

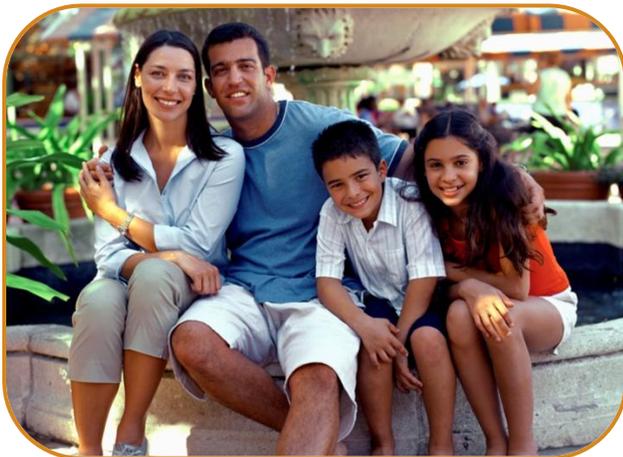


Tip Sheet

Spotlight on Integration: Youth and Family Services

By: Evin W. Richardson and Ted Futris, Ph.D., CFLE, University of Georgia

Children experience greater stability, a broad range of positive outcomes, and are less at risk of abuse and neglect when their parents have a healthy relationship.¹ Unfortunately, families that require services from child welfare agencies are often considered “at-risk” and are more likely to include adults who have been incarcerated, experienced substance use, or have a history of abuse themselves.² Additionally, research shows that economic stressors can lead to negative parenting practices and couples who experience high levels of conflict are more likely to practice unhealthy parenting that may be unsafe for children.³



Healthy couple relationships can offset these effects; when parents are able to manage their conflict in a healthy way, children demonstrate more pro-social behaviors.⁴ Also, co-parenting relationships that are healthy, positive, and supportive are related to more positive parental engagement with their children.⁵ Healthy marriage and relationship education teaches healthy relationship skills that strengthen couple and co-parent relationships as well as parenting quality.⁶ By integrating healthy marriage and relationship education, many social service

agencies have an opportunity to positively influence the well-being of the whole family.

Ideas for integrating healthy marriage and relationship education into existing services:

- Have a conversation about healthy relationships during a home visit;
- Give clients a tip sheet or informational handout on healthy relationship skills; or
- Focus one workshop in a program series on healthy marriage and relationship skills.

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 as part of a holistic approach to strengthening 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 healthy relationship resources and information;

- Forming partnerships with other organizations and agencies providing relationship education; or
- Incorporating relationship education directly into existing educational programming offered to clients.

Regardless of the strategy an agency chooses, integration of healthy marriage and relationship education can benefit participants by strengthening the skills they need to ensure the safety and well-being of children.

Integrating Relationship Education into Social Services

Based on interviews with stakeholders from agencies that have successfully integrated healthy marriage and relationship education into social services that target youth and families, this tip sheet will highlight common challenges, benefits, and strategies for successful partnerships:

- Colleen Ellingson is Executive Director of the Coalition for Children, Youth, and Families, an organization that integrated healthy marriage and relationship education into services for birth, adoptive, and foster parents.
- Sandra Lewis, Program Manager, and Diana Morgan-Klusak, Associate Director, work for the Department of Social Services in Cecil County, Maryland, an agency that has integrated healthy marriage and relationship education in the school system for teens, as well as in social services.

Overcoming challenges

Agencies implementing new components within their service delivery systems are bound to face challenges. Gaining buy-in from the community and addressing misunderstandings about a program's purpose can be among the biggest challenges. Agencies also must overcome

perceptions that only couples whose marriages are in trouble need to participate in marriage and relationship education programs.

Strategies used by our interviewees to address and overcome these challenges included:

- Communicating a positive message to the public;
- Making information available at places that families frequent (such as hair salons and grocery stores); and
- Using marketing materials to emphasize the message that healthy marriage and relationship education is not therapy and can benefit anyone, not just those with marital problems.



Strategies for moving towards integration

Integrating healthy marriage and relationship education into existing services takes effort from the agency as a whole. Steps towards integration can include:

- Determining integration goals and the best implementation strategy for the agency based on its service delivery system;
- Identifying partners and other resources needed to implement and sustain the effort;

- Gaining buy-in from agency leadership and staff who work one-on-one with families;
- Educating staff on the benefits of healthy marriage and relationship education and how it supports agency goals;
- Identifying or developing curricula and other educational materials appropriate for the target population; and
- Identifying effective facilitators, particularly those who can relate to the target audience and model healthy marriage and relationship skills in their personal lives.

