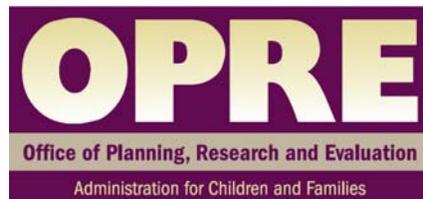


The Supporting Healthy Marriage Evaluation

**Early Lessons from the Implementation of a
Relationship and Marriage Skills Program
for Low-Income Married Couples**

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Overview

This report presents early implementation and operational lessons from the Supporting Healthy Marriage (SHM) evaluation. Funded by the Administration for Children and Families, SHM uses a rigorous research design to test the effectiveness of a new approach to improving outcomes for low-income children: strengthening the marriages and relationships of their parents as a foundation for family well-being. It also uses implementation research to document and assess how the organizations that were selected to be in the study are implementing the SHM model. The SHM model is for low-income married couples and includes three components: *relationship and marriage education workshops* that teach strategies for managing conflict and effective communication, *supplemental activities* that build on workshop themes and skills through educational and social events, and *family support services* that pair couples with specialized staff who facilitate participation and connect couples with needed services. In the first year of program implementation, SHM providers focused on three main tasks: developing effective marketing and recruitment strategies, keeping couples engaged in the program, and building management structures and systems. Lessons in these three areas from implementation analyses are the focus of this report. Highlights include:

- ***Marketing and recruitment.*** Simply distributing brochures and posters has not been a sufficient recruitment technique for most SHM programs. Programs have found that they also need to partner with local agencies and community organizations, and go into their communities to speak directly with couples.
- ***Engaging couples.*** Anticipating that participating in long-term services would be a challenge for many families, SHM programs have made services as accessible and as attractive as possible. They offer activities during evenings and weekends, provide meals, transportation and child care assistance, emergency funds, and modest incentives. Workshop spaces have been designed to provide comfortable seating for the multi-hour sessions and often look more like living rooms than classrooms. In addition, SHM programs hired male and female staff who are culturally attuned to the populations in their communities, important for engaging both men and women and for engaging couples from diverse cultures.
- ***Managing for performance.*** The SHM research team has held programs accountable by requiring that they achieve particular benchmarks in enrollment and participation in order to remain in the study. Local managers use a management information system to track daily staff efforts, hold one-on-one supervision meetings, and observe staff interacting with couples to directly assess program quality.

Early participation data show encouraging trends. Within six months of enrollment, more than 80 percent of couples attend at least one workshop and go on to complete an average of 20 workshop hours. More than 85 percent of couples attend at least one family support meeting and complete, on average, 4.5 meetings within six months. Over the next several years, the SHM evaluation will continue to examine how these relationship and marriage education programs develop lessons about operating in varied settings with diverse populations over time and, ultimately, will provide information on whether these services make a difference in a range of outcomes for low-income married couples and their children. For more information, visit the SHM Web site at www.supportinghealthymarriage.org.

Acknowledgments

The Supporting Healthy Marriage (SHM) evaluation is made possible by the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services. As the SHM program officer at ACF, Nancye Campbell provided wise guidance at every step of the report and to the project as a whole. Mark Fucello and Brendan Kelly, who served as program officers in the early years of the evaluation, continue to provide helpful insights. The report also benefited from ongoing input from Naomi Goldstein, Susan Jekielek, and Lauren Supplee at ACF.

We are grateful to the program managers and staff at the 10 SHM locations that are the focus of this report. They are working tirelessly to deliver high-quality services that meet the needs of their communities, and they generously gave their time to help MDRC and our partners understand the many details of program implementation in their local contexts. Program managers reviewed sections of the report and patiently responded to our requests for additional data along the way.

Many thanks are due Kris Moore and her colleagues at Child Trends who were partners in designing the baseline data measures. Alan Werner and Daniel Gubits at Abt Associates reviewed early drafts of the report.

