

Assessing Healthy Marriage and Relationship Education Programs for Youth



List of Abbreviations and Key Terms

Abbreviation/ Key Term	Definition			
AA	Allowable activities			
ACF	Administration for Children and Families			
GP	Grantee profiles			
GA	Grantee applications			
Grantee	HMRE programs with OFA funding			
High-school-aged	Program participants ages 14 to 17 years old			
youth				
HMRE	Healthy marriage and relationship education			
Non-school-based	Grantees that do not implement programming during the			
programming	day in schools			
Non-youth/adults	Participants 25 years or older			
OFA	Office of Family Assistance			
OLDC	Online data collection reports			
Older youth	Participants 18 to 24 years old			
OPRE	Office of Planning, Research & Evaluation			
Program	HMRE programs generally, regardless of funding			
Programming	What programs or grantees are doing with the			
	participants they serve			
School-based	Grantees that implement programming during the day in			
programming	schools, even if they also operate in other settings			

Overview

Introduction

Research finds that romantic relationships during adolescence are developmentally appropriate, and healthy relationships can be a positive developmental influence. Healthy Marriage and Relationship Education (HMRE) programs serving youth can improve young people's attitudes, knowledge, and expectations of romantic relationships by helping them develop key skills to form healthy relationships (and avoid unhealthy ones). This may contribute to their overall development and prepare them to create and sustain healthy relationships, including marriage, later in life.

This report summarizes findings from a research study on youth-serving HMRE programs funded by the <u>Office of Family Assistance</u>. Specifically, this report aims to address gaps in knowledge about the extent to which these programs are tailored to the specific developmental and cultural needs of this population.

Primary Research Questions

The project addressed three key research objectives:

- 1. Describe the organizations implementing federally funded HMRE programs for youth and the youth served by these programs by collecting and analyzing multiple sources of quantitative and qualitative data.
- 2. Assess whether HMRE programming for youth aligns with best practices for serving youth.
- 3. Identify promising approaches used by grantees to better serve youth in HMRE programs.

Purpose

This report aims to inform ACF and the broader HMRE research and practice fields about the characteristics and implementation practices of youth-serving HMRE programs. By documenting the characteristics of HMRE grantees, partners, and participants, and by assessing how HMRE grantees align with practices identified through research and evaluation to be optimal for serving youth most effectively (i.e., best practices), this report:

- provides information on the strengths and gaps in existing HMRE services for youth,
- provides recommendations for future training and technical assistance (TA) needs, and
- informs the larger field about promising approaches for serving youth, which were identified through a critical analysis of the research-informed best practices and through interviews with grantee staff.

Key Findings and Highlights

Overall, this report's findings demonstrate that federally funded HMRE grantees are reaching and serving youth using a range of research-informed best practices.

Key findings:

- Most HMRE grantees target and reach diverse and often disadvantaged youth populations.
- HMRE grantees serve youth in a variety of settings, and most grantees implemented programming in more than one setting.
- School- and non-school-based HMRE programming each have unique advantages and challenges in reaching and serving youth.
- HMRE grantees' programming objectives align with targeted outcomes of HMRE curricula.
- HMRE grantees reached more youth ages 14 to 17 than older youth (ages 18 to 24).
- About half of grantees implemented different programming activities for their youth versus adult populations, including implementing curricula that were age-appropriate.
- HMRE grantees' implementation practices aligned with research-informed best practices related to curriculum, staff attributes and skills, and organizational practices.

Methods

The study team first identified a set of research-informed best practices criteria for serving youth. The team then used information from quantitative and qualitative data sources to compare and assess the alignment of HMRE grantees' reported and observed practices against these research-informed best practices criteria. Finally, the team identified promising approaches for serving youth through a critical analysis of the research-informed best practices and interviews with grantee staff.

Recommendations

Based on these findings, the study team provides a number of research-informed recommendations for supporting the design and implementation of HMRE programs for youth:

- Form community partnerships that allow programs to implement in multiple settings, specifically in school-based and community-based settings.
- Provide additional information and training related to the unique needs of youth, select curricula that are age- and developmentally-appropriate, and follow best practices for serving youth, particularly for programs serving a mix of youth and adults.
- Provide programming that promotes positive attitudes about gender and sexuality and improved career and college readiness.
- Support program efforts to reach and serve older youth (ages 18 to 24).
- Provide additional training in specific program implementation areas, including:
 - o Integrating positive youth development approaches
 - Conducting observations on an ongoing basis to monitor program/curriculum fidelity and quality.

Glossary

ACF: Administration for Children and Families

OFA: Office of Family Assistance

OPRE: Office of Planning, Research & Evaluation HMRE: Healthy marriage and relationship education

Grantee: HMRE programs with OFA funding

School-based programming: grantees that implement at least some programming

in schools, during the school day

Non-school-based programming: grantee work that is not implemented in schools,

during the school day



Executive Summary

Research finds that young people's romantic relationships can influence their behaviors and experiences (both positive and negative) during adolescence and beyond. Healthy Marriage and Relationship Education (HMRE) programs serving youth can improve young people's attitudes, knowledge, and expectations of romantic relationships by helping them develop key skills to form healthy relationships and eventually healthy marriages (and avoid unhealthy ones).

Approximately half of the 60 HMRE programs funded by the Office of Family Assistance (OFA) in the Administration for Children and Families (ACF) served youth (i.e., participants ages 14 to 24), primarily in high schools from 2011 to 2015. This translates to more than 40,000 youth reached during this time. Despite the large proportion of youth served through federally funded HMRE programming, we have relatively little information about these programs, including:

- the characteristics of youth-serving HMRE grantees, partners, and their participants;
- the program implementation practices employed by grantees; and
- the degree to which HMRE programming for youth is informed by research and practices identified through research and evaluation to be optimal for serving youth most effectively (i.e., best practices).

This report summarizes the findings from a recently completed research study funded by ACF's Office of Planning, Research and Evaluation (OPRE) designed to address these three topics. This information will ultimately help identify and address strengths as well as gaps in existing HMRE services for youth, and will highlight training and technical assistance (TA) needs of HMRE grantees serving youth. More broadly, this study will inform the larger research base for relationship education programs.

Methods

The study team first identified a set of research-informed best practices criteria for serving youth. These criteria were reflected in the team's analysis plan and design for all data collection instruments. The team then used the information gathered from multiple quantitative and qualitative data sources to compare HMRE grantees' reported and observed practices against these criteria to assess the alignment of HMRE programming for youth with research-informed best practices. Finally, the team identified promising approaches for serving youth through a critical analysis of the research-informed best practices and interviews with grantee staff.

Key Findings

HMRE grantees serve youth in a variety of settings, and most grantees implemented programming in more than one setting.

More than half (58 percent) of 2011 HMRE grantees that responded to a web-based staff survey (n=28) reported that their programs operated both in schools during school hours and in community-based organizations. About one third (38 percent) of these grantees were operating in schools, both during and after school hours.

School- and non-school-based HMRE programming each offer unique advantages and challenges to reaching and serving youth.

- Staff from grantees operating in schools noted in interviews that they opted to partner with community-based organizations to reach more youth, provide services not covered by in-school programming, and to give their HMRE programming more visibility and legitimacy.
- Program directors felt that school partners benefited from providing HMRE services when the selected curricula helped meet state core education standards and requirements. Additionally, schools occasionally received financial and staff support through the partnership.
 - o Some grantees, however, felt that school and district rules (e.g., requiring parental consent for youth to participate) and the need to integrate programming into other classes could sometimes hinder program implementation.
- Grantees operating outside of schools tended to have more flexibility, could provide more incentives, and tended to be more successful at reaching at-risk populations of youth—including young parents and disconnected youth who are out of school and not working—than school-based programs.

HMRE grantees' programming objectives align with targeted outcomes of HMRE curricula.

- Some of the programming goals mentioned most frequently by youth-serving HMRE grantees included:
 - o promoting healthy romantic relationships;
 - o preventing violence and abuse; and
 - o improving skills in the areas of conflict management, communication, and financial management.

Most HMRE grantees target and reach diverse and often disadvantaged youth populations.

- Grantees that participated in staff interviews were targeting:
 - o youth from single-parent homes,
 - o youth whose parents struggle with addiction,
 - o youth with incarcerated parents,
 - o youth who have been sexually assaulted,
 - o impoverished youth, and
 - o homeless youth.
- Additional target populations specified in grantee documents include couples, immigrant/minority populations, and pregnant or parenting youth.
- HMRE grantees use a wide range of strategies to recruit and retain youth, such as community partnerships, flyers, and social media, and they tailor these strategies to better reach their target populations.

• No HMRE grantee reported that the majority of their participants were older youth (ages 18 to 24). About half of HMRE grantee project directors who responded to a web-based staff survey reported that they were providing the same programming to youth and adults also served by their organization.

HMRE grantees' implementation practices aligned with research-informed best practices related to curriculum, staff attributes and skills, and organizational practices.

- Grantees implemented HMRE curricula that had clear goals, were logically sequenced, included content that was relevant for programs' target populations, and used inclusive language.
- Staff were well-trained in most areas of implementation and demonstrated positive HMRE-related facilitation skills.
- Over 90 percent of project directors who completed the web-based staff survey felt that their organizations had the necessary staffing and training to implement their programs.

Study Recommendations

Drawing on these key findings, and based on a review of research evidence for implementing programs for youth, we provide recommendations for supporting the design and implementation of HMRE programs.

- Form community partnerships that allow programs to implement in multiple settings, specifically in school-based and community-based settings.
 - o Each setting has unique advantages, and partnering together can help address challenges that programs face in each setting.
 - o However, programs may need support implementing in multiple settings.
- Provide additional information and training related to the unique needs of youth, select curricula that are age- and developmentally-appropriate, and follow best practices for serving youth, particularly for programs serving a mix of youth and adults.
- Provide programming that promotes positive attitudes about gender and sexuality and improved career and college readiness.
 - o Grantees least frequently endorsed these areas as focus areas of their programs, but they represent opportunities for intervention that research finds to be particularly relevant and beneficial for youth.
- Support program efforts to reach and serve older youth (ages 18 to 24).
- Provide additional training in specific program implementation areas, including:
 - o Integrating positive youth development approaches, including:
 - providing skill-building opportunities
 - providing youth with leadership opportunities
 - including youth in decision-making
 - Conducting observations on an ongoing basis to monitor program/curriculum fidelity and quality to inform program improvement efforts.

Healthy Marriage and Relationship Education Programs for Youth: An In-depth Study of Federally Funded Programs

Background

Research finds that the majority of first romantic relationships take place during adolescence. These relationships influence a variety of positive and negative experiences during adolescence and beyond. Healthy Marriage and Relationship Education (HMRE) programs serving youth can shape these experiences for the better by improving young people's attitudes, knowledge, and expectations concerning



romantic relationships and by helping them develop key skills to form healthy (and avoid unhealthy) relationships. ² By helping young people develop these skills, we may help them do better in school and avoid delinquency, pregnancy, dating violence, and other negative outcomes on the way to adulthood. ^{3,4,5}

The Administration for Children and Families (ACF) HMRE grant program supports a range of research and service programs that provide couples and individuals with the tools needed to form and sustain healthy marriages and relationships. ⁶ HMRE programs typically include structured curricula designed to help individuals and couples achieve positive, stable, and successful marriages and intimate partner relationships. Research finds that programs are most effective when they are

¹ Carver, K., Joyner, K., & Udry, J. R. (2003). National estimates of adolescent romantic relationships. In P. Florsheim (Ed.), Adolescent romantic relations and sexual behaviors: Theory, research, and practical implications (pp. 23-56). Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.

² Simpson, D.M., Leonhardt, N.D., and Hawkins, A.J. (2017). Learning About Love: A Meta-Analytic Study of Individually-Oriented Relationship Education Programs for Adolescents and Emerging Adults. J Youth Adolescence, https://doi.org/10.1007/s10964-017-0725-1.

³ Gardner, S. P. (2005). Final summary report for the evaluation of Connections: Dating and Emotions curriculum. ⁴ Gardner, S. P., Giese, K., & Parrott, S. M. (2004). Evaluation of the Connections: Relationships and Marriage curriculum. Family Relations, 53(5), 521-527.

⁵ Karney, B. R., Beckett, M. K., Collins, R. L., & Shaw, R. (2007). Adolescent healthy relationships as precursors of healthy adult marriages: A review of theory, research, and programs. Santa Monica, CA: RAND Corporation.

