



Integrating Healthy Marriage Education into TANF Programs

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Executive Summary

Eradicating poverty in the United States has eluded policymakers, researchers, and analysts for the past 50 years. After initial decreases during the 1960s and early 1970s, poverty rates have remained stubbornly stable, wavering from 11% to 15% of the population (Gabe, 2012). Government programs have largely met with only limited success despite investing billions of dollars each year. Recently, a conceptual framework that more seamlessly integrates community and government agencies to form a comprehensive effort against poverty has gained momentum (Kania & Kramer, 2011). Informing this effort have been research findings from the social sciences that have established the decline of two-parent families through divorce and unwed childbearing as an underlying causal agent of poverty. Fueled by these findings, lawmakers made the promotion of healthy marriages and responsible fatherhood a central component of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). This research brief examines the rationale behind a framework of integration, the effectiveness of healthy marriage and relationship education as an intervention, and recent attempts to integrate healthy marriage and relationship education into Temporary Assistance for Needy Families (TANF) programs.

Introduction

The growth of single-parent households

The past several decades have seen a dramatic increase in the percentage of children living in female-headed households. In 1950, only 6.3% of families were headed by a single parent (usually a mother) compared to 23.9% in 2010 (U.S. Census Bureau, 2012). The rate of births to unwed mothers has also increased from 18% in 1980 to 39% in 2006 in the general population (Martin et al., 2009). Statistics show that children living in single-parent homes are at much greater risk for living in poverty than children in married-parent families. For example, during 2009, the poverty rate for children was 11% in married couple families and 44.3% in female-headed families (U.S. Census Bureau, 2009a). Households that include two adults usually have a higher standard of living due to the benefits of

economies of scale. Because the second adult, on average, generates more potential income than expenses, married couples can support a higher living standard.

During approximately the same time divorce rates were increasing in

the U.S., marriage rates were falling. Together, these two shifts in family formation dramatically increased the proportion of households headed by only one adult. For instance, in 1970, 86% of all children lived in a home headed by a married

In 2010 a mother with one child whose annual income was \$15,030 would live at the poverty threshold. A single man under age 65 who earned \$11,344 would also live precisely at the poverty threshold. But, if they were to marry and combine their two incomes, they would live at 49% above the poverty threshold for a family of three (U.S. Census Bureau, 2009b).

couple compared to only 69% in 2006 (Cancian & Reed, 2009). Scholars now estimate that only 50% of all children in the U.S. will live with two continuously married parents throughout their childhood (Cherlin, 2003). One factor contributing to this change has been a decline in the attractiveness of marriage and the rise of cohabitation as a legitimate family form. However, on average, cohabiting couples are twice as likely to break up as are married couples. One recent study found that 65% of cohabitating parents as compared to only 24% of married parents will break off their relationship by the time their child turns 12 (Kennedy & Bumpass, 2011). As a result, children born to cohabitating couples are at much greater risk for economic disadvantage and other negative outcomes than are children whose parents are married (Popenoe, 2008).

Benefits of increasing marriage rates

If the trends in family fragmentation were stopped, or even slowed down, the impact on the number of children growing up in poverty would be noteworthy. For example, one study found that if the marriage rate had remained constant at 1970 rates, then the percent of children currently living in poverty would decrease by more than 25% (Haskins & Sawhill, 2009). Amato and Maynard (2007) have shown that doubling the number of couples who attend premarital education programs every year could reduce child poverty by 20-29% over seven or eight years. In an insightful study based on Census data, Haskins and Sawhill (2009) found that youth can almost assure that their future families will steer clear of poverty if they follow three basic rules in order: 1) finish high school, 2) work full time, and 3) get married before having a baby, preferably after turning 21. They go on to show that those who followed those three rules in order had only a 2% likelihood of being in poverty and 72% likelihood of being in the middle class (defined as earning \$50,000 or

more a year). Conversely, those who violated all three rules were 77% less likely to escape poverty and had only a 4% chance of reaching the middle class.

Although some see divorce and unwed childbearing as a form of social diversity to be embraced, the potential negative impacts of these family transitions and structures are not easily dismissed. Social science researchers have consistently shown that youth from single-parent families, resulting from either divorced or never-married parents, are at greater risk for multiple negative outcomes such as poor academic performance or dropout, precocious sexual behavior and pregnancy, mental health and substance abuse issues, and suicide, and are more likely to have relationship problems and to divorce when they get older (Amato, 2010). Furthermore, it is not just children who glean the benefits of marriage. High job turnover and low wages decrease the probability of marrying and remaining married, but at the same time there is strong evidence that marriage also leads to increases in job stability and higher wages across all socioeconomic groups (Ahituv & Lerman, 2004), especially among African Americans (Lerman, 2002a, b). Research also suggests that low-income couples who are married have better physical health compared to their divorced, widowed, or unmarried peers (Schoenborn, 2004). In fact, whether a man or woman is married at age 48 is a strong predictor of the likelihood he or she will still be alive at age 65 (Lillard & Waite, 1995).

Societal costs of divorce

Divorce and unwed childbearing also have high costs for society in general. Family fragmentation through divorce and unwed childbearing costs U.S. taxpayers approximately \$112 billion each year, or more than \$1 trillion over a 10-year period (Scafidi, 2008). These costs stem from increased expenditures for criminal justice, antipoverty programs, and other diverse interventions, as

well as from a reduction in revenues due to fewer adults being employed at a level at which they would contribute to the tax system. Scafidi (2008) suggests that, if family fragmentation were reduced by just 1%, an estimated \$1.1 billion would be saved every year.

Few scholars would go so far as to declare marriage a panacea that cures all social ills. Programs that prepare individuals for work, increase the accessibility of quality childcare, decrease high school dropout rates and teen pregnancies, and provide free and reduced lunches for school

children, among others, all play an important role in fighting the war against poverty. Children who are reared by their married parents tend to do better in almost every way known to measure them and are five times less likely to live in poverty than those in single-parent households (Amato, 2010; Cancian & Reed, 2009; Thomas & Sawhill, 2005). The increasingly clear relationship between family structure and economic resources has led social scientists and policymakers to conclude that an important

contributing factor to poverty in the U.S. is the fragmentation of the family that occurs through divorce and unwed childbearing. As a result, policy that encourages family stability through healthy marriages and relationship education is a significant tool in the reduction of child poverty.

