OPRE
Office of Planning, Research and Evaluation
Administration for Children and Families

The BUILDING STRONG FAMILIES PROJECT:

Implementation of Eight Programs to Strengthen Unmarried Parent Families

M. Robin Dion
Sarah A. Avellar
Elizabeth Clary

May 5, 2010

MATHEMATICA
Policy Research, Inc.

BUILDING STRONG FAMILIES

ACKNOWLEDGMENTS

This report would not have been possible without the assistance of a great many individuals. We wish to acknowledge the staff at the Office of Planning, Research, and Evaluation (OPRE) at the Administration for Children and Families, U.S. Department of Health and Human Services, members of the Building Strong Families (BSF) technical workgroup and expert consultants, the research and technical assistance team, the BSF evaluation programs, the program sponsors and funders, the curriculum developers and trainers, and the participants themselves. Special thanks go to Nancye Campbell and Seth Chamberlain at OPRE, who continually provide excellent oversight and thoughtful guidance.

The research, survey, and technical team contributed in various ways to this report, by conducting site visits, interviewing participants, and preparing and analyzing data. The team includes staff at four organizations: Mathematica Policy Research (Sarah Avellar, Andrew Clarkwest, Liz Clary, Barbara Devaney, Robin Dion, Alan Hershey, Glenn Jones, Steve Lehrfeld, John Mamer, Shawn Marsh, Krisztina Marton, Sheena McConnell, Shannon Monahan, Ravaris Moore, Tahra Nichols, Timothy Silman, Debra Strong, Robert Wood, and Heather Zaveri); MDRC (Christopher Dalton, Barbara Goldman, Chrishana Lloyd, Marilyn Price, and Rebecca Solow); Public Strategies (Courtney Harrison and Mary Myrick); Chapin Hall (Matt Stagner); and Decision Information Resources (Russell Jackson, Nakia Edwards, and Lenin Williams). At MPR, Amanda Bernhardt carefully oversaw the editing process, and Donna Dorsey, Alfreda Holmes, and Sharon Clark provided ongoing and consistent administrative support. Barbara Devaney provided an excellent review of this report.

Without the creativity, energy, and tenacity of the BSF evaluation programs, this report would not have been possible. We applaud each of the teams at the eight programs, led by Sue Bullard, Franka Cumberhatch-Hankton, Cassandra Codes-Johnson, Mercedes Fonseca, Rebecca Pena Hines, Joe Jones, Phyllis Kikendall, David Kimmel, Carol McNally, Dena Morrison, Anita Odom, Jay Otero, Becky Solis, Marty Temple, Akilah Ferrell, Stefanie Toombs, Anne Wilson, and Carolyn Wiseheart. We also extend our gratitude to curriculum developers Julie and John Gottman; Pamela Jordan; Mary Ortwein and Bernard Guerney; and Pamela Wilson and their teams, who worked hard to design materials and provide their best guidance throughout the pilot and evaluation in response to the myriad challenges faced by programs. Anne Menard provided wise guidance in the development of protocols for identifying and addressing domestic violence. Our deepest appreciation is reserved for the couples who agreed to participate in the BSF demonstration and evaluation.

The opinions and conclusions expressed herein are solely those of the authors and do not necessarily reflect the policies or positions of the Administration for Children and Families or the U.S. Department of Health and Human Services.

CONTENTS

EXECUTIVE SUMMARY xiii

I INTRODUCTION AND BACKGROUND 1

A. Implementation of the BSF Project 2

B. Overview of the BSF Program Model 3

C. The BSF Evaluation Design 7

D. BSF Enrollment and Sample Characteristics 8

E. Report Organization 13

II PROGRAM IMPLEMENTATION AND HOW COUPLES EXPERIENCED BSF 15

A. The Programs 15

B. Recruitment Sources and Strategies 17

C. Implementation of the Intervention Components 20

1. Relationship Skills Component 20
2. Family Coordinator and Family Support Services Components 22

D. In Their Own Voices: How Couples Experienced BSF 24

1. At Entry, Where Do Couples Want to Go with Their Relationships? 24
2. What Do Couples Learn and How Do They Perceive BSF? 26
3. What Relationship Changes Do Couples Experience During Participation? 28

III BSF PROGRAM PARTICIPATION AND PRACTICES TO PROMOTE IT 31

A. BSF Program Participation 31

1. Participation in BSF Group Sessions 32

B. Characteristics of Couples Associated with Group Participation 36

1. Predictors of BSF Participation 36
2. Predictors of Program Dosage 40
3. Summary and Implications of Participation Predictors 41

III *(continued)*

C. Program Practices to Promote Participation 41

1. **Strategies to Promote Initial Participation** 42
2. **Strategies to Promote Ongoing Participation and Completion** 48

IV BSF PROGRAM PROFILES 51

A. Building Strong Families: Atlanta, Georgia 52

1. **Program Design and Operations** 52
2. **Recruitment and Sample Characteristics** 56
3. **Program Participation and Retention** 60
4. **Program Costs** 61
5. **Notable Features** 61

B. Building Strong Families: Baltimore, Maryland 62

1. **Program Design and Operations** 62
2. **Recruitment and Sample Characteristics** 66
3. **Program Participation and Retention** 67
4. **Program Costs** 70
5. **Notable Features** 71

C. Building Strong Families: Baton Rouge, Louisiana 72

1. **Program Design and Operations** 72
2. **Recruitment and Sample Characteristics** 76
3. **Program Participation and Retention** 80
4. **Program Costs** 81
5. **Notable Features** 81

D. Building Strong Families: Florida: Broward And Orange Counties 82

1. **Program Design and Operations** 82
2. **Recruitment and Sample Characteristics** 87
3. **Program Participation and Retention** 91
4. **Program Costs** 92
5. **Notable Features** 93

E. Building Strong Families: Houston, Texas 94

1. **Program Design and Operations** 94
2. **Recruitment and Sample Characteristics** 98
3. **Program Participation and Retention** 102
4. **Program Costs** 103

IV *(continued)*

5. Notable Features 103

F. Building Strong Families: Indiana: Allen, Lake, and Marion Counties 104

1. Program Design and Operations 104
2. Recruitment and Sample Characteristics 109
3. Program Participation and retention 110
4. Notable Features 113

G. Building Strong Families: Oklahoma City, Oklahoma 114

1. Program Design and Operations 114
2. Recruitment and Sample Characteristics 119
3. Program Participation and Retention 120
4. Program Costs 123
5. Notable Features 124

H. Building Strong Families: San Angelo, Texas 125

1. Program Design and Operations 125
2. Recruitment and Sample Characteristics 129
3. Program Participation and Retention 133
4. Program Costs 134
5. Notable Features 134

REFERENCES 135

APPENDIX A: RELATIONSHIP AND MARRIAGE SKILLS CURRICULA A-1

APPENDIX B: BASELINE INFORMATION FORM B-1

APPENDIX C: PARTICIPANT EXPERIENCES METHODOLOGY C-1

APPENDIX D: INDIVIDUAL-LEVEL BSF PARTICIPATION IN GROUP SESSIONS D-1

APPENDIX E: REGRESSION RESULTS FOR PARTICIPATION PREDICTORS .. E-1

TABLES

I.1 The Building Strong Families Program Model 3

I.2 Key Features of Relationship and Marriage Skills Curricula Used by BSF Programs 5

I.3 Total and Average Monthly Enrollment by BSF Program 9

I.4 Baseline Characteristics of BSF Evaluation Sample 11

II.1 Recruitment Sources, by Program 18

III.1 BSF Attendance at Group Sessions, by Couples Attending Together 33

III.2 Percentage of Curriculum Received by Couples 34

III.3 Predicted Probabilities of Any Participation in Group Sessions 38

III.4 Program Practices to Promote Initial Group Attendance 44

III.5 Program Practices to Encourage Ongoing Participation 45

IV.1 Baseline Characteristics of Atlanta BSF Evaluation Sample 58

IV.2 Atlanta Group Attendance 60

IV.3 Baseline Characteristics of Baltimore BSF Evaluation Sample 68

IV.4 Baltimore Group Attendance 70

IV.5 Baseline Characteristics of Baton Rouge BSF Evaluation Sample 78

IV.6 Baton Rouge Group Attendance 80

IV.7 Baseline Characteristics of Florida BSF Evaluation Sample 89

IV.8 Florida Group Attendance 92

IV.9 Baseline Characteristics of Houston BSF Evaluation Sample 100

IV.10 Houston Group Attendance 102

IV.11 Baseline Characteristics of Indiana BSF Evaluation Sample 111

IV.12 Indiana Group Attendance 113

IV.13 Baseline Characteristics of Oklahoma BSF Sample 121

IV.14 Oklahoma Group Attendance 123

IV.15 Baseline Characteristics of San Angelo BSF Evaluation Sample.....131

IV.16 HFSA Group Attendance.....133

FIGURES

III.1 Percentage of Couples Receiving Instruction in Curriculum Topic Areas—All Programs 35

III.2 Percentage of Couples Receiving Instruction in Specific Topic Areas—by Curriculum 35

IV.1 Atlanta BSF Staffing Structure 54

IV.2 Baltimore BSF Staffing Structure 63

IV.3 Baton Rouge BSF Staffing Structure 73

IV.4 HFP Staffing Structure 84

IV.5 HFI Staffing Structure 95

IV.6 HCHF General Staffing Structure 105

IV.7 Family Expectations Staffing Structure 116

IV.8 HFSA Staffing Structure 126

EXECUTIVE SUMMARY

The Building Strong Families (BSF) project was launched in 2002 to develop, implement, and rigorously test voluntary interventions aimed at strengthening the families of unmarried couples with children. BSF programs were implemented by non-profit and public agencies at 12 locations in seven states, and enrolled more than 5,000 volunteer couples, who were randomly assigned by the BSF research team to an intervention or control group. The intervention featured up to 42 hours of multi-couple group sessions led by trained facilitators, focusing on skills that, according to earlier research, are associated with relationship and marital stability and satisfaction. The BSF project grew out of research in four areas: demographic shifts in family formation; the consequences of those shifts for the well-being of children; the needs and circumstances of low-income families; and the potential of relationship education for strengthening the families of unmarried couples.

The purpose of this Executive Summary and the accompanying report is to document the design and implementation of BSF programs, report on services received by the program group to which the intervention was offered, analyze characteristics of couples and programs that may affect participation, and describe the experiences of program group couples. A report on the effectiveness of BSF—its impacts on the lives of couples and their children—is expected in 2010.

Research Background and Motivation for the Project

The proportion of all births that are to unmarried women has grown steadily, from seven percent in the mid-1960s to nearly 37 percent in 2005. As nonmarital birthrates have increased, so has concern for the positive development of children who are not raised by both their parents. Research suggests that children growing up in single-parent families are, on average, at greater risk of poor behavioral, health, and academic outcomes, unstable family structure, and poverty than are children raised by their married biological parents (McLanahan and Sandefur 1994; Amato 2001).

To understand unmarried parent families better, researchers at Princeton University began, in the late 1990s, a large longitudinal survey of unwed couples, beginning at the time of their child's birth. The 20-city Fragile Families and Child Wellbeing Study showed that, despite common socioeconomic and other challenges, 82 percent of unwed parents are romantically involved at the time of their child's birth and have high hopes for marriage and a stable future together as a family. The study also showed, however, that many couples eventually split up, only a small fraction are married a year later, and less than one-fifth of them were married three years later (Carlson et al. 2003; Carlson et al. 2005).

These findings were the impetus for BSF—a demonstration and evaluation of whether programs serving unmarried parents can help couples reach their goal of building a strong family. To lay the foundation for BSF, the Office of Planning, Research, and Evaluation, in the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services first set out to explore the needs and circumstances of such families and to consider what interventions might be beneficial. Under contract to ACF, Mathematica Policy Research reviewed past research, assessed current practice and service delivery, and identified program models that had potential for improving the relationships of unmarried couples beginning around the birth of their child. The research culminated in a conceptual framework describing how such programs might be designed, implemented, and evaluated (Dion et al. 2003).

This conceptual framework synthesized a body of knowledge developed over several decades on the predictors of couple relationship quality, stability, and satisfaction. The basic research in this area led to the development of evidence-based interventions focusing on specific skills and behaviors during couple interaction, such as communication, conflict management, and problem solving. The conceptual framework built on this earlier work, envisioning an intervention taking an educational and preventive approach delivered to small groups of couples, rather than to individual couples as in counseling or marital therapy. Several earlier evaluations of such educationally-based programs had yielded promising results.

Work on the conceptual framework highlighted the scarcity of interventions and service delivery systems for unmarried couples with children. Researchers and practitioners who delivered relationship skills programs tended to target middle- or upper-class married or engaged couples, rather than nonmarital couples expecting or raising a child together, a group that tends to be racially and ethnically diverse, have lower levels of education and income, and who may have different relationship challenges than engaged or married couples. Although social service providers worked with low-income families, they tended to define "family" as a mother and her child or as a father and his child, and rarely served couples with children. The absence of appropriate programs and ready service delivery systems meant that an intervention model for addressing the needs of unmarried couples with children first had to be conceived and programs implemented.

The BSF Program Model

The BSF research team developed guidelines that programs would be expected to follow if selected for the evaluation (Hershey et al. 2004). These guidelines were meant to ensure that BSF programs would be grounded in past research on couple relationships and poverty, and to promote a reasonable degree of consistency across programs and improve the chances of detecting any impacts. Building on the conceptual framework developed in the foundational research, the guidelines provided prospective BSF programs with the research background on unmarried parents and their circumstances, defined the target population, and specified an intervention model that included three main components (Table 1):

Table 1. The Building Strong Families Program Model

Individual-Level Support From Family Coordinators	Core Component: Instruction in Skills for Healthy Relationships and Marriage*	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 previous partners	Substance abuse
	Stress and postpartum depression	
	Family finances	

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

Curriculum-driven group sessions on skills for healthy relationships and marriage. The core of BSF programs was organized around group-based education in the skills that, according to research, predict relationship and marriage stability and satisfaction. The curricula chosen by BSF programs involved up to 42 hours of instruction over a period of up to six months, usually delivered in weekly sessions.

Individual- and couple-level support from family coordinators. To address the possibility that personal challenges may contribute to relationship problems and impede couples' ability to participate in BSF, couples were assigned a family coordinator to assess and link them to family support services and to encourage program participation and completion.

Supplementary family support services. Most communities offer resources and services to help low-income families address issues such as employment, parenting education, housing, child care, general education, and mental health treatment. The model called for programs to link parents to such services as needed.

The BSF Program Sites

The BSF guidelines were widely distributed and technical assistance was provided to a variety of interested organizations. Eight local organizations were selected for the evaluation by the research team and ACF after a pilot period, based on their ability to effectively implement the program, recruit enough couples to meet early sample size targets, and comply with evaluation requirements such as consent procedures. These organizations demonstrated that the program model can be implemented in several ways: by offering BSF as a freestanding program that complements the organization's array of other services for families; by using staff of existing programs to integrate the model into other services; or by building operations from the ground up with entirely new staff.

Atlanta, Georgia: Georgia Building Strong Families. The Health Policy Center at Georgia State University (GSU) led the implementation of a BSF program in the Atlanta area by starting from scratch. Drawing on connections with Grady Memorial Hospital, the program recruited couples from prenatal clinics for low-income families. For part of the study period, the program also served Spanish-speaking couples through a partnership with the Latin American Association (LAA), a nonprofit community-based organization.

Baltimore, Maryland: Baltimore Building Strong Families. The Center for Urban Families (CfUF), a community-based program formerly known as the Center for Fathers, Families, and Workforce Development, implemented a standalone BSF program by building on its experience providing employment-focused and co-parenting services to low-income families, particularly those in high-risk areas.

Baton Rouge, Louisiana: Family Road Building Strong Families. Family Road of Greater Baton Rouge, a non-profit community organization, added BSF as a standalone program alongside an array of other services focused on the needs of low-income expectant and new parents. Family Road operates Healthy Start and Dedicated Dads programs and provides access to a range of resources (such as classes on parenting and money management) offered by other organizations at its well-known facility.

Florida: Healthy Families Plus. Healthy Families Florida, a statewide home visiting program to prevent child abuse and neglect, blended BSF into its existing services in two counties: Broward (the Fort Lauderdale area), and Orange (the Orlando area). Under oversight by the Ounce of Prevention Fund of Florida and the state's Department of Children and Families, the two counties created a BSF program, which they called Healthy Families Plus (HFP). They used their staff to provide group relationship skills education and parenting-focused home visits for BSF-eligible families. The counties also operated their traditional Healthy Families program separately for families not eligible for Healthy Families Plus.

Houston, Texas: Healthy Families Initiative. Before implementing BSF, the Healthy Families Initiative was providing home visiting services to prevent child abuse and neglect to families in the Houston area. The Healthy Families Initiative transformed its program to follow the BSF model, eventually discontinuing its former program and replacing it with a combined BSF and home visiting program. The BSF program was sponsored in part by the Texas attorney general's office, as a way to support federal Office of Child Support Enforcement goals.

Indiana: Healthy Couples, Healthy Families Program. Like Florida, Indiana embedded BSF within its existing Healthy Families home visiting program in three counties—Allen, Lake and Marion. The counties built on their existing staff infrastructures and resources to offer the combined BSF-Healthy Families program, named Healthy Couples Healthy Families (HCHF). Like Florida, the Indiana programs continued to operate their standard Healthy Families home visiting program for families not eligible for HCHF.

Oklahoma: Family Expectations. This BSF program grew out of the Oklahoma Marriage Initiative, a broad-based effort to implement relationship skills education throughout the state, which is managed by Public Strategies, Inc., under contract from the Oklahoma Department of Human Services. Its BSF program, called Family Expectations, was built from the ground up, and offered services to low-income expectant unmarried parents and to low-income expectant married couples as part of another demonstration program.

San Angelo, Texas: Healthy Families San Angelo. Prior to BSF, Healthy Families San Angelo (HFSA) had been providing home visiting services for at-risk families in its community, and also offered a fatherhood program called Dads Make a Difference. HFSA discontinued its former home visiting program and replaced it with the combined BSF and home visiting program. It continued to offer its fatherhood program to BSF and non-BSF parents.

Characteristics of the BSF Sample

The BSF programs enrolled a large and culturally diverse sample of low-income unmarried couples. The 10,206 individuals (5,103 couples) who enrolled in the evaluation reflect targeted outreach methods as well as the diversity of populations already served by program organizations. More than half the sample was African American (non–Hispanic), nearly a quarter was Hispanic, and about 16 percent was white. While about two-thirds of enrollees had a high school education, their earnings were often low. Women were much less likely to be employed at enrollment (33 percent) than men (74 percent), and at enrollment women earned less income in the previous year than men. Nearly one quarter of women reported no earnings in the prior year, compared with 8 percent of men. Although many women participated in Medicaid, State Children's Health Insurance Program (SCHIP), or Women, Infants, and Children (WIC) program, only 9 percent reported receipt of cash welfare benefits at intake.

Most BSF couples (83 percent) were cohabiting at intake, all or part of the time. Despite their relatively young age—the average parent was about 25 years old—nearly one-third of the couples had at least one child from a previous relationship in addition to their biologically related BSF child. On average, individuals had known their partners about three years before enrollment, more than 70 percent thought the chance of marrying their BSF partner was pretty good or almost certain, and the majority scored medium-high on measures of the quality of couple interaction and commitment to the relationship. Nevertheless, fewer women than men reported high or medium-high levels of relationship commitment, and men were more likely than women to report a pretty good or almost certain chance of marriage.

Program Implementation

Eligibility Criteria. Couples were eligible for BSF if both partners reported being in a romantic relationship with one another, were at least 18 years old, and were expecting a child together or were the biological parents of a baby not yet three months old. To be eligible, couples also had to be unmarried or newly married since conception of the baby, and had to be free of domestic violence. Programs assessed domestic violence through a screening protocol developed in consultation with their local domestic violence coalitions or national experts (programs also created protocols for identifying and addressing domestic violence throughout the program). Although income was not an explicit eligibility criterion, BSF participants were expected to be low-income for two reasons. First, compared to married biological parents, unmarried parents have lower average incomes and education and are more likely to be living in poverty (McLanahan and Sandefur 1994; Carlson 2004; Amato 2001). Second, by design, most BSF programs operated in communities that are largely low-income, or targeted low-income families as part of their other services. To enroll in BSF, both parents also had to indicate that they were available to participate should they be randomly assigned to the program group, and had to be able to speak and understand a language in which BSF was offered (English or Spanish).

Recruitment sources and strategies. At most programs, recruitment of couples involved reaching out to the maternal health care system, using people from the community as recruiters, and meeting in person with both parents together whenever possible. Targeting couples around the time of their child's birth meant that programs were often able to identify prospective participants at prenatal clinics, childbirth education classes, and hospital maternity wards. The consent of both members of the couple was required for BSF eligibility, so most programs strove to meet with both parents together to describe the program. Although it was often necessary on a practical level, programs generally reported that it was less likely that a couple would enroll if staff first met with the mother and later tried to follow up with the father. Most programs employed individuals as recruitment staff who they thought would be friendly and able to connect with low-income couples, and tried especially to hire men with backgrounds or characteristics similar to those of the men they sought to recruit.

Implementation of the relationship skills component. The eight BSF programs implemented the three model components in somewhat different ways. For example, for the relationship skills group component, organizations chose different curricula that met the requirements described in the model guidelines. Five organizations selected *Loving Couples, Loving Children* (Gottman and Gottman 2005); two selected *Love's Cradle* (Ortwein and Guerney 2005), and one used the *Becoming Parents Program* (Jordan 2005) as its curriculum. The length and duration of the group sessions varied by program and curriculum, ranging from 2 hours a week for up to 21 weeks to five hours at a time for six weeks. Most group sessions were led by a mixed-gender team of co-

facilitators, at least one of whom held a bachelor or master's degree in a field such as social work, psychology, counseling, family therapy, education, or public health.

Implementation of the family coordinator and support services components. Programs also varied in their family coordinator components. The site organizations had latitude to design how family coordinators' duties would be carried out, by whom, how frequently, and in what context. As a result, the structure, nature, and intensity of this component varied substantially. Some programs added the family coordinator role to the duties of existing home visitors who met frequently with parents in their homes to discuss parenting and child development. At other programs, the role of family coordinator was focused solely on meeting with parents to support their participation in the program and to identify and link them to external resources, as needed. At one program, the family coordinator role was filled by curriculum group facilitators, who had close connections with couples through the regular group meetings and were skilled at reinforcing relationship skills. These facilitators typically met with couples only on an as-needed basis, however, rather than for "routine" check-ins.

Reasons for program variation. The BSF model guidelines, although specific in many respects, left site organizations considerable flexibility in determining how to organize and operate the programs, for two reasons: (1) to accommodate and capitalize on the existing structures of local organizations, their resources, and community connections, and (2) to allow for experimentation, in light of the fact that prior to BSF there was little experience implementing programs to strengthen relationships among low-income unmarried parents. The full report on the implementation of BSF programs includes separate profiles for each of the eight programs, to detail operations. Programs varied in the following features, in addition to those noted above: presence of on-site fatherhood programs, open-entry policies, long-term home visiting after the relationship skills classes ended, proportion of staff that were male, and comprehensiveness of assessment and referral.

Program Participation and Dosage

Participation rates in voluntary programs, such as parenting education and fatherhood development, typically range from moderate to low, especially among low-income parents (McCurdy and Daro, 2001; Myers et al. 1992; Garvey et al. 2006). Program operators have found it difficult to get people to agree to participate in programs and, even among those who agree and complete an enrollment process, to get them to actually attend. Three fundamental elements of BSF posed additional challenges to achieving high participation rates. First there was little prior experience among social service providers suggesting how best to identify, recruit, and engage the participation of not one but two individuals for each "case." Second, relationship skills education was not a familiar concept to most people and could easily be confused with other services such as counseling or therapy, which, for some people carries a social stigma. Such misunderstanding could cause couples not to volunteer at all or cause some who initially agreed to participate to have second thoughts during the lag between enrollment and initial class participation. And third, although all BSF couples are romantically involved at intake, some could be at an earlier stage of commitment relative to engaged or married couples, still sorting out how committed they are, or deciding whether the child's other parent would make a good lifetime partner. Although such parents may sign up for BSF, uncertainty and instability associated with their own or perceptions of their partner's commitment could cause them to reconsider participation after enrollment.

Program strategies for promoting participation. Programs took steps to address potential barriers to participation, including those described above. Although they varied somewhat in their

details or level of emphasis, five practices were common in BSF programs as they tried to remove participation barriers, remind couples about groups, and follow up to promote attendance:

- **Program supports: child care, transportation, and meals.** Some couples could not afford or would have had difficulty securing dependable child care and reliable transportation to and from group sessions. All programs offered on-site child care or reimbursement for child care expenses; transportation assistance was provided in such forms as bus or subway tokens, cab fare, or program vans. Because many parents were coming to evening group sessions directly from work or school, all programs provided meals or snacks.
- **Promoting quick group entry.** Program staff noted that couples that were scheduled to start their group sessions soon after enrollment generally tended to be more likely to participate. For this reason, programs began to focus on reducing the time between enrollment and attendance at the first group session. This time lag usually depended on how frequently new groups of couples could be formed, and was affected by the volume of couples being recruited, number of available group facilitators, required or preferred group size specified by the curricula, and space availability for running multiple groups simultaneously.
- **Building rapport and addressing concerns.** Focus groups and interviews with participants indicated that many couples – prior to participation – had been nervous about what the group sessions would be like and feared being judged by others. To address this issue, programs sought to provide information about what happens in a typical group. For example, they arranged for newly enrolled couples to meet other participants through social events or orientations, and helped couples get to know program staff through in-person visits prior to their first group session.
- **Providing incentives for participation.** As is common in many voluntary social service programs, five of the eight BSF programs offered a variety of incentives to help couples overcome any initial hesitation about participating. The value and structure of these incentives varied considerably across programs: for example, Oklahoma offered $100 for attendance at the first session while Indiana offered $20 per session. Other programs limited incentives to occasional raffles or low-level gifts.
- **Maintaining ongoing contact and reminders.** Interviews with staff and couples indicated that once couples began participating, most could maintain their attendance. Reasons for absences and dropping out were usually connected with unavoidable issues such as changes in work schedule, illness, or moving away. Nevertheless, staff attempted to contact couples each week to remind them of their upcoming group session and to inquire about any needs or issues they might need help with. In many cases, this contact was by telephone, but in some programs, this occurred through home visits or other in-person meetings.

Proportion ever attended. On average across all eight BSF programs, 55 percent of couples assigned to the program group attended one or more group sessions. However, there was considerable variation in participation rates across the BSF programs. The percentage of couples that participated in a BSF group session together at least once ranged from 40 to 73 percent across the programs. The Oklahoma and San Angelo programs achieved rates higher than 70 percent; the

Houston and Indiana rates ranged from 60 to 62 percent, and 40 to 49 percent of couples participated in the remaining programs.

Program dosage. Participating couples spent, on average, about 21 hours together in group sessions. The average, however, obscures wide variation across programs in dosage, from 15 hours in Houston to 27 hours in Indiana. The 20-hour average exceeds the dosage maximum of other relationship and marriage education programs, including those that have demonstrated positive impacts. For example, the Prevention and Relationship Enhancement Program (PREP) requires about 8 to 12 hours of instruction (Markman et al. 1993), and Relationship Enhancement is typically provided over 8 to 14 hours (Guerney 1977).

Characteristics of couples associated with BSF participation. A couple's motivation to attend relationship skills education is likely to be driven by personal factors, including those that attract them to the program and obstacles to participation. An analysis of the association between the background characteristics of enrolled couples and their subsequent program participation showed that the characteristics of couples do not fully explain the substantial range in participation rates across programs. Other factors must contribute to these differences, such as variation in the design of program components, practices, and operations. Nevertheless, the analysis revealed that:

- Certain characteristics of couples were associated with a higher or lower probability of ever participating. Being married or cohabiting full-time was linked to higher participation, while being African American or being in a couple in which neither partner had a high school education was linked to lower participation. Among couples who began attending, those in which both partners were older, had no children by prior partners, and were employed at baseline were likely to attend a greater number of hours.
- When the father's relationship commitment was high or when the father believed that marriage is important for children, the couple was more likely to participate. Couples in which fathers expressed higher levels of commitment were also likely to attend a greater number of hours. Nevertheless, the better off a father perceived his interactions with his partner at baseline, the less likely it was that he and his partner would attend any group sessions.
- Couples were more likely to attend group sessions when the mother was early in her pregnancy, regularly attended religious services, or was experiencing psychological distress, such as symptoms of anxiety or depression. The mother's assessment of relationship quality and commitment was not associated with initial or sustained attendance.

Experiences of Participating BSF Couples

Program implementation is important insofar as it results in the offer of a service that is perceived to be meaningful and potentially useful to participants. Without the potential for changing attitudes and behavior, the program is unlikely to achieve its objectives. Through a series of focus groups with a total of 143 parents and individual semi-structured interviews with 26 couples, we explored what motivated couples to enter and participate in BSF, whether and how programs spoke to the issues couples were facing, and what couples learned in the program and their perceptions of its usefulness. It is important to recognize that although useful for understanding the experiences of participants, the information in this section does not represent all couples in the program or the

measurement of program effects. A future report will provide the first evidence of program effectiveness by comparing the outcomes of those in the program and control groups 15 months after study entry.

Motivation for enrolling and participating. Most couples said that they enrolled in BSF because they wanted to build a stronger relationship. Men and women alike said they wanted to see if the program could help them prevent future problems or repair existing problems, such as fighting, or recovering from a betrayal of trust. One man described his reason for coming as "Just to have our relationship stronger where we don't get into fights, break up, or get a divorce." Couples were used to being offered parenting classes, and were grateful for an opportunity to concentrate on their relationships. In their view, threats to their relationships included stress related to financial instability, inadequate time together, and difficulty getting along.

Relationship skills learned in BSF. Couples participating in the focus groups and interviews described relationship skills they learned in the program, especially how to communicate more effectively, manage conflict, and compromise. Techniques for listening and expressing oneself were cited by some as influential in helping them transform their relationships. One father recounted his surprise at how things changed when he started listening. He said: "she would turn around and listen to me as well! And we just started laughing and said 'why we [haven't] been doing this?'" Many of the interviewed parents indicated that applying skills for managing conflict led to overall calmer relationships and less fighting. One father said, "I think my number one topic would have to be the anger … like when we are starting to get into an argument and I can see that she's getting angry, instead of trying to be spiteful, [I learned] how to defuse the situation." Another father explained, "Without the program we would have still been where we was … we was fighting every day, arguing with each other over the littlest things. It could be the littlest thing, and I would start to argue. Either I started it or she did. We both have tempers … but this program really has changed it around …now, like I said, she calls a time out. And they actually work." Couples reported getting along better when they learned to understand their partners and compromise. A mother who realized that she was previously ignoring "where her partner was coming from" had a change of heart and said, "I kind of try to take him, like his feelings into consideration, too, and how things are with him, instead of just getting mad and yelling at him for everything." One couple explained, "The compromise … we haven't been doing that before we went to the class. We had nobody talk to us that know how to do this… since we attended the class, our relationship is going better."

Stepping up to responsibilities. Both men and women reported that fathers learned to "step up" and be more mature and responsible parents and partners as a result of the program. Participants said fathers began transitioning into the family role by assuming more financial responsibility, providing a better role model for their children, and being more reliable. Fathers made the transition in a number of ways. For some, it was seeing other men in the program "step up." One father said: "We had a child. Instead of running from my responsibilities, I'm gonna man up …. I seen other people out here doing it, so that kind of motivated me too and then, you know … it just made me view things different." Another father said, "I realized that this baby's not gonna raise itself. The baby can't obviously get a job. And I knew, once thinking about it, that she's [his partner] gonna take some time to heal [after surgery] and I had to step up. I had no choice. Well, I had a choice, but I made the right one." Regardless of how men learned to step up, fathers and mothers equally attributed the change to the program. One mother said, "[The class] helped him be a man. It helped him stand up and be a man," and a father said the program "motivated me to want to do more for my family."

Normalizing common relationship issues and providing social support. Participants reported that being with other couples helped them see that some problems are normal, learn from others' experiences, and develop a social network. Normalizing the typical problems that all couples face helped participants understand that most issues don't have to lead to breakup and can be worked out. For example, one man said, "[W]e just hear other people, and know that they've had the same problems as us and how they got through it, so it helps us get through it." A mother remarked, "I take different pieces from each one of the couples and just apply it to me in my own way." Some parents expressed that it was helpful to have people to whom they could relate in the group. One said, "It helped, especially some other guys that had little problems, you know, how to address these situations. That was a big help … especially from another Hispanic to Hispanic, or another man to a man. You know what I mean? You could, they could relate more better." The group setting enabled couples to build friendships and break down the social isolation that many of them reported experiencing as couples and new parents. One parent said, "You get to know other people besides just me and him, because like, most of our friends don't have boyfriends and girlfriends, and they're like, 'Let's go party,' and me and [my partner] are like, 'Remember? We got kids. We can't go.'" Many couples began to socialize with one another rather than with their friends who were not in relationships. One father said, "We've got life-long friendships out of [the group]."

Changing perspectives. Couples felt that the program gave them new hope for their relationships. One father described the changes he experienced through the program as follows: "Before the program, I never took time to look at the relationship as a relationship. I looked at it as more I'm the boss, she's the employee. You do whatever I say. Cook my dinner now. Get my beers now. Go to work, make my money, that sort of chauvinistic type stuff. And then the program came along and it opened my eyes. It gave me the ability to see, learn, study how healthy relationships work. You see it's not, you know, like anyone can have a relationship. It's like [that saying] any man can be a dad, but it takes a real man to be a father. Well, anyone can have a relationship, but it takes teamwork, a couple with teamwork … to have a healthy relationship." Another father said, "If it weren't for [BSF], I have to say we wouldn't be together now … I mean we fought about every minute detail and anything. And, yeah, I mean I was gonna let her have the baby and pay child support. I was just gonna go about my business and let bygones be bygones. It definitely changed my perspective of life and relationships."

I. INTRODUCTION AND BACKGROUND

Continuing an upward trend observed for decades, the proportion of births to unmarried parents in the United States reached nearly 37 percent in 2005. This demographic shift, especially pronounced in some population groups, has fueled research on family structure and given rise to a growing concern about the consequences of non-marital childbearing. Although most children of single parents fare well, research shows that, on average, they are at greater risk of growing up in poverty and developing social, behavioral, and academic problems compared with children growing up with both of their married parents (McLanahan and Sandefur 1994; Amato 2001).

In the early 2000s, research findings began to emerge suggesting that there may be opportunities to address this policy concern. Findings from the 20-city Fragile Families and Child Wellbeing Study showed that, despite common socioeconomic and other challenges, 82 percent of unwed parents are romantically involved at the time of their child's birth and have high hopes for marriage and a stable future together as a family. Nevertheless, the study also showed that many couples split up, with only a small fraction married one year later, and less than one-fifth of couples married three years later (Carlson et al. 2004; Carlson et al. 2005).

These findings provided the impetus for the conceptualization of a project that could test whether programs serving unmarried parents might help couples reach their goal of building a strong family. To lay the foundation for such a project, the Office of Planning, Research, and Evaluation, Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services first set out to explore the needs and circumstances of such families and to consider what types of interventions might be beneficial for them. That research, conducted by Mathematica Policy Research, for ACF in 2001, preceded the Building Strong Families project that is the focus of the present report. It included a comprehensive review of the literature and extensive fieldwork to identify potential program models that address relationships and marriage in unmarried couples starting with the birth of their child. The work culminated in a conceptual framework describing how such programs might be designed, implemented, and evaluated (Dion et al. 2003).

In addition to considering the needs of low-income unmarried parents, the conceptual framework relied upon a body of knowledge that had been developing over the past several decades on the predictors of relationship quality, stability, and satisfaction. The basic research in this area led to the development of evidence-based programs focusing on specific skills and behavior during couple interaction, such as communication, conflict management, and problem solving. Taking more of an educational and preventive approach, the intervention was delivered to small groups of couples, instead of treating individual couples as is typically the case with counseling or marital therapy. Several evaluations of these educationally-based programs found promising results.

However, researchers and practitioners who delivered these relationship skills programs tended to target married or engaged couples that were often middle-class and white. It was unclear whether the same programs would be suited to unmarried couples expecting a child together. Such couples tend to be racially and ethnically diverse and have lower levels of education and income, and they may have different relationship challenges than engaged or married couples.

In addition to the absence of curricula designed specifically for low-income unmarried couples, few service delivery systems were designed for working with such couples on relationship issues. Although social service providers worked with low-income families, they tended to define "family" as a mother and her child or as a father and his child, and rarely served couples with children. The

absence of appropriate programs and ready service delivery systems meant that, to address the policy question of interest—whether well-designed interventions can help unmarried parents achieve their aspirations for a healthy relationship and, if desired, stable marriage—an intervention model first had to be conceived and programs implemented.

A. Implementation of the BSF Project

The Building Strong Families (BSF) project was launched in late 2002 to develop, implement, and test interventions carefully designed to help romantically involved unwed parents strengthen their couple relationships and create a stable and healthy home environment for their children. Sponsored by the Office of Planning, Research, and Evaluation at ACF, BSF is the nation's largest and most rigorous evaluation of relationship skills programs for unmarried couples; it randomly assigned a diverse sample of more than 5,000 volunteer couples to an intervention or control group. The intervention featured up to 42 hours of multi-couple group sessions led by trained facilitators, focusing on skills that, according to earlier research, are associated with relationship and marital stability and satisfaction. It delivered services at 12 locations in eight programs around the country.[1] The eight programs varied in the timing of their entry into the evaluation as well as in the total number of months they enrolled and served couples for the study. The first BSF study couple enrolled in December 2005 and the last in March 2008. A report on the effectiveness of BSF—its impacts on the lives of couples and their children—will be produced in 2010.

For BSF programs to be effective, they must be successfully implemented, couples must participate in the core services, and the intervention must change behavior in ways that enhance relationships. The purpose of this report is to document BSF implementation design and operations, report on services received by the program group to which the intervention was offered, analyze characteristics of couples and programs that may affect participation, and describe the experiences of program group couples. Information is summarized across programs and presented by individual program. Building on earlier reports of BSF programs during a pilot phase (Dion et al. 2006) and of operations in BSF's first 6 to 14 months (Dion et al. 2008), this report covers the entire period that each program enrolled and served couples involved in the study, including any implementation changes that took place during that time. The report addresses the following questions:

- What was the context and setting of each of the eight BSF programs? What motivated program development, and what choices did programs make within the framework of the BSF model guidelines as they implemented the major program components?
- How did programs locate and identify couples interested in participating, and how did they recruit them?
- What were the background characteristics of the couples that enrolled in BSF, and in what ways did they differ across programs?
- What proportion of those assigned to the intervention participated in the available services and what was the average dosage received? How did participation vary across

[1] An earlier report on BSF implementation (Dion et al. 2008) identified seven programs. This report includes the same programs but considers each of the two Texas locations as distinct programs.

programs? What program-related features, such as incentives or intensive case management, did programs adopt in an effort to promote participation?

- What factors were associated with greater program attendance? Specifically, what characteristics of couples, such as age, education level, or initial level of commitment, were associated with greater participation?
- What were couples' motivations for enrolling in BSF? What did they hope to get from the program, and to what extent were expectations met? To what extent did they find BSF useful for their relationship?

This introductory chapter presents an overview of the BSF program model and evaluation design. To establish an understanding of the couples that enrolled, the chapter also provides data on enrollment and background characteristics of sample couples, aggregated across programs.

B. Overview of the BSF Program Model

To ensure a reasonable degree of consistency across programs and improve the chances of detecting any impacts, the first tasks for the BSF research team involved the development of guidelines that programs were expected to follow (Hershey et al. 2004) and the identification of local organizations willing to implement the model. Building on the conceptual framework developed in the foundational research, the guidelines provided prospective BSF programs with research-based information about unmarried parents and their circumstances, defined the target population, and specified an intervention model that included three main components: (1) weekly group instruction in marriage and relationship skills—the core component, (2) couple- and individual-level program support from "family coordinators," and (3) referrals to additional family services as needed (Table I.1). Programs were selected for the evaluation based on how well they implemented the model during a pilot period.

Table I.1. The Building Strong Families Program Model

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

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

1. Curriculum-based Group Sessions on Skills for Healthy Relationships and Marriage

The core of BSF programs was organized around group-based education in the skills that, according to research, predict relationship and marriage stability and satisfaction. Recognizing that relationship change is unlikely to be a minor undertaking, particularly among low-income couples that may be experiencing high levels of stress, the skills component was designed to be intensive and long-term. The curricula chosen by BSF programs involved up to 42 hours of instruction over a period of up to six months. Sustained instruction was expected to help promote internalization of skills and information.

The BSF model guidelines called for curriculum content to cover topics common to many relationship education programs as well as other topics that, according to research, may be key issues in the development of unmarried-parent relationships and movement toward more stable and healthy relationships and marriage. Topics included communication and conflict management skills; ways to build fondness, affection, and emotional intimacy; managing how parenthood can affect couple relationships and marriage; enhancing parent-infant relationships, especially the influence of fathers; and recognizing the signs of relationship meltdown. Issues that research suggested are common in the relationships of unmarried parents included how to build mutual trust and commitment, manage complex family relationships, such as ex-partners with a child in common, managing stress and emotions, communicating about family finances, and understanding marriage (Hershey et al. 2004).

The BSF model guidelines specified that programs were free to use any relationship skills curriculum that included the above topics, was intensive and long-term, and was grounded in research. Given that the target population's circumstances and needs differed from those of the engaged or married middle-class couples usually served by relationship education programs, the research team initiated a curriculum development effort to ensure the availability of curricula that met these criteria. The team identified three research-based curricula that had shown positive impacts on couples' relationships and whose developers were interested in modifying their material for BSF couples (Table I.2). The three curricula retained most of their original substance and emphasis on skill building but underwent modification to take a more experiential and less didactic approach, use culturally relevant examples rather than abstract concepts, and include topics of particular relevance for low-income unmarried parents. More information about these curricula is provided in Appendix A. BSF programs could choose one of these curricula or any other curriculum that met the BSF criteria.

2. Individual- and Couple-Level Support from Family Coordinators

Research with low-income families has shown that unmarried parents often have complex and challenging lives. To address the possibility that these challenges may contribute to relationship problems and impede couples' ability to participate in and benefit from the BSF program, the model required that each family involved in the intervention group be assigned a staff member charged with meeting with couples on an individual basis. Family coordinators (FC) were expected to identify and address families' unique needs and provide encouragement for program participation. According to the model, the activities of family coordinators were to include:

Table I.2. Key Features of Relationship and Marriage Skills Curricula Used by BSF Programs

Curriculum Feature	Loving Couples, Loving Children (LCLC)	Love's Cradle (LC)	Becoming Parents For Low-Income, Low-Literacy Couples (BPP)
Developers	John and Julie Gottman	Mary Ortwein and Bernard Guerney	Pamela Jordan
Original curriculum	Bringing Baby Home	Relationship Enhancement	Becoming Parents Program
Length of Training for Group Leaders	5 days, about 40 hours	4 days, about 32 hours	4 days, about 32 hours
Recommended Minimum Qualifications for Group Leaders	Master's degree and experience working with groups or couples	Master's degree or 5 years' experience with population	Master's degree and experience working with groups or couples
Recommended group size	4 to 6 couples	6 to 8 couples	10 to 15 couples
Total curriculum hours	42 hours	42 hours	30 hours

- Conducting initial and ongoing assessments of each family member's needs
- Linking family members to existing services most appropriate for their needs
- Encouraging initial and ongoing program participation and completion
- Providing sustained emotional support as couples make important life decisions
- Reinforcing relationship skills taught in group sessions

Staff filling the FC role were expected to be knowledgeable about the services available to address employment and education needs, mental health or substance abuse issues, domestic violence, or problems with child care, transportation, or housing. The model provided flexibility so that the FC could be integrated with other services that may be provided by the organization, such as the individual instruction in parenting and child development offered as part of a home visiting program. Programs varied considerably in how frequently and for how long couples were to meet with their family coordinators.

3. Supplementary Family Support Services

Most communities offer resources and services to help low-income families address issues such as employment, parenting education, housing, child care, general education, and mental health treatment, but parents may not be aware of how to access such services. The BSF model called for FCs or other staff to assess BSF families for their needs and provide referrals to a range of services, depending on need and availability. In some programs, services were available in-house through the BSF-sponsoring organization; other programs linked families to services in the community.

C. The BSF Evaluation Design

The information in this report addresses the first two of three primary research questions to be addressed by the evaluation (1) how BSF was implemented, (2) what services program group couples received, and (3) whether BSF improved outcomes for families. Based on a range of data sources, the implementation analysis describes the development and operations of the model in local programs, the type and intensity of services received by enrolled couples, and how BSF couples experienced the program. Data sources for this report include:

- **Interviews with program managers and staff and direct observation.** Qualitative information on program implementation and provider operations was gathered through on-site interviews with program management and staff in a variety of positions. Members of the research team also directly observed program operations. The interviews and observations, conducted in summer 2008, supplemented prior data collection efforts carried out in 2005 for a preliminary process analysis and in 2006 for the interim implementation report.
- **Enrollment and participation data collected by programs.** Each BSF program maintained a management information system to track enrollment and participation in each program component throughout the evaluation period. Each program provided such data to the research team.
- **Baseline Information Form (BIF).** At intake, program staff administered a short survey to each partner volunteering to enroll in BSF (see Appendix B). The survey asked a range of questions in such areas as demographics, family structure, relationship quality and expectations, and mental health.
- **Focus groups and interviews with participating couples.** To learn how couples experienced BSF in terms of what they thought of the services, what they learned, and what motivated them to attend, the research team conducted semistructured interviews with 26 couples from five programs in summer 2008 and again toward the end of the year. The interviews supplemented 13 focus groups at each program in 2006.