⁶ Administration for Children and Families. (2007). Healthy marriage initiative. Retrieved June 2010, from http://www.acf.hhs.gov/healthymarriage/

tailored to the cultural needs of the population served. Accordingly, ACF has supported the development of culturally sensitive HMRE programming. However, researchers have not assessed the extent to which federally funded HMRE programs serving adolescents are tailored to the specific developmental and cultural needs of this population. Further, it is unclear whether these programs are responsive to the circumstances and needs of at-risk youth populations (e.g., youth in foster care, high school drop outs, youth involved in the juvenile justice system, runaway and homeless youth, racial and ethnic minority youth, or LGBTQ youth). This report summarizes findings from a recently completed project designed to address these gaps in knowledge.

The first cohort of HMRE grantees were funded in 2006, with additional cohorts funded in 2011 and 2015. The current report reports primarily on data collected from the 2011 cohort, with some information from the 2015 grantees. In 2011, 60 grantee organizations were funded to provide activities and services designed to promote healthy relationships and marriages. These grantees were required to select at least 1 of 8 allowable activities (AA), including relationship-focused education in high schools (see Table 1).

Table	1. 2011 HMRE Program Allowable Activities
AA1	Public information campaigns
AA2	Relationship-focused education in high schools
AA3	Marriage education and relationship skills programs
AA4	Premarital education and marriage skills training for engaged couples
AA5	Marriage enhancement and marriage skills training for married couples
AA6	Divorce reduction programs
AA7	Marriage mentoring programs
AA8	Programs to reduce the disincentives to marriage in means-tested aid
	programs

Although adolescents could be served under any of these activities, they were primarily served through AA2: relationship-focused education in high schools. Approximately half of the 2011 HMRE grantees elected the activity that supports education in high schools, and roughly half of all individuals served by 2011 grantees were under age 18. This further emphasizes the critical need to understand:

- the characteristics of youth-serving HMRE grantees, partners, and participants;
- the program implementation practices employed by grantees (e.g., how they reach their target populations); and
- the degree to which HMRE programming for youth is informed by research and best practices.

⁷ Kreuter, M. W., Lukwago, S. N., Bucholtz, D. C., Clark, E. M., & Sanders-Thompson, V. (2003). Achieving cultural appropriateness in health promotion programs: targeted and tailored approaches. Health Education & Behavior, 30(2), 133-146.

The findings from this report are meant to inform ACF and the broader HMRE research and practice fields about youth-serving HMRE programs. The extent to which HMRE grantees have developed and tailored their programs specifically for youth has not yet been documented systematically. Additional information is needed to better understand how HMRE programming is being implemented with youth. This information will ultimately help fill gaps in service quality, relevance, and availability for adolescents. For example, understanding whether and how programs tailor their services to adolescents and how they serve different youth subgroups (e.g., youth in foster care, homeless and runaway youth, racial/ethnic minority youth) can contribute to better quality programming for diverse groups of youth. The findings and recommendations from the project also highlight critical training and technical assistance (TA) needs of OFA grantees serving youth.

Child Trends, under contract to ACF's Office of Planning, Research and Evaluation (OPRE) completed a study on Youth Education and Relationship Services (YEARS) that sought to better understand the services that federally-funded HMRE programs are providing to youth ages 14 to 24. The major goal of this project was to help ACF understand the current state of HMRE programming for youth. The project addressed this need via three main objectives.

YEARS Project Objectives

- 1. Describe the organizations implementing federally funded HMRE programs for youth and the youth served by these programs by collecting and analyzing multiple sources of quantitative and qualitative data.
- 2. Assess whether HMRE programming for youth aligns with best practices for serving youth.
- 3. Identify promising approaches used by grantees to better serve youth in HMRE programs.

Data and Methods

The study team first developed a series of research questions to guide the study. These questions address each study objective (see Appendix A, Table A1). To assess the alignment of HMRE programs with best practices for serving youth (Objective 2) and identify promising approaches used by grantees to better serve youth through HMRE programming (Objective 3), we identified a set of research-informed criteria to assess the strengths and limitations of federally-funded HMRE grantees' programming and curricula for youth. Table 2 provides examples of these criteria. In developing these assessment criteria, we relied heavily on research on adolescent relationships summarized in three reports related to HMRE programming for youth.⁸ In addition to the HMRE-specific guidance contained within these reports, we also assessed programs' alignment with positive youth development (PYD) approaches, a framework which reflects best practices for any high-quality youth-serving program.⁹ Table B1 in Appendix B summarizes the full set of assessment criteria.¹⁰

Table 2. Select YEARS Assessment Criteria				
	Examples of Best Practices Criteria			
Curriculum Content Cultural competency Delivery	 Curriculum content has clear goals Curriculum content is logically sequenced Program includes content relevant for the target population Facilitators inform youth that their participation is voluntary Activities are delivered in an informal environment 			
Staff attributes and skills Personal characteristics Facilitation skills HMRE-specific skills	 Facilitators interact with youth in a respectful manner Facilitators create a welcoming environment for all participants Facilitators are trained in curriculum content Facilitators are comfortable discussing highly sensitive content Facilitators are trained in establishing professional boundaries with youth 			
Organizational practices	Grantee supervises staff adequately			
 Organizational capacity 	Grantee has adequate participant-to-staff ratio			

⁸ Child Trends. (2014). Healthy Marriage and Relationship Education Models and Measures Study Memos; Karney, B. R., Beckett, M. K., Collins, R. L., & Shaw, R. (2007). Adolescent healthy relationships as precursors of healthy adult marriages: A review of theory, research, and programs. Santa Monica, CA: RAND Corporation; Office of Family Assistance. (2012). School of thought: Healthy marriage and relationship education matters to our youth. Washington, DC: U.S. Department of Health and Human Services.

⁹ Eccles, J., & Gootman, J. A., (Eds.). (2002). Community programs to promote youth development. Washington, DC: National Academies Press.

¹⁰ The analysis of best practices criteria presented in this report evolved based on the data collected. Therefore, the results may not be organized and presented in the same way as this initial table.

and evaluation	Grantee includes youth in decision-making
	Organization has adequate resources to
	implement the programming
	Organization uses data to improve
	programming

We used these criteria, combined with the study research questions, to develop an analysis plan and design all data collection instruments. We then used the information gathered from each data source to compare 2011 HMRE grantees' reported and observed practices against these criteria to assess the alignment of HMRE programming for youth with research-informed best practices.

Child Trends' data analysis plan incorporated a mixed-methods approach to address each proposed research question. We conducted quantitative and qualitative analyses using pre-existing and newly collected data from 2011 grantees. Although not part of the original study design, new data were collected from a small number of programs first funded in 2015, due to the timing of data collection. Although not the main focus of this report, our examination of the similarities and differences between programming across the two cohorts of grantees allowed us to analyze how HMRE programming has evolved over time. We discuss noteworthy differences throughout the report.

Table 3 summarizes each data source used for this report. Appendix C provides additional details about the data and methods.

Table 3. Data and Methods Overview				
	Type of Data	Analytic Sample	Subsamples	Analytic Methods
Pre-existing data				
Online Data Collection (OLDC) reports	Quantitative data from the 10/1/2013- 3/31/2014 and 4/1/2014-9/30/2014 reporting periods	60 2011 grantees	16 grantees serving 75%+ youth overall	Descriptive analyses using Stata
HMRE grantee applications (GA)	Qualitative	60 2011 grantees	34 grantees serving 75%+ youth in at least 1 AA	Qualitative analysis using NVivo
HMRE performance progress reports (PPR)	Qualitative	60 2011 grantees	34 grantees serving 75%+ youth in at least 1 AA	Qualitative analysis using NVivo

¹¹ See Table A1 in Appendix A for a summary of which research questions were addressed by each data source.

HMRE grantee profiles (GP)	Qualitative	60 2011 grantees	34 grantees serving 75%+ youth in at least 1 AA	Qualitative analysis using NVivo
New data collection				
Web-based survey for HMRE grantee staff (program directors, administrators, and facilitators)	Quantitative	26 directors & 8 facilitators (from 28 2011 grantees)	21 grantees in school-based settings; 10 grantees in non-school- based settings	Descriptive statistics using SPSS and Stata
HMRE program observations	Quantitative	observations (from 9 grantees, 2011 and 2015)*	8 observations from 4 2011 grantees; 8 observations from 5 2015 grantees	Descriptive statistics using SPSS and Stata
Grantee staff interviews (program directors, administrators, facilitators, and partner organizations and providers)	Qualitative	23 interviews (from 9 grantees, 2011 and 2015)*	12 interviews from 4 2011 grantees; 11 interviews from 5 2015 grantees	Qualitative analysis using NVivo

^{*}Grantees were selected for program observations and staff interviews based on their geographic location, setting, characteristics of youth served, and availability during the study period.

Results

Objective 1: HMRE Grantees and Participants

The first objective of the YEARS project was to describe the organizations implementing federally funded HMRE programs for youth and the youth served by these programs by collecting and analyzing multiple sources of quantitative and qualitative data.

Objective 1 Key Findings

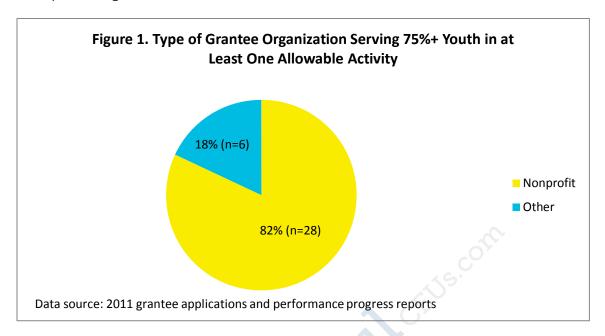
- HMRE grantees serve youth in a variety of settings, and most grantees implemented programming in more than one setting.
- HMRE grantees delivered HMRE content through multiple methods, including onsite programming and community partnerships.
- Implementing HMRE programming in school versus non-school-based settings offers unique advantages as well as challenges.
- HMRE grantees target and serve diverse and often disadvantaged populations of youth.
- Older youth (ages 18 to 24) are often mixed in with their younger peers (ages 14 to 17) or adults (aged 25 or older), which may result in some service gaps for this older group of youth.
- About half of HMRE grantee directors responding to a web-based staff survey reported that they were providing the same programming to youth and to adults who are also served by their organization.
- Staff were well-trained in most areas of implementation and demonstrated positive HMRE-related facilitation skills.
- Grantees used technology for a variety of reasons, the most common of which was participant recruitment.

Characteristics of HMRE Grantees

Youth ages 14 to 24 were served across all 2011 grantees, and thus findings reported from the pre-existing data (n = 60) and the web-based staff survey (n = 34) are based on grantees serving at least some youth. Findings from a subset of grantees serving primarily youth (i.e., at least 75 percent of their participants served under one or more allowable activities were between ages 14 and 24) are also presented for some measures.

Organization type. Grantees reported their organization type in grantee applications (GAs) and performance progress reports (PPRs). The majority (82 percent) of 2011 grantees that served primarily youth were nonprofit organizations (see Figure 1). Other settings included educational organizations (independent

school districts, public and private higher education institutions), small businesses, and for-profit organizations.



Program setting. Grantees offered HMRE programs for youth in a variety of settings, and most implemented programming in more than one setting. For example, 58 percent of grantees who responded to the staff survey reported operating both in schools, during school hours and in community-based organizations; 38 percent of grantees reported operating in schools both during and after hours. Implementing programs in multiple settings can be advantageous. Staff from school-based grantee programs (defined as operating during the day in schools) noted in interviews that they opted to partner with community-based organizations to reach more youth, provide services not covered by in-school programming, and give the organizations and their programming more visibility and legitimacy.