At MDRC, Barbara Goldman, Sharon Rowser, Gayle Hamilton, and John Hutchins provided helpful input on the analysis and drafts. The report also benefited from early reviews by Gordon Berlin and Fred Doolittle. Members of the SHM operations and implementation research teams informed our thinking throughout the analysis and writing process, and we thank them for their thoughtful participation in ongoing discussions about program operations. They include Daniel Gubits and Rachel Morgan at Abt Associates, Courtney Harrison, Mary Myrick, and Jay Otero at Public Strategies, Inc., and Julia Bernstein, Elana Bildner, Marlen Gonzalez, Jim Healy, Raquel Morgan, Marilyn Price, and Sharon Rowser at MDRC. Electra Small played an important role in overseeing the SHM data collection system. Emilio Rodriguez, Isabelle Bollendorf, and Lyndsay McDonough contributed to programming and to the production of exhibits, and Meghan McCormick assisted with production. Robert Weber edited the report, and Stephanie Cowell and David Sobel prepared it for publication.

Finally, we extend our deep appreciation to the thousands of couples in the SHM research sample, without whom this work would not be possible.

The Authors

Executive Summary

This report presents findings and operational lessons from early implementation analyses in the Supporting Healthy Marriage (SHM) evaluation. The SHM evaluation is funded by the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services; the study will produce impact and implementation findings from SHM demonstrations operated by organizations in 10 locations nationally.¹ Documentation of the recruitment, engagement, and management strategies being used by these organizations is a part of the implementation analyses conducted for the evaluation. The early lessons presented in this report may be of interest and helpful to other program managers who desire to design or implement a new service program, particularly one that is voluntary, that seeks to engage both fathers and mothers, or that expects ongoing participation for an extended period.

The SHM Program

Motivated by evidence suggesting that children benefit from growing up with two parents who are in a stable, low-conflict relationship, the SHM project uses a rigorous research design to test a new approach to improving outcomes for low-income children by strengthening the marriages and relationships of their parents as a foundation for family well-being. As shown in Box ES.1, the SHM program model is based on three mutually reinforcing components designed for low-income married couples, with the central feature being relationship and marriage education workshops. The workshops are designed to help couples enhance the quality of their relationships through structured curricula that offer strategies for building skills in managing conflict, communicating effectively, and working as a team in parenting their children.

Complementing the core workshops are supplemental activities that include educational and social events that build on lessons presented in the workshops. The third component, family support services, pairs each couple with a specialized staff member who maintains contact with the couple and encourages their participation in the program. Programs strive to keep couples engaged in services for one year, and family support coordinators help facilitate participation by addressing barriers and connecting participants with other needed services.

¹SHM is operating in Orlando, Florida; Wichita, Kansas; Bronx, New York; Oklahoma City, Oklahoma; Bethlehem and Reading, Pennsylvania; El Paso and San Antonio, Texas; and Seattle and Shoreline, Washington. The Pennsylvania and Texas programs offer services in two locations in their states. In the implementation analysis, the locations are discussed separately, as their local conditions and populations vary. In the impact analysis, each of these states will be considered one “site,” and research samples from both locations will be combined.

Box ES.1

The SHM Program Model: Three Mutually Reinforcing Components

- **Relationship and marriage education workshops:** The core SHM service, workshops are conducted with 3 to 20 couples in a group setting, in weekly sessions lasting 2 to 5 hours each, typically over 10 to 15 weeks, for a total of 24 to 30 hours of curriculum.
- **Supplemental activities:** These events build on and complement the workshops, providing couples additional opportunities to learn and practice relationship skills and build social networks.
- **Family support services:** Family support services are designed to facilitate couples' participation in the program and link them to needed services.

Enrollment and Participation

As of December 31, 2009, SHM programs had met their recruitment goals set for the evaluation, enrolling a total of 6,300 couples into the study.² Enrollees in SHM programs are roughly 50 percent Hispanic, 30 percent white non-Hispanic, and 15 percent black/African-American. Almost three-quarters of couples have incomes below 200 percent of the federal poverty level.³

Early participation trends demonstrate interest among most enrolled couples for SHM services. More than 80 percent of couples who volunteer for the program attend at least one workshop together in the first six months after enrollment. Couples who attend at least one workshop go on to complete an average of 20 hours of workshops within six months. More than 85 percent of couples meet with their family support coordinators at least once in the first six months, and couples who attend one meeting go on to complete an average of 4.5 meetings in six months.

