Integrating Marriage and Relationship Education into Head Start Settings: Building Partnerships to Strengthen Children, Families, and Communities

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Healthy marriage and relationship education encompasses a broad set of programmatic approaches designed to assist couples in building relationship strengths and enriching couple and family relationships.[1] Marriage and relationship education (MRE) can be defined as a set of systematic interventions intended to support and enhance couple and family relationships through awareness, education, and social support. Typically, such programs focus on helping participants understand relationship processes, assess their own relationships, and develop key relationship skills.[2] A number of research reviews have indicated that well-designed marriage and relationship education programs help individuals and couples to acquire and apply key relationship skills, maintain relationship satisfaction, and avoid development of problems. Research also confirms the efficacy of such programs for lower-income and ethnically diverse couples.[3] Best practice in MRE includes promotion of partnerships within communities so that programs can be integrated into existing community structures, link together to reach potential participants, and share resources while working toward common goals of family stability and self-sufficiency.[4]

Head Start and other family-serving programs were established to assist economically disadvantaged children and families with positive development and healthy family functioning.[5] Currently, many MRE programs have been adapted and implemented for use with limited-resource, diverse populations in community-based settings. The Federal government and many State and Local governments have supported funding and resources for voluntary MRE programs to complement existing efforts to strengthen families, minimize poverty, and further child well-being.[6] Both MRE and Head Start share priorities that include serving families in need, strengthening couple and family functioning, building family self-sufficiency, promoting positive child outcomes, and establishing healthy communities. Thus, there is significant potential for meaningful impact in assisting families through integration of programming efforts in MRE and Head Start/Early Head Start.

Background

Head Start first emerged in 1965 as a comprehensive child development program serving economically disadvantaged children

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Common elements in Head Start and MRE that aid in facilitating integration of these family education and support initiatives include:

- **A focus on serving populations at risk of family instability or economic disadvantage.**

- **Services and education designed to strengthen families, promote child well-being, and encourage economic security.**

- **Operation in community-based settings with the ability to adapt to localized needs and conditions.**

- **Demonstrated evidence of improving substantive research-based outcomes for individuals, families, and children.**

ages four through five and their families. The Early Head Start program was subsequently established in 1995 to provide support and services for children and families in the first three years. Head Start programs promote school readiness by enhancing the social and cognitive development of children through providing educational, health, nutritional, social, and other services to enrolled children and families. Head Start seeks to engage parents in their children's learning and helps them make progress in their educational, literacy, and employment goals. Head Start, which is federally funded, is a site-based program with common program components that serves over one million children and families each year. The core elements in Head Start programs include: (1) educational activities to promote child development and school readiness; (2) health services to promote child wellness; (3) parent involvement activities including advocacy, education, and collaboration; and (4) family partnerships to further family functioning and self-sufficiency.[7,8] These program activities offer the opportunity for collaborative partnerships with MRE providers to complement the efforts needed to strengthen families and further child well-being.

MRE programs offer a variety of possibilities for building collaborative efforts in serving and strengthening families served by Head Start. Similar to Head Start, MRE programs first emerged in the 1960s within community-based settings to provide educational, skill-based instruction for strengthening couples and families. Since that time an array of research-based educational programs have been developed with the intent to prevent difficulties, strengthen relationships, and promote family well-being. Such programs focus on helping individuals acquire knowledge of healthy relationships, build relationship skills, and engage with support resources as needed. Topics commonly addressed in MRE programs include healthy relationships, communication skills, anger management, financial stress, balancing work and family, and other issues important in family functioning.[9] Such programs are characterized by educational offerings designed for use with multiple delivery needs and target populations.

Promising Practices for Integration of MRE into Head Start Settings

A list of research- and evidence-based promising practices for integration of MRE into Head Start settings includes:

Partnerships[10,11,12]

- Work with State entities designed to facilitate collaboration between Head Start and other organizations. Such entities can provide information, direction, networking opportunities, and resources for programming efforts.

- Establish common ground and shared goals through regular planning meetings that allow partners to build trust, share ideas, and agree upon selected strategies for MRE programming in Head Start settings.

  Identify specific resources from existing or potential partners that can be leveraged to accomplish program goals, such as Head Start supporting participant recruitment and childcare while the MRE provider delivers educational programming.

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- Outline the planned partnership and describe services that will be provided, population to be served (e.g., teen parents), resources needed for implementation, resources to be used for programming, and key considerations in the partnership (e.g., need to address domestic violence).

- Invite local community partners to contribute expertise or resources to integrated educational programs by speaking on topics of interest to both MRE and Head Start participants, such as family budgeting, dealing with conflicts or domestic violence, co-parenting and relationships, or other subjects.

Program selection[13,14,15]

- Establish priorities for guiding selection of MRE programs to be used in Head Start settings. MRE programs that are selected optimally should be based on current research and theory, include adaptations to fit the target audience (e.g., Native American families), and provide evidence of program effectiveness.

- Investigate the teaching strategies and tools available in the curriculum materials being considered and their appropriateness for usage with Head Start families and other clients to be served.

- Identify preferred MRE resources to be utilized systematically in the Head Start setting, ranging from educational bulletins or brochures to formal educational curricula.

- Consult with a range of stakeholders in Head Start, MRE, and the community to provide input on selection of resources and programs to be used in programming efforts.