The question of program effectiveness (also known as impacts) will be addressed in future reports. That analysis will be based on BSF's rigorous experimental design with longitudinal followup. Mathematica randomly assigned each eligible couple that agreed to enroll to either the BSF intervention group or to a control group that could receive other services in the community, but not BSF. The analysis of program impacts will be based on a comparison of the outcomes of the BSF intervention group and control group. The research team is collecting data on program outcomes at two time points: 15 months after enrollment in the study sample and again when the child that made the couple eligible reaches 3 years of age. The first report on program impacts is expected in 2010.

The outcomes that will be assessed in the impact analysis include: (1) relationship outcomes, including status, quality, and stability of the couple relationship, living arrangements, attitudes toward marriage, co-parenting, and presence of a relationship with a new partner; (2) family outcomes, including parenting behavior and father involvement, the child's living arrangements, family self-sufficiency, and parental well-being; and (3) child outcomes, including the child's social, emotional, and behavioral development; language development; and the economic resources available to the child.

BSF eligibility. To ensure that the evaluation focuses on a specific target population, the intake process began with a structured eligibility checklist administered to each parent in the couple by program staff. To be eligible for BSF, both the mother and father had to be expectant biological parents or the biological parents of a baby not yet 3 months old, be in a romantic relationship with each other, and be at least 18 years old. The couples had to be unmarried or newly married since conception of the baby. Eligibility criteria included the availability to participate in BSF and the ability to speak and understand a language in which BSF is offered (English or Spanish). Although income was not an explicit eligibility criterion, BSF participants were expected to be low-income for two main reasons. First, as compared to married biological parents, unmarried parents have lower average incomes and education and are at greater risk of living in poverty (McLanahan and Sandefur 1994; Carlson 2004; Amato 2001). Second, by design, most BSF programs operated in communities that are largely low-income, or targeted low-income families as part of their other services.

Domestic violence. An important BSF eligibility criterion was that couples could not be engaged in domestic violence. All programs were required to consult their local or state domestic violence coalitions or national experts to develop a protocol for screening for, identifying, and addressing potential cases of domestic violence. Couples that did not pass the screening at intake were excluded from BSF and connected with alternative services to ensure their safety. Couples that passed the screening and entered the program continued to be monitored for signs of domestic violence during the full period of program participation.

D. BSF Enrollment and Sample Characteristics

1. Enrollment

Together, the BSF programs enrolled 5,103 couples (10,206 individuals) during the evaluation period (Table I.3). Programs varied in the timing of their entry into the evaluation as well as in the total number of months of enrollment. The first BSF couple enrolled in December 2005 and the last in March 2008; evaluation enrollment periods ranged from 22 to nearly 33 months depending on the program. The average monthly enrollment varied across and within programs for a variety of reasons, including recruitment strategies, community size, and continued access to a steady source of potentially eligible couples over the evaluation period.

2. Background Characteristics of BSF Couples

Most couples in the BSF sample were cohabiting members of minority race and ethnicity groups in their mid-twenties, with high expectations for marriage and relatively positive relationships (Table I.4). Aggregated across all programs, the sample resembles in several ways the unmarried couples in the 20-city Fragile Families and Child Wellbeing Survey, whose data were representative of cities with at least 200,000 people. For example, 82 percent of Fragile Families couples were cohabiting when they enrolled in the study, nearly identical to the BSF figure.

Comparing the responses of women and men on the Baseline Information Form reveals differences in employment and earnings, perceptions of the relationship and birth intendedness, attitudes about marriage and children, psychological distress, and religious attendance. The examples of gender differences described in the section below refer only to statistically significant differences.

Table I.3. Total and Average Monthly Enrollment by BSF Program

Program	Couples Enrolled (Number)	Date Evaluation Enrollment Initiated	Length of Enrollment Period (Months)	Average Monthly Enrollment
Atlanta Total	930			
GSU	814	December 12, 2005	27	31
LAA	116	December 12, 2005	22	5
Baltimore	602	December 13, 2005	24	26
Baton Rouge	652	November 30, 2005	27	24
Florida Total	696			
Broward County	338	December 1, 2005	24	14
Orange County	356	June 30, 2005	24	15
Houston	405	July 15, 2005	31	13
Indiana Total	466			
Allen County	109	June 6, 2006	25	4
Lake County	88	June 6, 2006	25	4
Marion County	269	June 6, 2006	25	11
Oklahoma	1,010	June 8, 2006	33	31
San Angelo, Texas	342	July 15, 2005	28	13
Total	5,103	---		

Note: Some BSF programs are identified as separate geographic locations but considered a single site because they were funded, administered, or overseen by a single organization.

Demographics and socioeconomic status. Individuals who enrolled in BSF represent the diverse populations served by the program organizations. They were often in their twenties, with women about two years younger than their partners, on average. More than half the sample was African American (non–Hispanic), nearly a quarter reported that they were Hispanic, and about 16 percent were white. While about two-thirds of enrollees had a high school education, their earnings were often low. Women were much less likely to be employed at enrollment (33 percent) than men (74 percent), which may be partly explained by the fact that many were in the late stages of pregnancy or had just given birth. Nevertheless, in the year prior to enrollment, women earned less income than men. Nearly one quarter of women reported no earnings in the prior year, compared with 8 percent of men. Although many women participated in Medicaid, State Children's Health Insurance Program (SCHIP), or Women, Infants, and Children (WIC) program, only 9 percent reported receipt of cash welfare benefits at intake.

Family structure. Most BSF couples (83 percent) were cohabiting at intake (either all or part of the time). Despite their relatively young age (the average parent was about 25 years old), nearly one-third of the couples had at least one child from a previous relationship in addition to their biologically related BSF child. Women were more likely to have multiple partner fertility (32 percent) than men (30 percent).

Table I.4. Baseline Characteristics of BSF Evaluation Sample

	Mothers	Fathers	Overall
Demographics and Socioeconomic Indicators			
Age (percentage)			
Under 20	26	13**	20
20–24	44	42*	43
25–29	19	25**	22
30–34	7	11**	9
35–39	3	5**	4
40 And Older	1	4**	2
Average age (years)	24	26**	25
Race and ethnicity (percentage)			
African American	55	58**	56
Hispanic	24	24	24
White	18	15**	16
Other	4	4	4
Primary language (percentage)			
English	86	85	86
Spanish	14	14	14
Other	1	1*	1
Socioeconomic status (percentage)			
High school diploma or GED	67	66	66
Currently employed	33	74**	53
Earnings past 12 months (individual, not couple)			
No earnings	23	8**	15
$1–$15,000	63	53**	58
$15,000–$24,999	10	26**	18
$25,000–$34,999	3	9**	6
$35,000 or more	1	5**	3
Receive any public assistance (percentage)			
Cash Welfare/TANF	9	3**	6
Food Stamps	42	18**	30
Medicaid/SCHIP	71	31**	51
SSI or SSDI	6	3**	4
WIC	67	35**	51
Family Structure			
Marriage and cohabitation (percentage)			
Married to current partner	7	7	7
Unmarried, cohabiting full-time	63	63	63
Unmarried, cohabiting part-time	19	21†	20
Unmarried, not cohabiting	11	9**	10
Multiple partner fertility (percentage)	32	30*	31
Number of children (total)[a]	1.9	1.9	1.9
Number of children in common	1.4	1.4	1.4
Number of children with other partners	0.6	0.6	0.6
Pregnancy and Birth			
Focal child's age, months (if born)	n/a	n/a	2
Pregnant mother (percentage)	62	n/a	62
Birth intendedness (percentage)			
Birth wanted and timing acceptable	34	47**	41
Birth wanted but mistimed	49	42**	46
Birth unwanted	16	11**	13
Couple Relationship			
Time known one another			
Less than 1 year	20	19	19
1–2 years	32	33	33
3–4 years	22	22	22
5 or more years	26	26	26
Average time known one another (years)	3	3	3

Table I.4 *(continued)*

	Mothers	Fathers	Overall
Quality of couple interaction[b]			
High	16	16	16
Medium high	66	68**	67
Medium-low to low	18	16*	17
Commitment to relationship[c]			
High	11	18**	15
Medium high	56	60**	58
Medium-low to low	33	22**	28
Chance of marriage (percentage)			
Almost certain	43	49**	46
Pretty good chance	27	25**	26
50% chance	21	20	21
A little chance	6	4	5
No chance	3	2**	2
Attitudes about Marriage and Children			
A single parent can bring up a child as well as a married couple (percentage)			
Agree or strongly agree	77	61**	69
Disagree or strongly disagree	23	39**	31
It is better for children if their parents are married (percentage)			
Agree or strongly agree	76	82**	79
Disagree or strongly disagree	24	18**	21
Mental Health, Social Support, and Religious Attendance			
Level of psychological distress (percentage)[d]			
Low	76	79**	77
Moderate	17	14**	16
High	9	7**	8
Social support (percentage)			
Emergency child care available	93	94	94
Could borrow $100 from someone in emergency	88	87**	88
Religious services attendance (percentage)			
Weekly or more often	20	15**	17
Few times a month	23	21	22
Few times a year	34	35*	34
Never	24	30**	27
Number of individuals	5,103	5,103	10,206

Source: BSF Baseline Information Form.
Missing values were imputed using multiple imputations.
†p<0.10, * p < 0.05, ** p < 0.01

[a]Includes unborn children.
[b]Quality of couple interaction was measured through a five-item scale assessing respondent's level of agreement with items such as "Partner shows love and affection," "Partner gives encouragement," and "Satisfied with how couple resolves conflict." The scale has good internal consistency, with a coefficient alpha of 0.85.
[c]Relationship commitment was measured through a four-item scale assessing the respondent's level of agreement with statements such as "Wants to be with partner in the future," "Relationship is most important thing to respondent," and "Confident that partner will be faithful." The scale has adequate internal consistency, with a coefficient alpha of 0.74.
[d]Measured by a standardized scale for the assessment of serious mental illness developed by Kessler et al. (2003). High level is equivalent to Kessler's cut-point for detecting serious mental illness, which is a score of 13 or higher.

Pregnancy and birth. Reflecting eligibility criteria, 62 percent of women were pregnant at enrollment; the remainder had a child about two months old, on average. About 46 percent of enrollees indicated that the pregnancy or birth was wanted but mistimed while another 41 percent reported wanting the child and did not see timing as an issue. Men and women differed significantly on the whether the birth was intended, with men more likely to say the birth was wanted than women.

Couple relationship. On average, BSF couples had known each other about three years before enrollment, more than 70 percent thought the chance of marrying their BSF partner was pretty good or almost certain, and the majority scored medium-high on measures of the quality of couple interaction and commitment to the relationship. Nevertheless, men and women sometimes differed significantly in their perceptions of commitment to the relationship, quality of couple interaction, and chance of marriage. For instance, fewer women than men reported high or medium-high levels of commitment. Men were more likely than women to report a pretty good or almost certain chance of marriage.

Attitudes about marriage and children. Enrollees believed that marriage is the ideal situation for children but saw raising a child as a single parent as adequate. About 70 percent of the sample agreed or strongly agreed with the statement that a single parent can bring up a child as well as a married couple, although somewhat more (nearly 80 percent) also agreed or strongly agreed that it is better for children if their parents are married. Women were more likely than men to agree with the statement about single parents (77 versus 61 percent) while the reverse was true for the statement about marriage (76 versus 82 percent).

Psychological distress, social support, and religious services attendance. About a quarter of the sample reported moderate or high levels of psychological distress; about 8 percent scored in the clinical range for serious mental illness. More women than men reported moderate to high levels of distress compared with men. Most couples indicated that they had some social support, and 39 percent reported attending religious services at least a few times a month. More women than men indicated that they attended services at least every week (20 versus 15 percent).

E. Report Organization

The remainder of this report focuses on the implementation of BSF within and across programs. The chapters are organized as follows:

- Chapter II introduces the BSF programs and looks across them to describe similarities and differences in implementation strategies, such as how the programs structured the model components and recruited couples. It also describes the experiences of participant couples, as reported in their own words.
- Chapter III presents data and information on program participation, including the characteristics of couples that are associated with greater participation, and the practices and strategies programs implemented to promote participation.

  Chapter IV provides individual profiles of BSF programs, describing for each the context and setting, program design and operations, recruitment sources and strategies, characteristics of enrolled couples, program participation and retention, and program costs.

II. PROGRAM IMPLEMENTATION AND HOW COUPLES EXPERIENCED BSF

Moving from a program logic model to on-the-ground implementation is not a simple task and requires a multitude of decisions and choices to fit model requirements to local circumstances, resources, and constraints. Prior to BSF, very few programs existed to strengthen the relationships of low-income unmarried couples; thus, organizations planning to implement BSF programs had little information to build on in terms of what practical challenges might lay ahead. Moreover, although research suggested opportunities for intervention and provided the foundations for developing a program model, the extent to which the target population would be interested enough to enroll and participate was unclear. After doing all they could to effectively implement the model, BSF programs hoped that low-income unmarried couples would find the group sessions meaningful, accessible, and engaging enough to learn and apply the skills to their relationships.

This chapter looks across the programs to summarize how the model was generally implemented and how couples experienced BSF. In the first part, we introduce the programs and their organizational structures, describe the methods used for recruiting evaluation participants, and summarize how the program services were designed and implemented. Because the best source for understanding participants' program experiences are participants themselves, we next describe what a sample of participating couples thought of the program, including, in their own words, why they enrolled, their expectations for the program, what they learned in the program, and how their relationships changed during the program period.

A. The Programs

In identifying organizations likely to effectively implement the BSF model, the research team cast a wide net. If designed creatively, BSF programs could perhaps capitalize on existing infrastructure and community connections and thereby create efficiencies in service delivery. For example, embedding BSF within organizations that provide other services to low-income families could build on programmatic and staff experience. On the other hand, building the program from the ground up could avoid the need to require accommodation or negotiation with pre-existing program procedures and policies.

Several types of organizations implemented BSF programs, from a university to a public affairs firm. Two community-based organizations serving low-income families—in Baltimore and Baton Rouge—added BSF as a standalone program to their array of other services. Four home visiting programs—in Florida, Houston, Indiana, and San Angelo—integrated BSF into their pre-existing services, using their staff, resources, and other infrastructure to provide both home visits and BSF to the same families. The remaining two programs—in Atlanta and Oklahoma—were built from the ground up, which meant developing an infrastructure for recruitment and service delivery and hiring a set of staff to provide BSF services.

Atlanta, Georgia: Georgia Building Strong Families. The Health Policy Center at Georgia State University (GSU) led the implementation of a BSF program in the Atlanta area by starting from scratch. Drawing on connections with Grady Memorial Hospital, the program recruited many couples from prenatal clinics that serve low-income families. For part of the study period, GSU partnered with the Latin American Association (LAA), a nonprofit community-based organization, to serve Spanish-speaking couples.

Baltimore, Maryland: Baltimore Building Strong Families. The Center for Urban Families (CfUF), a community-based program formerly known as the Center for Fathers, Families, and Workforce Development, implemented a standalone BSF program by building on its experience providing employment-focused and co-parenting services to low-income families. A distinctive feature of this program was its method for directly reaching out to where people gather in the community, such as basketball courts and laundromats.

Baton Rouge, Louisiana: Family Road Building Strong Families. Family Road of Greater Baton Rouge, a non-profit community organization, focuses on the needs of low-income expectant and new parents by operating Healthy Start and Dedicated Dads programs and by providing access to a range of resources (such as classes in parenting and money management) offered by other organizations at its popular facility. Family Road added BSF as a standalone program to its array of services.

Florida: Healthy Families Plus. Healthy Families Florida, a statewide home visiting program to prevent child abuse and neglect, blended BSF into its existing services in two counties: Healthy Families Broward (serving the Fort Lauderdale area), and Healthy Families Orange (serving the Orlando area). Healthy Families Florida is administered by the Ounce of Prevention Fund of Florida (the Ounce) for the state's Department of Children and Families. Under the general oversight of the Ounce, each of the two counties created a BSF program, which they called Healthy Families Plus, by using their staff and resources to deliver Healthy Families home visits as well as BSF relationship skills education to the same families. The counties continued to operate their traditional Healthy Families program separately, alongside Healthy Families Plus.

Houston, Texas: Healthy Families Initiatives. Prior to implementing BSF, Healthy Families Initiatives provided home visiting services to prevent child abuse and neglect to families in the Houston area. The program was sponsored in part by the Texas attorney general's office, as a way to support federal Office of Child Support Enforcement goals. The Healthy Families Initiative transformed its program to follow the BSF model, eventually discontinuing the organization's traditional home visiting service and replacing it with a combined BSF and home visiting program.

Indiana: Healthy Couples, Healthy Families Program. Like Florida, Indiana embedded BSF within its existing statewide Healthy Families home visiting program operating in specific counties. Three counties—Allen, Lake and Marion—built on their existing staff infrastructures and resources to offer the combined BSF-Healthy Families program, named Healthy Families Healthy Couples (HCHF). Like Florida, the Indiana programs continued to operate their standard Healthy Families home visiting program in addition to HCHF.

Oklahoma: Family Expectations. This program grew out of the Oklahoma Marriage Initiative, a broad-based effort to implement relationship skills education throughout the state, which is managed by Public Strategies, Inc., under contract from the Oklahoma Department of Human Services. Its BSF program, called Family Expectations, was built from the ground up, and

offered services to low-income unmarried couples as well as similar services to low-income married couples as part of another demonstration program. [2]

San Angelo, Texas: Healthy Families San Angelo. Prior to BSF, Healthy Families San Angelo (HFSA) had been providing home visiting services for at-risk families in its community, and also offered a fatherhood program called Dads Make a Difference. As part of implementing BSF, HFSA discontinued its home visiting program and replaced it with the combined BSF and home visiting program. It continued to offer its fatherhood program.

B. Recruitment Sources and Strategies

Across programs, the maternal health care system was a common source of participants. Targeting couples around the time of their child's birth meant that programs were often able to identify eligible prospective participants through the maternal health care system. This could include programs to engage expectant mothers in prenatal care, prenatal clinics, childbirth education classes, and hospital maternity wards, particularly those that serve low-income women. Other likely sources for prospective participants were services for low-income parents such as the Supplemental Nutrition Program for Women, Infants, and Children (WIC), Medicaid, and the Supplemental Child Health Insurance Program (SCHIP). To a lesser extent, programs also identified potentially eligible couples through the public health system and through a method known as street outreach in low-income communities, which involved approaching individuals in public places such as grocery stores, basketball courts, or barber shops.

Programs tended to favor a direct approach to recruitment by BSF staff over passive methods. The most common recruitment strategy involved BSF staff directly approaching expectant mothers or women who had just given birth, and their partners if present, at maternity wards or prenatal clinics (Table II.1). To supplement their efforts, these programs sometimes engaged the active involvement of community organizations in describing the program to their clients and referring interested individuals to the BSF program. Other programs relied heavily, if not exclusively, on referrals from a wide range of sources, such as day care centers, churches, community-based organizations, and WIC programs, as well as prenatal clinics and birthing hospitals. Although some programs used mass marketing techniques such as distributing flyers and occasional presentations at community events, most staff did not think these methods alone could yield a sufficiently large number of eligible prospects.

[2] In addition to BSF, the Oklahoma program also operated a program for the evaluation of Supporting Healthy Marriages (SHM), a multisite study of marriage education programs for low-income married couples. Both BSF and SHM couples participated in groups together.

Table II.1. Recruitment Sources, by Program

	Direct Approach				Referrals	
Program	Prenatal Clinics or Programs	Maternity Wards	Public Health Clinics	Street Outreach	WIC	A Mix of Sources
Atlanta						
GSU	✓					
LAA	✓					
Baltimore	✓	✓	✓	✓		✓
Baton Rouge	✓		✓		✓	✓
Florida						
Broward County		✓				
Orange County		✓				
Houston			✓			✓
Indiana						
Allen County		✓				
Lake County		✓				
Marion County		✓			✓	✓
Oklahoma		✓	✓		✓	✓
San Angelo		✓	✓		✓	✓

Organizational partnerships helped support recruitment efforts. The majority of BSF programs were hosted by organizations that existed prior to implementation and thus were able to call upon established relationships with other organizations that could act as recruitment sources, either by referral or by allowing BSF staff to access their clients directly. The two programs that were built from the ground up, however, had to forge new relationships and procedures with local hospitals and clinics, community organizations, and other sources of potentially eligible couples. One of these ground-up programs, in Oklahoma, was implemented by an organization that had long experience building community partnerships related to marriage and relationships for a statewide initiative, and ultimately established for BSF an elaborate network of more than 100 referral sources. The other program, in Atlanta, capitalized on its director's relationship with a large public health hospital, which allowed the program to establish an ongoing presence at the hospital through stationing BSF staff in clinic waiting rooms and other public areas frequented by prenatal women and couples.

The outreach and recruitment role was often filled with individuals from the community who had backgrounds similar to the target population. For outreach and recruitment staff, most programs employed individuals they thought would be particularly friendly and outgoing, with the ability to readily connect with low-income couples. These characteristics were considered more important than educational attainment. Programs often sought individuals from the community with backgrounds similar to those of the target population. Staff whose role was to recruit for both BSF and the Healthy Families program often had a bachelor's degree in a social science or related field, because a key duty as Healthy Families recruiters was to complete an in-depth assessment of the mother prior to describing the services for which she might be eligible. Recruitment staff at most BSF programs were accustomed to working with low-income women, but not necessarily low-

income men. All programs made some effort to involve male staff as recruitment workers, however, some placed a greater emphasis on this than others. Some involved male staff as a regular part of their recruitment team, while other programs used male staff only on an as-needed basis, to help engage the interest of men who might otherwise be reluctant.

Program staff thought enrollment was more likely when both parents were present at the initial contact. To enroll in BSF, all programs required the full consent of both members of a couple. Once interested couples were deemed eligible, which included a process for screening out those with domestic violence, program staff were required to administer the informed consent process and collect information using the Baseline Information Form for each member.

The equal involvement of both members of the couple from the outset was a core feature of BSF, but the need to engage the interest, consent, and commitment of a couple could pose specific practical challenges to efficient recruitment, because not just one, but two individuals, had to be enrolled. Sometimes programs built on preexisting recruitment procedures, such as those used to recruit new mothers for Healthy Families, to first meet with the mother and assess her eligibility and interest, then follow up later to locate her partner and go through the same process. Many program staff observed that this approach was less likely to result in a recruited couple. For this reason, programs that followed up on referrals came to require that both parents be present at the initial meeting with staff who would assess eligibility and interest and conduct intake. Similarly, staff at programs using the direct recruitment method with prenatal couples prioritized their approach to pregnant women whose partners were present. Nevertheless, there were many times where the male partners did not happen to be present; in these cases the two-step approach was necessary.

Existing staff recruiting for more than one program sometimes needed additional training to avoid promoting the traditional services over BSF. Four programs expected BSF couples to participate in a regular schedule of home visits aimed at reducing child abuse and neglect through instruction in parenting and child development, in addition to the BSF relationship skills group sessions. The dual enrollment required by the two programs that operated both Healthy Families and BSF sometimes created confusion for staff and raised questions for them about which program to promote: Healthy Families only, or the enhanced version of the program, which included BSF services as well as Healthy Families home visits. Unlike the traditional program, the enhanced version required the father's participation and more investment of time, and there was always the chance the couple would be assigned to the control group and not receive services. For these reasons, some recruitment staff at first tended to promote the traditional program more than the BSF-enhanced version, until they received additional training and other changes were made. Recruitment staff in the two programs that replaced the original Healthy Families programs with combined BSF-Healthy Families programs – in Houston and San Angelo – had some initial difficulty changing their main emphasis from home visiting to relationship-focused group sessions, but ultimately succeeded in doing so.

Programs assessed all couples for domestic violence at intake and beyond. The BSF programs implemented procedures to detect and address domestic violence at intake and afterwards. Working in collaboration with their local domestic violence coalitions or national experts, the programs developed various procedures for screening prior to enrollment, and couples whose answers indicated domestic violence were not permitted to enter the BSF program. Most programs used a structured questionnaire for screening, while a few took a less formal and more conversational approach adapted from their prior experience with low-income families. Women were screened in private, away from their partner. Couples identified as being in abusive

relationships on the basis of screening were referred to more appropriate services such as a shelter or batterer's treatment program, depending on the situation, and all were given information about local resources, such as a 24-hour hotline number.

Couples who passed the screening and entered the program continued to be monitored by staff for signs of domestic violence. Suspected violence was brought to the attention of a supervisor and couples involved with violence were removed from the BSF program and provided with appropriate resources and information. BSF staff participated in training to recognize signs of domestic violence, including nonverbal behavior of the clients. This training was provided by their local domestic violence coalition or other experts and sometimes also from the developer of their relationship skills curriculum. In many cases, staff employed by BSF programs had prior experience serving at-risk families and had received previous training regarding domestic violence.

C. Implementation of the Intervention Components

The conceptual framework and model guidelines gave programs considerable flexibility to try out different approaches and operational strategies for recruiting couples and delivering services. This flexibility meant that BSF programs varied substantially in their organizational structure, staffing preferences, recruitment and outreach practices, and strategies for delivering services and promoting participation. As they developed, programs often refined, revised, or abandoned strategies, or developed new methods and approaches. To adequately document the variation in program implementation, Chapter IV presents profiles of each BSF program individually.

Despite this variation, each BSF program implemented the three major intervention components—the group-based relationship skills sessions, the individual-level services provided by family coordinators, and the linkages to other needed family supports. Programs were encouraged to think creatively about how they would implement these features. Because help with relationships for low-income unmarried couples was uncommon before BSF, programs had to learn what kinds of individuals made the best group facilitators and family coordinators, determine what kind of training they needed, identify what program formats would work best for the schedules of most low-income couples, develop or select a method for assessing family needs, and make a multitude of other operational choices. This section summarizes common implementation challenges and successes experienced across BSF programs.

1. Relationship Skills Component

The length and duration of group sessions varied by program, meeting from two to five hours at a time, for 6 weeks to 22 weeks. The three relationship skills curricula used in BSF and described in Chapter I – Loving Couples Loving Children (LCLC), Becoming Parents Program (BPP), and Love's Cradle (LC) – were implemented in a variety of formats and on different schedules. The ultimate choice of format and schedule usually depended on the recommendations of the curriculum authors and the availability of enrolled couples, within the constraints of staff and facility availability.

Loving Couples Loving Children. Five BSF programs – in Atlanta, Baltimore, Baton Rouge, Florida, and Indiana – implemented the LCLC curriculum and usually chose a two-hour format provided on weekday evenings, for about five months. Three of these programs offered Saturday sessions in addition to the weekday schedule. One tried mid-day sessions, which were discontinued because of poor attendance, and two sometimes offered double session formats on weekends,

lasting three to four hours each for about 12 weeks. Most programs using LCLC aimed to have four to six couples in each group cohort.

Becoming Parents Program. The program in Oklahoma implemented BPP and offered couples two formats: a 6-week format that met for five hours at a time, or a 10-week format that met for three hours each time. The Oklahoma program strove to have 10 to 15 couples attending each group cohort.

Love's Cradle. The two programs that implemented LC – in Houston and San Angelo – differed from each other in their formats and schedules. One offered weekend sessions lasting five hours once a month for about eight months, as well as an evening group that met for two hours at a time once a week for about 21 weeks. The other program offered two-hour group sessions on weekday evenings once a week for about five months. These two programs aimed to include six to eight couples in each of their curriculum group cohorts.

The BSF model assumed that couples would be able to begin their curriculum group series shortly after enrollment, but several challenges sometimes made this difficult. To make this happen, programs had to (1) recruit participants at a high enough volume to permit the formation of curriculum groups on a relatively frequent basis, (2) develop and maintain an adequate number of group facilitators to meet the demand, and (3) have sufficient physical space to hold multiple groups concurrently. Obstacles in any of these areas usually meant that couples experienced a delay between enrollment and starting a group series.

Group size was also a factor in how quickly a couple could begin their group sessions. Programs that could allow more couples in a group were more likely to be able to fit a couple in sooner rather than later. Nevertheless, although the recommended group size varied across curricula, all programs found it necessary to schedule more couples for a group cohort than the number they expected to actually attend. As is the case for most voluntary programs, this strategy was necessary because there was almost always some proportion of enrolled couples who did not show up in the initial weeks, despite repeated reminders and encouragement. In general, the longer the delay between enrollment and the first scheduled group session, the less likely it was that couples would show up.

Most group sessions were led by facilitators with a bachelor's or master's degree. In most programs, group sessions were led by a team of at least two group facilitators, one of whom was informally or formally considered the lead. Lead facilitators usually had a bachelor's or master's degree in social work, psychology, counseling, family therapy, education, public health, or a related discipline. Qualifications for the co-facilitator varied across programs, with some requiring only a high school education and others some college or a college degree. Programs frequently sought to fill the group facilitator position with people who had experience working with low-income families or facilitating groups, though not necessarily couples' groups. Some programs also looked for personal experience with marriage or parenting because facilitators were encouraged to draw on that experience in working with BSF couples. To fill positions, the eight programs either contracted with outside individuals (Oklahoma, Baltimore, and Baton Rouge), or used a mix of full- or part-time employees and contract staff (Florida, Houston, Indiana, and San Angelo).

Group sessions were usually led by a mixed gender team of facilitators. Programs uniformly believed that mixed gender teams helped convey the sense that the program was intended for both men and women, and provided all participants with someone of their own gender to whom

they could relate. All of the programs strove to have male-female teams leading the group sessions, but varied in how they arranged this. Five programs had male staff whose role was to lead or co-lead group sessions with their female counterparts. The remaining three programs had some difficulty hiring or retaining appropriately qualified male staff. Therefore, to help lead group sessions, male staff who were serving in other roles, such as a fatherhood program leader or male outreach staff, were brought in as needed.

The majority of BSF group facilitators attended intensive curriculum training; many also received expert supervision for an extended period. The LCLC and BPP curricula required four to five full days of training, which included substantial opportunities for hands-on practice facilitating group sessions and teaching the material. LCLC training was provided by the curriculum authors or individuals employed by them. In the beginning of operations, LC and BPP training was provided by the curriculum author. As programs expanded or replaced staff, new trainings were provided by BSF program staff who had attained a level of proficiency in BPP or LC. Curriculum authors offered newly trained facilitators the opportunity to receive technical assistance or supervision, although the extent of this supervision varied significantly by curriculum.

2. Family Coordinator and Family Support Services Components

The BSF model guidelines called for individual-level support to be provided to couples and specified several functions: (1) encourage attendance at group sessions, (2) assess families for basic needs and link them to appropriate services, (3) reinforce relationship skills taught in group sessions, and (4) provide couples with emotional support as they navigate new parenthood. The guidelines gave programs wide latitude in designing how these functions would be carried out, by whom, how frequently, and in what context. Programs charted different paths and varied more on this component relative to the core relationship skills education component, which, by contrast, was curriculum-driven and required to cover specific topics with an established level of intensity.

Requiring Healthy Families home visitors to double as BSF family coordinators meant existing staff had to make practical changes. Four of the eight BSF programs aimed to use their Healthy Families-trained home visitors to encourage attendance, reinforce relationship skills, and provide emotional support – three of the four BSF family coordinator functions. Prior to BSF, these staff typically provided home visits to at-risk families, usually mothers who had just given birth, on a regular schedule for up to five years. Adding BSF to their activities meant that a few changes were necessary: some time had to be carved out of the one-hour home visit for supporting BSF; home visitors had to learn how to reinforce relationship skills; group facilitators and home visitors needed to communicate about attendance at group sessions; and home visitors needed to make an effort to schedule visits at a time when fathers could be present. Programs varied in their ability to make these changes, although many challenges were resolved by the time the study period ended. The fourth FC function—assessing families for needs and linking them to appropriate services—was mainly carried out by Healthy Families recruitment staff, known as Family Assessment Workers, although home visitors updated these assessments from time to time.

Family coordinators in non-home visiting programs often filled additional BSF roles, such as outreach or group facilitation. Three BSF programs staffed the family coordinator component by creating new positions dedicated exclusively or in large part to the BSF family coordinator functions. These staff usually worked as full-time BSF employees, although their roles sometimes included support for outreach activities. Depending on the program, these programs met with couples in their homes or in the program office, sometimes just before or after a group session.

One program chose to use the group facilitators to fulfill the BSF family coordinator role, reasoning that they were the most highly trained staff in the program and knew which couples were attending regularly, putting them in a good position to conduct needs assessments, encourage participation, and reinforce skills. The part-time contract staff who were used as facilitators, however, were unable to fulfill all these obligations, so the program moved to hiring a group of full-time employees to take their places.

The frequency and method for meeting with parents varied in intensity across BSF programs. Programs building on the Healthy Families model retained the same schedule for home visits they had used prior to BSF, which typically involved weekly visits for the first six months, gradually tapering off to monthly visits once the family had been in the program for about a year. These Healthy Families home visits could continue long after relationship skills group sessions had ended, ranging from 18 months to three years, depending on the program.

The family coordinators in three of the four other programs contacted couples through a combination of telephone calls and visits with couples, with the majority by telephone. The number of in-person visits expected to be held with each couple in these programs ranged from one to three over the period in which the group curriculum sessions were offered, with additional visits only on an as-needed basis and as requested by the couple. The remaining program took a different approach, expecting couples to attend meetings with their family coordinators in the program office 12 to 15 times until their baby reached one year of age.

Home visits conducted by Healthy Families staff focused primarily on parenting and child development. The main purpose of individual-level contacts by family coordinators was to encourage and support participation in the curriculum group sessions, but programs varied in the primary focus of these contacts. Home visits with couples in the four programs that built on the Healthy Families model were focused primarily on parenting and child development. The proportion of each home visit that focused on the couple relationship (compared to parenting material) varied significantly by program, location, home visitor, and family. Staff at one program estimated that about three-quarters of the time allotted for each visit was spent on parenting issues, usually guided by a curriculum such as Growing Great Kids, with the remainder of the time spent on supporting BSF goals. Although home visitors were encouraged to try to schedule visits at times when fathers as well as mothers would be available, this was often not possible. Although usually less intense and frequent, family coordinator contacts in other programs tended to be focused on carrying out the four BSF functions for family coordinators, and sometimes this work expanded to include goal-setting for couples.

In addition to the family coordinator's encouragement to attend group sessions, staff at every BSF program contacted couples to remind them of upcoming group sessions and other activities. Often this came in the form of an inquiry about whether transportation or child care would be needed for the next group session, thus the call could be placed by the program's van driver or office manager.

Reinforcing relationship skills was the family coordinator function least likely to be implemented by program staff, although many programs made efforts to do so. Except for the one program that used group facilitators to fulfill the family coordinator role, family coordinators were typically not well steeped in the curriculum. Although many had received some curriculum training, they had no experience teaching the material or facilitating couples' discussions. Some programs

tried to address this issue by inviting family coordinators to attend group sessions, while others trained staff to use a set of tools developed by curriculum authors expressly for this purpose.

The frequency and intensity of assessment and referral to other services varied substantially across programs. Needs assessments were comprehensive and structured at some programs and less formal at others. Healthy Families assessment workers conducted comprehensive assessments of mothers prior to enrollment, providing important information for the family's assigned home visitor, as well as for needed resources. Other programs conducted assessments with couples during an initial home or office visit, which often produced a plan and priorities for addressing a couple's needs and identifying short- and long-term goals. The needs assessment and resulting plan guided staff in providing referrals for services. Program staff suggested resources to the couple and provided contact information, sometimes including the name of a specific contact person. Several programs had male staff on hand to specifically address fathers' needs, such as unemployment and fatherhood issues.

D. In Their Own Voices: How Couples Experienced BSF

Program implementation is important insofar as it results in the offer of an intervention that is perceived to be meaningful and potentially useful to participants. Without the potential for changing attitudes and behavior, the program is unlikely to achieve its objectives. Examining how participants experience the program is useful in gaining an understanding of what motivates couples to enter and participate in BSF services, whether and how programs speak to the issues couples find themselves facing, what couples learn in the program and how useful they perceive this information to be, and what relationship changes couples perceive during or shortly after participation.

To learn how participants experienced the BSF program, 13 focus groups were held with participants in the early stages of program implementation (as reported in Dion et al. 2008), and 26 semi-structured interviews were held with individual couples during the later stages of operations. In the latter effort, couples in five programs were interviewed at about the time their group session series started and again about four or five months later. Appendix C provides details about the procedures used to gather, code, and analyze the interviews with couples.

This section describes the views of participants gathered through the interviews and focus groups with regard to their motivations for enrolling, what they learned and how useful they thought the program was, and any changes they perceived in their relationships between the first and second interview. It is important to recognize that although useful for understanding the experiences of participants, the information described in this section does not represent the measurement of program effects. A future report will provide the first evidence of program effectiveness by comparing the outcomes of the program and control groups 15 months after study entry. Instead, this analysis is meant to shed some light on whether and how participating couples perceived the intervention as meaningful and potentially useful to their relationships.

1. At Entry, Where Do Couples Want to Go with Their Relationships?

Interviewers asked couples what motivated them to enroll in BSF and begin attending group sessions. Participants described what they saw as their chief strengths as couples at program entry as well as the challenges they faced and for which they hoped to receive assistance.

Most couples said that they enrolled in BSF because they wanted to build a stronger relationship. Men and women alike indicated that they were interested in seeing if the program could help them prevent future problems, such as a breakup or divorce, or repair existing problems, such as fighting or recovering from a betrayal of trust. One man described his reason for coming as, "Just to have our relationship stronger where we don't get into fights, break up or get a divorce." Another father explained, "If you can give me a foundation to stand on, give me a good hand to grasp – to hold my family, then I'm all for it." These expectant and new parents were also committed to improving their relationship for the benefit of their babies and families as a whole. Relatively few participants indicated that learning about parenting or seeking help with other issues such as employment was the main reason for enrolling, although they saw these as potentially helpful and important benefits. In focus groups, participants often expressed gratitude for a program that aimed to help them with their relationships instead of only parenting.

At program entry, many couples thought hard times had taught them the importance of supporting each other emotionally. Many couples had endured some difficult times together, including overcoming alcohol and substance dependency, incarceration, mental illness, past abuse, and the deaths of loved ones. Emotional support from a partner was important to enduring hard times. For many men and women, knowing that "she'd be there if I needed her" or that "[i]f I ever had a problem, I could come to him … for anything pretty much" was deeply important. That support was critical to overcoming substance dependencies and to waiting out prison sentences, and couples felt that such support would be just as important in preparing for the birth of their babies. One mother said, "[H]e may get mad, but we're able to sit down and discuss it and not actually ignore what's going on." Another mother noted, "[W]e can actually discuss things instead of just both of us just leaving." Sharing religious values and spirituality and a commitment to one another and to raising their children were also common themes. Almost a third of couples mentioned their strength of commitment to each other or to raising their children "right." As one couple said, "Our strength to me is just strong family values." Almost one-third shared religious beliefs, which they felt strengthened their bonds.

Couples described numerous challenges to their relationships, including financial instability, insufficient time together, and difficulty getting along. All but one couple expressed frustration with lack of money or employment. Especially with a baby on the way, many women faced temporary unemployment. As one woman explained, "It's really, really hard to keep a job, because … my doctor really doesn't want me to work. I'm really supposed to be on bed rest. But I try to help him out with the bills, so I try to push myself. Today I had to leave early. I wasn't feelin' too good." Another mother said, "I'm sure money is an issue for everybody in the world right now, but with me not working, you know … I mean we have all the same bills and we're working with one income." As the fathers work overtime to try to compensate for lost income, relationships suffer from additional pressures. "I've been working a lot of overtime lately the last few months and I feel it's been compensating for [her] not working. But on the other hand, she doesn't see much of me and vice versa. So … we don't see each other as much as we'd like to." Some couples described frequent arguments and were experiencing distress in their relationships at the time they enrolled in BSF. A woman said, "[W]e been having certain problems between us and I knew there was like, they offer like, couples counseling and they do stuff to help you communicate better, which right now we need."

Extended family members also presented a challenge to relationships, often because of mistrust between partners and families. One man explained, "Her family doesn't like me anyway, you know, because they think I'm a slacker that don't work and that all I want, you know, is drugs and that sort

of things. But that's not how it is at all, they just … I'm misunderstood." For others, housing instability and the necessity of close living situations with extended family exacerbated their conflict. Not only do family members not encourage the couples to work through their challenges, they sometimes interfere with the relationships by introducing more conflict and negativity. Nevertheless, a little less than one-fifth of couples interviewed said that their family members supported their relationships, and just under a third reported that their extended families provide material support and help with the children.

Some participants thought incentives for initial participation encouraged them to try the program out. All couples participating in the semistructured interviews had attended at least one group session. Participants indicated that, for men in particular, it took incentives such as monetary tokens or gift cards to initially get them "through the door." Many participants indicated, however, that once they began attending the group sessions, the incentives were less important to them because they found the group sessions inherently interesting, enjoyable, and beneficial. Nevertheless, most parents cited the program-provided child care, transportation, and food at group as particularly essential to enable their initial and ongoing participation.

2. What Do Couples Learn and How Do They Perceive BSF?

After participating in the program for several months, participants described what relationship or other skills they might have learned in the BSF program, whether they applied these skills, and how useful or meaningful the skills were for their relationship. Couples were also asked for their thoughts about the group setting and the help they received from family coordinators and for their general impressions of the BSF program.

Couples described key relationship skills they learned in the program, especially how to communicate more effectively. Couples that had been together for just a few months to those that had been together as long as seven years noted that the sessions on communication were particularly helpful. "Everything just started going smoother, when we started communicating, when we started taking home the little packets and little things that they print out for the class. We started taking those things home and just doing the activities at home." "We're able to communicate with each other more. It's easier now because of the things that we talked about in the class sessions." For many couples, listening and communication techniques were key skills that enabled them to transform their relationships. One father said that when he started listening, his partner "would turn around and listen to me as well. And we just started laughing, 'Why we ain't been doing this?' That was something we learned from [BSF]." Beyond using the skills with their partners, couples were able to apply the communication techniques more broadly to other family members, friends, and even co-workers. One mother said, "I've learned how to listen to my 14-year-old daughter, and … that's hard, when you're just listening. So even being here has helped with that situation, too."

Participants indicated that they learned and applied skills for managing conflict and anger, and they believed this led to overall calmer relationships and less fighting. One father said, "I think my number one topic would have to be the anger … like when we were starting to get into an argument and I can see that she's getting angry, instead of trying to be spiteful and piss her off even more, [I learned] how to defuse the situation." For many couples, turbulence and fighting were commonplace before their BSF participation. On average, the couples that found conflict management skills most helpful had been together for several years, during which time fighting had become a regular part of their relationship. One couple stated, "[N]ow it's like we don't argue at all. Like before, we had little arguments here and there, but now it's like when we have disagreements,

we talk about it and that's it. They're just disagreements. They're just different points of view. They don't escalate into arguments." For another couple, the sessions on conflict management transformed their relationship into a much calmer one because they learned to take time out to cool off. The father explained, "Without the program we would have still been where we was, which we was fighting every day, arguing with each other over the littlest things. It could be the littlest thing, and I would start to argue. Either I started it or she did. We both have tempers … but this program really has changed it around. She hasn't gotten physical … this program has helped her to resort to other ways of dealing with her anger instead of being physical toward me. But now, like I said, she calls a time out. And they actually work."

Couples reported getting along better when they learned to understand their partners and compromise with them to achieve shared goals. For some couples – especially those who had not known each other long – communication and learning how to manage conflict were only parts of their struggle; they also needed to get to know their partner better and learn how to work together. Couples said that the BSF program helped them understand their partners and learn about how to compromise. A mother who realized that she was previously ignoring "where her partner was coming from" had a change of heart in class and said, "I kind of try to take him, like his feelings into consideration, too, and how things are with him, instead of just getting mad and yelling at him for everything." Others talked about learning how to compromise and work together to raise a child. "I learned that in a relationship it's 50-50. When he need help and I can help him, that I'm supposed to help him. And if I need help and he there, that he can help me." These skills played a vital role in improving couples' relationships. As one couple explained, "The compromise … we haven't been doing that before we went to the class. We had nobody talk to us that know how to do this and that. Ever since we attended the class, our relationship is going better."

Both men and women reported that fathers learned to "step up" and be more mature and responsible parents and partners as a result of the program. Specific examples of how the program helped fathers transition into the family role include assuming more financial responsibility, providing a better role model for their children, and being more reliable. Fathers made the transition in a number of ways. For some, it was seeing other men in the program "step up." One father said: "We had a child. Instead of running from my responsibilities, I'm gonna man up …. I seen other people out here doing it, so that kind of motivated me too and then, you know … it just made me view things different." Other fathers also thought the program curriculum helped them see their situation differently. One said, "Once the team effort was instilled or drilled into my head, tattooed on my brain or whatever, I realized that this baby's not gonna raise itself. The baby can't obviously get a job. And I knew, once thinking about it, that she's gonna take some time to heal [after surgery] and I had to step up. I had no choice. Well, I had a choice, but I made the right one." Some men absorbed this lesson through one-on-one conversations with their family coordinators. Regardless of how men learned to step up, fathers and mothers equally attributed the change to the program. One mother said, "[The class] helped him be a man. It helped him stand up and be a man," and fathers said the program "motivated me to want to do more for my family."

Participants reported that being with other couples helped them see that some problems are normal, learn from others' experiences, and develop a social network. Normalizing the typical problems that all couples face helped participants understand that most issues don't have to lead to breakup and can be worked out. For example, one man said, "[W]e just hear other people, and know that they've had the same problems as us and how they got through it, so it helps us get through it." Another father said, "It makes it a little bit easier, knowing that there's other couples out there that's dealing with almost the same issue that you're dealing with." Many

expressed that they absorbed useful lessons from other couples in their group. A mother remarked, "I take different pieces from each one of the couples and just apply it to me in my own way." Some parents expressed that it was helpful to have people to whom they could relate in the group. One said, "It helped, especially some other guys that had little problems, you know, how to address these situations. That was a big help … especially from another Hispanic to Hispanic, or another man to a man. You know what I mean? You could, they could relate more better."