²Half of the 6,300 couples are enrolled in SHM program services, and half are assigned to a control group that is not enrolled in SHM but can access other services in their communities.

³For a family of four, 200 percent of the federal poverty level in 2009 was an annual income of \$44,100 (U.S. Department of Health and Human Services, "2009 Federal Poverty Guidelines," Web site: <http://aspe.hhs.gov/poverty/09poverty.shtml>).

Lessons for Starting Up New Voluntary Programs

SHM program providers put considerable energy into developing and refining marketing and recruitment strategies to generate interest in the program, into creating accessible and relevant services that would encourage participation over the long term, and into building management structures to meet performance benchmarks. In addition to documenting early implementation experiences, the SHM evaluation provides some lessons related to marketing and recruitment, engagement, and management that may be useful to others who are designing or running new and voluntary services, particularly those seeking to engage both fathers and mothers for an extended period.

Recruiting Married Couples: Creative Marketing Strategies and Face-to-Face Contact Are Needed

Low-income married couples are not a group previously served by most of the SHM providers, nor have they been the focus of social services generally. As a result, a good deal of trial and error has been necessary to learn where to recruit couples and which marketing methods work best. Most of the SHM providers began by casting a wide net, then closely evaluating which strategies yielded enrollments. Programs have found the following strategies productive:

- **Create name recognition.** Staff have placed posters, brochures, door hangers, and billboards in low-income communities and have used radio and TV advertising to gain recognition in the service delivery area. To maximize the effectiveness of their media coverage, some programs increased face-to-face outreach in conjunction with radio or TV ads.
- **Market the program directly to low-income couples.** In addition to using media to promote their services, recruitment staff in most programs have found it necessary to go into their communities to speak directly with couples. Effective outreach venues include health fairs, back-to-school events, and food banks.
- **Cultivate partnerships with local social service agencies and with government, community, and faith-based organizations serving or working with low-income couples.** Some partners allow SHM programs to staff information tables in their lobbies during peak business hours or to make presentations at job clubs or parenting classes. Some partners identify interested couples from their caseloads and refer them directly to SHM programs. Maternal and child health programs, pediatric clinics, and the Women, Infants, and Children (WIC) program have been active referral partners.

- **Develop marketing messages that focus on the goals that most couples have for themselves and their family.** Rather than asking couples, “Are you interested in enrolling in free relationship education workshops?” staff ask, “Do you want to learn how to be the best parent you can be?” or “If you could give your marriage a tune-up, what would you most want to improve?” They then share how SHM can help couples accomplish their goals.
- **Actively seek referrals from participants.** Endorsement from current participants is a powerful marketing tool, and word of mouth is a growing recruitment source for many of the SHM programs. Some programs offer small incentives to couples for referring friends who enroll.

Engaging Couples: Programs Must Be Couple-Friendly, Relevant, and Easy to Access

SHM programs need to engage couples over an extended period of time, encouraging them to attend weekly group workshops for up to 15 weeks and to participate in family support and supplemental activities for 12 months. To keep couples coming back week after week, SHM programs strive to be relevant, interesting, and easy to access. Programs address relevance and accessibility in the following ways:

- **Offer activities in convenient locations and during evenings and weekends.** Several programs offer workshops in more than one location in their communities to increase ease of access to program services.
- **Anticipate and address barriers to participation.** All SHM programs provide assistance to offset the costs of transportation and child care, meals before activities to accommodate parents coming directly from work, and limited emergency funds (for needed car repairs, for example).
- **Offer modest incentives.** Programs offer modest incentives like gas or gift cards for completing program activities, and they tie the incentives to specific milestones, such as attending three or more workshops. Some programs offer such incentives as baby supplies and family board games.
- **Create a space that is welcoming for couples and families.** Programs have created workshop spaces that look more like living rooms than classrooms, including painting walls in bright colors, hanging artwork, and providing toys for children.
- **Teach workshops in ways that appeal to different learning styles.** To address a range of learning styles, workshop facilitators use a mix of tech-

niques, such as videos and one-on-one coaching, and emphasize interactive activities over lecturing or reading and writing.

