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# Evaluating Grant Programs That Support Healthy Marriage



## OVERVIEW

The Parents and Children Together (PACT) evaluation, conducted by Mathematica Policy Research for the Office of Research, Planning, and Evaluation, Administration for Children and Families (ACF), U.S. Department of Health and Human Services, is examining a set of Healthy Marriage (HM) and Responsible Fatherhood (RF) grantees funded by ACF's Office of Family Assistance (OFA) in 2011. Recognizing that grantees' programs continue to grow and develop, the PACT evaluation aims to provide foundational information to guide ongoing and future program design and evaluation efforts, and to build the evidence base for programming.

This report presents findings from a process study of the two OFA HM grantees who participated in PACT:

1. **The El Paso Center for Children's** Healthy Opportunities for Marriage Enrichment program in El Paso, Texas
2. **University Behavioral Associates'** Supporting Healthy Relationships program in the Bronx, New York

As a requirement of their HM grants, grantees offered services to support and strengthen couples' relationships; they were also encouraged to offer services related to job and career advancement and financial management. This report describes program design and implementation, including a focus on the job and career advancement services offered by the two grantees, and presents data on enrollment, initial participation, retention, and the amount of services couples received throughout the PACT enrollment period. Key findings include:

- Relationship education workshops, which included both married and unmarried couples, were well-attended. Combining data across programs, 85 percent of couples attended at least one session, and about 65 percent attended half or more of the sessions.
- Strong participation may have resulted from programmatic efforts to promote attendance and restricting eligibility to only couples who reported being in a committed relationship.
- Both programs offered low-intensity services designed to improve participants' economic well-being, including a brief stand-alone job and career advancement workshop. One also integrated job and career advancement content into the relationship skills workshop.
- Participation in the job and career advancement services was low, which may have reflected couples' limited needs or preferences. At enrollment, both partners were unemployed in only 13 percent of couples across the two programs. Although earnings were generally low, it is possible that in many couples one of the partners was not seeking work.

Other published reports from the PACT evaluation focus on the implementation of the RF grantees in PACT (Zaveri et al. 2015), the experiences of a subset of fathers that participated in in-depth interviews (Holcomb et al. 2015), and the implementation of four RF grantees serving Hispanic fathers (Cabrera et al. 2015). Future reports will present further findings from the in-depth interviews and the process study, as well as findings from the impact studies of RF and HM programs.

## I. INTRODUCTION AND BACKGROUND



The family environment in which children are raised can affect their later decisions in every area of life, from education and employment to marriage and childbearing (McLanahan and Sandefur 1994; Wolfinger 2003; Wolfinger et al. 2003; Wu and Martinson 1993). Research confirms that growing up with two parents in a stable, low-conflict, healthy marriage can lead to favorable outcomes for children (Amato 2001; McLanahan and Sandefur 1994). Creating that environment is particularly difficult for low-income couples, however, because financial difficulties may put them at high risk for conflict and, ultimately, relationship dissolution (Bramlett and Mosher 2002; Conger et al. 2010).

The Office of Planning, Research and Evaluation (OPRE) in the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services is currently sponsoring several evaluation efforts that will expand understanding of what works in programming that promotes healthy relationships and marriage. One effort, the Parents and Children Together (PACT) evaluation, is examining a set of Healthy Marriage (HM) grantees funded by ACF's Office of Family Assistance (OFA).<sup>1</sup> Recognizing that grantees' programs are still growing and developing, PACT is intended to provide a building block in the evidence base to guide ongoing and future program design and evaluation. PACT approaches research questions from several angles to tell a holistic story about the programs and participants, including impact (using a rigorous random assignment design) and process components. Ultimately, PACT's results will provide information about who enrolls in voluntary services, the design and operation of these programs, and how the programs affect the families who enroll. This report presents findings from the process study of the two HM grantees participating in the PACT evaluation, including a description

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of grantees' service delivery approaches and findings on enrollment and program participation. The remainder of this chapter describes the research and policy context for HM programs, discusses PACT's evaluation framework, and introduces the two HM programs.

### **A. The policy and research context for HM programs**

In the early 2000s, federal policymakers began focusing on strengthening marriage and parental relationships as a way to foster child well-being. Initial federal investments in healthy marriage programming occurred by integrating healthy marriage services into existing grant programs funded through the Children's Bureau, Office of Child Support Enforcement, and other programs.

Funding dedicated to healthy marriage promotion and responsible fatherhood was first included in the Deficit Reduction Act of 2005 (P.L. 109-171).<sup>2</sup> The resulting grant program, which was administered by ACF's Office of Family Assistance, funded 125 HM grantees. Each grantee was to offer one or more of eight "allowable activities" defined in the legislation, such as marriage and relationship skills education, which may have included parenting or financial management content (Box I.1). Grantees could offer services to youth, engaged couples, people interested in marriage, unmarried but romantically involved parenting couples, and married couples. The authorizing legislation only permitted grantees to offer job and career advancement services to a narrowly defined population of unmarried expectant couples; programs offering these services had to maintain a focus on their marriage and relationship services.

#### **Box I.1. Allowable activities under the federal Healthy Marriage legislation**

1. Public advertising campaigns
2. Relationship education for youth
3. Marriage and relationship skills education
4. Premarital education
5. Marriage enhancement
6. Divorce reduction
7. Marriage mentoring
8. Efforts to reduce marriage disincentives in social programs

Parallel with the funding available for programs in the early 2000s, federal investment in demonstration evaluations sought to learn about selected program models for specific populations. Three large-scale evaluations examined the design and operations

of programs for unmarried expectant couples, programs for married parenting couples, and community-wide programming:

**Building Strong Families** (2002–2013) examined the design and operation of programs offering group-based relationship skills education to low-income, unmarried couples with a new baby or expecting a new baby. Couples also received individual support from a family coordinator and assessment and referral to support services. Relationship skills education was designed to be intensive, ranging from 30 to 42 hours of group sessions. Overall, across the eight programs in the evaluation, 55 percent of couples offered services attended at least one group session. Among those who attended, couples received an average of 21 hours of programming. When data were combined across all eight programs, Building Strong Families had no effect on couples' relationship quality or the likelihood of couples staying together or getting married, both 15 months and three years after couples applied to participate in the program (Wood et al. 2012). When analyzed individually, one program showed a consistent pattern of positive impacts at 15 months (Devaney and Dion 2010), whereas another program showed a few negative impacts (Wood et al. 2010). At the three-year point, effects again varied across programs, albeit in a different pattern. Combined across programs, the evaluation found that after three years, Building Strong Families led to modest reductions in children's behavior problems and had small negative effects on father involvement (Wood et al. 2012).

**Supporting Healthy Marriage** (2003–2014) focused on programs providing services to lower-income married couples with children. It examined the design, operations, and impacts of a program model offering healthy marriage/relationship education, case management, and employment services. Relationship skills education was designed to be intensive, ranging from 24 to 30 hours of group sessions provided over four to five months. Overall, across eight programs in the evaluation, 83 percent of couples who were offered services attended at least one group session. Across those randomly assigned to receive services, couples received an average of 27 hours of programming, of which 17 hours were group relationship skills education workshop sessions. Both one year and two-and-a-half years after couples enrolled in the program, Supporting Healthy Marriage found small, positive, and sustained impacts on couples' relationship quality. Also, after two-and-a-half years, Supporting Healthy Marriage reduced parental distress among female participants. Supporting Healthy Marriage had no effect on the likelihood of couples staying together or on prevalence of physical assault, and did not significantly affect outcomes related to co-parenting, parenting, or child well-being (Lundquist et al. 2014).

**The Community Healthy Marriage Initiatives Evaluation** (2003–2013) examined the design and operations of community-wide healthy marriage activities and the effects of this model on community members. Community-wide programs were

## Overview of PACT evaluation

The Parents and Children Together (PACT) evaluation examines the effectiveness of programs offered by a subset of Responsible Fatherhood (RF) and Healthy Marriage (HM) grantees.

Recognizing that grantees' programs are still growing and developing, PACT is intended to provide a foundation and building block in the evidence base to guide ongoing and future program design and evaluation. PACT approaches research questions from several angles to tell a more complete story about the programs and participants. PACT's goals include (1) measuring the impact of RF and HM programs on fathers' involvement, economic stability, and partner relationships; (2) documenting the services received by participants in these programs; (3) describing how the RF and HM programs deliver services; and (4) understanding the experiences and needs of fathers who participate in RF programs. To do this, PACT uses three interrelated evaluation strategies:

**IMPACT STUDY.** The impact study is addressing whether the grantee programs improve outcomes for the fathers, couples, and families served. It is a randomized controlled trial (RCT) that is developing rigorous evidence on the causal effects of the RF and HM programs on key outcomes, such as fathers' engagement with their children, employment and economic self-sufficiency, and coparenting and romantic relationships. Eligible program applicants are randomly assigned to either a program group that can participate in the RF or HM program or a control group that is not eligible to participate for 12 months. (However, fathers and couples in this latter group can access other services available in the community.) Telephone surveys of all study participants—in both the program and control groups—are conducted at baseline (that is, when fathers or couples first enroll) and at followup, about 12 months after random assignment.

**PROCESS STUDY.** The process study documents how the subset of RF and HM programs are designed and implemented and identifies both the challenges and promising practices of program implementation. Process study data include two rounds of semi-structured interviews with program staff, focus groups with participants, telephone interviews with program dropouts, a web-based survey of program staff, and data from a study management information system (MIS). A separate descriptive study of four additional RF grantees that serve predominantly Hispanic fathers is exploring how RF programs serving Hispanic populations develop, adapt, and implement culturally relevant services. Data for the Hispanic-focused descriptive study were collected via semi-structured interviews with program staff and through focus groups and questionnaires with participants.

**QUALITATIVE STUDY.** The qualitative study focuses specifically on a subset of participants in the RF programs, utilizing ethnographic techniques to shed light on the lives of these fathers, including their roles as parents, partners, and providers; the factors that may affect their ability to benefit from the RF programs; and how this may inform RF program design and implementation. The primary method for collecting data on fathers is three rounds of in-depth, in-person interviews conducted annually that are supplemented by brief telephone check-in calls.

designed to implement at least five of the eight activities allowable under federal healthy marriage legislation (Box I.1), reach a wide audience, and coordinate services among a variety of stakeholders, including community- and faith-based organizations, schools, governments, and health care providers. Over four years, programs in three large cities served over 77,000 participants for an average of 6 to 8 hours per participant. A quasi-experimental analysis conducted two years after the start of program implementation revealed no pattern of significant differences in the prevalence of marriage or romantic relationships, interest in or awareness of community healthy relationship programming, relationship quality, parenting behaviors, or opinions about marriage (Bir et al. 2012).

The Claims Resolution Act of 2010 (P.L. 111-291) reauthorized healthy marriage and responsible fatherhood grants and introduced more flexibility in providing services related to job and career advancement and financial management.<sup>3</sup> Specifically, the change allowed for these services (as well as services related to parenting skills and conflict resolution) to be provided to any population receiving marriage and relationship skills education, not just unmarried expectant couples. To be eligible for a grant, organizations that proposed incorporating job and career advancement into their HM program still had to maintain their emphasis on the marriage and relationship aspects of the program. Sixty organizations received HM grants in 2011.

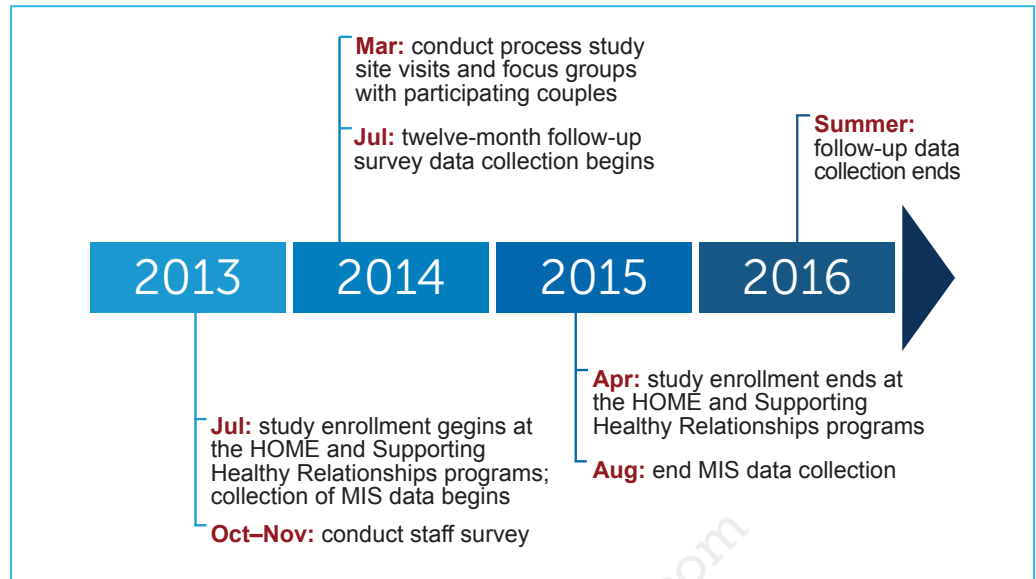
### **B. PACT: Furthering understanding of HM programming**

PACT began in 2011 with the goal of expanding knowledge of program structure, implementation, and effects of a subset of healthy marriage and responsible fatherhood (HMRF) grantees that were part of the “second generation” of programs awarded ACF funding in 2011. The PACT evaluation of HM programs builds on the foundation of recent HM evaluations to inform ongoing and future program design and evaluation. PACT uses multiple evaluation components to address research questions on program structure, implementation, and effects (see the box, “Overview of PACT evaluation”).

In total, 10 grantees from the 2011 HMRF grantee cohort participate in PACT. Two HM grantees participate in process and impact studies.<sup>4</sup> Four RF grantees participate in process, qualitative, and impact studies. A separate set of four RF grantees, purposefully selected for their target population, participated in a separate descriptive study on the implementation of programs for Hispanic fathers.

Data collection for the HM grantees in PACT began in July 2013 and continued through mid-2016 (Figure I.1). HM grantees conducted study enrollment between July 2013 and April 2015; the 12-month follow-up survey data collection occurred between July 2014 and June 2016.

**Figure I.1. Timeline of key dates in PACT evaluation**



Randomly assigning couples is a fair and unbiased way to allocate services when demand is higher than program capacity, and to determine whether the programs involved in PACT improve outcomes for couples who receive the services compared to those who do not.

PACT's impact study uses a research design known as random assignment, which works much like flipping a coin to decide who receives program services. Randomly assigning couples is a fair and unbiased way to allocate services when demand is higher than program capacity, and to determine whether the programs involved in PACT improve outcomes for couples who receive the services compared to those who do not. Random assignment yields two groups of couples who are, on average, identical in their background characteristics. Because nothing else differs between the groups except exposure to the program, comparing their outcomes at any point after study enrollment provides an unbiased assessment of the impacts of the program.