Forming effective partnerships

Partnerships are essential to successfully integrating healthy marriage and relationship education into existing social service delivery systems. Partners can host workshops or provide cross-referrals to help meet the complex needs of families. Stakeholders suggested these strategies for developing and maintaining partnerships:

- Establish partnerships before starting programs;
- Maintain open communication about goals and roles of each partner;
- Include individuals or organizations that already have a successful partnership with the agency; and
- Make sure that partners feel appreciated and listened to.

“There was a disabled couple who had children and a lot of difficulties, but through the classes they became much closer as a family because the information related to their family.”
–Sandra Lewis

Benefits

While it may take time to see long-term outcomes for participants, other benefits can be seen quickly. Many families mentioned that completing relationship education workshops helped them decide not to go through with a divorce, strengthened their family ties, and turned their unhappy marriages into happy and healthy ones. Teen pregnancy and divorce rates also often decline among program participants. Relationship education that focuses on interpersonal skills like communication and conflict resolution resonates with families regardless of their individual family dynamics or circumstances.

The National Resource Center for Healthy Marriage and Families can help with integrating healthy marriage and relationship education into your services. Visit www.HealthyMarriageandFamilies.org and search the library or ask for technical assistance in locating resources appropriate to your needs and audience.

Notes

- ¹ Cowan, P. A., & Cowan, C. P. (2002). What an intervention design reveals about how parents affect their children's academic achievement and behavior problems. In J. G. Borkowski, L. S. Ramey, & M. Bristol-Power (Eds.), *Parenting and the child's world: Influences on academic, intellectual, and social-emotional development* (pp. 75-98). Mahwah, N.J.: Lawrence Erlbaum Associates;
- Schultz, M. S., Pruett, M. K., Kerig, P. K., & Rarek, R. D. (Eds.). (2010). *Strengthening couple relationships for optimal child development: Lessons from research and intervention*. Washington, DC: American Psychological Association.
- ² Leve, L. D., Fisher, P. A., & Chamberlain, P. (2009). Multidimensional treatment foster care as a preventive intervention to promote resiliency among youth in the child welfare system. *Journal of Personality, 77*(6), 1869-1902;
- Phillips, S. D., & Dettlaff, A. J. (2009). More than parents in prison: The broader overlap between the criminal justice and child welfare systems. *Journal of Public Child Welfare, 3*(1), 3-22;
- Forrester, D. (2000). Parental substance misuse and child protection in a British sample: A survey of children on the Child Protection Register in an inner London district office. *Child Abuse Review, 9*(4), 235-246;
- Kaufman, J., & Zigler, E. (1993). The intergenerational transmission of abuse is overstated. In R. J. Gelles & D. R. Loseke (Eds.), *Current controversies on family violence*. Newbury Park, CA: Sage.
- ³ Cowan, P. A., & Cowan, C. P. (2002). What an intervention design reveals about how parents affect their children's academic achievement and behavior problems. In J. G. Borkowski, L. S. Ramey, & M. Bristol-Power (Eds.), *Parenting and the child's world: Influences on academic, intellectual, and social-emotional development* (pp. 75-98). Mahwah, N.J.: Lawrence Erlbaum Associates;
- Lundahl, B. W., Nimer, J., & Parsons, B. (2006). Preventing child abuse: A meta-analysis of parent training programs. *Research on Social Work Practice, 16*(3), 251-262.
- ⁴ McCoy, K., Cummings, E. M., & Davies, P. T. (2009). Constructive and destructive marital conflict, emotional security, and children's prosocial behavior. *Journal of Child Psychology and Psychiatry and Allied Disciplines, 50*(3), 270-279.
- ⁵ Carlson, M. J., & McLanahan, S. S. (2006). Strengthening unmarried families: Could enhancing couple relationships also improve parenting? *Social Service Review, 80*(2), 297-321.
- ⁶ Halford, W. K., Markman, H. J., Kline, G. H., & Stanley, S. M. (2003). Best practice in couple relationship education. *Journal of Marital & Family Therapy, 29*(3), 385-406.
- Carlson, M. J., & McLanahan, S. S. (2006). Strengthening unmarried families: Could enhancing couple relationships also improve parenting? *Social Service Review, 80*(2), 297-321.

Used our Product?

Please tell us how. Email:
info@HealthyMarriageandFamilies.org

Reference Product #060
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.