Welfare reform

From about 1947 until 1973, average real earnings in the U.S. rose by about 60% and

poverty fell by almost half. However, starting about the mid-1970s, male wages and participation in the labor force fell dramatically, producing growing amounts of inequality and a stagnated median household income (Berlin, 2008). The progress in the war against poverty stalled and income inequality reached levels not previously seen since the late 1920s (Testimony of Robert Greenstein, 2008). Concerns grew about the increases in out-of-wedlock birth rates, cohabitation, divorce, and the declining rates of marriage. Many

policymakers began to question the prevailing welfare strategies that seemed to promote dependence on government aid and to create disincentives for marriage.

Up until that time, government involvement in family life had largely been limited to the legalities of issuing marriage licenses and divorces. Helping couples form and nurture healthy relationships was considered to be the realm of either religious organizations or mental health professionals. However, the empirical evidence pointing to

marriage and relationship education as a useful tool to prevent divorce was gaining recognition (Stanley, 2001).

In response to concerns over the link between poverty and changing family structure, in 1996 Aid to Families with Dependent Children (AFDC) was abolished and the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) authorized the Temporary Assistance for Needy Families (TANF) program. TANF ended welfare as an

The four broadly stated goals for TANF:

- **Provide assistance to needy families so that children may be cared for in their own homes or in the homes of their relatives;**
- **End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage;**
- **Prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and**
- **Encourage the formation and maintenance of two-parent families.**

entitlement program by setting time limits for receiving aid, increasing expectations for work, and including the encouragement of two-parent families as a goal of welfare. Despite predictions by some of increases in child poverty, caseloads actually dropped by about 65%, the participation of never-married mothers in the workforce increased by over 40%, and poverty among single mothers and their children fell by 30% (Bane, 2008). Additionally, poverty among black children fell to its lowest level ever in 2001 (Combating poverty, 2012). Subsequent research concluded that virtually no adverse effects of the policy shift on child outcomes were detectable and even some positive effects emerged (Chase-Lansdale et al., 2003). In 2005, Congress passed the Deficit Reduction Act (DRA), which was implemented in early 2006. The welfare reform of 1996 represents a symbolic shift in how the country thinks about social problems and their solutions. According to Bogenschneider and Corbett (2010), this change constituted a move from problem remediation to problem prevention and a turn toward a more holistic way of viewing families instead of a focus on the individual or specific problem. As part of the TANF reauthorization, the DRA included \$150 million per year for five years to fund healthy marriage and responsible fatherhood programs.

Although to date most initiatives have focused on the work-based goals of TANF, nearly all of the 50 states and the District of Columbia are involved in varying activities that support marriage. Some of these efforts include: longer waiting periods for divorcing parents, premarital education incentives, a covenant marriage option, media campaigns, and marriage education classes.

Oklahoma has implemented one of the most comprehensive statewide initiatives. Since 1999, Oklahoma has spent more than \$10 million to build capacity and deliver programs to bolster relationships. Most of this funding has come from TANF. During this time, Oklahoma has trained approximately 2,500 volunteers to

be healthy marriage and relationship education workshop facilitators and delivered programs to over 200,000 individuals from all sectors of society.

Opposing Positions on TANF Reauthorization

Not everyone agrees that public funds should be used on helping individuals improve their relationships. Feminist groups have raised strong objections, pointing to the high rate of domestic violence among TANF recipients. Liberal legal scholars argue that government-sponsored healthy marriage and relationship education is a violation of constitutional rights. This section briefly addresses each of these concerns and discusses how family policy, including healthy marriage and relationship education, has positively affected family stability and the emotional, physical, and economic well-being of women and children.

Domestic violence

Feminist groups have expressed legitimate concern over healthy marriage and relationship education programs because they hold the potential to pressure women to stay with or get married to abusive men. It is therefore critical that healthy marriage and relationship education programs have a thorough screening and referral process to safeguard the well-being of potential participants.

To address these concerns, the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF) has required the development of site-specific domestic violence protocols to address how domestic violence is discussed in the

particular curriculum being used and in the design and infrastructure of the program. Couples are interviewed separately and those with a history of domestic violence are screened out of the healthy marriage and relationship education program and are referred to a domestic violence program.

Some healthy marriage and relationship education curricula have been redesigned to include modules on the above issues with emphasis on how to recognize bad relationships and safely exit them. These issues are either addressed or the couple is connected with an appropriate service.

The constitutionality of healthy marriage and relationship education

To promote policy decisions, social scientists point to risk and resilience factors that lead to either positive or negative outcomes such as poverty, emotional well-being, and health among families. Legal theorists, on the other hand, consider whether government policies undermine the rights of individuals. On the extreme right, Libertarian scholars endorse the total privatization of marriage by eliminating it as a legal category. Privatization, they argue, would allow couples to create a contract that is customized to their specific needs and wishes and eliminate government regulation of intimate relationships beyond enforcement of the private contract (Zelinsky, 2006). Most scholars, however, concede that government has a role in regulating certain aspects of intimate relationships, but see state sponsorship of messages and educational programs as pressuring individuals to marry, which they consider an infringement on individual rights (Struening, 2007).

Some critics argue from the Equal Protection Clause of the Fourteenth Amendment that using TANF funds to encourage marriage among welfare recipients creates unfair government interference in the lives of

economically disadvantaged individuals. Others cite court rulings that have found a right to privacy under the Fourteenth Amendment's Due Process Clause that prohibits States from dictating moral or personal decisions in regard to marriage and family matters unless a compelling governmental interest can be established. For example, the government has a legitimate interest in controlling the distribution and manufacture of contraceptive devices but must not interfere in the personal decision of whether to use one. In relation to healthy marriage and relationship education programs, these scholars assert that government can regulate the mechanics of marriage, such as the issuing of a license, but healthy marriage and relationship education programs that coerce TANF recipients to make better decisions about their personal relationships through the imposition of financial consequences are infringing upon their right to privacy (Struening, 2007; Kominos, 2007).