The group setting enabled couples to build friendships and break down the social isolation that many of them reported experiencing as couples and new parents. One parent said, "[Y]ou get to know other people besides just me and him, because like, most of our friends don't have boyfriends and girlfriends, and they're like, 'Let's go party,' and me and [my partner] are like, 'Remember? We got kids. We can't go.'" Many couples began to socialize with one another rather than with their friends who were not in relationships. One father said, "[W]e've got life-long friendships out of [the group]."

Couples emphasized how important it was that program staff and group facilitators were non-judgmental and respectful of them. In referring to the group facilitators, one father said, "They are very respectful. They're very open-minded. They're willing to listen, willing to help you if you need anything, talk to you about anything, situation." Another stated, "[T]hey were always neutral, never trying to push any of their own beliefs." Couples also said that the facilitators were people they felt they could really learn from; some described them as "role models." Some parents mentioned that being able to relate to the group facilitators made them feel more comfortable and accepting of the information conveyed.

Parents varied in how much they accessed additional support services through family coordinators, but they generally described comfortable, caring relationships with them. Family coordinators were regularly described as very helpful and friendly, and while some couples viewed them as caseworkers, other couples thought of them as friends. Most couples recounted stories about family coordinators checking up on them, going to lengths to make sure that they were coping adequately after the birth of their baby, and doing their best to stay in close touch with them and keep current on the status of families. Sometimes couples used the family coordinators to discuss specific relationship issues, and some FCs stood out for having gone above and beyond to help families (for example, submitting resumes for them and helping other children in the family).

Participants expressed warm feelings toward the program, crediting BSF for improving their relationships with their partners and with others. Couples felt that the skills they had learned together helped them build a foundation for a healthy relationship. Some said that the program reminded and enabled them to enjoy each other's company more. Many noted that the program covered all the relationship topics they thought they needed, although a few wanted more information on parenting and raising children. When asked for their suggestions for program improvement, several couples thought the program should be open to more couples that could benefit from BSF as well as to already married couples. Some wanted the group sessions to continue beyond their scheduled conclusion, although others thought the length was largely satisfactory.

3. What Relationship Changes Do Couples Experience During Participation?

Toward the end of each program, couples were asked to assess their relationships and describe what changes they had experienced in their relationships, if any, and to what they attributed these changes. Couples also expressed what they saw in their future as a family.

By the last few sessions of the BSF program, many couples felt that their relationships were good or better than before, though financial stability was still a common concern. Reasons for the improvement included spending more time together, demonstrating more respect for one another, arguing less, and feeling "stronger as a family." One father said about his relationship, "I think it's going good. It's going better. It always gets better … not to say that our relationship was bad before [BSF]. I always speak in 'before BSF, after BSF terms' because before BSF we would fight, and she threw things, and I wouldn't care about her point of view. And now we don't ever really argue. It's going better. Now we have plans and goals and we see those through." Despite such improvements for some, two couples said that their relationships were still rocky. One woman said that her relationship has its "ups and downs, but for the most part it's better."

Financial stability was a concern for couple's relationships, even though the program tried to address the issue by providing information on family budgeting. As one mother explained, "In class they'll say, 'Are you on a budget?' and it's like, you have to have money to be on a budget, or have some money. Like how can you be on a budget, when you don't have anything?" For some couples, changing jobs or earning two incomes was helpful. For others, individual assistance from the program helped enhance their understanding of how to manage money. For example, one mother had had a difficult time getting her partner to understand the importance of saving money. She said, "When we started talking about money… [a staff member] sat with us too, so it could be like, 'Look, this is why you can't, you know, splurge all the time.' It helped us a lot with that, because now he understands …"

The relationship status of most couples changed over the course of the program; some broke up and reunited while others moved in with each other, became engaged, or married. Almost all of the couples who were together at program entry were still together by the end of the program; nevertheless changes in relationship status were numerous and varied. Some separated from their partners for a period of one or two days to a week during the program but got back together; some non-cohabiting couples moved in together during the program; two couples got married; and seven couples became engaged.

Couples said BSF helped increase their commitment to the relationship, prevent breakups, facilitate reconciliations, and generally provide hope for their future together. When asked what role the program played in one couple's decision to marry, one father said, "If anything, it got stronger. It made, I guess, our decision to get married … something to look forward to. Because, let's say, if they would have told us how to deal with arguments or something like that, and if I used the techniques that they show me to use and it didn't work, then I might have had second thoughts about maybe marrying her, or living together, or something like that. But since it showed us how to really communicate, it's really a big key to any relationship."

Although some couples experienced turbulence in their relationships over the course of the program and temporarily broke up, most couples said that the program either prevented them from breaking up or facilitated reconciliation. One mother said, "I just think that if it wasn't for the program, me and [my partner] would just be arguing, I think we wouldn't be together right now. Because we argued about little silly stuff and made it all so big. But since you have somebody telling you how to handle the situation … if you want to be with that person, you can try anything." Another mother said the program was "real helpful. Like I think that if I hadn't came to this program … her dad wouldn't be around, like we wouldn't be around each other and probably be really, really depressed … It was just like, before, like I said, the relationship was over. It was over. There was really no hard work going into it. But it helped us to work harder, like seriously work

harder. We both, we're dedicated, and I didn't think he was. But I was like, well, he wouldn't be coming to the classes, and wouldn't be trying as hard if he wasn't serious." Most of these couples simply said, "[I]f I hadn't went through the program, I don't think we would be together right now."

In addition to keeping couples together, couples felt that the program gave them new hope for their relationships. One father described the changes he experienced through the program as follows: "Before the program, I never took time to look at the relationship as a relationship. I looked at it as more I'm the boss, she's the employee. You do whatever I say. Cook my dinner now. Get my beers now. Go to work, make my money, that sort of chauvinistic type stuff. And then the program came along and it opened my eyes. It gave me the ability to see, learn, study how healthy relationships work. You see it's not, you know, anyone can have a relationship. It's like [that saying] any man can be a dad, but it takes a real man to be a father. Well, anyone can have a relationship, but it takes teamwork, a couple with teamwork … to have a healthy relationship." Another father said, "If it weren't for [BSF], I have to say we wouldn't be together now … I mean we fought about every minute detail and anything. And, yeah, I mean I was gonna let her have the baby and pay child support. I was just gonna go about my business and let bygones be bygones. It definitely changed my perspective of life and relationships."

While many couples felt increased commitment and hope for their relationships, not all were ready to marry, and some couples continued to experience trust issues. However, when asked about their expectations for the future and their hopes for their families, couples talked about being together and growing old raising their children together. One father said, "I see us together, growing old together, watching our grand kids play out there in the yard." Another said, "We gonna be on the front porch telling our grand kids stories." Most of these couples expected to marry each other someday but were focused on raising their children together, finding housing, and becoming financially stable. One mother said, "But we know that we're going to get married, and we know that I just am, you know, he's the one, and I'm the one and that's it." Another woman said, "I don't see us being separated for any reason, so whether or not I have a ring on my finger doesn't necessarily mean to me we're together, so I'm not pushing that …"

In sum, most couples in this subsample of BSF participants indicated that they enrolled in the program to strengthen their relationships and have learned and applied useful skills. They described their relationships as better off after participating in the BSF program. They largely attributed their positive relationship changes and personal transformations to the program and credited program staff for helping them cope with the challenges they faced. They felt that the program led them to recommit themselves to their families and gave them hope for the future.

III. BSF PROGRAM PARTICIPATION AND PRACTICES TO PROMOTE IT

BSF programs aimed to enroll couples and engage them in group sessions and other services. Like many programs, however, BSF is voluntary. Couples have the option of attending group sessions and, if they do attend, may elect the frequency of their participation. Participation rates in voluntary programs typically range from moderate to low (McCurdy and Daro 2001). For example, a study of a voluntary 12-session parenting skills program found that, despite a regular schedule of low-level monetary rewards for attendance, 38 percent of parents never attended a class, and of parents who attended, 55 percent did not complete the program (Irvine et al. 1999).

Insight into the factors that appear to be associated with greater participation can be valuable for the design and implementation of future programs. Although we do not yet know whether greater participation in BSF will lead to more positive program impacts (such as relationship quality or child well-being), examining the potential influence of specific factors, such as the background characteristics of couples, can yield useful information about which couples are more likely to engage in the program.

Among other factors, variation in program participation can be affected by differences in program operations, such as the type of strategies used to promote participation. BSF programs implemented a wide array of practices and strategies for promoting the participation of couples assigned to the intervention. Recognizing the constraints of low-income couples, these practices included offering such supports as free child care during group sessions, taking steps to ensure quick engagement in a group after enrollment, and providing reminders and incentives for attendance.

This chapter presents data on the extent of BSF program participation, including the characteristics of couples that were more likely to participate, and describes strategies and practices taken by programs to promote participation among couples assigned to the intervention. We first present rates of attendance at the relationship skills group sessions, including measures of dosage and percentage of curriculum received. Next, the chapter reports on the characteristics of enrolled couples, measured at baseline, that predict the probability of their attending BSF group sessions. We conclude with a description of the strategies implemented by BSF programs to promote engagement and retention in the program's core services.

A. BSF Program Participation

Past research suggests that engaging the participation of low-income parents, particularly in multi-session interventions such as parenting education and fatherhood development programs can be particularly challenging. For example, researchers studying the Effective Black Parenting Program, which was targeted to low-income inner-city African American families, reported attendance rates at parent group meetings as low as 33 percent (Myers et al. 1992). A study of the effectiveness of a 12-week group-based parenting training developed by Webster-Stratton (1990) and targeted to low-income urban parents of color found that 27 percent of parents did not attend any sessions or just one while another 27 percent attended only two to five sessions (Gross et al. 2001). Another clinical trial of preventive parent training for low-income parents of young children found that parents attended an average of 39 percent of sessions (Garvey et al. 2006).

As with the above family-strengthening programs, BSF targeted low-income families with young children. However, three fundamental elements of BSF – related to the unique situation of providing relationship skills education to unmarried couples with young children – posed additional

challenges to achieving high participation rates. First, the BSF model emphasized the participation of both parents. Most organizations serving low-income families have historically focused on either single mothers or single fathers and their children. BSF was the first major effort to learn whether programs can structure services in ways that attract the participation of unmarried couples attending together as partners. BSF programs were pioneers in identifying, recruiting, and engaging the participation of not one but two low-income individuals for each "case."

Second, the concept of relationship and marriage skills education was unfamiliar to most people, but particularly to the BSF target population for which such programming was previously inaccessible. Instruction in relationship skills could easily lend itself to confusion with other services such as counseling or therapy, and despite clear program descriptions, some couples might have second thoughts after enrolling—because of lack of familiarity with the idea of relationship skills education or anxiety about what the sessions would require of them. Focus groups with BSF participants revealed that couples frequently had such concerns before attending their first group session, although after the session, they realized they would not be judged and felt comfortable attending future sessions.

Third, although the majority of unmarried couples have viable relationships, some may be at an earlier stage of commitment relative to engaged or married couples and thus unsure how much they should invest in moving their relationship forward. Some could be still sorting out the extent to which their partners are committed to the relationship or deciding whether the child's other parent would make a good life-time partner. Such individuals could assume that participation is appropriate only for those who have made an explicit resolution to stay together permanently.

To describe attendance by couples at BSF group sessions, we use two main indicators: the percentage of the program group that ever attended a group session and the average number of hours couples spent in group sessions (referred to as dosage) among those who had attended at least once. In this section we report only attendances that were made by both members of the enrolled couple, excluding attendance by partners attending individually.

1. Participation in BSF Group Sessions

The percentage of couples that participated in a BSF group session at least once ranged across programs from 40 to 73 percent. On average, 55 percent of program group couples attended one or more group sessions, but there was considerable variation in participation rates across the BSF programs (Table III.1). The Oklahoma and San Angelo programs achieved rates higher than 70 percent; the Houston and Indiana rates ranged from 60 to 62 percent, and somewhat less than 50 percent of couples participated in the remaining programs (40 to 49 percent).

BSF programs were able to achieve the participation of couples rather than individual parents. Participation by individuals was only slightly higher than for couples, at 57 percent on average. The same pattern held across nearly all programs, indicating that BSF programs generally succeeded in engaging the participation of unmarried couples rather than parents attending individually without their partners. Appendix D shows attendance by both couples and individuals attending without their partners.

Table III.1. BSF Attendance at Group Sessions, by Couples Attending Together

Program	Program Group Couples	Percentage Initiating Group Attendance	Average Hours Attended by Initiators
Atlanta	465	43	25
GSU	407	44	25
LAA	58	41	27
Baltimore	302	49	17
Baton Rouge	325	40	21
Florida	347	48	16
Broward	169	40	13
Orange	178	57	18
Houston	203	60	15
Indiana	234	62	27
Allen	55	56	30
Lake	44	71	29
Marion	135	62	25
Oklahoma	503	73	24
San Angelo	175	71	22
Total	2,554	55	21

Source: MIS data collected by BSF programs.

Notes: Attendance was only counted when both members of the couple participated. Hours were computed on the basis of attendance at scheduled group sessions. Except Oklahoma, each attendance was counted as two hours unless more than one curriculum module was presented at the session. Attendance at an Oklahoma 10-session group counted as three hours, and attendance at an Oklahoma 6-session group counted as five hours. Makeup sessions conducted within a group session are included; makeup sessions provided to individual couples are not included.

Participating couples spent, on average, about 21 hours in group sessions. The average, however, obscures wide variation across programs in dosage, from 15 hours in Houston to 27 hours in Indiana. The 20-hour average exceeds the dosage maximum of most other relationship and marriage education programs, including those that have demonstrated positive impacts. For example, the Prevention and Relationship Enhancement Program (PREP) requires about 8 to 12 hours of instruction (Markman et al. 1993), and Relationship Enhancement is typically provided over 8 to 14 hours (Guerney 1977).

The percentage of the curriculum completed by couples also varied by program (Table III.2), and, among other factors, may have been associated with the overall curriculum length and format. Couples in the Oklahoma program were the most likely to complete the curriculum, possibly because they received content in larger doses (3 to 6 hours at a time) and were able to complete the program over a shorter period compared to other programs (6 to 10 weeks rather than 5 to 6 months). The Oklahoma curriculum was also shorter, requiring 30 hours to deliver; other programs offered content requiring 42 hours.

Table III.2. Percentage of Curriculum Received by Couples

	None	1 to 20 Percent	20 to 40 Percent	40 to 60 Percent	60 to 80 Percent	80 to 100 Percent
Loving Couples, Loving Children: 42 Hours of Core Curriculum Possible						
Atlanta	57	14	5	6	9	9
Baltimore	51	27	7	5	5	5
Baton Rouge	60	17	6	5	2	1
Florida	52	17	12	8	6	5
Indiana	38	12	6	11	6	27
Becoming Parents Program: 30 Hours of Core Curriculum Possible						
Oklahoma	27	5	8	6	9	45
Love's Cradle: 42 Hours of Core Curriculum Possible						
Houston	40	25	13	5	8	8
San Angelo	29	16	14	14	9	17
All Programs	45	15	8	7	7	17

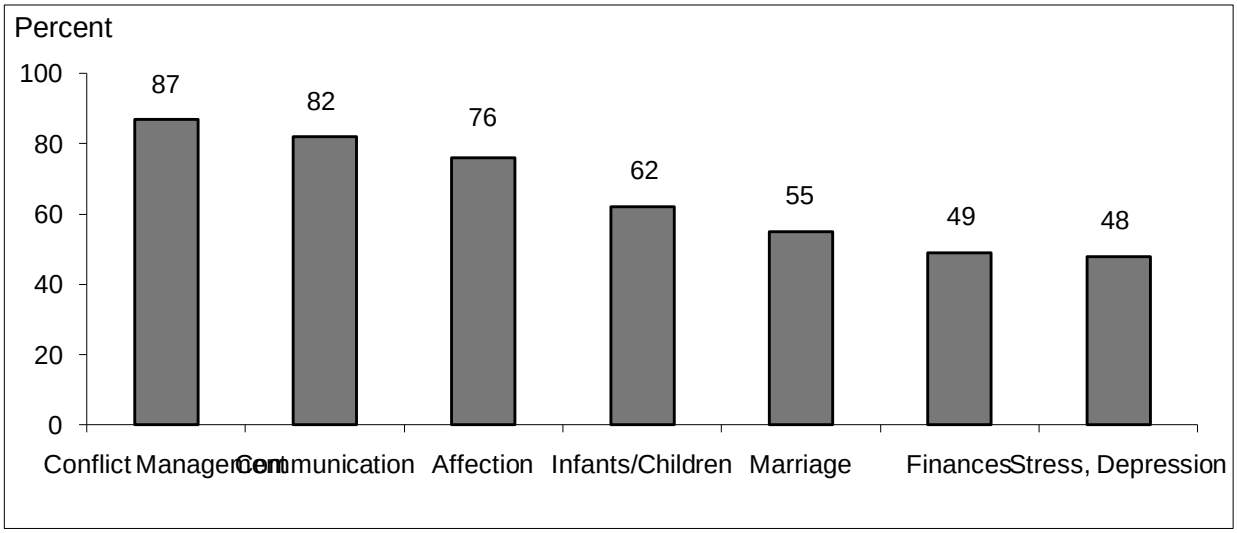
Source: MIS data collected by BSF programs.

Notes: Percentage of the curriculum is the total number of curriculum modules received by the program group, divided by the total modules in the curriculum. Attendance data were matched with module topic data to capture instances where one meeting covered more than one topic. Attendance was counted only when both members of the couple participated.

Curriculum material received by attendees typically included content on skills for improving communication, managing conflicts, and building affection. Across curricula and programs, couples attending group sessions were most likely to have received instruction in the key skills that, according to research, are essential for long-lasting healthy relationships and marriage. Eighty-seven percent of couples that started attending sessions participated together in one or more sessions on the topic of conflict management, 82 percent on the general topic of communication, and 76 percent attended sessions on affection building (Figure III.1).

The relative emphasis and coverage of topic areas differed by curriculum. The specific modules, and thus the content that couples were exposed to, was influenced by how often couples attended sessions, the placement of material in the sequence of modules, and the degree of emphasis on the topic—such as the number of sessions the curriculum offers in each area. The curricula differed somewhat in the topics delivered to participating couples (Figure III.2). Given that the proportion of curriculum completed was greatest in Oklahoma, couples participating in the Becoming Parents curriculum were more likely than those in other programs to be exposed to the full spectrum of topics. Of the two remaining curricula, couples participating in programs that used the Loving Couples, Loving Children curriculum were most likely to receive instruction in conflict management and affection building while couples participating in programs using the Love's Cradle curriculum learned about communication.

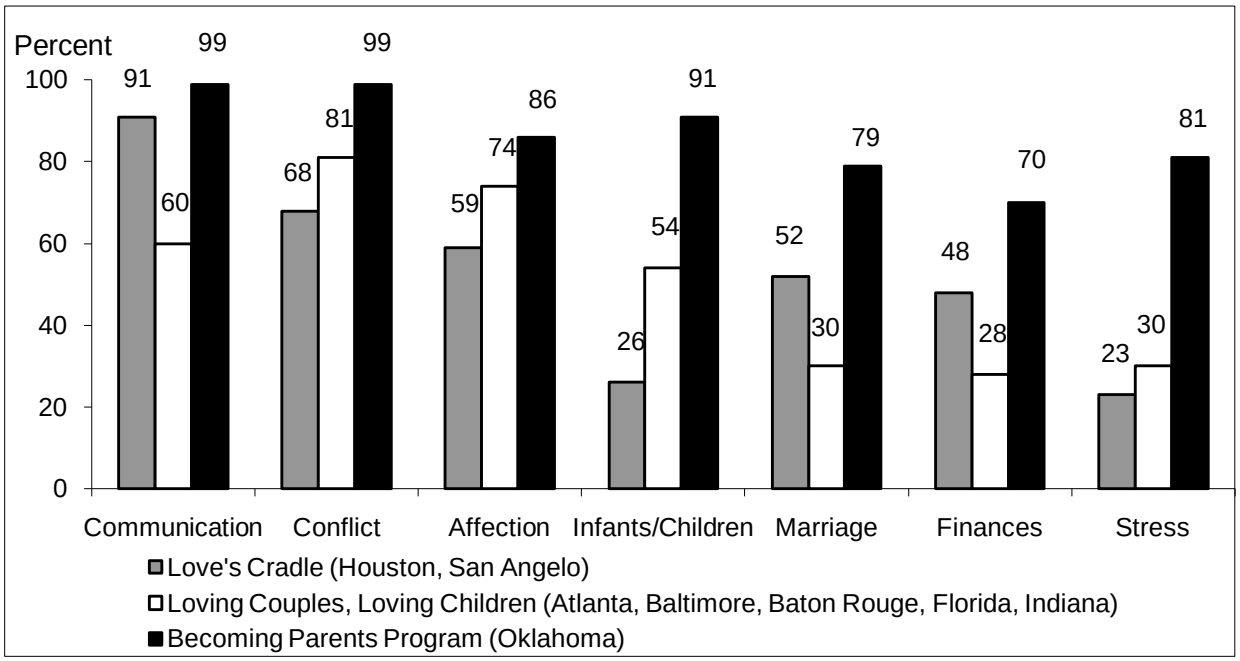
Figure III.1. Percentage of Couples Receiving Instruction in Curriculum Topic Areas—All Programs



Source: **Program MIS data.**

Note: **Denominator for all percentages is the number of couples in each program that attended at least one group session. The numerator is the number of couples that participated in at least one session within the topic area.**

Figure III.2. Percentage of Couples Receiving Instruction in Specific Topic Areas—by Curriculum



Source: **Program MIS data.**

Note: **Denominator for all percentages is the number of couples in each program that attended at least one group session. The numerator is the number of couples that participated in at least one session within the topic area.**

In sum, a non-trivial proportion of the program group did not attend the relationship and marriage skills sessions, but those who did attend those sessions tended to participate together as couples and received a substantial amount of instruction in the key skills thought to be related to success in long-term and stable marital relationships.

B. Characteristics of Couples Associated with Group Participation

A couple's motivation to attend group sessions is likely to be driven by several personal factors, including those that attract them to the program and obstacles to participation. Differences in commitment or stability in the relationship, for example, might influence whether couples see BSF as a useful tool and make the effort to attend group sessions. Conversely, other factors, such as job schedules or number of children, may interfere with their ability to attend.

Some research has sought to identify the characteristics of couples that predict their program participation. Studying a small transition-to-parenthood program for couples, Brown et al. (2009) found that couples who were married were more likely to participate in the program. In that study, married couples were estimated to attend more classes than unmarried couples. In a preliminary analysis of data from the Supporting Healthy Marriage project, a demonstration/evaluation that is similar to BSF but focuses on low-income married rather than unmarried parents, greater age, education, substance abuse, and relationship commitment among husbands led to greater participation, while employment among wives predicted less participation (Miller et al. 2009).

In this section, we analyze the association between background characteristics of enrolled couples and subsequent BSF participation. More specifically, we assess whether a characteristic measured when the couple first enters the program relates to their later participation and attendance in group sessions—and if so, in what direction. Greater participation in group sessions, however, may or may not result in more positive outcomes for couples and families, such as healthier couple relationships and greater emotional well-being among children, compared to couples in the control group who do not participate in BSF. Thus, while it is useful to examine predictors of participation from a program implementation perspective, it would be inappropriate to conclude that parents with characteristics associated with greater participation will be those who benefit more from the program. The analysis of program impacts will provide conclusive findings on the effectiveness of BSF and will be documented in a future report.

Our analysis uses data from two sources: baseline data collected from couples at enrollment and program management data. The Baseline Information Form (BIF), which focuses on individual- and couple-level characteristics, was administered to all couples before BSF enrollment and asked questions on socioeconomic status, the couples' relationship, psychological well-being, and other resources and challenges. The data on participation came from the programs, which reported attendance for all group sessions. We first present results for an analysis of "any participation," defined as whether the couple attended at least one group session together. A second analysis that briefly examines "dosage," or hours of attendance then follows.

1. Predictors of BSF Participation

Table III.3 presents the baseline characteristics of BSF couples and shows whether those characteristics predicted participation at a statistically significant level. The predicted probabilities of ever attending are based on the results from estimating a logistic regression model, representing the likelihood of ever attending by couples with the particular characteristic in question but with average

scores[3] on all other characteristics (see Appendix E for regression model results). Tests of statistical significance reported in Table III.3 refer to the difference between the predicted probability of participation by couples with the particular characteristic and the predicted probability of participation by those in the reference category in each group. For each characteristic, the reference category is indicated by italics. When a difference reaches statistical significance, it means the characteristic is associated with an actual difference in attendance, and is unlikely to have occurred just by chance – even if the difference appears to be small.

African Americans were less likely than whites to attend group sessions. Approximately 53 percent of African American couples ever attended one or more group sessions together compared to 59 percent of white couples, a statistically significant difference.

Attendance was less likely if neither partner had earned a high school diploma. Couples in which neither member had a high school diploma or GED were less likely to attend any group compared to couples in which both members had completed a high school education. Only 50 percent of couples without a high school education attended at least one session, whereas 57 percent of couples in which both held a high school diploma attended a session one or more times.

Couples who had known each other between one and three years were less likely to attend than more established couples. Couples that had known each other between one and three years were less likely ever to attend a group than those that had known each other for more than three years. Fifty-three percent of couples that had known each other between one and three years attended a group session at least once compared to 57 percent of couples that had known each other more than three years. The likelihood of attendance among couples that had known each other less than a year was similar to that of couples that had known each other more than three years (56 and 57 percent, respectively).

Couples that enrolled during early pregnancy were more likely to attend at least one group session than those that enrolled postpartum. With other factors controlled, couples in the first and second trimester were more likely to attend a group session than those had already given birth to their baby. Close to 60 percent of couples with mothers in the first or second trimester attended group sessions compared to 51 percent of postpartum couples. Couples in the third trimester were not statistically distinguishable from couples that had already given birth.

Married couples and couples living together all the time at enrollment were more likely to attend a group session. Couples that reported living together all of the time or being married when they entered the program were more likely to attend at least one group session compared to those reporting that they lived together intermittently or not at all. Fifty-two percent of couples reporting that they lived together some or none of the time attended at least one group session versus 56 percent of couples that lived together all of the time and 61 percent of married couples.

[3] The average score of all couples in the sample.

Table III.3. Predicted Probabilities of Any Participation in Group Sessions

Baseline Characteristic	% Ever Attending	Baseline Characteristic	% Ever Attending
Race and ethnicity		Employment status	
Hispanic	59	Only dad is employed	56
Black	53†	Only mom is employed	50
Other race	55	Neither are employed	55
White	59	*Both partners employed*	55
Education level		Earnings category	
Neither has high school diploma/GED	50*	Couple earned $10,000 or less	55
One has high school diploma/GED	55	Couple earned $11,000-25,000	55
Both have high school diploma GED	57	*Couple earned more than $25,000*	55
Age		Public assistance	
At least one partner under 21 years	54	Couple received TANF or FS	56
Both partners 21 years or older	56	*Couples did not receive TANF or FS*	55
Time known one another		Relationship and cohabitation status	
One year or less	56	Couple lives together all the time	56*
One to three years	53†	Couple is married	61*
More than three years	57	*Does not live together all the time*	52
Mother's quality of relationship		Father's quality of relationship	
Low	54	Low	67
High	56	High	52*
Mother's commitment to relationship		Father's commitment to relationship	
Low	53	Low	41
High	56	High	60*
Mother's belief in importance of marriage for child well-being		Father's belief in the importance of marriage for child well-being	
Low	56	Low	54
High	54	High	56*
Mother's religious attendance		Father's religious attendance	
Attends religious services regularly	59**	Attends religious services regularly	56
Does not attend religious services regularly	52	*Does not attend religious services regularly*	54
Mother's psychological distress		Father's psychological distress	
Moderate or high distress	60**	Moderate or high distress	57
None or low distress	53	*None or low distress*	55
Pregnancy status		Multiple partner fertility	
First trimester	59*	Children from previous relationships	55
Second trimester	60**	*No children previous relationships*	55
Third trimester	55		
Unknown trimester	29	Number of children	
Postpartum	51	Couple has multiple children together	52
		Couple has one child together	56
Whether birth intended			
Birth not wanted by at least one	54		
Both wanted birth, one or both say it was mistimed	55		
Both intended birth	57		

Source: BIF and attendance data collected from BSF sites, N = 2,554 couples.

Notes: Predicted probabilities are based on a logistic regression model. For each characteristic, the probabilities represent the likelihood of a couple attending at least one group session together when the couple has that particular characteristic but who otherwise has the average characteristics of all couples in the sample.

† $p < 0.10$, * $p < 0.05$, ** $p < 0.01$. Tests of statistical significance refer to the difference between the predicted probability of couples with the particular characteristic and the predicted probability for those in the reference category group. For each characteristic, the reference category is indicated by italics. Continuous variables (relationship quality, commitment, and belief in the importance

of marriage) do not have a reference category. The values of "low" and "high" were selected for illustrative purposes.

Stronger relationship commitment among fathers was associated with a higher likelihood of attendance, but better quality of relationship interaction reported by fathers was linked to a lower chance of attending. The BIF questions on relationship quality were grouped to create two indicators: relationship commitment, which assesses whether the respondent expects to remain with his or her BSF partner in the future and is confident that the partner will not cheat; and relationship interaction, which reflects couple's behavior, such as how well they manage conflict and express affection. Although both indicators of quality were linked with participation, the association moved in different directions, and only for fathers (mothers' ratings on these measures were not significant predictors of participation). For fathers, greater levels of commitment to the relationship were associated with a greater likelihood of attendance, while better relationship interaction was negatively associated with attendance.

Fathers with a stronger belief in the importance of marriage were more likely to participate than those with weaker beliefs. Two questions ascertained whether a respondent believed that marriage was important for children's well-being. For this analysis, the questions were combined into a scale. For fathers, among those who strongly agreed that marriage was important for the well-being of children (in the 75th percentile of the range), 56 percent attended a group session compared to 54 percent among those expressing a weaker endorsement of marriage's importance for the well-being of children (25th percentile). Mothers' attitudes about marriage did not have a statistically significant association with group participation.

Greater attendance in religious services by mothers was linked to a greater probability of BSF group attendance. Fifty-nine percent of couples in which mothers reported attending religious services several times a month participated in at least one BSF group session, compared to 52 percent of couples in which mothers attended religious services less regularly. There was no statistically significant association between fathers' religious attendance and BSF group participation.

A couple in which the mother was experiencing elevated distress levels was more likely to attend a group session. A set of questions focused on psychological distress, such as restlessness, nervousness, and sadness. Using previous research that established cutpoints on this measure, we classified respondents as experiencing moderate or high distress. Couples in which mothers reported moderate or high distress had a higher likelihood of attending a group session than couples in which mothers reported no or low distress. Fifty-three percent of couples in which the mother reported no or low distress attended a group session at least once compared to 60 percent of couples in which mothers reported moderate or high distress. The distress level of fathers was not significantly related to the likelihood of attending a group session.

Even when individual- and couple-level factors were taken into account, participation rates differed between and among programs (analysis not presented). Across BSF programs, the percentage of couples who ever attended a group session varied from 40 to 73 percent. To better understand what factors explain this difference in attendance, a statistical analysis controlling for the influence of a variety of individual- and couple-level characteristics was conducted. The programs still showed statistically significant differences in ever-attended rates. Holding couples' characteristics constant, the estimated percentage of couples attending a group session ranged from 37 to 70 percent. For many of the programs, the unadjusted and adjusted attendance rates were similar, suggesting that differences across programs other than the couples themselves, explain

differences in attendance rates. Such differences could include, for example, variation in program features or operational characteristics.

2. Predictors of Program Dosage

To supplement the analysis of any attendance, this section describes findings from an analysis of the relationship between couple-level characteristics and dosage, or the number of hours a couple attended group sessions. The analysis is limited to those who attended at least one group session and findings result from estimating an ordinary least squares regression model (results may be found in Appendix E). The findings show some overlap with the analysis of any attendance, suggesting that factors such as education are related to both ever attending and continued attendance but also indicating that some characteristics predict sustained but not initial participation.

Younger couples attended fewer hours than others. Couples in which one partner was younger than age 21 attended fewer hours, on average, than older couples.

High school completion was associated with more hours of attendance. Education, which also predicted whether a couple ever attended a group session, was related to the number of hours of attendance. Couples in which neither partner completed high school attended 19 hours on average versus 20 hours among those in which one partner had completed high school and 22 hours for couples in which both partners attained a high school education.

Compared to couples in which both partners were employed, those in which only the mother was employed attended fewer hours. Couples in which only the mother was employed attended fewer hours than couples in which both partners were employed. On average, couples in which only the mother was working attended 18 hours compared to 21 hours for couples in which both partners were employed. Other situations – if, for example, only the father was employed or neither partner was employed – were not statistically distinguishable from situations with both partners employed.

Couples that had known each other for a year or less attended more hours than more established couples. Couples that had known each other a year or less attended 22 hours on average compared to 20 hours among those who had known each more than three years. Those that had known each other between one and three years were not statistically distinguishable from couples that had known each other more than three years.

Greater relationship commitment among fathers was associated with a greater number of attendance hours. The father's commitment to the relationship was associated not only with a higher likelihood that the couple would ever attend a group but also with hours attended. Couples in which a father rated his commitment as a 1 (on a scale of 1 to 4) attended 15 hours, on average, compared to 23 hours among couples in which the father rated his commitment as a 4.

Compared with couples who had no children from prior relationships, those with multiple partner fertility attended slightly fewer hours. Couples in which one or both partners had children from previous relationships attended slightly fewer hours (20 hours) than those who had no children with other partners (22 hours).

Program-level characteristics were likely related to sustained attendance. As with the measure of any attendance, the program often had a statistically significant association with

continued attendance, suggesting that program-level characteristics were related to both initial and sustained attendance.

3. Summary and Implications of Participation Predictors

Certain baseline characteristics, such as commitment and pregnancy status, were associated with a couple's subsequent involvement in group sessions. Although the results are not causal—unmeasured variables may cause the observed association—they are suggestive of couple- or individual-level characteristics that make BSF more or less appealing to couples.

- **Characteristics of couples associated with participation.** Couples that were married or living together on a full-time basis were more likely to attend BSF at least once. Couples who were African American and those in which neither parter had a high school diploma or GED were less likely to ever attend a group. Among couples who began attending, those in which both partners were older, had no children by prior partners, and were not unemployed at baseline were likely to attend a greater number of hours.
- **Characteristics of fathers associated with participation**. Couples were more likely to attend at least one group session when the father's relationship commitment was high and the father believed that marriage is important for children. Couples in which fathers expressed higher levels of commitment were also likely to attend a greater number of hours. Nevertheless, the better off a father perceived his interactions with his partner at baseline, the less likely it was that he and his partner would ever attend a group session.
- **Characteristics of mothers associated with participation**. Couples were more likely to attend group sessions when the mother was early in her pregnancy, regularly attended religious services, or was experiencing psychological distress. The mother's assessment of relationship quality and commitment was not associated with initial or sustained attendance.

Early pregnancy may be the best time to recruit couples. The results showed that couples in their first and second trimester were more likely ever to attend a group session compared to those who had already given birth to their baby. It is possible that the "magic moment" – when couples have high hopes for their relationship and their growing family – may begin well before the birth of the child, in a period of excitement and relative calm.

Program characteristics matter. Even though the analysis statistically controlled for a host of couple- and individual-level characteristics, the association between the program and attendance largely remained statistically significant. The results indicate that the characteristics of couples cannot fully explain the substantial range in programs' participation rates – other factors must contribute to such differences. Although all programs followed BSF guidelines, the programs varied in implementation, including organization of the group sessions, the role of the family coordinators, and many other factors that could shape participation.

C. Program Practices to Promote Participation

Participation in voluntary services can often be low, particularly among low-income families whose schedules and circumstances frequently change. In an effort to maximize attendance, many voluntary family-strengthening programs provide free child care, food, and transportation to and

from group sessions, as well as monetary incentives like cash, door prizes, or gifts for attending groups (Capaldi and Patterson 1987; Dumka et al. 1997; Conduct Problems Prevention Research Group 1999). One study of what motivates participation and dropout among low-income families reported that parents saw characteristics of the program and staff as more important in their motivation to attend than financial compensation (Gross et al. 2001).

Although BSF programs made their best efforts to promote participation, discerning the effects of any particular practice is not possible. Moreover, there is no evidence to suggest that greater participation will necessarily lead to impacts on the outcomes of interest, such as healthier couple relationships and positive child well-being. For example, it is possible that other aspects of implementation, such as the curriculum or the overall gestalt of the program will explain any impacts found. Nevertheless, this section documents the strategies BSF programs used to encourage participation.

1. Strategies to Promote Initial Participation

Both across and within programs, BSF used many different types of approaches to encourage initial attendance at group sessions (Table III.4). Over time, new strategies were added, replaced, or abandoned as staff gained experience and adapted these methods. Although they varied somewhat in their details or level of emphasis, several strategies were common to virtually all BSF programs, including practices to remove barriers to participation, and multiple reminders and follow-ups with couples who were scheduled for their first group session. In general, four strategies are notable: (1) program supports to facilitate participation, such as free child care during group sessions, (2) strategies to minimize the time between enrollment and the couple's first scheduled group session; (3) efforts to build rapport with couples and reduce the trepidation that may be experienced while couples awaited a group opening; and (4) tangible incentives to encourage initial attendance.

Program supports: child care, transportation, and meals. Some low-income couples could not afford or might have had difficulty arranging dependable child care and reliable transportation to and from group sessions. In addition, many parents were coming to group sessions directly from work or school, making it difficult for them to feed their families prior to the group session. Program staff usually inquired about these needs before each scheduled group session, and made the necessary arrangements. Some programs provided on-site child care, while others reimbursed couples for expenses they incurred to arrange their own care. Transportation assistance came in a variety of forms depending on each program's resources and couples' needs, including bus or subway tokens, cab fare, or gas cards. Some programs had vans to transport couples.

Strategies for quick group entry. Programs soon learned that delays between a couple's enrollment and their first scheduled group session could make it less likely that a couple would ever attend. Although some couples could begin attending the same week, others had to wait months for a new group to start.[4] Couples that were scheduled to start their group sessions soon after enrollment generally tended to be more likely to participate.

[4] Curricula used in BSF were designed so that later sessions built on concepts presented in prior sessions. In addition, group cohesion was considered important because of the sensitive nature of topics discussed. For these reasons, most programs preferred to place newly enrolled couples in new rather than existing groups.

Table III.4. Program Practices to Promote Initial Group Attendance

	Atlanta	Baltimore	Baton Rouge	Florida	Houston	Indiana	Oklahoma	San Angelo
Program Supports								
Child care during group sessions	◖	●	●	◖	◖	◖	●	●
Transportation to and from group	●	●	◖	●	●	◖	●	●
Meals provided at group sessions	●	●	●	●	●	●	●	●
Calls, letters, visits to remind couples of first group session	●	●	●	◖	◖	◖	●	◖
Strategies for Quick Group Entry								
Frequent group start-ups	◖	◖	◖	◖	○	○	●	○
Assignment to an existing group	○	○	○	○	●	◖	○	●
Building Rapport and Addressing Concerns								
Family coordinator makes in-person contact shortly after enrollment	○	○	◖	◖	◖	◖	◖	◖
Group facilitator enrolls or visits couple at home prior to first group	◖	○	○	○	○	◖	○	○
Group orientation/icebreaker	●	◖	●	◖	○	○	○	○
Supplementary/mock group sessions as first group	○	○	○	○	○	●	○	○
Social events for new couples to meet other participants before first group session	◖	◖	◖	○	○	○	●	●
Incentives for First Group Attendance or First Contact								
Cash/gift cards	◖	○	○	◖	○	◖	●	○
Points for in-house "store"	○	○	●	○	○	○	●	○
Gift/cash for first F/C meeting	◖	○	○	○	○	○	●	○

● Strategy was implemented consistently throughout evaluation, and/or was implemented at a more intense level relative to other programs.

◖ Strategy was implemented but not for the full evaluation period, implemented at a less intense level, or not implemented in all program locations.

○ Strategy not implemented, implemented rarely, or implemented at a low level.

Table III.5. Program Practices to Encourage Ongoing Participation

	Atlanta	Baltimore	Baton Rouge	Florida	Houston	Indiana	Oklahoma	San Angelo
Ongoing Individual Contact and Reminders								
Regular in-person meetings with family coordinators throughout program	○	◖	○	●	●	●	●	●
High number of monthly contacts by any staff, any mode	◖	◖	◖	●	●	●	●	●
Family Coordinators Informed of Couples' Progress in Group								
Facilitators regularly share information about couples' progress with FCs	○	◖	○	◖	◖	◖	●	◖
Couples are contacted about reason for missing group session	●	●	◖	◖	●	◖	●	●
Family coordinators use formal tools to reinforce curriculum	○	◖	◖	●	○	●	○	○
Focus on Make-Up Sessions								
Emphasis on making up missed group sessions	○	◖	◖	○	○	◖	●	◖
Incentives for Ongoing Attendance								
Cash/gift card for each group attendance (after initial attendance)	○	○	◖	○	○	●	◖	○
Cash/gift card for achieving attendance milestones	◖	◖	◖	◖	○	○	●	○
Cash/gift card for completion/graduation	◖	●	●	◖	○	◖	◖	○
Cash/gift card for ongoing FC meetings and achieving goals	○	○	◖	◖	◖	◖	●	◖

● Strategy was implemented consistently throughout evaluation, and/or was implemented at a more intense level relative to other programs.

◖ Strategy was implemented but not for the full evaluation period, implemented at a less intense level, or not implemented in all program locations.

○ Strategy not implemented, implemented rarely, or implemented at a low level.

For this reason, programs began to focus on reducing the time between enrollment and attendance at the first group session. This time lag usually depended on how frequently new groups of couples could be formed, and was affected by several programmatic factors: (1) the steadiness and overall volume of couples being recruited, (2) the number of available group facilitators, (3) the required or preferred group size, and (4) availability of space for running multiple groups simultaneously.

The Oklahoma program was able to begin new groups on a frequent basis because of the large volume of BSF couples enrolling in one location—volume that nearly doubled as the program began to recruit couples for a similar evaluation of relationship education for low-income married couples. Thus, multiple groups were continuously forming in Oklahoma, offering quick entry for most BSF couples. Its well-resourced program meant that there was little trouble engaging a sufficient number of group facilitators and expanding the facility to accommodate a large number of groups running simultaneously. Moreover, the curriculum selected by Oklahoma was designed to be delivered to a large number of couples—up to 15—in group sessions.

Smaller programs faced challenges in arranging frequent new group startups because of their lower volume; so they sought other ways to get couples into a group without lengthy waiting periods. After struggling with group attendance initially, the San Angelo and Houston programs shifted to an open-entry format whereby newly enrolled couples were invited to attend whatever group was ongoing, regardless of how far the group had advanced in the curriculum. Once the series concluded, these couples could start the series from the beginning with the next group, and in this way, have the opportunity to complete all the curriculum modules.

To make the open-entry strategy work, programs had to be comfortable sacrificing the cohesiveness of couples within groups for potentially greater participation. One of the Florida programs allowed new couples to join already-existing groups that had met as many as eight times, but abandoned this method when they noted disadvantages. Facilitators felt that the approach usually changed the dynamic of the group, describing it as a culture shock for both the new couple and the existing group of couples, which often had already become emotionally close. Indiana offered a sort of hybrid of this approach; it allowed new couples to join for the first few weeks, and during this time used supplementary curriculum modules that were not the core part of the relationship skills curriculum. This strategy allowed couples to get a feel for the group sessions while at the same time ensured that couples who joined the group later would not miss core sessions. Once the new group had coalesced—a judgment made on a case-by-case basis by the group facilitators—it was closed to new couples and facilitators began providing the core curriculum.

Building rapport and addressing concerns. For some couples, another form of participation barrier was nervousness about what the group sessions would be like and what would be required of them. Focus groups and individual interviews with participants suggested that prior to the initial attendance, most had concerns about being told how to conduct their lives or feared being judged by others. To address this type of issue, programs sought to provide information about what happens in a typical group, arrange for newly enrolled couples to meet other participants, and take other steps to establish trust between program staff and couples. Strategies often involved in-person visits by program staff, orientation sessions, or social events where program couples could meet one another prior to their first group.

Most programs recognized that it was important to maintain contact with couples during the period between assignment to a group and the date of their first session. Staff were usually energetic in sending letters and making frequent telephone calls or home visits to remind couples of their first group. In most programs, staff were expected to call or visit couples who failed to appear at the first session, to determine the reason and attempt to address any issues that interfered with attendance.

Incentives for initial group attendance. To help couples overcome any potential hesitation and encourage them to at least try out the group sessions, several programs offered tangible incentives for attendance at the first one or two sessions. These incentives were in the form of gift cards, cash, or points that could be redeemed for various baby and family items at a program's in-house "store." The value and structure of these incentives varied considerably across programs. Oklahoma offered the most generous incentives, $100 for attendance at the first six-hour session (or for the first two three-hour sessions), followed by Florida which offered $50 for the first two-hour session. Atlanta offered $50 contingent on attendance at both the first and second sessions. Indiana offered a $20 gift card for each session attended, including the initial one. Some programs, however, felt that offering incentives contingent on attendance was inappropriate and would likely be counterproductive. San Angelo, Houston, and Baltimore occasionally provided low-cost gifts or held raffles, but these were not held out as a reward for participation.

Persistence in scheduling couples for their first group session. Programs varied in the extent to which they persisted in trying to get couples to attend an initial group meeting. To avoid spending resources on couples who were unlikely to participate, some programs established a policy of terminating attempts to contact couples after a specified number of failed tries or period of time. For example, cases were closed in the Baton Rouge program when staff were unable to contact the couple after four attempts to schedule them for an initial home visit (which was to occur prior to scheduling the couple for their first group session).

Some programs, however, persisted and were able to raise previously low rates of initial attendance. For example, Houston and San Angelo took advantage of the strong relationships that developed between home visitors and families to encourage group attendance even long after enrollment. Parents who were participating in home visits as BSF participants but who had not attended group sessions were re-invited to group sessions as long as six to eight months after initial enrollment. An analysis of the average number of days that elapsed between enrollment and initial group attendance confirmed that this strategy contributed to a substantial increase in the rate at which couples wound up eventually attending group sessions in the Texas programs.