The PACT team worked with grantees participating in the impact evaluation to incorporate random assignment into their programs' enrollment processes. HM program staff identified potentially interested couples and met with them to describe both the program and the PACT study. Couples were informed that the program was participating in an evaluation designed to learn more about how HM programs work and told that, if interested, they would have a 50-50 chance of being eligible to either participate in the program immediately (the program group), or 12 months later (the nonprogram control group). Couples who agreed were connected to telephone interviewers who obtained informed consent from each partner in the couple and administered a baseline survey. Following the survey, random assignment was performed and program staff informed the couple of the result. Couples who were assigned to the nonprogram group could participate in other services offered by the organization or available in the community. At some programs, staff provided limited assistance to individuals in the nonprogram group to help them identify other community resources. Couples assigned to the nonprogram group were informed that they could return to the program after 12 months to seek services.

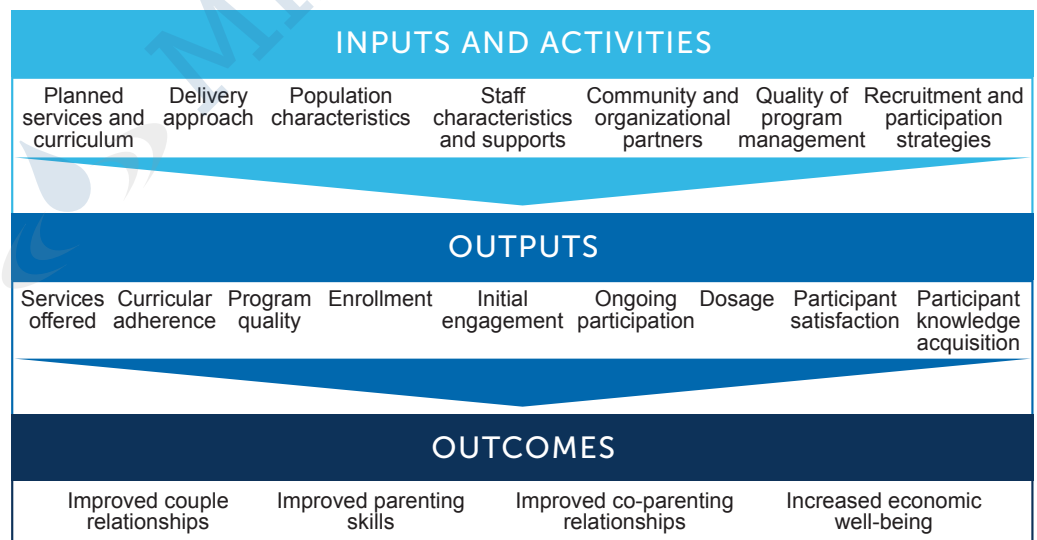


Random assignment is widely recognized as both ethical and justified under appropriate circumstances. Programs rarely if ever have enough program slots to serve every interested couple in their communities, so “flipping a coin” to decide who can receive services now versus later is a fair way to allocate resources. The method provides strong evidence for how programs impact couples’ behavior, and supports program improvement by identifying strengths and weaknesses so that the next generation of programs can incorporate further refinements.

### C. PACT’s evaluation framework

An evaluation framework guides PACT’s process and impact study of HM programs. The framework articulates components of inputs, activities, outputs, and outcomes, and it hypothesizes links between these factors (Figure I.2). The inputs and activities include services, curriculum, and delivery approach; characteristics of the population served and staff employed by the program; partners; and strategies to oversee and administer the program and recruit and retain participants. Outputs demonstrate what programs offered and achieved as a result of their inputs and activities. For PACT, key outputs relate to the services programs delivered and participants’ level of engagement in them. Outcomes represent the changes expected to occur to study couples’ attitudes, knowledge, or behaviors 12 months after study enrollment. For the HM programs, outcomes of interest include improvements in couple relationships, parenting skills, co-parenting relationships, and economic well-being.

**Figure I.2. PACT evaluation framework**



PACT’s process study of HM programs focuses on describing the inputs, activities, and outputs articulated in the evaluation framework and on exploring the relationships among these components. The process study also provides an opportunity to understand more deeply how the two HM grantees in PACT provide job and career

advancement programming to couples. This report documents the inputs and activities for each HM program, in particular job and career advancement services, and examines a range of outputs—including, couples' enrollment, initial participation, retention, and dosage of services, as well as program factors that may influence those outputs.

#### **D. Data sources and collection methods for the process study**

PACT's process study uses multiple sources and methods to collect quantitative and qualitative data on HM program implementation. Data sources for this report include:

- **Staff interviews during site visits.** The process study team conducted site visits during March 2014 to the two HM programs participating in PACT. During visits, we interviewed staff from all grantee and partner agencies about their roles in providing services to couples, program design, organizational goals, recruitment and engagement strategies, staffing, supervision and training, monitoring of program quality, and community context. In total, we conducted 16 semi-structured interviews with 28 staff members.
- **Focus groups with participating couples.** During site visits, the process study team conducted focus groups with couples who had attended at least two sessions of the relationship skills workshop. The team conducted two focus groups at each program, one in English and one in Spanish. Prior to recruitment, the team identified and then randomly ordered all couples who had attended at least two sessions. Recruiters worked down the list until 9 couples confirmed that they would attend the focus group. Recruiters called couples and mailed flyers to recruit them. All confirmed couples received a reminder call the day prior to the group. Both members of each couple at the focus group received a \$25 gift card for their attendance. Across the two programs, 22 couples (44 individuals) participated in focus groups (7 couples from Supporting Healthy Relationships and 15 couples from the HOME Program).
- **Observations of program activities.** During site visits, the process study team observed two sessions of the relationship education workshop at each program using a structured observation tool developed by the PACT team. The observations helped to contextualize the content and delivery of workshops.
- **Document reviews.** The research team reviewed documents that described program activities and structures, including grant applications and performance reports, notes from regular monitoring calls between members of the PACT evaluation team and lead staff at the HM programs, organizational charts, curricula and workshop handouts, recruitment materials, and documents used by programs to monitor program operations.
- **Web-based staff survey.** The team administered a web-based survey in October 2013 and May 2015 to all HM program staff members employed by the grantees. The survey included questions on staff background and characteristics; job

responsibilities; training, supervision, mentoring, and support; program challenges; workplace safety; compensation; work satisfaction; and perceptions of program quality. In October 2013, 26 of 29 program staff across the two HM grantees completed the survey, for an overall response rate of 90 percent. In May 2015, 16 of 30 program staff completed the survey (53 percent). Across the two administrations 11 staff completed the survey at both points; their responses are treated as separate observations. The report combines responses from both time points, unless indicated in the text or table.<sup>5</sup> Responses from organizational leadership were excluded from the analysis.

- **Management information system (MIS) data.** The PACT evaluation team developed a web-based MIS, the PACT Information System (PACTIS), to perform random assignment and track program participation. Both HM grantees in PACT used this system to enter information about all services provided to HM program participants, including attendance at group workshops and individual contacts, receipt of incentives and work supports, and referrals to other community service providers. Staff also entered information about the content and duration of each service. In this report, data on receipt of services includes the 797 couples who were randomly assigned to receive the program. For each couple, we included their participation during their first six months after study enrollment. This six-month window does not include the entire period when couples may have attended services, but captures the period of most active participation.<sup>6</sup>
- **Initial interviews with program applicants.** A baseline survey was administered to all program applicants prior to study enrollment using computer-assisted telephone interviewing. For this report, we analyzed the baseline survey data to describe the characteristics of couples enrolled in the PACT evaluation, including couples assigned to receive the HM program and couples who were assigned to the nonprogram group. We report data from 3,190 interviews comprising 1,595 couples completed between July 22, 2013, and April 30, 2015.

## **E. HM grantees in PACT**

Two HM grantees in the 2011 grantee cohort—El Paso Center for Children and University Behavioral Associates—participated in PACT’s impact and process studies. A review of all 2011 HM grant applications culminated in the selection of these grantees because they planned to offer services to parenting couples, deliver a relationship education workshop of at least 18 hours, and provide job and career advancement services to a relatively large share of couples. Additionally, the selected programs appeared able to enroll a sufficient number of couples to meet sample size targets for the evaluation and were located in communities where a similar package of services was not available elsewhere, allowing for a strong contrast between program and control group couples.

### **Program: Supporting Healthy Relationships**

University Behavioral Associates (UBA), within the Montefiore Medical Center, provided the Supporting Healthy Relationships program in the Bronx, New York, to married and unmarried couples. UBA provided other programs besides Supporting Healthy Relationships, including job training for home health care aides through a contract with the U.S. Department of Labor.

### **Program: Healthy Opportunities for Marriage Enrichment Program**

The El Paso Center for Children (EPCC) provided the Healthy Opportunities for Marriage Enrichment (HOME) Program to married and unmarried couples in El Paso, Texas. EPCC is a multiservice agency focused on family strengthening. It had little background providing job and career advancement services prior to receiving the 2011 HM grant.

The two programs are described briefly here; detailed profiles of the programs are included in appendices to this report. Both programs have operated since 2006 and participated in the Supporting Healthy Marriage evaluation.<sup>7</sup> In contrast to the programs evaluated in Supporting Healthy Marriage, programs evaluated in PACT offered employment-related services and enrolled both married and unmarried couples.

### **F. Road map to the rest of the report**

The remaining chapters in this report present process study findings for the HM programs in PACT. Chapter II describes the services available to couples and Chapter III documents strategies for recruiting, enrolling, and engaging couples. Chapter IV presents the characteristics of enrolled couples and their attendance at program services. Chapter V discusses participants experiences in the programs based on findings from the focus groups and Chapter VI describes staffing structures and how programs supported their staff. Chapter VII summarizes findings from the report and provides implications for practice.

## II. PROGRAM SERVICES AND ACTIVITIES



### Program services and activities: Key findings

- For both HM grantees, the relationship skills workshop was the program's core service. The HOME Program offered an 18-hour workshop using the *Within Our Reach* curriculum. Supporting Healthy Relationships offered its workshop in a 27-hour weekday and 24-hour Saturday format using the *Loving Couples, Loving Children* curriculum.
- In response to the funding announcement, both grantees added job and career advancement services to their programs. These new services differed between programs in the amount provided and the extent to which they were integrated with the relationship skills workshop.
- Job and career advancement services were more integrated and more regularly provided at Supporting Healthy Relationships than at the HOME Program. Supporting Healthy Relationships included job and career advancement topics in its relationship skills workshop and offered a stand-alone workshop on obtaining employment and soft-skill development. The HOME Program provided two workshops to promote economic and financial wellbeing: (1) a two-hour job readiness workshop held approximately every other month on resume preparation, interview and communication skills, and appropriate work attire and (2) an occasional workshop on financial literacy called *Money Habitudes*.
- Both programs also attempted to address couples' individual needs such as housing, food instability, and medical assistance through case management. Programs aimed to engage couples in case management before they attended the relationship skills workshop.
- The HOME Program and Supporting Healthy Relationships supplemented the relationship skills workshop with optional "booster" sessions. Programs offered sessions two to three times per month. Supporting Healthy Relationships also offered services for "distressed couples," including one-on-one meetings with facilitators and special workshops on relevant topics such as practicing "taking a break" or reconnecting after a fight.

The foundation of successful program implementation lies in clearly defining the services to be provided, the approach to their delivery, and the staff best qualified to deliver them. A plan that describes these activities provides instructions for program staff and can facilitate program monitoring and inform decision making about program improvement. Clear definition of services and activities also supports future replication.

This chapter describes the services available at the two HM programs participating in PACT and how they were delivered. It describes each program's approach to delivering relationship skills education and job and career advancement services, including core and supplementary workshops, curricula, and case management. The information in this chapter is based on in-person interviews with staff members, observations of workshops, and reviews of program documents.

Both of the HM programs in PACT offered a package of services to couples that included relationship skills workshops, job and career advancement services, case management, and supplementary workshops on a variety of topics. The OFA HM grant encouraged HM programs to integrate job and career advancement programming with their relationship skills services.

### **A. Relationship skills workshops**

According to legislation authorizing the 2011 grants, HM grantees that offered marriage and relationship skills education workshops could incorporate content on parenting skills, financial management, conflict resolution, and job and career advancement. Both HM grantees in PACT included these components but maintained a primary focus on relationship skills education.

Both HM grantees in PACT included content on parenting skills, conflict resolution, and job and career advancement, but maintained a primary focus on relationship skills education.

The HOME Program offered an 18-hour relationship skills education workshop using the *Within Our Reach* curriculum. These workshops were cohort-based, with each cohort of couples meeting weekly for nine weeks. Up to four cohorts were offered concurrently, with a different cohort meeting each evening, Monday through Thursday. Male-female facilitator pairs led the workshops, which followed a consistent structure: facilitators provided an overview of the session's topic, gave a short lecture or provided direct instruction, and then guided couples through practice activities that could include worksheets, flash cards, videos, and group discussion and sharing. Workshops were offered in both English and Spanish. Couples graduated from the relationship skills education workshop by attending at least seven of nine sessions.

Supporting Healthy Relationships offered a cohort-based relationship skills education workshop in weekday and Saturday formats using the *Loving Couples, Loving Children* curriculum. Weekday workshops met once weekly for three hours over nine weeks (27 hours); Saturday workshops met during three consecutive Saturdays for eight hours a session (24 hours).<sup>8</sup> Two to three cohorts started each month. Workshop facilitators

presented research-informed information and relationship concepts to the group, facilitated discussion, and guided couples in activities, which included card decks and workbooks. During sessions, participants viewed videos of low-income couples discussing relationship issues in a talk-show format and then discussed the issue as a group. Weekday workshops were offered in English; Saturday workshops were primarily in Spanish. Couples graduated from the relationship skills workshop by attending at least two-thirds of the sessions (six of nine or two of three).

*Within Our Reach* and *Loving Couples, Loving Children* are evidence-informed curricula adapted for low-income and disadvantaged couples. *Within Our Reach* is based on the Prevention and Relationship Education Program (PREP). Evaluations of PREP suggest it may reduce the likelihood of divorce and improve communication skills (Jakubowski et al. 2004). *Loving Couples, Loving Children* builds upon the *Bringing Baby Home* curriculum, which is based on the observational and family research of John and Julie Gottman (Shapiro and Gottman 2005). Neither *Within Our Reach* nor *Loving Couples, Loving Children* has been evaluated for effectiveness with low-income or disadvantaged couples.<sup>9</sup>

The HOME Program and Supporting Healthy Relationships tailored their curricula to meet the needs of the couples in their programs. The HOME Program worked with the *Within Our Reach* developer to adapt the curriculum for a Hispanic population by translating modules into Spanish and incorporating discussions of *machismo*, a Hispanic cultural value focused on notions of gender roles and masculinity, throughout session topics.<sup>10</sup> Supporting Healthy Relationships supplemented *Loving Couples, Loving Children* with program-developed content on money management, employment, and development of emotion-regulation skills.