Healthy marriage and relationship education programs, however, are not just for recipients of TANF programs but are extended to the general public. On the contrary, in times past only those who could afford to pay for healthy marriage and relationship education services or those who belonged to a religious organization that offered these services could receive them. Proponents of healthy marriage and relationship education argue that by using a small portion of TANF funds to offer these programs, government is providing a beneficial service to underprivileged individuals and families that otherwise would not have access. Likewise, in the same way that government has a legitimate interest in the physical health of its citizens and thus funds Medicaid and Women, Infants, and Children (WIC) programs for disadvantaged women and children, many policymakers have concluded that healthy parental relationships are advantageous to the care and nurture of the future citizens of the State.

A legitimate governmental concern

While legal and philosophical arguments are passionate in both directions, most agree that society benefits from government aid to families. The past 20 years has seen a shift toward family as a context in which social problems are conceptualized, and family policy as a means to organize and implement holistic solutions. Human capital needed for success in newer knowledge-based economies requires skills that are largely shaped by early family socialization processes (Heckman, 2006). Parents must create, train, and nurture children before schools can educate them, employers can hire them, and governments can tax them (Folbre, 2008). Families produce the type of worker a strong economy requires and the kind of committed citizen needed for a functional democracy. Marriage and relationship education reduces family instability and the multiple transitions that have proven so disruptive in the positive socialization of poor children. Although healthy marriage and relationship education will not be appropriate for some TANF recipients, it is a legitimate tool in a diverse portfolio of effective programs that government can use to benefit its citizens.

Special Concerns Regarding Low-Income Families

Over the past several decades, social science research has made great strides in understanding how successful families function. However, most of this research has focused on white middle-class families. Only recently has more attention been placed on the unique characteristics of low-income families. This section will focus on characteristics and important considerations of low-income families relevant to relationship education.

Until recently, data on the social values and skills of unmarried parents and their children has been limited, particularly in regard to fathers. The Fragile Families and Child Wellbeing Study is a nationally representative, longitudinal survey that sampled low-income new parents shortly after the birth of their child and at one, three, and five years old. Unmarried, low-income parents who are romantically involved and rearing their child(ren) together have been labeled “fragile families” to indicate both the fact that they are families and that they are at greater risk for dissolution than other families (Sorensen, Mincy, & Halpern, 2000).

Contrary to common belief, fragile families are typically optimistic about a future together, with over half living in a cohabiting relationship at the time of their child’s birth (Moore, Jekielek, & Emig, 2002). McLanahan (2009) reported that nearly all of the fathers in the study wanted to be engaged in the rearing of their child, and a similar percent of mothers wanted the father to be involved. Even 65% of the mothers who were no longer romantically involved with the father at the time of their child’s birth reported a desire for the father to be involved in raising their child. These results show that receptiveness to family formation programs among low-income parents may be most effective if initiated immediately around the time of birth.

Although a small percentage (22%) of these couples will marry and a smaller amount (16%) will still be married five years after their child’s birth, about 33% will be cohabiting (McLanahan, 2009). Longitudinal data suggest that the fathers’ initial participation with their children as well as the mothers’ support for fathers to be involved, wanes over time if the unmarried parents separate (Carlson, McLanahan, & England, 2004; Coley & Chase-Lansdale, 1999; Lerman, 1993; Seltzer, 1991). After five years, about 33% of the non-residential fathers will have no contact with their child and roughly 43% will have monthly

contact, with average contact being 12 days per month (McLanahan, 2009).

Regardless of whether parents live together, research suggests that a father's continued involvement with his child is beneficial to the child (Black, Buowitz, and Starr, 1999). A growing body of research suggests that father involvement is associated with increases in cognitive, social, and emotional functioning for the children from infancy to adolescence (Cowan, Cowan, Cohen, Pruett, & Pruett, 2008; Lamb, 2000; Tamis-LeMonda & Cabrera, 2002). An important determinant of continued father involvement is the quality of the relationship between the mother and the father (Cowan, Cowan, Pruett, & Pruett, 2007; McLanahan, 2009). Thus, marriage and relationship education can benefit child well-being indirectly by helping parents find successful ways to interact even after the couple relationship has dissolved.

Several distinct barriers to the formation of stable, enduring relationships among fragile families have been identified, compared to more traditional couples. These barriers include fathers' substance and alcohol abuse, fathers' physical violence, women's lack of trust for men, and reported high levels of conflict among cohabiting parents (Carlson et al., 2004). Couples were more likely to marry when women trusted their partners more, and both parents held a positive view of marriage and assessed their own relationship as supportive. In order to promote family stability and encourage healthy marriages in low-income families, TANF and healthy marriage and relationship education programs will need to address the following barriers:

Multiple partner fertility

Multiple partner fertility refers to one or both members of the couple having a child from a prior relationship; it is a significant barrier to forming an enduring couple relationship among fragile families (Meyer, Cancian, & Cook, 2005). Men (but not women) are less likely to marry if

their partner had a child by another man. Women are more apprehensive about issues of infidelity and have greater levels of distrust if the man has children from another relationship (Carlson & Furstenberg, 2006; McLanahan, 2009; Waller & McLanahan, 2005). This jealousy and conflict about how much time and support the father gives his other child and the child's mother is a phenomenon termed "baby mama drama." Waller and McLanahan (2005) found that for mothers, each one-point increase on their gender distrust index decreased the odds of marriage by 43% and of cohabitation by 13%.

