# Promising Practices for Relationship Education with the Child Welfare Population

*Healthy Marriages, Relationships and Families: Interventions, Research and Policy Course*

**WEEK _____**

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# *Promoting Child Welfare: Training Professionals to Support Healthy Marriages, Relationships and Families Project.*

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*Project Mission: To develop curricula and provide training for students and professionals that enhance their ability to facilitate healthy marriages, relationships and families in the child welfare population, with the end goal of promoting and improving the well-being of children.*

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Researchers have found that disadvantaged individuals value marriage very highly…

But face many barriers and disincentives to marriage.

(Omms, 2007)

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## Barriers to Marriage Among Fragile Families

- Lack of stable employment
- Health Limitations – such as mental health issues including depression, anxiety, etc.
- Substance Abuse
- Domestic Violence, Father as Violent Offender.
- Relationship instability.

Fragile Families Research Brief # 16, 2003

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**About Fragile Families**

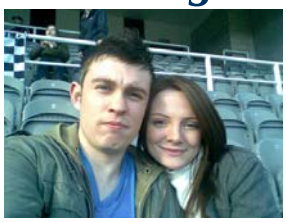
(Ooms, 2007)

# Barriers

- Having Children with Multiple Partners.
- Couples are more likely to face external stressors such as financial hardship, isolation and lack of social supports, and poor mental & physical health.
  - Fewer supports and other forms of help to deal with these problems.
- Have fewer personal & financial resources to cope with setbacks.
- Finding programs that are culturally competent, relevant to their lives and carry little financial burden.

# Marriage & Relationship Education Programs

***need to respond to the many real-life challenges these couples face.***



# Addressing the Full Scope of the Problem

Edin, et al. concur, …
more access to jobs that lead to financial security and a productive life outside of bearing and raising children….

(Edin, Kefala and Reed, 2004)

# Five Basic Promising Practices:

1. Maintain a multi-cultural perspective.
2. Programs should have a foundation that uses inclusive lifestyles and language and demonstrates respect for the dignity of the participants.
3. Programs should be tailored to the needs of those being served.

(Ooms, 2007, McClintock-Commeaux, et al., 2004 and Hardy &Lazloffy, 2002)

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# Principles Continued

4. There should be consumer representation in the development and implementation of curriculum devoted to culturally competent delivery.
5. Programs should serve as gateways to getting help for other problems that can profoundly affect the quality and stability of relationships.

(Ooms, 2007, McClintock-Commeaux, et al., 2004 and Hardy &Lazloffy, 2002)

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# Multi-Cultural Perspective

- Culture is a broad-based, multidimensional concept comprised of a host of interrelated dimensions (race, religion, gender, poverty, etc.)
- It is complex, fluid and dialectical.

***Culture is also a powerful organizing principle in human lives.***

- Therefore, all work is cross-cultural; each of us is working across and through boundaries, and
- We must attend to how all relationships, including the practitioner-client relationship, are shaped by differences and interconnections.

**(Hardy and Laszoffy, 2002)**

## Inclusive Lifestyles and Language Applied

- Use broad definition of family that will include many ethnic groups.
- Families may differ depending on immigration status or whether or not they are 1st, 2nd or 3rd generation immigrants.
- Must reflect diverse family structures in content and visual materials.

(McClintock-Commeaux, et al., 2004 and Ooms, 2007)

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Don't just think of the couple dyad – majority of existing programs do this.

Examples of Diverse Family Structures: single-head of household, cohabitating heterosexual, same-sex, intergenerational families.

Curricula that do not reflect the nature and problems of diverse family structures and situations will be problematic for these families.

Social support, especially from family of origin, is related to higher emotional well being and is a buffer for economic and social distress. It is critical in the lives of many families and especially in the traditions of many ethic families.

Developers and Instructors: 1) Should be aware that cultural competence is a developmental process that is achieved by continually increasing awareness, knowledge and skills. 2) Should value diversity, engage in self-introspection, manage dynamics of difference and controversy, 3) acquire and institutionalize cultural knowledge, and adapt to diversity and the cultural context of the communities they serve.

## Inclusive Lifestyles and Language Applied

- Use relevant levels of literacy and higher order thinking requirements.
- Increase families knowledge of and connection with social and other supports in their environment.
- Multiple socioeconomic influences impact families and are crucial to planning content and implementation.