2. Strategies to Promote Ongoing Participation and Completion

Implementation strategies to promote retention—ongoing participation by couples that have attended an initial group session—tend to fall into a few main categories: ongoing individual contact with couples after they begin participating; keeping family coordinators informed of their couples' progress in group sessions; providing and emphasizing make-up sessions so couples did not get behind and become discouraged; and incentives for ongoing group attendance (Table III.5).

Maintaining ongoing individual contact with the couple. An important function of the BSF family coordinator component was to stay in touch with couples, reminding them of upcoming group sessions and addressing any participation barriers they may encounter. Family coordinators carried this out in very different ways, with some providing regular in-person visits or meetings in

the program office or at homes throughout the group session series, and with others making many telephone calls and arranging in-person visits on an as-needed basis only.

Informing family coordinators of couples' progress in group sessions. Some programs thought that family coordinators would be more effective in encouraging group attendance if they were informed about the couples' ongoing progress. These programs required group facilitators to complete a report after each group session, describing who attended and how engaged they were, and noting any special issues that could be addressed by family coordinators. Others had weekly staff meetings for facilitators and family coordinators in which the progress of specific couples could be discussed. Communication between facilitators and family coordinators were less formal or structured in other programs. The use of part-time contract staff as facilitators made it difficult to have regular communication between facilitators and other staff in some programs.

Providing make-up sessions. Although most programs offered the opportunity to make up missed sessions, the degree to which they emphasized the importance of makeups varied substantially. Of all the programs, Oklahoma focused most consistently on encouraging and providing make-up opportunities. Others found make-up sessions difficult to implement because they were expected to be provided in a group context. Different couples missed different sessions at different times, so unless there was a large program volume, it was challenging to coordinate group make-up sessions that would meet everyone's needs and be provided at a time that was suitable for all couples.

Providing incentives for ongoing group attendance. BSF programs were very creative in designing incentive programs for ongoing attendance, resulting in wide cross-program variation. Although most programs provided cash, gifts, or gift cards for ongoing participation, there were major differences in the incentive values and the schedules on which they were offered. The schedules can be roughly grouped into incentives distributed: (1) at each group session; (2) periodically, for achieving specific attendance milestones; and (3) at program completion or graduation.

Three programs provided an incentive for each attendance, in addition to or instead of awarding incentives for achieving participation milestones. Indiana provided couples with a $20 gift card for each group attendance. Two programs, Baton Rouge and Oklahoma, awarded points for each attendance in addition to incentives for milestones; these could later be redeemed for baby items or other articles at the program's on-site store.

Providing incentives for achieving attendance milestones was common. The Florida program was perhaps the most generous, providing couples with $200 for attending the first five sessions, and $25 for every four sessions that either parent attended; the Baton Rouge program offered cash or gifts equivalent to $50, $75, and $150 for attending 7, 12, and 21 sessions, respectively. The programs in Atlanta, Baltimore, and Oklahoma offered between $25 and $50 for substantial attendance milestones, such as completing one-half or three-quarters of the curriculum sessions.

Six programs also offered incentives for completing the curriculum with the best or perfect attendance, or for completing a majority of the sessions. The Atlanta, Baltimore, Florida, and Indiana programs each offered at least $100 for perfect attendance, or for attending more than any other couple in their group. Baton Rouge provided a $200 gift card or other gifts such as $250 toward the cost of a wedding for completing all sessions. The Oklahoma program provided $50 for completing its 30-hour program.

IV. BSF PROGRAM PROFILES

The Building Strong Families project involved the implementation of eight programs to strengthen unmarried-parent families. These programs enrolled 5,103 unmarried, low-income, culturally diverse couples having a child together, and provided services to those in the intervention group at 11 locations in seven states. Although the programs followed a set of guidelines involving three major components, they were also given considerable latitude in determining how to organize and operate the programs. BSF programs were given this flexibility for two reasons: (1) to accommodate the existing structures of local organizations interested in implementing BSF and to capitalize on their resources, infrastructure, and community connections, and (2) to allow some experimentation in light of the fact that prior to BSF there was little experience with regard to implementation of programs to strengthen relationships among low-income unmarried parents.

Local program leaders were faced with making many design decisions, developing implementation strategies, and, based on monitoring their progress, revising or adapting methods. As they learned from their experiences, programs often altered their practices or developed new strategies throughout the study period. Programs also received technical assistance in implementing their programs, which could involve suggestions for alternative strategies or approaches. Chapter II of this report includes a summary of the implementation of BSF programs by looking across them for common operational themes, challenges, and solutions.

In contrast, this chapter provides a detailed account of implementation at each individual BSF program, including how programs got started, operated, and changed over time. It describes each program's settings, features, challenges, and successes and highlights other aspects that distinguish the program from others, such as the characteristics of couples that enrolled in each program.

To understand how each program's sample may differ from others, we show how their characteristics compare to the full sample of couples averaged across all BSF programs. Our discussion of any differences, however, are not based on tests of statistical significance but simply noted to provide a general idea of how the couples in each program may differ from other BSF couples.

Each program profile in this chapter addresses the following aspects of implementation:

- Program design and operations
- Staffing structure and allocation of BSF roles
- Choice of curriculum, schedule and format
- Design and structure of the family coordinator component
- Protocol for detecting and addressing domestic violence
- Strategies and supports for encouraging program participation
- Recruitment sources and methods for outreach and enrollment
- Characteristics of enrolled couples
- Program participation and retention
- Program costs
- Notable features

A. Building Strong Families: Atlanta, Georgia

In 2003, after hearing about BSF at a welfare reform research conference, the director of Georgia State University's (GSU) Child Policy Initiative at the university's Health Policy Center (HPC) approached the research team about implementing a BSF program in the Atlanta area. The initiative's director envisioned a partnership with nearby Grady Memorial Hospital, which delivers thousands of babies for unmarried parents each year. To gauge community interest, the director brought together a group of diverse individuals and organizations, including staff representing Grady Memorial Hospital, county public health clinics, a family resource collaborative, a domestic violence coalition, a prenatal demonstration program, a family court judge, the Georgia Family Council, a fatherhood services organization, the governor's office, and Georgia's child support enforcement agency.

Program Setting

City Population: 486,411

Racial/Ethnic Composition:

Black:	61%
White:	33%
Hispanic:	5%
Other:	2%

Percentage of Births to Unmarried Women: 53%

After holding a series of monthly meetings and garnering support at the community level for a BSF program, a subgroup of staff representing the supportive organizations worked together to design the program, identify organizations that might recruit couples and deliver services, and seek initial funding for a pilot program. The planning group used two small foundation planning grants to survey pregnant clients of public health clinics and other organizations regarding their relationship status and potential interest in a relationship skills program, and to conduct a pilot in early 2005. After acceptance into the national evaluation, the program began enrolling the study sample. Over a 26-month period, a total of 930 couples were enrolled

1. Program Design and Operations

The planning group decided to offer services in Spanish as well as in English to be responsive to the Latino couples in the area. For delivery of BSF services to English-speaking couples, the group explored partnering with organizations that were already providing services for low-income families. After some false starts with different organizational partners, the group decided to build "from scratch" a base for serving English-speaking couples at the university. This meant that the planning group needed to develop positions, hire staff, identify and refine methods for recruiting eligible couples, and secure space for administration and service delivery.

Atlanta Implementation Timeline

Planning Period:	2003-2004
Pilot Program:	2005
Evaluation Enrollment:	Dec 2005-Feb 2008
Total Couples Enrolled:	930

To serve Spanish-speaking couples, the university contracted with the Latin American Association (LAA), an Atlanta community-based organization serving Hispanic families. The LAA, which was involved in the initial planning, saw BSF as a complement to its other services, such as a fatherhood program. With ready infrastructure and a good reputation in the Hispanic community, LAA was an ideal venue for BSF service delivery. Staff provided BSF services for all Spanish-speaking clients recruited by GSU staff during the initial phase of implementation. Due to low enrollment, however, services for Spanish-speaking couples were terminated prior to the end of the study period. Some LAA staff speculated that changes to Medicaid rules in Georgia that more

explicitly excluded undocumented immigrants—and the anxieties those changes may have fueled—could have been one factor in the difficulty enrolling Spanish-speaking couples.

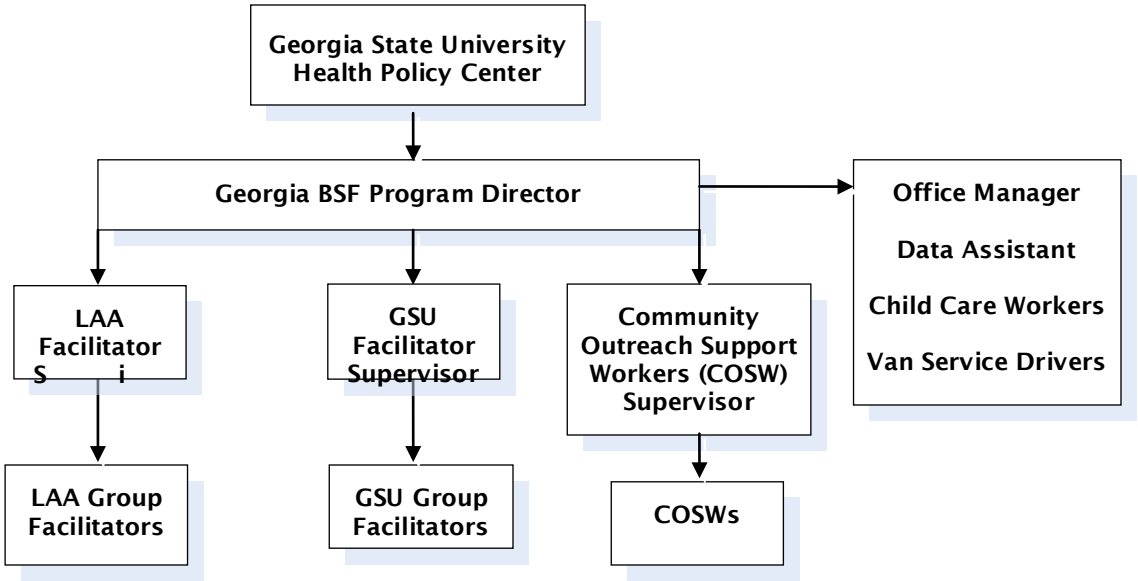
Program structure. To implement and manage the BSF program, the HPC hired a public health researcher who had experience managing a group-based prenatal demonstration and evaluation program for low-income women at Grady Memorial Hospital. This individual's firsthand knowledge of the hospital's organization, staff, and structure proved valuable in engaging the hospital as a key BSF partner. The program director also worked to implement a staffing structure that relied on two major groups of staff—recruitment workers, known as Community Outreach Support Workers (COSWs) and curriculum group facilitators (see Figure IV.1). Together, these two groups conducted all recruitment and service delivery, at both the group and individual level. Support was provided by child care workers, van service drivers, a data assistant, and an office manager. Toward the end of the study period, there were five COSWs and eight full-time facilitators.

The Family Coordinator (FC) component, specified as part of the national BSF model, came to be assigned primarily to group facilitators in Atlanta. The FC functions of assessing and linking couples to outside services, encouraging group participation, and reinforcing skills learned in group, were initially intended to be carried out by COSW staff in Atlanta, with support by group facilitators. However, it turned out that with their demanding recruitment duties and mounting enrollment numbers, COSWs lacked sufficient time to devote to these FC functions, especially once caseloads grew. In addition, program management noted that a needs assessment (which could include identifying a need for mental health treatment in addition to more practical issues like housing or employment) might be better accomplished by the group facilitators because of their training. For these reasons, about halfway through the study, all facilitators were asked to shift to working full-time and take on the Family Coordinator role.

Finding staff to whom low-income unmarried couples would relate and be likely to trust was a priority for the Atlanta program. Program management succeeded in hiring nearly equal numbers of male and female staff. In addition, management valued the opportunity to hire from the African American and Hispanic communities, and it turned out that nearly every BSF worker in Atlanta was either African American or Latino, which roughly matched the backgrounds of the couples they served.

Group facilitators and co-facilitators in Atlanta usually had a master's degree in counseling, social work, or public health. Each group of couples was assigned a male-female co-facilitator team, who had gone through a five-day curriculum training involving a combination of role playing, hands-on activities, and lecture. Through videotapes of group sessions recorded by program staff, the curriculum developers provided review and feedback on each facilitator team's performance until they were determined to be proficient. All eight facilitators were supervised by a senior-level facilitator, although turnover in this position sometimes left staff without consistent supervision.

Figure IV.1. Atlanta BSF Staffing Structure



For outreach and recruitment staff, program management deemed personality a more important characteristic than education. People who were outgoing, talkative, down-to-earth, and able to read body language seemed natural in the role and quickly developed rapport with prospective recruits. Male outreach workers were thought to be most effective when they were the kind of person the prospective male participants would admire and respect, and that female partners would want their boyfriends to emulate.

Relationship skills component: Choice of curriculum and format. The Atlanta program selected the Loving Couples, Loving Children (LCLC) curriculum as the foundation of its sessions on relationship and marriage skills. (See Appendix A for a full description.) To facilitate attendance by people with standard work schedules, the group sessions were typically held during the evening (Monday through Thursday) and Saturdays, for two hours at a time. At the peak of program operations, as many as 15 groups were operating at a given time. To successfully complete the BSF program and "graduate," the Atlanta program required couples to complete 75 percent of the 22 weekly modules. Couples who missed group sessions could make them up with group facilitators.

Family coordinator component and linkages to other services: Design and structure. Although Atlanta's program structure designated staff to carry out all four Family Coordinator functions, it did not rely on frequent in-person contacts with individual couples to do so. Program leadership believed that to empower families and discourage dependency, couples should, as a general rule, take the initiative to request program assistance, and if referred to services, be willing to put some work into connecting with those services. Therefore, rather than provide a regular schedule of ongoing individual in-person meetings or home visits (in addition to weekly group meetings), Atlanta provided all couples, regardless of their needs, with (1) contact information for a wide array of family resources and services available in the community, and (2) ongoing support through frequent telephone calls to check in with couples. Program policy required facilitators to contact each couple in their group three times per week: a few days before, the day of, and the day after each group session, even if the couple was absent. The purpose of the calls were to remind the couples of upcoming program activities and to encourage them to reach out to BSF staff for help

with specific issues that might arise. Couples who stopped attending and were unreachable by phone were visited by either a facilitator or COSW.

Initial home visit. About two-thirds of the way through the 26-month study period, the program began requiring that each couple receive an initial home visit before their first scheduled group session. Group facilitators oriented couples to the program and assessed family needs during a 30-minute visit, primarily intended to motivate couples to attend group, but also to uncover specific family needs. In the first part of the visit, facilitators reviewed the program's purpose and incentives, asked each partner to individually describe what he or she expected to get out of the program, and explained that it is this kind of open communication the couple could look forward to in the group sessions. The second part of the visit focused on questions intended to open the door to discussion of other family needs, such as employment.

Initial Home Visit

Part 1

- **What do you as an individual expect to get out of the program?**
- **What do you *as a couple* expect to get out of the program?**
- **How does it feel to hear what your partner wants for themselves and the relationship?**

Part 2

- **What is your current working situation, living arrangements, economic pressures?**
- **What are you most concerned about at this time?**

Protocol for domestic violence screening and referral. At intake, all women applying for BSF were given a list of resources for victims of domestic violence, included in a packet with information about other assistance available in the community. The Atlanta program also screened each woman to determine whether domestic violence was present using a structured tool developed by experts; those who indicated domestic violence in their responses were excluded from the program and provided with resources for ensuring their safety. Staff were trained to identify domestic violence through a local women's domestic violence coalition and a group called Men Against Violence. These two support services provided training on watching for signs that would indicate a partner was being abused. As part of the program's curriculum training, group facilitators were also taught to recognize potential indicators of domestic violence through such means as watching the body language of a participant during an interview or session.

Encouraging participation: Incentives and other practices. In addition to the home visit prior to the first group session, Atlanta BSF took additional steps to encourage group attendance: (1) a group orientation session; (2) social events to help couples meet other couples; (3) program supports to make attendance easier; and (4) tangible incentives in the form of gift cards and baby gifts. Atlanta's orientation was held as the first group session, and included icebreaker activities designed to help couples get to know each other and focus on what they hoped to achieve in the program. "Fishbowl" activities were popular, where women and men take turns expressing their thoughts and feelings as a group while their partners just listened. Each couple's picture was taken, then framed and presented to them at the subsequent group session. Couples who did not attend after the initial orientation session received a home visit to assess their continued interest in the program. Meet and greet events were hosted four times a year to celebrate graduations and achievements and also to introduce new couples to the groups. These events typically drew 100 to 150 people. Both orientations and other events included refreshments, get-acquainted games, raffles, and discussions of the general expectations for group sessions. All group facilitators and COSWs attended these social events.

Atlanta BSF provided several program supports to facilitate attendance, including free child care during group, transportation to and from the meeting place, and an evening meal, important for those just coming from work. Each couple received a telephone call from program staff to remind them of that week's group session and to inquire about transportation and child care needs. To get to and from group, couples were provided with subway tokens or gas cards, or were transported by the program's van. On-site child care was provided in a large, well-equipped playroom staffed by several workers.

As a further strategy for encouraging initial and ongoing group attendance, the Atlanta program offered gift cards and other small items. Each couple received a gift card for participating in the initial home visit, and for attending both of the first two group sessions. At most group sessions, a raffle was held for a $25 gift card. At session 10, couples were given a group baby shower, which included baskets with baby gifts. Graduating couples were presented with gift cards, with additional cards for couples who had the best attendance of their group or perfect attendance at all 22 weekly group sessions.

Participation Incentives, Per Couple		
Initial home visit:	$20	
First two sessions:	$50	
Raffles:	$25	
Graduation (75% attendance):	$50	
Best attendance of group:		$100
Perfect attendance (100%):		$100

The program removed a couple from its group roster (and thus from regular reminder calls about group) if the couple either stated that they no longer wished to participate, or if the program had called the couple for one month with no response, and a home visit was attempted at least twice with no response.

2. Recruitment and Sample Characteristics

The Atlanta BSF program initially planned to identify interested couples through referrals from neighborhood public health clinics that offer pregnancy tests and other prenatal services for Medicaid-eligible women. Clinic staff were asked to describe the program to potentially eligible clients and invite interested ones to sign a consent to contact form, allowing BSF to call them and assess eligibility. This method was not as effective as expected. Stationing COSWs at the clinics improved the numbers somewhat, but still did not provide an adequate volume of prospective participants. Space constraints and limited foot traffic in many of the clinics hindered the number of possible recruits for the program.

It soon became clear that the most efficient recruitment source was Grady Memorial Hospital. The hospital has two busy prenatal clinics across the hall from each other in a distinct part of the facility where COSWs could observe women and couples entering or exiting the clinics, and going back and forth from waiting rooms to various labs and offices. COSWs made themselves useful to the hospital, helping visitors navigate their way around and offering suggestions about where to register for various services. This approach was appreciated by busy hospital staff and at the same time often allowed COSWs to begin a natural conversation about what it is like to be expecting a baby. Such conversations typically led to a description of the BSF program and on-the-spot eligibility assessment for interested couples. Because of the high volume of pregnant women who came to Grady, program staff could give priority to women who were accompanied by their partners; thus intake could often be conducted for both partners during a single hospital visit.

Recruitment strategies. The Atlanta program's recruitment strategies centered on an enthusiastic team of male and female workers who spent substantial time at the hospital and often enrolled couples on the spot. Multiple male and female COSWs were stationed at the hospital every day of the week. Having multiple staff on hand simultaneously meant that all intake steps could often be completed with both members of the couple as they waited for appointments or following their exams or tests. Hence, there was no need to interview just the mother and later to locate the father to determine his eligibility and interest (which risks losing the couple because both partners must be eligible and interested).

Recruitment Practices

- **Team with prenatal clinic of public health hospital**
- **Station multiple male-female staff at clinic throughout the week**
- **Hire workers with passion and enthusiasm for the program**
- **Conduct intake on the spot with both parents when possible**
- **Analyze which recruitment approaches work best**

The equal or high ratio of male to female COSWs also meant that there was a strong male presence, which staff thought affected men's receptiveness to the program. Indeed, COSWs suggested that couple enrollment was more likely when the initial approach was made by a male rather than a female COSW. The Atlanta recruitment team was a tight-knit group, led by a dedicated supervisor who was passionate about getting couples involved. Continually analyzing the most effective recruitment approaches, the team refined its strategy for quickly building rapport with couples and presenting the program. This included a warm and helpful attitude, the use of humor, and appealing to the interests of low-income men.

Enrollee characteristics. Relative to the full BSF sample of 10,206 individuals, the English-speaking Atlanta couples were more likely to be African American under the age of 20, less likely to be cohabiting with their BSF partner all or most of the time, and less likely to say they have a pretty good or almost certain chance of marriage (Table IV.1). They were also more likely to have children by multiple partners and to be pregnant at enrollment, compared to the full sample

The relatively small sample of Spanish-speaking couples at LAA was different from the GSU group, and from the full BSF sample. Compared to the full sample, the LAA couples were older on average, had known each other longer, and were more likely to be married or cohabiting and to have wanted the pregnancy that brought them into BSF. They were also less likely to have children by multiple partners. Relative to couples in other programs, LAA couples were much more likely to attend religious services on a weekly or monthly basis. Nevertheless, LAA couples had other challenges: they had less education and were less likely to be receiving certain forms of public assistance.

Table IV.1. Baseline Characteristics of Atlanta BSF Evaluation Sample

	Atlanta GSU	Atlanta LAA	Total BSF Sample
Demographics			
Age (%)			
Younger than 20	25	11	20
20 – 24	39	31	43
25 – 29	22	31	22
30 – 34	9	21	9
35 – 39	4	4	4
40 and older	2	2	2
Average age (years)	24	27	25
Race and ethnicity (%)			
African American	95	1	56
Hispanic	3	98	24
White	1	0	16
Other	1	0	4
Primary language (%)			
English	99	4	86
Spanish	1	95	14
Other	0	0	1
Socioeconomic Status			
High school diploma or GED (%)	65	53	66
Currently employed (%)	50	53	53
Earnings past 12 months (%)			
No earnings	17	28	15
$1 - $14,999	63	50	58
$15,000 - $24,999	13	19	18
$25,000 - $34,999	5	2	6
$35,000 or more			3
Receives any public assistance (%)			
TANF	3	2	6
Food stamps	32	9	30
Medicaid/SCHIP	55	31	51
SSI/SSDI	4	0	4
WIC	52	50	51
Unemployment	4	1	3
Family Structure			
Marriage and cohabitation (%)			
Married	7	14	7
Unmarried, cohabiting full-time	55	81	63
Unmarried, cohabiting part-time	26	4	20
Unmarried, not cohabiting	13	1	10
Multiple partner fertility (%)	37	23	31
Number of children (total)[a]	2.0	2.1	1.9
Number of children in common	1.7	1.4	1.4
Number of children with other partners	0.4	0.6	0.6
Pregnancy and Birth			
Focal child's age, months (if born)	1.4	4.4	1.0
Mother is pregnant (%)	89	77	62
Birth (%)			
Wanted and timing okay	37	72	41
Wanted but mistimed	44	18	46
Unwanted	19	10	13

Table IV.1. *(continued)*

	Atlanta GSU	Atlanta LAA	Total BSF Sample
Couple Relationship			
Less than 1 year (%)	23	11	19
1-2 years	35	29	33
3-4 years	19	26	22
5 or more years	24	34	26
Average time known one another (years)	3	4	3
Quality of couple interaction[b] (%)			
High	14	22	16
Med-High	67	69	67
Med-Low and low	19	8	17
Commitment to relationship[c] (%)			
High	9	14	15
Med-High	55	65	58
Med-Low and low	37	21	28
Chance of marriage (%)			
No chance	4	2	2
A little chance	6	6	5
50% chance	27	16	21
Pretty good chance	26	26	26
Almost certain	38	50	46
Attitudes About Marriage and Children			
A single parent can bring up a child as well as a married couple (%)			
Agree or strongly agree	72	57	69
Disagree or strongly disagree	27	43	31
It is better for children if their parents are married (%)			
Agree or strongly agree	77	93	79
Disagree or strongly disagree	23	7	21
Mental Health, Social Support, and Religious Attendance			
Level of psychological distress (%)			
Low	74	91	77
Moderate	16	4	16
High (SMI)[d]	10	5	8
Social support (%)			
Emergency child care available	93	84	94
Could borrow $100 from someone	87	77	88
Frequency of religious attendance (%)			
Never	27	12	27
Few times a year	32	28	34
Few times a month	25	36	22
Weekly or more	16	25	17
Number of Individuals	1,632	228	10,206

Source: BSF Baseline Information Form

See Table I.4 for notes to this table.

3. Program Participation and Retention

Group attendance. Of the 930 Atlanta couples enrolled in the study, half (465) were assigned to the program group. The majority of these couples (88 percent) were English-speaking couples assigned to receive services through GSU; the remainder was assigned to receive services in Spanish at LAA. Excluding the orientation sessions, just over 44 percent of the English-speaking couples and 41 percent of Spanish-speaking couples in Atlanta attended one or more group sessions together (Table IV.2). Those who initiated group attendance spent an average of 25 hours in group sessions, attending together as a couple. Overall, most attendance was by couples rather than individuals (the rate for individuals attending at least one session was 45 percent).

Table IV.2. Atlanta Group Attendance

Atlanta Cohort	Couples Assigned to Program Group	Percentage Attended at Least Once	Average Hours Attended (All)	Average Hours Attended (Initiators Only)
1	19	53	14	27
2	67	66	15	23
3	73	48	12	24
4	74	47	11	23
5	105	31	6	18
6	74	16	5	32
7	53	62	21	34
All	465	43	11	25

Note: Each cohort represents the couples that enrolled within a 120-day period.

The Atlanta program struggled to improve its group attendance rate and made some mid-course changes that may have inadvertently served to dampen attendance for a time. About two-thirds of the way through the study, the Atlanta program shifted the group facilitator position from part-time to full-time to enable facilitators to conduct initial home visits with couples and take more responsibility for the family coordinator role. It turned out that many existing facilitators were unable to shift to full-time, so new facilitators had to be hired and trained. This meant that several facilitator positions were vacant for a time.

Group attendance shown by cohorts (all couples assigned within a 120-day period) reveals a dip in attendance in cohorts 5 and 6. The timing of these cohorts coincided with a rapid increase in recruitment, and with the restructuring of the group facilitator role to include family coordinator activities. An analysis of the average number of days between program entry and the couple's first scheduled session confirms that the temporary loss of facilitators during these two cohorts led to delays in starting up new groups in a timely way. By cohort 7, new facilitators were established and the number of days between enrollment and first scheduled group decreased by half; attendance improved dramatically.

Family coordinator meetings and service referrals. Data recorded by the program indicate that during the six months after their program entry, about 85 percent of all enrolled couples were contacted by program staff outside of the group sessions. The average number of contacts per couple was about twice per month. For English-speaking couples, the majority of monthly contacts

(1.8 contacts) were made by telephone, with the remainder through in-person contacts such as home visits or participation in social events. Couples receiving services in Spanish at LAA had, on average, one contact per month; about half of these were in the form of a home visit. On average, Atlanta couples had an in-person contact with staff outside of the group sessions every other month.

Data indicate that the percentage of couples receiving a referral to family support services was about three percent for English speaking couples—however, all English-speaking couples received a list of resources and contact information for other family support services available in the Atlanta area at intake. LAA referred about 23 percent of its Spanish-speaking couples to other services.

4. Program Costs

Over two years (all but about three months of the study period), Atlanta spent about $9,606 for each couple that began attending group. From January 1, 2006 to December 31, 2007, 425 couples were assigned to the program in Atlanta, and of these, 43 percent (182) attended at least once. Program costs include services delivered for these 182 couples as well as other costs, but exclude costs associated with recruiting the control group for the study. For each couple that attended group at least once, the program spent approximately $1,264 on recruitment activities, $4,516 on group delivery, $867 on family coordinator activities, and $2,959 on management and administration.

5. Notable Features

The Atlanta program was highly effective in recruiting large numbers of low-income African American couples. Establishing a warm and collaborative relationship with staff at a large public health hospital-based prenatal clinic was probably an important factor in this achievement, but other strategies are also notable. These include the stationing of a team of male-female intake staff in clinic waiting areas throughout the week, focusing on men or women who appear to be accompanied by their partners, and conducting simultaneous intakes on the spot rather than following up with individuals later. The recruitment staff were a tight-knit group that worked well together and were passionate about BSF.

Notable Features of Georgia BSF

- **Warm, direct in-person approach with couples visiting prenatal clinic and public health hospital**
- **Male-female outreach teams**
- **Two-person recruitment teams allowing simultaneous intake of both partners on site**
- **Home visit with couple focused on motivating attendance**
- **Services delivered in Spanish to some couples**

B. Building Strong Families: Baltimore, Maryland

The BSF program in Baltimore grew out of the experiences of a community-based organization that was known for providing employment and fatherhood services to low-income men since 1999, the Center for Urban Families (CfUF, formerly the Center for Fathers, Families, and Workforce Development). Building on its work with fathers, CfUF experimented with a program in 2002 to help unmarried parents work together in raising their children—the 50/50 Parenting Program. It turned out that many of the participants were interested not only in co-parenting but also in strengthening their relationships as couples. Inspired by this result, CfUF decided to gauge public support for programs to strengthen couple relationships by convening community-level discussions in 2004. Through these discussions, CfUF confirmed that the community was supportive of marriage and relationship services and couples were willing to attend regularly scheduled education sessions.

Program Setting

City Population:	**631,366**
Racial/Ethnic Composition:	
Black:	**65%**
White:	**32%**
Hispanic:	**2%**
Other:	**1%**
Percentage of Births to Unmarried Women:	**68%**

In 2005, CfUF asked to participate in the BSF program, and in September began its pilot with a grant from the Annie E. Casey Foundation. Positioning it as a stand-alone program within its Family Services division, Baltimore BSF started enrolling couples for the study in December 2005, and continued for 24 months, resulting in a total enrollment of 604 couples.

1. Program Design and Operations

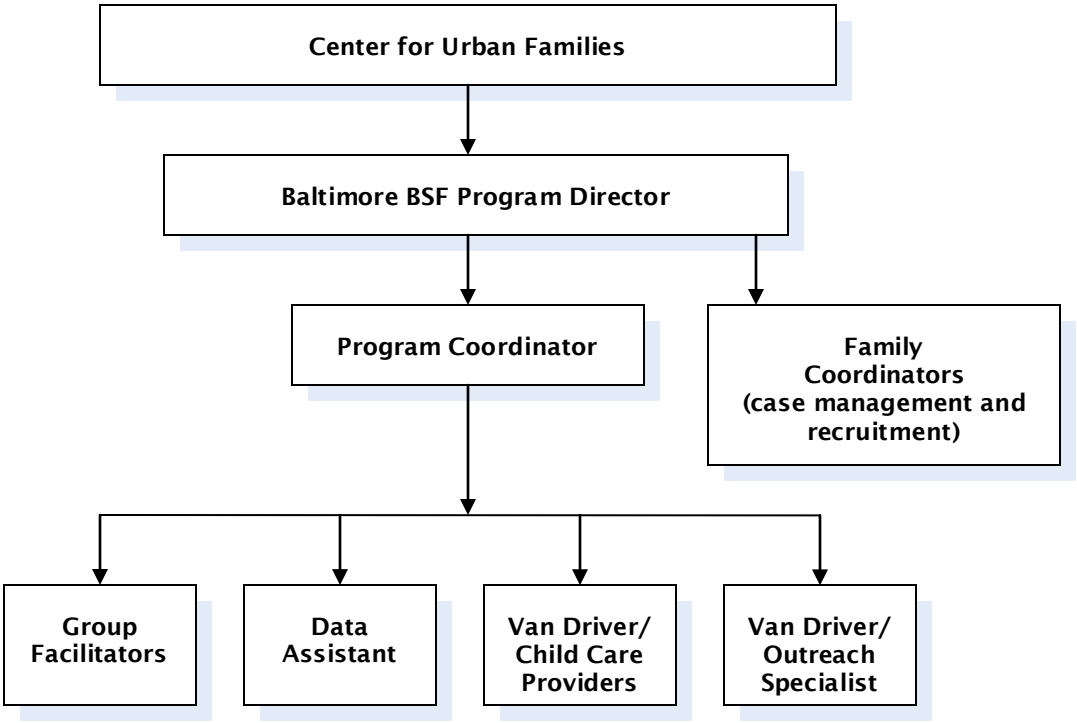
CfUF operated with a small group of direct service staff who shared multiple responsibilities, supplemented by contracted group facilitators. Under the oversight of CfUF's management, the BSF program director managed the program, assisted by a program coordinator responsible for day-to-day activities, developing partnerships with community organizations, and organizing special events such as graduations from the BSF program. The senior family coordinator had additional responsibility for scheduling outreach activities, ensuring that program targets were met, completing reporting forms, training new staff, and supervising support staff. Instead of creating a unit dedicated exclusively to outreach and recruitment activities, the Baltimore program added these duties to those of the family coordinators. Thus, family coordinators were expected to initiate contact with potentially eligible couples and conduct intake, and then, for program group couples, provide ongoing individual contact, assess and refer families to needed services, and encourage attendance at group sessions. Other staff also combined roles. For example, a van driver whose role was to transport couples to and from group sessions also performed outreach and retention activities. The BSF staff in Baltimore were all African American, reflecting the pattern of the population served, and about equally male and female.

Baltimore BSF Implementation Timeline

Planning Period:	**2004-2005**
Pilot Program:	**Sept-Nov 2005**
Evaluation Enrollment:	**Dec 2005-Dec 2007**
Total Couples Enrolled:	**604**

The small number of direct services staff had both advantages and disadvantages, according to the program. Management felt that it resulted in a tight-knit group of people who could be included in decision making and who worked well as a team. The small size, however, also meant that staff had multiple responsibilities, which sometimes made it difficult to meet performance targets such as goals for recruitment and the number of family coordinator meetings.

Figure IV.2. Baltimore BSF Staffing Structure



To facilitate the group sessions, Baltimore contracted with individuals who had advanced degrees, and in some cases, past experience with CfUF. Two facilitators were hired from CfUF's 50/50 Parenting program and they recommended other individuals who became BSF facilitators. Typically, the program contracted facilitators with degrees in mediation, conflict management, or social work. Each group was led by a female-male team who participated in a week-long curriculum training. The training was monitored by the curriculum developers through feedback on videotaped group sessions and monthly conference calls until the team had reached proficiency. The total number of group facilitators varied, but included eight contract staff plus four individuals who filled in as needed toward the end of the study period. As shown in Figure IV.2, facilitators were supervised primarily by the program coordinator, but staff members served, on a rotating basis, as manager-on-duty to supervise activities at the BSF facility during group sessions. This was the primary mechanism for communication between facilitators and other BSF staff.

For family coordinators, Baltimore required a high school diploma and highly valued experience in directly approaching individuals in public, such as people in barber shops or at the basketball court. This kind of "street outreach" was a strategy CfUF had used for other programs. Desired traits in these staff were strong interpersonal skills, fluency in navigating a distressed urban environment, sales ability, and willingness to work flexible hours. The program did not require additional education or work experience for this position; although most of those hired had a sales

or social services background. Family coordinators were trained and supervised by the program coordinator and by shadowing more experienced staff. There were two full-time family coordinators, and one senior family coordinator position.

Relationship skills component: Choice of curriculum and format. Baltimore's BSF program selected the Loving Couples, Loving Children (LCLC) curriculum for group sessions (see Appendix A for a full description), and offered groups five days a week. To facilitate attendance, group sessions were held on Mondays through Thursdays mid-day between noon and 2:30 p.m and in the evenings from 5:30 p.m. to 8:30 p.m.. On Saturdays, the program was held during mid-day hours. Mid-day sessions were eventually discontinued because demand diminished. At the peak of program operations, as many as eight groups were operating at a given time.

To graduate, the Baltimore program required couples to complete at least 70 percent (15 of 22 sessions) of the group sessions. Couples who completed between 60 and 70 percent (13 or 14 sessions) were permitted to complete missed sessions to graduate. Couples who attended less than 60 percent of the sessions were invited to enroll in a new group.

Family coordinator component and linkages to other services: Design and structure. Family coordinators were expected to complete a Family Strengthening Plan (FSP) with all new couples within 14 days of enrollment and review the plan with couples monthly. The FSP was designed to help couples create a road map identifying long-term and immediate needs. The plan involved four goals for all couples: (1) decrease barriers to parents sustaining an intact relationship; (2) decrease barriers to family self-sufficiency; (3) improve acquisition and demonstration of healthy relationship skills; and (4) participate in the group curriculum sessions. For each goal, FCs first identified the couple's initial status. For the first goal, for instance, an FC documented the couple's housing situation, relationship goals, criminal justice background, and degree of family interaction. The plan also included two open-ended areas where information relevant to a couple's unique circumstances could be entered. Referrals to services often came out of discussions of these plans, although family coordinators could also refer couples to services on an as-needed basis apart from the FSP process.

The frequency of family coordinator contacts with couples was established in program policy. FCs were expected to meet with actively participating and graduated couples at defined intervals, and to contact couples who missed group sessions in an effort to re-engage them. The schedule called for meeting with active couples twice per month to discuss their FSPs and to reinforce the curriculum, once they started attending group. One of these meetings was expected to be an in-person home visit with both partners. The schedule also expected family coordinators to meet with graduate couples monthly by telephone or in-person for six months after graduation. Couples who missed group sessions received calls from their family coordinator. If they could not be reached by telephone, the family coordinator or van driver/outreach specialist was expected to attempt visiting them at home to explore the reasons for the absence and offer assistance if needed.

Family Strengthening Plan

Requirements
- **Completed within 14 days of enrollment**
- **Signed by both partners**
- **Updated monthly**

Topics Covered
- **Barriers to relationship maintenance**
- **Barriers to family self-sufficiency**
- **Acquisition of relationship skills**
- **Attendance at group**

Family coordinator caseloads were typically 30-40 couples, but increased substantially during the last year when two family coordinators left the program. With pressure to maintain recruitment in the last year of the study, family coordinators were forced to focus case management on emergencies, rather than meeting the expectations for at-home visits with all couples. During this time, family coordinators communicated primarily by telephone or through unannounced "drop-in" visits.

Protocol for domestic violence screening and referral. To address any issues that might arise related to domestic violence, CfUF drew on its longstanding partnership with the House of Ruth Maryland, a local services and advocacy organization that offers services to victims of domestic violence and interventions for perpetrators of violence. The House of Ruth provided a two-day training for all BSF staff to help them detect domestic violence and make appropriate referrals. This training supplemented instruction by the curriculum developers in how to recognize body language indicating that the participant might be the victim of abuse and other signs of domestic violence. Couples who indicated experiencing domestic violence during intake on a structured protocol were excluded from BSF and instead referred to more appropriate services to ensure their safety. Those who passed the screening and entered the program continued to be monitored for signs of domestic violence during the full period of their participation.

Encouraging participation: Incentives and other practices. The Baltimore program offered several program supports designed to make attendance at group sessions easier. These included free on-site child care during sessions, transportation to and from the group facility, and meals on busy weeknights. The program operated its own van so that couples always had a means of getting to group. Staff reported anecdotally that couples tended to enjoy talking with one another during the van pickups and that this seemed to "prime" them for discussion during the group session.

To encourage initial attendance at group sessions, the program focused on trying to maintain contact with couples in the period between enrollment and the first session. Family coordinators were to meet with newly enrolled couples at least once prior to the group's start, and staff were expected to make telephone calls to couples in the days leading up to the first session. Policy also specified that the van driver/outreach specialist or a family coordinator would make another home visit to those couples who seemed reluctant. New couples were invited to Village Nights–quarterly social events such as fashion shows, holiday parties, and baby showers–if one was scheduled to occur prior to their first group.

Participation Incentives, Per Couple

Raffles (one couple/week):	$10
Participation (60-70% attendance):	$25
Graduation (>70% attendance):	$50
Best Attendance of group, or Perfect Attendance:	$100 and overnight hotel stay

The program's policy was to invite couples to the first three group sessions. If the couple did not attend any of these sessions, staff stopped actively trying to get them into group, and instead asked couples to let them know if they are no longer interested in BSF.

Several strategies were used to encourage continued participation among couples who began attending, including reminder calls, raffles, and gifts based on attendance. Each week couples received two reminder calls—the day before and the day of the session. The van driver/outreach specialist was to make these calls when developing the weekly transportation list. At each weekly

session, facilitators conducted a raffle, awarding prizes such as baby products or gift certificates redeemable at local restaurants. When couples' babies were born, the program gave them a small gift, and staff made personal visits to the hospital or home. Incentives tied to graduation were determined based on a tiered system rewarding attendance. The system awarded the couple with the highest attendance level (or perfect attendance) in a group an overnight stay at a local upscale hotel, a $25 credit for room service/incidentals, and a $75 gift card. Couples completing 70 percent of group sessions were to receive a $50 gift card and a certificate of graduation, and couples completing 60-70 percent were eligible for a $25 gift card and certificate of participation.

2. Recruitment and Sample Characteristics

The Baltimore program drew from three main sources of potentially eligible couples: hospitals/clinics, local community organizations, and street outreach. Generally, 70 percent of couples recruited came from hospitals/clinics and community based organizations, and 30 percent from street outreach.

Recruitment strategies. Baltimore partnered with six local hospitals/clinics and 22 community organizations to identify couples; of these, the most consistently productive source was hospitals/clinics. The program stationed BSF family coordinators in these institutions on a rotating basis. Each month the senior family coordinator developed a schedule for covering each of the six hospitals, with one staff person at each hospital or clinic for at least one shift per week. Having multiple staff on hand simultaneously meant that all intake steps could often be completed with both members of the couple as they waited for appointments or following their exams or tests. Hence, there was no need to interview just the mother and later to locate the father to determine his eligibility and interest (which risks losing the couple because both partners must be eligible and interested).

On the two days a week when hospitals/clinics were busiest (Thursday and Friday), two outreach staff were assigned. BSF staff adapted their approach to each hospital or clinic. For example, at Johns Hopkins University Hospital, staff rotated through places that pregnant women were required to visit (for example, departments for ultrasound, blood draws). At hospitals that did not require defined "stops" for pregnant women, BSF staff canvassed in waiting rooms, seeking interested women and couples.

Recruiting Disadvantaged Couples

- **Use street canvassing methods to meet people "where they are"**
- **Develop staff with comfort navigating street culture**
- **Understand the "selling points" for low-income men**

While the community-based organizations did not yield a consistent flow of interested couples, there were some weeks when their referrals exceeded recruitment prospects from hospitals/clinics. To maintain the pool of community partner organizations, the BSF program coordinator aimed to develop one new partnership each quarter.

Baltimore BSF emphasized recruiting methods that opened the program to very disadvantaged couples, including those not currently receiving any services. Adapting CfUF's street outreach methods originally developed for recruiting at-risk men for its fatherhood program, street outreach took place in a range of contexts, from grocery stores to parks. A first encounter often involved initially attempting to legitimize the program by providing a BSF brochure and card. Workers then

typically introduced themselves using a message like "I work for the BSF program and we're looking for expecting moms and their partners. Do you know anyone who is expecting a child?"

The BSF van driver/outreach specialist was expected to spend much of each day canvassing the streets and visiting smaller clinics and agencies where BSF did not have a set schedule for outreach. The driver's objective was to talk about the program with potentially eligible couples and identify at least five interested couples each week. While there were no full-time staff for street outreach alone, all staff were trained to engage with low-income men and couples, and kept referral forms in their cars so they would be prepared for any initial contacts with potentially eligible participants.

Recruitment: Partnerships with Hospitals/Clinics

- **Maryland General Hospital (pre- and post-natal clinic)**
- **Johns Hopkins University Hospital (education center for pregnant woman)**
- **University of Maryland Hospital (outpatient clinic)**
- **Sinai Hospital (pre- and post-natal clinic)**
- **Mercy Hospital (outpatient clinic)**
- **Saint Agnes Hospital**

Enrollee characteristics. On average, the couples participating in Baltimore BSF were more socioeconomically disadvantaged and faced more relationship challenges than couples in other BSF programs. As shown in Table IV.3, Baltimore couples had lower levels of employment and education and were more likely to be receiving TANF. Although Baltimore couples were no more likely to be younger than 20 relative to other BSF couples, they were more likely to have multiple partner fertility. They scored lower on measures of positive couple interaction and commitment relative to the BSF sample as a whole, and were less likely to be cohabiting full-time. Only 52 percent of the Baltimore couples reported having a pretty good or almost certain chance of marriage, compared to 72 percent for the full BSF sample. Fewer Baltimore couples than other BSF couples were positive in their attitudes toward marriage, and they were less likely to attend religious services a few times a month or more.

3. Program Participation and Retention

Group attendance. Of the 604 Baltimore couples enrolled in the study, 302 were assigned to the BSF program, and 48 percent of these couples attended one or more group sessions together. On average, couples who initiated attendance spent about 17 hours in group sessions.

Participation in group sessions declined in the last eight months of the program (Table IV.4). Calculation of ever-attended rates by couples enrolled within 120-day periods (cohorts) shows a drop in participation for cohorts 5 and 6. This drop in attendance occurred as relatively high numbers were being recruited and assigned to the program group, and coincided with the loss of family coordinator staff and the shift of remaining staff to an emphasis on recruitment. The shift may have had unintended effects on retention. It is possible that sustaining attendance among the very disadvantaged and perhaps somewhat less committed couples in Baltimore required ongoing encouragement and support greater than what family coordinators could sustain given their focus on recruitment.