Co-parenting subsystem

The spill-over effect (Erel & Burman, 1995) suggests that the qualities of the relationship between a husband and wife spill over into the parent-child relationship. Carlson and McLanahan (2002) found that unmarried mothers' attitudes toward the father mediated father involvement. Mothers' contact and levels of conflict with their former partners were also related to their children's ongoing contact with their father (Dunn, Cheng, O'Connor, & Bridges, 2004). For co-residential couples, their ability to share parental responsibilities was directly related to the quality of their relationship and the extent of the father's engagement with his child (Coley & Chase-Lansdale, 1999; Egeland & Carlson, 2004). It follows then that healthy marriage and relationship education programs that strengthen the couple relationship have been found to increase fathers' involvement in parenting and financial support of the child (Cowan, Cowan, Pruett, Pruett, & Wong, 2009).

Perceptions of marriage

Fragile families seem to highly esteem marriage such that their perception of it has become in itself a deterrent to marriage formation (Edin, 2000). Although cohabitating couples had enough money to establish a home together, they delayed marriage until they had achieved a certain standard of living that they viewed as a

requisite for a successful marriage (Gibson-Davis, Edin, & McLanahan, 2005). For these families, marriage seems to be a sign that they have ‘arrived’ instead of a road to be traveled together.

It may be that due to the effects of social injustice, racism, and class discrimination, fragile families suffer from lower levels of self-image or self-efficacy (Thompson & Keith, 2001; Hughes & Demo, 1989). This has important implications for healthy marriage and relationship education programs. In addition to the typical skill-based techniques found in traditional healthy marriage and relationship education classes (Larson, 2004), programs working with fragile families might benefit from incorporating strengths-based interventions that foster self-efficacy and empower couples to believe in their ability to form and maintain a healthy, stable marriage.

Positive interactions, emotional regulation and common activities

When couples sustain continuously high degrees of negative interaction, the relationship suffers (Matthews, Wickrama, & Conger, 1996). It is not merely the existence of conflict that determines marital outcomes, but how conflict is managed (Carrere, Buehlman, Gottman, Coan, & Ruckstuhl, 2000; Gottman & Levenson, 2000). Among low-income unmarried parents, Waller and McLanahan (2004) reported that, when both partners engaged in frequent arguments, the chances of marriage dropped by 62% and the probability of the romantic relationship continuing dropped by 45%. Likewise, couples were 1.7 times more likely to marry and twice as likely to maintain romantic involvement if both partners reported shared activities in comparison with partners who did not. These findings suggest healthy marriage and relationship education programs benefit low-income parents by increasing positive moments leading to friendship and shared meaning; these are some of the strongest predictors of marital satisfaction and

create a buffer against negative interactions (Gottman & Levenson, 2000).

Transitions to new partners

Another important characteristic of fragile families is the level of partnership instability. Osborne and McLanahan (2007) estimated that by the time the child turns three, approximately 67% of unmarried mothers will have gone through at least one partnership change, over 30% will have experienced at least two changes, and almost 20% will have changed partners three or more times. Surprisingly though, when these mothers change partners, their new partner tends to be better educated; more likely to be employed; and less likely to abuse drugs or alcohol, engage in domestic violence, or to have spent time in jail or prison (Bzostek, Carlson, & McLanahan, 2006). Although the tendency to transition from one partner to another can be deleterious for children, the move “up” to a better quality partner with whom the mother has a greater likelihood of forming a stable relationship is a strength that healthy marriage and relationship education programs can build upon. Likewise, healthy marriage and relationship education programs designed for single parents and youth can help reduce transitions and multiple partner fertility by helping these individuals make better choices when picking a partner.

Substance abuse and mental health

In the Fragile Families Study, compared to their married counterparts, unmarried parents were more likely to suffer from depression than married parents and slightly more likely to report problems with alcohol. Likewise, unmarried fathers were twice as likely to abuse drugs, three times more likely to be violent, and almost seven times more likely to have been incarcerated (McLanahan, 2009). Healthy marriage and relationship education programs are designed to promote healthy relationships by enhancing parents’ relationship skills and

their conflict resolution abilities. Although some, if not all, will benefit from the acquisition of these skills, many will still need additional help including mental health services, employment services, and reentry programs after incarceration. Indeed, one of the biggest barriers to stable healthy marriages among black mothers is the lack of “marriageable men” due to low or marginal employment, substance abuse, and incarceration (Harknett & McLanahan 2004).

The need for a multi-faceted approach

It is unlikely that any one program will be a sufficient solution for economically disadvantaged parents. The unique challenges faced by these couples and the complexities of their lives defy naïve devices and quick fixes. Still, between 86 and 90% of low-income men and women surveyed in Florida, Oklahoma, and Utah agreed that it is a “good or very good idea” for government to develop programs to strengthen marriage and reduce divorce. An astounding 72 to 87% expressed that they would consider attending healthy marriage and relationship education workshops or classes to improve their own relationships if such were available (Dion, 2005). Research shows that people from economically disadvantaged backgrounds are just as likely to marry as those with more economic advantage. The problem is that their marriages are significantly more unstable than more affluent couples (Fein, 2004). Together the research suggests that an integrated approach, which increases the pool of marriageable men, improves knowledge about couple interactions and the skills needed to form enduring stable relationships, and encourages young men and women to delay fertility until they have found a suitable partner, is what is needed to break the intergenerational cycle of poverty.

Until recently, two barriers existed that hindered widespread implementation of healthy marriage

and relationship education programs among low-income families:

- 1) Few of these programs had been subjected to any rigorous evaluation (Carroll & Doherty, 2003; Halford, Markman, Kline, & Stanley, 2003); and
- 2) Most of the existing healthy marriage and relationship education programs had been developed for and tested on white middle-class populations, placing the appropriateness of many of these models for low-income, minority couples in question (Dion, Devaney, McConnell, Ford, Hill & Winston, 2003).

The next section surveys effectiveness trials of healthy marriage and relationship education programs that have been adapted or developed for use with low-income families.

Research Evidence for Relationship Education with Low-Income Families

Recently, numerous healthy marriage and relationship education programs designed or adapted for use with low-income families have been tested in the field. This section highlights the results of these implementation trials and presents evidence on the impact of healthy marriage and relationship education programs that enhance couple relationships to meet the goals of TANF Reauthorization.

