



**national
healthy marriage
resource center**

Integrating Marriage and Relationship Education with Responsible Fatherhood Program Delivery

A Case Study of the Philadelphia Healthy Marriage Project

Objective

This Case Study examines the Philadelphia Healthy Marriage Project (PHMP), which provides lessons learned and promising practices regarding the process of integrating healthy relationship and marriage education with responsible fatherhood services for disadvantaged men.

Methodology

Philadelphia Healthy Marriage Project staff conducted interviews with staff from the Council for Relationships (CFR) that developed and evaluated the “Becoming a ‘Response-Able’ Father” curriculum, as well as staff from the Philadelphia Mayor’s Office of Community Services (MOCS) who provided input to shape the curriculum and continue to use it today with clients in their Fatherhood Initiative Program (FIP). In addition, evaluation data and final reports for the program were reviewed. Based on this information, this Case Study examines the strategies and lessons learned from the integration of Marriage and Relationship Education (MRE) programming into an existing, successful responsible fatherhood program.

Background

The Philadelphia Mayor’s Office of Community Services (MOCS) provides a range of community services, including the Fatherhood Initiative Program (FIP), to alleviate poverty and strengthen individual and family self-sufficiency within Philadelphia. FIP focuses on various aspects of responsible fatherhood, such as workforce development, parenting and skill and character-based education.



The Council for Relationships, a provider of relationship education programs for more than thirty years, began working with MOCS in 2003 when they served on fatherhood committees and task forces together. The Mayor’s Office of Community Services reached out to CFR because men participating in FIP were specifically asking facilitators for help with their relationships with the mothers of their children. As such, CFR (in consultation with MOCS) applied for a grant to deliver healthy marriage training and technical assistance to MOCS. The grant is administered through the Community Service Block Grant from the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Office of Community Services (OCS). The name of the project funded through this grant was the Philadelphia Healthy Marriage Project (PHMP).

The PHMP was funded for three years beginning in October 2007. The project was designed to provide healthy marriage and relationship education training and technical assistance to

community agencies serving disadvantaged fathers and families. The goal of the grant was to increase access to the social and economic benefits of healthy relationships and marriages among Philadelphia’s low-income populations. In particular, PHMP wanted to incorporate a healthy relationship and marriage component into the FIP program that was tailored to address the circumstances and needs of low-income fathers. To achieve this goal, PHMP developed, implemented and evaluated the “Healthy Relationships, Healthy Children: Becoming a ‘Response-Able’ Father” (fatherhood edition) program/curriculum.

Program Development Strategy and Model

Needs Assessment

The CFR and MOCS undertook a series of steps to assess the needs of current program participants, to guide their strategy on how to best integrate and deliver healthy relationship services to FIP clients. Philadelphia Healthy Marriage Project staff first conducted interviews and focus groups with Fatherhood Initiative Program staff and clients to identify opportunities and barriers for new healthy relationships and marriage programming.

FIP staff indicated in interviews that they believed learning about healthy relationships would be useful in improving their clients’ relationships with their partners and children. They also believed that healthy relationship knowledge could improve their clients’ self-esteem and carry over into other aspects of their lives more traditionally served by fatherhood programs, such as employment.

In the qualitative interviews, FIP staff identified five kinds of barriers to healthy relationships faced by the fathers they serve:

1. Environmental (financial issues, unemployment, racism)
2. Psychological (poor self-esteem, anger management)
3. Interpersonal relationships (lack of knowledge about dealing with conflict, communicating with their partners, and lack of skills for developing healthy relationships)
4. Substance abuse
5. Misconceptions (about the court system and the FIP program)

Prior to the PHMP partnership, the FIP office had been using the National Partnership for Community Leadership (NPCL) “Fatherhood Development Curriculum” with their clients, delivered by trained FIP facilitators. The NPCL curriculum had strong evaluation results in several areas from its use at FIP; however, the needs assessment revealed that men in the program needed materials to help them build knowledge and skills for healthy relationships and marriages.