Program delivery[16-19]

- Recruit program participants within and beyond Head Start using a community outreach campaign, announcements by local partners, specific invitations to Head Start families, and support from recognized community figures. Build relationships and support with local partners to increase the likelihood of referrals to the program.

- Provide awareness training regarding integration of MRE efforts for all Head Start staff and community partners and answer questions. In addition, provide specific training, as needed, in MRE program offerings for program facilitators.

- Secure a time and location for program delivery that fits the needs of participants and program partners, as well as helps participants to feel comfortable and facilitates involvement. Take steps to reduce potential barriers to participation such as transportation difficulties, child care needs, or other concerns.

  Consider utilizing a "marriage and relationship education plus" approach so that programming is offered in conjunction with complementary family life education approaches such as parent education, financial education, or nutrition education. This approach simply involves integrating couple and relationship education into related family strengthening efforts, such as addressing both family financial issues "plus" couple relationship issues within a single educational program.

- Use trainers who understand and can connect with the target audience to maximize participant retention, including individuals who can provide education

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that is culturally meaningful and relevant.

Program support[20-23]

- Build community support for collaborative efforts between MRE and Head Start by identifying additional community partners, planning for needed resources, reaching out to stakeholders, defining a shared mission and goals, establishing communication, and implementing action steps to reach desired goals.

- Survey Head Start staff members, MRE partners, community partners, and potential program participants to assess perceived needs and challenges in delivering MRE programming in Head Start settings. Take action based upon feedback and recommendations.

- MRE providers and other partners can furnish food, educational items, and other resources to support participants. Head Start can provide facilities, child care, and other resources to support participants.

Program evaluation[24,25,26]

- Check MRE program materials to determine whether specific evaluation tools or materials are included with an educational program and what support system exists for conducting evaluation of the program.

- Plan strategies for assessment of the program's effectiveness that match the maturity level of the program. For example, a pilot program effort might be first assessed using open-ended feedback surveys and participant focus groups.

- Plan an evaluation approach that focuses on the systematic collection and analysis of program-related information that can be used to understand and improve program effectiveness over time. Explore use of quantitative, qualitative, and other techniques for gathering participant feedback and documenting program processes and outcomes.

- Partner with local colleges, universities, or research centers to implement a program evaluation strategy that fits your needs.

Conclusion

The common goals that both Head Start and MRE programs often share provide a meaningful context for forging partnerships that can be established to strengthen families and improve the lives of children. Strategies that are based on promising practices are most likely to succeed in building effective partnerships, reaching families, and making a difference for couples, families, and children. Such partnership efforts highlight the potential for working across different contexts, such as Head Start and MRE, to unite around common goals and strengthen children and families through education, support, and collaboration.

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Suggested Resources

The National Resource Center for Healthy Marriage and Families–
https://healthymarriageandfamilies.org/

U.S. Department of Health and Human Services, Administration for Children and Families, Healthy Marriage Initiative–
http://www.acf.hhs.gov/healthymarriage/index.html

The National Extension Relationship and Marriage Education Network–
http://www.nermen.org

Head Start - Healthy Marriage–
http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/Family%20and%20Community%20Partnerships/New%20Parental%20Involvement/Healthy%20Marriage

Work Consulted

Newsome Johnson, L., & Derrington, R. (2010). *A win-win partnership: MRE and Head Start.* National Healthy Marriage Resource Center.

Notes

[1] Brotherson, S. E., & Duncan, W. C. (2004). Rebinding the ties that bind: Government efforts to preserve and promote marriage. *Family Relations, 53*(5), 459-468.

[2] Futris, T. G. (Ed.). (2008). *Cultivating healthy couple and marital relationships: A guide to effective programming.* Athens: University of Georgia Cooperative Extension.

[3] Hawkins, A. J., & Fackrell, T. A. (2010). Does relationship and marriage education for lower-income couples work? A meta-analytic study of emerging research. *Journal of Couple & Relationship Therapy: Innovations in Clinical and Educational Interventions, 9*(2), 181-191.

[4] Halford, W. K., Markman, H. J., Kline, G. H., & Stanley, S. M. (2003). Best practice in couple relationship education. *Journal of Marital and Family Therapy, 29*(3), 385-406.

[5] Mills, K. (1998). *Something better for my children: The history and people of Head Start.* New York, NY: Dutton.

[6] See note 1 above.

[7] Bierman, K. L., Domitrovich, C. E., Nix, R. L., Gest, S. D., Welsh, J. A., Greenberg, M. T., … Gill, S. (2008). Promoting academic and social-emotional school readiness: The Head Start REDI program. *Child Development, 79*(6), 1802-1817.

[8] See note 5 above.

[9] See note 2 above.

[10] Hawkins, A. J., & Ooms, T. (2010). *What works in marriage and relationship education? A review of lessons learned with a focus on low-income couples.* National Healthy Marriage Resource Center.

[11] See note 5 above.

[12] See note 2 above.

[13] See note 1 above.

[14] See note 4 above.

[15] See note 10 above.

[16] See note 7 above.

[17] See note 4 above.

[18] See note 10 above.

[19] See note 2 above.

[20] See note 7 above.

[21] See note 4 above.

[22] See note 10 above.

[23] See note 5 above.

[24] See note 4 above.

[25] See note 3 above.

[26] See note 2 above.

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