



Healthy Marriage and Responsible Fatherhood Recruitment Strategies

The federal government has a long-standing commitment to supporting healthy relationships, stable families, and fathers' involvement in the lives of their children and families. Since 2005, Congress has funded \$150 million each year in healthy marriage (HM) and responsible fatherhood (RF) grants. The Office of Family Assistance (OFA) within the Administration for Children and Families (ACF), U.S. Department of Health and Human Services, has awarded and overseen three cohorts of these grants.

Both HM and RF grantees strive to support the long-term success of families. HM grantees promote healthy marriage and relationships through eight legislatively authorized activities; RF grantees' legislatively authorized activities promote responsible parenting, healthy marriage, and economic stability (see Box 1 for a description of services). OFA works with the Office of Planning, Research, and Evaluation, also within ACF, to conduct research on how to best serve families through these grants.

Box 1. What are HMRF program services and who do they serve?

HM grantees may use grant funds for eight allowable activities such as education in high schools, marriage and relationship education and skills, and marriage enhancement. HM grantees serve adult couples, individuals, and youth.

RF grantees must offer programs with activities that (1) promote marriage or sustain marriage; (2) promote responsible parenting; and (3) foster economic stability. RF grantees serve fathers and couples in the community and fathers who are incarcerated and reentering their communities.

The primary service offered by both HM and RF grantees is group-based workshops. Under the 2015 Funding Opportunity Announcement, grantees were also required to offer case management (unless they received an exemption from ACF). In case management, clients receive individualized attention and might receive referrals to other services.

This snapshot describes client recruitment by the 2015 cohort of HM and RF grantees. To implement their programs, each grantee must find potential clients for whom its services would be appropriate, and encourage them to enroll. Recruitment is usually an ongoing process, and it can be challenging. See Box 2 for practice tips on using the data in this snapshot.

Methods

This snapshot describes recruiting by 45 HM grantees and 40 RF grantees that received five-year grants in September 2015. Data came from a program operations survey that grantees completed quarterly. The snapshot covers program operations from July 2016 (the last quarter of the first grant year) through March 2019 (the first half of the fourth grant year). An interim report describes more findings, including client characteristics, the services grantees provide, and the ways clients have changed from the beginning to the end of the program.¹

Recruitment findings

Grantees enrolled more than 150,000 clients into their programs. In the nearly three-year period covered in this brief, HM grantees enrolled 106,314 clients, including couples, single adults, and youth. During that same time, RF grantees enrolled 43,920 clients, including fathers in the community, incarcerated fathers, and partners in couples.

All grantees used a variety of activities to get the word out about their programs. Advertising the program highlights its presence, its activities, and who it serves to current and potential partners, clients, and funders. The most commonly reported advertising activities and venues were

Box 2. Practice Tips

This brief describes the recruitment activities and sources of 45 HM and 40 RF grantees that were funded in 2015. This information is intended to increase the field's understanding of how HMRF programs recruit clients, which is critical to successful program implementation. However, the brief does not assess whether the recruiting practices described here are associated with better performance.