Table IV.3. Baseline Characteristics of Baltimore BSF Evaluation Sample

	Baltimore	Total BSF Sample
Demographics		
Age (%)		
Younger than 20	21	20
20 – 24	42	43
25 – 29	21	22
30 – 34	9	9
35 – 39	5	4
40 and older	3	2
Average age (years)	25	25
Race and ethnicity (%)		
African American	95	56
Hispanic	2	24
White	2	16
Other	1	4
Primary language (%)		
English	99	86
Spanish	0	14
Other	0	1
Socioeconomic Status		
High school diploma or GED (%)	60	66
Currently employed (%)	46	53
Earnings past 12 months (%)		
No earnings	19	15
$1 - $14,999	53	58
$15,000 - $24,999	19	18
$25,000 - $34,999	6	6
$35,000 or more	4	3
Receives any public assistance (%)		
TANF	16	6
Food stamps	32	30
Medicaid/SCHIP	43	51
SSI/SSDI	6	4
WIC	47	51
Unemployment	2	3
Family Structure		
Marriage and cohabitation (%)		
Married	4	7
Unmarried, cohabiting full-time	49	63
Unmarried, cohabiting part-time	28	20
Unmarried, not cohabiting	19	10
Multiple partner fertility (%)	42	31
Number of children (total)[a]	2.1	1.9
Number of children in common	1.4	1.4
Number of children with other partners	0.8	0.6
Pregnancy and Birth		
Focal child's age, months (if born)	1.9	1.0
Mother is pregnant (%)	72	62
Birth (%)		
Wanted and timing okay	47	41
Wanted but mistimed	40	46
Unwanted	14	13

Table IV.3. *(continued)*

	Baltimore	Total BSF Sample
Couple Relationship		
Less than 1 year (%)	16	20
1-2 years	31	33
3-4 years	23	22
5 or more years	30	26
Average time known one another (years)	4	3
Quality of couple interaction[b] (%)		
High	9	16
Med-high	65	67
Med-low and low	25	17
Commitment to relationship[c] (%)		
High	6	15
Med-high	50	58
Med-low and low	44	28
Chance of marriage (%)		
No chance	4	2
A little chance	10	5
50% chance	35	21
Pretty good chance	25	26
Almost certain	27	46
Attitudes About Marriage and Children		
A single parent can bring up a child as well as a married couple (%)		
Agree or strongly agree	77	69
Disagree or strongly disagree	23	31
It is better for children if their parents are married (%)		
Agree or strongly agree	77	79
Disagree or strongly disagree	23	21
Mental Health, Social Support, and Religious Attendance		
Level of psychological distress (%)		
Low	87	77
Moderate	9	16
High (SMI)[d]	5	8
Social support (%)		
Emergency child care available	93	94
Could borrow $100 from someone	87	88
Frequency of religious attendance (%)		
Never	41	27
Few times a year	37	34
Few times a month	14	22
Weekly or more	9	17
Number of Individuals	1,208	10,206

Source: BSF Baseline Information Form

See Table I.4 for notes to this table.

Table IV.4. Baltimore Group Attendance

Baltimore Cohort	Couples Assigned to Program Group	Percentage Attended at Least Once	Average Hours Attended (All)	Average Hours Attended (Initiators Only)
1	32	56	14	24
2	59	53	7	14
3	55	49	6	12
4	48	56	8	14
5	44	41	10	24
6	64	41	7	17
All	302	48	8	17

Note: Each cohort represents the couples that enrolled within a 120-day period.

Group attendance was somewhat higher if participation by individual partners alone is treated as attendance. If individual attendance is included, the attendance rate is 52 percent overall, and attendance in the later cohorts was also higher when individual attendance is included. Some factors may have hurt attendance by couples together, such as the relatively high incarceration rates anecdotally reported by program staff.

Family coordinator meetings and referrals. Program management data show that during the six months after program entry, nearly 100 percent of all enrolled couples were individually contacted by staff outside of the group sessions. Couples were contacted by family coordinators or other staff about once per month, on average, and usually both parents were contacted together. Many of these contacts were by telephone, with the average couple receiving an in-person contact about once every other month. Looking across the full sample, about 28 percent of all recorded contacts by family coordinators were in person (18 percent as a home visit, and 10 percent in a program office visit), with 58 percent via telephone (the remaining 14 percent were classified as "other"). About 23 percent of program group couples received a referral for other needed family services.

4. Program Costs

Over the 24-month period of operations, Baltimore BSF spent about $9,334 to serve each of the 158 couples that attended at least one group session, on average. This total breaks down to approximately $680 for outreach and recruitment activities; $3,375 for delivery of the group curriculum, including supplies, training, and incentives; $598 for family coordinator services, and $4,680 for administrative, management, and overhead costs. These costs exclude expenditures related to recruiting the control group for the study.

5. Notable Features

The Baltimore BSF program was distinctive in its emphasis on reaching out to individuals who were likely not connected to any supportive services. Through street canvassing in impoverished West Baltimore, employing male staff with expertise reaching out to low-income fathers, and encouraging all staff to identify potential participants wherever they may be, CfUF attempted to cast a net that included families more disadvantaged than might be found in programs elsewhere. Baltimore BSF also focused on helping each couple develop specific plans for employment, education, and other key goals in addition to the direct emphasis on the couple's relationship.

Notable Features of BSF Baltimore

- **Street outreach**
- **Expertise in working with low-income men**
- **Family Strengthening Plan for all couples**
- **Partnership with local domestic violence coalition**

C. Building Strong Families: Baton Rouge, Louisiana

The possibility of a BSF program in Louisiana was first explored in 2003 by BSF evaluators who had learned of a well-regarded one-stop family services organization in Baton Rouge that served large numbers of new parents, Family Road of Greater Baton Rouge (Family Road). Intrigued by the idea, Family Road's executive director brought together a group of city and state officials, community organizations, and individuals to consider whether and how to implement a BSF program. This group considered possible curricula and surveyed low-income women about their interest in a couples program. Although some leaders in Baton Rouge's religious community at first viewed marriage as the domain of churches rather than social service organizations, the coalition eventually allayed concerns through more education about BSF and suggestions for potential collaboration. The coalition ultimately nominated Family Road to develop a BSF program.

Program Setting

City Population: 779,000

Racial/Ethnic Composition:

White:	63%
Black:	34%
Hispanic:	2%
Other:	2%

Percentage of Births to Unmarried Women: 46%

With services for mothers and fathers already in place, Family Road felt that a couples program would round out its array of resources for families. Prior to BSF, Family Road operated a Healthy Start program for pregnant women at high risk for poor birth outcomes, and a fatherhood program called Dedicated Dads. In addition to these services, the organization also provided access to a large array of other services for families located in the same facility, such as childbirth education, parenting classes, money management, GED classes, individual counseling, and domestic violence services. Positioning BSF as an independent program within the community-based organization allowed it to develop the structure that would be most appropriate for delivering BSF services while also leveraging existing organizational systems. Family Road began enrollment for the study in November 2005 and continued for 28 months, eventually recruiting 652 couples.

Baton Rouge Implementation Timeline

Planning Period:	2004-2005
Pilot Program:	Sept-Oct 2005
Evaluation Enrollment:	Nov 2005–Mar 2008
Total Couples Enrolled:	652

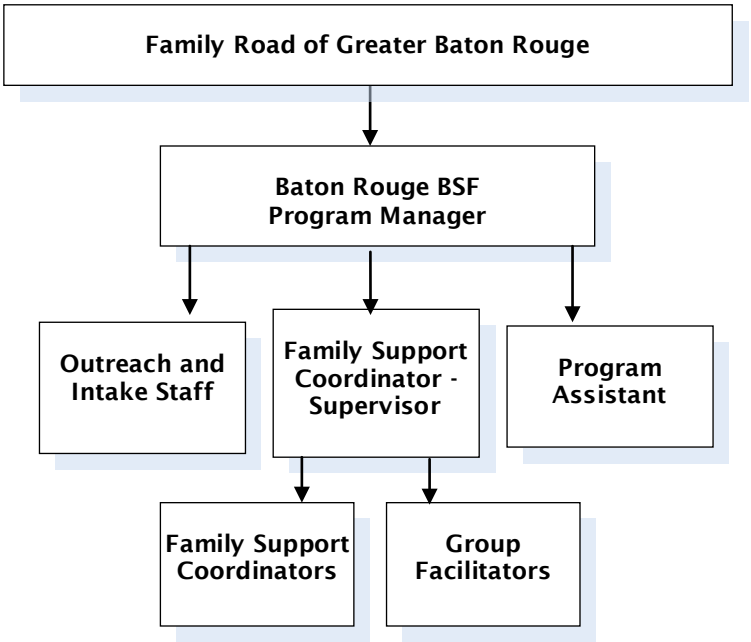
1. Program Design and Operations

Family Road developed about 15 staff positions for its BSF program. In addition, it contracted with 8 outside facilitators to provide the group curriculum, and hired part-time and full-time staff to operate other components of BSF. The BSF program manager was responsible for day-to-day management and supervised a program assistant, one part-time and two full-time outreach staff, and the individual who supervised the family support coordinators and group facilitators (see Figure IV.3). Two full-time family support coordinators handled case management and retention, while their supervisor was responsible for addressing any serious issues that came up, such as possible cases of domestic violence.

Although this structure remained mostly consistent throughout the study, retention of staff was a major challenge. The program manager was replaced three times during this period. In 2006, the program's only male outreach worker and a male family coordinator left the organization. In 2007 the program manager, family coordinator supervisor, and a family coordinator left. Shortly thereafter, the program lost its last remaining family coordinator, a senior outreach worker, and a

program assistant. Several new staff, including a program manager and family coordinator supervisor, were hired at the end of 2007 and in early 2008, but the program still had vacant family coordinator and outreach positions at the end of the study period. The general upheaval associated with Hurricane Katrina and later storms meant large segments of the population were moving in and out of the area, and according to program staff, partially contributed to the organization's high turnover.

Figure IV.3. Baton Rouge BSF Staffing Structure



Staff background, training, and supervision. The most stable group of staff at the Baton Rouge program was the curriculum group facilitators. By the end of study enrollment, all eight of Family Road's BSF facilitators had worked with the program for at least two years. Nearly all facilitators were African American, as were most couples enrolled in the program.

All of Family Road's male-female co-facilitator teams were married couples. The first facilitator pair had prior experience working with couples in their church; additional facilitator pairs were identified through referrals from the first couple and from other local churches. Placing a high value on role modeling, management sought facilitators who were comfortable sharing their own experiences of marriage with others, rather than clinical experience. The occupations of the contracted facilitators covered a wide range of backgrounds, including a former state trooper, a city government employee, a financial manager, a sports facility manager, a minister, and several teachers.

Although Family Road cross-trained its outreach and family coordinator staff, it had specific hiring standards for each position. For the two outreach staff positions, there were no educational or work experience requirements; rather, the program looked for interpersonal skills such as the ability to maintain confidentiality, foster trust, communicate with people from diverse backgrounds, and present information to groups of people. Outreach staff were trained on-the-job by a more experienced outreach worker who observed and provided feedback. Baton Rouge hired family

support coordinators with advanced degrees in social sciences or social work and with familiarity in the types of community resources available for low-income families. Family coordinator staff also attended formal Loving Couples, Loving Children (LCLC) curriculum training so they would be better prepared to reinforce the relationship skills with couples during individual contact.

Relationship skills component: Choice of curriculum and format. Family Road selected the LCLC curriculum for its group sessions on relationships and marriage (see Appendix A). Group facilitators and all Baton Rouge BSF staff were formally trained through a five-day LCLC training and received formal supervision through feedback on videotapes of their sessions and regular conference calls with the curriculum developer. Each facilitator pair achieved LCLC proficiency.

Group sessions were held Monday through Thursday in the evenings, usually beginning around 6 p.m., which seemed to be the most convenient time for most couples. The program briefly experimented with holding groups on Fridays and weekends but there was little interest from couples. Family Road's facility could accommodate up to four groups operating at a given time.

The first group session was a meet-and-greet and orientation to the curriculum where couples were required to sign forms acknowledging their understanding of the program's expectations and expressing their commitment to the program. Participants were required to complete all 21 group sessions to graduate.

Family coordinator component and linkages to other services: Design and structure. The design and implementation of the family coordinator component in Baton Rouge changed over time, along with turnover in the BSF program manager's position and other staff. Toward the end of its first year of operations, the Baton Rouge program took steps to strengthen its Family Support Coordinator component by creating more structure and clearer expectations. The new program manager designed the position to focus primarily on case management; that is, assessing couples for other needs, linking them to services, and providing general support for couples as they moved through the BSF program. Initially, this manager assigned the mother to one family coordinator and the father to another family coordinator to foster same-gender support; this model was quickly discarded for one that assigned couples to a single family coordinator. The three BSF family coordinators had caseloads of about 50 couples.

To target its resources most effectively, the program designed an assessment based on multiple measures to identify couples at high risk for a range of negative outcomes. Couples were assessed for (1) major depression, using the Edinburgh Depression Scale; (2) general issues for which couples might need a referral, such as education and employment status, and (3) specific issues that may need special attention, such as substance abuse, mental illness, HIV/AIDS, a prior infant death, or low birth weight baby. Clients considered at high risk were those whose assessments were positive for two or more risk indicators, such as depression and unemployment.

The assessments were to be completed over the course of three weekly home visits with couples, beginning prior to the start of their assigned group. During the first visit, family coordinators administered a "get-to-know-you" questionnaire that asked about the couple's relationship history, likelihood of marriage, and how recurring arguments were handled. This visit also included an overview of the resources available at Family Road and an orientation to BSF, including incentives for participation. In the second visit, staff administered the general and specific assessments and the measure of depression. In this visit, staff also provided an overview of the LCLC curriculum, and, with couples, began to craft a family support plan that identified

employment, parenting education, and relationship goals. In the third visit, family coordinators and couples reviewed and completed the plan. Home visits were typically held in the evenings as fathers' work schedules made daytime home visits with both partners difficult.

After the three home visits, the frequency of further family coordinator meetings was based on each couple's risk level. Family coordinators were expected to hold in-person meetings with high risk couples weekly and with low risk couples twice a month.

Facilitators did not meet on a regular basis as a group and communication between facilitators and FSCs was on an ad-hoc basis, typically by telephone or email. Facilitators completed a form at the end of each group that was passed on to family coordinators after being entered into the data system. Typically, exchanges about couples as a result of the information shared post-group or in other ways occurred a few times a week by telephone or email.

For couples who were struggling with issues too serious to be addressed in the group sessions, Family Road offered BSF couples an opportunity for individual-level counseling by an on-site licensed professional counselor. The counselor had been trained as a BSF group facilitator and was thus familiar with the principles of the curriculum. Depending on the situation, the counselor met with either the couple or the partners individually. Some of situations for which couples could be referred to the counselor included issues stemming from post traumatic stress disorder, depression, or other mental health conditions.

Family Coordinators' Three-Week Assessment for New Couples

Visit 1: Build rapport, provide an orientation to the BSF program, administer a risk assessment, and review the resources available through Family Road

Visit 2: Administer a general assessment and Edinburgh Depression Scale, provide an overview of the curriculum, begin to craft the family support plan, and assign a risk level

Visit 3: Review and finalize the family support plan

Couples designated as high risk were to be visited weekly; those designated as low risk

Protocol for domestic violence screening and referral. Family Road drew on its relationship with the Capital Area Battered Women's Program to provide on-site support for BSF clients. Staff from the Battered Women's Program provided training on detecting domestic violence and stationed themselves at Family Road's facility one day each week to meet with BSF clients and staff, as needed. For each female applicant, BSF staff administered a structured domestic violence screening tool in private, away from her partner. Couples whose evaluations indicated they were involved in domestic violence were excluded from the program. Included couples were monitored throughout program participation for potential indicators of violence. Family Road's policy required that women identified as being in an abusive relationship at any time—whether revealed before or during participation—be offered a meeting with the representative from the Battered Women's Program and provided with referral information including, at a minimum, 24-hour hotline numbers.

Encouraging participation: Incentives and other practices. To encourage initial participation, Baton Rouge held orientation sessions, where facilitators introduced themselves to couples and conducted a preview of how the groups would function. Couples sat in a circle as they would in a typical group session, engaged in activities to get acquainted with one another, watched a video of couples discussing aspects of relationships, and learned about the general structure of the sessions.

Participation Incentives, Per Couple

7 Sessions: (140 FRB)
Electronics, Pampers/baby milk combo, stroller, or $50 gift card to major baby supply store

12 Sessions: (240 FRB)
Dinner and $25 cash or $75 gift card to major stores or the local mall

17 Sessions: (340 FRB)
Photo shoot for newborns, cake for a wedding ceremony, or $150 check

22 Sessions: (440 FRB)
Weekend honeymoon get-away, $250 check towards cost of wedding ceremony, or $200

To maintain the enthusiasm of couples participating in the BSF program, the Baton Rouge program offered a range of incentives based on attendance. For each group session attended, couples could earn 20 Family Road Bucks (FRB) (10 for each individual who attended group)—not cash, but points that could be redeemed at the Family Road on-site store. The store stocked baby items such as clothing, diapers, and formula, but BSF couples could also choose other items such as gift cards, baby photo shoots, a dinner out, or money toward wedding expenses. Free on-site child care in a colorful and well-equipped playroom was also available during group sessions, and later in the implementation period the program also provided gas cards as a participation incentive.

The program also celebrated milestones such as the birth of the child and popular holidays and held periodic outings to encourage ongoing participation. For example, family coordinators visited families shortly after the birth of a child with a gift. For holidays such as Mother's Day and Father's Day, the program provided small gifts for couples and held a large party for couples on Valentine's Day. The program also organized monthly social events for couples, such as dinners in local restaurants, bowling, or movie nights. The social events were held every other month on the night that group sessions met and the program provided transportation. Facilitators also celebrated participants' birthdays and organized other special events for their groups to encourage participation.

2. Recruitment and Sample Characteristics

Baton Rouge recruited the majority of its BSF couples through presentations to groups of low-income pregnant women participating in an on-site program called Better Beginnings. Better Beginnings was a popular program that brought a new group of 30 or more Medicaid-eligible women (and sometimes their partners) to Family Road each week to be linked with prenatal and pediatric services at Women's Hospital— a highly regarded medical center. This program's purpose was to promote healthy families by engaging Medicaid recipients in early and consistent prenatal care. At the end of each week's three-hour Better Beginnings session, BSF staff spent a few minutes describing the BSF program to the group and offered attendees on-the-spot or later eligibility assessments and intake.

Over time, however, it became clear that Family Road would need to identify other recruitment sources, in part because of fluctuations in the numbers attending Better Beginnings, and also because of awareness that this single source of referrals might not always exist. In fact, Women's Hospital ultimately ended the Better Beginnings program for reasons unrelated to BSF. Consequently, BSF leadership and outreach staff began in 2006 to make presentations to and seek

referrals from a range of outside organizations such as the East Baton Rouge Health Clinic, the Women, Infants, and Children (WIC) program from one of the Louisiana State University Health System facilities—the Earl K. Long Medical Center,, local parenting classes, the March of Dimes, local churches, community colleges, pediatrician offices, and community health fairs. By fall 2006, the program estimated that about 60 percent of couples were being recruited from the Better Beginnings program, and 40 percent as a result of outreach to other organizations.

Recruitment strategies. The presentation of BSF to large groups of potentially eligible participants, such as those in the Better Beginnings program, was a unique approach among the BSF programs. Often led by the BSF program manager, the presentation was designed to be exciting and interesting. The manager typically began by asking the group a question focused on their partner relationships, such as how many would like to be able to talk to their partners in a way that would cause them to really listen. In most cases, many hands shot up in response, stimulating a little excitement in the group. After a brief description of the program, those interested were invited to complete the eligibility checklist, and to stay and complete the full intake in private, if eligible. Those unable to stay were asked to indicate how and when they could be contacted to schedule an intake. This group presentation strategy was very efficient because only a few staff needed to be on hand a few hours a week to identify and recruit a sizable number of potential participants. Identifying the same number of eligible couples in the general community would have required a much higher level of staffing and resources because presentations would be scattered at different organizations and made with one person or couple at a time. Therefore, whenever possible, a similar presentation method was used at other community programs that served large groups of potentially eligible families.

The main recruitment challenge in Baton Rouge was how to access and engage the male partners in learning about BSF and considering application. Men sometimes attended Better Beginnings with their female partners, and couples appearing together were given priority for on-the-spot eligibility assessments. However, such cases were not common. Therefore, most initial contact with male partners was by telephone, making it somewhat difficult for outreach workers to develop a connection and address fathers' concerns about the program. To address this issue, outreach staff provided talking points to mothers about how to introduce BSF to fathers and prepare them for a call from BSF staff.

Enrollee characteristics. Couples enrolled in the Baton Rouge BSF program were more likely to have high expectations for marriage and believe it is better for children if parents are married than did couples in other BSF programs. Nevertheless, they were also less likely to be married or cohabiting full-time when they enrolled and were less likely to report a high level of commitment to their BSF partner. Baton Rouge couples were, on average, about a year younger than the full BSF sample and were more likely than others to report that although the birth was wanted, it was mistimed. BSF couples in Baton Rouge were also more likely to participate in weekly religious activities than were their counterparts in other programs (see Table IV.5).

Table IV.5. Baseline Characteristics of Baton Rouge BSF Evaluation Sample

	Baton Rouge	Total BSF Sample
Demographics		
Age (%)		
Younger than 20	21	20
20 – 24	48	43
25 – 29	20	22
30 – 34	7	9
35 – 39	3	4
40 and older	1	2
Average age (years)	24	25
Race and ethnicity (%)		
African American	79	56
Hispanic	3	24
White	16	16
Other	2	4
Primary language (%)		
English	99	86
Spanish	1	14
Other	0	1
Socioeconomic Status		
High school diploma or GED (%)	67	15
Currently employed (%)	61	53
Earnings past 12 months (%)		
No earnings	7	15
$1 - $14,999	67	58
$15,000 - $24,999	16	18
$25,000 - $34,999	5	6
$35,000 or more	5	3
Receives any public assistance (%)		
TANF	3	6
Food stamps	26	30
Medicaid/SCHIP	49	51
SSI/SSDI	6	4
WIC	31	51
Unemployment	3	3
Family Structure		
Marriage and cohabitation (%)		
Married	4	7
Unmarried, cohabiting full-time	55	63
Unmarried, cohabiting part-time	24	20
Unmarried, not cohabiting	16	10
Multiple partner fertility (%)	29	31
Number of children (total)[a]	1.7	1.9
Number of children in common	1.2	1.4
Number of children with other partners	0.5	0.6
Pregnancy and Birth		
Focal child's age, months (if born)	1.6	1.0
Mother is pregnant (%)	88	62
Birth (%)		
Wanted and timing okay	36	41
Wanted but mistimed	52	46
Unwanted	12	13

Table IV.5. *(continued)*

	Baton Rouge	Total BSF Sample
Couple Relationship		
Less than 1 year (%)	23	19
1-2 years	31	33
3-4 years	19	22
5 or more years	27	26
Average time known one another (years)	3	3
Quality of couple interaction[b] (%)		
High	19	16
Med-high	64	67
Med-low and low	17	17
Commitment to relationship[c] (%)		
High	13	15
Med-high	60	58
Med-low and low	27	28
Chance of marriage (%)		
No chance	1	2
A little chance	3	5
50% chance	17	21
Pretty good chance	26	26
Almost certain	53	46
Attitudes About Marriage and Children		
A single parent can bring up a child as well as a married couple (%)		
Agree or strongly agree	68	69
Disagree or strongly disagree	32	31
It is better for children if their parents are married (%)		
Agree or strongly agree	85	79
Disagree or strongly disagree	15	21
Mental Health, Social Support, and Religious Attendance		
Level of psychological distress (%)		
Low	73	77
Moderate	19	16
High (SMI)[d]	8	8
Social support (%)		
Emergency child care available	97	94
Could borrow $100 from someone	90	88
Frequency of religious attendance (%)		
Never	17	27
Few times a year	28	34
Few times a month	30	22
Weekly or more	26	17
Number of Individuals	1,304	10,206

Source: BSF Baseline Information Form

See Table I.4 for notes to this table.

3. Program Participation and Retention

Group attendance. Of the 652 Baton Rouge couples enrolled in the study, 325 were randomly assigned to the program group. Forty percent of these couples attended one or more relationship skills group sessions together. The rate at which couples attended together and the rate at which individuals attended alone without their partners did not differ markedly, meaning that most participation was by couples rather than individuals. On average, couples who attended at least once participated in about 21 hours of group sessions.

The ever-attended rates Table IV.6 shown by cohorts (all couples assigned within a 120-day period) reveals that participation was fairly high in the first eight months (for the first two cohorts), but then declined in most of the later cohorts. In terms of timing, the low attendance in cohort 3 corresponded to the replacement of the program manager and loss of male outreach and family coordinators. Cohorts 5-7 were enrolled at a time of high turnover in all positions, including program management. Like the ever-attended rates, the average hours attended in the program's first eight months were high but declined in all the remaining cohorts except the last, which had an unusually high attendance rate of 37 hours.

Table IV.6. Baton Rouge Group Attendance

Baton Rouge Cohort	Couples Assigned to Program Group	Percentage Attended at Least Once	Average Hours Attended (All)	Average Hours Attended (Initiators Only)
1	20	65	16	25
2	43	58	14	24
3	44	39	5	14
4	46	48	8	16
5	54	35	5	14
6	67	33	6	19
7	51	25	9	37
All	325	40	8	21

Note: Each cohort represents the couples that enrolled within a 120-day period.

Family coordinator meetings and referrals. According to program management data, more than 99 percent of all enrolled couples were contacted by program staff outside of the group sessions within six months of program entry. The frequency of family coordinator contacts on a per-couple basis was about 1.5 times per month on average. Most of these contacts were by telephone. Although the number of in-person visits varied considerably by couple, on average it was about once every other month. Looking across the full sample of enrollees, the majority (65 percent) of contacts were made by telephone, while 20 percent were in-person visits. The remaining 15 percent of program contacts were made via email, letters, and interactions during special events. The percentage of couples receiving a referral to family support services was about 22 percent; however this does not include the list of resources and contact information for other support services that all couples received.

4. Program Costs

Over 26 months (October 1, 2005—December 31, 2007), the Baton Rouge program spent about $10,881 to serve each of the 121 couples who initiated group attendance. This cost-per-couple excludes expenditures associated with recruiting the study's control group, and breaks down to the following major categories: $1,158 for recruitment and outreach activities; $2,822 for delivering the group curriculum; $2,137 for the family support coordinator component; and about $4,764 for administrative, management, and overhead costs.

5. Notable Features

The BSF program in Baton Rouge implemented some special features, such as the use of married couples as group facilitator teams, and on-site individual counseling for participants with special needs. Establishing the program in a community-based organization known for its wide array of resources for expectant and new parents meant that it was able to capitalize on the visits of large groups of pregnant women applying for Medicaid and prenatal services, and that many supplementary services were readily available to BSF participants.

Notable Features of Baton Rouge BSF

- **Modeling marriage by using married couple pairs as group facilitators**
- **Identifying risk level of couples and matching visit frequency to their needs**
- **On-site individual-level professional counseling for BSF couples, as needed**
- **Presentation of BSF program to groups of likely eligible participants, with immediate intake for those interested**
- **Rich array of additional on-site resources in a family-engaging environment**

Staff turnover at Family Road was in part due to changes associated with the multiple hurricanes that affected the area during the study period. The program completed its pilot and began full operations just as Hurricane Katrina hit. Life in Baton Rouge changed dramatically in the aftermath of Katrina, when the city's population doubled and many people began moving both in and out of the area. As an organization, Family Road was at the forefront of efforts to address the immediate crises of housing, food and shelter for hurricane refugees.

D. Building Strong Families: Florida: Broward And Orange Counties

Healthy Families Broward and Healthy Families Orange are two county-based family programs in Florida that integrated BSF into their existing services. Located in Fort Lauderdale and Orlando, respectively, they are part of the Healthy Families Florida (HFF) statewide network, administered by the Ounce of Prevention Fund (the Ounce) in coordination with the Florida Department of Children and Families (DCF). DCF first learned of BSF in 2004 and encouraged the Ounce to consider implementing BSF within HFF. The Ounce saw a potential fit between the two program models because of several similarities: both programs were voluntary, served unmarried parents, and focused on delivery of services to strengthen families during pregnancy or just after a child's birth. HFF's home visiting service, which was designed to prevent child abuse and neglect, was also seen as a potentially valuable resource for implementing the BSF family coordinator role.

Program Setting

	Broward	Orange
Population:	1,759,591	1,066,113
Racial/Ethnic Composition:		
Black:	25%	21%
White:	70%	72%
Hispanic:	23%	24%
Other:	4%	5%

Percentage of births to unmarried parents:
Broward: 40% Orange: 44%

With a planning grant from DCF, the Ounce approached 15 of the 36 HFF sites and ultimately identified the Orange and Broward county programs as the most ideal for implementing BSF, in part because they met the conditions needed for the study (such as a large number of potentially eligible couples that could be recruited). As a certified Healthy Families America (HFA) program, the plan was to ensure that the integration of BSF would result in a program that would still be consistent with national HFA standards. Organizations involved in the planning included HFA, the Ounce, DCF, the local programs, and the BSF research team. The resulting BSF program in Florida, which was considered an "enhanced" version of the Healthy Families service, became known as Healthy Families Plus, or HFP.

Florida Implementation Timeline

Planning Period:	2004
Pilot Program:	Feb 2005
Evaluation Enrollment:	
Orange: June 2005-October 2007	
Broward: December 2005-March 2008	
Total Couples Enrolled:	696

1. Program Design and Operations

The Ounce, located in Tallahassee, funded and coordinated the statewide Healthy Families Florida program, and also took the lead in sponsoring and overseeing the implementation of HFP in the Broward and Orange County programs. Staff from the Ounce worked closely with the two programs to develop procedures and policies, coordinate trainings, and work through a range of issues related to implementation. Consequently, the two organizations implementing HFP had similar designs and operations, and although there were some variations, were considered a single program site for BSF.

The program design did not call for Healthy Families Plus to replace the standard Healthy Families Florida program, but rather to offer an integrated service alongside HFF. In an attempt to capitalize on the established staffing structure and still meet Healthy Families America guidelines, the programs first sought to use existing staff to provide both services whenever possible. Thus, the same staff who carried out home visits for HFF, known as Family Support Workers (FSWs), were also expected to implement the BSF Family Coordinator role in HFP. Family Assessment Workers

(FAWs), whose role was to assess families interested in participating in HFF, were also used to assess the eligibility of families for HFP (BSF). This arrangement meant that FAWs were responsible for recruiting families for both programs, and the caseloads of FSWs included both traditional HFF clients and HFP couples. To round out staffing for HFP, new positions were created for delivery of the group-based curriculum. Also, because the existing programs had few male staff, new positions were developed for men—Relationship Support Workers (RSWs)—to help support the couples-based curriculum delivery and home visits.

Over time, however, having the same FSWs serve both HFF and HFP families proved challenging, and the programs shifted to assigning staff either HFP or HFF exclusively. Some FSWs, nearly all of whom were women, had been unaccustomed to serving couples and had little experience engaging men in home visits. Once management recognized that working with couples rather than single mothers required additional skills and experience, they selected more senior FSWs with an interest in serving couples for HFP. In addition, when there were vacancies in this position, new staff were hired, rather than transitioning existing staff who were sometimes deeply invested in providing the existing HFF service. The counties found this new approach allowed FSW staff to specialize and better focus on the primary objectives of each program (Figure IV.4).

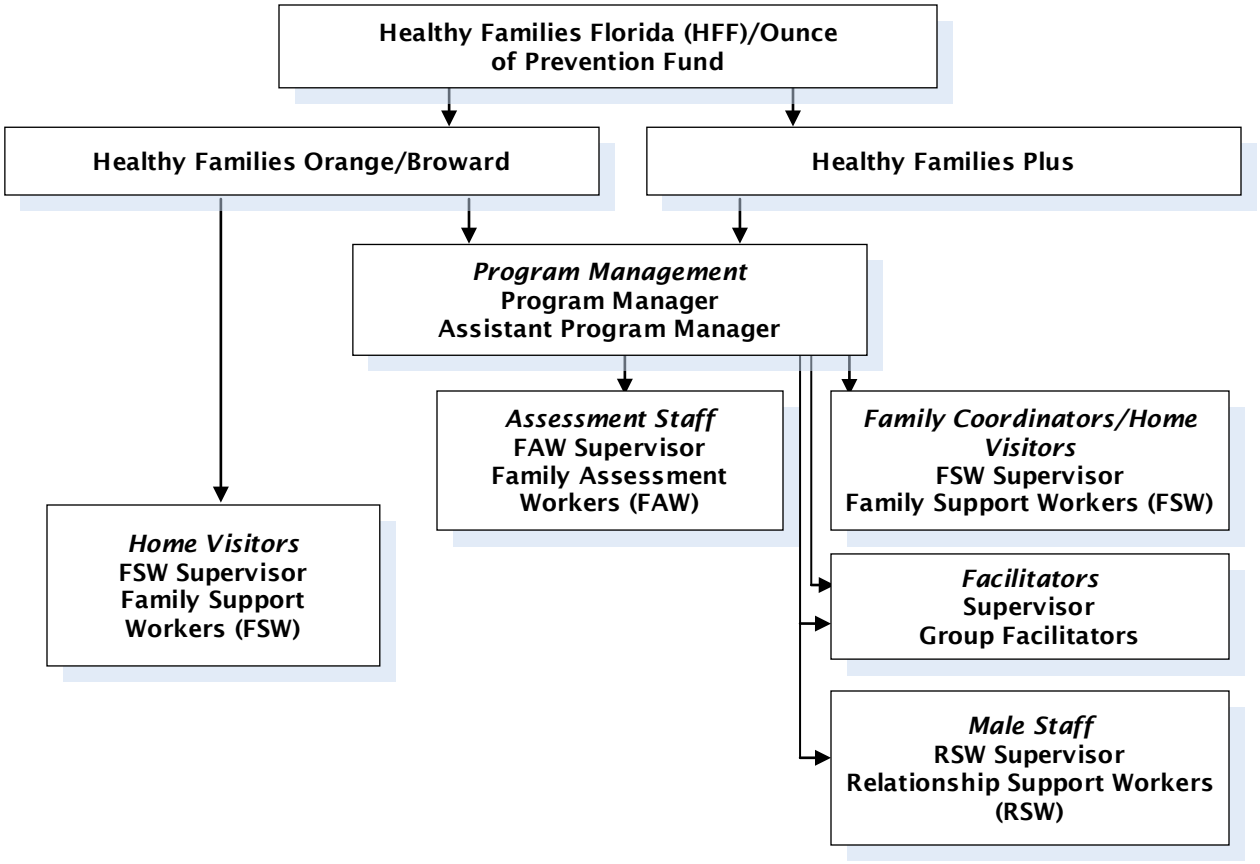
Although the Florida programs built on existing infrastructure, staff turnover was a problem, particularly in Broward County. Over the course of the study, the Broward County program lost nearly all staff at each level, and came under different program management three times. Both Broward and Orange had difficulty hiring and retaining male staff hired specifically to work with fathers as part of BSF. Some of the staff turnover was thought to be related to issues that predated BSF, although some staff thought that the additional responsibilities of implementing BSF also played a role.

Program management. For each county, a program manager and assistant program manger oversaw both the Healthy Families and Healthy Families Plus programs. In Broward County, the program initially had an upper-level supervisor who was responsible for the Healthy Families Plus program, but program cutbacks eliminated this role.

Outreach and recruitment. During the study period, the Orange County program had as many as nine full-time Family Assessment Workers, while Broward had 10, working full-time. FAWs received a brief training on the BSF program, including BSF eligibility criteria. For the FAW position, programs preferred a bachelor's degree, but experience was acceptable in lieu of education.

Family coordinators. The Orange County program had up to six full-time FSWs whose role was to provide BSF family coordinator services for HFP; the Broward program experienced significant turnover in this position initially, but eventually secured four full-time FSWs dedicated to HFP. Management preferred that FSWs working with HFP have a bachelor's degree rather than a master's degree out of a concern that those with a higher level of education might try to counsel, rather than support, the families. The Broward program looked for candidates with a background in child development and experience working with at-risk families.

Figure IV.4. HFP Staffing Structure



Group facilitators. HFP strove to have male-female pairs lead the group sessions, although it had some difficulty finding qualified male staff. Broward employed a mix of in-house and contract staff, all of whom were licensed social workers; two were men and four were women. Orange had five in-house group facilitators, two of whom were men, with degrees in marriage and family therapy, social work, or psychology. HFP sought facilitators with bachelor's degrees, but preferred those with a master's. The facilitators received training from Loving Couples, Loving Children (LCLC) in the relationship skills curriculum over five days, which included the opportunity to role-play and receive immediate feedback. They subsequently underwent a process designed to help them gain proficiency by sending the curriculum developers videotapes of their group sessions and receiving regular feedback.

The male group facilitators were called Relationship Support Workers (RSWs), and they fulfilled several roles, including conducting home visits or intakes with men if the program thought it would be helpful for engaging a father. The Orange County program aimed to conduct at least one home visits with the female FSW and the male RSW.

There were differences between the two programs in the level and type of communication between group facilitators and other program staff. In

Issues Confronting Implementation of New Expectations for Staff of an Existing Program

- **Competing priorities between the existing and new services can cause frustration for workers**
- **Visiting working fathers at home means evenings and weekend hours may be necessary for the first time**
- **Developing buy-in for the new program at all staff levels is crucial**

Broward County, most communication occurred through paperwork that facilitators filled out after each workshop describing how the group went and any specific issues that FSWs needed to be aware of. Because the facilitators were part-time contract staff, they were often unable to attend and receive feedback on their progress during monthly calls with LCLC staff. To make up for this, supervisors usually sat in on these calls and conveyed feedback to the contractors later. In Orange County, facilitators were able receive feedback from the curriculum developers in these calls, and also participated in a twice weekly all-staff meeting, where they could exchange information with FSWs about their couples. As in Broward, Orange County facilitators also prepared summaries of each group session for FSWs to review.

Relationship skills component: Choice of curriculum and format. HFP used the LCLC curriculum as the foundation for group sessions (see Appendix A) and required that couples attend at least 15 of the 21 sessions to graduate. To accommodate families' schedules and preferences, both programs offered two formats for their groups: a double session (approximately four hours) that met on the weekends for 12-13 weeks and single sessions (approximately two hours) that met during the week for 21 weeks. The Orange county program previously offered a single-module format on the weekend, but found that attendance in these groups faltered after 12-13 weeks. This experience led to the program offering a double-module format on Saturdays. Weekday groups met in the evenings, during which time the double-format was not feasible.

Make-up sessions were not promoted heavily in the Florida programs, but to provide additional material for couples who completed most of the curriculum, in 2006, both programs began offering booster sessions using LCLC supplementary modules. In the Orange County program, all graduate couples were invited to the booster sessions, and in Broward County, couples were invited after completing 13 group sessions. The program staff hoped that in addition to providing more material, the booster sessions would bring together couples from multiple groups, expanding the couples' social networks. The booster sessions also gave couples a "night out" after their regular group sessions had ended.

Family coordinator component and linkages to other services: Design and structure. In the Florida program, many aspects of the BSF family coordinator's role were driven by Healthy Families requirements. In accordance with the HFF model, FSWs met regularly with couples in their homes according to a leveling system, which ranged from weekly visits during the first six months, to once a month after a year in the program. Much of the content covered during home visits was determined by the Healthy Families model, for example, using the Growing Great Kids curriculum, which focused on child development.

Over time, steps were taken to add an emphasis on the couple's relationship and their attendance at the group sessions, although the effort to reinforce relationship skills in home visits was limited. FSWs were trained to encourage couples to participate by asking whether they had attended the most recent session and reminding them of upcoming sessions. In response to a need expressed by FSWs for material they could use during home visits to support the relationship skills curriculum, the curriculum developers created one-page summaries of each group module, and FSWs received a special training in using these summaries to reinforce relationship skills. Nevertheless, the extent of this reinforcement effort was somewhat limited, for two reasons. First, as a credentialed HFA program, the home visits had to meet all of the Healthy Families criteria, which left little time for other activities. Second, despite the FSWs' efforts, fathers were often not always present at the home visits, presenting a challenge to working on couples' issues.

As a certified HFA program, the FSW role in Florida was very structured and subject to intense supervision. HFA required FSWs to adhere to a set of stringent requirements including the number, timing, and length of visits and tracking the family's progress on 21 outcomes, such as immunizations and well-baby checkups. All interactions and home visits had to be documented using specified forms. FSW staff were required to meet with their supervisor each week for four hours to review each case individually, participate in twice-weekly staff meetings where information about families was discussed, and have their in-home performance observed by supervisors at least once a month. Staff could be written up for nonperformance, and program-wide nonperformance could result in budget cuts for HFF.

FSWs had to continue meeting these requirements while at the same time implementing the BSF family coordinator role. Staff expressed frustration about meeting all of the benchmarks set out for the program. The addition of new activities in home visits to support BSF and the necessity of meeting with couples on weekend or evenings so that fathers could be included was an extra burden many had not counted on, and according to supervisors and other staff, contributed to turnover.

Both programs struggled with buy-in and only gradually came to understand and fully support the goal of serving couples rather than single parents. FSWs had been trained to be the family's main source of support, the core of the intervention. In contrast, home visits were secondary to the couples' group sessions in BSF. Some staff felt that the importance of their role was diminished with the implementation of BSF, while others resisted the concept that supporting the couple's relationship could contribute to greater child well-being. Eventually, these concerns mostly faded with the shift to staffing HFP with workers who were particularly interested in working with couples, and the hiring of new workers that had no prior history with the program.

Protocol for domestic violence screening and referral. Over the course of implementation, screening for domestic violence evolved from an informal conversational approach, in which FAWs, for example, asked the couple some questions about how they deal with conflict, to a more structured questionnaire administered to women in private. The modified approach began with a similar conversation as before, but added a questionnaire administered to the mother when she was alone with the assessment worker. The program felt the formal screener was more effective at identifying couples for whom BSF was inappropriate, which reinforced its continued use. Couples who did not pass the screener, as well as those who passed but later showed signs of domestic violence, were not enrolled or were removed from HFP; victims were given resources to ensure their safety, such as shelter information and domestic violence hotline numbers.

Encouraging participation: Incentives and other practices. To encourage participation in the group sessions, the Broward and Orange County programs provided supports and incentives. Both programs provided assistance with the cost of transportation to and from group sessions, such as taxi service or gas cards. When necessary, Broward's staff transported couples to group. Orange provided on-site child care in a colorful and well-equipped room. For much of the program period, Broward's group sessions were provided in the conference room of an office building where child care was not possible; parents often brought their children with them into the group sessions. The programs offered monetary gifts to sustain attendance, although they distributed the incentives differently.

The Broward program began with an arrangement that front-loaded incentives in initial sessions, but after noticing that participation declined after incentives were no longer distributed, it modified the approach so incentives were distributed more evenly over time. Each member of the

couple received $25 for attending the first, 6th, 12th, and 18th modules. Each partner also received $10 for attending home visits.

The Orange program distributed incentives over several sessions, although in comparison to the Broward program, the incentives were weighted more heavily towards initial attendance. Staff believed that initial attendance at the first several sessions was a bigger obstacle than later attendance, when couples may become more familiar with the program. Therefore, the program provided the couple $50 for attending the initial session and $200 after attending the first five sessions. To encourage continued attendance, the couple received an addition $50 for every fourth session they attended. The program also offered non-monetary incentives or gifts, for example, to couples who became engaged or graduated from the program.

2. Recruitment and Sample Characteristics

Recruitment for both programs primarily relied on existing partnerships with local hospitals, which the programs had previously established for their Healthy Families services. To avoid conducting assessments with families who were unlikely to be eligible, assessment workers started by "prescreening" women. In the Broward County program, workers stationed themselves at the maternity ward in five area hospitals and reviewed demographic information on women who had just given birth to identify those that were likely to be eligible. In the Orange County program, staff conducted outreach in three local hospitals; in one, workers were permitted to use the hospital's database to prescreen mothers on such eligibility criteria as marital status and language. In the other two hospitals, assessment workers prescreened women by reviewing their medical charts.

Participation Incentives, Per Couple

Broward County	
Session 1, 2, 6, 12, 18:	**$25 gift card per partner**
Orange County	
Orientation:	**Baby gift ($10-13)**
Initial Session:	**$50**
Fifth Session:	**$200**
Each Additional Session:	**$50**
Graduation:	**$100 non-monetary gift**

After the prescreening, assessment workers visited all mothers they thought were potentially eligible. After conducting the assessment, FAWs briefly described the HFF program. When possible, FAWs went on to assess eligibility for HFP and conduct intake, but scheduled a home visit or follow-up appointment if they could not gather the necessary information for both the mother and father in the hospital visit.

Recruitment strategies. The greatest recruitment challenge for the Florida program was meeting with fathers to assess their eligibility and interest. Men were not always present at the hospital shortly after the child's birth, when FAWs typically met with the new mothers. Although some hospitals had father-friendly policies, such as private rooms where the father could spend the night, FAWs often had to follow up with the male partner at a later time.

Recruitment Practices

- **Incorporate BSF recruitment into existing Healthy Families model to screen potentially eligible mothers for both programs**
- **Increase the likelihood that the initial contact will involve the father, by adding Saturday and evening recruitment shifts**
- **Involve male staff to help track and assess fathers when female assessment workers are unable to engage them**

The program developed a number of recruitment strategies specifically to increase the likelihood the initial contact would include the father. A practical strategy was altering the times when recruitment was conducted. Previously, the Broward program only staffed assessment workers in the hospital during business hours. To increase the likelihood the father would be present at the initial assessment, the program added a rotating Saturday shift. Similarly, in the Orange county program, every few weeks, each assessment worker would take a "creative outreach" shift, which required working from 10:30 a.m. to 7:30 p.m., instead of the typical work day.

The program also capitalized on the male staff for father recruitment. The RSWs were trained to reach out to fathers, particularly if they seemed reluctant to engage with the program. RSWs tried to be flexible and conduct the assessment at a location of the father's choosing, for example, his workplace or an area restaurant.