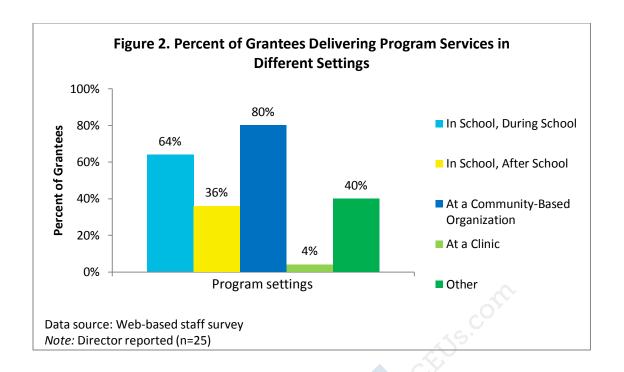
Grantee directors, facilitators, and partners discussed several advantages of implementing HMRE programming in school- versus non-school-based settings. 12 Project directors from grantee organizations that partnered with schools to deliver HMRE programming reported that schools benefited from these partnerships in several ways. For example, schools benefited when the selected curricula helped meet state core education standards and requirements. Further, grantees that brought in their own trained facilitators to deliver HMRE programming in schools felt that these facilitators delivered the programming more effectively than school teachers. Additionally, schools occasionally received financial and staff support from the grantee to deliver HMRE programming.

¹² All site visits with 2011 grantees were conducted with school-based programs. Findings from interviews with 2015 grantee staff have been combined with the 2011 grantee interview findings in this section to provide more detail on non-school-based programming.

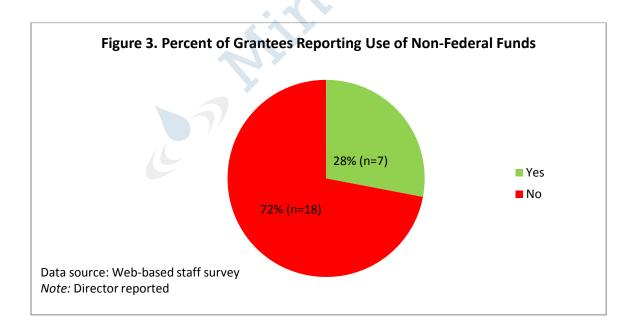
Some grantees, however, felt that school and district rules (e.g., requiring active parental consent for youth to participate) and the need to integrate programming into other classes sometimes hindered programming implementation. Grantees operating outside of schools tended to have more flexibility in terms of when the sessions could be scheduled. In some cases, non-school-based settings were also able to provide incentives that in-school programs could not, such as diapers, wipes, and donated baby supplies like swings and bathtubs. Grantees also stated that non-school-based settings may also be more successful at reaching at-risk populations, including young parents and disconnected youth who are out of school and not working. The text box below includes a more comprehensive list of the advantages and challenges that grantee staff mentioned.

	d Challenges of Implemern- n-school-based Settings	nting Programming in
	Advantages	Challenges
School-based	 Curricula may help meet core education standards Direct connection to youth and parents Resources and support from guidance counselors and other trusted adults 	 School and district rules can hinder program implementation Integrating programming into classes can be a challenge Difficulty reaching parenting youth and other vulnerable populations Inconsistent access to youth across grades Classroom overcrowding
Non-school-based	 More flexibility for scheduling program sessions Ability to provide incentives Better chance of reaching at-risk youth populations 	- Community program space sometimes unwelcoming to youth

Figure 2 shows the percentage of grantees operating in each setting, as reported in the staff survey. HMRE programming was delivered in a variety of settings, but primarily in community-based organizations or in schools during school hours. Other less common settings included after-school settings, clinics, or other locations including community centers, youths' homes, religious centers, and summer programs.



Funding sources. Based on the staff survey results, only about one quarter of grantees (28 percent) received non-federal funding in addition to federal funding sources (see Figure 3). This could be indicative of future challenges with program sustainability when federal grants end.¹³



¹³ The amount of non-federal funding was not assessed.

Program services. The staff survey collected information from grantees about program services, including the number of sessions held, length and frequency of those sessions, number of youth in attendance, and flexibility of sessions (e.g., whether offered on different dates and times, options for make-up sessions, options for different programming by age). Table 3 shows these services for school-based programming (as reported by facilitators of grantees operating during the day in schools; n=3), although these grantees may also be operating in other settings. ¹⁴ Although based on a small number of cases, these findings provide valuable information about how HMRE programs may be structured in classroom settings.

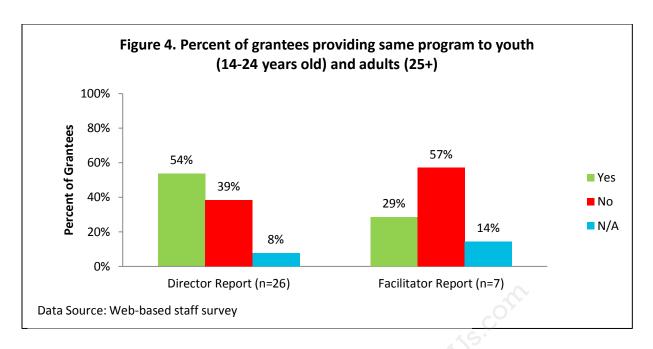
On average, in school-based settings, youth met once a week for 10 weeks. Each session lasted just under 90 minutes, and served 20 youth per session. Two thirds of facilitators (67 percent) reported that flexible dates and times were offered. However, only about one third offered make-up sessions (see Table 4).

Table 4. Characteristics of School-based HMRE Programming for Youth				
Program Services	Mean/%			
Number of sessions	9-11			
Youth per session	15-25			
Length of sessions (hours)	1.33			
Frequency of sessions	1x/week			
Flexible dates/times offered	66.7%			
Make up sessions offered	33.3%			
Data source: Web-based staff survey: Note: Facilitator reported (n=3).				

Grantees varied in their reports of whether they provided the same programming to youth and adults. There were also notable differences between facilitator and director reports, although only a subset of grantees had a facilitator report, so direct comparisons of director and facilitator reports from the same organization are limited. More than half of directors reported that they provided the same programming to youth and adults, whereas fewer than 30 percent of facilitators reported doing so (see Figure 4). One possible explanation for why reports differ between directors and facilitators may be that the facilitators can make adaptations (planned or unplanned) during program sessions for youth based on their age. For example, during one study observation, a facilitator provided a youth-appropriate example of financial responsibility by describing what it means to be financially responsible when living at home with parents. This differed from the original example, which focused on financial responsibility when living alone as an adult.

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¹⁴ Grantees were categorized as operating in non-school-based settings if they did not offer services during the day in schools. No facilitators from grantees only operating in non-school-based settings responded to the staff survey.



Grantee program goals and objectives. The staff survey also asked respondents to specify the goals or focus areas of their programs. Table 5 presents the findings for grantees that were primarily serving high school-aged-youth (i.e., grantees where 75 percent or more of the participants were between the ages of 14 and 17). Though the sample size is small—only six of the survey participants served primarily 14- to 17-year-olds—several key takeaways emerged from the data.

About half of the most frequently mentioned goals overlap considerably with the content and priority outcomes of commonly used HMRE curricula, including:

- promoting healthy romantic relationships;
- preventing violence and abuse; and
- improving skills in the areas of conflict management, communication, and financial management.

Further, more than half of the grantees working predominantly with high-schoolaged youth addressed topics like parenting and co-parenting, improving general social skills, and reducing risky sexual behavior.



Table 5. Grantees' Goals for HMRE Programming for High-School-Aged Youth

Program Goals	Grantees Serving (75% +) Youth ages 14 to 17
	%
Promoting healthy romantic relationships	100
Preventing violence/abuse	100
Improving communication skills	100
Improving conflict management skills	100
Improving financial management skills	100
Improving parenting/co-parenting skills	83.3
Improving social skills	83.3
Reducing risky sexual behavior	66.7
Promoting positive attitudes about gender and sexuality	50.0
Improving career and college readiness	33.3
Data source: Web-based staff survey Note: Director and facilitator reported (n=6)	A CONTRACTOR OF THE PARTY OF TH

Other examples of key goals and targeted outcomes of HMRE programming mentioned in staff interviews include:

- delayed sexual debut;
- fewer sexual partners;
- increased skills around self-regulation, relationship development, and success sequencing;
- instilled value of committed love and marriage;
- reductions in drug use;
- increased graduation rates; and
- decreased bullying.

HMRE topics addressed. The grantee survey also collected information on the HMRE topics covered in the programs, either directly (i.e., onsite) or indirectly through referrals with other organizations (see Table 6). Most grantees reported that they addressed the following topics onsite:

- attitudes and beliefs about healthy romantic relationships (93 percent),
- sexual activity (74 percent),
- violence and abuse prevention (96 percent), and
- parenting/co-parenting (74 percent).

However, a sizeable percent of grantees (ranging from one quarter to one third) addressed these topics through an established community partner.

A smaller proportion (fewer than 25 percent) addressed the HMRE topics through referrals. The most common topic addressed via referral was attitudes and beliefs about violence and abuse prevention (22 percent of grantees addressed these topics through basic referral or referral plus follow-up). However, this topic was also the most commonly addressed topic by the grantees onsite, which suggests that

grantees were addressing topics related to violence and abuse through multiple methods (possibly depending on the needs of specific youth for further resources or referrals). In fact, each HMRE topic cited by grantees was addressed through multiple methods.

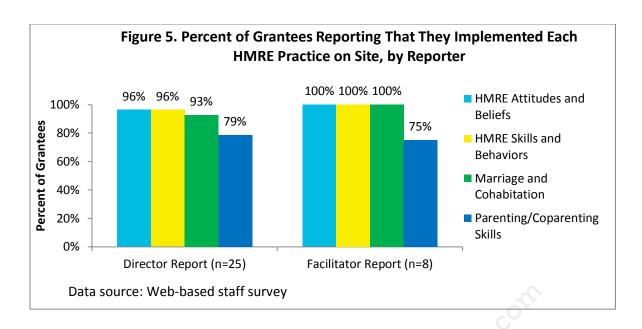
Table 6. Method of Addressing Grantees' Program Goals						
Approach for						
Addressing Attitudes and Beliefs	Onsite	Established Community Partner	Referral Plus Follow- up	Basic Referral	Topic Not Addressed	Don't Know
About	%	%	%	%	%	%
Healthy romantic relationships	92.6	33.3	3.7	7.4	0	0
Sexual activity	74.1	18.5	3.7	3.7	18.5	0
Violence/ abuse prevention	96.3	33.3	11.1	11.1	0	0
Parenting/ Co-parenting	74.1	18.5	11.1	7.4	14.8	3.7

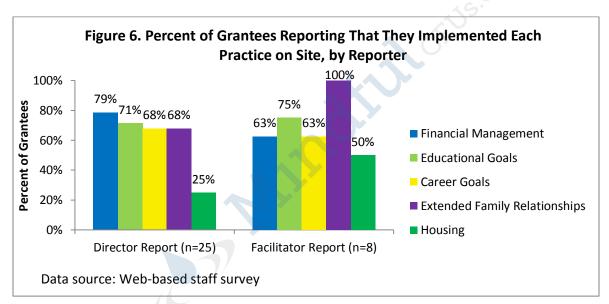
Data source: Web-based staff survey

Note: Director and facilitator reported (n=27). Respondents could select more than one method of addressing program goals.

Figures 5 and 6 show the percent of grantees that reported covering each HMRE-related topic onsite. More than 50 percent of directors and facilitators reported addressing all topics onsite, except for housing (see Figure 6).







To supplement the survey and interview data, the research team also conducted a series of program observations during which observers identified whether the HMRE topics covered in the sessions constituted a major or minor focus. An important caveat in interpreting the program observation data, however, is that only one or two program sessions per grantee¹⁵ were observed as a part of this study. Grantees almost certainly addressed additional topics beyond those that were covered in the sessions observed throughout the duration of their respective programming.

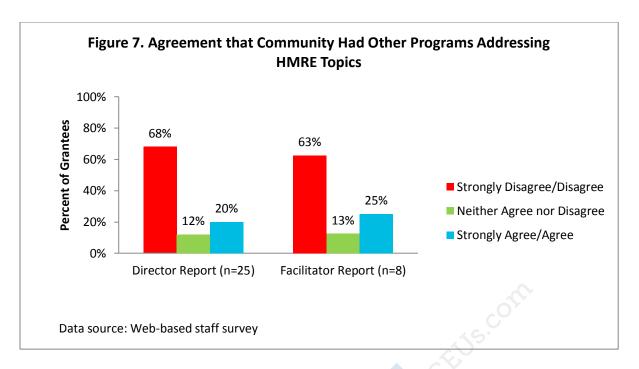
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¹⁵ Three sessions were observed for one grantee.