The relationship skills workshops at both programs covered similar topics (Box II.1). Both engaged couples in discussions about their personalities and perspectives so that partners developed an understanding of their outlooks, their irritants and triggers, and what they could do to avoid fighting and arguing. Both helped couples recognize signs of trouble in their relationship, learn to constructively solve problems, and practice effective communication skills. After couples learned to work together as partners in a relationship, the eighth session in both programs covered commitment, intimacy, and sex.

## **B. Job and career advancement services**

In response to the funding announcement, the HOME Program and Supporting Healthy Relationships integrated job and career advancement services into their programs for the first time. The programs differed in the amount of job and career advancement services they provided and the extent to which they integrated services.

Job and career advancement services were more integrated and more regularly provided at Supporting Healthy Relationships than at the HOME Program, though they were still of fairly low intensity. At Supporting Healthy Relationships, about 4 hours of the relationship skills workshop were spent on topics related to economic and financial wellbeing (Box II.1). As part of the first session of the relationship skills workshop, facilitators discussed job interview skills. The fifth workshop session was dedicated to budgeting and money. During that session, a representative from the New York City Human Resources Administration provided an overview of child support rights and responsibilities (Box II.2). Then, couples discussed their career goals, learned about resume preparation, and developed strategies to talk about money. At the end of the session, participants had a chance to talk with the child support representative about their specific cases and make follow-up appointments to continue their conversations at the child support office. Every workshop session also began with two reflection questions for participants: (1) How are you feeling about your partner today? and (2) How are you feeling about your job?

### Box II.1. Example lessons from relationship education workshops

<p><b><i>Loving Couples, Loving Children</i></b></p> <p><b>Adapted by Supporting Healthy Relationships</b></p> <p><i>Session One:</i> Introduction, job interview skills, and building a friendship with your partner</p> <p><i>Session Two:</i> Relationship warning signs and “boiling points”</p> <p><i>Session Three:</i> Constructive relationship problem-solving and communication skills</p> <p><i>Session Four:</i> Compromise</p> <p><i>Session Five:</i> Child support, career development, and talking about money</p> <p><i>Session Six:</i> Recovering from a fight</p> <p><i>Session Seven:</i> Understanding our sensitivities and triggers and emotion control</p> <p><i>Session Eight:</i> Sex and intimacy</p> <p><i>Session Nine:</i> Review and graduation</p>	<p><b><i>Within Our Reach</i></b></p> <p><b>Adapted by the HOME Program</b></p> <p><i>Session One:</i> Introduction and accessing community resources</p> <p><i>Session Two:</i> Communication skills</p> <p><i>Session Three:</i> Relationship warning signs and stress and relaxation in relationships</p> <p><i>Session Four:</i> Why and how couples argue and effective problem-solving techniques</p> <p><i>Session Five:</i> The importance of supporting one another</p> <p><i>Session Six:</i> Having realistic expectations and knowing your partner’s personality</p> <p><i>Session Seven:</i> How past experiences impact your relationship</p> <p><i>Session Eight:</i> Commitment and expressing love</p> <p><i>Session Nine:</i> Review and graduation</p>
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Source: Site visits and program documents.

Supporting Healthy Relationships also offered voluntary, stand-alone single-session employment workshops. These two-hour workshops, held twice a month, were facilitated by employment-focused case managers. Program-developed sessions covered topics related to obtaining employment and soft-skill development (Box II.3).



Program staff chose what topic to address in a session by polling current participants. Supporting Healthy Relationships also held targeted workshops on interviewing prior to a job fair or an on-site visit from an employer.

## **Box II.2. Outreach efforts of the New York City Office of Child Support Enforcement**

As a partner to the University Behavioral Associate's Supporting Healthy Relationships program, the New York City (NYC) Office of Child Support Enforcement offered services that could be beneficial to the program's couples. Although all couples enrolled in Supporting Healthy Relationships were romantically involved at the time of enrollment, 63 percent of couples had children with prior partners. These couples may also have had child support orders for these children. By describing services available to couples with child support orders during the relationship skills workshop, the NYC Office of Child Support Enforcement worked to educate couples about available financial tools. Participation in these programs was not limited to couples in Supporting Healthy Relationships.

The NYC Office of Child Support Enforcement had a Parent Resources department that conducted presentations at community organizations throughout the city, such as nonprofit organizations, prenatal clinics, and prisons. The Parent Resources department educated noncustodial parents about paternity, rights and responsibilities, modifying child support orders, and reducing arrears, and helps link noncustodial parents with the programs described below. This department fulfilled the NYC Office of Child Support Enforcement's social mission of improving family well-being and provided an opportunity to show noncustodial parents that it does not solely focus on enforcement.

The NYC Office of Child Support Enforcement ran several programs that provided support to coparents in navigating the child support system while maintaining their parenting goals:

- **The Parent Pledge Project.** This project helped separated parents discuss their plans for child support and co-parenting with the help of professional mediators trained in conflict resolution. Written agreements could be filed in Family Court.
- **Arrears reduction programs.** The NYC Office of Child Support Enforcement worked with noncustodial parents to reduce arrears when appropriate. Noncustodial parents enrolled in the Arrears Credit program could have \$5,000 of state-owed arrears forgiven for making on-time child support payments for a full year. The Arrears Cap program could reduce a noncustodial parent's state-owed arrears to \$500 if the arrears accumulated while the noncustodial parent's income was below the federal poverty level. In November and December 2013, the NYC Office of Child Support Enforcement operated the "Pay it Off" initiative, through which noncustodial parents could receive a match up to \$2,500 on payments toward state-owed arrears.
- **Order modification.** The Modify Department of Social Services Order program allowed low-income noncustodial parents whose children were on cash assistance to have their orders modified without going to Family Court.
- **Support Through Employment Program (STEP).** The STEP Program helped unemployed noncustodial parents find work so they could continue to make child support payments. Family Support Court magistrates linked noncustodial parents to employment service providers throughout the city.

### Box II.3. Sample job and career advancement workshop topics

The HOME Program and Supporting Healthy Relationships both offered supplemental job and career advancement workshops that covered topics related to acquiring and retaining a job. These two-hour workshops used curricula developed by the programs. The HOME Program offered its workshop once every other month and Supporting Healthy Relationships offered workshops on varying topics twice per month. All couples were eligible to participate.

Supporting Healthy Relationships offered workshops on the following employment and soft-skill development topics on a rotating basis. Topics marked with an asterisk were covered by the HOME Program supplemental job and career advancement workshop:

#### Employment-related topics:

1. Resume development\*
2. Professionalism\*
3. Job search strategies
4. Interviewing skills\*
5. Career interest and exploration
6. Training and education opportunities

#### Soft-skill development topics:

1. Employer expectations
2. Self-defeating behaviors
3. Communication and listening skills\*
4. Developing good work relationships
5. Time management
6. Handling conflict on the job
7. Dealing with difficult feedback
8. Decision making
9. Taking direction
10. Maintaining a positive attitude

Source: Site visits and program documents.

The HOME Program offered two types of single-session workshops on job and career advancement. Participants could attend a two-hour job readiness workshop held approximately every other month. The workshop covered resume preparation, interview and communication skills, and appropriate work attire. The HOME Program also occasionally offered a workshop on financial literacy called *Money Habitudes*. This workshop helped partners explore their similarities and differences in their approaches to and attitudes toward saving and spending. The HOME Program did not provide any services related to child support.

Unlike Supporting Healthy Relationships, the HOME Program offered an incentive designed to promote economic and financial wellbeing in exchange for participation in its relationship skills education workshop. Couples who attended the relationship skills workshop could receive credit in a HOME Program-administered career development account. After they attended the first four sessions of the workshop together, the HOME Program deposited \$100 in a joint account, and an additional \$10 for each subsequent relationship skills or booster session each partner attended. If both partners

attended eight of nine relationship skills workshop sessions, \$500 was deposited in the couple's account. Once the couple graduated from the relationship skills workshop, the funds in the career development account were available to either partner. Couples could not withdraw cash from their account but could use the funds toward training or education costs, such as credential testing fees or the cost of work uniforms; these costs were paid directly by the HOME Program to the service provider. To use the account, a participant had to show proof of the cost of the service to the program director, who then decided whether the expense was appropriate.

Case management was a key driver of job and career advancement services in both programs.

Case management was a key driver of job and career advancement services in both programs. At intake or shortly thereafter, program staff gave each participant a career development assessment. Assessments at both programs were adapted from the Online Work Readiness Assessment (OWRA), a free tool provided by OFA and designed to help programs make informed decisions about an individual's employability, work readiness, strengths, and areas for development. Case managers used assessments to develop individualized service plans for participants, recommend job and career advancement workshops, and provide referrals for education, training, and skill development. Case managers provided couples with information about job fairs, employment workshops, and other activities throughout their participation in the program.

### C. Case management

In addition to employment assistance, case managers at Supporting Healthy Relationships and the HOME Program helped couples address their individual needs, including housing, food instability, and medical assistance. Both programs aimed



to engage couples in case management services before they attended a relationship skills workshop. Supporting Healthy Relationships sent couples to a case manager immediately after intake; at the HOME Program, case managers conducted intake and began case management immediately. Case managers at both programs contacted couples on their caseloads weekly to remind them about upcoming workshops and events and to assess their progress. They referred couples to community organizations that provided programming to address needs and checked with the organizations to ensure that the couples followed through on a referral.

#### **D. Supplemental workshops and assistance**

The HOME Program and Supporting Healthy Relationships supplemented the relationship skills workshop with optional “booster” sessions for couples to improve their skills or explore in greater depth a topic initially covered during a session of the relationship skills workshop. The HOME Program offered booster sessions twice monthly, open to anyone enrolled in the program. Facilitators at Supporting Healthy Relationships led booster sessions three times per month for couples who had completed the relationship skills workshop.

Supporting Healthy Relationships provided targeted services and workshops for “distressed couples,” identified through a questionnaire at intake, the Couples Satisfaction Index (Funk and Rogge 2007). Facilitators were available for one-on-one meetings with couples to practice relationship skills and discuss issues they did not feel comfortable talking about in the workshop environment. Facilitators also led special supplemental workshops geared to distressed couples on topics of (1) practicing “taking a break,” (2) managing anger and stress, (3) essentials of commitment, and (4) the importance of reconnecting after a fight.



### III. STRATEGIES TO RECRUIT COUPLES AND ENCOURAGE PARTICIPATION



#### Strategies to recruit couples and encourage participation: Key findings

- For both programs, in-person outreach, the primary mode of recruitment, allowed program staff to obtain the couples' buy-in and address questions or concerns before scheduling an intake appointment. Both programs conducted outreach at family-oriented places and events and used a message that described the relationship skills workshops as "date nights" for couples. Other outreach strategies were referrals and advertising through print and social media.
- To enroll, interested couples attended an intake appointment, which both partners needed to attend. Programs required each partner to be age 18 or older, have a child in common or be expecting, and be in a committed relationship.
- Both programs used protocols to identify domestic violence developed in consultation with a domestic violence partner agency while participating in the Supporting Healthy Marriage evaluation and continued during PACT. Intake workers, who received training to identify signs of domestic violence, administered the protocol to the female partner while the couple was separated.
- The two HM programs enrolled 1,595 couples (3,190 individuals) in the PACT evaluation, including couples assigned to the program and non-program (control) groups.
- Following enrollment, programs emphasized quick access to case management to engage couples in services. Case managers at both programs had primary responsibility for encouraging couples to attend the relationship skills workshop, mostly through weekly reminder calls about upcoming sessions. When couples missed a session, programs were flexible in allowing them to make up the session, often by meeting individually with a facilitator.
- The HOME Program and Supporting Healthy Relationships both provided financial incentives and supports to encourage and reward participation. At the HOME Program, couples who attended at least four relationship skills workshops could accrue up to \$500 in a career development account to obtain job training and education, though few couples used these accounts. Supporting Healthy Relationships provided couples \$100: \$25 for completing intake and \$75 for attending the first relationship skills workshop session. All participating couples were also entered into a drawing for \$100 at the conclusion of the relationship skills workshop. Participation supports included child care, transportation, and meals.

Generating a consistent stream of couples who are eligible and interested in attending an HM program can require substantial time and effort by program staff. This chapter describes the strategies used by the two HM programs participating in PACT to recruit couples and then engage them in program services. The information in this chapter is based on in-person interviews with staff members and reviews of program documents.

The two HM programs in PACT emphasized in-person outreach, which they supplemented with referrals and marketing through print and social media. The programs encouraged couples to remain engaged in services through frequent calls from case managers, supports such as meals and transportation reimbursement to make workshop attendance easier, and incentives structured to reward couples for attending relationship skills workshops.

## **A. Outreach and intake strategies**

### **1. Outreach strategies**

For both programs, in-person outreach was the primary mode of recruitment. This approach allowed program staff to obtain buy-in from both members of the couple and to address questions or concerns before scheduling an intake appointment. Both programs identified family-oriented places and events where they would be likely to encounter potential participants. The HOME Program, for example, reported its greatest success with in-person recruitment at school-based events and community health fairs. A nearby military base was also an outreach location. Recruiters for the HOME Program made presentations at orientation events for soldiers and their families arriving on base. Supporting Healthy Relationships recruiters distributed information to couples at pediatric clinics throughout the Bronx, mostly run by Montefiore Medical Center. Program staff reported that these clinics were a core source of participants. According to program staff, women often received services during and after pregnancy through Montefiore, which meant families may have heard about Supporting Healthy Relationships multiple times. Families receiving care through Montefiore's clinics also may have trusted recruiters and the program because of its affiliation with Montefiore. In addition to working with clinics in the Bronx, Supporting Healthy Relationships employed a consultant who recruited couples from churches in the Bronx and northern New Jersey.

Both programs recruited couples with messaging that portrayed the relationship skills workshops as "date nights" where couples could spend time together working on their relationship.

Both programs recruited couples with messaging that portrayed the relationship skills workshops as "date nights" where couples could spend time together working on their relationship. Child care assistance and a meal before the session heightened the date night atmosphere because couples did not need to worry about caring for their children or preparing dinner. Outreach workers at the HOME Program told couples that these supports, plus reimbursement for transportation costs, meant all logistics for the date were covered. Program facilitators at both programs reported that participants who bought into the date-night atmosphere were excited and enthusiastic about participating in workshop exercises.

Program recruiters did not always encounter couples together when conducting in-person outreach. When recruiters from the HOME Program found an interested person whose spouse or partner was not present, they tried to reach the partner by phone to deliver their pitch. Leadership for the HOME Program felt it was important that recruiters talk to both partners in the couple to generate interest and obtain buy-in. Supporting Healthy Relationships recruiters did not discuss recruitment strategies to engage both members of the couples simultaneously.