As a more general recruitment practice, the program refined the message couples heard about the program, emphasizing BSF as a way to support and strengthen all couple relationships. The program worked with assessment staff to ensure that they described BSF in positive, proactive terms, rather than a needs-based program for couples with problems. The assessment workers were careful to distinguish the program from therapy, and referred to the meetings as "workshops," rather than "group" or "sessions." They also found that some couples were reassured to learn they did not need to disclose personal information in the workshops.

Enrollee characteristics. Most of the participants in the Florida program were African Americans in their early twenties, with a high school degree, though only half were employed. The percentage of African Americans was 73 percent in Broward County and 59 percent in Orange County, compared with 56 percent of the total number of BSF couples combined across all programs (Table IV.7). The Florida couples were somewhat more likely to have received a high school diploma or GED than the overall sample (70-71 percent versus 66 percent of all BSF couples). Slightly fewer of the Florida couples were employed (about 50 percent), compared with 53 percent of the overall BSF sample.

Table IV.7. Baseline Characteristics of Florida BSF Evaluation Sample

	Broward County	Orange County	Total BSF Sample
Demographics			
Age (%)			
Younger than 20	18	21	20
20 – 24	48	46	43
25 – 29	22	22	22
30 – 34	7	7	9
35 – 39	3	3	4
40 and older	3	1	2
Average age (years)	24	24	25
Race and ethnicity (%)			
African American	73	59	56
Hispanic	15	24	24
White	8	13	16
Other	4	5	4
Primary language (%)			
English	91	92	86
Spanish	4	5	14
Other	5	3	1
Socioeconomic Status			
High school diploma or GED (%)	70	71	66
Currently employed (%)	50	50	53
Earnings past 12 months (%)			
No earnings	9	11	15
$1 - $14,999	58	60	58
$15,000 - $24,999	25	19	18
$25,000 - $34,999	5	8	6
$35,000 or more	2	3	3
Receives any public assistance (%)			
TANF	5	3	6
Food stamps	23	22	60
Medicaid/SCHIP	54	55	51
SSI/SSDI	4	5	4
WIC	50	55	51
Unemployment	2	1	3
Family Structure			
Marriage and cohabitation (%)			
Married	6	6	7
Unmarried, cohabiting full-time	56	63	63
Unmarried, cohabiting part-time	28	19	20
Unmarried, not cohabiting	10	12	10
Multiple partner fertility (%)	29	23	31
Number of children (total)[a]	1.9	1.8	1.9
Number of children in common	1.3	1.4	1.4
Number of children with other partners	0.5	0.4	0.6
Pregnancy and Birth			
Focal child's age, months (if born)	0.2	0.2	1.0
Mother is pregnant (%)	3	0	62
Birth (%)			
Wanted and timing okay	45	42	41
Wanted but mistimed	45	45	46
Unwanted	9	13	13

Table IV.7. *(continued)*

	Broward County	Orange County	Total BSF Sample
Couple Relationship			
Less than 1 year (%)	12	13	19
1-2 years	31	35	33
3-4 years	25	23	22
5 or more years	32	29	26
Average time known one another (years)	4	4	3
Quality of couple interaction[b] (%)			
High	14	25	16
Med-high	78	64	67
Med-low and low	8	11	17
Commitment to relationship[c] (%)			
High	7	19	15
Med-high	62	62	58
Med-low and low	31	19	28
Chance of marriage (%)			
No chance	1	1	2
A little chance	5	3	5
50% chance	16	11	21
Pretty good chance	33	28	26
Almost certain	44	57	46
Attitudes About Marriage and Children			
A single parent can bring up a child as well as a married couple (%)			
Agree or strongly agree	77	75	69
Disagree or strongly disagree	23	26	31
It is better for children if their parents are married (%)			
Agree or strongly agree	70	65	79
Disagree or strongly disagree	22	26	21
Mental Health, Social Support, and Religious Attendance			
Level of psychological distress (%)			
Low	86	77	77
Moderate	10	17	16
High (SMI)[d]	4	7	8
Social support (%)			
Emergency child care available	97	96	94
Could borrow $100 from someone	93	92	88
Frequency of religious attendance (%)			
Never	25	32	27
Few times a year	40	36	34
Few times a month	21	18	22
Weekly or more	14	14	17
Number of Individuals	672	720	10,206

Source: BSF Baseline Information Form

See Table I.4 for notes to this table.

Most of the Florida couples had known each other for a year or longer and roughly half thought it was almost certain they would marry. Only 12-13 percent of Florida couples had known each other less than a year, compared to 19 percent in the overall sample. A greater proportion of couples in the Orange County program (57 percent) felt almost certain they would marry compared with those in either Broward County (44 percent) or the total group of BSF couples (46 percent). Compared to the overall sample, a higher percentage of Florida couples thought a single parent could raise a child as well as a married couple and a lower percentage thought it was better for children if their parents were married.

3. Program Participation and Retention

Group attendance. The Florida program enrolled a total of 696 couples in the study, 336 in Broward County, and 360 in Orange County. Of these, 347 were assigned to participate in HFP (169 in Broward County and 178 in Orange County). Across the study period, 57 percent of Orange County couples and 40 percent of Broward County couples in the program attended at least one group session together (Table IV.8). Among those who attended at least one session, the average number of hours attended was 18 in Orange County and 13 in Broward County.

Although both programs started out with similar attendance rates in the first two cohorts, attendance declined steeply in Broward until the last cohort, composed of four couples who had a high attendance rate. The Broward county program was beset by high turnover, and this instability, particularly at upper levels of management, may have contributed to the program's low participation rates.

In the Orange county program, the decline in attendance after the second cohort was slower and less consistent. Attendance peaked at 70 percent in the second cohort and gradually reached a nadir at 47 percent in cohort 6. Like the Broward program, the last cohort in Orange also was very small and may be anomalous, rather than indicating a sustained improvement in attendance.

Family coordinator meetings and referrals. Orange County HFP staff individually contacted 92 percent of its program group couples, while the Broward County program contacted 81 percent. Data show that within six months of enrollment, Orange County staff contacted couples on average 4.4 times per month, and Broward staff contacted each of its couples an average of 3.3 times per month. The percentage of monthly contacts that were in the form of home visits was 43 in Orange, or about two home visits per couple per month on average. In Broward, about 45 percent of monthly contacts were in the form of a home visit, about 1.5 per couple per month. About two-thirds of monthly contacts were with the mothers only (62 percent in Orange; 72 percent in Broward). About 73 percent of the couples in the Orange county program and 52 percent of the couples in Broward County received a referral to other family support services.

Table IV.8. Florida Group Attendance

Broward County Cohort	Couples Assigned to Program Group	Percentage Attended at Least Once	Average Hours Attended (all)	Average Hours Attended (initiators only)
1	22	50	5	11
2	20	65	12	18
3	34	38	5	14
4	42	33	3	10
5	23	22	2	10
6	24	33	5	15
7	4	75	12	16
All	169	40	5	13

Note: Each cohort represents the couples that enrolled within a 120-day period, except for the last cohort which was about 90 days.

Orange County Cohort	Couples Assigned to Program Group	Percentage Attended at Least Once	Average Hours Attended (All)	Average Hours Attended (Initiators Only)
1	14	50	10	20
2	20	70	15	21
3	38	61	10	16
4	30	63	11	18
5	43	51	10	19
6	30	47	8	18
7	3	67	11	17
All	178	57	10	18

Note: Each cohort represents the couples that enrolled within a 120-day period.

4. Program Costs

Over a one-year period, between July 2006 and July 2007, the Florida programs spent approximately $15,975 for each of the 94 couples that enrolled during that time and attended a group session at least once. Excluding costs associated with recruiting couples for the evaluation control group, this total breaks down to $1,575 for recruitment, $4,063 for delivery of the group sessions, $5,338 for family coordinator activities including home visits, and $4,999 for overhead, administration, and management.

5. Notable Features

The Florida BSF program used intensive home visiting services to implement the BSF family coordinator component, building on its established HFF program. Traditionally HFF had worked with single mothers, and for BSF developed several strategies to engage fathers, including hiring new staff and altering assessment practices. To increase the likelihood the father was present in initial contact with the assessment workers, the staff added nontraditional hours, visiting hospitals on Saturday, for example, or working late in the evening. The program also hired male staff who filled various roles for the program depending on its needs. Male staff, for example, would conduct assessments, attend home visits, and facilitate groups. The program, however, had difficulty identifying and retaining male staff with the appropriate credentials and found it had to be flexible, such as accepting applicants with less formal education but with relevant experience.

Notable Features of Healthy Families Florida BSF

- **BSF couples were eligible to receive up to 18 months of home visits focused primarily on child development and parenting**
- **Hand-selecting from among existing home visiting staff only those interested in working with couples, to gradually develop buy-in**
- **Male staff and nontraditional hours to engage fathers when needed**

Florida's BSF program offers interesting lessons with regard to implementing a new service within an established program. In using the same staff to implement two program models simultaneously, Healthy Families Florida and BSF, competing priorities sometimes arose, which ultimately led to the use of a mix of general and specialized staff. The BSF family coordinator role, in particular, came to be assigned to home visitors who were specifically interested in serving couples and working with fathers and relationship issues.

E. Building Strong Families: Houston, Texas

Program Setting	
City Population: 2,144,491	
Racial/Ethnic Composition:	
Black:	25%
White:	49%
Hispanic:	37%
Other:	9%
Percentage of Births to Unmarried Women	45%
Median Family Income: $55,939	

Healthy Families Initiatives (HFI), a Houston-based home visiting program designed to prevent child abuse and neglect, first became interested in becoming a BSF program in 2004 when its management learned about BSF from a similar program in San Angelo, Texas. Delivering services in Spanish, HFI had been primarily serving the city's large numbers of Hispanic immigrants, targeting at-risk pregnant women and new mothers. HFI was interested in expanding its services to include components that focused on couple relationships, and began planning to add BSF services. As planning progressed, the Texas Attorney General's office joined the effort as a sponsor, seeing BSF as an opportunity to support Office of Child Support Enforcement goals and objectives to establish paternity for children born out-of-wedlock and keep fathers involved in their children's lives or providing child support. The attorney general's office contributed funding for the program through a grant from the Administration for Children and Families' (ACF) Office of Child Support Enforcement, and had oversight of certain program operations, including setting enrollment and caseload benchmarks. After a year of planning, HFI rolled out its BSF program, and over the course of 32 months, enrolled 405 couples.

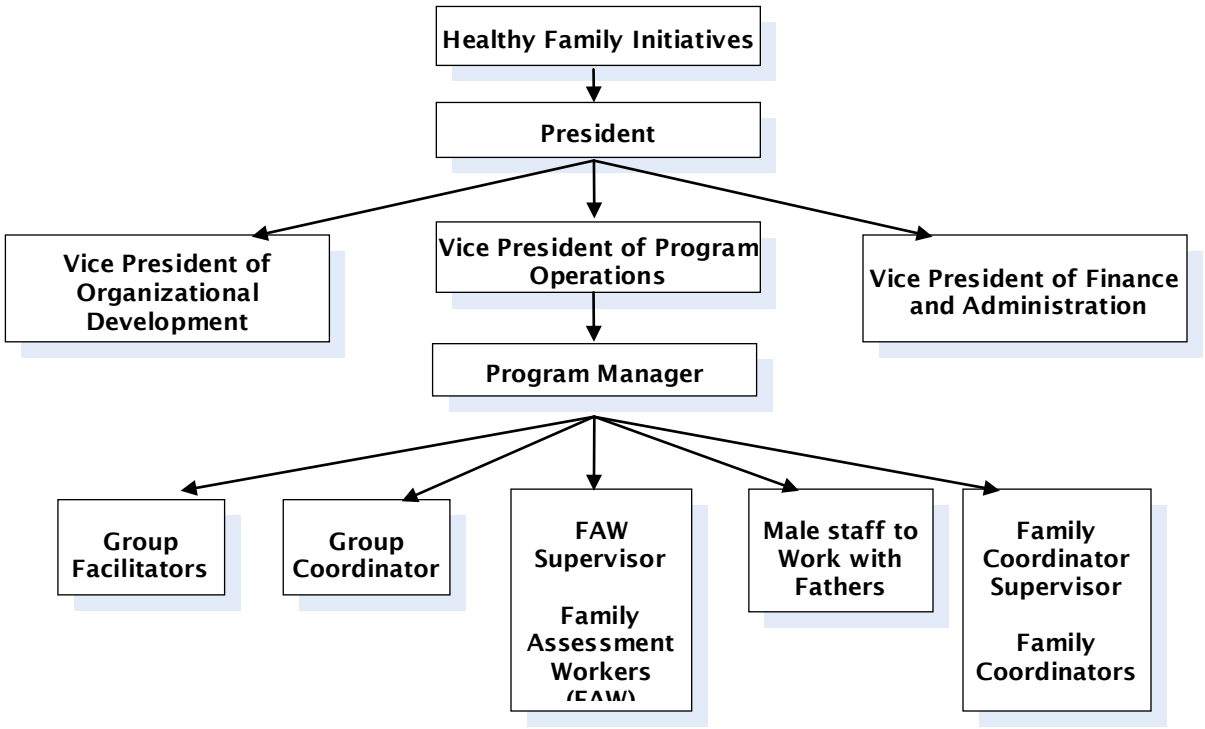
1. Program Design and Operations

Rather than operate two independent programs simultaneously, HFI decided to transform its existing services to follow the BSF model, adapting its home visiting service to be the BSF Family Coordinator component, and adding the core BSF Relationship and Marriage Skills component for couples. In some ways this transition occurred gradually. Although not certified as such, HFI had for many years been based on the national Healthy Families America program, which focused on intensive home-visiting for up to five years after a child's birth. Despite the decision to transform its Healthy Families model, HFI at first maintained a greater focus on preventing child abuse and neglect through home-visiting. Over time, however, the program came to regard both the child maltreatment prevention and relationship-focused group components as central to its mission.

Houston Implementation Timeline	
Planning Period:	2004-2005
Pilot Program:	2005
Study Enrollment:	July 2005- Feb 2008
Total Couples Enrolled:	405

As HFI expanded by implementing BSF, greater specialization in staffing became necessary. For the previous 12 years, HFI's management structure largely consisted of two individuals, the president and vice president/chief financial officer of HFI. The increasing complexity of the program's expansion and retirement of the vice-president led to a restructuring of management. Three new vice-presidential positions were created, focusing on organizational development, program operations, and finance and administration (Figure IV.5). The vice-president of program operations and the program manager supervised the frontline staff, which consisted of assessment workers, family coordinators, group facilitators and coordinators, and a staff person to work with fathers.

Figure IV.5. HFI Staffing Structure



Assessment/recruitment workers. The program had three family assessment workers (FAWs) who were responsible for the identifying and recruiting couples into BSF and were typically the first point of contact a couple had with the program. No formal education was required for this position, although management preferred a bachelor's degree. Personal characteristics also were essential to the role, specifically being outgoing, non-judgmental, engaging, and able to build rapport quickly. All of the assessment workers were women, and like many of the families they worked with, were bilingual and Hispanic.

Family coordinators. The program's family coordinator role grew out of the home visiting model, with modifications to meet BSF guidelines, for example, placing a greater emphasis on couples and encouraging their attendance at group sessions. The program preferred family coordinators to have a college degree, but again it was not required. Relevant experience in a related area or with the target population was considered more important than educational credentials. As with the assessment workers, the program's seven family coordinators (six full-time and one part-time) were women, and most were Hispanic.

Group coordinator and facilitators. In identifying group facilitators, the program sought a greater emphasis on education and experience. Most of Houston's facilitators had a bachelor's degree and a few had master's degrees, in disciplines such as social work and early childhood development. Experience could be in teaching, relationship skills training, or working with families and children. To fill the facilitator positions, the program relied on a combination of training qualified existing staff as facilitators and hiring part-time contract workers. To effectively coordinate the group component, HFI created a new position, the Group Coordinator, which required excellent organizational skills and a history of working well with families and staff. There are four staff members and five contractors who serve as facilitators.

Staff to work with fathers. With a commitment to including fathers in the program, the program usually had a full-time male staff member, informally known as the "dads' guy." His responsibilities were driven by the needs of the program and the families, for example, helping fathers find employment or encouraging a father to attend group sessions. HFI had some difficulty recruiting and retaining male staff for this position. Program management thought this difficulty might have been related to the narrow requirements for the position—Spanish fluency, the ability to relate well to low-income Hispanic men, and flexibility in work hours—as well as the preference for a college degree. Although turnover in the program as a whole was generally low, the program experienced high turnover for this position.

Relationship skills component: Choice of curriculum and format. HFI used the Love's Cradle (LC) curriculum (see Appendix A), which required translation for its largely immigrant, Hispanic population. The program worked with the author of the LC curriculum to develop a Spanish version of the materials, including handouts for the families. The translation required some back and forth to make the material linguistically appropriate for the program's specific population and still remain faithful to the curriculum.

HFI staff generally liked the curriculum material and made no systematic adaptations, although they thought the presentation of the material needed to take into account cultural variations, such as expectations for gender roles. To avoid potentially disrespecting cultural traditions, staff aimed to present the skills as supplementing rather than supplanting what couples brought with them to the program. Staff made minor *ad hoc* adaptations of the curriculum to take account of cultural issues.

One individual was trained by the curriculum developer and became certified to train others. This person trained the other group facilitators at HFI, and supervised their facilitation by periodically observing groups and completing a rating form developed by the author of the curriculum.

The dispersed geography of the city (Houston is spread out across 600 square miles) meant that travel to get to group could be challenging, which had implications for both the location and frequency of group sessions. To make attendance more likely, HFI had to identify multiple service delivery settings across the city, such as churches, schools, and community centers. It also experimented with a range of different group formats, settling on a once-monthly format that combined several curriculum modules and met for four to five hours at a time. By the end of the implementation period, most groups were provided in the monthly format, on Saturdays or Sundays. For couples who did not want to commit to that many hours for each session, however, the program maintained one weekly group on Wednesday evenings that met for two hours at a time.

Family coordinator component and linkages to other services: Design and structure. The family coordinator role in the Houston program grew out of the home visiting services that HFI offered prior to BSF, and initially, the content of home visits changed very little. In accordance with the Healthy Families model, home visiting typically was conducted with the mother and baby, and focused on child development, using the Growing Great Kids/Growing Great Families curriculum. Mothers were offered referrals for any demonstrated needs, such as employment, mental health, or substance use.

Participation Incentives, Per Couple	
Attendance at the Initial 3-4 Sessions:	$100
Intermittent Gift Card Raffles:	$25

As the group sessions and home visiting became more integrated over time, the home visits incorporated more of an emphasis on the couple. Although the home visiting still focused on child development, the family coordinators were responsible for also encouraging group attendance, for example, by monitoring the couples' attendance, determining why a session was missed, and stressing the importance of the curriculum. The family coordinators also could reinforce relationship skills or lessons; they were trained in the LC curriculum and had access to the curriculum materials. The family coordinators, however, typically had limited contact with fathers, and thus the makeup sessions often were conducted with the mothers. Although staff preferred to have both the mother and father present during the visit, they found that fathers were not often available because of work and other commitments, and generally home visits remained with the mother only.

As greater emphasis was placed on attending both group sessions and home visits, the program came to believe that the multiple expectations were daunting to many couples. To lessen the demands on couples' time, the Houston program chose to reduce the frequency of home visits. Home visits were decreased to once or twice a month, depending on the child's age, in contrast to the weekly visits that occurred prior to BSF. As a BSF program, HFI provided home visits with parents up to 18 months after their child's birth.

The Houston program developed several mechanisms to promote communication between group facilitators and family coordinators. Facilitators provided home visitors with information on couples' attendance at group, and the program held weekly all-staff meetings where facilitators were able to discuss couples' progress with family coordinators and other staff members. When needed, *ad hoc* meetings were held to discuss the situations of particular couples experiencing difficulties and solicit various perspectives on how to help them.

Building on an Existing Model of Home Visiting

Advantages

- **Existing infrastructure and experienced staff**
- **Knowledge of local resources and connections with other agencies**

Challenges

- **Shifting focus to couple**
- **Competing demands on a couple's time**

Protocol for domestic violence screening and referral. HFI used a conversational approach to assess domestic violence, working relevant questions into a broader assessment of needs in an informal way. Thus, although the topics were specified, the domestic violence screening did not consist of a prescribed set of questions. If an incident occurred within the last three months, the couple was not eligible for the program and was referred to local domestic violence services. If the domestic violence was less recent, the assessment workers brought the case to their supervisors and decisions about program eligibility were made on a case-by-case basis. The Houston Area Women's Center and the local police department provided training for program staff in recognizing indicators of domestic violence.

Encouraging participation: Incentives and other practices. During early implementation, the Houston BSF program did not emphasize group attendance as strongly as home visits, and struggled with group participation rates. Initially, the program believed that couples should be eased into groups, after they had first developed a close and trusting relationship with the family coordinator/home visitor. Accordingly, the program began home visiting without having couples commit to a group. However, staff observed that the longer the couple went without attending group, the less likely it was that they would ever do so. Although HFI explored ways to quickly move couples into group, options were limited by the number of couples enrolled in a month. Too few couples were enrolled each month to start new groups on a frequent basis, which meant that some couples had to wait for weeks before a new group was formed.

To minimize the wait to attend a new group and hopefully improve group attendance, Houston adopted an open entry policy, so that couples could join a group already in progress. If a couple joined the group after it had already begun meeting, the couple was expected to attend until the end of the series, and then attend the next group to complete the missed sessions. If a couple started at session five, for example, they would attend sessions five through 20, and then when the group started with the new material, the couple would attend sessions one through four.

Group facilitators indicated that the open entry policy made it difficult to integrate new couples into an existing group. In particular, staff noted that couples usually had trouble understanding the material if they had not attended the first seven curriculum modules that focused on the core communication skills. Although couples did not always receive the curriculum lessons in consecutive order, the policy substantially reduced the wait time between enrollment and first group session.

Another effort to increase participation was reducing the frequency with which a group met. To balance competing demands for regular home visits and group sessions, HFI began offering monthly, rather than weekly, group sessions. Monthly groups met for four to five hours at a time and provided multiple modules. Because most couples chose the monthly over the weekly format, the program moved to offering most of its groups once a month.

To reinforce the importance of participation, multiple staff were responsible for encouraging attendance. Family coordinators were expected to make reminder phone calls to couples the day before the group met. The program's group coordinator kept track of couples' attendance and invited them to other groups if they needed to make up material. If staff were concerned that a father was reluctant to attend, they had the "dads' guy," a male staff member, contact him and try to resolve any issues.

The Houston BSF program offered program supports as well as occasional incentives to encourage the prompt attendance of both parents. On-site child care was provided during groups wherever possible, and couples received gas cards to help with transportation costs. In addition, couples could receive gift cards during raffles that occurred in group sessions. Staff thought the raffles were helpful in motivating attendance, but punctuality was problematic. Subsequently, the program required that both partners arrive on time to be eligible for the raffle. The gift card incentives were offered throughout the curriculum on an intermittent basis and were not tied to a couple's previous attendance or attendance benchmarks.

2. Recruitment and Sample Characteristics

Although the program had anticipated using its existing sources as it transitioned to offering BSF, it encountered several problems, such as staff turnover at recruitment source organizations, which required identifying and developing new partnerships. The recruitment approach changed three times during the study period.

The Houston program initially expected to receive referrals for BSF from the two major hospitals that HFI had come to rely on for its home visiting program, but this approach did not work out. The transition to BSF required a temporary hiatus from recruitment, and in the end, HFI found that after the interruption, the number of hospital referrals did not return to previous levels. High turnover among the hospital social workers and the interruption in recruitment meant that new workers were unfamiliar with HFI's history and others may have forgotten about HFI as a resource. In addition, there was some resistance among social workers to refer families to a program that

involved the possibility they would not receive services, which could occur if the family was placed in the no-treatment control group.

The decreased number of referrals from hospitals led HFI to begin cultivating alternative recruitment sources such as community-based organizations and churches; of these new partnerships, public health clinics turned out to be the most productive source. Clinic staff identified potentially eligible families and referred them to HFI. In late 2006, concerns were raised about sending referrals without the families' explicit consent. Because the clinics were unwilling to use their own staff to gather written consent from families to forward their information, the clinic referrals ceased.

Recruitment strategies. Moving to a strategy of using its own staff to make direct contact with families, the Houston BSF program decided to have an assessment worker set up a table in the waiting rooms of the clinics at specified times during the week. The assessment workers were asked to visit particularly productive clinics once a week, and others every two weeks, staying for three to four hours at a time. Rather than conduct the full assessment and intake in the waiting room, the worker generally used the time to determine whether the couple was eligible for the program and obtain contact information. The direct contact method generated the number of couples Houston wanted, but was a labor-intensive and time-consuming effort, according to staff.

Recruitment Practices

- **To sustain the enthusiasm of the recruitment staff, management took steps to increase their connections to the program and families.**
- **Assessment workers were invited to group sessions to observe the results of their efforts.**
- **Assessment workers were trained in the**

Observing that the most convincing assessment workers were excited about the program and believed they were offering families an exceptional service, HFI took steps to develop and sustain enthusiasm. This element was deemed particularly important because in the hospital, workers typically had only a short period of time to build rapport with the mother, develop her interest in the program, and ask her to provide contact information. The program found that assessment workers struggled to stay motivated when they had limited contact with the couples after recruitment. To address this issue, assessment workers were trained in the LC curriculum so they would have first-hand experience of the potential value and benefits of the program, and were invited to attend group sessions to see the results of their recruitment efforts. Observing families enjoying the program helped boost the assessment workers' morale and increased their commitment to enrolling more families in the program.

Enrollee characteristics. According to staff at the Houston program, the BSF couples were mostly first-generation immigrants, many of whom were undocumented, although this information was reported anecdotally. Data collected from couples at intake indicated that the vast majority of the program's sample was Hispanic (90 percent) and almost 80 percent spoke Spanish as their primary language (Table IV.9). Compared to the overall sample, the Houston program had a lower percentage of high school graduates (56 versus 66 percent), although similar levels of employment (roughly 53 percent). The program generally showed a lower rate of public assistance receipt than the total BSF sample, with the exception of WIC.

Table IV.9. Baseline Characteristics of Houston BSF Evaluation Sample

	Houston	Total BSF Sample
Demographics		
Age (%)		
Younger than 20	13	20
20 – 24	35	43
25 – 29	27	22
30 – 34	15	9
35 – 39	6	4
40 and older	4	2
Average age (years)	27	25
Race and ethnicity (%)		
African American	7	56
Hispanic	90	24
White	2	16
Other	2	4
Primary language (%)		
English	20	86
Spanish	79	14
Other	1	1
Socioeconomic Status		
High school diploma or GED (%)	57	66
Currently employed (%)	53	53
Earnings past 12 months (%)		
No earnings	23	15
$1 - $14,999	47	58
$15,000 - $24,999	24	18
$25,000 - $34,999	4	6
$35,000 or more	2	3
Receives any public assistance (%)		
TANF	1	6
Food stamps	16	30
Medicaid/SCHIP	38	51
SSI/SSDI	2	4
WIC	55	51
Unemployment	1	3
Family Structure		
Marriage and cohabitation (%)		
Married	11	7
Unmarried, cohabiting full-time	74	63
Unmarried, cohabiting part-time	13	20
Unmarried, not cohabiting	2	10
Multiple partner fertility (%)	26	31
Number of children (total)[a]	2.0	1.9
Number of children in common	1.5	1.4
Number of children with other partners	0.5	0.6
Pregnancy and Birth		
Focal child's age, months (if born)	2.0	1.0
Mother is pregnant (%)	61	62

Table IV.9. *(continued)*

	Houston	Total BSF Sample
Birth (%)		
Wanted and timing okay	55	41
Wanted but mistimed	37	46
Unwanted	8	13
Couple Relationship		
Less than 1 year (%)	16	19
1-2 years	33	33
3-4 years	25	22
5 or more years	26	26
Average time known one another (years)	3	3
Quality of couple interaction[b] (%)		
High	15	16
Med-high	68	67
Med-low and low	18	17
Commitment to relationship[c] (%)		
High	15	15
Med-high	60	58
Med-low and low	25	28
Chance of marriage (%)		
No chance	3	2
A little chance	7	5
50% chance	24	21
Pretty good chance	23	26
Almost certain	43	46
Attitudes About Marriage and Children		
A single parent can bring up a child as well as a married couple (%)		
Agree or strongly agree	52	69
Disagree or strongly disagree	48	31
It is better for children if their parents are married (%)		
Agree or strongly agree	92	79
Disagree or strongly disagree	8	21
Mental Health, Social Support, and Religious Attendance		
Level of psychological distress (%)		
Low	81	77
Moderate	12	16
High (SMI)[d]	6	8
Social support (%)		
Emergency child care available	85	94
Could borrow $100 from someone	86	88
Frequency of religious attendance (%)		
Never	15	27
Few times a year	43	34
Few times a month	26	22
Weekly or more	16	17
Number of Individuals	810	10,206

Source: BSF Baseline Information Form

See Table I.4 for notes to this table.

Compared to the BSF sample overall, the Houston program's participants were more likely to have married after conception but prior to enrollment (11 versus 7 percent). They were also more likely to strongly agree that it was better for children if their parents were married (54 percent versus 38 percent) and disagree or strongly disagree that a single parent could bring up a child as well as a married couple (48 percent versus 31 percent). The sample in the Houston program, however, was similar to the overall sample regarding likelihood of marrying their BSF partner, and showed similar levels of commitment on the relationship quality scale.

3. Program Participation and Retention

Group attendance. Of the 405 enrolled couples in the Houston BSF program, approximately half (203) were assigned to the program group and eligible to receive BSF services. Among those, the majority—60 percent—attended at least one group session as a couple. For couples who attended at least one session together, the average length of participation was 14 hours (Table IV.10).

Table IV.10. Houston Group Attendance

Houston Cohort	Couples Assigned to Program Group	Percentage Attended at Least Once	Average Hours Attended (All)	Average Hours Attended (Initiators Only)
1	28	29	2	9
2	4	0	0	0
3	29	59	5	9
4	14	57	6	11
5	27	59	14	24
6	32	66	10	15
7	36	75	12	17
8	33	76	8	10
All	203	60	9	14

Note: Each cohort represents the couples that enrolled within a 120-day period.

An examination of cohorts of couples shows that rates of ever attending group improved over time. In the first five cohorts, covering about 20 months of implementation, participation ranged from 0 to 59 percent, hovering near 60 percent in cohorts 3 through 5. As the Houston program became more focused on engaging couples in groups shortly after enrollment, attendance increased. The program, for example, adopted the open entry policy of group attendance after cohort 5. In the last three observed cohorts, which span the last year of enrollment, an average of 72 percent of couples assigned to the program group attended at least once.

The trend in the average hours attended, however, does not show a consistent pattern. The average number of hours among initiators was low in the first three cohorts, but increased thereafter, peaking in cohort 5 and declining again in later cohorts (though not to levels seen in the early cohorts).

The cohort analysis also illustrates some of HFI's recruitment struggles. The first cohort reflects an accumulation of couples who were interested in BSF but had been put on hold as the program transitioned from offering Healthy Families to BSF. Meanwhile, the difficulty recruiting from traditional sources became apparent in cohort 2, leading ultimately to the identification of new referral partners.

Family coordinator meetings and referrals. HFI staff individually contacted 100 percent of its enrolled couples outside of the curriculum group sessions. These contacts were usually by BSF family coordinators (former HFI home visitors), who, within six months of enrollment, contacted each couple an average of 3.3 times per month. About half of these average monthly contacts were made by telephone, with the other half through home visits. Although the program tried to place greater emphasis on the couple during home visits, most visits were conducted with mothers alone. Of the 3.3 average visits per month, 82 percent were held with mothers only. Family coordinators provided referrals for a range of support services to nearly 50 percent of BSF families.

4. Program Costs

Over a two-year period (January 2006–January 2008), HFI spent about $17,525 to serve each of the 105 couples that enrolled during this period and attended a group at least once. Across the program's components, this breaks down to about $2,619 for outreach and recruitment activities (not including outreach and recruitment of control group couples); $2,859 for delivery of the group curriculum, including all supplies, training, and incentives; $5,842 for delivery of the family support services and associated expenses; and about $6,205 for administrative, management, and overhead costs.

5. Notable Features

The Houston program has some distinctive features that set it apart. All services were provided in Spanish, and HFI provided BSF couples with intensive home visiting services for up to 18 months after the child's birth, as part of the family coordinator component. The large size and spread of the city meant that groups were dispersed in various locations, and were often held on a monthly rather than a weekly schedule, factors that may have inadvertently translated into a weaker focus on relationships than was intended. The Houston program also started out with less experience working with fathers and had some difficulty engaging and retaining men to round out its mostly female staff.

Notable Features of Houston HFI

- **Services in Spanish**
- **Monthly group format**
- **Open entry policy for group**
- **Home visiting for up to 18 months after child's birth**
- **Mostly female staff**

F. Building Strong Families: Indiana: Allen, Lake, and Marion Counties

At the encouragement of the state program coordinator for Healthy Families Indiana (HFI), a long-term home visiting service for preventing child abuse and neglect, BSF was implemented in three Indiana counties. The state coordinator facilitated implementation in three of its largest HFI programs serving Allen, Lake, and Marion Counties (whose principal cities are Fort Wayne, Gary, and Indianapolis, respectively) as a way of expanding the HFI program and more effectively reaching out to fathers.

Program Setting

	Allen	Lake	Marion
Population:	347,316	494,202	865,504
Race/Ethnicity:			
Black:	12%	26%	26%
White:	84%	71%	70%
Hispanic:	6%	14%	7%
Other:	2%	2%	2%

Percentage of Births to Unmarried Parents (statewide): 41%

Allen:	41%
Lake:	52%
Marion:	55%

With its focus on parent education, child development, and access to health care and a large client base of at-risk families, HFI seemed a natural choice for adding services to strengthen the relationships of parents. HFI's statewide home visiting model was implemented in partnership with Healthy Families America (HFA), and the Indiana programs agreed early on that with the implementation of BSF, these services would continue to be offered and meet HFA standards. Thus, planners envisioned the new program as building on HFI's existing infrastructure and including HFI-style home visits, but not replacing the standard Healthy Families service.

Indiana Implementation Timeline

Pilot Program:	February 2005
Evaluation Enrollment:	Jan 2006–Aug 2008
Total Couples Enrolled:	466

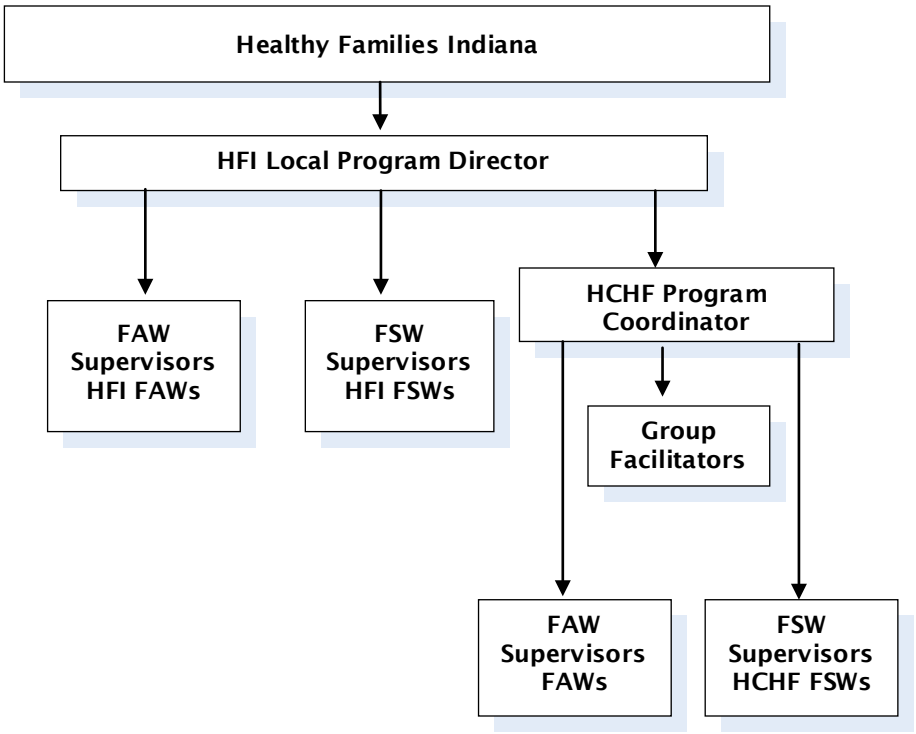
The implementation of BSF in the HFI programs was overseen by the state program coordinator, who gave the counties considerable flexibility in implementation. Administrative and management tasks for BSF in the three counties were provided by the organization operating the Allen County program, SCAN, Inc. As a result of the common funding sources and general coordination, the three counties took comparable approaches to implementing BSF and were considered a single BSF program, even though operations often differed across and within the counties. Naming its BSF program Healthy Couples Healthy Families (HCHF), the programs began enrolling couples for a pilot in February 2005. Recruitment, which began in January of 2006 and lasted 20 months, resulted in enrollment of 466 couples.

1. Program Design and Operations

Figure IV.6 illustrates generally how HCHF operated in relation to HFI; however, each of the county programs that adopted BSF had multiple locations and contracted with additional community organizations to implement key components. In Allen County, four organizations played a part in program operations. Lutheran Social Services employed the Family Assessment Workers (FAWs), to conduct intake and recruitment for both HFI and HCHF. Three other organizations—Community Action of Northeast Indiana, Easter Seals, and SCAN, Inc.—employed the Family Support Workers (FSWs) who conducted the home visits for both Healthy Families and BSF.

SCAN, Inc. oversaw the Allen County program, and employed the BSF curriculum group facilitators.

Figure IV.6. HCHF General Staffing Structure



In Lake County, BSF implementation was led by a branch of The Villages, a social services agency that has centers in seven regions of the state, and which operates HFI in Lake County. The FAWs who conducted assessments and intakes for HFI and HCHF were employed by another agency, Mental Health Associates, while The Villages employed the group facilitators and the FSWs who provided home visits.

Implementation in Marion County was led by Healthy Families Marion County, but was distributed across three additional organizations: Clarion HealthNet, Indiana University, and Wishard Hospital. Healthy Families Marion County provided the group facilitators for all HCHF couples that enrolled, while the other three organizations conducted eligibility assessments and provided FSW home visiting services to BSF couples within their zip codes.

In addition to distributing key functions of the BSF model across multiple organizations, the Indiana county programs also differed in how they allocated the BSF functions across existing HFI positions. In the Allen program, BSF enrollment was assigned to FAWs. However, Marion and Lake programs' FAWs handled just the identification of eligible couples. This identification data was then handed over to a group of facilitators who scheduled a home visit to describe BSF and enroll interested couples. The BSF family coordinator component was carried out by FSW home visitors in Marion and Allen, but in Lake County much of this responsibility was given to the group facilitators.

Management. Each county program had a coordinator whose role was to oversee HCHF operations and work with the local HFI program director. Because the three Indiana programs varied in their organizational associations and in the way staff were used, their hiring and supervision practices also differed, as described below.

Outreach and recruitment. Across the three Indiana counties, FAWs were employed by a total of six different organizations. At one point Marion County had 18 FAWs from four organizations; Allen had five FAWs working with Lutheran Social Services; and Lake had three FAWs at The Villages and received assessments from a group of FAWs employed by Mental Health Associates. In all cases, FAWs worked on both HFI and HCHF, but qualifications for the position varied somewhat by organization. Allen County FAWs were required to have a bachelor's degree and good communication skills. In Marion County, FAW requirements were set by the four sub-locations individually, who required experience working with families, and preferred, but did not require, some college background. The extent of training and supervision for FAWs also varied across counties and locations.

BSF group sessions. The Indiana programs used a mix of contractors and full-time employees to facilitate BSF groups. The number of facilitators varied across the implementation period, but Marion County had as many as 10 (including four Spanish speakers), while there were up to six in Allen County and three in Lake County, including contracted staff. For much of the study, Lake County had just one facilitator due to staff turnover and a slow hiring process, which was handled through the organization's central office and far removed from the workings of the BSF program.

Group facilitators in the Indiana programs had either a bachelor's or master's degree. Most Marion county facilitators had previous HFI experience. Lake County facilitators, with their multiple roles that included BSF enrollment and home visits, were expected to be self-starters, adept at multitasking, good communicators, computer literate, familiar with the community, and able to conduct outreach and sell the program.

Family support. With its large population and involvement of multiple organizations, Marion County had as many as 80 FSWs; about 20 of these eventually came to be dedicated to HCHF. The qualities and background required of FSWs and the process by which they were selected to work in the HCHF program also varied across program and sometimes location. In Marion County, FSWs dedicated to HCHF were selected by their supervisors based on their interest in supporting the program and serving couples, as well as on performance markers such as family retention rates. In Allen County, qualifications depended on the agency employing the FSW. (Easter Seals required that FSWs either have a bachelor's degree or be a member of an underserved population, while SCAN required two or more years of higher education.)

Relationship skills component: Choice of curriculum and format. The Indiana BSF program selected the Loving Couples, Loving Children curriculum as the foundation of its group sessions on relationship and marriage skills (see Appendix A). To facilitate attendance by people with standard work schedules, the curriculum group sessions were typically held during a two-hour period in the evenings Monday through Thursday and on Saturday. At the peak of program operations, as many as four groups were operating at Marion County at a given time. To graduate from BSF, the Indiana programs required couples to complete 22 weekly modules (including supplementary sessions). In two counties (Marion and Allen), couples who missed a session were able to make it up in their home. However, this accommodation was not possible in Lake County because of a shortage of staff.

Family coordinator component and linkages to other services: Design and structure. The original vision for the program involved using Healthy Families home visitors to implement the BSF family coordinator component, but this strategy, in some locations, turned out to be less straightforward than anticipated. In the largest county, administrators were concerned about the added burden that home visitors would have with families enrolled in HCHF, so they limited an FSW's responsibilities to the single function of assessing and linking family members to needed family services (a service they were accustomed to providing as part of HFI). The remaining BSF family coordinator functions—encouraging BSF group attendance, reinforcing relationship skills, and providing general support for the couple's relationship—were assigned to the group facilitators. In addition, HCHF cases were distributed across all home visitors so that each FSW had only one or two HCHF in their full caseload of HFI families.

Assigning the major responsibility for BSF family coordinator activities to group facilitators led to a bifurcation of BSF and Healthy Families in the first year of operations, with facilitators invested in providing and supporting BSF, and home visitors more focused on Healthy Families services. The arrangement kept most of the responsibilities of the family coordinator role out of the hands of the home visitor staff, who often had little contact with group facilitators but were still nominally designated to support BSF. FSWs charged with visiting HCHF families had not been given the opportunity to buy in to the concept of providing couples-based support and services because they had limited training and interaction with HCHF staff, and HCHF couples made up only a tiny fraction of their overall caseloads. They expressed a lack of understanding regarding the focus on relationships, and marriage in particular.

In early 2007, the program took steps to address this issue. First, it altered its approach to assigning FSWs to HCHF couples. Instead of allocating cases across the full slate of FSWs, the manager began to match up HCHF cases with FSWs who showed support for the program's fundamental philosophy and who had good family retention rates, and limited the number of FSWs who took on HCHF families. In addition, BSF curriculum developers provided FSWs with special training and specific tools they could use to reinforce relationship skills in the home setting. Responsibility for this function and that of encouraging group attendance was then shifted to these specially selected FSWs.

The frequency, schedule, and much of the content of FSWs' visits with HCHF couples followed the same pattern that had been established for HFI, but FSWs found ways to incorporate a focus on the couple's relationship. The schedule provided for weekly visits during the first six to nine months, gradually decreasing to twice monthly and then monthly. Much of the typical visit focused on the child development curriculum and goal setting for the mother, including development of an individual family service plan, and provision of referrals and resources. To support the couple's relationship, FSWs were trained to follow up by asking parents such questions as whether they did the homework assigned in group, what was working for them, and whether anything was making them uncomfortable. FSWs began to coordinate with the group facilitators to check in on couples' group attendance and to help determine why the couples were missing group meetings. Two of the programs worked to reinforce relationship skills through the use of a guidebook created by the curriculum developers especially for use by family coordinators. Some sites in Marion County began to use a special father-specific curriculum, such as Pro-Dads or MAPS to supplement their materials. Although they strove to include fathers in the visits, organizational constraints on working hours often precluded this. (Staff in some locations were not permitted to work evenings or weekends—times when fathers were more likely to be available.)

Protocol for domestic violence screening and referral. HFI was accustomed to screening mothers for domestic violence, although finding domestic violence meant that a mother would be included, not excluded from HFI, because the program might help her seek safety and shelter. In revising existing policies to be suitable for HCHF, which focused on couples rather than mothers, the programs were challenged to define a strategy that would still serve the original purpose of uncovering domestic violence but also address the BSF screening goals, which involved referral of couples with domestic violence to other services such as shelters and batterer treatment programs.

Indiana screened couples through a conversational assessment conducted by FAWs. It explored three key factors: whether either party felt intimidated or threatened, whether medical treatment was ever needed as a result of an altercation, and whether or not police ever came and made an arrest as the result of an altercation. All potential instances of domestic violence revealed in this process, as well as those revealed later during participation, were forwarded to supervisors who made decisions about program acceptance and referrals to outside resources on a case-by-case basis. Those who were deemed to be in abusive relationships were excluded from BSF and referred to appropriate services, although couples had the right to appeal the decision to be screened out of BSF.

Encouraging participation: Incentives and other practices. To encourage group attendance among couples assigned to the intervention group, the Indiana program implemented several strategies that were not necessarily the same across counties. These included: (1) maintaining contact with couples while they awaited the start of groups, through telephone calls and home visits (mostly in Allen County), (2) easing couples into attending groups by urging them to try a non-essential module at least once (in Marion County), and (3) providing a small monetary incentive for each group attendance (all counties). Program supports, such as child care during group sessions, and ongoing social activities for participants and graduates were available at some, but not all, of the county programs.