First generation studies

In a report of the effects of healthy marriage and relationship education evaluation studies, Hawkins and Ooms (2010) separated studies into “first generation” and “second generation.” First generation studies generally referred to those evaluations of healthy marriage and

relationship education programs that occurred between the mid-1970s and about the mid-2000s. During this 30-year period, there were about 150 evaluation studies conducted (Blanchard, Hawkins, Baldwin, & Fawcett, 2009; Fawcett, Hawkins, Blanchard, & Carroll, 2010; Hawkins, Blanchard, Baldwin, & Fawcett, 2008). Meta-analytic studies of this body of research concluded that programs were generally effective, improving relationship quality from 40-50% and communication skills from 50-60%, and increasing marital stability (decreasing divorce rates) during the first two to three years for those receiving healthy marriage and relationship education programs (Blanchard et al., 2009; Fawcett et al., 2010; Hawkins et al., 2008). Although the majority of these studies were conducted on samples of white middle-class couples, they provided a rationale for a second generation of evaluation projects focused on couples who are economically disadvantaged or from high-risk populations.

Second generation studies

A growing number of healthy marriage and relationship education programs have been developed or adapted to better address the needs of low-income couples. In 2006 and 2011, the Healthy Marriage and Responsible Fatherhood Grant Program, administered by ACF's Office of Family Assistance (OFA), funded hundreds of grantees to deliver healthy marriage and relationship education and responsible fatherhood programs as demonstration projects. Additionally, ACF's Office of Planning, Research and Evaluation (OPRE) contracted with Mathematica Policy Research and MDRC to conduct two large randomized controlled trials to test the effectiveness of demonstration grant programs delivered through TANF programs and by community organizations. A recent ACF publication described 39 programs that were developed for low-income families and 54 studies that reported on their effectiveness (Avellar et al., 2012). Although the body of

rigorous research on the effectiveness of healthy marriage and relationship education programs among low-income couples is still small and admittedly there is still much to learn, promising progress has been made. The results from seven randomized controlled studies and a recent meta-analysis are presented below to describe the current state of the research.

Evidence of the long-term impacts of healthy marriage and relationship education

In a recent review, Cowan and Cowan (2008) described two randomized clinical trials that compared a parent-focused approach with both a couple-focused approach and a control condition. Parents and children were assessed before they entered school, at kindergarten, and in the first, fourth, and ninth grades. Both the parent-focused group and the couple-focused group went through a 16-week educational program that emphasized either parenting or healthy marriage and relationship education skills. The control group received a brief consultation. The studies concluded that, while both the parent-focused and the couple-focused approach were significantly different from the control in improving child outcomes, the parent-focused approach did not affect the couple relationship while the couple-focused approach impacted both parent-child relationship and the couple relationship. Compared to children in the control condition, children in both treatment groups showed better school performance and less aggression at the one-year follow-up, and fewer behavior problems ten years later upon transitioning into high school. Parents in the couple-focused approach also showed decreases in depression, marital conflict, and parenting stress. Furthermore, they maintained higher levels of marital satisfaction over time than the other two groups. Although both of these studies contained sizeable percentages of European Americans, similar results were found at the two-year follow up in an ongoing third

study with a sample of primarily low-income Mexican American families (Cowan, et al., 2009). A fourth trial with African American families is currently underway.

An effectiveness study with military couples

One longitudinal study used a randomized controlled design to examine the effects of *PREP Strong* with a military population (Stanley, Allen, Markman, Rhoades, & Prentice, 2010). Although military populations deviate in important ways from the characteristics found among fragile families, there are several important similarities:

- 1) In approximately 40% of the sample, at least, one member of the couple was an ethnic minority.
- 2) The families, while not low-income *per se*, had modest incomes (husband's modal income was \$20,000 to \$29,000 and wife's was \$10,000).
- 3) 69% of the couples experienced deployment for an average of 12 months prior to starting the program, creating a period of single parenthood.
- 4) High school diploma or equivalency degree was the modal level of education for 68% of husbands and 60% of wives.
- 5) Military personnel often suffer from traumatic experiences that have negative impacts on their marriages, making them more likely to divorce than the general population.

Another important aspect of this study was the delivery of the program. Twenty-seven trained chaplains delivered the program to the couples using a detailed manual, including scripts, a PowerPoint presentation, and exercises. At a one-year follow up the healthy marriage and relationship education program was found to significantly increase marital stability among military couples. Using an intent-to-treat model, couples receiving healthy marriage and

relationship education showed roughly one-third the risk of divorce compared to the control group. Additionally, preliminary analyses suggested that among couples that separated, those in the intervention group were more likely to have reconciled compared to couples in the control group who went on to file for or finalize a divorce. A five-year follow-up is planned to assess the long-term effects of the program among this important population.

Impacts on financial stress

The Fatherhood, Relationship, And Marriage Education (FRAME) intervention is a 14-hour psycho-educational intervention designed to reduce financial stress, strengthen coping skills, reduce couple conflict, and increase effective co-parenting among low-income couples (Wadsworth et al., 2011). Preliminary results of the randomized controlled study suggest that FRAME reduces financial worries, disengagement coping (e.g., avoidance, denial), involuntary disengagement (e.g., escape, emotional numbing), and depression, and increases primary control coping (e.g., emotional regulation-trend) and problem solving. Effects were consistently strong among women participants and mixed among males. Although the impacts on couple conflict and co-parenting will be forthcoming in reports on subsequent waves of data, the current findings suggest that FRAME holds promise as a healthy marriage and relationship education program that can contribute to positive changes in stress, coping, and stress responses for highly stressed families.

Two large randomized controlled trials

The Building Strong Families Study

The Building Strong Families (BSF) study is the first large-scale randomized controlled trial that measures the impacts of marriage and relationship education on romantically involved, low-income, unmarried parents close to the time of birth of their child. The study collected

over 5,000 pre- and post-measures across eight sites. The brief discussion that follows is drawn from the *BSF Early Impacts Report* (Woods et al., 2010) and *Implementation Report* (Dion, Avellar, & Clary, 2010) unless otherwise noted. These findings are limited to reports on the first follow-up period.