Referrals were another fruitful source for identifying participants. Both programs cultivated partnerships with agencies in their communities for this purpose. Typically, recruiters identified a potential referral partner and made a presentation to the staff at the agency about the HM program so staff were equipped to recommend it to their clients. Both programs had partnerships with agencies providing family services and with Head Start centers. For example, the HOME Program partnered with a local United Way agency that served parents with young children and Supporting Healthy Relationships partnered with a nonprofit that provided fatherhood services. The HOME Program also received referrals from El Paso Child Protective Services. Supporting Healthy Relationships had referral partnerships with workforce development organizations, including a community college and the New York City Workforce Investment Board.

The third strategy the HM programs used was marketing through print and social media, recognizing that advertising has the potential to reach wide audiences. The HOME Program, for example, advertised on radio and television, on billboards and bus station benches, at movie theaters, and on Facebook. Advertisements were in English and Spanish. Supporting Healthy Relationships advertised in newsletters that were available for free on the subway, but program staff reported that these advertisements yielded few couples. The program also advertised on the radio and Facebook, but staff suggested that the ads, which had to meet Montefiore Medical Center's branding standards, did not engage many couples. Program staff also reported that many couples who responded to the ads were not eligible for program services.

## **2. Intake processes**

Couples interested in the HM program scheduled an intake appointment to enroll. Programs required couples to attend the intake appointment together. At appointments, intake workers—who were case managers at the HOME Program and trained clinicians at Supporting Healthy Relationships—confirmed a couple's eligibility for PACT, screened them for domestic violence, and assessed their level of distress.

Programs required each partner to be age 18 or older, have a child in common or be expecting, and be in a committed relationship.<sup>11</sup> Neither program required that couples be married. The HOME Program defined a committed couple as two people who were, at a minimum, in a common law marriage. In the state of Texas, a couple are considered to be in a common law marriage if they live together, agree that they are

married, and engage in activities that lead others to believe they are married. Married but separated couples were ineligible for HOME Program services. Supporting Healthy Relationships required couples to self-report that they were in a committed relationship. Though Supporting Healthy Relationships defined committed as a relationship lasting at least one year, the program allowed any couple that self-reported as committed to enroll.

Programs assessed a couple's risk for separation or divorce, but differed in their treatment of couples considered to be distressed. At Supporting Healthy Relationships, each member of the couple privately completed two questionnaires about needs and relationship satisfaction, including the Couple Satisfaction Index (Funk and Rogge 2007), which was used to identify distressed couples at risk of separation. Supporting Healthy Relationships, in part due to facilitators' clinical backgrounds (see Chapter VI for more information on staffing), enrolled distressed couples and offered them additional support through supplemental "enhanced" relationship skills workshops and one-on-one meetings with facilitators to discuss relationship issues and challenges (see Chapter II). After confirming eligibility, the HOME Program asked couples about their motivation for seeking services and their relationship stability, using a program-developed assessment of couples' strengths and needs. Through this assessment, the HOME Program identified couples' risk for separation or divorce, to understand their likely commitment to the program and whether they would attend. The HOME Program did not provide targeted workshops for at-risk couples like those offered by Supporting Healthy Relationship.

Both programs used established protocols to identify domestic violence. The programs used protocols developed in consultation with a domestic violence partner while participating in the previous Supporting Healthy Marriage evaluation and continued during PACT. Intake workers, who received training to identify signs of domestic violence, administered the protocol to the female partner while the couple was separated. This created a "safe space" and prevented the male partner's presence from directly influencing her responses. The woman answered questions about the nature of the couple's interactions and relationship dynamics, such as whether arguments ever turned physical and whether one partner ever exerted control over the other (Box III.1). The intake worker probed about the frequency or severity of violence. This allowed the intake worker to differentiate between low-level mutual violence, such as an occasional fight, and more severe, unilateral violence, such as frequent aggression or control by one partner in multiple aspects of the relationship. The intake worker and other program staff, if necessary, determined whether domestic violence was present in the relationship and whether the female partner needed a referral to a domestic violence partner for shelter services. Generally, the HOME Program allowed couples with lower-level mutual violence to participate in services, but not if there was evidence of severe unilateral violence against the female partner. Supporting Healthy Relationships did not allow a couple to participate if the female partner disclosed severe unilateral domestic violence in the past year. Neither program screened males for domestic violence.



## B. Enrollment

Combined, the two HM programs enrolled 1,595 couples (3,190 individuals) into the PACT evaluation between July 22, 2013, and April 30, 2015, including couples assigned to receive the program as well as those assigned to the nonprogram group (Figure III.1). Supporting Healthy Relationships enrolled 1,022 couples (2,044 individuals), and the HOME Program enrolled 573 couples (1,146 individuals).

Programs established an overall goal for the number of couples to enroll in the PACT evaluation. They used this goal to establish monthly recruitment targets, used data from a MIS to regularly monitor progress, and adjusted the monthly targets over time as needed. Monthly targets for the HOME Program ranged from 16 to 84 couples per month; during most months, the target was 31 couples. Supporting Healthy Relationships set targets for their two outreach workers, with a collective goal of having 50 couples complete intake each month throughout the evaluation period.

### Box III.1. Domestic violence screening tool

During intake, staff members from Supporting Healthy Relationships and the HOME Program interviewed the female partner of each couple enrolling in the program to determine whether she had been a victim of domestic violence by her partner. Both programs' domestic violence screening protocols were developed in consultation with their domestic violence partner organization and followed guidance from the National Resource Center on Domestic Violence. The screening tools used by both programs identified the prevalence, frequency, severity, and mutuality of physical and/or emotional abuse, and allowed a trained staff member to make an informed decision about the couple's suitability for the program.

The domestic violence screening tool used by Supporting Healthy Relationships included questions from the Conflict Tactics Scale 2 (CTS-2), developed as a short form to allow service providers to make quick determinations about the presence of domestic violence in a relationship. This scale rates the frequency and mutuality of five tactics used during conflict. Individuals are read a set of statements, with each partner as the subject and object of the statement, and are asked to respond with the number of times the statement was true in the past year. Examples of the tactics and statements are:

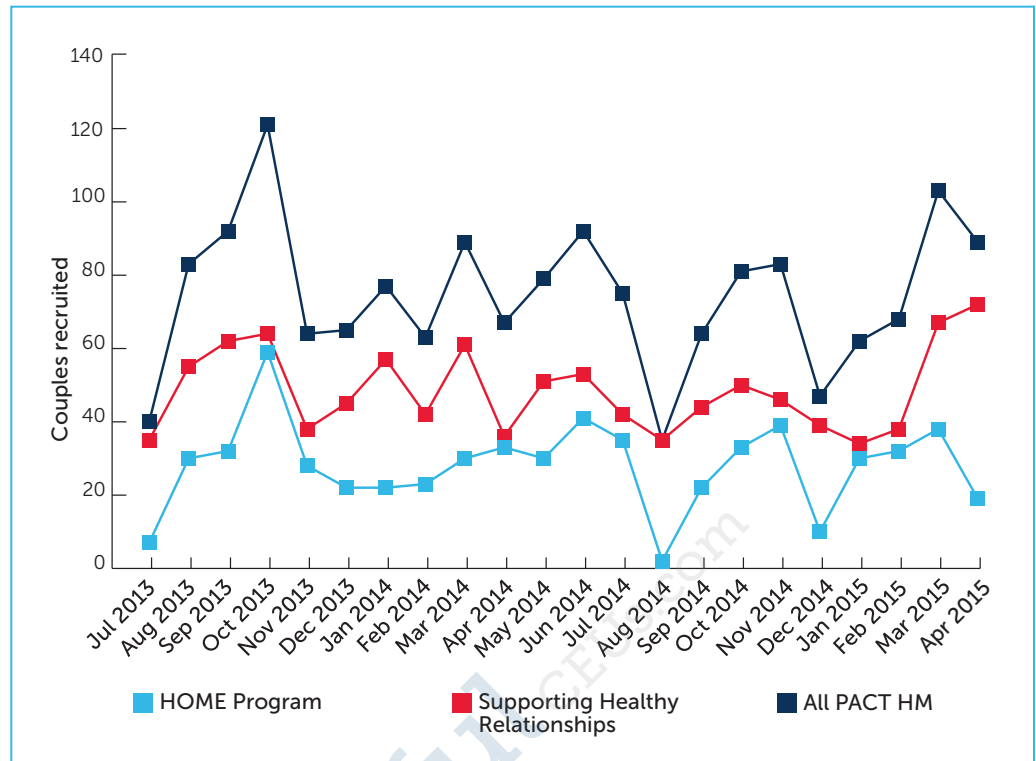
1. **Negotiation:** "My partner explained his or her side or suggested a compromise for a disagreement with me."
2. **Physical assault:** "I pushed, shoved, or slapped my partner"
3. **Injury:** "I had a sprain, bruise, or small cut, or felt pain the next day because of a fight with my partner."
4. **Sexual coercion:** "My partner used force (like hitting, holding down, or using a weapon) to make me have sex."
5. **Psychological aggression:** "My partner destroyed something belonging to me or threatened to hit me."

The CTS-2 has been criticized by some domestic violence advocates and researchers for its strong focus on physical manifestations of violence and its limited focus on the dynamics of the couple relationship (DeKeseredy and Schwartz 1998). While Supporting Healthy Relationships included questions from the CTS-2 in their screening tool, they did not rely solely on the CTS-2 to determine whether domestic violence was present.

Source: Straus and Douglas 2004; Straus et al. 1996.

Note: A separate ACF project is examining protocols used in HM programs. See <http://www.acf.hhs.gov/programs/opre/research/project/responding-to-intimate-violence-in-relationship-programs-rivir> for more information.

**Figure III.1. Monthly enrollment in PACT**



Source: PACTIS.

Note: PACT enrollment began July 22, 2013, and ended April 30, 2015.

Combined, the HOME Program and Supporting Healthy Relationships recruited a sufficient number of couples for the PACT evaluation. The HOME Program enrolled a smaller number of couples than it originally projected, but Supporting Healthy Relationships exceeded its goal.

On average, the HOME Program enrolled 27 couples per month; monthly enrollment ranged from 5 to 57 couples. Enrollment was lowest in July 2013, when the HOME Program only had one week in the month to enroll couples. HOME Program staff could not identify why recruitment slowed during late 2013 and into early 2014, but speculated that improving local economic conditions meant that more people were employed and felt they had less time to participate. Around this time, staff also noticed an increase in the number of couples who did not attend scheduled intake appointments. Staff attributed stronger enrollment in later months to the implementation of street outreach activities in spring and summer 2014. The HOME Program did not recruit couples in August 2014 so staff could focus on organizational planning.

Supporting Healthy Relationships enrolled 46 couples per month on average; monthly enrollment ranged from 33 to 70 couples. Variation in recruitment was attributed to inclement weather, schedules around the holidays and winter months, and brief

periods of decreased staff capacity following turnover of recruitment staff. Supporting Healthy Relationships staff attributed higher recruitment in the latter months of study enrollment to an influx of participants from outreach to churches in New Jersey.

According to enrollment data, nearly 8 in 10 couples across the two programs reported that they enrolled to improve their relationship with their partner (Table III.1). A much smaller percentage of couples enrolled to either improve their relationship with their children (15 percent) or their job situation (7 percent). Compared to the HOME Program, a greater proportion of couples at Supporting Healthy Relationships were primarily interested in improving their job situation, however percentages were still relatively small.

**Table III.1. Participant motivation for program enrollment**

	Supporting Healthy Relationships	The HOME Program	Total PACT HM sample
<b>Motivation to participate in program (% of individuals)</b>			
Improve relationship with children*	11	23	15
Improve job situation*	9	2	7
Improve relationship with partner*	80	75	78
<b>Sample size (couples)</b>	<b>1,022</b>	<b>573</b>	<b>1,595</b>

Source: PACT Baseline Survey.

Note: Sample includes all randomly assigned couples. PACT enrollment began July 22, 2013, and ended April 30, 2015.

\* Significant at .01 p-value.

### **C. Strategies to encourage participation**

Following enrollment, both programs emphasized quick access to case management to engage couples in services and encouraged couples to attend the relationship skills workshop. Since HOME Program intake was conducted by a case manager, the intake appointment also served as a couple's first case management meeting. After a couple completed the intake process, the HOME Program case manager helped the couple find a relationship skills workshop cohort starting no more than three weeks after the intake appointment. The HOME Program case manager and couple discussed workshop attendance and developed a plan for making up sessions that they knew in advance they would miss due to scheduling conflicts. Supporting Healthy Relationships assigned couples to a case manager at intake and scheduled their first meeting before their relationship skills workshop was to begin (usually, there was a gap of two to three weeks between enrollment and the start of the workshop for a couple). If the couple and case manager were available, Supporting Healthy Relationships program staff preferred to hold the first case management meeting immediately after intake.

When a couple missed a session, programs were flexible, allowing couples to have a one-on-one make-up session with a facilitator.

Case managers at both programs were primarily responsible for encouraging program participation. They relied on calls each week to remind couples on their caseload to attend upcoming workshop sessions. Supporting Healthy Relationships case managers also used email, mail, and text messaging to keep in touch with couples. When a couple missed a session, programs were flexible, allowing couples to have a one-on-one make-up session with a facilitator. The HOME Program allowed couples to attend make-up relationship skills workshops with a cohort that met on a different night. Supporting Healthy Relationships couples whose schedules changed could switch cohorts.

The HOME Program and Supporting Healthy Relationships provided supports to encourage participation, as well. Both programs provided meals before each session. Meals served not only as assistance to those who might otherwise go hungry, but helped couples in a cohort bond with one another and establish connections with staff members by sitting down to eat together. Both programs also provided transportation assistance for couples in the form of gas cards and subway fare. The HOME Program offered free on-site child care for couples during workshops. Supporting Healthy Relationships provided a \$200 reimbursement for child care expenses when a couple graduated from the relationship skills workshop.

Both programs also provided financial incentives to encourage and reward participation. The HOME Program did this through its career development accounts. These accounts were structured to provide up to \$500 for a couple to obtain job training and education, but only if the couple attended at least four relationship skills workshops (see Chapter II for more detail about career development accounts). Few couples used funds accrued in their career development accounts. Supporting Healthy Relationships provided couples with \$25 for completing the intake process and an additional \$75 for attending their first relationship skills workshop session, for a total of \$100. All participating couples were also entered into a drawing for \$100 at the conclusion of the relationship skills workshop. Couples entered their name for each session attended, thus increasing the chance of winning for those who attended frequently.