Marion County tried several methods to help couples overcome their naturl anxieties about going to the first group session. At first, facilitators held icebreaker sessions, which involved games and other activities to help couples and staff get to know one another. However the program saw this strategy as ineffective at gaining couples' participation because couples generally did not like this introductory activity nor did they get a sense f what the program would be like from this kind of session.

The second strategy seemed more useful, according to staff. This involved starting with supplementary curriculum modules for the first few groups so that couples could get a real feel for the materials and format of the groups while they settled into the schedule. Supplementary modules were additional lessons that are not part of the core curriculum, but that could be added to the core sessions. Facilitators often encouraged reluctant couples to come to one session and see if they liked it, adding that they did not have to continue if they felt uncomfortable. Facilitators had learned from prior experience that once couples saw what the groups were like during those real sessions, they usually liked them and wanted to keep participating. Delaying the formal start of the group sessions also had the advantage of giving couples more than one chance to start attending before core material began to be presented. Facilitators prepared several supplementary modules for the first few sessions, and only began the core material once they thought all the couples who were going to participate had actually begun to do so.

All three county programs provided incentives for attending group sessions, most often in the form of a $10 gift card for each person ($20 per couple). Attendance at every group session was rewarded, including perfect attendance, which earned a $100 reward, totaling $540 for those attending all sessions. The gift cards could be redeemed at a variety of merchants, including Wal-Mart, grocery stores, or gas stations, and couples were often allowed to choose among these. Allen County also held raffles for each group at two months ($100), four months ($200), and six months ($300) after group start. Each couple received an entry into the raffle for every group session they attended.

Participation Incentives, Per Couple

	Allen	Lake	Marion
Each Group:	$20	$20	$20
Raffles:	Yes	No	No
Perfect Attendance (100%):		$100	

To facilitate attendance at the group sessions, the Indiana programs provided some supports. In each county, couples were assisted with transportation to and from group sessions, as needed. Meals were served at each group, which was particularly important for couples who were coming directly from work. The Marion County program provided child care during the group sessions, but the Allen and Lake County programs were unable to do so.

2. Recruitment and Sample Characteristics

All three Indiana counties recruited couples by directly approaching them at area hospitals, and by contacting families referred from other sources, although the emphasis on these varied across programs. Allen County recruited couples through the maternity wards of five area hospitals and received referrals from doctors' offices. Some locations in Marion County stationed FAWs at birthing hospitals, but the primary recruitment source there was referrals from Women, Infants, and Children (WIC) clinics, supplemented by those from a range of other organizations such as area schools. Marion County also received self-referrals through word of mouth and such events as health fairs that presented the program. Lake County primarily recruited mothers from a single hospital and responded to referrals from another hospital.

Recruitment strategies. The hospital recruitment process relied on long-standing agreements between HFI programs and local hospitals that allowed FAWs to review the charts of mothers shortly after delivery, and thus prescreen families for program eligibility. FAWs looked for key eligibility criteria such as age and marital status and approached mothers likely to be eligible to conduct the HFI/HCHF assessment. In Marion and Lake Counties, FAWs passed on information for HCHF-eligible cases to group facilitators, who then arranged a home visit with both partners to describe the program and enroll those interested.

In Allen County, the process initially took a different path, which led to some competition between the HFI and HCHF and eventually resulted in a procedural change. To minimize the time spent with mothers in the hospital, often a chaotic and difficult environment, the FAWs described HFI to eligible mothers, but did not usually discuss HCHF. Instead, a home visit was set up with the mother to describe the couples-based HCHF program, complete her intake, and leave a consent form for her partner to sign enabling the FAW to contact him and assess his interest and eligibility at a further visit. This three-step process resulted in low recruitment rates, and FAW supervisors thought this occurred for two reasons: (1) because some mothers had already committed to the HFI program at the hospital and were reluctant to change; and (2) because it was easier to convince the mother to join HFI than HCHF because the former did not require the father's consent or

participation. To improve recruitment rates, the procedure was changed so that both programs were presented during the hospital visit and the home visit was scheduled when both members of the couple could be present.

Enrollee characteristics. During the study period, the Indiana BSF programs enrolled a total of 465 couples, whose characteristics are shown in Table IV.11. Relative to the full BSF sample of 10,206 individuals, Indiana enrollees were less likely to be under age 20 and pregnant, and slightly more likely to be cohabiting full-time. They were also more educated than the full BSF sample, with 74 percent having obtained a high school diploma or GED, compared to the full BSF sample (66 percent). The Indiana sample was twice as likely to be White, and had half as many Hispanic participants as the full BSF sample. While Indiana enrollees were almost as likely to be working and earning the same amount as their full-sample counterparts, they were much more likely to receive certain public assistance benefits, such as Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), and unemployment compensation. More enrollees in Indiana scored at the clinical level for psychological distress relative to the total sample of BSF enrollees; those in the Lake and Allen County programs were more likely to score in the clinical range than Marion County couples and the full BSF sample.

Marion County was the most urban of the three BSF programs in Indiana, with more racial and ethnic diversity than the others. In 2007, Marion County began serving Spanish-speaking couples at the Indiana University location; ultimately 15 percent of Marion County couples (5 percent of the overall Indiana sample) received program services in Spanish.

3. Program Participation and Retention

Group attendance. The majority (58 percent) of Indiana couples were recruited in Marion County, with the remainder split between Allen and Lake Counties (Table IV.12). Of all Indiana couples that enrolled, about one-half (234) were assigned to receive the HCHF program, and approximately 62 percent of them attended one or more group sessions together. Group attendance rates varied across the counties, ranging from a low of 58 percent in Allen County to a high of 71 percent in Lake County.

Family coordinator meetings and referrals. Program management data indicated that within six months of enrollment, about 98 percent of program group couples were contacted by program staff outside of group sessions. However the counties showed significant variation in how much individual contact they had with couples. In Allen County, the program was in touch with couples 5.8 times per month, on average, compared to 2.8 times in Lake County and 3.9 times in Marion County. The percentage of average monthly contacts that were in the form of home visits also differed by county. About two of Allen County's monthly contacts per couple were home visits; the average couple received 1.5 and 1.7 home visits per month in Marion and Lake Counties, respectively. The remaining contacts were in the form of telephone calls or other modes. Lake and Marion County staff provided referrals to a large majority of their couples, 89 percent and 87 percent, respectively. Allen County referred 67 percent of its couples to supportive services.

Table IV.11. Baseline Characteristics of Indiana BSF Evaluation Sample

	Allen County	Lake County	Marion County	Average Indiana	All BSF
Demographics					
Age (%)					
Less than 20	17	14	14	15	20
20 – 24	45	41	47	44	43
25 – 29	22	26	24	24	22
30 – 34	11	10	7	9	9
35 – 39	3	6	6	5	4
40 and older	1	2	2	2	2
Average Age (years)	25	25	25	25	25
Race and Ethnicity (%)					
African American	28	73	48	49	56
Hispanic	10	8	18	12	24
White	54	19	28	34	16
Other	9	0	6	5	4
Primary Language (%)					
English	100	100	84	95	86
Spanish	0	0	15	5	14
Other	0	0	0	0	1
Socioeconomic Status					
High school diploma or GED (%)	80	78	63	74	66
Currently employed (%)	51	44	57	51	53
Earnings past 12 months (%)					
No earnings	7	13	11	10	15
$1 to $15,000	69	65	57	64	58
$15,000 to $24,999	17	13	19	16	18
$25,000 to $34,999	4	5	8	6	6
$35,000 or more	3	4	4	4	3
Receive Any Public Assistance (%)					
Cash welfare/TANF	8	15	12	12	6
Food stamps	24	34	32	30	30
Medicaid/SCHIP	48	40	49	46	51
SSI or SSDI	6	7	7	7	4
WIC	45	64	50	53	51
Unemployment compensation	9	7	7	8	3
Family Structure					
Marriage and Cohabitation (%)					
Married to current partner	11	6	7	8	7
Unmarried, living together full-time	64	61	74	66	63
Unmarried, living together part-time	19	18	13	17	20
Unmarried, not living together	6	15	6	9	10
Multiple Partner Fertility (%)	31	38	28	32	31
Number of Children (Total)[a]	1.8	2.1	1.9	1.9	1.9
Number of children in common	1.2	1.4	1.4	1.3	1.4
Number of children with other partners	0.6	0.7	0.5	0.6	0.6
Pregnancy and Birth					
Focal child's age, months (if born)	0.9	1.4	1.7	1.3	1.0
Mother Is pregnant (%)	32	70	43	48	62
Birth (%)					
Wanted and timing acceptable	27	29	41	32	41
Wanted but mistimed	57	46	45	49	46
Unwanted	16	25	14	18	13

Table IV.11. *(continued)*

	Allen County	Lake County	Marion County	Average Indiana	All BSF
Couple Relationship					
Time known one another (years)					
Less than 1 year (%)	30	23	22	25	19
1-2 years	36	34	33	34	33
3-4 years	16	18	22	19	22
5 or more years	17	25	23	22	26
Average time known one another (years)	2	3	3	3	3
Quality of couple interaction (%)					
High	16	13	14	14	16
Medium-high	69	62	70	67	67
Medium-low and low	15	24	16	18	17
Commitment to relationship (%)					
High	28	10	13	17	15
Medium-high	55	51	63	56	58
Medium-low and low	17	39	23	26	25
Chance of marriage (%)					
No chance	2	4	2	3	2
A little chance	33	5	3	4	5
50-50 chance	15	24	16	19	21
Pretty good chance	26	28	31	28	26
Almost certain chance	54	39	48	47	46
Attitudes about Marriage and Children (%)					
A single parent can bring up a child as well as a married couple (%)					
Agree or strongly agree	73	73	67	71	69
Disagree or strongly disagree	27	27	33	29	31
It is better for children if their parents are married (%)					
Agree or strongly agree	69	68	66	67	79
Disagree or strongly disagree	29	28	27	28	21
Mental Health, Social Support, and Religious Attendance					
Level of psychological distress					
Low (percentage)	71	68	76	72	77
Moderate ((%))	19	16	17	17	16
High (SMI) [b] (%)	10	16	7	11	8
Social support (%)					
Emergency child care available	97	96	93	95	94
Could borrow $100 from someone	92	88	89	90	88
Religious service attendance (%)					
Never	34	28	28	30	27
Few times a year	39	30	36	35	34
Few times a month	16	19	19	18	22
Weekly or more often	11	24	16	17	17
Number of Individuals	218	176	538	932	10,206

Source: BSF Baseline Information Form

See Table I.4 for notes to this table.

Table IV.12. Indiana Group Attendance

Indiana Counties	Couples Assigned to Program Group	Percentage Attended at Least Once	Average Hours Attended (Including Non-initiators)	Average Hours Attended (Initiators Only)
Allen	55	58	17	30
Lake	44	71	20	29
Marion	135	62	15	25
All	234	62	17	27

4. Notable Features

Implementation of BSF in Indiana was accomplished through a complicated arrangement of multiple organizations, each of which was challenged to fit the new program's requirements into its preexisting practices and procedures. Each county allocated BSF functions across existing staff somewhat differently, and each tried different strategies for addressing such issues as encouraging group attendance and conducting home visits.

Notable Features of HCHF—BSF in Indiana

- **Making initial group attendance risk-free by letting couples try out a session**
- **Providing a small but consistent monetary incentive for each group attendance**
- **Complex organizational arrangements, with staff answering to different employers, led to variation in procedures and staffing**
- **Assigning BSF couples to existing staff who clearly support the program's**

An interesting feature developed by the Indiana program was the provision of supplementary curriculum material in groups as a way of allowing couples to try the program out before committing to a long series. This strategy also provided couples with more than one opportunity to begin attending before missing essential core material. Another strategy for encouraging retention was a small monetary incentive that was provided each time a couple participated in a group session.

G. Building Strong Families: Oklahoma City, Oklahoma

The BSF program in Oklahoma was developed and operated by Public Strategies, Inc. (PSI), a public relations and public affairs firm headquartered in Oklahoma City offering management and technical assistance to government agencies and other clients. Prior to BSF, PSI had developed extensive knowledge of managing relationship education programs through a contract with the Oklahoma Department of Human Services (DHS) to implement the Oklahoma Marriage Initiative (OMI), although the firm had not yet provided direct services to families.

Program Setting

City Population: 537,734

Racial/Ethnic Composition:

Black:	15%
White:	68%
Hispanic:	10%
Other:	11%

Percentage of Births to Unmarried Women: 48%

The OMI is a statewide initiative to strengthen families by making relationship education accessible to Oklahomans in all corners of the state and from all walks of life. The initiative, which uses public funding and is overseen by Oklahoma's Department of Human Services, began in late 1999 as a response to the state's high rates of nonmarital births and divorce, and so far has served an estimated 5 to 10 percent of Oklahoma households (Dion et al. 2008). Although relationship education was already available in Oklahoma City prior to the start of the BSF program, no services had yet been targeted to the special needs of unmarried couples having children.

The existing broad initiative to promote marriage and reduce divorce and nonmarital childbearing in Oklahoma clearly contributed to the state's interest in BSF and made it a natural fit. In 2005, DHS directed PSI, in its role managing the OMI, to develop a BSF program and strive to become part of the national study. The program entered the BSF study in June 2006, eventually enrolling more than 1,010 couples in a 21-month period.

1. Program Design and Operations

Oklahoma Implementation Timeline

Planning Period:	2005
Pilot Program:	2005-2006
Evaluation Enrollment:	June 2006-Feb 2008
Total Couples Enrolled:	1,010

The broad nature of Oklahoma's interest in supporting marriage led PSI to design a program that served not only low-income unmarried couples having a child, but also married expectant couples. Its rationale was that the period surrounding childbirth is stressful for all couples, whether married or not, and thus can be a threat to the stability of the relationship and the family's healthy development. Because BSF's mandate was to target unmarried couples only, the program developed a partnership with another demonstration and evaluation project, Supporting Healthy Marriage (SHM), which targets low-income married couples. Thus, in collaboration with two national evaluations (BSF and SHM), Oklahoma developed the Family Expectations (FE) program to serve low-income couples having babies.

FE implemented BSF and SHM as a single program, with couples from each study, married and unmarried, participating in the same groups and receiving the same curriculum. In general, FE's program strategies and operations were very similar for couples enrolled in each study. In describing the enrollment, participation, and characteristics of BSF couples, however, this profile focuses on BSF couples only, rather than the combined sample.

After some difficulty identifying an appropriate service delivery provider for its BSF program, PSI decided to develop the FE program from the ground up and hire staff to operate it. Creating the program from scratch was an intensive process, but had its benefits. The program had to build a substantial recruitment and service delivery infrastructure, and identify resources available in the community that could provide supplementary services in areas like employment, mental health, and housing. Without a history of providing direct services, FE developed a culture of rigorous self-monitoring and self-scrutiny, with high level administrators responsible for studying the program's progress and creating ways to improve performance. Although the startup was demanding, the program saw advantages in the ability to tailor its organization, staffing, and services solely to its mission of strengthening couples' relationships.

To recruit and serve the large number of couples enrolled in Family Expectations, Oklahoma developed a large and somewhat complex staffing structure. Figure IV.G.1 does not illustrate a strict hierarchy of roles—and thus does not include arrows—but reflects the different staff functions. FE employed almost 50 full- or part-time employees, in addition to about 30 group facilitators (known as marriage educators) whose part-time services were contracted. Six workers and two managers conducted intake and outreach activities. The family support staff included 16 family support coordinators and five supervisors. FE employed two men as employment and fatherhood specialists. Other staff in the program filled various managerial and administrator roles.

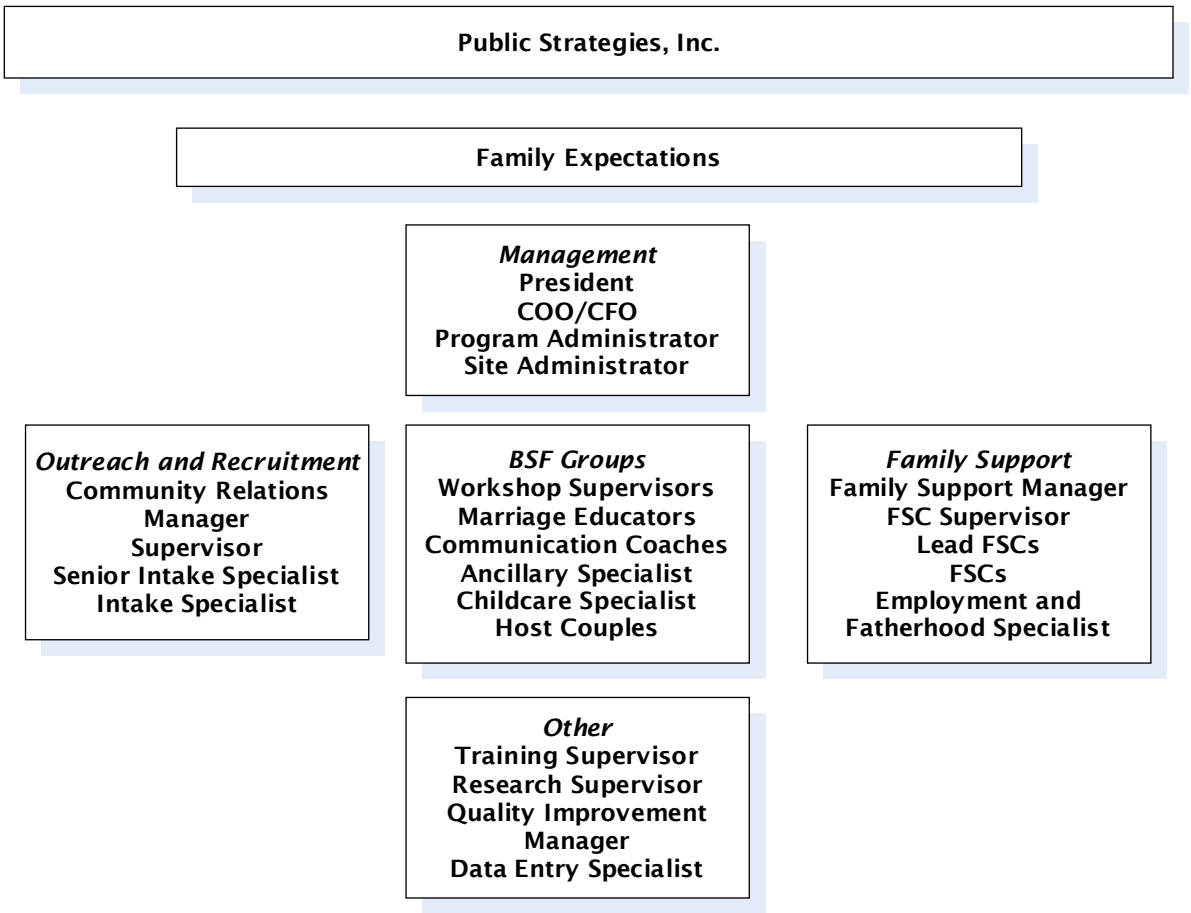
Management. The upper-level staff in Oklahoma worked to strike a balance between managing daily operations and focusing on the progress and future of the program. PSI's president had a clear vision for the program and the upper-level administrators focused on optimizing performance so that vision could be attained.

Outreach and recruitment. Staff in this category were responsible for identifying recruitment sources, managing those relationships, and recruiting individual couples. Frontline staff typically had a bachelor's degree, though it was not a requirement. Perhaps more importantly, management strove to employ workers who were friendly and outgoing and able to engage staff at other agencies and eligible couples.

BSF group sessions. The group sessions required staff in multiple roles, including marriage educators, who led the sessions; communication coaches, who assisted individual couples in learning communication techniques during sessions; and host couples, people who had attended previous sessions and could connect with other couples. Marriage educators typically had a college or graduate degree, in fields such as social work and early childhood education, but took different paths to the position, for example, teaching, the military, or TV production. Marriage educators were contract staff who worked part-time for the program.

Family support. In Oklahoma, family support coordinators worked individually with couples outside of group sessions, whereas employment and fatherhood specialists worked primarily with fathers on an as-needed basis. The family support workers often had a college education, but experience working with a similar population was considered more important. To connect with men enrolled in the program, the program hired male staff to fill the employment and fatherhood specialist positions.

Figure IV.7. Family Expectations Staffing Structure



Relationship skills component: Choice of curriculum and format. For its relationship skills curriculum, Oklahoma selected the Becoming Parents Program for Low-Income, Low-Literacy Couples (BPP) for two major reasons. It chose BPP because it was consistent with many of the skills taught in the PREP[5] curriculum already in use by the state's broader marriage initiative, and because it provided substantial information on infant development (see Appendix A). The latter was deemed to be an especially important element given that all couples were either expecting a baby or had just given birth.

Oklahoma used a multi-staged approach to training group facilitators. New facilitators participated in a five-day training on the curriculum, which included opportunities for gaining hands-on practice and receiving immediate feedback. The trained facilitators were then required to sit in on a complete series of group sessions led by a more experienced group facilitator. The facilitators received ten hours of supervision while facilitating their own first group, and their performance was periodically reviewed by supervisors thereafter.

[5] Prevention and Relationship Enhancement Program, a curriculum developed for engaged and married couples by Markman, Stanley, and Blumberg (1994).

Oklahoma tried out two different 30-hour formats for group sessions, but in the end neither staff nor couples tended to have a clear preference for one format over the other. The first format was a six-week session in which couples met weekly for six hours (with an hour break), and the second was a 10-week session in which weekly sessions were 3.5 hours (with a half-hour break). Classes were held throughout the week, usually in the evening, and on weekends, and led by a male-female pair of facilitators. Some staff indicated that although the six-week, six-hour sessions allowed more time for couples to socialize because of the longer breaks, couples in the 10-week format seemed to form stronger bonds with each other.

Early in its implementation, the program offered additional, or booster, sessions focused on child development for families from different workshop groups who had completed the 30-hour core and had infants of a similar age. However, these sessions were later revised to be group "reunions" because couples preferred meeting with participants from their original group rather than with couples they did not know but had similar-age children. The reunions provided similar material as the boosters, but allowed couples to reconnect with each other.

Family coordinator component and linkages to other services: Design and structure. For its family coordinator component, Oklahoma sought to design an approach that would maximize its chances of meeting regularly with individual couples outside group sessions. Capitalizing on couples' attendance at group sessions, meetings were held in the FE location and often occurred before, after, or sometimes during group session breaks. This approach may have improved the likelihood of both partners attending the meeting. Couples were expected to meet with their family support coordinator (FSC) for 12 to 15 office visits, or until their baby reached one year of age. The schedule for meetings with family coordinators was designed to provide more frequent contact in the beginning of participation, decreasing over time.

Individual Meetings with Family Support Coordinators

- **Meetings with Family Support Coordinators took place in the same location as the group sessions and often occurred before, after, or during breaks**
- **A manual of activities and topics for the meetings provided structure, but allowed for flexibility for addressing couples' specific needs**
- **FSCs could meet with couples for up to a year after their child was born**
- **Male employment/fatherhood specialists were available to meet with individuals to**

FSC staff were expected to follow a manual detailing the subjects, tasks, and activities for each office visit. FSCs focused on identifying the couples' needs and providing appropriate referrals, and guided the couple through activities to strengthen the relationship and family, such as discussing their hopes for the baby. Couples could earn incentives for FSC meetings and for completing specified tasks. For example, a couple could receive a $50 gift card for groceries after completing a weekly menu plan. As staff gained experience, family support coordinators were gradually given more flexibility in tailoring topics to each couple's needs and progress.

In addition to the family support coordinators, Oklahoma also developed a position to specifically address employment and fatherhood issues. Even though family support coordinators typically met with both parents, program management thought more was needed to support fathers and make them feel involved in the program. To facilitate a connection with fathers, the employment and fatherhood specialists were men. They would, however, also work with mothers who wanted assistance with employment or education. Unlike FSCs, who met with families regularly, the employment and fatherhood specialists met with fathers upon request.

Communication between marriage educators and other program staff was somewhat limited. Marriage educators completed a debriefing form after each group session, which was transmitted to the FSC. These forms were mostly administrative and logistical, but if a particular individual or couple had a special issue, their assigned FSC was expected to come to the beginning of the next workshop to inform the marriage educator.

Protocol for domestic violence screening and referral. PSI collaborated with the Oklahoma Coalition against Domestic Violence and Sexual Assault to develop its protocol for screening out couples with intimate partner violence at enrollment, and for identifying and addressing any such issues that might arise during participation. All frontline staff expected to have contact with couples were required to attend several trainings, including those provided by the Oklahoma Department of Human Services and by the city's local coalition.

Encouraging participation: Incentives and other practices. Family Expectations implemented a generous incentive system designed to reward participation in all aspects of the program, from intake to completion. The philosophy was that the program should recognize that participants' time was valuable and people should be compensated accordingly. The couple earned an incentive for each activity, such as meetings with a family support coordinator and attendance at each group session. They could also receive incentives for meeting certain milestones, such as getting married or giving birth. The incentives were a mix of gift cards, program supports, such as free child care and transportation to group sessions, and other rewards.

Participation Incentives, Per Couple

"Crib Cash"	
• Each office visit	$10
• Each group	$10-25
• Completing FSC goals	$15
Gift Cards	
• Completing intake	$20
• Completing weekly menu	$50
• Completing budget	$50
Cash	
• Couple attends 6 hours	$100
• Couple attends 15 hours	$50
• Couple attends 30 hours	$50
Other Gifts	
• Wedding, anniversary	
• Birth of child	

A centerpiece of the incentive plan was a system that enabled participants to redeem points based on program attendance for desirable items at the Crib, a store-like setting located in a prominent place where group sessions were held. The Crib offered a variety of products (new rather than used), mostly related to the baby, such as diapers, toys, and bassinets. The program found that fathers particularly enjoyed earning "Crib cash" and providing needed goods for the family.

FE believed that showing respect for families by providing them with a warm and inviting environment would encourage both enrollment and participation. The setting for the group sessions, for example, had love seats and recliners where pregnant women could elevate their feet, soft blankets, and large screen projection TVs for showing videos illustrating relationship and communication skills. The group space, as well as the child care rooms and space for meeting with the family coordinators, were brightly colored, with cheerful curtains and decorations. The child care rooms had many toys, cribs, and cartoon characters painted on the walls. The program considered the space a selling point for couples, which was one reason enrollment was generally scheduled in the office.

Not including program supports, such as gas cards or child care, a couple could earn more than $800 in incentives through participating in Family Expectations. More than $400 was available in "Crib cash," $200 in cash, and more than $200 in material items, including gift cards and tangible

items such as a baby blanket and child safety kit. Most of the incentives—almost $600—were awarded for group attendance, with the rest linked to FSC meetings.

2. Recruitment and Sample Characteristics

FE relied on an extensive network of agencies to provide the large number of referrals the program desired, using a recruitment approach that became more targeted over time. In early implementation, Family Expectations adopted a wide-ranging strategy, which they characterized as a "shot gun" strategy, approaching any agencies or organizations that might have contact with eligible couples, for example, toy stores and a nearby military base. To monitor progress, FE tracked the number of referrals each source provided. With experience, the program was able to identify which sources were more productive and focus its efforts on these sites. Over time, the program established relationships with approximately 150 referral sources--100 of which provided referrals. Many of these sources were hospitals, pregnancy clinics and day care centers, with the single largest source a local Women, Infants, and Children (WIC) center.

Recruitment Practices

- **Devote time to cultivating and maintaining new recruitment sources**
- **Provide incentives for intake**
- **Create and promote attractive facility**
- **Develop program name recognition**

Outreach staff continually searched for new recruitment sources, spending roughly 20 percent of their time identifying and cultivating these relationships. Earlier in program operations, the program divided the responsibilities for community outreach and intake of couples, but found it preferable to combine the roles. Merging the roles reinforced a team approach and provided variety in the outreach workers' tasks.

Couples were recruited through either "passive" or "dynamic" approaches. With the passive approach, which produced most of FE's referrals, staff at partner agencies collected a consent to contact form from one of the parents (usually the expectant mother) and sent these forms to FE for followup. In the dynamic approach, FE staff were stationed at an agency to recruit couples directly. Even though the staff made direct contact with the couples with the dynamic approach, they used the time to collect contact information, and as with the passive referrals, scheduled a time with the couple to conduct full intake at the FE program offices. Staff thought that the dynamic sources were less productive than passive referrals from partner agencies, although of the dynamic sources, breastfeeding classes seemed especially productive. Of FE's roughly 100 recruitment sources, dynamic recruitment was used in approximately 10 sources.

For both the passive and dynamic approaches, outreach staff aimed to stay highly visible to recruitment sources and foster their good will towards the program. Outreach staff checked in with the strongest sources two to three times a week; once a month with other sources. Staff established good relationships with key staff at the agencies, often those working at the front desk, sometimes bringing them donuts or other treats.

Recruitment strategies. FE aimed to make enrollment easy and attractive for couples by attempting to address barriers to enrollment and providing incentives for completing the intake process. Using multiple methods of contact, including telephone and email, and house calls to those who were difficult to reach, FE staff were charged with contacting couples within 24 hours after receipt of the referral or initial direct contact. To accommodate couples' schedules, intakes could be planned for later in the evenings and on Saturdays. FE emphasized there was no commitment to

joining the program if the couple visited the office to meet staff and take a tour of the facilities. For reluctant couples, staff mentioned the $20 gift card and $10 gas card all couples were given for completing intake.

Supporting all recruitment strategies was an effort to create positive name recognition by branding the program. Oklahoma developed an exciting video highlighting the program and marketed FE through local TV and radio stations and billboards.

Enrollee characteristics. Although FE couples were racially and culturally diverse, the program also had the highest percentage of white enrollees relative to other BSF sites. In addition, Oklahoma enrollees had higher rates of employment and high school completion and generally appeared to be more committed to their relationships compared to the total BSF sample (Table IV.13). Seventy-one percent of the Oklahoma sample completed high school, compared to 66 of the overall sample. And 58 percent of Oklahomans were employed relative to 53 percent overall.

Although the proportion of couples who were married at baseline was the same in Oklahoma as for the full BSF sample, Oklahoma enrollees were more likely to be cohabiting all of the time (72 percent versus 63 percent) and more likely to say there was almost certain chance they would marry (55 percent versus 46 percent). On a measure of commitment, Oklahomans more often scored in the medium-high to high categories (82 percent) compared to the overall sample (73 percent), and were more likely to disagree that a single parent can bring up a child as well as a married couple (37 percent versus 31 percent).

3. Program Participation and Retention

Group attendance. FE enrolled 1,010 couples in the study, of which 503 were assigned to the program; these couples had a high rate of program participation. Across the study period, 73 percent of couples in the program group attended at least one group session together (Table IV.14). The average number of hours attended by those who had attended at least once was 24. With 30 hours of material in the curriculum, the average participating couple received about three-quarters of the curriculum.

Table IV.13. Baseline Characteristics of Oklahoma BSF Sample

	Oklahoma	Total BSF Sample
Demographics		
Age (%)		
Younger than 20	18	20
20 – 24	45	43
25 – 29	22	22
30 – 34	9	9
35 – 39	4	4
40 and older	2	2
Average age (years)	25	25
Race and ethnicity (%)		
African American	29	56
Hispanic	24	24
White	37	16
Other	10	4
Primary language (%)		
English	84	86
Spanish	16	14
Other	0	1
Socioeconomic Status		
High school diploma or GED (%)	71	66
Currently employed (%)	58	53
Earnings past 12 months (%)		
No earnings	13	15
$1 - $14,999	58	58
$15,000 - $24,999	19	18
$25,000 - $34,999	7	6
$35,000 or more	3	3
Receives any public assistance (%)		
TANF	4	6
Food stamps	37	30
Medicaid/SCHIP	55	51
SSI/SSDI	4	4
WIC	57	51
Unemployment	2	3
Family Structure		
Marriage and cohabitation (%)	7	
Married	72	7
Unmarried, cohabiting full-time	15	63
Unmarried, cohabiting part-time	6	20
Unmarried, not cohabiting		10
Multiple partner fertility (%)	28	31
Number of children (total)[a]	1.8	1.9
Number of children in common	1.3	1.4
Number of children with other partners	0.5	0.6
Pregnancy and Birth		
Focal child's age, months (if born)	1.5	1.0
Mother is pregnant (%)	80	62
Birth (%)		
Wanted and timing okay	36	41
Wanted but mistimed	51	46
Unwanted	12	13

Table IV.13. *(continued)*

	Oklahoma	Total BSF Sample
Couple Relationship		
Less than 1 year (%)	22	20
1-2 years	33	33
3-4 years	21	22
5 or more years	24	26
Average time known one another (years)	3	3
Quality of couple interaction[b] (%)		
High	15	16
Med-high	67	67
Med-low and low	18	17
Commitment to relationship[c] (%)		
High	23	15
Med-high	59	58
Med-low and low	17	28
Chance of marriage (%)		
No chance	1	2
A little chance	4	5
50% chance	17	21
Pretty good chance	23	26
Almost certain	55	46
Attitudes About Marriage and Children		
A single parent can bring up a child as well as a married couple (%)		
Agree or strongly agree	63	69
Disagree or strongly disagree	37	31
It is better for children if their parents are married (%)		
Agree or strongly agree	81	79
Disagree or strongly disagree	19	21
Mental Health, Social Support, and Religious Attendance		
Level of psychological distress (%)		
Low	72	77
Moderate	19	16
High (SMI)[d]	9	8
Social support (%)		
Emergency child care available	94	94
Could borrow $100 from someone	87	88
Frequency of religious attendance (%)		
Never	26	27
Few times a year	33	34
Few times a month	21	22
Weekly or more	20	17
Number of Individuals	2,020	10,206

Source: BSF Baseline Information Form

See Table I.4 for notes to this table.

Table IV.14. Oklahoma Group Attendance

Oklahoma	Couples Assigned to Program Group	Percentage Attended at Least Once	Average Hours Attended (All)	Average Hours Attended (Initiators Only)
1	35	80	19	23
2	68	75	17	23
3	106	83	21	25
4	154	71	16	23
5	113	67	26	23
6	27	56	15	27
All	503	73	17	24

Note: Each cohort represents the couples that enrolled within a 120-day period.

Couples enrolled in the first four 120-day cohorts participated at a relatively steady rate, with about 80 percent of the program group attending at least once. Ever-attended rates declined somewhat in the last two cohorts, although the last cohort was unusually small because the program had met its BSF enrollment target for the study. The total amount of time couples spent in sessions was relatively consistent across cohorts, averaging between 23 to 27 hours for couples attending at least once, for the majority of the cohorts.

Family coordinator meetings and referrals. Outside of group sessions, FE staff contacted 100 percent of its couples within six months of enrollment. According to data maintained by Family Expectations staff, each couple was contacted over the first six months of program participation an average of 4.6 times per month. Slightly more than one of these contacts was in the form of an office visit; while roughly three, on average, were telephone calls. Staff provided referrals for other services to about 48 percent of Oklahoma couples.

4. Program Costs

Over a 24-month period (January 2008–January 2008), FE spent about $11,443 on each couple that attended at least one group session, excluding costs associated with recruiting the control group. A rough distribution of this cost per couple across the major program components breaks down to $403 for outreach and recruitment activities; $4,640 for delivery of the group curriculum, including all supplies, training, and incentives; $4,468 for delivery of the family support services and associated expenses; and about $1,932 for administrative, management, and overhead costs.

5. Notable Features

Family Expectations had several characteristics that stand out. First, the overall scale of Family Expectations played an important role in allowing more frequent group starts and helping couples get involved quickly after enrollment when interest is highest. Second, the program was generous in providing incentives for each activity requested of couples. And third, FE often delivered content in large doses so that couples could receive more instruction at one time.

Notable Features of Family Expectations—BSF in Oklahoma

- **Large volume of couples at one location, allowing frequent group starts**
- **Material is delivered in large doses over a relatively short period (6-10 weeks)**
- **Curriculum groups are large (10-15 couples)**
- **Incentives for many activities, including intake and attendance at individual and group meetings**
- **Curriculum groups include both**

H. Building Strong Families: San Angelo, Texas

San Angelo is a small city in West Central Texas and home to a community-based organization that learned of BSF in 2004 and saw it as an opportunity to build a comprehensive set of services to address the needs of families with young children. Since 1992, Healthy Families San Angelo (HFSA) has provided services similar to those of Healthy Families America, a national home-visiting program designed to prevent child abuse and neglect. Although not a certified Healthy Families program, HFSA met with new mothers in their homes to provide information and support on parenting and child development, for up to five years after the child's birth. In the late 1990s, HFSA added services for fathers, targeting issues such as employment, child support, and the involvement of fathers in their children's lives. Over time, however, the program began to feel that its services were somewhat fragmented, with mothers, fathers, and children from the same families often involved in different programs. The BSF model offered an opportunity to serve couples and integrate the home visiting and fatherhood programs. With the adoption of BSF, the program effectively replaced the previous Healthy Families model by only serving couples eligible for BSF (although it continued to provide separate services for fathers).

Program Setting

City Population: 88,300

Racial/Ethnic Composition:

Black:	5%
White:	77%
Hispanic:	4%
Other:	33%

Percentage of Births to Unmarried Women (Tom Green County): 54%

As planning progressed, the Texas attorney general's office became involved, seeing BSF as an opportunity to support Office of Child Support Enforcement goals and objectives to establish paternity for children born out-of-wedlock and keep fathers involved in their children's lives or providing child support. The attorney general's office contributed funding for the program through a grant from ACF's Office of Child Support Enforcement, and had oversight of certain program operations, including setting enrollment and caseload benchmarks. HFSA began BSF enrollment in July 2005 and continued for 30 months, eventually recruiting 342 couples.

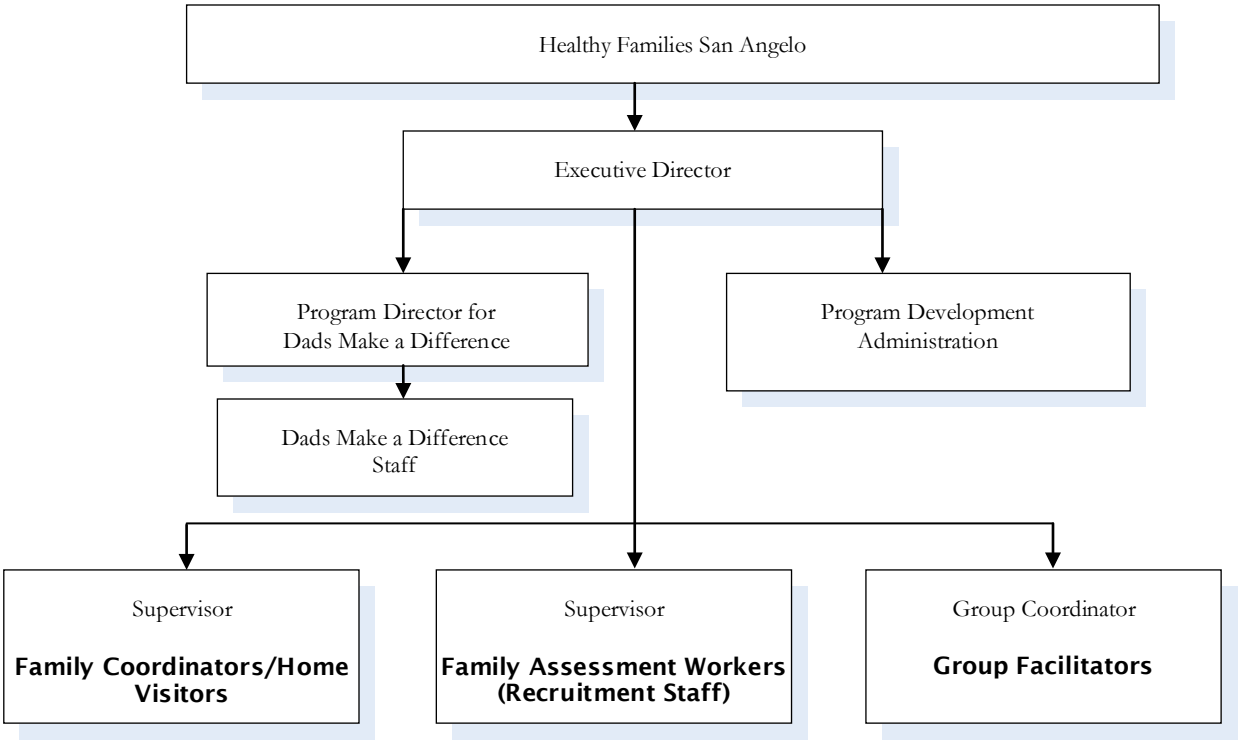
San Angelo Implementation Timeline

Planning Period:	2004
Pilot Program:	2004
Evaluation Enrollment:	July 2005—Dec 2007
Total Couples Enrolled:	342

1. Program Design and Operations

With a staff of approximately 20, the implementation of BSF was overseen by HFSA's executive director, who had led the organization since its inception and was highly involved in daily operations. Other management positions included two supervisors and the program director who oversaw services for fathers, Dads Make a Difference. Staff working directly with families included seven family coordinators who conducted home visits and assisted in group sessions as coaches, three family assessment workers who conducted recruitment and intake activities, and one group coordinator, who also served as a group facilitator (Figure IV.8). The number of group facilitators varied over the implementation period, from one to three. Two male staff in the Dads Make a Difference program worked with fathers, and the remaining staff members were involved with program development and administration.

Figure IV.8. HFSA Staffing Structure



HFSA retained most of its staff in the transition from its traditional services to BSF. This provided the program with experienced and committed workers, but also meant that many had to modify their existing practices to adjust to the new emphasis on serving couples. Family assessment workers, for example, had to focus on couples eligible for BSF, rather than individual parents, usually mothers. Family coordinators needed to include elements of the BSF curriculum in the home visit, rather than largely focusing on child development, as in the Healthy Families model. Initially some staff viewed home visiting as the "core" of the program, supplemented by group sessions, but over time, the staff came to regard both components as important to the program model.

Staff background and training. For hiring both the family coordinator and family assessment workers, HFSA placed a greater emphasis on flexibility and the ability to be non-judgmental than educational degrees. Nevertheless, some, but not all, of these staff had college degrees, often in social work. Because HFSA saw the family coordinator and family assessment and recruitment roles as requiring similar skills, workers were sometimes switched from one position to another. When enrollment for BSF ended, for example, the program needed to conduct fewer assessments and shifted an assessment worker to the family coordinator position. At its peak, there were six family coordinators and three family assessment workers in the program.

Over the course of implementation, the deployment of group facilitators was modified several times. The program first used part-time contract staff to lead the groups, but found that the outside staff did not keep other program staff well-informed or devote extra time to engaging couples and encouraging attendance. The program then switched to using existing staff to lead groups, including the executive and program directors, who happened to be a married couple. With competing demands on these management staff, this solution was not optimal; therefore, a full-time staff position devoted to arranging and leading groups was created. The person hired for this role had

previously worked for HFSA as a family coordinator and supervisor, and was very familiar with its mission.

HFSA had a longstanding commitment to working with fathers and made sure men were always represented among staff working directly with families. The program felt that it was important for the fathers' comfort with the program to have male staff with whom they could relate. Several of HFSA's staff, including the director of the fatherhood program, were male. The male staff took on various roles, including family coordinator, father support, and coach in the BSF group sessions. HFSA did not have trouble retaining its male staff, all of whom had been with the program for several years.

Relationship skills component: Choice of curriculum and format. The San Angelo program based its curriculum on Love's Cradle, but made modifications to the language, sequence, activities, length, and some of the concepts. The original 22 sessions were reduced to 20, the order in which topics were presented was revised, language was simplified, and hands-on activities were added to provide couples an opportunity to practice skills and make concepts more concrete. More substantive changes included dropping some skills and modifying some of the concepts, for example, not asking couples to pick a "stop signal" or phrase when fighting, but instead teaching couples to "fight fair. Instead of teaching couples to use the showing understanding skill in everyday conversation (expressing empathy for the partner's expression), facilitators taught them to use the technique only during important or sensitive conversations. Taken together, these revisions, according to the executive director who led them, reduced redundancies and made it more likely that the skills would be used by couples outside of the group sessions.

Two individuals from HFSA were trained by a facilitator in the Houston BSF program, who was in the process of achieving certification by the Love's Cradle curriculum developer. There was no formal supervision of the group facilitators by the curriculum developer or certified trainers, although the HFSA executive director occasionally provided feedback.

Throughout implementation, many elements of the format were consistent. Groups met once a week and typically included six to eight couples. The sessions were led by a facilitator and two family coordinators acting in the role of coaches; at least one of these staff members was male. The program offered group sessions on multiple days during the week. Although the program experimented with sessions on the weekend, it found these were not well-attended.

In the last six months of the implementation period, HFSA made a substantial change to the group format involving the adoption of an open entry policy, which allowed newly enrolled couples to join a group already in progress. This change was implemented to reduce the sometimes considerable wait periods that occurred because couples had to wait until a sufficient number of couples were enrolled and available before a new group was started. This occurred because of the relatively small number of couples enrolled each month. HFSA created a permanent schedule of three groups (Mondays, Tuesdays, and Thursdays), which offered all the modules in sequential order and started over when it reached the end of the series. Couples were asked to choose the weeknight that best accommodated their schedules and to begin attending immediately. Those who joined ongoing groups were expected to complete sessions when a new group series began. Or the couples received instruction on the missed sessions through their family coordinator in home visits.

According to program staff, the open entry policy reduced the delay in starting group, but resulted in somewhat fluid groups, with couples entering and exiting at different times. The staff, however, felt this did not affect the groups' cohesion and did not view the policy as disruptive. The group facilitator thought that new couples benefitted from being in groups with more experienced couples, who were accustomed to the program and more apt to be comfortable talking in the group.

Family coordinator component and linkages to other services: Design and structure. HFSA home visitors, who became family coordinators with the implementation of BSF, were expected to regularly visit families in their homes on much the same schedule as they had previously, from once a week (for those newly enrolled) to monthly (for those who had been in the program for about a year). Each visit was designed to last about an hour, and visits could continue for as long as 18 months after the child's birth. Family coordinators were expected to work with 20 to 30 families, on average.