Curriculum Development/Modification

The curriculum was developed by PHMP through a collaborative effort that incorporated elements from research, the NPCL curriculum already in place, and insights from the needs assessment. As the PHMP staff developed the curriculum, they took economic, psychological, interpersonal, and substance abuse

factors, as well as common misconceptions affecting the target population, into account.

Philadelphia Healthy Marriage Project staff presented the curriculum (“Becoming a ‘Response-Able Father’”) to FIP facilitators during 30 hours of training and review. After receiving feedback from the staff, the curriculum and training procedures were revised before the program was piloted to FIP clients. In particular, PHMP staff restructured the curriculum to focus on the topic of anger early in the course (e.g., anger at their childrens’ mothers, anger at systems like child support, and anger about lack of opportunities in general), because facilitators identified anger as a significant barrier for their clients. Input from FIP staff also resulted in a curriculum modification that encouraged fathers to look back at their own experience as they explored issues of trust and child development; staff input even influenced seemingly minor program design elements like the kinds of writing materials provided to fathers during the class. The resulting curriculum produced through PHMP was tailored to the needs and desires of FIP’s target population, as well as the practitioners who were to teach and sustain it.

The PHMP staff also engaged the local domestic violence service community to create a domestic violence protocol for the program. Four domestic violence partner agencies (Congresso de Latinos Unidos, Lutheran Settlement House, Institute for Safe Families and Women Organized Against Rape) provided domestic violence training to FIP facilitators as part of the training process for the new MRE component.

MRE Integration into Fatherhood Program Delivery

During 2009, 509 clients inquired, or were referred or mandated, to MOC’s FIP services. Of those, 54%,

or 276 individuals, voluntarily enrolled in the MRE component. Ninety-three percent (93%) graduated from the course with a certificate of completion and 75% completed pre- and post-test evaluations. The demographic profile of FIP clients is below.

- 87% were unemployed
- 63% were never married
- 79% had children with two different women
- 77% had three or fewer children
- 79% were African American and 9% Hispanic
- 67% were between 22 and 40 years old

The healthy marriage and relationship education pilot curriculum was offered to FIP participants in two-hour segments on a weekly basis for 12 weeks by the trained FIP facilitators (some cohorts were offered twice weekly for 2 hours each for 6 weeks). Each session followed a similar outline, with a presentation portion followed by an interactive session. The class sessions contained a strong skills-based component so that fathers were able to take away tangible skills and tools. Participants also concurrently took part in a separate life skills class offered by FIP, which addressed some of the other barriers fathers faced (unemployment, substance abuse, etc.) but were not addressed within the scope of the relationship education course.

During the course of the grant, 15 facilitators were trained to deliver the MRE component. The facilitators who presented the “Response-Able Fathers” curriculum were already working with non-custodial fathers through FIP, were typically recruited from the community, and were already known and trusted by that audience. In the qualitative interviews with FIP clients, participants highlighted their interactions with

FIP staff as one of the best parts of the program, and said that they saw them as role models. The PHMP staff also noted the importance of working with trained facilitators who had a strong understanding of their audience and who could provide valuable input to improve the curriculum, materials and content/ program delivery.

While the partnership with FIP staff was invaluable, the PHMP staff also noted some of the difficulties inherent in working with a public organization during

“The biggest piece of advice I have for fatherhood programs that are considering incorporating a healthy relationship component is ‘Go for it!’ We were initially discouraged that we had trouble recruiting the women because many of them were no longer involved in romantic relationships with the men. However, what we found was that the guys were still looking for something to take back home to help with their current relationships or to help manage conflict in relationships with the mothers of their children. I can’t tell you how many times we were asked, ‘Can I take this sheet home to my wife?’ Some of them are really looking for something to ease the tension or an opening to talk to the women.”

Gilbert Coleman, FIP Program Director, Philadelphia Mayor’s Office of Community Services

an election and in a period of budget cuts. When politics were involved, it was especially important for PHMP to have a champion in the Mayor’s office. During the implementation of the pilot program, staff positions at FIP were cut, but the staff members continued to work on the curriculum without pay because of their dedication to the project. FIP continues to use the fatherhood curriculum developed through the PHMP.