## IV. PARTICIPANT CHARACTERISTICS, ATTENDANCE, AND DOSAGE



### Participant characteristics, attendance, and dosage: Key findings

- Married and unmarried couples with children enrolled at the HOME Program and Supporting Healthy Relationships. Couples lived with an average of two children; more than half of couples had at least one child from a previous relationship. Most children living with couples were under age 12. Few couples had children over age 18 living in their home. The majority of couples at both programs were Hispanic.
- Low levels of education and earnings were common among couples enrolled in PACT. Couples at Supporting Healthy Relationships tended to be more economically disadvantaged than their counterparts at the HOME Program.
- The HOME Program and Supporting Healthy Relationships achieved high initial participation in the relationship skills workshops and individual contacts; nearly all program couples (94 percent) participated in at least one activity after enrollment. Initial participation in job and career advancement workshops was lower.
- In couples' first six months enrolled in the program, nearly 80 percent of couples at the HOME Program attended at least half of the relationship sessions, compared to nearly 60 percent of couples at Supporting Healthy Relationships. This may be related to differences in the types of couples enrolled in each program. Make-up sessions offered by both programs helped couples who had attended some of the sessions attend a bit more. At both programs, participation in job and career advancement workshops and meetings addressing economic and financial wellbeing was less common than attendance at relationship skills workshops.
- In both programs, couples received just over 18 hours of services, on average. For both programs, the majority of hours were from attending the relationship skills workshop.

This chapter describes the families participating in HM programs in PACT, their initial engagement and participation, and the amount of program services they received. Using data from a survey administered to participants at enrollment, we describe participant characteristics. Using data from the PACT-developed MIS, PACTIS, we explore participant attendance at program services and describe how programs' focus and structure may have influenced the types and amounts of services received. Participant characteristics illuminate the need for services, participants' motivations for participating, and the context for providing services. Participant response, assessed in this chapter through attendance data, is an important mediator for program outcomes, as participants who do not attend program services cannot experience the expected benefits of participating.

### **A. Participant characteristics**

Both married and unmarried couples with children enrolled in the program and nonprogram groups at both programs (Table IV.1). More than three-quarters of the couples enrolled in the HOME Program were married, compared to half the couples at Supporting Healthy Relationships. Couples lived with an average of two children; more than half of couples had at least one child from a previous relationship. Couples at Supporting Healthy Relationships were more likely than couples at the HOME Program to have at least one child from another relationship, but had fewer children living with them, on average. Across the two programs, most children living with couples were under age 12. Few couples had children over age 18 living in their home.

In both programs, most partners were of Hispanic origin, with 93 percent of couples in the HOME Program self-reporting as Hispanic. Couples at Supporting Healthy Relationships were more likely than HOME Program couples to be black or of mixed race. A larger percentage of couples at the HOME Program had at least one partner who was foreign born. Spanish was the primary language for 72 percent of mothers and 67 percent of fathers at the HOME Program, compared to 42 percent of mothers and 43 percent of fathers at Supporting Healthy Relationships.

Low levels of education and earnings were common among couples enrolled in PACT. In only 55 percent of couples did both partners have a high school diploma or equivalent. In 87 percent of couples, at least one partner had worked for pay in the month prior to enrollment. The most common work arrangement among couples was for only the father to be employed; this arrangement was more common at the HOME Program. Overall, 63 percent of families had earned \$2,000 or less in the month prior to enrollment.

Couples at Supporting Healthy Relationships tended to be more economically disadvantaged than their counterparts at the HOME Program. In almost 20 percent of couples at Supporting Healthy Relationships, both partners were unemployed and had no earnings, whereas the same was true for only 5 percent of couples at the HOME Program.

**Table IV.1. Baseline characteristics of randomly assigned couples**

	HOME Program	Supporting Healthy Relationships	Total PACT HM sample
<b>Demographics</b>			
Average age (years)			
Mothers*	33	34	34
Fathers*	35	37	36
Race and ethnicity (%)			
Both partners Hispanic*	93	62	74
Both partners black, non-Hispanic*	0	21	13
Both partners white, non-Hispanic	1	0	0
Both partners other, or couple mixed race*	6	17	13
Foreign born (%)			
Mothers *	57	47	51
Fathers	56	50	52
At least one partner*	73	56	62
Spanish is primary language (%)			
Mothers*	72	42	53
Fathers*	67	43	52
<b>Socioeconomic status</b>			
Have high school diploma or GED (%)			
Neither partner	13	14	14
Only mother	16	20	19
Only father	14	12	13
Both partners	57	54	55
Worked for pay in last 30 days (%)			
Neither partner*	5	18	13
Only mother worked*	7	11	9
Only father worked*	49	36	41
Both partners	39	36	37
Couples' earnings in last 30 days (%)			
No earnings*	5	18	14
\$1–\$1,000	18	22	21
\$1,001–\$2,000*	37	24	28
\$2,001–\$3,000	17	17	17
More than \$3,001	23	19	21

	HOME Program	Supporting Healthy Relationships	Total PACT HM sample
<b>Living arrangements and housing (%)</b>			
Couple lives together all or most of the time*	94	82	86
<b>Criminal history</b>			
Ever been convicted of a crime (%)			
Mothers	3	6	5
Fathers*	16	21	19
Currently on parole (%)			
Mothers	1	0	1
Fathers	5	5	5
<b>Children and relationships</b>			
Total number of children	3.2	3.3	3.3
Common between partners*	1.9	1.3	1.5
Non-common across partners*	1.3	2.0	1.8
Number of children living with couple* <sup>1</sup>	2.4	2.0	2.1
At least one partner has at least one child with another partner (% of couples)*	48	63	58
Age range of children common between partners living with parents all or most of the time (% of couples)			
Age 2 and under	48	46	47
Between ages 3 and 5*	45	30	36
Between ages 6 and 12*	48	37	42
Between ages 3 and 18	17	21	19
Over age 18	6	6	6
Relationship status			
Married*	76	50	59
Romantically involved on a steady basis*	17	35	29
In on-again/off-again relationship*	6	12	10
Not in a romantic relationship	2	3	3
Relationship trouble in last 3 months (%)			
Only mother reported relationship trouble	15	14	15
Only father reported relationship trouble	12	10	11
At least one partner reported relationship trouble	76	80	79
Both partners reported relationship trouble*	48	56	53
<b>Sample size</b>	<b>573</b>	<b>1,022</b>	<b>1,595</b>

Source: PACT Baseline Survey.

Note: Sample includes all randomly assigned couples. PACT enrollment began July 22, 2013, and ended April 30, 2015.

\* Significant at .01 p-value.

<sup>1</sup> Limited to couples who were living together all or most of the time.



In about 80 percent of couples, at least one member reported relationship trouble in the three months prior to PACT enrollment.

Though most couples lived together most or all of the time, in about 80 percent of couples, at least one member reported relationship trouble in the three months prior to PACT enrollment. Compared to the HOME Program, Supporting Healthy Relationships tended to enroll more distressed couples; in more than half of Supporting Healthy Relationships couples, both partners reported relationship distress.

## **B. Participation trends**

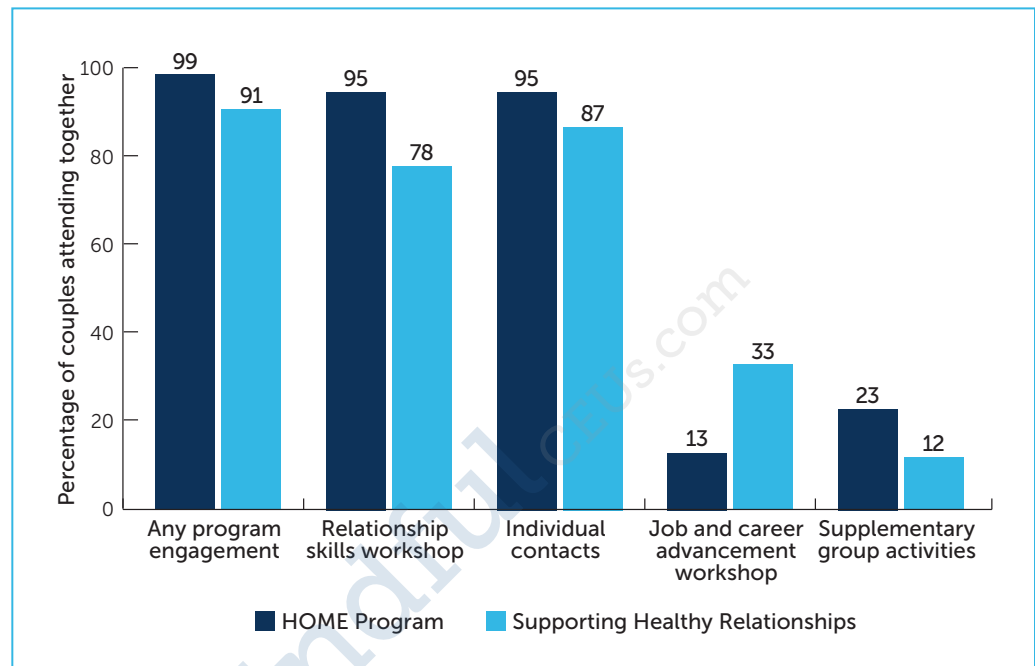
To measure participation, we first considered initial program involvement. Initial participation in services indicates whether the program engaged couples. We examined participation for the first six months after each couple enrolled in PACT. This window does not include the entire period when couples may have attended services, but captures the period of most active participation.<sup>12</sup> To conduct the participation analysis, we examined data for all couples who enrolled in the PACT evaluation and were assigned to participate in the program. PACT enrollment was from July 22, 2013, through April 30, 2015; the last possible date of participation was six months later, October 31, 2015. We present participation among all program group couples, including those who did not participate at all.<sup>13</sup>

The HOME Program and Supporting Healthy Relationships achieved high initial participation in the relationship skills workshops and individual contacts. The majority of program couples (94 percent) participated in at least one activity after enrollment. Over 75 percent of couples at Supporting Healthy Relationships and 95 percent of couples at the HOME Program attended at least one relationship skills workshop session (Figure IV.1). Individual contact receipt was high; 95 percent of couples at the HOME Program and 87 percent of couples at Supporting Healthy



Relationships received at least one contact during the first six months. Differences in initial participation were potentially due to differences in the stability of couples enrolled in each program. For example, HOME Program couples were more likely than Supporting Healthy Marriage couples to be married and less likely to report relationship distress.

**Figure IV.1. Initial participation in program activities**



Source: PACTIS.

Note: Data are presented for all couples who were randomly assigned to receive the program services and had six months in which to participate. PACT enrollment began July 22, 2013, and ended April 30, 2015. The HOME Program sample included 286 couples and the Supporting Healthy Relationships sample included 511 couples. Analysis includes individual contacts that lasted five or more minutes and did not occur by mail or voicemail.

Initial participation in the job and career advancement workshops was lower overall. About one-third of Supporting Healthy Relationships couples and 13 percent of couples at the HOME Program attended at least one job and career advancement workshop. More than 23 percent of couples at the HOME Program and 12 percent of couples at Supporting Healthy Relationships attended at least one supplemental workshop.

Retention is the extent to which couples continue to attend a program. We measured retention as the percentage of couples who attended at least half of the relationship skills sessions within six months of enrollment. Nearly 80 percent of couples at the HOME Program attended at least half of the relationship sessions, compared to nearly 60 percent of couples at Supporting Healthy Relationships (Table IV.2). Compared to Supporting Healthy Relationships, the HOME Program served a larger percentage of couples who were married or reported no relationship distress, factors that may have contributed to higher retention. Also, of these two programs, only the HOME

Program offered on-site childcare, which may have made it easier for couples to attend. Make-up sessions offered by both programs helped couples who had attended some of the sessions receive a bit more content.

**Table IV.2. Relationship skills workshop attendance**

	<b>HOME Program</b>	<b>Supporting Healthy Relationships</b>
Percentage of couples attending relationship skills workshop at least once		
Group attendance only	95	78
Percentage of couples attending half or more of relationship skills workshop sessions		
Group attendance only	78	58
Group attendance and individual make-up sessions	80	60
<b>Number of couples</b>	<b>286</b>	<b>511</b>

Source: PACTIS.

Note: Data are presented for all couples who were randomly assigned to receive the program services and had six months in which to participate. PACT enrollment began on July 22, 2013, and ended on April 30, 2015. Only attendance by both partners was counted.

The vast majority of couples in both programs met one-on-one with staff (98 percent in The HOME Program, 88 percent in Supporting Healthy Relationships; Table IV.3). Couples met with a staff member between four and six times in their first six months, on average, and most meetings were attended by both partners.<sup>14</sup> Couples had more individual contacts in the first three months than in months four through six. On average, couples had between four and five individual contacts in the first three months, when they would have been participating in the group relationship skills workshop. Half of the individual service contacts at the HOME Program were by phone, whereas over three-quarters of individual contacts at Supporting Healthy Relationships were in person. Just over one-half of the couples in the HOME Program received a referral to outside support services, compared to about one-third of couples from Supporting Healthy Relationships.

At both programs, participation in job and career advancement workshops and meetings addressing economic and financial wellbeing was less common than attendance at relationship skills workshops.

At both programs, participation in job and career advancement workshops and meetings addressing economic and financial wellbeing was less common than attendance at relationship skills workshops (Table IV.4). Although almost all couples at the HOME Program attended the relationship skills workshop at least once, only 13 percent of couples attended a supplemental job and career advancement workshop. One-third of couples at Supporting Healthy Relationships attended a job and career advancement workshop; however, more than half of couples received job and career advancement content while attending the relationship skills workshop, a feature not available in the HOME Program (see Chapter II for more on program services). A much

**Table IV.3. Referrals and individual contacts**

	HOME Program	Supporting Healthy Relationships
<b>Referrals and individual contacts</b>		
Number of couples	286	511
Percentage of couples with at least one contact	98	88
Total contacts (average per couple)	4.7	5.8
Monthly contacts (average per couple)	0.8	1.0
Monthly contacts, first three months	1.4	1.7
Monthly contacts, months four through six	0.2	0.3
Couples receiving at least one support service referral (%)	57	31
<b>Mode of individual contact</b>		
Number of individual contacts	1,349	2,981
Mode of service contacts		
Telephone	53	22
Program office visit	25	76
Other	23	2

Source: PACTIS.

Note: Data are presented for all couples who were randomly assigned to receive the program services and had six months in which to participate. PACT enrollment began on July 22, 2013, and ended on April 30, 2015. Analysis includes individual contacts that lasted five or more minutes and did not occur by mail or voicemail.

larger proportion of couples in Supporting Healthy Relationships participated in an employment-focused individual contact than did couples at the HOME Program (63 percent versus 11 percent). At Supporting Healthy Relationships, case management was employment focused, whereas case management at the HOME Program focused on social services and basic needs. More couples at the HOME Program participated in individual contacts about education topics than employment topics.

### **C. Dosage**

In Chapter II, we described program services and the total number of hours of services offered. In this section, we present the average number of hours that couples attended during their first six months after enrollment, by the type of content received. Attendance may have been by both partners together or by only one partner (although most attendance was by couples). Program dosage, the total hours of service received, may help explain the magnitude of program impacts on outcomes of interest.