(McClintock-Commeaux, et al., 2004 and Ooms, 2007)

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Literacy: 1) Language skills, graph and chart skills, and critical thinking skills for many of the established programs are not appropriate for most of the low-income populations. 2) Need to develop curricula (including handouts, inventories, manuals and flip charts) to address multiple literacy levels and learning styles.3) Approximately 1/3 of women receiving welfare have literacy skills at the lowest level with maximum ability to read short text and finding answers when language in the text is the same as in the question. 4) Barriers are further created when English is a second language to the participant.

Complex personal lives: 1) Id realistic goals 2) relationship education programs should be integrated within a comprehensive plan for the couple 3) Should be links to other potentially needed services. 4) Should have policy/procedures for DV and screening mechanisms.

# Evidence of Inclusiveness

- Outcomes and other results should be evident over a broad spectrum of people.
- Review of program materials reveals realistic program goals and provision treatment plans and support services that take into account the complex personal lives of many low-resource families.

(McClintock-Commeaux, et al., 2004 and Ooms, 2007)

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# Inclusive Leadership

- Developers and Instructors should be culturally competent.
- Use cultural guides and role models from the culture represented by the participants.
- Leaders who speak the participants' native language and are familiar with their background generally have more positive results.
- Hire married couples as co-facilitators or a male and female leadership team.

(McClintock-Commeaux, et al., 2004 and Ooms, 2007)

# Cultural Competence

- The ability to understand the specific cultural differences – the shared values, attitudes, beliefs, customs and traditions, history and institutions that may affect couple, marital and family behavior in a specific population group or subgroup – and make program adaptations to enhance services to that group.

(Ooms, 2007)

# Gateway To Services

- The lives of many of those in the child welfare system are often complex and in great flux with frequent schedule and job changes and other demands on their time. Programs need to be responsive to this reality by:
  - Offering supports such as transportation, child care, convenient hours/facilities, etc.
  - Provide support services and/or referral services.

# Building Strong Family (BSF)

- A large-scale demonstration of marriage & relationship education programs for low-income, romantically involved, unmarried couples who are expecting or recently had a child together.
- Rigorously evaluated
- Sponsored by USHSS, Administration for Children and Families.
- Based on findings from the 20-city Fragile Families and Child Well-Being Study.

(Dion, et al., 2008)

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Ongoing study with more results expected to be available in 2009.

# Dion, et al., 2008

Figure 1. The Building Strong Families Program Model

| Individual-Level Support from Family Coordinators | Core Component: Group Sessions in Marriage and Relationship Skills* | Assessment and Referral to Family Support Services |
|---|---|---|
| Encouragement for program participation | Communication | Education |
| Reinforcement of marriage and relationship skills | Conflict management | Employment |
| Ongoing emotional support | Affection, intimacy, trust, commitment | Parenting |
| Assessment and referral to support services | Considering marriage | Physical and mental health |
| | The transition to parenthood | Child care |
| | Parent-infant relationships | Legal issues |
| | Children by prior partners | Substance abuse |
| | Stress and postpartum depression | Domestic violence assistance |
| | Family finances | |

*Sample of topics included in marriage and relationship skills curricula.

(Dion, et al., 2008)

# BSF: Recruitment & Enrollment

- Mitigating factors: size of community, agency's experience and organizational capacity, etc.
- Enrollment improved with resources geared to recruitment – promotion, identifying new recruitment sources, used variety of strategies.
- Enrollees in BSF sites: were young, multi-partner fertility, diverse races, high school education, work experience but low earnings, cohabitating at intake, high hopes for marrying each other, good social support systems, some religious affiliation, low prevalence of mental illness.

(Dion, et al., 2008)

# BSF Recruitment Experience cont.

- Frequent source of enrollees: Maternal Health Care System.
- Recruitment success heightened when 1st contact was in person and both parents were approached together.
- Conduct outreach and intake in one step.
- Male-Female teams of recruitment staff.
- Out reach staff were enthusiastic about the program and emphasized services to enhance couple relationships and marriage.
- Domestic violence screening was critical element of intake and later as couple participated.

(Dion, et al., 2008)

# Implementation of Program

- Group sessions led by at least 1 lead facilitator and a co-facilitator, male & female.
- Lead facilitator had BA or MS in human service field. Had experience working with low-resource families.
- All facilitators received intensive curriculum training and received expert supervision.
- Sites removed barriers to group attendance – bus tokens, gas vouchers, transportation, child care, user friendly sites and hours, etc.