- **Make special efforts to engage and connect with men in addition to women.** Inasmuch as most programs began SHM with little experience in recruiting and engaging men, they have made extra efforts to reach out to them. SHM programs make a point to hire male staff and to make offices welcoming to men by placing sports magazines in waiting areas and hanging pictures showing fathers and children. Some programs offer fathers' groups and special activities for dads and kids.
- **Deliver services in culturally appropriate ways.** SHM programs hire staff who are culturally attuned to the population they serve, including speaking the same language; when possible, they provide workshops in the primary language of the couples participating.

Managing for Performance: Structure Systems, and Engage in Continuous Oversight

SHM programs operate in a performance-based environment and are held accountable for meeting benchmarks related to enrollment, retention in services over time, and participation in the three components of the program. SHM managers have developed structures to monitor performance on these benchmarks and to hold staff accountable in a variety of ways:

- **Use a management information system (MIS) to regularly track progress toward established performance benchmarks.** SHM programs use a Web-based MIS system to track daily staff efforts and performance, especially related to enrollment and participation benchmarks, and to generate detailed reports that help structure team meetings and staff supervision.
- **Hold one-on-one supervision meetings with staff.** Weekly supervision is central to the management approach in many SHM programs. Supervisors also review the work of family support coordinators, family by family, to ensure that staff attempt to provide SHM services to all enrolled couples, not just to those who attend regularly.
- **Observe staff interacting with couples.** By regularly observing program activities, supervisors directly assess whether the content and the quality of services conform to expectations. Through one-on-one supervision meetings, they provide specific feedback to staff about their strengths and areas that can be improved.

In addition to the day-to-day monitoring by program supervisors, the SHM research team tracks program-level performance using the MIS. Each program's continuation in the study is contingent on performance. Frequent technical assistance is provided by SHM research team representatives through site visits, phone calls, and all-program conferences. In addition, the SHM team meets regularly with program managers to review progress, identify areas that are working well and those that need attention, and develop plans for improvement.

Summary

The implementation experience to date from the 10 SHM programs indicates that — with creativity, diligence, and monitoring — it is possible to introduce a new voluntary relationship and marriage skills program, to identify low-income married couples who are interested in enrolling, and to keep most couples engaged in services for several months. Over the next several years, the SHM evaluation will continue to examine questions about how these programs are developing. Future reports will provide additional documentation about operating relationship skills programs in varied settings with diverse populations and, ultimately, will provide findings on whether these services improve outcomes on a range of measures for low-income married couples and their children. For further information, visit the SHM Web site at www.supportinghealthymarriage.org.

About MDRC

MDRC is a nonprofit, nonpartisan social and education policy research organization dedicated to learning what works to improve the well-being of low-income people. Through its research and the active communication of its findings, MDRC seeks to enhance the effectiveness of social and education policies and programs.

Founded in 1974 and located in New York City and Oakland, California, MDRC is best known for mounting rigorous, large-scale, real-world tests of new and existing policies and programs. Its projects are a mix of demonstrations (field tests of promising new program approaches) and evaluations of ongoing government and community initiatives. MDRC's staff bring an unusual combination of research and organizational experience to their work, providing expertise on the latest in qualitative and quantitative methods and on program design, development, implementation, and management. MDRC seeks to learn not just whether a program is effective but also how and why the program's effects occur. In addition, it tries to place each project's findings in the broader context of related research — in order to build knowledge about what works across the social and education policy fields. MDRC's findings, lessons, and best practices are proactively shared with a broad audience in the policy and practitioner community as well as with the general public and the media.

Over the years, MDRC has brought its unique approach to an ever-growing range of policy areas and target populations. Once known primarily for evaluations of state welfare-to-work programs, today MDRC is also studying public school reforms, employment programs for ex-offenders and people with disabilities, and programs to help low-income students succeed in college. MDRC's projects are organized into five areas:

- Promoting Family Well-Being and Children's Development
- Improving Public Education
- Raising Academic Achievement and Persistence in College
- Supporting Low-Wage Workers and Communities
- Overcoming Barriers to Employment

Working in almost every state, all of the nation's largest cities, and Canada and the United Kingdom, MDRC conducts its projects in partnership with national, state, and local governments, public school systems, community organizations, and numerous private philanthropies.