

# Tip Sheet



## Spotlight on Integration: Youth Services

**By: Jacquelyn Mallette, MS and Ted Futris, Ph.D., CFLE, University of Georgia**

During adolescence, young people begin learning the skills they need to become adults, including those involved in romantic relationships. Researchers estimate that almost 70% of adolescents experience a romantic relationship by age 18.<sup>1</sup> Additionally, research shows a connection between experiences during adolescent romantic relationships and later young adult romantic relationships.<sup>2</sup> Relationship education teaches young people the difference between healthy and unhealthy relationships and gives them the skills to navigate future romantic relationships.



### Healthy Marriage and Relationship Education

The National Resource Center for Healthy Marriage and Families promotes the integration of healthy marriage and relationship education skills into safety-net service systems in order to strengthen families. Healthy marriage and relationship education includes teaching interpersonal skills like communication and conflict resolution, along with critical skills such as parenting and financial literacy.

Integrating healthy relationship education into safety-net service systems can involve:

- Distributing age-appropriate resources and information;
  - Forming partnerships with other organizations and agencies providing youth-focused relationship education; or
- Adding relationship education to existing educational programming for youth.

The type and level of integration that stakeholders pursue for youth-focused relationship education will differ depending on the service delivery system and resources available.

### Examples of Youth-Focused Relationship Education

Based on interviews with stakeholders from programs that have successfully implemented youth-focused relationship education, this tip sheet highlights common program challenges, strategies for forming successful partnerships, and benefits:

- Gilbert Chavez is Program Manager of the Parenting and Paternity Awareness (p.a.p.a.) program, under the Child Support Division of the Texas Office of the Attorney General. The p.a.p.a. program was developed in 2003 to educate middle school and high school students about healthy relationships, the cost and responsibility of raising children, child development, prevention of family violence and dating violence, and the child support process.

- Felicia Tuggle is Director of the Personal Responsibility and Education Program (PREP), under the Georgia Department of Human Services. In partnership with the Department of Public Health, this teen pregnancy and HIV/STD prevention program educates at-risk youth ages 10-19 about healthy relationship and marriage education, positive adolescent development, financial literacy, employment skills, and healthy life skills.

## Overcoming challenges

When implementing a new program or enhancing an existing program, challenges can occur. Challenges encountered while p.a.p.a. and PREP were being implemented included:

- Inadequate planning in the early stages of implementation;
- Providing adequate staff training early in the integration process;
- Sustaining enthusiasm for the program among providers and youth; and
- Ensuring consistency among instructors so that the same quality program is provided to all participants.

**“[Healthy relationship education is] so important. It s such a great need. It s just something we have to do.     Gilbert Chavez, Program Manager, p.a.p.a.**

Although challenges can occur, they can be overcome.

- Plan, plan, plan! Planning is an ongoing process and should occur throughout the program.
- Include all stakeholders in the planning process. For example, engage staff responsible for recruiting youth, coordinating activities, and working

directly with youth in the planning process to gain buy-in and leverage their expertise.

Provide detailed training to staff members working directly with participants.

- Ensure that the curriculum or other materials (including handouts and activities) are updated and relevant so they appeal to different groups of youth.
- Plan, do, review: constantly evaluate to understand what is working, what is not, and identify needed changes. Take the time to make continuous and proactive quality improvements.



## Forming effective partnerships

During the partnership development process, agencies can help each other by sharing resources and leveraging experience and expertise. According to the p.a.p.a. and PREP programs, successful partnerships should:

- Create win-win opportunities for both partners;
- Reach out to agencies with similar or complementary missions;

- Leverage existing resources and collaborate to achieve effective outcomes;
- Network to stay informed of available resources, including existing relationship education programs in the local community; and
- Take advantage of research-based resources offered through local Cooperative Extension offices or State extension specialists.

## Benefits

Youth participants in the p.a.p.a. and PREP programs:

- Learn about healthy relationships and warning signs for unhealthy relationships.
- Gain relationship skills and positive views for future relationships.
- Begin to identify how their patterns of interactions with their parents are reflected in their relationships with their peers and dating partners.
- Identify personal values and set goals for themselves.
- Participate in sex education. A program like PREP allows youth to discuss sexual behavior in the context in which the behavior actually occurs.
- Delay parenting. p.a.p.a. evaluations have shown that prior to participating in the program, high school students saw themselves becoming parents at age 18–19, but after participating, they want to wait to become parents.
- Recognize that responsibilities come with parenting and become motivated to abstain, delay, or reduce sexual encounters.

Teachers, caregivers, and providers participating in the p.a.p.a. and PREP programs learn:

- How to recognize warning signs of unhealthy relationships that may lead to violence;
- How to have discussions with teens about sensitive topics like relationships or health in general.

Stakeholders reported that the benefits of integrating relationship education outweighed challenges faced. For example, the p.a.p.a. program helped improve the public's view of the Texas Child Support Division, while the PREP program aligned with the Georgia Department of Human Services' responsibility to provide health education. Further, the agency is currently considering other social programs that might integrate healthy marriage and relationship education.

**The National Resource Center for Healthy Marriage and Families can help with integration. Visit [www.HealthyMarriageandFamilies.org](http://www.HealthyMarriageandFamilies.org) and search the library or ask for technical assistance in locating resources appropriate to your needs and audience.**

## Notes

- <sup>1</sup> Carver, K., Joyner, K., & Udry, R. J. (2003). National estimates of adolescent romantic relationships. In P. Florsheim (Ed.), *Adolescent romantic relationships and sexual behavior: Theory, research, and practical implications* (pp. 23–56). Mahwah, NJ: LEA.
  - <sup>2</sup> Fergus, S., Zimmerman, M. A., & Caldwell, C. H. (2007). Growth trajectories of sexual risk behavior in adolescence and young adulthood. *American Journal of Public Health, 97*(6), 1096-1101.
- Furman, W., & Flanagan, A. (1997). The influence of earlier relationships on marriage: An attachment perspective. In W. K. Halford & H. J. Markman (Eds.), *Clinical handbook of marriage and couples interventions* (pp. 179-202). Chichester: Wiley.

## **Used our Product?**

**Please tell us how. Email:  
[info@HealthyMarriageandFamilies.org](mailto:info@HealthyMarriageandFamilies.org)**

**Reference Product #059  
[www.HealthyMarriageandFamilies.org](http://www.HealthyMarriageandFamilies.org)**

This product was produced by ICF International with funding provided by the United States Department of Health and Human Services, Administration for Children and Families, Grant: 90FH0002. Any opinions, findings, and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the United States Department of Health and Human Services, Administration for Children and Families.