At first glance the findings appeared to be less than encouraging. Grouped across the eight sites, the intent-to-treat model found no significant impacts on couples' likelihood of staying together or marrying nor on the quality of their relationship. The BSF study did show significant impacts in several other areas. Participants attending BSF programs were more likely than the control group to report less depressive symptoms, less use of spanking, and reductions in parental stress.

Subgroup analyses also showed several significant impacts for program couples compared to controls such as:

- Increases in relationship quality among partners with less than a high school education;
- Increases in the quality of the relationship, in the likelihood to be living together (either married or unmarried), and to have remained faithful among couples who were doing better at baseline and attended at least 50% of the curriculum;
- More likelihood of African American couples developing positive conflict management skills, decreasing the rate of infidelity, decreasing abuse, and increasing their ability to co-parent; and
- At the Oklahoma site, improved couple relationship and father involvement.

In context, the BSF study may have revealed more about process and implementation than the ability of healthy marriage and relationship education programs to change behavior among low-income couples. For example, the amount

of curricula actually received by couples in the treatment group (i.e., dosage) was minimal on average and varied greatly across sites. Although the intent-to-treat model is necessary to maintain the benefits of randomization, high rates of nonattendance such as was evident in the BSF study introduce a bias against significant program impact and imply that alternative analytic methods be used. Given that Oklahoma – the site with the largest dosage rates – also had the strongest impacts, there is reason to believe that further efforts to refine healthy marriage and relationship education programs, and in particular retention strategies, will result in positive impacts.

The Supporting Healthy Marriage Study

In contrast to the BSF study whose focus was on low-income, unmarried couples, the Supporting Healthy Marriage (SHM) evaluation examined the effects of healthy marriage and relationship education on low-income, married couples. The purpose of SHM study was to strengthen couple relationships, which in turn would produce positive outcomes for parents and their children through the support they received in more stable and nurturing home environments. Unlike the BSF study that relied exclusively on survey responses, the SHM evaluation included survey and observational sources of data. At the 12-month follow-up, the key findings from the eight sites were that, relative to the control group, SHM couples:

- Showed a consistent pattern of small positive effects on numerous measures of the couple relationship. These included increases in marital happiness, warmth and support, and communication, and decreases in marital distress and negative behaviors and emotions.
- Reported less psychological abuse (men and women) and the men reported less physical abuse from their spouses.

- Reported lower levels of psychological distress as measured by feelings of sadness or anxiety.
- Were not found to have differences in marital stability (Hsueh et al., 2012).

The findings were consistent across sites and provide encouraging evidence of the effects of healthy marriage and relationship education programs with low-income married couples. Although there were no 12-month impacts on marital stability, other longitudinal studies have found that marital quality and psychological functioning are strongly related to future marital stability and to positive child outcomes (Cowan & Cowan, 2006; Cummings & Davies, 2002).

Meta-analytic study of low-income couples

Hawkins and Fackrell (2010) conducted a meta-analysis of outcome evaluation studies of healthy marriage and relationship education programs that targeted low-income couples. They identified 15 independent studies of healthy marriage and relationship education programs, of which only three were randomized controlled trials. (This study did not include the BSF and SHM studies.) The other 12 studies used some sort of quasi-experimental design. The results of the meta-analysis found overall modest but significant effects for relationship quality, commitment, relationship stability, and communication skills. Participants that received healthy marriage and relationship education were 20-30% better off than those who did not. When comparing the randomized controlled studies separately from the studies using quasi-experimental designs, the authors reported similar results.

Although much research has examined the impacts of family breakup on children, most of this research has been conducted on white middle-class men, women, and children. New research from the Fragile Families study and others, suggests that recipients of TANF programs have distinct challenges to family

formation that must be addressed with programs adapted to their particular circumstances if they are to be successful. Over the past 20 or so years, researchers and practitioners have developed healthy marriage and relationship education programs for low-income couples and tested their effectiveness with moderate but promising success. Much is yet to be learned about how to best address the needs of low-income families through healthy marriage and relationship education programs including the implementation strategies needed to bring to scale empirically supported programs. Still, the research to date provides growing evidence that healthy marriage and relationship education programming can be a tool in the effort to increase the quality of life for many.

What Works and What Doesn't in the Dissemination of Healthy Marriage and Relationship Education

Numerous organizations have implemented different aspects of healthy marriage and relationship education with couples from economically disadvantaged backgrounds across the nation. Lessons have been learned about capacity building, partnerships, recruitment and retention, and program adaptation. This section summarizes many of these lessons drawing from two primary sources: (1) the National Healthy Marriage Resource Center's Promising Practices Guide (McGroder & Cenizal, 2011); and (2) the results of the implementation studies conducted as part of overall evaluation of the BSF (Dion et al., 2010) and the SHM (Gaubert et al., 2010) studies. Together these reports provide a wide range of information on the implementation of healthy marriage and relationship education programs.

The need to build capacity

There were many challenges during the initial start-up phase for grantees funded by the ACF to deliver healthy marriage and relationship education services that differed by the grantee's context. Those who were already established, such as government-funded health or human service programs (e.g., TANF), had solid experience serving low-income mothers and their children, but faced challenges learning to recruit and serve fathers and focusing on couple relationships. Similarly, most had not delivered marriage and relationship curricula and needed to identify and train appropriate staff to be workshop leaders. Other grantees, who had a history of delivering healthy marriage and relationship education programs (e.g., independent contractors), were challenged to operate an effective program "to scale" including the management of Federal grants and conforming to government guidelines and expectations.

Recruitment strategies

Programs used a wide variety of recruitment strategies. For programs targeting unmarried parents, the maternal health care system was a common source of participants. This included engaging expectant mothers in prenatal care, prenatal clinics, childbirth education classes, and hospital maternity wards that typically serve low-income clientele. Other important sources were Supplemental Nutrition Program for WIC, Medicaid, and the Supplemental Child Health Insurance Program (SCHIP).