(Dion, et al., 2008)

# BSF: Encouraging Ongoing Participation

- Challenging. 61% of enrolled couples attended at least 1 session.
- Most common explanation is changes in work schedules and work sites which were often unstable. Other reasons – lack of time or illness.
- Need to prioritize and have a range of strategies to get couples started and to encourage ongoing attendance.
  - Activity between intake and 1st session.
  - Make-up sessions.
  - Social activities – date night, holiday events, celebrations of important events to foster friendships and belonging.
  - Comfortable settings. Ex: pregnant women being able to elevate feet.
  - Incentives for participating.

# To Attract Couples to Programs

- Focus on key access points where windows of opportunity exist, like transitional periods in life
  - First years of marriage or cohabitation.
  - Birth of a child.
  - Older adolescents and young adults.
  - At point immigrant seeks help.
  - In NYS, at birth of child to unwed parents there is a requirement for the father to fill out an "Acknowledgement of Paternity" form. The hospitals implement a state developed, video-based education program around this form.

(Stanley and Markham, 1997)

# To Attract Couples to Programs

Agencies who will provide the service should have a proven track record with child welfare populations. Considerable groundwork is needed to prove their genuine support.

(Ooms and Wilson, 2004)

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## Other Practices that Promote Engagement of Child Welfare Couples

- Provide immediate services that meet the participant's most pressing needs. Do not just offer relationship skill development. Build your credibility as a resource.
- Offer the program at convenient times and places, and in settings where individuals feel most comfortable and secure.
- Offer varying types of programs for different target audiences.
- Use former participants as recruiters who can speak first hand about the benefits.
- Forge meaningful collaborative relationships with agencies that work with the target population.

(Ooms and Wilson, 2004)

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**Pressing needs** – safety and security

**Other issues that often impact relationships** among low income families – substance abuse and other health issues, multiple partner fertility and fluid families, job, work and finance related stressors and dynamics.

Variety in the types of programs – example, it may be necessary to offer programs for single women who engage in series of unhealthy relationships but may or may not be presently in a relationship.

# Employ Innovative Recruitment Approaches

- Use men to recruit men, youth to recruit youth.
- Find comfortable locations and times.
- Actively build community referral networks.
- Recruit from other programs.
- Review curricular materials with the target audience representatives.

(McClintock-Commeaux, et al., 2004 and Ooms, 2007)

# Suggestions for Program Methodology

- Determine realistic goals
  - Start where the participants are. Evaluate needs including employment and mental health issues.
  - Address specific challenges.
  - Not about getting married but on quality of relationships and interpersonal skills.
- Build on solid program content based on research.
- Use opening and closing group-bonding rituals.
- Provide follow-up.

(Ooms, 2007 and Ooms & Wilson, 2004)

# Less Emphasis On

Didactic, lecture-oriented teaching.

- ***And more interactive exercises, group discussions, videos/DVD, role play and coaching.***
- Actively engage participants. Use interactive methods and multiple learning styles

(Ooms, 2007)

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# Strategies for Overcoming Barriers to Access

- Offer transportation, childcare and low/no cost services.
- Use the telephone to gain entry, screen and provide an avenue of access to/from the program facilitator.
- Consider self-directed and video-based interventions.
- Use a format of multiple-family groups to develop an informal support network.

(Snell-Johns, Mendez and Smith, 2004)

## Strategies for Decreasing Attrition

- Decrease the time families spend on the waiting list. Address the need when the client is willing.
- Monitor facilitator's for cultural competence and ability to engage child welfare populations. Facilitator should be readily available to participants.
- Offer incentives for attendance.
- Conduct brief, short interventions at targeted needs. Offer a cycle of short-term, targeted programs.
- Conduct *motivational interviewing* prior to starting the program. Help make the connection.

(Snell-Johns, Mendez and Smith, 2004)

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Motivational interviewing is a style of counseling which is particularly suitable for people who are feeling ambivalent about changing their behavior. See Powerpoint presentation just on motivational interviewing.

# Additional Goals of Relationship Programs for Low Resource Clients

- Screening for intimate partner violence and help those in damaging relationships to leave safely. Intimate Partner and Domestic Violence Protocol should be part of all programs.
- Help those desiring a romantic relationship and/or marriage in the future to choose future partners wisely.

(Stanley, 2005 –Marriage Education for Low Income Participants: General Best Practices and a Recent Development from Prep. PowerPoint presentation)

# Recommended Reading


- Ooms, T. (2007). Adapting Healthy Marriage Programs for Disadvantaged and Culturally Diverse Populations: What are the issues? Center for Law and Social Policy. *Policy Brief No. 10*, March 2007.
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