBO plans as up-to-date as possible for the meeting. Do not be alarmed if you have not completed all activities as scheduled. Our intent of the review is to help guide your process and explore where there may be barriers to progress.

The process we will take will be to review the activities under each objective separately. For each objective we will review:

1. What were the major activities/accomplishments?
2. What were the problems/barriers? Was there a departure from the original activity plan?
3. Were there any dissemination activities? Including media, newsletters and presentations.

If there were presentations, how many to:

- _____ professionals?
- _____ youth/potential clients?
- _____ general public?

4. What activities should be planned for next quarter to work towards meeting the objective?

Also, more generally, have there been any other activities during this quarter, such as attending workshops, that benefited this project but wasn't related to a specific objective?

Although this process needs structure, to assure we collect the information in a timely manner, I hope that this can be a free exchange of thoughts and ideas about your project. Although evaluation is the purpose of the review, I hope the team can be helpful to the site.

Based on this management by objective review the final topic on the review team agenda is to plan for what will be presented at the Maine Young Fathers Project Advisory Meeting on _____. At that meeting we'll want to give an update of site activity as well as discuss and work on any barriers the site might be facing.

If you have any questions about any of this please call Sally.

9. On a scale from 1 to 5, with 1 being the most positive and 5 being the most negative, how would you describe the impact of your interactions on the young father(s) you worked with?

VERY POSITIVE

1

2

3

4

5

VERY NEGATIVE

10. On a scale from 1 to 5, with 1 being very useful and 5 being not at all useful, how would you rate the training and ongoing support you received from program staff?

VERY USEFUL

1

2

3

4

5

NOT AT ALL USEFUL

11. Overall, would you say the staff's expectations of your participation as a volunteer were too high, just right, or too low?

Too High

Just Right

Too Low

12. What was the most rewarding aspect of your participation as a volunteer in the Young Fathers Project? Please use additional paper if needed.

13. What was the least rewarding aspect of your participation as a volunteer in the Young Fathers Project? Please use additional paper if needed.

14. How did you find out about the Young Fathers Project? Please check all that apply.

Newspaper

Poster

Television

Radio

Center for Voluntary Action

Personal Contact

Other (Please specify): _____

15. What is your sex?

Male

Female

16. What is your age? Age _____

17. What is the highest grade in school you have completed so far?

Some high school

Graduated from high school

Some college

College undergraduate degree

Some graduate work

Graduate degree

GED

Other (Please specify): _____

18. Are you currently working?

Yes

No [GO TO END]

19. Please describe your current job and job title. _____

20. Name _____

Thank you very much for your time and participation in the Maine Young Fathers Project and in completing this survey.



University of Southern Maine

Human Services Development Institute