Other programs approached couples or individuals in low-income communities at grocery stores, basketball courts, barbershops, etc. in an effort known as "Street Outreach." Partnerships with other community organizations such as churches, day care centers, the YMCA, etc. also provided referrals to healthy marriage and relationship education programs. In Oklahoma, for example, the organization was able to create an elaborate network of more than 100 referral sources. Of

these sources, the top referral sources were contacted several times a week by the program staff and couples referred to the program were contacted within 24 hours of receiving the referral.

Most programs reported that more direct approaches to recruitment by staff were more effective than were more passive strategies like distributing flyers that invited potential participants to contact the program. Exceptions to this were the Oklahoma and El Paso programs that reported some success marketing the program in strategic geographic areas using billboards, conducting newspaper, television, and radio interviews, and placing door-hangers in low-income neighborhoods with coupons redeemable upon enrollment.

Although techniques varied across sites, government and social service agencies produced the highest number of overall referrals for enrollment. However, due to staff at these agencies not having time to make referrals, or not feeling competent to adequately describe the program, many healthy marriage and relationship education sites asked the agency to provide space for an information table in the lobby during peak business hours or to make presentations at group workshops or classes. Ultimately, as programs matured, word of mouth from satisfied "customers" became an important recruitment tool for many programs.

Staffing of recruitment efforts was also a challenge. After considerable turnover in staff responsible for recruitment, programs learned that providers of social services did not always have the skill set needed for the more direct recruitment approaches that were proving to be successful. Recruiters must be comfortable approaching individuals in public, be skilled at delivering a concise, compelling marketing message in a brief period of time, and be goal-oriented to meet monthly enrollment targets. Thus, many programs hired individuals with backgrounds in sales and marketing, which

proved to be much more effective in improving their recruiting capacity.

Strategies to promote engagement, participation, and retention

Despite best efforts, engaging low-income families to participate in a sustained educational program can be challenging. For example, McCurdy and Daro (2001), in a review of parent involvement in family support programs, reported that participation rates in voluntary programs typically range from moderate to low. Recognizing the challenges facing healthy marriage and relationship education programs to keep both partners engaged in services while they manage their often complex and busy lives, successful programs worked to make participants feel valued by providing accessible and welcoming environments and high quality services. Some examples include:

- Training staff in customer service techniques in order to build a culture of respect toward participants that included taking time to personally connect with the participants, making efforts to remember participant's names, and giving toys to children to play with while their parents participate in programs.
- Endeavoring to create a welcoming and bright environment for services and workshops by painting lobbies and rooms, furnishing workshop rooms with curtains and comfortable furniture for pregnant women, and providing special rooms for children to play games or do homework while parents attended classes.
- Creating a confidential space for enrollment and family support meetings.
- Conducting classes in accessible locations and during times when families can attend.

Identifying and overcoming barriers

Successful programs developed strategies to identify and address potential barriers to participation. Some of these practices included:

- Building in program supports such as child care, transportation to and from sessions, and meals before event sessions.
- Promoting quick group entry by reducing the lag time between enrollment and the first session.
- Building rapport to address participants' concerns of being judged and the fear of the unknown. Social events were planned to introduce new enrollees to other couples and program staff before the first group session.
- Providing incentives for participation. Oklahoma, for example, offered \$100 for the first session in an effort to engage the male. After males felt comfortable at the first session, they were much more likely to return.
- Maintaining ongoing weekly contact to inquire about issues and needs the couple may have and to provide reminders of upcoming sessions.
- Using "creative outreach" to re-engage couples. The Oklahoma program began using a strategy of seeking out participants who stopped attending by visiting them in their homes or at work, or meeting them at a restaurant or coffee shop. Eventually, several other sites adopted the practice as well.

Some race and gender differences

Few studies have looked at racial and gender differences in recruitment strategies for psycho-educational programs. However, among those that did the following was found:

- Females generally tended to have more positive attitudes toward help seeking than did males who had more attitudinal barriers. Higher educational status was positively linked to males' receptivity but not females'. There were no differences in the extent that males and females attach stigma to help seeking (Mackenzie, Gekoski, & Knox, 2006).
- A sense of trust between the couple and the provider tended to be especially important among men (Peters, Amos, Meshack, Yacoubian, & Essien, 2008).
- A strong barrier for couples in jointly agreeing to seek services was a lack of problem-solving skills (Fournier & Roberts, 2003).
- African Americans were more likely to use services provided by a church while Caucasians and Latinos expressed a preference for services provided by a private profession (Fournier & Roberts, 2003).
- Minorities tended to place greater emphasis on source and message style to determine credibility of the communication (Shade, 1982).
- Face-to-face recruitment strategies with bi-lingual staff were more effective especially among Spanish-speaking Latino populations (Miranda, Azocar, Organista, Muñoz, & Lieberman, 1996).
- Care must be taken with Institutional Review Board protocols for Spanish-speaking participants, who may misinterpret their meaning and intention (Le, Lara, & Perry, 2008).

Addressing needs through support coordinators and services

Because studies have shown that lives of unmarried parents are often complex with numerous challenges that might interfere with

program participation, many programs hired family support coordinators to meet with couples on an individual basis. The family support coordinators were charged with identifying and addressing a family's unique needs and to encourage program participation and the reinforcement of skills learned in programs.

Although most communities have multiple resources and services available to assist low-income families, many couples are unaware of these services or do not know how to access them. Many programs linked families to resources such as employment training, parenting classes, housing, child care, general education, and mental health (including substance abuse) treatment. Other programs offered some of these services in-house. All programs were required to screen for domestic violence at intake. Couples assessed to have issues with domestic violence were referred to an appropriate service and were not allowed to participate in the program.