**Table IV.4. Participation in job and career advancement services**

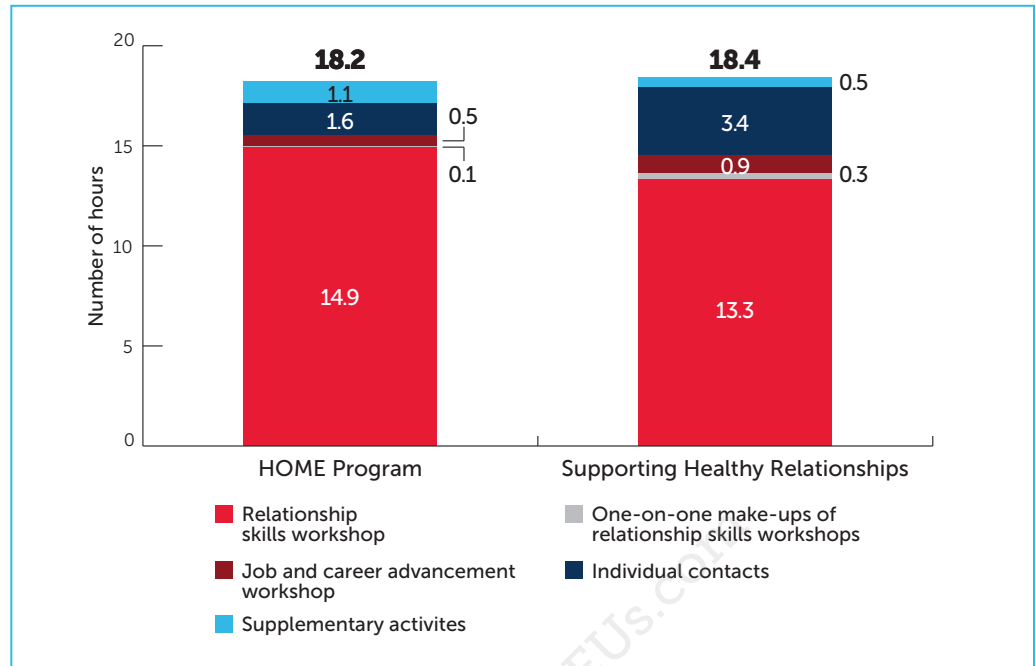
	HOME Program	Supporting Healthy Relationships
<b>Percentage of couples attending job and career advancement workshop at least once</b>		
Group attendance only	13	33
<b>Percentage of couples receiving job and career advancement topics during relationship skills workshop</b>		
Group attendance only	NA	55
<b>Percentage of couples receiving employment and education topics during individual contacts</b>		
Employment	11	63
Education	14	10
<b>Number of couples</b>	<b>286</b>	<b>511</b>

Source: PACTIS.

Note: Data are presented for all couples who were randomly assigned to receive the program services and had six months in which to participate. PACT enrollment began July 22, 2013, and ended April 30, 2015. Only attendance by both partners was counted.

Across programs, the average hours of services received was 18.2 hours at the HOME Program and 18.4 hours at Supporting Healthy Relationships (Figure IV.2). For both programs, the majority of hours were from attending the relationship skills workshop.<sup>15</sup> Couples from the HOME Program spent more time than couples from Supporting Healthy Relationships attending the relationship skills workshop and supplemental activities, whereas couples from Supporting Healthy Relationships spent more time than couples from the HOME Program receiving individual contacts and attending job and career advancement workshops; however, the differences were small. At the HOME Program, couples spent 14.9 hours, on average, attending the relationship skills workshop, and at Supporting Healthy Relationships, couples spent 13.3 hours, on average, in these workshops. Given that Supporting Healthy Relationships' relationship skills workshop had 24 hours compared to 18 hours at the HOME Program, couples at the HOME Program received, on average, 83 percent of the relationship skills workshop compared to couples at Supporting Healthy Relationships, who received 55 percent of the workshop (Figure IV.3).

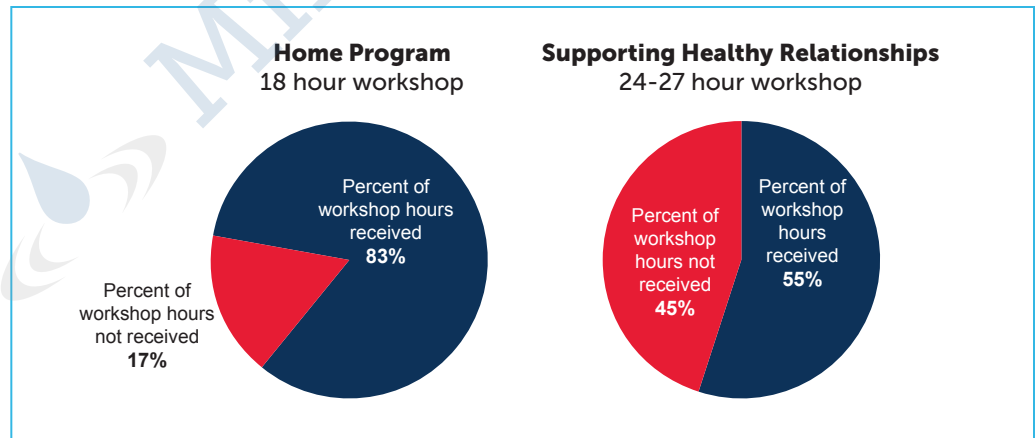
**Figure IV.2. Average hours of participation**



Source: PACTIS.

Note: Data are presented for all couples who were randomly assigned to receive the program services and had six months in which to participate. PACT enrollment began July 22, 2013, and ended April 30, 2015. The HOME Program sample included 286 couples and the Supporting Healthy Relationships sample included 511 couples. Analysis includes individual contacts that lasted five or more minutes and did not occur by mail or voicemail.

**Figure IV.3: Percentage of relationship skills workshop received**



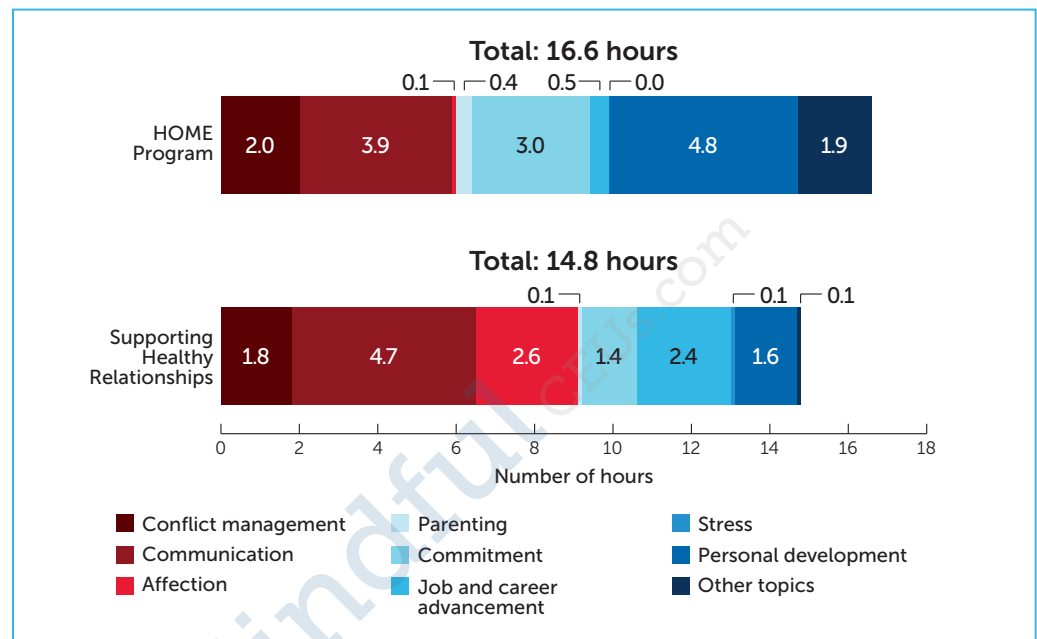
Source: PACTIS.

Note: Data are presented for all couples who were randomly assigned to receive the program services and had six months in which to participate. PACT enrollment began July 22, 2013, and ended April 30, 2015. The HOME Program sample included 286 couples and the Supporting Healthy Relationships sample included 511 couples.

Across the workshops offered, including the relationships skills workshops and supplemental workshops on job and career advancement and other topics, the two programs covered similar topics, including affection, commitment, stress, and parenting. In both programs, a large proportion of couples received content on

communication and conflict management through workshops (Figure IV.4). Together, these topics made up between one-third and one-half of the total workshop hours. At the HOME Program, personal development was also a focus of workshops, totaling almost a third of the hours all couples received. At Supporting Healthy Relationships, couples received 2.4 hours of job and career advancement content in group workshops—about five times the amount received by couples in the HOME Program.

**Figure IV.4. Instruction in topics covered in any workshop**



Source: PACTIS.

Note: Data are presented for all couples who were randomly assigned to receive the program services and had six months in which to participate. PACT enrollment began July 22, 2013, and ended April 30, 2015. The HOME Program sample included 286 couples and the Supporting Healthy Relationships sample included 511 couples.

At both programs, individual contacts focused primarily on relationship topics. Couples at Supporting Healthy Relationships received about an hour of job and career advancement material through individual contacts, on average, whereas couples at the HOME Program spent almost no time, on average, discussing employment topics during individual contacts (Table IV.5). Couples at the HOME Program spent less than 10 minutes, on average, getting one-on-one help with job and career advancement.

**Table IV.5. Topics covered during individual contacts**

Topics	Percentage of couples receiving contact related to topic	Average hours of contacts in topic for all couples
<b>HOME Program</b>		
Relationships (not make-up sessions)	75	0.7
Employment	11	0.1
Education	14	0.1
Social Services	91	0.7
Parenting	2	0.0
Other	28	0.1
<b>Supporting Healthy Relationships</b>		
Relationships (not make-up sessions)	69	2.2
Employment	63	0.9
Education	10	0.0
Social Services	39	0.2
Parenting	3	0.0
Other	16	0.1

Source: PACTIS.

Note: Data are presented for all couples who were randomly assigned to receive the program services and had six months in which to participate. PACT enrollment began July 22, 2013, and ended April 30, 2015. The HOME Program sample included 286 couples and the Supporting Healthy Relationships sample included 511 couples. Analysis includes individual contacts that lasted five or more minutes and did not occur by mail or voicemail.



## V. PARTICIPANTS' PROGRAM EXPERIENCES



### Participants' Program Experiences: Key findings

- On the baseline survey, couples reported that they enrolled in the program to strengthen their relationships. Nevertheless, they were initially skeptical that the programs could help them. After attending some sessions, participants embraced the program workshops. Couples felt that facilitator pairs established a supportive environment that encouraged them to continue attending.
- According to couples, program staff were diligent in following up and reminding them to attend workshop sessions.
- Couples appreciated learning concrete techniques they could apply to manage their anger, communicate, and understand their respective backgrounds and perspectives.
- Couples in the focus groups did not generally have much to say about job and career advancement services; few participated in those services and those who did had mixed feelings about whether they were worthwhile.

This chapter describes the experiences of individuals and couples who participated in the HOME Program and Supporting Healthy Relationships. It conveys, in their own words, their initial impressions of the programs, why they participated, and what they believe they got out of the programs. The information presented in this chapter is based on four focus groups conducted during site visits to the programs in early 2014; a total of 22 couples (44 individuals) attended these focus groups (see Chapter I for detail on the selection of couples for focus groups).

## A. Enrollment and participation

While on the baseline survey more than three-quarters of couples reported that they enrolled in the program to strengthen their romantic relationship, during the focus groups, participants in both programs reported entering the programs with some skepticism. Although at least one member in about 80 percent of couples reported relationship trouble in the three months prior to PACT enrollment, some focus group participants noted that they were at first concerned the program was only for couples with problems. One couple who attended the HOME Program, for example, did not want to participate initially because, “we don’t have problems. We have 20 years of marriage.” Outreach staff were persistent, however, and convinced couples that, in the words of another HOME Program participant, “It wasn’t really for marriages where they had problems. It was more of an enrichment, more to communicate as couples.”

“You must love your relationship, for you to let go [of] everyday life and get out of the routine and come to the program.”

A male participant at Supporting Healthy Relationships suggested that it was hard for some couples to admit that they needed help; he described that some couples “are also, ashamed to say ‘oh, I have problems with my wife...’ so they don’t want to come because they think that they are not quite ‘male’.” His wife agreed that deciding to enroll in the program was difficult: “You must love your relationship, for you to let go [of] everyday life and get out of the routine and come to the program.”

Facilitators echoed this message. According to another participant, facilitators told participants that, “It’s not a marriage class; it’s just a group discussion and tools that will help your marriage grow or not, depending on how you use them. Not all of [the tools] work for everybody. Just take what you need and keep it moving.”

Some couples, however, recognized elements of their marriages that needed work. “We had only been married for four years when we went the first time,” said one HOME Program participant, and her spouse agreed: “I was out of town most of the time and we had problems.” A couple expecting a child enrolled in Supporting Healthy Relationships because they were having trouble communicating and planning for their new child: “There was times that I just felt like I wanted to just wring his neck, so I’m like, I need to learn self-control. [I] need to learn how to just [take a deep breath] and talk to him and let him talk, because I don’t let him talk.”

After participating, couples embraced the workshops and their focus on relationships. One couple at Supporting Healthy Relationships needed encouragement and a second attempt to attend the program, but enjoyed the material so much that they convinced family members to enroll: [My sister] approached us [about enrolling in the program] and at that point we’re like, we don’t really want to do therapy,” said the participant whose relatives recruited her. “She encouraged us. No, it’s just extra tools, extra this, extra that. The biggest thing was, I guess it’s almost like a date night.

"When I told [my husband about the program], he said, 'Okay...', the first day, and we fell in love. Then I started to work and when I arrived [home] I already found him ready: 'Let's go!'"

Like you have something that you can plan with your mate every week. So we were like, okay, let's try it one time and see how it goes, and we enjoyed it. A woman in the HOME Program discussed how her husband begrudgingly came to the first session, but quickly became excited: "When I told him, he said, 'Okay...' the first day, and we fell in love. Then, I started to work and when I arrived [home], I already found him ready: 'Let's go!'"

The group format and dynamic facilitators encouraged couples to attend. Many couples made friends with other couples through attending the program. "We had a great time," said a HOME Program participant. "When it was over, it was like we had fun with everybody and it was great. We asked them [HOME Program staff] if we could keep coming every Wednesday, but they said we couldn't. We enjoyed it; it was fun." At Supporting Healthy Relationships, one participant stated: "We were a family and [on the] last day we gave the phone numbers and made a list with the phone numbers and emails and we pass it over and everyone has any partner phone number, because we are also supporting ourselves as a couple."

Participants at both programs felt that the facilitator pairs encouraged a supportive and convivial environment. "Yeah, our facilitators [kept us attending each week]," said one HOME Program participant. "We made friends, friends that we still talk to in class. That was good." Another said, "One thing I like is that [the facilitator pair] was a married couple where they have issues too.... That made it a real plus for us." Participants at Supporting Healthy Relationships experienced a similar atmosphere:

[Facilitators] were a little transparent about their personal struggles that they're going through, so it made it real for us. They're not trying to be like, "Oh we're perfect"... I felt that was really good that they shared their own personal perspective and made it real for everyone, that it's not just this floating theory that you're trying to present that you haven't applied personally and you're trying to talk to us. You walk the walk.