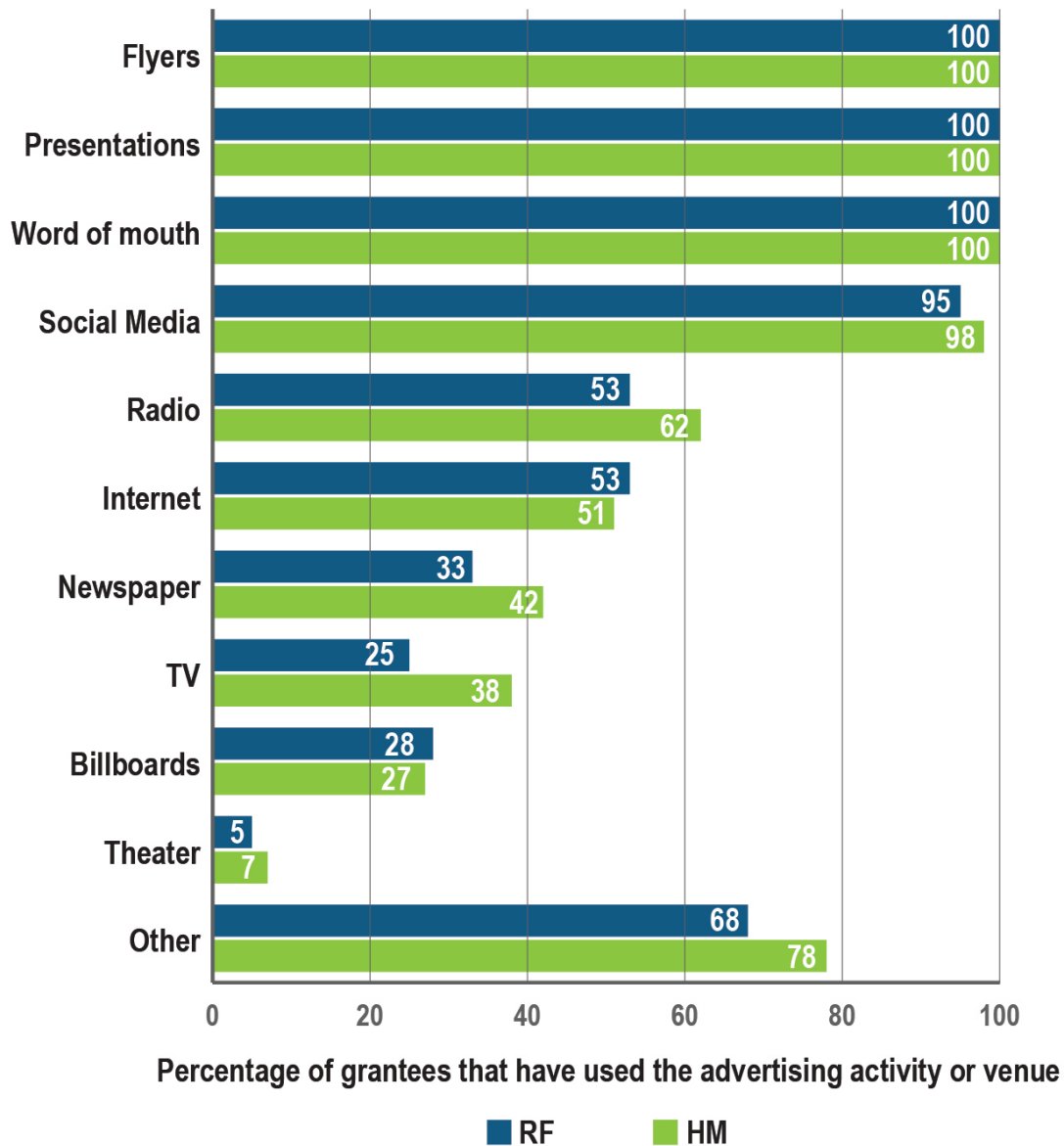
For practitioners, when designing and improving your recruiting processes:

- Consider a variety of activities to spread the word about your program. Table 1, "Advertising and outreach activities used by grantees," describes the activities HM and RF grantees used to increase awareness of their programs.
- Assess which recruiting approach(es) are the best fit for your program. Figure 1, "Recruiting methods used by grantees" shows four methods used com only across HM and RF grantees to recruit clients.
- Explore the possibility of enlisting community agencies to help you recruit clients. Table 2, "Locations where grantees conducted on-site recruitment," and Table 3, "Grantees' referral sources," provide information on the types of agencies HM and RF grantees partnered with for on-site recruitment and as sources for referrals.

presentations to staff at program partners or community organizations, word of mouth, flyers, and social media marketing (Figure 1). More than 90 percent of HM and RF grantees reported using all four of these advertising activities and venues. Less common advertising venues included radio, Internet, television, newspaper and theater ads, and billboards.