From the observations conducted during this investigation, the topics covered varied across sessions. For example, communication and healthy romantic relationships were the two topics most commonly noted as a major focus of the session (observed in 6 out of the 8 observed sessions). Marriage and cohabitation and parenting/co-parenting were a major focus in three of the sessions. Observers reported that extended family relationships, educational goals, and career goals were minor foci in three of the sessions observed. None of the sessions observed covered housing, financial management, or social skills (see Table 7).

Table 7. HMRE Topics Covered During Observed Sessions				
	Minor Focus (%)	Major Focus (%)		
Extended family relationships	43	0		
Marriage and cohabitation	0	43		
Housing	0	· 0		
Educational goals	43	0		
Career goals	43	0		
Financial management	0	0		
Conflict management	14	29		
Social skills	0	0		
Communication	14	71		
Parenting/co-parenting	0	43		
Gender and sexuality	0	14		
Violence/abuse prevention, including physical, sexual, and emotional/psychological	14	14		
Sexual activity	14	14		
Healthy romantic relationships	0	71		
Data source: Program observations with 2011 grantees (n=8)				

Community context. Notably, most grantees were operating in communities with a strong need for HMRE programming. About two thirds of directors (68 percent) and facilitators (63 percent) disagreed or strongly disagreed that their community had other programs that addressed HMRE topics (see Figure 7). Moreover, two thirds of grantees (67 percent) disagreed or strongly disagreed that there was opposition to teaching HMRE topics from their communities. Collectively, these findings suggest that the lack of HMRE programming is not due to community opposition, and that grantees were indeed filling a need not otherwise met in their communities.



Recruitment and retention. Grantees reported several recruitment and retention strategies in the staff survey, the majority of which were tailored to their particular target populations. Eighty-eight percent of school-based grantees and 78 percent of non-school-based ones reported that their recruitment strategies were developed specifically to reach their target populations.

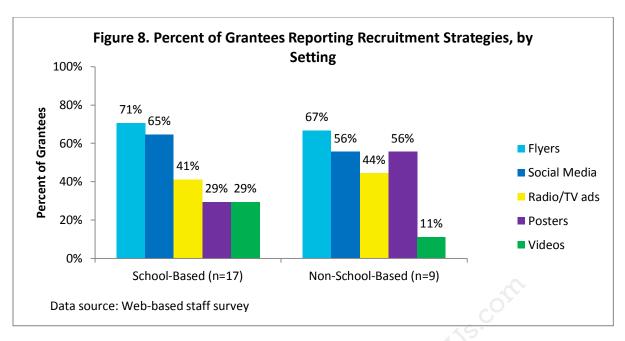
Figures 8 and 9 depict recruitment and retention strategies for school-based and non-school-based settings. ¹⁶ Staff in both settings most commonly utilize flyers, community partnerships, referrals, and social media to recruit participants. However, several differences in recruitment strategies by setting emerged. For example, school-based settings frequently used announcements in school to recruit participants, whereas non-school-based settings used this strategy infrequently. A minority (18 percent) of grantees operating in school-based settings did not have to use recruitment strategies at all, likely because the HMRE program was offered

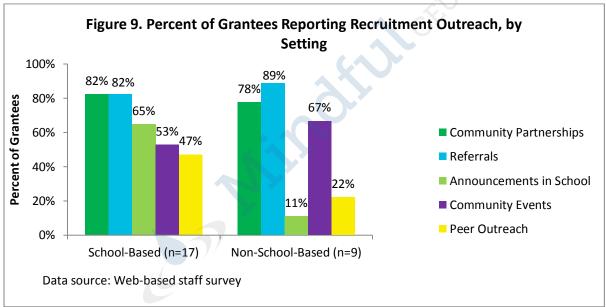
HMRE Programming Recruitment Strategy

"We did the calls. I would start selling [the program] around August because I would do a lot of open houses, so I did a lot of advertising for it. Flyers saying '[Program Name] is coming back for some real fun,' things of that nature... That's how I get my classes, my class rosters."

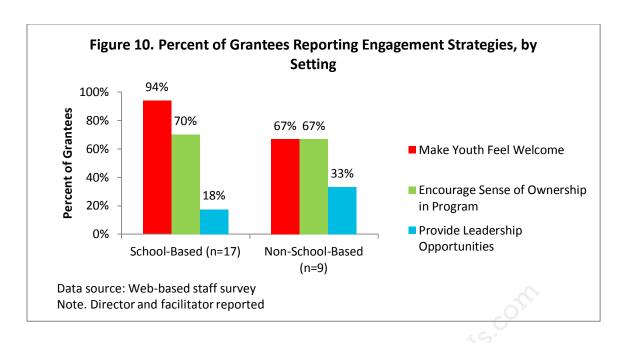
during a required class. Grantees in non-school-based settings used posters more often than grantees in school-based settings. Grantees in school-based settings, on the other hand, used videos and peer outreach more often than grantees in non-school-based settings.

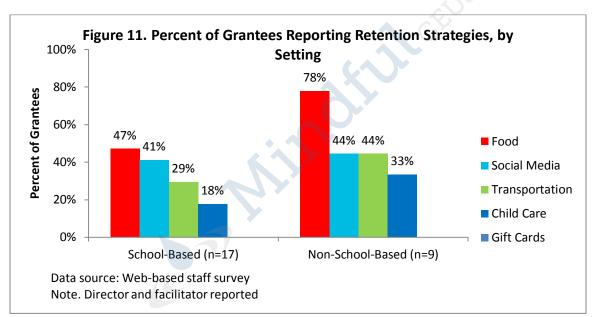
¹⁶ Note that many grantees were implementing in multiple settings. In particular, most grantees operating in school-based settings were also implementing in non-school-based ones. Therefore, clear distinctions between strategies used in school-based versus non-school-based settings cannot be made.



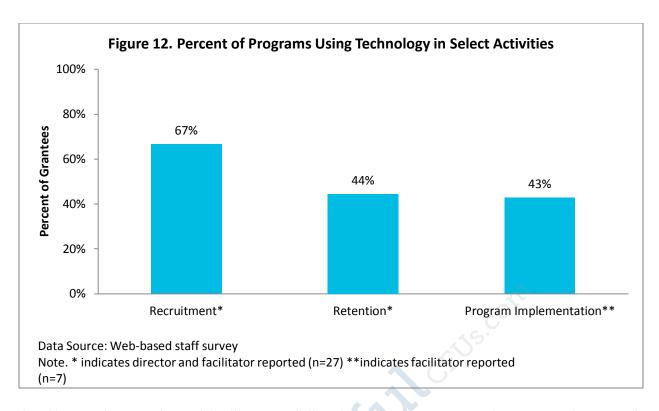


Grantees also reported mostly similar engagement and retention strategies in school-based and non-school-based settings, such as using social media and encouraging a sense of ownership in the program. Grantees from both settings also said that making youth feel welcome was an important part of their engagement strategy, but more grantees in school-based settings reported this strategy than those in non-school-based settings. Grantees in non-school-based settings were more likely to provide leadership opportunities and use transportation, food, and child care as engagement and retention strategies than school-based settings (see Figures 10 and 11). Neither grantees in school-based nor non-school-based settings used gift cards as a strategy.





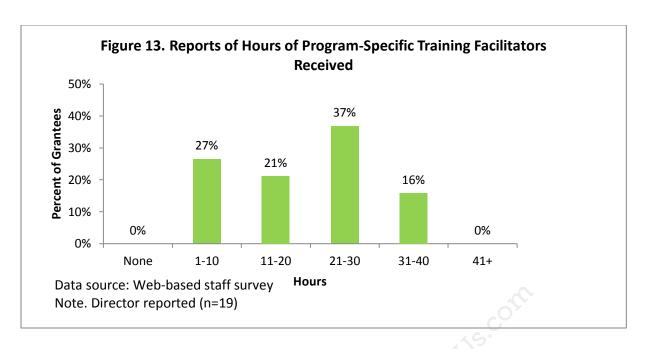
Use of technology. Grantees used technology for a variety of reasons, the most common of which was participant recruitment. More than 40 percent also used technology for retention and program implementation (see Figure 12). Staff members described how they used technology for these purposes during their interviews. For instance, several staff members mentioned that the curricula they use offer YouTube videos for most lessons. Staff members also mentioned that engaging the youth with their cell phones was a common strategy across recruitment, retention, and implementation. For example, youth are instructed to look up a love song using their cell phone as part of a lesson activity. Staff also tend to use texting as a recruitment tool and for reminders about programming.



Staffing. The number of facilitators delivering HMRE programming to youth ranged quite a bit across grantees, from 1 to 40. Facilitators were predominantly onsite staff, including teachers from the schools where programming was implemented or staff from the grantee organization if programming was operating at the grantees' location. More than half of the directors surveyed reported employing staff from outside organizations as facilitators, and about one quarter of staff members reported the use of near-peers or peers to deliver their programs (see Table 8).

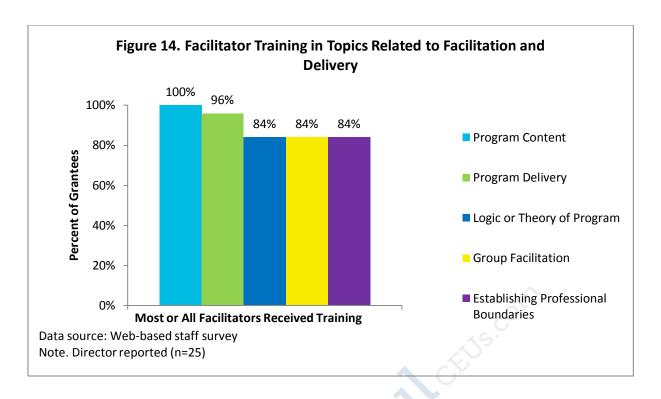
Table 8. Staff Characteristics				
	Mean/%			
Facilitators*	10.0 (Pango 1, 40)			
Dulus and 6 - 1114 - 4 - 4 - 4	(Range 1-40)			
Primary facilitators**				
Onsite staff (including teachers)	60.9%			
Staff from a different organization	52.2%			
Near-peers or peers	21.7%			
Data source: Web-based staff survey				
Note: *Facilitator and director reported (n=27) **Director reported (n=23)				

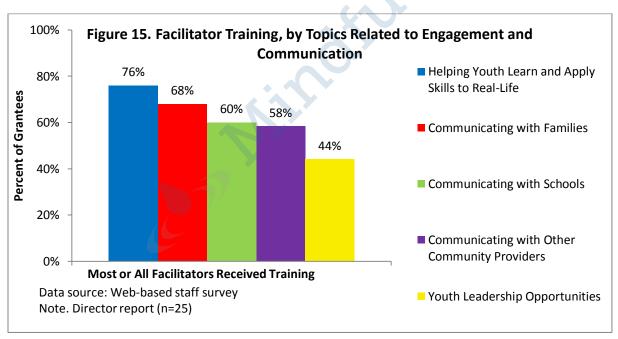
Training. All grantees reported that facilitators received at least 1 hour of program-specific training. About one third of directors (37 percent) reported that facilitators received between 21 and 30 hours of program-specific training (see Figure 13). Only a few grantees (16 percent) reported more than 30 hours of training.



The next two figures depict the areas in which most or all facilitators received training (Figures 14 and 15). Training on program content, program delivery, and group facilitation were among the most common training topics. Fewer directors reported that most or all facilitators received training on skills like communicating with schools (60 percent) and other community partners (58 percent), or providing youth with leadership opportunities (44 percent), which is an example of a best practice drawn from positive youth development.

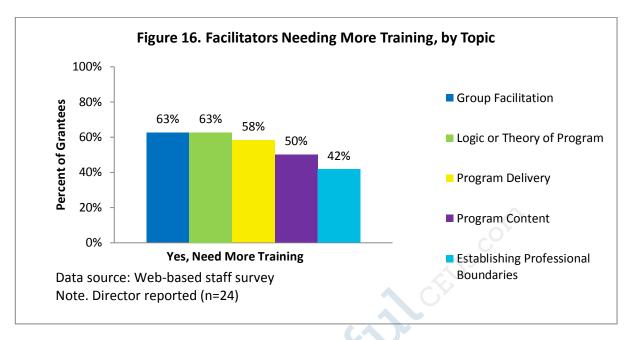


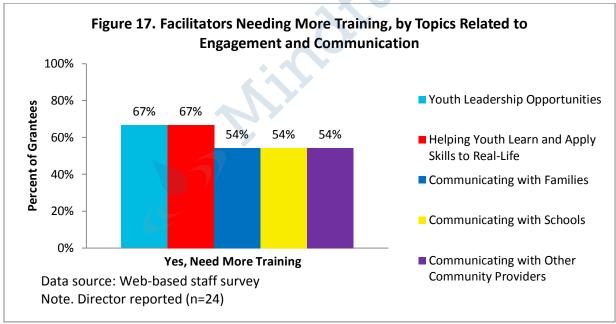




Figures 16 and 17 depict training needs for each of the aforementioned topics. Grantee project directors reported that their facilitators were most in need of training on providing youth with leadership opportunities (63 percent of grantees felt that their facilitators needed more training in this area) and helping youth learn and apply skills to real life (67 percent, see Figure 17). Interestingly, directors also reported that facilitators needed more training on program theory or logic and group facilitation, but most directors also reported that most or all facilitators

received at least some training on these topics. Fewer directors reported that facilitators needed additional training in program content (50 percent) and establishing professional boundaries (42 percent).