With the adoption of BSF, HFSA integrated a new focus in its home visits. With its goal of preventing child abuse and neglect, visits prior to BSF concentrated on parenting and child development, while the purpose of the BSF family coordinators' visits was to focus on the couple's relationship and the family's needs. HFSA integrated these objectives by establishing a new policy for devoting approximately one-third of home visiting time to the Healthy Families, Healthy Babies curriculum used by Healthy Families America; one-third to the couple's relationship, including make-up sessions for Love's Cradle, and one-third to other issues, such as housing, education, or employment. All family coordinators were trained in both Love's Cradle and Healthy Families Healthy Babies curricula.

HFSA leadership emphasized the importance of working with both parents by employing at least one male family coordinator and encouraging staff to include male staff from the fatherhood program if they thought it would be helpful. Program staff reported anecdotally that despite these efforts, fathers were frequently absent during home visits.

As part of their integration efforts and to provide cohesive services to the couples, HFSA structured regular communication between family coordinators and group facilitators. The family coordinators met with group facilitators every week to discuss the couples' progress. Family coordinators learned which curriculum modules had been covered in group and whether there was a need for make-up sessions. These meetings also provided an opportunity to coordinate efforts in encouraging group attendance. The family coordinator and the facilitator, for example, reported using the meetings to brainstorm ways to re-engage couples who had not attended group sessions.

Protocol for domestic violence screening and referral. HFSA assessed and monitored program applicants and existing participants for signs of domestic violence. The program excluded those who were deemed to be in an unsafe situation and linked them to other services as appropriate. During the intake process, assessment staff used an informal and conversational approach, asking for example, "What does it look like when you fight?" Assessment staff were also required to ask the mother about physical violence when she was interviewed privately. Policy required that staff suspecting domestic violence immediately discuss an appropriate course of action with their supervisor.

Encouraging participation: Incentives and other practices. HFSA provided program supports intended to reduce barriers to attending group sessions, such as free child care during group and assistance with transportation to the facility. Child care was provided on-site by program

staff, in the same building where group sessions took place; transportation assistance was in the form of taxi service or gas cards. Meals were served at each session because participants often had to come directly from work. The program provided these meals family-style to help couples become more comfortable with each other.

The program chose not to offer monetary incentives that would be contingent on attendance based on management philosophy of not wanting to appear to hold power over couples' participation. Although occasional small gifts such as baby items or a $5 gift card to a fast food restaurant were distributed, these did not depend on attendance at group.

During the first year of the program, HFSA's policy was to delay entry into group until the couple had had an opportunity to develop a trusting relationship with their home visitor, but this strategy resulted in low rates of attendance at group sessions. HFSA changed its policy and began having staff emphasize group attendance starting at intake, stressing that the program involved both home visits and group sessions. Program management began to encourage family coordinators to have their couples start attending group sessions within two weeks of intake.

About halfway through implementation, the program developed a new full-time position for a group coordinator/facilitator to take responsibility for promoting initial attendance (for example, by visiting them prior to their first session) and re-engaging families who were missing group meetings. The person hired for this role was formerly a home visitor for HFSA and was comfortable stopping by a couple's home or calling the family if they stopped attending sessions. The coordinator's efforts were marked by persistence, never giving up on enrolled couples. For example, if couples did not respond to phone calls or visits, the coordinator continued to mail items such as birthday and anniversary cards so couples kept the program in mind and were aware that they were still welcome to attend.

Another strategy for improving rates of initial group attendance—open-entry—was implemented in the last six months of implementation. The open-entry policy was intended to allow couples to start groups quickly, rather than waiting an extended period for a new group to begin. Program management data suggest that efforts to get couples into groups sooner rather than later may have paid off: the average number of days between enrollment and a couple's first scheduled group session was 102 during the first half of implementation, but dropped to an average of 55 days for the remaining half.

2. Recruitment and Sample Characteristics

HFSA recruited from two local hospitals, which the organization had relied on when operating its Healthy Families model. One or two assessment workers visited the maternity ward of each hospital five to seven days a week. Workers attempted to visit each mother who had just given birth, to describe the program and determine whether she and her partner were eligible for the program. Staff estimated that fathers were present at the initial visit approximately 75 percent of the time. After the hospital visit, information for eligible and interested couples was passed on to another assessment worker whose role was to schedule an intake with both parents in their home. Assessment staff were expected to make face-to-face contact for the intake within 48 hours of the hospital visit, though this was not always possible usually because of the couple's schedule.

The assessment staff pursued, to some extent, other recruitment sources, but generally felt that recruitment in the area hospitals enabled them to make contact with most parents who would be eligible for the program. For example, a small number of referrals were obtained by meeting with Head Start supervisors to publicize the program, and leaving flyers at Women, Infants, and Children (WIC) programs or public health clinics. Generally, however, the staff felt these sources were not particularly fruitful, and thus concentrated most of their efforts on the hospitals.

Recruitment strategies. To increase acceptance rates among eligible and interested couples, staff fine-tuned how they presented the program during assessment and intake. First, workers reduced the opportunities for couples to immediately refuse without real consideration. Instead of asking whether a couple wanted to participate during the initial meeting, workers asked for the couple's contact information and said someone would follow up with them. This gave the couple a little time to think about it and talk it over before deciding.

Second, workers changed the way they described the program in both the hospital and intake visits. In the early days of implementation, they highlighted the potential benefits to the child, giving less emphasis to the couple's relationship. The program had reasoned that most parents would be interested in improving their parenting, but fewer would be interested in relationship education. Staff also feared that some couples might be put off by the program if they felt the quality of their relationship was being questioned. With initially low enrollment rates, however, the program reversed the focus of the message, giving primary emphasis to the relationship. Couples responded positively to the change and assessment staff found that many couples were interested in strengthening their relationship.

HFSA Practices to Promote Group Participation

- **Emphasis on group attendance beginning with the first contact; enroll couples in groups as quickly as possible**
- **A full-time program staff person dedicated to organizing and facilitating groups**
- **Groups with open-entry so couples can join immediately rather than waiting for a new group to begin**
- **Program supports that reduce barriers to attendance, including child care, transportation, and meals, but no other tangible incentives**

Even with these changes to how the program was initially presented, staff felt they were losing couples between the hospital visit and intake in the home. Generally, they found that if staff could talk with couples in person, refusal rates were low; thus their greatest difficulty was with those who were not at home or did not come to the door even after repeated attempts of contact. Although workers strove to conduct intake within 48 hours of the hospital visit, they often found that 7 to 10 attempts were needed before a response occurred. Assessment staff also conducted drop-by visits without an appointment if they were in the neighborhood in an attempt to meet with couples for their intake session. If the initial contact attempt was unsuccessful, they sometimes left a small gift bag of baby items in the hope of fostering the parents' interest in the program. With the small size of its town and enrollment targets to meet, the program often made special efforts like these to reach couples that were eligible to stimulate their interest.

Enrollee characteristics. Compared to the overall BSF sample, the participants in San Angelo's program tended to have lower socioeconomic status (see Table IV.15). In San Angelo, 30 percent of the participants had no earnings in the past year, compared to 15 percent in the overall sample. Although San Angelo participants had a lower likelihood of receiving Temporary Assistance for Needy Families (TANF) funds, relative to the overall sample (3 versus 6 percent, respectively), they were more likely to receive food stamps (48 versus 30 percent) and Medicaid (76 versus 51 percent).

Table IV.15. Baseline Characteristics of San Angelo BSF Evaluation Sample

	San Angelo	Total BSF Sample
Demographics		
Age (%)		
Younger than 20	24	20
20 – 24	47	43
25 – 29	19	22
30 – 34	7	9
35 – 39	2	4
40 and older	2	2
Average age (years)	24	25
Race and ethnicity (%)		
African American	4	56
Hispanic	70	24
White	24	16
Other	2	4
Primary language (%)		
English	94	86
Spanish	6	14
Other	0	1
Socioeconomic Status		
High school diploma or GED (%)	67	66
Currently employed (%)	53	53
Earnings past 12 months (%)		
No earnings	30	15
$1 - $14,999	50	58
$15,000 - $24,999	15	18
$25,000 - $34,999	3	6
$35,000 or more	2	3
Receives any public assistance (%)		
TANF	3	6
Food stamps	48	30
Medicaid/SCHIP	76	51
SSI/SSDI	3	4
WIC	72	51
Unemployment	1	3
Family Structure		
Marriage and cohabitation (%)		
Married	7	7
Unmarried, cohabiting full-time	76	63
Unmarried, cohabiting part-time	12	20
Unmarried, not cohabiting	4	10
Multiple partner fertility (%)	32	31
Number of children (total)[a]	1.9	1.9
Number of children common	1.4	1.4
Number of children with other partners	0.5	0.6
Pregnancy and Birth		
Focal child's age, months (if born)	0.8	1.0
Mother is pregnant (%)	15	62
Birth (%)		
Wanted and timing okay	13	41
Wanted but mistimed	50	46
Unwanted	36	13

Table IV.15. *(continued)*

	San Angelo	Total BSF Sample
Couple Relationship		
Less than 1 year (%)	18	20
1-2 years	31	33
3-4 years	24	22
5 or more years	28	26
Average time known one another (years)	4	3
Quality of couple interaction[b] (%)		
High	19	16
Med-high	66	67
Med-low and low	16	17
Commitment to relationship[c] (%)		
High	25	15
Med-high	58	58
Med-low and low	17	28
Chance of marriage (%)		
No chance	2	2
A little chance	3	5
50% chance	15	21
Pretty good chance	25	26
Almost certain	55	46
Attitudes About Marriage and Children		
A single parent can bring up a child as well as a married couple (%)		
Agree or strongly agree	71	69
Disagree or strongly disagree	29	31
It is better for children if their parents are married (%)		
Agree or strongly agree	71	79
Disagree or strongly disagree	29	21
Mental Health, Social Support, and Religious Attendance		
Level of psychological distress (%)		
Low	72	77
Moderate	18	16
High (SMI)[d]	10	8
Social support (%)		
Emergency child care available	95	94
Could borrow $100 from someone	87	88
Frequency of religious attendance (%)		
Never	30	27
Few times a year	34	34
Few times a month	21	22
Weekly or more	15	17
Number of Individuals	684	10,206

Source: BSF Baseline Information Form

See Table I.4 for notes to this table.

Relative to the total sample, San Angelo couples were more likely to express high commitment to the relationship (25 versus 15 percent) and an almost certain chance of marriage (55 versus 46 percent). Unmarried participants in San Angelo were more likely to live together, compared to the total sample (76 versus 63 percent). The San Angelo sample, however, was less likely than the overall sample to espouse the belief that it is better for children if parents are married (71 versus 79 percent).

3. Program Participation and Retention

Group attendance. San Angelo enrolled 342 couples in the BSF study, of whom 175 were assigned to participate in the program. Overall, 71 percent of couples in the program group attended at least one group session together (Table IV.16), and those who attended at least once participated in 22 hours of group sessions, on average. An examination of participation by couples enrolled within specified cohorts shows that HFSA's group attendance rates were moderate to high, ranging from 50 to 84 percent.

Table IV.16. HFSA Group Attendance

San Angelo Cohort	Couples Assigned to Program Group	Percentage Attended at Least Once	Average Hours Attended (All)	Average Hours Attended (Initiators Only)
1	20	50	10	21
2	12	67	14	21
3	26	73	17	23
4	23	65	13	20
5	25	84	22	26
6	25	76	13	17
7	34	79	20	25
8	10	50	6	13
All	175	71	16	22

Note: Each cohort represents the couples that enrolled within a 120-day period, except for the last cohort which was about 60 days.

In the first year of program operations, attendance rates were extremely low, but a mid-course correction taken by the program substantially increased group participation to the rates that are now shown in cohorts 1-3. At first, couples in these early cohorts were not encouraged to attend groups because HFSA had expected that a period of home visiting would be necessary before the invitation to a group would be successful. When initial data showed that group attendance was low during this period, the program made a special effort to engage these couples, many of whom were receiving home visits, in the group component. Even though for some it had been as long as a year since enrollment, a number of couples in these early cohorts did eventually begin attending groups for the first time, boosting enrollment rates to the levels now seen in Table IV.H.2. After cohort 3, the program established a target that all couples should be scheduled for their first group session within two weeks of enrollment.

Family coordinator meetings and referrals. Data recorded by HFSA staff indicate that 100 percent of enrolled couples were contacted at least once within six months after enrollment. HFSA family coordinators contacted individual couples 4.7 times per month, on average. About 53 percent of these monthly contacts were in the form of home visits, about 2.5 home visits per couple, per month. The remaining monthly contacts were made through other means, such as telephone calls. About 43 percent of the average monthly contacts were with the couple together. Approximately 31 percent of couples in the San Angelo program received a referral to other family support services.

4. Program Costs

For each couple that attended a group at least once during the study period, HFSA spent about $14,474. These program costs include services delivered for the 130 couples that initiated attendance at groups, but excludes costs associated with recruiting the study's control group. Across the program's components, this breaks down to $2,246 for outreach and recruitment activities; $2,058 for delivery of the group curriculum, including all supplies, training, and incentives; $5,264 for delivery of the family support services and associated expenses; and about $4,905 for administrative, management, and overhead costs.

5. Notable Features

HFSA built its BSF program on the foundation of a home visiting model—but also brought a well established fatherhood program and integrated these two elements into BSF. Having male staff who routinely worked with fathers on issues such as employment, child support, and parenting meant that HFSA had a relatively easy adjustment to working with fathers. The organization did, however, have to adjust to providing services to men and women simultaneously, because previously they were enrolled in different programs.

Notable Features of Healthy Families—BSF San Angelo

- **Up to 18 months of home visits in addition to BSF groups**
- **Pre-existing fatherhood program "Dads Make a Difference" and male staff**
- **Long-term persistence in contacting couples for intake and engaging enrollees in groups**
- **Open-entry policy for group sessions**
- **No incentives contingent on participation, other than program supports**

HFSA readily tried a range of implementation strategies and strove to respond to challenges. For example, when group attendance rates were low, staff returned to early cohorts of enrolled couples to engage their participation. When the early recruitment message yielded fewer results than expected, the program tried a different strategy. When part-time contract staff did not deliver the level of effort needed, a full-time employee was hired to facilitate and coordinate groups. To further improve group attendance, an open-entry policy was established. The program did not revise its policies regarding incentives but focused on building long-term relationships with couples.

REFERENCES

Amato, Paul R. "Children of Divorce in the 1990s: An Update of the Amato and Keith (1991) Meta-Analysis." *Journal of Family Psychology*, vol. 13, no. 3, 2001, pp. 355-370.

Brown, Louis D., Mark E. Feinberg, and Marni L. Kan. "Predicting Engagement in a Transition to Parenthood Prevention Program for Couples." Poster presented at the 17th Annual Society for Prevention Research, Washington, DC, May 29, 2009.

Capaldi, D. and G. R. Patterson. "An Approach to the Problem of Recruitment and Retention Rates for Longitudinal Research." *Behavioral Assessment*, vol. 9, no. 2, 1987, pp. 169-177.

Carlson, Marcia, Sara McLanahan, and Paula England. "Union Formation in Fragile Families." *Demography*, vol. 41, no. 2, 2004.

Carlson, Marcia, Sara McLanahan, Paula Enmgland, and Barbara Devaney. "What We Know About Unmarried Parents: Implications for Building Strong Families Programs." Washington DC: Mathematica Policy Research, 2005.

Conduct Problems Prevention Research Group. "Initial Impact of the Fast Track Prevention Trial for Conduct Problems: The High Risk Sample." *Journal of Consulting and Clinical Psychology*, vol. 67, 1999, pp. 631-647.

Dion, M. Robin, Alan M. Hershey, Heather H. Zaveri, Sarah A. Avellar, Debra A. Strong, Timothy Silman, Ravaris Moore. "Implementation of the Building Strong Families Program." Washington, DC: Mathematica Policy Research, 2008.

Dion, M. Robin, Barbara Devaney, Sheena McConnell, Melissa Ford, Heather Hill, and Pamela Winston. "Helping Unwed Parents Build Strong and Healthy Marriages: A Conceptual Framework for Interventions." Washington, DC: Mathematica Policy Research, 2003.

Dion, M. Robin, Sarah A. Avellar, Heather H. Zaveri, and Alan M. Hershey. "Implementing Healthy Marriage Programs for Unmarried Couples with Children: Early Lessons from the Building Strong Families Project." Washington DC: Mathematica Policy Research, 2006.

Dumka, L., C. Garza, M. Roosa, and H. Stoerzinger. "Recruitment and Retention of High-Risk Families into a Preventive Parent Training Intervention." *Journal of Primary Prevention*, vol. 18, no. 1, 1997, pp. 25-39.

Garvey, Christine, Wrenetha Julion, Louis Fogg, Amanda Kratovil, and Deborah Gross. "Measuring Participation in a Prevention Trial with Parents of Young Children." *Research in Nursing & Health*, vol. 29, no. 3, May 2006, pp.212-222.

Gottman, John M. and Julie Gottman. "Loving Couples Loving Children. Facilitator Module Guide and Couples' Workbook." Seattle, WA: LCLC, Inc. 2005.

Gross, Deborah, Wrenetha Juilion, and Louis Fogg. "What Motivates Participation and Dropout Among Low-Income Urban Families of Color in a Prevention Intervention?" *Family Relations*, vol. 50, no. 3, 2001, pp. 246-254.

Guerney, B. G. (1977). *Relationship enhancement*. San Francisco, CA: Jossey-Bass, Inc.

Hershey, Alan A., Barbara Devaney, M. Robin Dion, and Sheena McConnell. "Building Strong Families: Guidelines for Developing Programs." Washington, DC: Mathematica Policy Research, 2004.

Irvine, A. B., A. Biglan, K. Smolkowski, C. Metzler, and D. Ary. "The Effectiveness of a Parenting Skills Program for Parents of Middle School Students in Small Communities." *Journal of Consulting and Clinical Psychology*, vol. 67, no. 6, December 1999, pp. 811-825.

Jordan, Pamela. "Becoming Parents Program, Leader's Manual." Seattle, WA: BPP, 2005.

Markman, H. J., Renick M. J., Floyd, F., Stanley, S., & Clements, S. (1993). Preventing marital distress through communication and conflict management training: A four- and five-year follow-up. *Journal of Consulting and Clinical Psychology, 61,* 70-77.

McCurdy, Karen, and Deborah Daro. "Parent Involvement in Family Support Programs: An Integrated Theory." *Family Relations*, vol. 50, no. 2, April 2001, pp. 113-121.

McLanahan, Sara, and Gary Sandefur. *Growing up with a Single Parent: What Hurts, What Helps*. Cambridge, MA: Harvard University Press, 1994.

Miller, Jennifer. "Who participates in voluntary programs for families? Early Evidence from the Supporting Healthy Marriage Evaluation." Paper presented at the Twelfth Annual Administration for Children and Families Welfare Research and Evaluation Conference, Washington, DC, May 29, 2009.

Myers, H., K. Alvy, A. Arrington, M. Richardson, M. Marigna, R. Huff, M. Main, and M. Newcomb. "The Impact of a Parent Training Program on Inner-City African-American Fathers." *Journal of Community Psychology*, vol. 20, no. 2, 1992, pp. 132-147.

National Center for Injury Prevention and Control. "Using Evidence-Based Parenting Programs to Advance CDC Efforts in Child Maltreatment Prevention." Research Brief. Atlanta, GA: DHHS CDC, 2004.

Ortwein, Mary C. and Bernard G. Guerney. "Love Cradle: Building Strong Families Through Relationship Enhancement." Frankfort, KY, Relationship Press, 2005.

APPENDIX A

RELATIONSHIP AND MARRIAGE SKILLS CURRICULA

This appendix describes the curricula that were used by BSF programs to provide instruction and support in the skills that research suggests are associated with healthy relationships and marriage. The unique circumstances and needs of low-income unmarried parents having a baby required a curriculum development effort. Prior to BSF, almost all experience with existing relationship skills curricula had been with married, middle-income couples. To provide programs with several alternatives, the research team identified three curricula that research had shown to have positive impacts on couples' relationships, and encouraged the original curriculum developers to modify the material for BSF couples. Programs could then choose from among these curricula or they could choose to implement any other curriculum so long as it met the criteria described in the BSF model guidelines.

The three curricula chosen by the BSF programs are roughly the same in terms of content and general features, although they vary somewhat in their emphasis and their presentation method. All three curricula emphasize skills for effective communication and connection, shown by past research to be important cornerstones of successful marriages and healthy relationships. The curricula include topics such as listening to one's partner, minimizing harsh criticism, preventing escalation of conflicts, and working as a team rather than as adversaries. All three of the curricula take a psycho-educational approach; group leaders facilitate and educate, but do not try to solve the couples' problems. The curricula aim to provide couples the opportunity to develop skills in a safe, structured environment and offer specific tools to improve their interactions in preparation for entering or sustaining a healthy marriage.

Loving Couples, Loving Children

The Loving Couples, Loving Children curriculum begins each group session with a focus on group process and community-building. The group discussion is a pivotal element, giving couples the opportunity to relate to each other and discuss their experiences, thoughts, and feelings. Not to be confused with group therapy, the discussion provides an opportunity for voluntary disclosure and the chance to be heard and supported by others. Next, a video is shown in which real couples discuss their issues, such as recovering from infidelity or preventing harmful fights. The couples then discuss their reactions to the video and how they relate to the issues raised. After the discussion, the group facilitators provide information about the themes that emerged in the discussion and suggest empirically-proven ways in which couples can successfully deal with the issue. The couples are then given exercises in which they apply what they learned in the information section. That is, with their partners, they practice specific skills to address the issue and improve their interaction and communication. So while the session thus appears to be group-driven, it is in fact highly structured. Table A.1 presents a list of the primary topics covered in each two-hour session.

Table A.1. Session Content for Loving Couples, Loving Children

1. Preventing harmful fights	12. Recovery conversations after a fight
2. Staying close	13. Postpartum depression
3. Two sides to every fight	14. Close conversations
4. Compromise	15. Prevent and recover from infidelity
5. The involved dad	16. Who does what?
6. Turn toward, not away	17. Considering marriage
7. Avoid and heal violence	18. Kids by other partners
8. What kids do to relationships	19. How the pros manage money problems
9. Heal old wounds	20. Connect after baby comes
10. Honor your partner's dreams	21. Is there intimacy after kids?
11. When endless fights turn harmful	

Love's Cradle

In Love's Cradle, group leaders spend the first half of the curriculum teaching couples a series of skills focused on the development of empathy and positive communication, such as listening without defensiveness and showing understanding of each other's perspective. The skills are divided into specific steps; this allows the couples time to practice and master each part before adding the next component of the skill. Partners are given ample opportunities to practice skills and communicate with each other during the session. Most of the time in the session is spent on couple exercises, often with the help of communication "coaches," who circulate among participants and offer each couple individualized attention. The second half of the curriculum focuses on a group of topics developed specifically for the target population. In these later sessions, couples focus on using their relationship skills to address areas like trust, marriage, finances, and complex families. Table A.2 shows each two-hour session's topic.

Table A.2. Session Content for Love's Cradle

1. Why learn relationship skills? Showing understanding
2. "Coupleship" and expression skill
3. Parenting stresses and stretches; expression and discussion skills; supporting each other
4. Showing understanding for feelings; putting skills to work
5. Problem solving skill
6. Self-change skill; helping-others-change skill; coaching skill
7. Managing emotions and conflict
8. Foundation of trust
9. Rebuilding trust
10. Maintaining trust
11. Where am I on marriage?
12. Reframing marriage
13. Considering commitment and marriage
14. Financial styles and preferences
15. Financial challenges
16. Becoming a financial team
17. Using skills every day
18. Complex family relationships
19. Co-parenting
20. Navigating your support network
21. Maintenance skill; celebration

Becoming Parents Program

The Becoming Parents Program begins with group leaders teaching a foundational skill called the speaker-listener technique, intended to improve communication and interaction, and prevent the escalation of conflict. Group sessions can accommodate 15 or more couples, in part because the curriculum relies more on presentations by the group leaders, with less emphasis on group discussion. The Becoming Parents Program was originally designed to begin with prenatal couples (although they could have other children). The earlier sessions focus on skills to strengthen and solidify the relationship before the birth of the baby. After the baby is born, several "booster sessions" may be offered to couples that completed the earlier prenatal series. These sessions focus on child development and parenting, which the author likens to an "owner's manual" for parents. The information is targeted to the age of the new child and may help the adjustment of couples to their new parent status after birth. Table A.3 shows the topics covered in the 30-hour curriculum. The amount of time spent on each topic varies, from 15 minutes to an hour.

Table A.3. Becoming Parents Program

1. Danger signs
2. Basic communication skills
3. Speaker-listener technique
4. Message to moms
5. XYZ statements
6. Problem solving
7. Ground rules
8. Hidden issues
9. Expectations
10. Trust
11. Commitment
12. Forgiveness
13. Managing anger
14. Time out
15. What every couples needs to know about physical violence in couple relationships
16. Relationship enhancement: friendship
17. Relationship enhancement: fun
18. Taking care of yourself: managing stress
19. Taking care of yourself: managing fatigue
20. Creating a healthy lifestyle
21. Family values and beliefs
22. Taking care of yourself: creating a support network that works for you
23. Depression
24. Thinking about marriage
25. Finances
26. Dealing with former partners and co-parenting
27. Making sense of your baby's behavior
28. Infant state, behavior, and cues
29. State modulation
30. The sleep activity record
31. Feeding is more than just eating

APPENDIX B

BASELINE INFORMATION FORM

MATHEMATICA
Policy Research, Inc.

Agency Family ID _____

Date: __/__/____

☐ Mother ☐ Father
☐ English ☐ Spanish

BUILDING STRONG FAMILIES

BASELINE INFORMATION FORM

MPR ID: |__|__|__|__|__|__|__|__|

OMB Control No: 0970-0273

Expiration Date: 03/31/2008

Please Print Clearly. Use pen only.

1. _____
First Name Middle Initial Last Name

1a. _____
Maiden Name *(If applicable)*

2. _____
Address Apt. #

_____
City State ZIP Code

3. 0 ☐ None **Nickname(s):**_____

4. Social Security Number:

|__|__|__|-|__|__|-|__|__|__|__|

5. Date of Birth: |__|__| / |__|__| / |__|__|__|__|
Month Day Year

6. Sex: 1 ☐ Male 2 ☐ Female

7. 0 ☐ CHECK BOX IF RESPONDENT DOES NOT HAVE A PHONE AT HOME THEN **GO TO Q.7b**

Home Phone Number: (|__|__|__|)-|__|__|__|-|__|__|__|__|
Area Code

7a. Whose name is that phone listed in?

1 ☐ CHECK BOX IF IN RESPONDENT'S NAME

_____
First Name Last Name

7b. 0 ☐ CHECK BOX IF RESPONDENT DOES NOT HAVE A CELL PHONE THEN **GO TO Q.8**

Cell Phone Number: (|__|__|__|)-|__|__|__|-|__|__|__|__|
Area Code

8. Is there another phone number where you can be reached?

0 ☐ No → **GO TO Q.9**

(|__|__|__|)-|__|__|__|-|__|__|__|__|
Area Code

That number belongs to (CHECK ONE):

1 ☐ Friend
2 ☐ Relative
3 ☐ Neighbor
4 ☐ Landlord
5 ☐ Employer
6 ☐ Other *(Specify)*_____

9. Do you consider yourself Latino or Hispanic?

1 ☐ Yes
0 ☐ No
d ☐ Don't know
r ☐ Refused

10. Do you consider yourself:

(CHECK ALL THAT APPLY)

1 ☐ White
2 ☐ American Indian or Alaskan Native
3 ☐ Black/African American
4 ☐ Native Hawaiian or Other Pacific Islander
5 ☐ Asian
d ☐ Don't know
r ☐ Refused

11. What is your primary language?

(CHECK ONE)

1 ☐ English
2 ☐ Spanish
3 ☐ Other *(Specify)*_____
d ☐ Don't know
r ☐ Refused

12. Do you have a high school diploma, a GED, or a high school equivalency certificate?

(CHECK ONE)

0 ☐ None
1 ☐ High school diploma
2 ☐ GED or high school equivalency certificate
3 ☐ Other *(Specify)*_____
d ☐ Don't know
r ☐ Refused

Information on Pregnancy and Birth

13. INTERVIEWER: IS MOTHER CURRENTLY PREGNANT?

1 ☐ Yes
0 ☐ No → **GO TO Q.15**

14. When is your baby due?

|__|__| / |__|__| / |__|__|__|__|
Month Day Year

d ☐ Don't know
r ☐ Refused
→ **GO TO Q.16**

15. When was your baby born?

|___|___| / |___|___| / |___|___|___|___|
Month Day Year

d ☐ Don't know

r ☐ Refused

15a. What is the name of your baby?

Name: ___

16. Right before the pregnancy, did you want to have a baby with (NAME OF MOTHER/FATHER)? Is that . . .

NSFG EG-12a

1 ☐ definitely yes,

2 ☐ probably yes,

3 ☐ probably no, or

4 ☐ definitely no? → **GO TO Q.18**

d ☐ Don't know

r ☐ Refused

17. Would you say this pregnancy came sooner than you wanted, at about the right time, or later than you wanted?

NSFG EG-17

1 ☐ Sooner

2 ☐ Right time

3 ☐ Later

4 ☐ Didn't care

d ☐ Don't know

r ☐ Refused

18. How long did you know (NAME OF MOTHER/FATHER) before this pregnancy?

FF B1

|___|___| # OF UNITS

1 ☐ Months

2 ☐ Years

3 ☐ Weeks (IF LESS THAN ONE WEEK, ENTER 1 WEEK)

d ☐ Don't know

r ☐ Refused

Family Structure

19. Do you currently live with (NAME OF MOTHER/FATHER) . . .

FF A7A

1 ☐ all of the time,

2 ☐ most of the time,

3 ☐ some of the time, or

4 ☐ never?

d ☐ Don't know

r ☐ Refused

20. How many children do you have with (NAME OF MOTHER/ FATHER)? Please include all of your biological children, even if they are not born yet.

|___|___| # OF CHILDREN

d ☐ Don't know

r ☐ Refused

21. How many children do you have with other partners? Please include all of your biological children, even if they are not currently living with you or are not born yet.

|___|___| # OF CHILDREN WITH OTHER PARTNER(S)

d ☐ Don't know

r ☐ Refused

Employment and Income

22. Are you currently . . . →

1 ☐ working at a job for pay, **GO TO Q.23**

2 ☐ on paid maternity/paternity leave, or

3 ☐ not working?

d ☐ Don't know

r ☐ Refused

22a. What is the date you last worked?

|___|___| / |___|___| / |___|___|___|___|
Month Day Year

0 ☐ Never worked

23. In the last 12 months, what were <u>your</u> total earnings from all <u>your</u> jobs before taxes and deductions? Please do not include earnings from anyone else.

0 ☐ None

1 ☐ $1-$4,999

2 ☐ $5,000-$9,999

3 ☐ $10,000-$14,999

4 ☐ $15,000-$19,999

5 ☐ $20,000-$24,999

6 ☐ $25,000-$34,999

7 ☐ $35,000 or above

d ☐ Don't know

r ☐ Refused

24. In the last 12 months, have you received any of the following for yourself or your child:

YES	NO	
1 ☐	0 ☐	Cash Welfare/TANF
1 ☐	0 ☐	Food Stamps
1 ☐	0 ☐	Medicaid/SCHIP
1 ☐	0 ☐	SSI or SSDI
1 ☐	0 ☐	WIC
1 ☐	0 ☐	Unemployment Compensation

Feelings and Opinions

25. Now I am going to ask you some questions about feelings you may have experienced over the PAST 30 DAYS.

NHIS ACN.471 During the PAST 30 DAYS, how often did you feel . . .

	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME	DON'T KNOW	REFUSED
… so sad that nothing could cheer you up?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	d ☐	r ☐
… nervous?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	d ☐	r ☐
… restless or fidgety?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	d ☐	r ☐
… hopeless?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	d ☐	r ☐
… that everything was an effort?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	d ☐	r ☐
… worthless?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	d ☐	r ☐

26a. If you had an emergency, would you be able to count on someone besides (NAME OF MOTHER/FATHER) to take care of your baby?

1 ☐ Yes
0 ☐ No
d ☐ Don't know
r ☐ Refused

26b. Is there someone you could turn to other than (NAME OF MOTHER/FATHER) if you suddenly needed to borrow $100 dollars?

1 ☐ Yes
0 ☐ No
d ☐ Don't know
r ☐ Refused

26c. In the past 12 months, about how often have you attended a religious service? Was it . . .

1 ☐ never,
2 ☐ a few times a year,
3 ☐ a few times a month, or
4 ☐ once a week or more?
d ☐ Don't know
r ☐ Refused

27. INTERVIEWER: IS RESPONDENT CURRENTLY MARRIED TO (NAME OF MOTHER/FATHER)?

1 ☐ Yes → **GO TO Q.29**

0 ☐ No

28. What do you think the chances are that you will marry (NAME OF MOTHER/FATHER) in the future?

FF B14

0 ☐ No chance

1 ☐ A little chance

2 ☐ A 50-50 chance

3 ☐ A pretty good chance, or

4 ☐ An almost certain chance

d ☐ Don't know

r ☐ Refused

29. Tell me whether you strongly agree, agree, disagree or strongly disagree with the following statements.

FF B1

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED
k. A single parent can bring up a child just as well as a married couple.	1 ☐	2 ☐	3 ☐	4 ☐	d ☐	r ☐
b. (NAME OF MOTHER/FATHER) shows love and affection toward you.	1 ☐	2 ☐	3 ☐	4 ☐	d ☐	r ☐
c. (NAME OF MOTHER/FATHER) encourages you to do things that are important to you.	1 ☐	2 ☐	3 ☐	4 ☐	d ☐	r ☐
d. (NAME OF MOTHER/FATHER) will not cheat on you.	1 ☐	2 ☐	3 ☐	4 ☐	d ☐	r ☐
e. You may not want to be with (NAME OF MOTHER/FATHER) a few years from now.	1 ☐	2 ☐	3 ☐	4 ☐	d ☐	r ☐
f. Your relationship with (NAME OF MOTHER /FATHER) is more important to you than almost anything else in your life.	1 ☐	2 ☐	3 ☐	4 ☐	d ☐	r ☐
g. You and (NAME OF MOTHER/FATHER) enjoy doing ordinary, everyday things together.	1 ☐	2 ☐	3 ☐	4 ☐	d ☐	r ☐
j. (NAME OF MOTHER/FATHER) listens to you when you need someone to talk to.	1 ☐	2 ☐	3 ☐	4 ☐	d ☐	r ☐
l. It is better for children if their parents are married.	1 ☐	2 ☐	3 ☐	4 ☐	d ☐	r ☐
a. You are satisfied with the way you and (NAME OF MOTHER/FATHER) handle problems and disagreements.	1 ☐	2 ☐	3 ☐	4 ☐	d ☐	r ☐

This form has been completed by:_____

Signature of Staff Person and Date

APPENDIX C

PARTICIPANT EXPERIENCES METHODOLOGY

This appendix describes the methodology used for collecting and analyzing qualitative information related to how BSF participants experienced the program. The first section reports how the information was collected, followed by the procedures for setting up and coding the transcribed interviews. The final section describes the data extraction and analysis used to address the research questions.

Data Collection

Focus groups with participating BSF couples were held at each program location in 2006. A total of 143 individuals participated in these groups, which were summarized and described in an earlier report (Dion et al. 2008). Using a similar protocol, two rounds of semistructured interviews were held with individual couples in five programs, in the summer and fall of 2008. The first set of interviews occurred in July-August 2008, around the time that couples were beginning to participate in the relationship skills group sessions. The second set of interviews occurred several months later (October-December 2008), around the time that couples were completing the curriculum.

Twenty-six couples were recruited for and took part in the first round of individual interviews with couples assigned to groups in Atlanta, Baltimore, Baton Rouge, Oklahoma, and San Angelo. Couples were selected by identifying the most recently begun group that had met at least once, and inviting all the couples in that group to participate in the interviews. Twenty-three of the 26 couples agreed to speak with researchers for the follow-up round of interviews. Each interview was led by a male and female researcher, and consisted of about 30 minutes of discussion with both parents together, 15 minute individual interviews with the mothers and fathers separately, and a wrapup with both parents. Completed interviews with each couple ranged from 60 to 90 minutes. All interviews were audio-recorded, and each couple was given $100 for the completed interview.

During the analysis stage, the in-depth couple interviews were supplemented with information from several additional data sources:

- each couple's baseline characteristics (the BIF);
- case notes maintained by the program site; and
- information from interviews with the couples' group facilitators and family coordinators about each couple's progress and experiences in the program.

Coding Methods

Researchers took several steps to prepare the data, create a coding structure, and use the qualitative analytic software, Atlas.ti, for analysis.

Data preparation. Each interview was transcribed by an external transcription company and reviewed by the primary interviewer to correct or fill in any missing or incomplete data resulting from inaudible exchanges, to the extent possible. These additions/corrections were denoted with brackets to indicate that they were not part of the transcribed material.

The coding structure. A coding structure was developed for each round of interviews, by identifying common themes and topics that came up in response to the protocol questions. A four-member research team that included each of the lead interviewers met on multiple occasions to develop the structure. Some topics lent themselves well to codes that indicated where the couple stands on a given issue. For example, such issues as communication and parenting were coded as positive, negative, or neutral, depending on what the couple said about the topic. Other questions, such as how couples learned about the program and what led to their decision to enroll, were assigned specific codes.

The first round of interviews was coded using an 86-code model, with codes identifying their perceptions of the BSF program, their current relationship, the external support available for their relationship, parenting, personal and practical issues, as well as prior relationships, current relationship quality, and strengths of the couple. The follow-up interviews were coded according to a 41-code model pertaining to responses regarding group session topics, program attendance, assistance from the program, lessons learned from the program, overall program assessments, the utility and helpfulness of skills learned and topics covered in the group sessions, and others.

Validating coded documents. To ensure a common and thorough understanding of the meaning of each code, the team members reviewed and discussed coded interview excerpts. Just over 10 percent of the interviews were selected and reviewed for validation. For each transcript, the team member who had served as primary interviewer reviewed transcripts coded by the lead coder and indicated her level of agreement with the coder's applications. Discrepancies were discussed and resolved.

Checking coding reliability. After ensuring a common understanding of the meaning of each code, the coder applied codes to each of the transcripts. Ten percent of these coded transcripts were also coded by another team member who had not been involved in the interview, as a check on reliability and consistency. Inter-rater reliability was high.

Extraction and Analysis

To address the primary research questions shown in Table C.1, researchers used the Atlas.ti software program to extract relevant quotations from the coded transcripts.

Table C.1 Research questions and code groupings

Research Question	Code Groupings
A. What were couples' motivations for enrolling in BSF? In their view, what relationship strengths and challenges did they have at enrollment, and what did they hope to get out of the program?	
1. What strengths do couples perceive themselves to have at program entry?	Positive couple interaction (e.g., good communication; honesty, trust, spending time together)
	Positive relationship with ex-partner; children from prior relationships
	Individual and couple strengths (e.g., positive parenting; self-esteem; transition to family role)
	External support for couple relationship (support of parents, friends, extended family)
	Indicators of affection: qualities that attracted them to each other (from "when they met"); and qualities of partner they want to see in their child
2. At program entry, what relationship issues or challenges do couples perceive themselves to have?	Negative relationship quality codes (e.g., jealousy, dishonesty; negative communication; lack of time together; poor work-family balance; abuse)
	Arguments/disagreements/fighting (topics of fights, arguments)
	Individual-level or practical challenges affecting relationship (e.g., substance abuse, unemployment; influence of friends/family; need for housing)
	Prior relationships (multiple partner fertility; past partner abuse; past infidelity)
	Previous break-ups/separations (with this partner)
3. What do couples expect to get out of the program, and what are their hopes for their relationship?	Expectations of program
	Motivation for enrolling
	Hopes for relationship
	Expectations/references to marriage
B. How much did couples participate in group sessions, and what did they learn? To what extent was the information and material relevant and useful for their relationships?	
1. How much did these couples attend group, and what factors led to more vs. less attendance?	Group attendance; make up sessions
	Reasons for attending and for missing group sessions; reasons for drop out
2. What skills and information do couples recall learning?	Specific skills (e.g., conflict management, communication, problem solving, compromise)
	Topics liked most/least
	Application of skills/information
	Generally what they learned
3. To what extent and how have the group sessions been relevant and meaningful?	Relevance/usefulness of material taught in group and group sessions generally
	Effect of other couples in group

Table C.1 ***(continued)***

Research Question	Code Groupings
C. How do couples perceive other program components and BSF in general?	
1. Did participants get help (from BSF) with the individual-level challenges they identified at program entry? If so, what?	**Assistance or referrals to specific resources (e.g., employment assistance, GED programs, housing, mental health)**
2. What do they think of the individual-level assistance (e.g., family coordinators and the services they provide)?	**Usefulness of individual program assistance**
3. How do they perceive group facilitators?	**Perceptions of group facilitators**
4. What would they change about BSF if they could?	**Suggested improvements** **Topics needed**
5. What is their general assessment of BSF?	**Positive assessments, negative assessments**

Sample Representativeness

The thoughts, feelings, and views of the couples identified in this analysis may not represent the experiences of all couples that participated in BSF. While a comparison of the baseline survey data of couples that participated in the semistructured interviews to that of the full population of participants suggests that all couples generally demonstrated similar characteristics as measured at study entry (such as relationship status and education), the information gathered from these couples cannot be generalized to the full BSF sample or to other unwed parents.

APPENDIX D

INDIVIDUAL-LEVEL BSF PARTICIPATION IN GROUP SESSIONS

Table D.1 BSF Attendance at Group Sessions by Individuals and Couples

Program	Number of Program Group Couples	Percentage of Individuals and Couples Attending at Least Once	Average Hours Attended By Individuals and Couples
Atlanta	465	45	27
GSU	407	45	27
LAA	58	41	27
Baltimore	302	52	19
Baton Rouge	325	41	22
Florida	347	52	19
Broward	169	46	17
Orange	178	58	21
Houston	203	64	14
Indiana	234	62	31
Allen	55	58	37
Lake	44	71	32
Marion	135	62	28
Oklahoma	503	76	25
San Angelo	175	74	27
Total	2,554	57	24

APPENDIX E

REGRESSION RESULTS FOR PARTICIPATION PREDICTORS

Table E.1 Regression Results for Analysis of Program Participation

Variable	Ever Attended	Hours of Participation
Race and ethnicity		
Hispanic	0.97	-0.57
Black	0.76†	0.57
Other race	0.82	1.61
White (reference)	1.00	---
Age		
At least one partner under 21 years	0.93	-1.62†
Both partners 21 years or older (reference)	1.00	---
Education level		
Neither partner has high school diploma or GED	0.73*	-2.81*
Only one partner has high school diploma or GED	0.93	-1.67†
Both partners have high school diploma or GED (reference)	1.00	---
Employment status		
Only father is employed	1.01	-0.26
Only mother is employed	0.79	-3.33†
Neither are employed	1.00	-1.30
Both partners employed (reference)	1.00	---
Earnings category		
Couple earned $10,000 or less	0.99	-0.84
Couple earned $11,000-25,000	0.98	-0.49
Couple earned more than $25,000 (reference)	1.00	---
Public assistance		
Couple received TANF or food stamps	1.05	-1.01
Couples did not receive TANF or food stamps (reference)	1.00	---
Time known one another		
One year or less	0.96	1.99†
One to three years	0.84†	1.57
More than three years (reference)	1.00	---
Relationship and cohabitation status		
Couple does not live together all of the time (reference)	1.00	---
Couple lives together all of the time	1.21*	0.63
Couple is married	1.53*	-0.66
Mother's assessment of relationship interaction	1.03	-0.60
Father's assessment of relationship interaction	0.80*	0.08
Mother's commitment to relationship	1.04	1.24
Father's commitment to relationship	1.31*	2.61*
Mother's belief in the importance of marriage for children	0.96	-0.01
Father's belief in the importance of marriage for children	1.05*	0.09
Pregnancy status		
First trimester	1.44*	0.60
Second trimester	1.50**	1.01
Third trimester	1.22	-1.48
Unknown trimester	0.35	11.41
Postpartum (reference)	1.00	---

Table E.1 ***(continued)***

Variable	Ever attended	Hours of participation
Whether birth intended		
Birth not wanted by at least one partner	0.89	0.00
Both wanted birth, one or both thought mistimed	0.92	-0.64
Both intended birth (reference)	1.00	---
Number of children		
Couple has more than one child together	0.85	1.21
Couple has one child together (reference)	1.00	---
Multiple partner fertility		
Couple has child/ren from previous relationships	0.98	---
Couple does not have child/ren from previous relationships (reference)	1.00	-1.45†
Psychological Distress		
Mother has moderate or high distress	1.36**	1.13
Mother has none or low distress (reference)	1.00	---
Father has moderate or high distress	1.11	-1.50
Father has none or low distress (reference)	1.00	---
Religious attendance		
Mother attends religious services regularly	1.35**	-0.96
Mother does not attend religious services regularly (reference)	1.00	---
Father attends religious services regularly	1.09	1.35
Father does not attend religious services regularly (reference)	1.00	---
Program		
Houston	1.65*	-11.36**
San Angelo	3.03**	-3.16
Oklahoma	2.88**	-2.52†
Baltimore	1.60**	-6.56**
Baton Rouge	0.73**	-5.06**
Florida	1.62**	-9.52**
Indiana	2.17**	1.56
Atlanta (reference)	1.00	---
Constant		16.16**
Sample size	2,554	1,407

Source: Baseline Information Form and attendance data collected from programs.

Notes: The results for ever-attended models the odds ratio for a couple attending at least one group session together, based on a logistic regression model. The results for hours of attendance are the estimated number of hours a couple attends together, conditional on attending at least one group session, based on an ordinary least squares regression model.

† p < .10, * p < .05, ** p < .01.