¹Avellar, Sarah, Alexandra Stanczyk, Nikki Aikens, Mathew Stange, and Grace Roemer (2020). The 2015 Cohort of Healthy Marriage and Responsible Fatherhood Grantees: Interim Report on Grantee and Client Characteristics, OPRE Report 2020-67, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Figure 1. Advertising activities and venues used by grantees



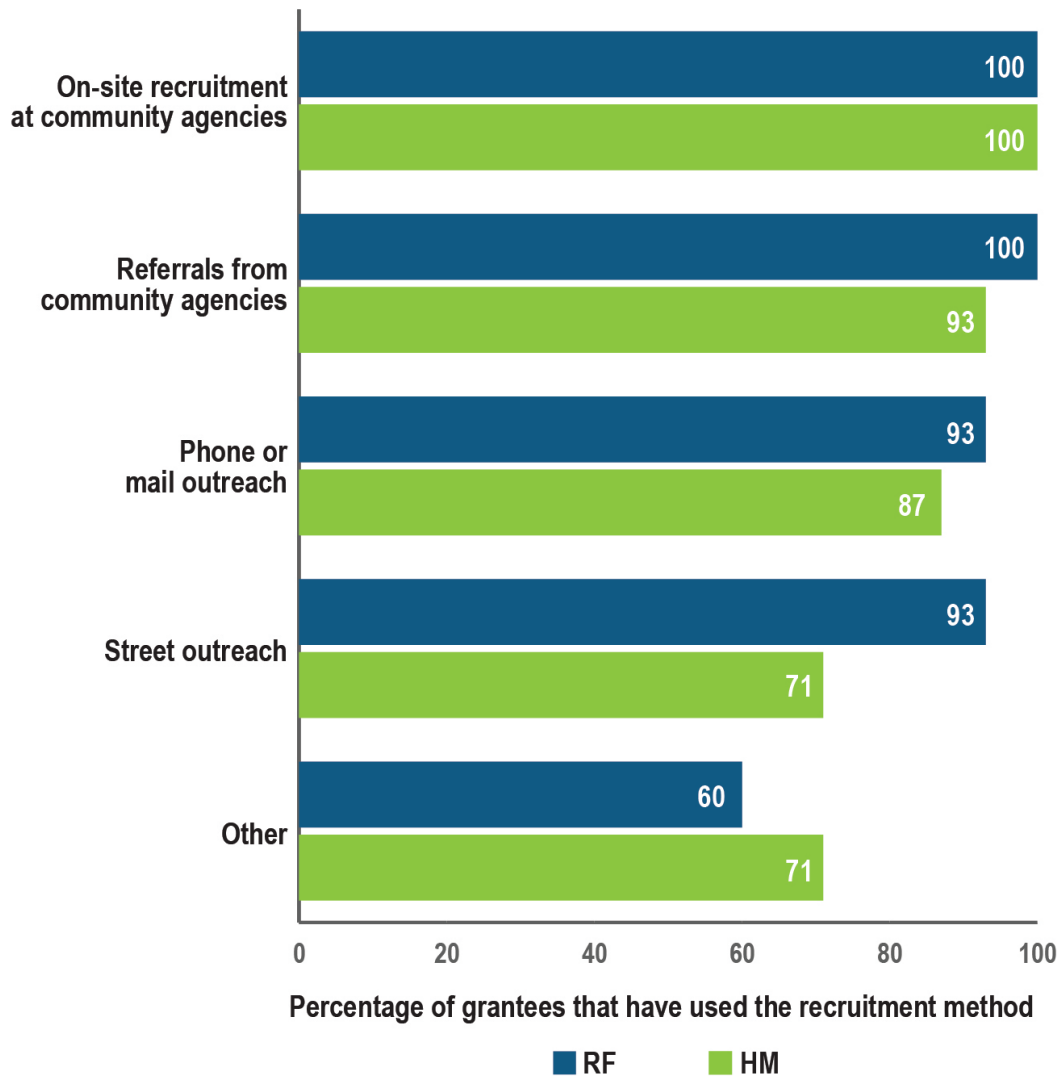
Source: Program operations survey.

Note: Responses do not sum to 100 because grantees could select more than one activity. Other reported advertising activities or venues included, for example, email blasts, community events, and websites.