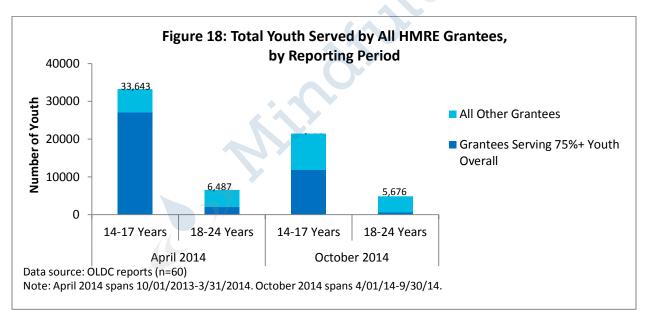


Number and Types of Youth Served

Youth ages 14 to 24 were served across all grantees (n = 60) and all AAs. However, given that not all data sources were available for all grantees, the following description of youth characteristics is divided into two categories: those for whom we have 2013-2014 OLDC data, and those covered in the staff survey data.

Total number of youth served. Between October 1, 2013 and March 31, 2014, grantees served a total of 40,130 youth (April 2014 OLDC report). Grantees served 27,864 youth in the period between April 1, 2014 and September 30, 2014 (October 2014 OLDC report; see Figure 18). Tollectively, these numbers represent more than 50 percent of all HMRE participants across reporting periods. According to data from the staff surveys, an average of 2,700 youth were served each month between October 2014 and September 2015 by the subset of grantees who responded to the survey.

The 16 grantees serving primarily youth (i.e., 75 percent or more youth across all programming) account for more than half of the 14- to 17-year-olds served by all grantees (see Figure 18). This suggests that a relatively small proportion of 2011 grantees were reaching large numbers of 14- to 17-year-olds. HMRE services for large numbers of youth could therefore be improved if these grantees were encouraged to implement youth-serving best practices. However, the needs of grantees that do not primarily serve youth should also be considered. These grantees may have difficulty in reaching 14- to 17-year-olds, and their services may be combined with programming for adults, and thus not well-aligned with best practices for serving youth specifically.



Demographic composition of youth-serving grantee participants. Among the 16 grantees serving primarily youth during the April and October 2014 reporting periods, the majority of youth were 14- to 17-year-olds and did not have a high

¹⁷ We cannot combine data across these reporting periods to describe participant characteristics because the data were reported at the grantee level and included all participants served during that reporting period. As such, there may be participants that were reported by the same grantee in both reporting periods depending on when they enrolled and the length of the program.

¹⁸In the April 2014 report, 59 percent of HMRE participants served were youth, and in the October 2014 report, 52 percent of HMRE participants served were youth.

school degree at the time of the OLDC reports. These statistics confirm that youth-serving grantees were serving high-school-aged populations who had not yet completed school.

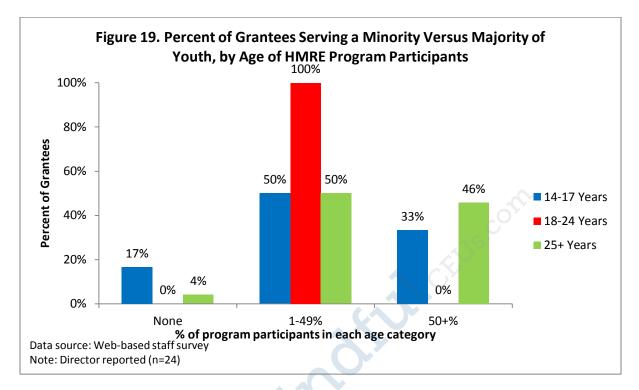
Among grantees serving 75 percent or more youth across all programming and across reporting periods, participants were roughly half female and half male (see Table 9). A majority of youth (57 percent) served across grantees were white, a proportion comparable to Census estimates of this age group's racial identity in the United States. Additionally, 36 percent of HMRE participants were identified as black, 4 percent as American Indian/Alaska Native, and 20 percent were of Hispanic origin. Collectively these demographic characteristics highlight the diversity of youth served by HMRE grantees.

Table 9. Demographic Composition of Youth Served						
Youth Characteristics		Apr 2014		Oct 2014		
		%	n	%	n	
Gender	Female	53	15941	52	5984	
	Male	47	13960	48	5506	
Race	Caucasian/White	57	13833	47	4706	
	African American/Black	36	8641	43	4310	
	Asian	2	560	3	261	
	Native Hawaiian/Pacific Islander	0	99	0	27	
	American Indian/Alaska Native	4	936	7	650	
Ethnicity	Non-Hispanic	80	21426	74	8496	
	Hispanic	20	5404	26	2919	
Age	14-17	84	24984	88	11085	
	18-24	7	2092	5	642	
	25+	9	2537	7	900	
Educational Attainment	No degree or diploma earned	86	19619	92	10146	
	High school diploma/GED	8	1929	5	529	
	Vocational/ Technical Certification	2	418	1	104	
	Associate's Degree	2	366	1	133	
	Bachelor's Degree	2	390	1	122	
	Master's Degree/ Advanced Degree	1	264	0	52	

Data source: OLDC reports from grantees serving 75%+ youth overall (n=16) Note: Given that data cannot be disaggregated by participant characteristics, some of these participants may be adults (age 25 and older).

⁷ Census estimates of the racial and ethnic composition of American youth aged 14-17 are 1.3% American Indian or Alaska Native, 76 percent white, 16 percent black, 0.2 percent Native Hawaiian or Pacific Islander, 4 percent Asian, 2.4 percent two or more races, and 19.2 percent of all races are of Hispanic origin.

Age of grantee program participants. No grantees reported that the majority of their participants were ages 18 to 24, as shown in Figure 19. This age group was more likely to be served along with 14- to 17-year-olds or mixed in with older non-youth, which may result in some service gaps for this older group of youth.



We also asked whether grantees served at least 50 percent of youth from specific target populations for HMRE programs. Most grantees served a majority of youth living in poverty (67 percent) and youth not in relationships (67 percent). A smaller subset of grantees served a majority of youth in more specialized populations, including youth in relationships (30 percent), parents (33 percent), and victims of abuse (13 percent) (see Table 10).

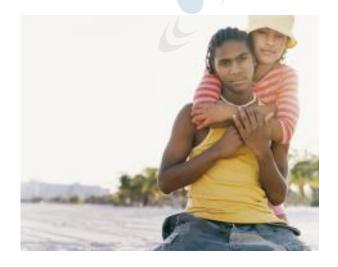




Table 10. Percent of Grantees Serving a Majority of Youth from Select

Population Characteristics		Grantees Serving 50+% of Youth in Each Category			
		School- based	Non-school- based		
		%	%		
Gender	Male	19	33		
	White	38	22		
	Black/African American	20	22		
	Asian	0	11		
Race	Native Hawaiian/ Pacific Islander	7	0		
	American Indian/Alaska Native	0 0			
	Other race	0	0		
Ethnicity	Hispanic or Latino	27	22		
Age	14-17	50	0		
	18-24	0	0		
	25+	27	78		
Relationship characteristics	In a relationship	30	88		
	Not in any relationship	67	0		
	Couples	11	80		
	Pregnant/expectant	0	20		
	Parents	33	38		
	Currently or previously in foster care	0	0		
Psycho-social characteristics	Homeless or runaway	0	0		
	Victims of abuse and/or neglect	13	0		
	High school dropouts	0	0		
	Living in poverty	67	57		
Health/	Living with physical disabilities	0	0		
	Living with mental illness	0	20		
demographic characteristics	Having trouble speaking or understanding English	0	17		
	Born outside of U.S.	0	14		
	LGBTQ	0	0		
Data course. Web 1	accordistaff curvoy (n. 21 cabaal basa	d grantage, n	10 non cohool		

Data source: Web-based staff survey (n=21 school-based grantees; n=10 non-school-based grantees)
Note: Director reported

Overall, most HMRE grantees target and serve diverse, and often disadvantaged youth populations.

"Most youth in the [class] come from singleparent homes, where domestic violence is prevalent, and both they and their parents struggle with addiction. Many of the teens have been sexually assaulted or victimized and thus struggle to understand healthy relationships..." Grantees that participated in the staff interviews prioritized recruitment of youth from single-parent homes, youth whose parents struggle with addiction, youth with incarcerated parents, youth who have been sexually assaulted, impoverished youth, and homeless youth. Additional target populations specified in the grantee profiles (GPs) include couples, immigrant/minority populations, and pregnant or

parenting youth. Findings from the staff interviews suggest that for the most part grantees were serving the populations they intended to serve. Some programs had slightly expanded their target age ranges to better reach certain populations in need (parenting youth, for example), but in general grantees were reaching their target populations.

Embracing Youth Diversity and Inclusivity

"I want them to be diverse because their classroom is diverse. I won't play country music for a room full of white kids or rap for a room full of black kids. No gender, no nothing, as long as you avoid that and they're on the same page with it you're good. A lot of the kids (fooled me by the way), a lot are bisexual or gay, so I avoid it at all times so I don't disrespect anybody. That helps because you're not using identity for anything. I use terms like 'partner' or 'special someone.'"

We conducted a more formal assessment of the extent to which 2011 grantees were reaching their target populations. We compared the target populations indicated in grantee profiles and grantee responses to the staff survey described above. We found no instances where grantees indicated they were targeting a certain group of youth but were not actually serving those youth. In general, grantees were serving much more diverse types of youth than initially indicated in their GPs.

Objective 2: Assessing the Alignment of HMRE Programming with Best Practices in the Field

The project's second objective was to assess whether HMRE programming for youth aligns with research-informed best practices for serving youth.

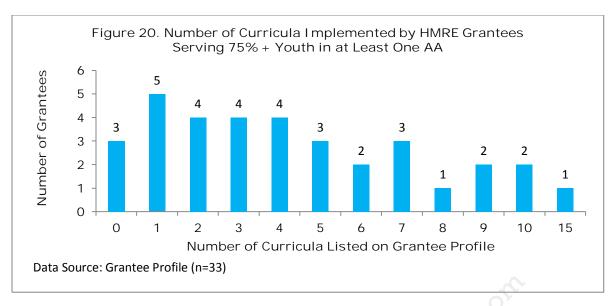
Objective 2 Key Findings

- Most 2011 grantees serving youth indicated that they selected evidencebased curricula, and about half reported that they had selected ageappropriate curricula.
- The vast majority of grantees (over 80 percent for all criteria) agreed that their organizations were implementing research-informed best practices for serving youth with consistent reports across directors and facilitators.
- Most grantees were using practices that foster a sense of belonging and ownership among youth, and grantees demonstrated considerable efforts to be inclusive of diverse groups of youth.
- Fewer grantees included youth directly in decision-making or provided youth with leadership opportunities. Opportunities for skill-building were also limited across grantees.
- Most grantees felt that their organizations had adequate resources to ensure the programming could be implemented as designed.
- Most grantees implemented procedures to monitor program fidelity and quality, and used this information to support program improvement efforts. Additional training may be needed to ensure that all grantees can implement these practices consistently.

To assess the alignment of HMRE programming with research-informed best practices, Child Trends and OPRE structured the study's data collection activities around the best practices criteria described in Table B1 (Appendix B). This section of the report describes the content of HMRE programming for youth, and the extent to which 2011 grantees implemented best practices for serving youth based on grantee profiles, responses to the staff survey, staff interviews, and program observations.