Key Findings:

- **Dads really want to learn more about how to have healthy relationships and be involved fathers.** The staff from PHMP described their partnership working with low-income fathers as “eye-opening.” Staff members realized they held some previously conceived negative misconceptions about the role of non-custodial fathers in relationships. After working on this program, they saw that the FIP clients held the same values about the importance of work and family as the FIP facilitators they looked upon as role models, but that the clients simply lacked the tools and knowledge to act upon those values. In fact, it was fathers requesting help with their interpersonal relationships that prompted MOCS to partner with CFR to develop the “Response-Able Fathers” curriculum.
- **Employ and engage staff who are trusted peers and/or members of the community.** Because the FIP staff members were respected by FIP clients and came from similar backgrounds, they were able to advocate for the MRE curriculum and deliver it effectively. The fathers trusted the FIP staff and were willing to learn from them. The integration of healthy marriage with the fatherhood program was also facilitated by the investment FIP staff made in refining the relationship education program.

• **Strong and trusted partnerships between organizations will help the program overcome challenges and obstacles.** FIP staff provided a positive influence for clients, and for the success of the PHMP collaboration. PHMP staff said their most important partnership was with the FIP office, which was willing to improve their fatherhood program despite political and fiscal concerns. This took much time and working together to build a cohesive, trusting relationship. Gil Coleman, Program Director of FIP, noted that referral partnerships with local domestic violence agencies and mental health centers were integral to helping the men address anger management and conflict resolution to help with their relationships.

• **Innovative recruitment and completion incentives will bolster enrollment and retention.** Recruitment and retention are often issues for programs testing out a new service. However, in Philadelphia, fathers involved in the child support system are mandated by the Philadelphia Family Court to take part in FIP, creating a court-mandated recruitment pool for the voluntary PHMP program. In addition, if the father completes the fatherhood curriculum, he receives a certificate to show the court, so fathers had an incentive to complete the program. As a result, FIP has a very high retention rate, and issues regarding recruitment and retention were minimal for the PHMP collaboration.

• **A strong curriculum informed and shaped by staff and clientele, and tailored to client needs, is vital for a successful program.** Because of extensive collaboration with the FIP staff and clients, the resulting curriculum produced through PHMP was tailored to meet the needs and desires of FIP's target population, as well as the practitioners who were to teach and sustain it. In addition, facilitators became more engaged in working with the healthy marriage

program because they had been involved in the curriculum development and/or refinement.

• **The needs and outcomes of a program or integrated MRE component should be**



systematically examined and documented. A needs assessment to inform the modification of the curriculum and an evaluation were included as part of this project. The evaluation results showed that overall, fathers' knowledge of child development, empathy skills, and attitude towards self, improved significantly pre- to post-test.

Implications:

The project described in this Case Study integrated an MRE component into a fatherhood program. This included conducting a needs assessment, developing and modifying a healthy marriage and relationship education curriculum, and pilot testing "Response-

Able Fathers” and a program evaluation. The needs assessment and curriculum development/refinement process were crucial to program success.

The project benefited from strong community partnerships and dedicated staff. It is important to note that FIP was already a strong program before the introduction of the healthy relationship and marriage component. However, PHMP staff were providing a service requested by FIP participants. This provided the opportunity to make a good program and educational service even better.

As part of this project, the PHMP team also created a Healthy Relationships, Healthy Children “Reversing the Ripple Effect” curriculum they had intended to implement with couples, but by the second year of the program they found themselves working solely with FIP because of budget constraints. The PHMP team is looking forward to testing out their couples’ curriculum in the future. The Council for Relationships is currently collaborating with four Philadelphia sites to pilot their couples’ curriculum, and the “Response-Able Father” curriculum is also available for other programs to use.

The combination of marriage and relationship and fatherhood education has many implications for fathers and families. Helping couples build relationship skills could help produce better outcomes for their children. Further, as this project demonstrated, fathers are requesting relationship education services. Low-income fathers and couples want healthy relationships, too. Unfortunately, they often are not provided with opportunities to participate in these types of educational and enriching programs. The PHMP provides a successful model for developing and integrating MRE into fatherhood programming.

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