Grantees used multiple methods to find and recruit potential clients. Grantees recruit potential clients to determine if they are eligible for and interested in the program, and if so, enroll them in services. Every grantee reported recruiting onsite at their own and other community agencies (Figure 2). In addition

to this universally used method, most grantees reported they also used phone, mail, and street outreach (that is, recruiting in different places throughout the community, such as on public transportation or at gathering places, like basketball courts).

Figure 2. Recruiting methods used by grantees



Source: Program operations survey.
 Note: Responses do not sum to 100 because grantees could select more than one method. Other reported methods included, for example, email outreach, community events, and social media.

Grantees recruited on-site at many different types of community agencies. Schools, places of worship or faith-based community centers, other community agencies or organizations, Head Start programs, and child welfare agencies were commonly used by both HM and RF grantees for on-site recruiting. More than half of HM and RF grantees recruited on site at each of these types of agencies (Table 1).

RF grantees reported they recruited on-site at nine types of agencies, on average, and HM grantees reported an average of seven types of agencies. RF grantees were more likely than HM grantees to recruit on-site at agencies that often work with men and fathers. For example, 70 percent of RF grantees recruited at child support agencies, and 90 percent recruited at probation and parole offices, compared with fewer than half of HM grantees that used these venues (Table 1).

Table 1. Locations where grantees recruited on-site

On-site recruiting locations	HM grantees (% of grantees)	RF grantees (% of grantees)
Schools	93	80
Other community agencies or organizations	91	97
Places of worship or faith-based community centers	69	68
Child welfare agencies (for voluntary enrollments)	58	63
Head Start programs	53	70
WIC agencies	51	50
Hospitals, maternity clinics, and doctors' offices	47	58
Child support agencies (for voluntary enrollments)	47	70
Probation and parole	47	90
TANF offices	44	55
Healthy Start	36	38
Child welfare agencies (for court-ordered enrollments)	22	30
Child support agencies (for court-ordered enrollments)	18	43
Other	60	70
Total sample size (grantees)	45	40

Source: Program operations survey.

Note: Responses do not sum to 100 because grantees could select more than one location. Other reported on-site recruiting locations included, for example, family resource centers, prisons, housing complexes, and job fairs or other community events.

Community agencies were also important sources of referrals for HM and RF programs.

In addition to directly recruiting potential clients at other agencies, grantees could receive referrals from agencies for people who might be eligible for and interested in the HM or RF services. RF grantees reported receiving referrals from 11 types of agencies, on average, and HM grantees reported an average of 10 types of agencies as referral partners. Common referral sources for both HM and RF grantees included schools, places of worship or faith-based community centers, and employment assistance centers. More than two-thirds of HM and RF grantees reported receiving referrals from each of these sources (Table 2).

Ninety-five percent of RF grantees reported receiving referrals from probation and parole, and 90 percent reported referrals from child support agencies. In comparison, about half of HM grantees reported getting referrals from these sources (Table 2). Schools were a common referral source for HM grantees (96 percent of HM grantees), which often serve students. Seventy percent of RF grantees reported schools as a referral source. In addition to referrals from community agencies, almost all HM and RF grantees had participants who self-referred.

Table 2. Grantees' referral sources

Referral sources	HM grantees (% of grantees)	RF grantees (% of grantees)
Schools	96	70
Other community agencies or organizations	96	100
Self-referrals	96	100
Places of worship or faith-based community centers	73	80
Employment assistance centers or one-stops	73	75
Child welfare agencies (voluntary enrollment)	69	80
Head Start	60	73
Probation and parole	60	95
Child support agencies (voluntary enrollment)	56	90
WIC agencies	56	55
Hospitals, maternity clinics, and doctors' offices	49	53
TANF offices	47	58
Healthy Start	36	35
Child welfare agencies (court ordered potential participants to enroll in a program like this)	31	48
Child support agencies (court ordered potential participants to enroll in a program like this)	27	58
Other	51	55
Total sample size (grantees)	45	40

Source: Program operations survey


Note: Responses do not sum to 100 because grantees could select more than one referral source. Other reported referral sources include, for example, therapists or counselors, prison personnel, and halfway homes.

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