HMRE Grantee Implementation Practices

Curricula. Our researchers were particularly interested in which curricula were chosen by grantees and the reason why they were chosen. There was wide variability in the number of curricula that youth-serving grantees offered, based on information provided in grantee profiles. The number of curricula mentioned in the grantee profiles ranged from zero to 15 per grantee. Grantees who did not have a curriculum listed in their profile may not have been using a standardized curriculum, or simply did not report it in the information used to develop the grantee profiles (see Appendix C for more information on the data sources and their limitations). As shown in Figure 20, most grantees reported implementing five or fewer different curricula.



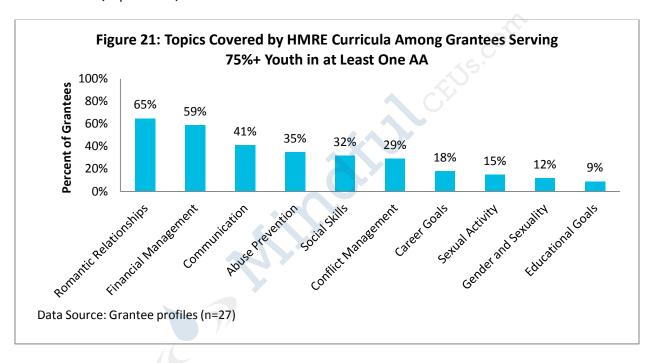
The most frequently reported curricula implemented by these grantees were the PREP, Inc. curricula, Within Our Reach or Within My Reach (n=13). The second most common curriculum (n=8) was How to Avoid Falling for a Jerk/Premarital Interpersonal Choices & Knowledge (PICK). Love U2 and Connections were the third most frequently implemented, with seven grantees using each (Table 11).

Table 11. Number of Grantees Serving	75% + Youth in at Least One AA That
Used Select Curricula	

Osed Select Culticula	
Curricula	n
PREP Within Our/My Reach	13
How to Avoid Falling For a Jerk/PICK	8
Love U2	7
Connections	7
Love Notes	6
PAIRS	4
Relationship Smarts	4
PREPARE/ENRICH	4
Active Relationships for Young Adults (ARYA)	4
Basic Training	3
Ready for Love	3
Mastering the Mysteries of Love	3
Family Wellness, The Strongest Link	3
The Third Option	2
Money Habitudes	2
Smart Steps	2
Health Choices, Healthy Relationships	2
Money Matters	2
High School Financial Planning	2
Winning the Workplace Challenge	2
Active Parenting	2
Nurturing Parenting	2
Data source: Grantee profiles (n=34) Note: Only curricula that were offered by at least 2 grantees are	shown in this table

Evidence-based and age-appropriate curricula. Most of the grantees for which we have PPR and GA data specified that they selected evidence-based curricula (28 of 34). Slightly more than half (19 of 34) mentioned in their applications that the curricula they selected were age-appropriate. This finding is consistent with survey results that indicated that only about half of the 2011 grantees who responded to the survey were implementing different programming activities for their youth (vs. adult) populations.

Curriculum topics. As shown in Figure 21, 65 percent of the grantees serving predominantly youth in at least one allowable activity reported that their chosen curricula addressed romantic relationships. Other commonly mentioned curriculum topics included financial management (59 percent) and communication (41 percent); of all the topics discussed, educational goals was the least frequently mentioned (9 percent).



Characteristics of HMRE Programming (see Table 12). All observed sessions were held in clean and well-maintained spaces that had enough furniture for the total number of participants. In addition, most facilitators were representative of the youth served. For example, all sessions were led by staff from the same racial and/or ethnic background as the predominant groups of youth in the sessions, and most sessions were led by staff that were fluent in the language that participants spoke. Facilitators represented the gender of youth in about half of the observed sessions. Staff greeted youth warmly in most sessions, but only greeted the participants by name in 2 out of the 8 sessions observed.

In terms of session logistics, all sessions adhered to the scheduled start time and more than half ended within 5 minutes of the scheduled end time. Although only about one quarter of grantees provided participants with refreshments, all sessions that did so provided refreshments that were healthy.

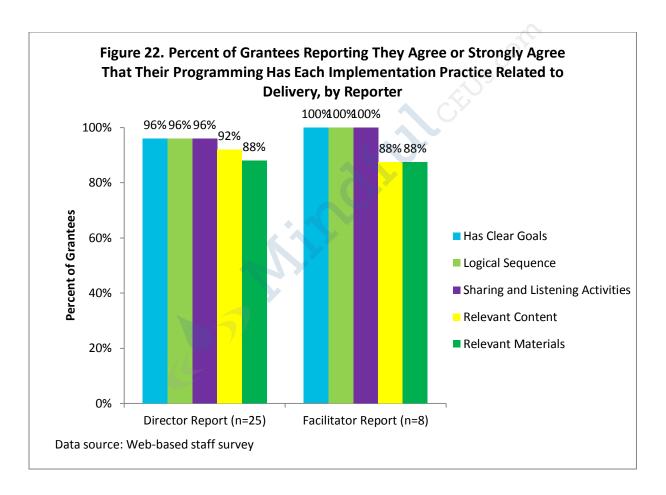
Table 12. Characteristics of HMRE Programming for Youth (Observations with 2011 Grantees)

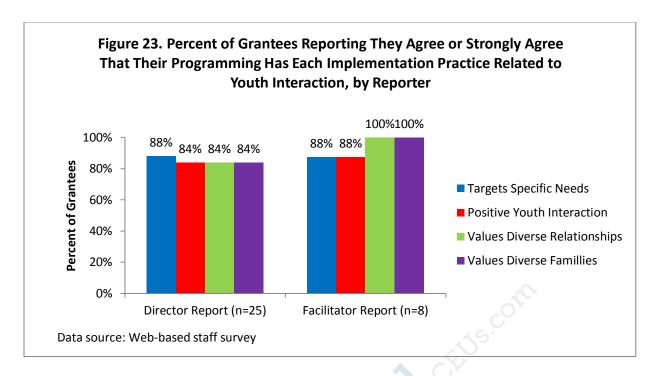
2011 Grantees)					
	% of observed sessions rated "Yes" or "Strongly agree/Agree"				
Staff representativeness of population served					
Race/ethnicity: staff were from the same racial and/or ethnic background as the predominant groups of youth in the program.	100				
Language: staff were fluent in the language that participants spoke.	86				
Gender: staff represented all genders present in the group.	57				
Staff practices					
The session had a staff to participant ratio of 1:15.	88				
Staff warmly greeted youth.	75				
Staff smiled at youth as they entered.	63				
Staff greeted youth by name.	25				
Staff used a checklist or other tool to monitor fidelity.	17				
Program space					
There was enough furniture for the number of participants and type of activities.	100				
Meeting space was clean and well-maintained.	100				
Meeting space was informal.	71				
Youth incentives					
Participants received incentives for participation.	63				
Participants received refreshments.	29				
Refreshments were healthy (among those that received refreshments).	100				
Session time					
Session started within 5 minutes of scheduled time.	100				
Session ended within 5 minutes of scheduled time.	63				
Data source: Program observations with 2011 grantees (n=8)					

Are HMRE Grantees Implementing Best Practices When Serving Youth?

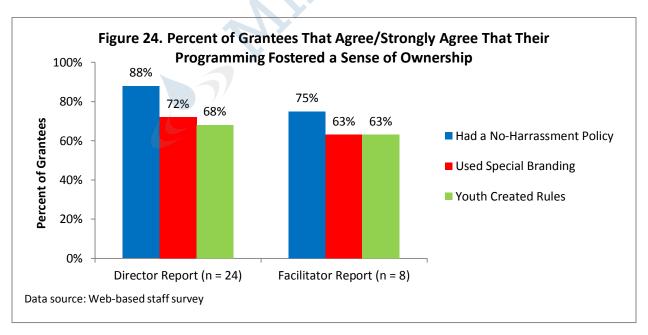
As described in the Data and Methods section, the staff survey and program observations collected information about a range of research-informed best practices for serving youth in HMRE programs. Figures 22 and 23 below demonstrate that the vast majority of grantees (over 80 percent for all criteria) agreed that their programs were implementing these practices with consistent reports across directors and facilitators.

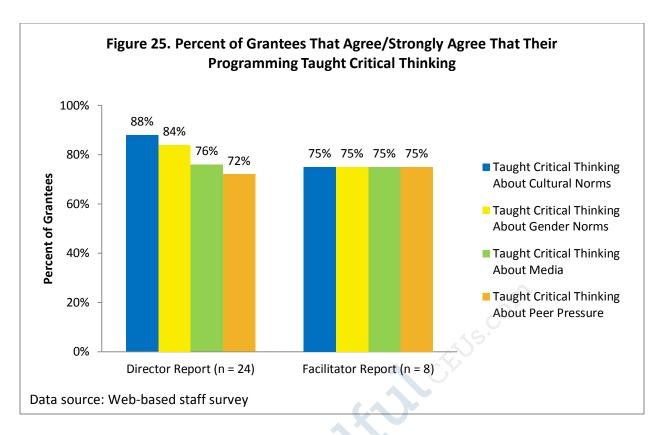
For example, all facilitators and nearly all directors agreed or strongly agreed that their programs had clear goals, logical sequencing of program content and activities, and included sharing and listening activities.





Similarly, most grantees were using practices that foster a sense of belonging and ownership among youth. Figures 24 and 25 highlight the most common examples of these practices. For example, directors and facilitators agreed that their programs had policies in place to minimize and address harassment. They also involved youth in making rules, used "branding" to help youth feel part of something special, (Figure 24) and reported that they taught critical thinking about cultural and gender norms (Figure 25).

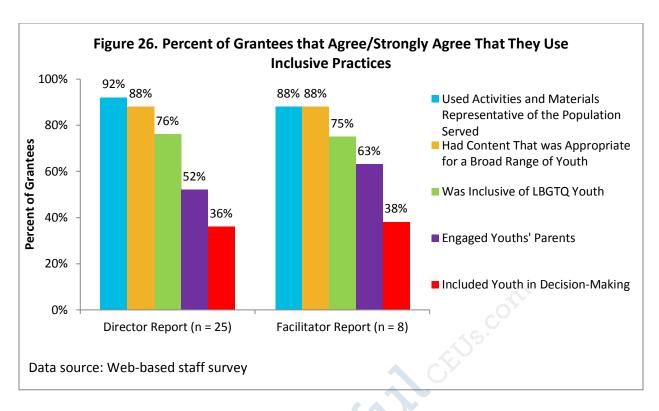




Grantees also demonstrated considerable efforts to be inclusive of diverse groups of youth, with most directors and facilitators reporting that they used activities and materials representative of the youth served, were inclusive of LBGTQ youth, and had content that was appropriate for a broad range of youth (see Figure 26). Fewer grantees reported engaging parents in their programming (52 percent of directors and 63 percent of facilitators reported this practice) or including youth directly in decision-making (about one third of directors and facilitators).

During the interviews, grantee staff described additional approaches to improve cultural appropriateness and align their programs with their populations, such as:

- hiring staff with similar racial/ethnic backgrounds as the youth served,
- hiring Spanish-speaking staff when working with Latinos,
- using inclusive language,
- focusing on family and peer relationships in addition to romantic relationships,
- using research-based approaches,
- using curricula developed specifically for their youth population(s), and
- incorporating relevant content like sexting or discussing co-parenting relationships when working with pregnant and parenting teens.



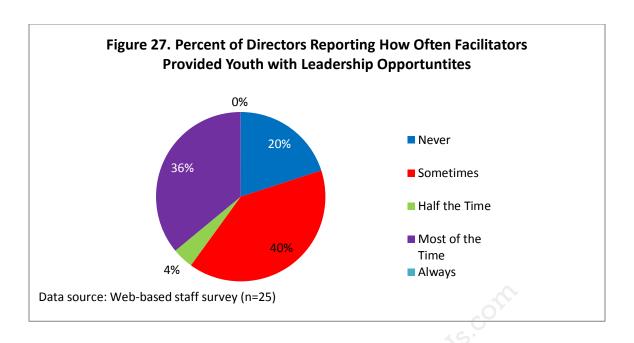
However, only about one third of directors and one fourth of facilitators reported that they always provided youth with leadership opportunities. Most directors and facilitators reported doing so only sometimes or never (see Figures 27 and 28). This finding is consistent with the training results discussed above, which identified provision of leadership opportunities for youth as an area in which training was limited and more training was needed.