Focus group participants reported that participation supports encouraged program attendance. The HOME Program provided on-site child care, meals, and transportation assistance to help parents attend the relationship skills workshops. One participant said that child care was a driving factor in her weekly attendance, because "my children liked [the child care center] very much... [I was] happy to come every Wednesday." Her children asked her, "Hey are we leaving yet? Let's go now!" Another participant said, "We had free food, they took care of the kids for free, they gave us a \$10 voucher for gas card, what more could you ask?" Several participants appreciated the gas cards they received to help pay for transportation: "There are people living quite far away. With the \$10 that they give them for

"my children liked [the child care center] very much... [I was] happy to come every Wednesday."

gasoline, it's okay," said one. A participant at Supporting Healthy Relationships also appreciated receiving assistance: "I love the gift cards. They definitely came in handy. Right in the beginning [Supporting Healthy Relationships] makes it clear to you, 'you're going to be, in a sense, compensated for your time.'" Another Supporting Healthy Relationships participant said, "in each session, they gave us the MetroCard...to us, [the card was] as something that fell from heaven." Others liked the raffles that Supporting Healthy Relationships ran to reward couples for participation. One participant explained, "They gave us a ticket per couple and you had to fill it out with your data and at the end of the course, on graduation they did a raffle of one hundred dollars, a gift card.... We decided [to make the reward] two of fifty dollars [to have two winners], and we were winners."

Staff attention also encouraged attendance and supported the couples. One HOME Program participant said, "[My case manager] was very good about calling, 'Are you going to be making it today?' I wasn't; I was all bruised up [from surgery], or we wouldn't make it. But we made up the days. She's very good. If we didn't answer at the house she'd call our cell phone." A Supporting Healthy Relationships participant also appreciated reminder calls: "Because you're so caught up in your regular life, you do know that whatever day, it is coming for you, and you know that the time is coming, but life gets the best of you sometimes. If you get the courtesy call, text message, email, or whatever, it gives you that chance to be like, let me make sure everything is lined out."

Both programs offered one-on-one sessions with facilitators. One participant described what facilitators at Supporting Healthy Relationships mentioned every class: "At the end of each workshop that we had, they asked, 'Anybody here want to set up a day? Meet us at the front....' They were pretty thorough with everything,



“At the end of each workshop that we had, they asked, ‘Anybody here want to set up a day? Meet us at the front....’ [the facilitators] were pretty thorough with everything, constantly asking everybody what they needed or if they had any questions up front or at the end.”

constantly asking everybody what they needed or if they had any questions up front or at the end.” The HOME Program also accommodated couples, offering frequent make-up sessions: “They have them I think Monday, Tuesday, and Wednesday,” recalled one participant. “They would say, ‘you can make up the one on Monday,’ and they offer Spanish and English either day.” One Supporting Healthy Relationships couple found make-up sessions helpful when an emergency arose: “For us, it was his surgery. We had started and then we were like, ‘listen, he has a certain recovery time.’ Originally, they were willing to do the one-on-ones so we could make it up. It’s almost like every 30 minutes they can try to square away one session that you missed, one class that you missed.”

## **B. Lessons participants learned**

Participants believed they learned concrete relationship skills and strategies. Participants commonly cited communication and anger management strategies as their main takeaways from the programs. A HOME Program participant explained one technique the program taught him to help family members take turns when speaking and listening to each other: “At times as we started to yell... we start there and I go there and she takes the other side so that’s it! It’s over! And we did not achieve anything. Then that technique about ‘who has the word’... [the speaker has] a card, the one right now who has the ‘word,’ [is the only one who can speak].” Couples in the HOME Program reported learning about how to talk about their feelings and moods using journaling and strategies to truly listen to each other; for example, couples described lying down next to each other while they talked or giving back rubs. Several couples at Supporting Healthy Relationships spoke about learning to “soft start” conversations about housework or chores without making accusations. Couples at Supporting Healthy Relationships also enjoyed sessions where they discussed their backgrounds to understand differences in perspective and change behaviors:

One of the issues that hit me was...the backpack that one brings from your own upbringing, the way I was raised in my house.... I can no longer order [my wife].... They told us, because if we are two, we have to help each other... “Let’s do the laundry, we are going to clean the house,” not as I was raised... I did not wash, not scrub, not mop, not iron, I did nothing.

One participant in Supporting Healthy Relationships shared how he has tried to teach some of the lessons he learned to a friend: “I am trying to get him [to use the] same technique that they gave us here so that he talks to the wife, not fighting, that if she... rises or is excited, he waits until she calms down... to begin to speak.”

One couple found a financial literacy workshop helpful “because finance issues damage the cutest love, the strongest love... love with good footing.”

Participation in the job and career advancement services and economic and financial wellbeing were not key themes during focus group discussions. Focus group moderators probed participants about their involvement in job and career advancement services, but few participants had participated in the services available from either program or found them satisfying. Some participants in both programs had attended financial literacy classes. A Supporting Healthy Relationships couple found the session useful “because finance issues damage the cutest love, the strongest love... love with good footing.” Some Supporting Healthy Relationship participants had worked with case managers to update resumes and search for jobs. Though Supporting Healthy Relationships participants appreciated the persistence of case managers, who continued to serve them for a year after enrolling, they had not experienced much success in improving their job situations. “[My case manager] sent me a letter in the mail, too, about certain job fairs, but there was really nothing in there that I was looking for,” said one. Another said, “This week we went on a... workforce job fair [Supporting Healthy Relationships] was having on-site and interviewed there from that job establishment, so that was cool. I’m still waiting to hear back from them, so I don’t know if it was that cool.” A third said her husband also went to a job fair “and he went to an interview. It turns out that the security job that they were offering, I don’t know what he thought it was.... It was just less than what he’s making now... He’s making, let’s say, \$16 an hour and they were going to start him at \$8.”

No HOME Program participants at the focus groups had attended job and career advancement workshops. Several participants reported that they were employed when they enrolled in services and were not looking for help finding a new job. Most participants had not accessed their career development accounts. Though the program intended the funds to be used for a wide range of training opportunities, one participant thought it could only be used for obtaining a “GED and stuff like that,” which the participant did not need. One focus group participant who used her career development account credit to attend a class shared that she was initially “ashamed about asking” for money. She only used the funds when her case manager asked her how she was paying for her education, and walked her through the process of getting approval to use the credits.

## VI. STAFFING, SUPERVISION, AND IMPLEMENTATION SUPPORT



### Staffing, supervision, and implementation support: Key findings

- The composition of program staff reflected the target population and the programs' emphasis on relationship skills. The majority of staff across the programs held at least a bachelor's degree. Nearly two-thirds of program staff at both programs had experience providing relationship skills education. A smaller percentage of staff had prior experience providing employment services, which reflected the programs' relatively short history of providing these services.
- As programs struggled to figure out how job and career advancement services fit with their relationship skills programming, they also contended with staff turnover, including among staff providing job and career advancement services. Over time, turnover diminished programs' emphasis on economic and financial wellbeing.
- Most program staff received training, found it helpful, and felt prepared for their jobs as a result. Facilitators received initial training and coaching on the relationship skills curriculum.
- Most program staff reported having a supervisor, but the frequency of supervision varied across programs and positions, particularly for individual supervision. Most Supporting Healthy Relationships staff met individually with a supervisor each week. Most HOME Program staff participated in individual supervision, but meetings were infrequent.
- Both programs used monitoring practices that emphasized program improvement. Monitoring occurred through use of a MIS that tracked enrollment and participation. Programs monitored curricular adherence and facilitation quality through reflective practice centered on observations of facilitators.

HM programs must hire and retain staff with the right mix of skills and experience to provide high quality services to populations with multiple needs. Staff must have a clear understanding of their roles and receive adequate training and supervision. The two HM programs employ a program director or manager, staff to facilitate workshops, and case managers to address participants' needs. This section describes the characteristics of staff employed by the HM programs, supervision and training, and implementation supports, using data from two waves of a staff survey conducted in fall 2013 and spring 2015, as well as staff interviews during site visits. Averages presented in the tables are calculated from pooled responses across both waves of the survey, unless otherwise noted.

### A. Staff background and experience

The composition of program staff reflected the target population and programs' emphasis on relationship skills. According to the staff survey, HM staff were of similar racial and ethnic makeup to participants (Table VI.1). All program staff at the HOME Program and just under half at Supporting Healthy Relationships identified as

**Table VI.1. Staff characteristics and education**

	HOME Program	Supporting Healthy Relationships	All HM grantees in PACT
<b>Gender (%)</b>			
Male	29	36	31
Female	71	64	69
<b>Race and ethnicity (%)</b>			
Hispanic	100	43	81
Black, non-Hispanic	0	7	2
White, non-Hispanic	0	36	12
Other	0	14	5
<b>Education (%)</b>			
High school diploma or equivalency	0	7	2
Some college	46	0	31
Bachelor's degree	39	7	29
More than bachelor's degree	14	86	38
<b>Sample size</b>	<b>28</b>	<b>14</b>	<b>42</b>

Source: PACT staff survey, fall 2013 and spring 2015.

Note: Sample sizes represent the total number of respondents to both waves of the staff survey. At the HOME Program, 17 staff completed the fall 2013 survey and 11 staff completed the spring 2015 survey, 9 staff responded to both waves of the survey. At Supporting Healthy Relationships, 9 staff completed the fall 2013 survey and 5 staff completed the spring 2015 survey, 2 staff responded to both waves of the survey. Percentages may not sum to 100 due to rounding and respondents' ability to choose multiple responses.



Hispanic. Around two-thirds of program staff were female, though both programs used opposite gender pairs for facilitating relationship skills workshops.

The majority of staff across the programs—about two-thirds—held a bachelor’s degree or higher (Table VI.1). All staff at the HOME Program had at least some college coursework. More than 80 percent of Supporting Healthy Relationships staff held a master’s or professional degree. Supporting Healthy Relationships required facilitators and intake staff to be trained clinicians or have a graduate degree in the mental health or social work field.

Nearly two-thirds of program staff at both HM programs had experience providing relationship skills education (Table VI.2). Staff at the HOME Program had considerably more years of experience providing relationship skills education, compared to staff at Supporting Healthy Relationships. The HOME Program valued prior work experience over educational attainment.

A smaller percentage of HM program staff, about 50 percent, had prior experience providing employment services, which reflected the programs’ relatively short history of providing these services. In both the fall 2013 and spring 2015 survey waves, staff at the HOME Program averaged five years of employment services experience. In the fall 2013 survey wave, staff at Supporting Healthy Relationships averaged nearly 10 years of employment services experience, a number inflated by one staff member who had over 25 years of experience. However, this employee was no longer with Supporting Healthy Relationships by the spring 2015 survey wave, and as a result, the average decreased considerably to 1.3 years.

Staff turnover diminished programs’ emphasis on economic and financial wellbeing.

Staff turnover diminished programs’ emphasis on economic and financial wellbeing. As programs struggled to figure out how job and career advancement services fit with their relationship skills programming (see Chapter II), they also had to contend with staff turnover, including staff providing job and career advancement services. The HOME Program eliminated its employment specialist role in late 2013 after finding that participants were confused by the two case management positions (one had focused on social service needs and the other on employment services). HOME Program leadership shifted responsibility for employment services to the case managers addressing social service needs. A staff member in an employment specialist position became the lead case manager, whose responsibility was coordinating case managers and ensuring they met participants’ job and career needs. Supporting Healthy Relationships lost an employment specialist with over 25 years of experience. Due to uncertainty over future grant funding, they could not fill the vacancy, thereby reducing their capacity to provide case management focused on economic and financial wellbeing.

**Table VI.2. Staff employment and experience**

	HOME Program	Supporting Healthy Relationships	All HM grantees in PACT
<b>Average length of employment (years)</b>			
2013	4.2	2.0	3.4
2015	5.1	2.9	4.4
<b>Involvement in HM program activities (%)</b>			
Outreach and intake	44	86	59
Facilitation	54	79	62
Employment services	11	36	20
Economic and financial wellbeing	14	36	21
Case management	63	93	73
Staff supervision and training	33	50	39
<b>Prior experience</b>			
Relationship skills education experience (%)	64	64	64
2013 average (years)	7.6	1.5	5.6
2015 average (years)	3.5	2.1	3.0
Employment services experience (%)	50	50	50
2013 average (years)	5.0	9.3	6.9
2015 average (years)	5.0	1.3	4.1
<b>Sample size</b>	<b>28</b>	<b>14</b>	<b>42</b>

Source: PACT staff survey, fall 2013 and spring 2015.

Note: Sample sizes represent the total number of respondents to both waves of the staff survey. At the HOME Program, 17 staff completed the fall 2013 survey and 11 staff completed the spring 2015 survey; 9 staff responded to both waves of the survey. At Supporting Healthy Relationships, 9 staff completed the fall 2013 survey and 5 staff completed the spring 2015 survey; 2 staff responded to both waves of the survey. Percentages may not sum to 100 due to rounding and respondents' ability to choose multiple responses.

## **B. Training and supervision**

Most program staff received training, found it helpful, and felt prepared for their jobs as a result. Over 90 percent of staff at the two HM programs reported receiving training in the 12 months prior to completing the staff survey (Table VI.3). For example, HOME Program case managers attended monthly training to learn about community services and policies that affected program participants, such as how to use the Affordable Care Act website. Domestic violence partner organizations provided annual training to staff at both programs about the domestic violence protocols used during intake (see Chapter III), recognizing signs of domestic

violence, and how to respond when domestic violence is identified. At both programs, all staff reported that the training they received had adequately prepared them for their job responsibilities.

**Table VI.3. Staff training and support**

	HOME Program	Supporting Healthy Relationships	All HM grantees in PACT
Participated in training in last 12 months (%)	93	93	93
Perception of helpfulness of training (% very helpful or somewhat helpful)	79	86	81
Perception of preparedness for job as a result of training (% very prepared or somewhat prepared)	100	100	100
Have mentor or coach (%)	75	93	81
Have supervisor (%)	96	100	98
<b>Frequency of individual supervision (%)</b>			
Weekly or more	11	93	38
Biweekly	14	0	10
Monthly or less	54	0	36
Never	14	7	12
No response	7	0	5
<b>Frequency of group supervision (%)</b>			
Weekly or more	14	50	26
Biweekly	0	14	5
Monthly or less	61	21	48
Never	11	7	10
No response	14	7	12
<b>Sample size</b>	<b>28</b>	<b>14</b>	<b>42</b>

Source: PACT staff survey, fall 2013 and spring 2015.

Note: Sample sizes represent the total number of respondents to both waves of the staff survey. At the HOME Program, 17 staff completed the fall 2013 survey and 11 staff completed the spring 2015 survey; 9 staff responded to both waves of the survey. At Supporting Healthy Relationships, 9 staff completed the fall 2013 survey and 5 staff completed the spring 2015 survey; 2 staff responded to both waves of the survey. Percentages may not sum to 100 due to rounding.

Facilitators received initial training and coaching on the relationship skills curriculum. Supporting Healthy Relationships facilitators attended training on *Loving Couples, Loving Children* that was similar to, though less intensive than, the curriculum developer's certification process. Before leading a workshop session, facilitators read curriculum manuals, watched training videos, and observed all nine sessions of the relationship skills workshop. Next, new facilitators co-facilitated

a workshop session with an experienced facilitator. This workshop session was videotaped. After the session, the facilitator and a manager watched the tape to review strengths and areas for improvement. All HOME Program facilitators received training on *Within Our Reach* from the curriculum developer prior to the start of its 2011 HM grant. The HOME Program did not train facilitators during the PACT evaluation period.<sup>16</sup>

Most program staff reported having a supervisor, but the frequency of supervision varied across programs and positions. Nearly all staff at both programs reported receiving regular supervision from a supervisor (Table VI.3). At the HOME Program, the program director had primary responsibility for supervising staff. Full-time staff met monthly to discuss ongoing program operations and issues. HOME Program staff also met departmentally. Case managers met as a group every other week to check on couples' progress towards graduating from the relationship skills workshop, receive input on active cases as needed, and discuss upcoming events. Outreach staff met weekly to plan events and discuss progress towards achieving recruitment goals. Facilitators met as a team as needed. Formal individual staff supervision was more frequent in Supporting Healthy Relationships. Most staff reported weekly individual meetings and weekly or biweekly group meetings. Supporting Healthy Relationships staff reported that all-staff meetings were held each week to discuss organizational challenges and concerns and decide as a group how to address them. The president of UBA attended these meetings along with program staff.

The programs differed in their use of individual meetings as a supervision strategy. Most Supporting Healthy Relationships staff met individually with a supervisor each week to discuss concerns. Most HOME Program staff participated in individual supervision, but these meetings happened infrequently. The few staff members who did not respond to the survey items in Table VI.3 about staff supervision were either facilitators, who did not receive regular supervision in the HOME Program, or new employees, who may not have participated in supervision.

### **C. Strategies to monitor operations and service delivery**

Both programs used monitoring practices that emphasized program improvement. Before adopting PACTIS, both programs used a participant tracking system from their involvement in the Supporting Healthy Marriage evaluation. These systems recorded participant information, such as demographics; how participants learned about the program; and workshop attendance. Program staff at Supporting Healthy Relationships also used a custom database to record employment data, including case management information, external referrals, and employment placements and outcomes. Staff also tracked pre- and post-program survey responses to assess

Participant tracking systems recorded participant information, such as demographics; how participants learned about the program; and workshop attendance.

whether participation increased relationship skills and satisfaction. The HOME Program tracked similar information, including assessments and case management records. Programs also tracked recruitment information, such as intake appointments and contact information for potential participants.

Program leadership at both programs were ultimately responsible for managing and reviewing administrative data. They regularly monitored progress toward recruitment, enrollment, and retention targets and discussed progress with frontline staff during supervision. For example, the Supporting Healthy Relationships program manager expected case managers to place five clients in jobs per month, and each outreach staff member was expected to recruit 25 couples per month—with half completing intake. The HOME Program director reviewed case notes with case managers to ensure that clients' needs were met, and checked an outreach events calendar to make sure that the program maintained a strong community presence.

Both programs monitored curricular adherence and facilitation quality through reflective practice centered on observations of facilitators.

Reflective practice is the process of observing a practice, debriefing it, assessing strengths and weaknesses, coming up with strategies to revise the practice, and then putting the strategies into practice (Gibbs 1988). To that end, both programs monitored curricular adherence and facilitation quality through reflective practice centered on observations of facilitators. At Supporting Healthy Relationships, program managers facilitated workshops alongside frontline staff and as a result were able to see firsthand how staff facilitated workshop sessions, and provide feedback immediately following the session. Program managers also observed case managers' facilitation of employment workshops and provided feedback during supervision. At the HOME Program, a senior facilitator observed other facilitators, discussed the observations with them, and provided written feedback. The senior facilitator's feedback included scoring the facilitators on a rubric and providing qualitative comments that explained and justified scores (Box VI.1). After conducting an observation, the senior facilitator helped the facilitator develop an action plan and steps for improvement, if needed.

### **Box VI.1. The HOME Program facilitator observation form**

At the HOME Program, a senior facilitator developed a form to guide observations of facilitators and comment on their use of select facilitation skills.

1. **Positive attitude towards role of group facilitator as opposed to group educator.** Teaches clients by asking questions, rather than lecturing.
2. **Confidence.** Demonstrates confidence in role of facilitator
3. **Time management and materials.** Adheres to agenda and session design, completes exercises.
4. **Enforcing ground rules.** Posts and notes ground rules, making the group a safe and supportive space, and reminds clients who need to adhere when appropriate.
5. **Communication.** Uses active listening, responds to participants' spoken and body language.
6. **Positive reinforcement and monitoring of couple participation.** Reinforces and monitors participant involvement and effort so that all couples have a chance to participate equally.
7. **Gives fidelity to curriculum by summarizing and redirecting.** Summarizes and redirects monopolizing participants to adhere to session design and agenda.
8. **Works as a team with co-facilitator.** Shares facilitation responsibilities equally.
9. **Acts as a role model for peers by distinguishing instruction delivery.** Models professional demeanor and uses multiple approaches to convey information.
10. **Active, successful participation of all participants.** Actively engages and includes participants in exercises and group processing.

Source: Site visits and program documents.



## VII. LESSONS LEARNED AND IMPLICATIONS FOR FUTURE PROGRAMMING



The two HM grantees participating in PACT, the HOME Program and Supporting Healthy Relationships, implemented programs that aimed to enhance participants' relationship skills and economic and financial wellbeing. Each grantee strove to develop an approach to service delivery that would best meet the needs of its organization and the couples it enrolled. This chapter summarizes implementation lessons from the PACT enrollment period at the two programs and discusses considerations for future programming and evaluation.

### A. Key implementation findings

**Effective recruitment required face-to-face outreach.** According to the programs, in-person outreach was the primary and most effective strategy for recruitment. Both programs conducted in-person outreach at family-oriented locations, such as pediatric clinics and school health fairs, that potential participants would likely access. Consistent with prior studies of HM programming, efforts to market the program and obtain referrals from community organizations were useful but secondary to in-person recruitment.

**The two HM programs in PACT achieved strong participation in their services to strengthen couples' relationships.** Over 75 percent of couples at Supporting Healthy Relationships and 95 percent of couples at the HOME Program attended at least one session of the relationship skills workshop. After attending the first session of a relationship skills workshop, couples often continued to attend. Nearly 80 percent of

couples at the HOME Program attended at least half of the relationship sessions; a smaller but still sizeable percentage of couples at Supporting Healthy Relationships (60 percent) attended at least half of the relationship sessions. Receipt of at least one individual contact was also high; 95 percent of couples at the HOME Program and 87 percent of couples at Supporting Healthy Relationships received at least one contact. These participation rates were similar to rates in the Supporting Healthy Marriage evaluation, which served only married couples, and higher than rates in the Building Strong Families evaluation, which served only unmarried couples.

Strong participation in the relationship education component likely reflects a combination of two inputs: characteristics of the enrolled population, and programmatic strategies to promote attendance. The two programs in PACT chose to recruit only couples who reported they were in committed relationships or were married. Data collected at enrollment showed that many of these couples had experienced recent trouble in their relationships and enrolled in the program specifically to improve their relationship.

To promote attendance, both programs removed the most common barriers to attendance—child care and transportation—and developed a welcoming atmosphere that promoted the development of relationships across couples and with facilitators by starting each session with a meal. Programs offered a variety of workshop formats and make-ups for missed sessions, and relied on regular reminder calls and financial incentives to further encourage attendance.

Although the relationship skills workshops for the two HM programs varied in the number of hours offered, at both programs, couples could complete the workshop in just over two months. This length may have appealed to couples, in that it was long enough to develop a temporary pattern of attendance but short enough for couples to feel they could complete most or all of it.

#### **Programs conducted regular program monitoring focused on program**

**improvement.** Setting performance targets and using data to make decisions can support program planning, monitoring, and improvement. The two HM programs in PACT set monthly enrollment targets, regularly measured progress against these targets through a MIS, reflected on factors that may have helped or hindered the program in meeting the monthly enrollment targets, and made adjustments to their approach as needed. Program staff similarly monitored program engagement, participation, and retention by regularly reviewing and reflecting on data. As a result of these monitoring efforts, the programs recruited a sufficient number of couples for the PACT evaluation, and may have contributed to the high participation and retention in the core relationship workshop.

The two HM programs in PACT set monthly enrollment targets, regularly measured progress against these targets through a MIS, reflected on factors that may have helped or hindered the program in meeting the monthly enrollment targets, and made adjustments to their approach as needed.



**Programs offered limited job and career advancement services along with their relationship skills programming.** Following guidance in the 2011 funding announcement for OFA HM grants, the two HM programs in PACT offered some services to address couples' economic or financial wellbeing. The job and career advancement services offered were of fairly low intensity.<sup>17</sup> The HOME Program offered a two-hour job and career advancement workshop once every other month; Supporting Healthy Relationships offered a two-hour job and career advancement workshop twice per month.

HM programs can also integrate job and career advancement content into their relationship skills workshop to extend the reach of these services to more couples. Supporting Healthy Relationships did so by including this content in its relationship skills workshop, albeit at a low level of intensity. Session one of their relationship skills workshop covered job interview skills and session five discussed career development and child support rights and responsibilities. For Supporting Healthy Relationships, integrating job and career advancement content into the relationship skills workshop may have increased the proportion of couples who received this content. Over half of Supporting Healthy Relationships couples received job and career advancement content during the relationship skills workshop.

For both programs, job and career advancement services were new and the programs were careful to not divert their focus away from the goal of strengthening couples' relationships.

Programs may have offered only a low level of job and career advancement services for several reasons. For both programs, these were new services and the programs were careful to not divert their focus away from the goal of strengthening couples' relationship. Programs' limited experience with offering these services may have led them to only offer a light touch. Also, the programs may have been concerned that only a few couples were seeking work, and, thus, did not expect many couples to participate in this content.

**Low participation in job and career advancement services may have been related to couples' job-related needs and preferences.** Couples' characteristics and needs may have contributed to whether they participated in the standalone job and career advancement workshops. Neither program marketed its job and career advancement services during recruitment, which may have affected whether enrolled couples were seeking employment. Few participants in focus groups reported benefitting from job and career advancement services. Based on the MIS data, relatively few couples in either program—13 percent of couples at the HOME Program and 33 percent of couples at Supporting Healthy Relationships—accessed standalone job and career advancement workshops. The average length of time spent attending these separate workshops was low; at the HOME Program, couples spent 30 minutes, on average, attending them and at Supporting Healthy Relationships, couples spent 55 minutes, on average. Low participation may reflect that at enrollment, both partners were unemployed in only 13 percent of couples across the two programs. Although couples' earnings were generally low—below \$2,000 per month—it is possible that in many couples one of the partners was not seeking work.

## B. Considerations for future HM programming and research

### **Offer a range of workshop formats and opportunities to make up missed sessions.**

The HM programs in PACT achieved high rates of participation and offered multiple opportunities for couples to participate in services. Consider offering a variety of workshop formats to address scheduling constraints that may otherwise hinder participation. Weekdays may work better for couples in which one or both of the partners is not employed or works during the evenings, weekday evenings may work better for couples in which one or both partners work during the day, and a few consecutive weekends may work better for couples who can commit to longer workshop sessions over fewer weeks. Programs should be aware that participants' schedules can change with little notice, and be flexible in allowing them to sit in on workshop sessions with other cohorts, attend at varying days or times, or meet one-on-one to make up workshop content. When scheduling, programs should be sensitive to couples' child care and transportation needs and consider providing supports such as on-site child care or vouchers to reduce these participation barriers. Couples in focus groups appreciated receiving reminder calls about workshops and found that child care and transportation made it easier to attend workshops.

Because of these differing needs and dynamics, programs may find that the best way to provide job and career advancement services for couples is by developing multiple strategies for improving families' economic well-being.

**Match job and career advancement strategies to level of need.** Although most couples in PACT were low-income, they nevertheless differed in their specific job and career advancement needs. For example, they varied in their level of educational attainment, employment status, and level of earnings. In particular, about half of the couples lived on one income, which may have been a deliberate choice for some couples with young children. Because of these differing needs and dynamics, programs may find that the best way to provide job and career advancement services for couples is by developing multiple strategies for improving families' economic well-being and matching services to their needs. Examples of multiple strategies could include:

- Integrate content that is applicable to both employed and unemployed individuals into the relationship skills workshop. Such content can include, for example, financial literacy, money management, communicating and making financial decisions as a couple, and child support information.
- Target education and training activities to those seeking employment but lacking basic education or specific job skills. Programs that serve large proportions of couples with low educational attainment and/or wages may want to incorporate offerings like General Education Development (GED) credential preparation, Adult Basic Education (ABE), or pre-employment education, such as soft-skill development, into their menu of services.
- Target job readiness services, such as workshops on developing resumes, filling out job applications, and interviewing techniques, to those who indicate they are actively

seeking employment. Target the most intensive job and career advancement services, including job development and job placement services, to participants needing extra assistance in securing employment.

- Consider how job and career advancement services can be tailored to meet the needs of employed participants. For example, career exploration and education and training opportunities might be used to help participants obtain better jobs, advance in their current careers, or earn higher pay.
- Include financial literacy services that might be useful for members of couples who choose not to work outside the home. For example, programs may host workshops addressing managing a household budget, avoiding predatory financial practices, and building assets.
- Encourage members of couples to attend job and career advancement services individually if a service is more applicable to one partner than the other.

**Test whether the connection between couples' level of commitment at enrollment affects program participation.** The HM programs in PACT restricted eligibility for their programs to only couples who reported being in a committed relationship at enrollment. Findings from this study suggest that restricting eligibility to these couples may have contributed to higher participation in program activities. Programs in Building Strong Families (which struggled to achieve high participation rates) included less committed couples, such as those who reported being in on-again, off-again relationships at enrollment. Programs in Supporting Healthy Marriages served only couples who were married at enrollment, and obtained higher participation rates than the programs in Building Strong Families. PACT programs achieved generally high participation rates, but participation was highest at the HOME Program, in which more couples reported that they were married or in a steady romantic relationship. At enrollment, Supporting Healthy Relationships couples were more likely to report that they were in an on-again, off-again relationship compared to their counterparts at the HOME Program. Researchers can formally test whether commitment level at enrollment is a causal predictor of participation, regardless of marital status.



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