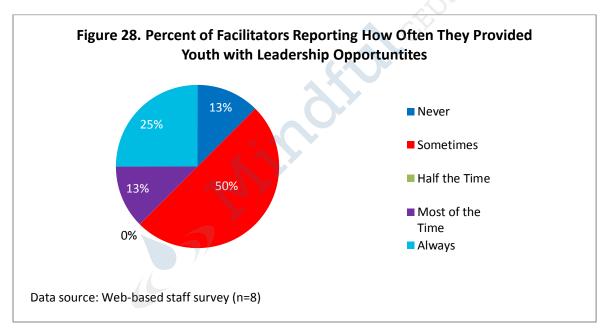
Although not as common, some grantees were already providing youth with leadership opportunities:

"Youth play a large role in program-related decisions—they play all the role if you think about it. Depending on how they respond to the lessons, we won't know what they're thinking, what's needed, what to do differently, so based on their feedback and how they respond to us is how we approach the situation."

"I've learned a lot of terms... They've taught me so much and it helps out because then in my next group I'm able to speak on their level and be able to get the message across."

"I think youth play a large role. It's about ownership. I let them play as much of a role as they can in a prescribed set of lessons. They have choices about how to approach the material. I try to show them the end project and let them decide how they want to go about it."





Observations of the 2011 grantee program sessions yielded further evidence of grantees' use of best practices for serving youth. (Appendix D summarizes all observation findings.) For example, all observed sessions had sufficient time and materials prepared in advance, and 3 out of 4 grantees had content specifically developed for youth that was inclusive of the target population and understood by the youth served. Three grantees stated expectations at the beginning of activities and delivered content in an engaging manner. Half of the observed grantees explained the goals of the lesson clearly, provided a rationale for rules, and drew connections between lessons.

Interestingly, there was more agreement among observers of 2011 grantees that materials were prepared in advance and sessions started and ended on time compared to the 2015 grantee observers. This was likely due to the fact that the 2015 grantees were in the initial stages of implementation when observed, as compared to the 2011 grantees who had been implementing their programming continuously for multiple years. Youth in newly funded 2015 grantee programs used less "ownership language" and were less likely to hold one another accountable for meeting program expectations. This may also be due to the early timing of the 2015 grantee observations; youth participating in the program may still have been getting comfortable with each other.

Overall, youth engagement was high across all grantees. Youth from all four of the 2011 observed grantees:

- engaged in positive and friendly interactions with each other,
- appeared interested in the sessions,
- actively participated in activities, and
- were given the opportunity to ask questions about session topics or other issues related to the session.

Observers agreed or strongly agreed that 2 of the 4 observed grantees provided opportunities for youth to belong, provide input, and get to know one another. However, no grantees provided opportunities for youth to work together during sessions. Similarly, observers agreed or strongly agreed that youth in half of the 2011 grantee programs had a sense of ownership of the program and activities.

In general, most grantee staff formed supportive relationships with the youth, but support for efficacy and empowerment was more limited. For example, no observed grantee staff provided opportunities for youth to take a leadership role, allowed youth to make choices regarding session activities, or encouraged youth to consider how they could make a difference in their communities. Opportunities for skill-building were also more limited across grantees. Only 1 grantee provided such opportunities.

Skills-building opportunities could include:

- · explicitly mentioning targeted skills,
- breaking tasks into smaller steps,
- providing opportunities for most youth to practice skills during the lesson, or
- helping youth make connections between the skills taught and their ability to achieve their goals.

Further, no programs' staff consistently discussed how youth could use the skills in real-world situations or responded appropriately to youth who were struggling. Most of the grantee staff who had the opportunity to respond appropriately to struggling youth did so, but not every time there was an opportunity. The observed 2015 grantee staff (n=5) responded appropriately to struggling youth more consistently

than the 2011 grantee staff (n=4). Although observers rated few grantees as having skill-building practices in place, we did observe a general increase in most skill-building practices when comparing the 2011 to 2015 grantees.

Observers agreed or strongly agreed that the emotional climate was positive and that staff interacted with youth in a respectful manner across sessions. However, observers generally noted that staff members did not enforce ground rules or immediately address derogatory comments about race, ethnicity, gender, sexual orientation, religion, or disability in any of the sessions. When ground rules were brought up, staff inconsistently enforced them.

While in most sessions there were no derogatory comments to respond to, when the opportunity arose for staff to address such comments, they didn't always respond appropriately. Although all grantees made a clear effort to create a "group identity," it was observed that no grantees included content or materials in languages other than English, or used LGBTQ-inclusive terms when describing relationships.

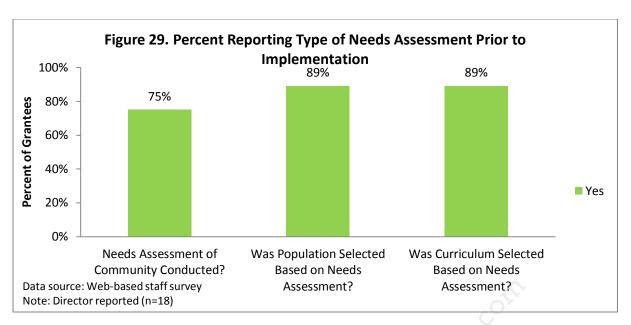
Regarding positive social norms, most grantees' staff demonstrated that they valued diverse relationship and family types, but only a few grantees' staff explicitly encouraged youth to engage in respectful discussions even when disagreeing, or to seek help when needed. Similarly, few grantees referenced other relevant resources or programs in the community, or encouraged youth to discuss program content with family members. Staff from most grantees (75 percent) did help youth make connections between the program content and their own lives.

Organizational Capacity to Implement Best Practices

Organizations must be able to dedicate adequate resources to their programs to support effective program implementation. Most of the 2011 grantees who responded to the staff survey felt that their programs had adequate resources to ensure that they could be implemented as designed (96 percent of directors agreed/strongly agreed to this question and all facilitators agreed/strongly agreed). Grantees also reported on organizational practices that may be supported through these resources, including:

- conducting a needs assessment,
- monitoring fidelity to the program curriculum or program model, and
- adapting their programs in response to these activities.

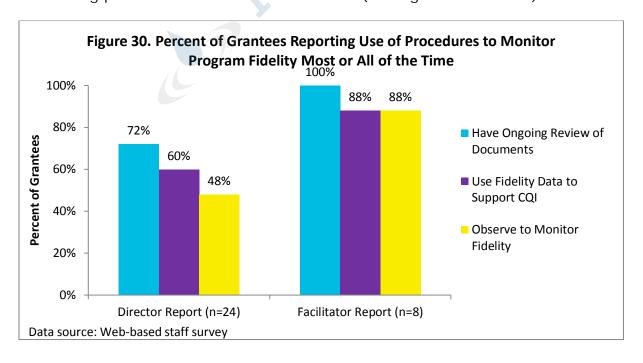
Most grantees (75 percent) had conducted a needs assessment of their community, which can help to ensure that the program is aligned with community needs. Most grantees used this information to help select their target populations and their curricula (see Figure 29).

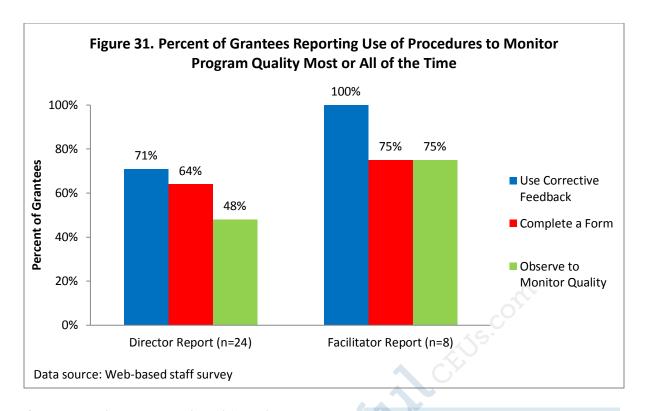


Most grantees also implemented procedures to monitor programming fidelity and quality, and appeared to be using this information to support program improvement efforts. At least 75 percent of facilitators reported that grantee staff:

- used corrective feedback to increase fidelity,
- completed a form after each session to monitor fidelity,
- conducted observations of program sessions to monitor fidelity or quality,
- conducted ongoing review of program documents to determine whether the program content was delivered as intended, or
- used fidelity data to support continuous quality improvement most or all of the time.

Fewer directors (between 48 and 72 percent) reported using these fidelity and monitoring procedures all or most of the time (see Figures 30 and 31).



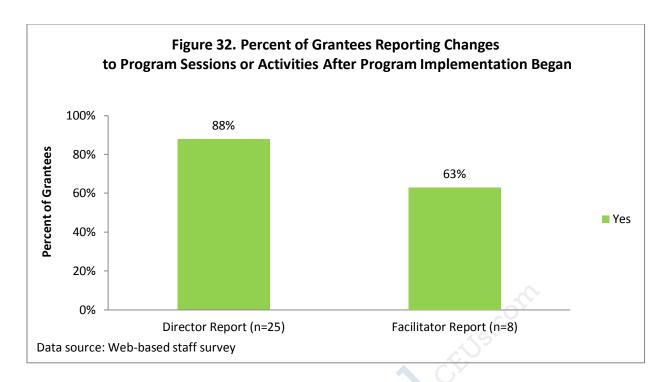


Grantees also reported making changes to program sessions after implementation began. Nearly all (88 percent) directors and 63 percent of facilitators reported that they made at least one change to their programming after implementation began (see Figure 32). Grantees reported specific program adaptations and changes, the most common of which included adding sessions (61 percent), changing the sequence of sessions (49 percent), and changing the number, frequency, or duration of sessions (42 percent).

Less commonly reported adaptations include changing the content of sessions (41 percent), working with program developers to make changes to programming (36 percent), and dropping sessions (30 percent). Additional examples of how grantees adapted their programming were mentioned during the staff interviews, including adapting their curricula for Hispanic and African American youth and incorporating trauma-informed approaches.

Making Program Adaptations

"Each of the lessons are planned for more time than I have. I have to cut sections to fit the lesson in the time I have with the kids. I try to do more movement-wise, I may change the way they're presented but not content. I make practical decisions to get things done in the hour. We went through all the lessons and picked out the big ideas and the lesson goals."



Objective 3. Promising Approaches for Serving Youth in HMRE Program

The third project objective was to identify promising approaches used by grantees to better serve youth in HMRE programs. Promising approaches were identified through a critical analysis of the research-informed best practices described in the preceding section. Grantee staff also identified promising approaches during the site visit interviews.

Objective 3 Key Findings

- Grantees demonstrated strong alignment with best practices for curriculum content, cultural competency, and delivery.
- Less alignment was found with best practices for certain staff attributes and organizational practices, although these practices were demonstrated by at least half of all grantees.
- Grantees that demonstrated the highest number of best practices criteria tended to deliver programs in schools, were more likely to have received non-federal funding, addressed HMRE programming content onsite rather than through referrals, and had slightly more facilitators on average than other grantees.
- Grantee staff listed promising staff attributes, including flexibility, passion for their work, approachability, respectfulness, creativity, and innovation.

For an analysis of promising approaches, the best practices criteria were organized into three key components of HMRE programming: (1) curriculum; (2) staff attributes and skills; and (3) organizational practices (see Appendix B for a

summary of all criteria). Each component consists of several subcomponents as outlined below.

Table 13. Description of YEARS assessment criteria				
YEARS Assessment Criteria Components	Subcomponents			
Curriculum	ContentCultural competencyDelivery			
Staff attributes and skills	Personal characteristicsFacilitation skillsHMRE-specific skills			
Organizational practices	Organizational practicesOrganizational capacity and evaluation			

To examine the combination of best practices that may contribute to HMRE program success, our team first calculated the percent of grantees who met each individual criterion assessed through the staff survey, organized around the three main assessment criteria components (see Table E1, Appendix E). This measurement was called a "summary score." We next added up the number of practices implemented within and across each component and estimated the average number of criteria being met in each category.

For example, across all assessment criteria, grantees indicated they were implementing 49 out of 63 total practices (78 percent) on average (see Table 14 below). Grantees demonstrated the strongest alignment with best practices for curriculum components, with an average of 15/17 (88 percent) across the content, cultural competency, and delivery subcomponents. During interviews, grantee staff discussed their recommendations for promising approaches related to curriculum delivery including: the use of "active sessions," creating a positive classroom climate, and establishing ground rules (regarding the use of phones for example). Curricula that were well-aligned with youth concerns and included role-playing, skits, and journaling activities were also identified as effective.

Less alignment was found with certain aspects of staff attributes (e.g., staff had similar characteristics/experiences as youth served) and organizational practices (e.g., organizations included youth in decision-making, grantees conducted observations to monitor quality of implementation). Although only about half of the grantees reported that they hired staff with similar characteristics and experiences as their youth in the survey, this was observed more consistently in the programming observations, especially that staff were of the same race or ethnicity and spoke the same language as the youth, and was noted by staff as a promising approach during interviews.

Several examples of promising staff-related approaches being implemented were described during the staff interviews. Facilitators should:

- get youth "up and moving,"
- engage youth in conversations,
- provide youth with leadership opportunities (e.g., through a youth advisory board or training youth to do lessons with the teacher), and
- encourage boundary- and goal-setting.

Other promising staff-related approaches described during the staff interviews related to providing youth with leadership opportunities. Although staff felt that providing youth with leadership opportunities was important, staff may need more guidance and support to do this effectively, given that it was not one of the more common practices implemented by the 2011 grantees. Directors reported it as an area where more training was needed.

Positive staff attributes noted by program staff included:

- flexibility,
- passion for their work,
- approachability,
- respectfulness,
- creativity, and
- innovation.



Table 14. Summary Scores for Assessment Criteria, by Assessment C	riteria
Component	

Component		SD	Obs. Range	Possible Range			
Curriculum	14.6	4.1	0-17	0-17			
Content	3.8	0.8	0-4	0-4			
Cultural competency	5.2	1.6	0-6	0-6			
Delivery	5.6	2.0	0-7	0-7			
Staff attributes and skills	15.4	4.8	2-21	0-21			
Personal characteristics	1.2	0.8	0-2	0-2			
Facilitation skills of staff	11.5	3.8	2-16	0-16			
HMRE-specific skills	2.5 1.0 0-3		0-3				
Organizational practices	18.2	3.3	10-23	0-25			
Organizational practices	6.3	1.7	1-8	1-8			
Community partnerships	0.6	0.7	0-2	0-2			
Organizational capacity and			45.				
evaluation	11.4	2.9	4-15	0-15			
Total	48.9	8.6	32-59	0-63			

Data source: Web-based staff survey

Note. Director and facilitator reported (n=28)

To further examine the extent to which grantees align with best practices for serving youth, we sorted grantees into High, Moderate, and Low categories on each implementation component and subcomponent. These labels were based on the proportion of criteria met in each area. Grantees who met 75 percent or more of the criteria were considered "High." "Moderate" grantees met 26 to 74 percent of the criteria, and grantees meeting less than 25 percent of the criteria were categorized as "Low" on that component.

This information can help prioritize areas where grantees could focus their program development and improvement efforts. For example, OFA or its training and technical assistance provider could identify components where grantees were meeting most of the criteria (i.e., the High group), and develop a plan to support grantees who are not yet meeting those criteria. These analyses will also describe the areas in which higher-scoring programs may still need to develop.

The majority of grantees (61 percent) who responded to the staff survey were High on all components. All other grantees were either Moderate or had a mix of High, Moderate, and Low scores. None of the grantees were Low on all components.

For grantees with a mix of High, Moderate, and Low scores, we sought to understand whether and how the assessment criteria components and subcomponents cluster together to facilitate program implementation. Table 15 summarizes the combination of practices demonstrated by all "Mixed" programs. Each grantee was coded as High (+), Moderate (/), or Low (-) on each criterion, and the table documents how grantees scored across all best practices components. These results demonstrate that grantees used a broad range of program

approaches to implement HMRE programs. There is no immediately clear and consistent pattern of approaches being implemented across programs.

Table 15. "Mixed" Grantee Ratings Across Best Practices										
Component	"Mixed" Grantee									
	1	2	3	4	5	6	7	8	9	10
Curriculum										
Content	+	+	+	-	+	+	+	+	+	/
Cultural competency	+	+	+	-	+	+	+	+	+	-
Delivery	+	/	+	-	+	+	+	+	/	-
Staff attributes and skills										
Personal characteristics	+	/	-	+	-	+	/	-	/	/
Facilitation skills of staff	/	/	+	+	-	/	+	/	/	+
HMRE-specific skills	+	+	/	+	-	+	+	/	/	+
Organizational practices						P				
Organizational practices	+	/	+	- (9+	+	+	+	/	/
Organizational capacity and evaluation	+	-	+	16	/	+	/	/	+	/

Data source: Web-based staff survey

Note. Director and facilitator reported (n=10).

+ = high, / = moderate, - = low.

We conducted a final set of descriptive analyses to explore characteristics of grantees that scored "High" on the most difficult assessment criteria (i.e., those that the fewest grantees met). For example, only about half of the grantees were High on all criteria related to Organizational Capacity and Evaluation (sample items include monitoring fidelity and quality, and using fidelity data to support continuous quality improvement). By examining the characteristics of grantees that were High in these areas, we could provide some guidance on how to support grantees that do not yet meet this standard. For example, grantees that were high on Organizational Capacity and Evaluation tended to be delivered in schools, were run by nonprofit organizations, and had onsite staff serving as facilitators (see Table E2, Appendix E).

This set of high-performing grantees was also more likely to have most or all of their facilitators trained in all areas identified in the staff survey. However, across all grantees, staff identified additional areas where more resources and training were needed during the staff interviews. For example, staff noted during interviews gaps in curricula, resources, and training related to LGBTQ relationships, bullying of LGBTQ youth, teen dads, pregnant and parenting youth's relationships with the other parent's new partner, and dealing with the negative aspects of relationships like jealousy.

Grantees that were High on most criteria also implemented in schools, were more likely to receive non-federal funding, tended to address HMRE programming content onsite rather than through referrals, and had slightly more facilitators on average

(11 versus 9) than grantees who did not score High on the majority of components (see Table E3, Appendix E).

Although these findings are descriptive rather than causal—and thus are not conclusive—they suggest that programs may be better equipped to develop and implement procedures for training, and monitoring quality and fidelity, if they meet certain criteria. Specifically, if they are self-contained in schools (i.e., with onsite staff and HMRE services), have a mix of federal and non-federal funding, and employ more staff.

Staff described additional promising organizational practices that were not addressed in the staff survey. They noted the importance of having adequate financial resources to provide participation incentives and to cover training and professional development for staff, and the importance of engaging youth in program monitoring and program improvement efforts. For example, staff described their efforts to provide opportunities for youth to evaluate facilitators and program content. One grantee administered satisfaction surveys after each lesson to get this feedback from youth. Other grantees monitored staff performance using work plans and annual performance reviews. Some grantees do not yet have the infrastructure in place for these types of activities, but supporting their efforts may bring them closer to implementing best practices when working with youth.

Conclusions and Recommendations

The findings from this report are meant to inform ACF and the broader HMRE research and practice fields about youth-serving HMRE programs. OFA HMRE grantees have been targeting and serving youth since the initial cohort of programs was funded in 2006. However, the extent to which HMRE grantees have developed and tailored their programs specifically for youth has not been documented in a systematic way. Additional information was needed to better understand how OFA's HMRE programming is being implemented with youth.

In this study, we documented the characteristics of HMRE grantees, partners, and participants, and assessed HMRE grantees' alignment with research-informed best practices. We hope this will provide information on the strengths and gaps in existing HMRE services for youth, provide recommendations for future training and technical assistance (TA) needs, and inform the larger field about promising approaches for serving youth.

The findings presented in this report are drawn primarily from a subset of HMRE grantees funded in 2011 (with observation and interview data also available for a subset of 2015 grantees) and cannot be used to draw conclusions about all 2011 and 2015 grantees. Nevertheless, they provide valuable descriptive information about federally funded HMRE grantees that serve youth, and have important implications for future programming. Despite limitations in the comprehensiveness of the data (i.e., some data sources do not have information about all 2011

grantees), we were still able to identify strengths and gaps in HMRE programming for youth. We have also provided examples of promising approaches drawn from real-world practice.

Below is the study team's overall summary of how HMRE grantees deliver HMRE programming to youth participants. Recommendations for future programming based on these findings are presented at the end.

- HMRE grantees target and serve diverse groups of youth across multiple settings and most 2011 grantees were implementing best practices for working with youth. These findings were confirmed by multiple data sources, including a web-based staff survey, program observations, and staff interviews. They were also confirmed by comparisons with best practices in the Positive Youth Development literature. However, programs that implement in multiple settings or serve both youth and adults may experience challenges when implementing HMRE programming for youth that requires support, such as the need for more age- and developmentally-appropriate curricula and programming content.
- HMRE grantees are thoughtful in their selection of curricula, recruitment and retention strategies, and implementation practices. Although many grantees tailored their programs to better meet the needs of the youth they served, grantees that deliver the same programming to youth and adults may need additional information and training related to the unique needs of youth, especially older youth. They may also need guidance for selecting curricula that are age- and developmentally appropriate, and best practices for serving youth specifically. For example, grantees could consider curricula that address positive attitudes about gender, sexuality, and improved career and college readiness in addition to healthy relationships. Grantees least frequently endorsed these areas as focus areas of their programs, but they represent opportunities for intervention that research finds to be particularly relevant and beneficial for youth.
- HMRE grantees could also benefit from more emphasis on positive youth development approaches, including integrating skill-building activities into programs. Fewer than half of observed grantees were explicitly teaching skill-building, although more skill-building activities were observed among 2015 grantees compared to 2011 grantees. Explicitly teaching skill-building is important because it helps youth translate lesson ideas into real-life changes. Examples of best practices in this area include:
 - o explicitly mentioning the specific skills being targeted in a lesson;
 - o breaking difficult tasks into smaller, easier steps;
 - o providing opportunities for youth to practice skills during a lesson;
 - o making connections between the skills that are taught in a program and youth's ability to achieve their goals; and
 - o discussing how the skills being taught are relevant for real-world situations.

• Most HMRE grantee directors reported using documents or corrective feedback to monitor program quality and fidelity, but fewer than half reported observing programming to monitor quality and fidelity. HMRE programs may also benefit from training and technical assistance to support practices that strengthen program monitoring and improvement efforts. It would be particularly useful to provide trainings related to conducting observations to monitor fidelity and quality. Programs that make changes to their programs in response to these monitoring activities may also need guidance to ensure that changes and adaptations are research-based and maintain fidelity to their respective program models or curricula.

Overall, the findings presented in this report demonstrate that federally funded HMRE grantees are reaching and serving diverse and often disadvantaged youth populations using a range of research-informed best practices. These results lay a foundation for future cohorts of HMRE grantees to develop and implement high-quality HMRE programs for youth. Based on these findings, the study team provides a number of research-informed recommendations for supporting the design and implementation of HMRE programs for youth:

Study Recommendations

Drawing on these key findings, and based on a review of research evidence for implementing programs for youth, we provide recommendations for supporting the design and implementation of HMRE programs.

- Form community partnerships that allow programs to implement in multiple settings, specifically in school-based and community-based settings.
 - o Each setting has unique advantages, and partnering together can help address challenges that programs face in each setting.
 - o However, programs may need support implementing in multiple settings.
- Provide additional information and training related to the unique needs of youth, select curricula that are age- and developmentally-appropriate, and follow best practices for serving youth, particularly for programs serving a mix of youth and adults.
- Provide programming that promotes positive attitudes about gender and sexuality and improved career and college readiness.
 - o Grantees least frequently endorsed these areas as focus areas of their programs, but they represent opportunities for intervention that research finds to be particularly relevant and beneficial for youth.
- Support program efforts to reach and serve older youth (ages 18 to 24).
- Provide additional training in specific program implementation areas, including:
 - o Integrating positive youth development approaches, including:
 - providing skill-building opportunities
 - providing youth with leadership opportunities
 - including youth in decision-making
 - Conducting observations on an ongoing basis to monitor program/curriculum fidelity and quality to inform program improvement efforts.



"This course was developed from the public domain document: Scott, Mindy E., Karberg, Elizabeth, Huz, Ilana, and Maryjo Oster. (2017). Healthy Marriage and Relationship Education Programs for Youth: An In-depth Study of Federally Funded Programs, OPRE Report #2017-74, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services."