Staffing programs

In their review of client motivation to attend programs, Gross and colleagues (2001) found that the characteristics of the program and staff were more important predictors of participation and dropout among low-income families than financial compensation. This suggests that great care should be taken in the hiring, training, and supervising of all staff, who interact with healthy marriage and relationship education participants. In one of the more successful healthy marriage and relationship education programs, potential marriage educator applicants were required to present on a topic of their choosing to a panel of staff. If they were not able to hold the attention of the staff for 10 minutes they were not hired. In order to ensure both high quality delivery and fidelity to the program, marriage educators were required to go through a five-day training in the curriculum, attend an entire workshop as a

participant, and then undergo 10 hours of supervision while delivering the curriculum.

The Integration of TANF and Healthy Marriage and Relationship Education Programs

TANF is one part of the safety net designed to help lift families out of poverty. It is important for policy makers and providers to recognize that no one policy will meet the needs of all families or even all the needs of any particular family. To be successful at addressing the complex issue of poverty, a coordinated approach that comprehensively addresses multiple needs is required. This section points to the need of a holistic approach that places family at the center of the development and implementation of policy and practice.

Healthy marriage and relationship education and the four purposes of TANF

The overarching purpose of the 1996 welfare reform was to reduce poverty by moving people from dependence on government assistance toward self-sufficiency. Still, as one researcher points out, programs designed to break the intergenerational cycle of poverty will have small impacts “as long as mothers continue to have children before they find a long-term partner” (McLanahan, 2009, p. 128). From this perspective, for government efforts to be successful a holistic family-centered approach is needed that (a) integrates healthy marriage and relationship education into TANF programs through strategic partnerships with community-

based organization and (b) informs the revision of rules that govern eligibility of TANF funds.

Previous AFDC rules created obstacles in which it was much more difficult for two-parent families to receive assistance compared to a single-parent family. In this system, if a mother married her children’s father or brought a stepparent into the home, she would often lose benefits. In the 1996 welfare reform, Congress replaced AFDC with TANF providing each state with a block grant to be used for cash assistance and other purposes that benefit needy families. Through the enactment of TANF, Congress articulated a program that would encourage the creation and stability of two-parent families and marriage as expressed in the four goals of TANF. Under TANF, states have wide latitude to allocate funds in any manner reasonably calculated to accomplish TANF goals.

Although most TANF funds are used to address job readiness and employment expressed in goals one and two, three of the four TANF goals focus on marriage and healthy families:

- Under goal two, non-custodial parents or working parents are eligible for TANF services. These services may include numerous job-related activities or support services such as healthy marriage and relationship education, and may be paid for with Federal TANF or State Maintenance of Effort (MOE) funds.
- Goal three allows for family formation support services including healthy marriage and relationship education to be provided to a larger population (i.e., not only the needy). However, under goal three the state must establish criteria for services rendered to the non-needy population, and cannot use MOE funds since they are reserved for needy families and individuals. Also under goal three is the provision for youth-based services that promote healthy

relationships and build a foundation for future healthy marriages. This would include abstinence and pregnancy prevention programs, and other programs and campaigns to bolster awareness.

- The fourth goal is broad enough to provide for any service that will assist in the maintenance and formation of two-parent families. Activities may include, but are not limited to, healthy marriage and relationship education and other services for both custodial and non-custodial parents, individuals, and couples.

The 2005 reauthorization of TANF underlined the Federal Government's focus on strengthening families by including \$150 million per year for State, Tribal, and Local governments; territories; and community and faith-based groups to develop and implement programs that support healthy marriage

activities. Since then, all 50 states have enacted some sort of healthy marriage and relationship education program to meet TANF goals, which include many of the above-mentioned activities. Still, due to the discretion states have in the use of TANF funds, which activities and to what extent they have been implemented varies considerably from state to state.

Forming collaborative partnerships as a way to integrate healthy marriage and relationship education and TANF

Because the TANF block grant program provides an annual lump sum of \$16.6 billion, with no allotted increases for recession, population growth, or rises in the cost of living, it has failed to keep up with inflation and has remained unchanged since 1996. As a result, the real value of the TANF block grant declined

On December 8, 2010, President Obama signed into law the Claims Resolution Act of 2010, which, among other things, authorizes \$75,000,000 for eight specified Healthy Marriage Promotion Activities:

- **Public advertising campaigns on the value of marriage and the skills needed to increase marital stability and health.**
- **Education in high schools on the value of marriage, relationship skills, and budgeting.**
- **Marriage education, marriage skills, and relationship skills programs that may include parenting skills, financial management, conflict resolution, and job and career advancement.**
- **Pre-marital education and marriage skills training for engaged couples and for couples or individuals interested in marriage.**
- **Marriage enhancement and marriage skills training programs for married couples.**
- **Divorce reduction programs that teach relationship skills.**
- **Marriage mentoring programs, which use married couples as role models and mentors in at-risk communities.**
- **Programs to reduce the disincentives to marriage in means-tested aid programs, if offered in conjunction with specified activities.**

28% by FY 2011. Tightening state budgets have also exacerbated challenges in meeting the needs of TANF eligible families. Challenges include rising caseloads for fewer workers, less resources, fewer supports (e.g., domestic violence, substance abuse, education and training, barrier reduction options), and changing policy priorities that further emphasize the "personal responsibility" requirement of PRWORA. Because healthy marriage and relationship education programs do not "count" towards the client's list of requirements to receive benefits, motivation to attend workshops is hindered. Clients usually qualify for more than one safety-net program (e.g., TANF, child support, food stamps). However, each of the programs frequently has their own set of requirements and can be conflicting, which further complicates attendance to non-required programs.

In this context of diminishing resources, it becomes increasingly important for TANF programs to partner with non-governmental organizations such as healthy marriage and relationship education providers, which help to expand the safety net and provide healthy marriage and relationship education services to TANF families. Recent studies have shown that when TANF agencies and faith-based and community organizations create strategic partnerships, families may experience greater success in moving toward economic self-sufficiency (Schneider, 2006). In 2007, OFA created the TANF Faith-Based and Community Organizations (FBCOs) Initiative to promote understanding of the kinds of collaborative partnerships that have been developed between TANF and Faith Based and Community Organizations (Hercik, 2009). Several partnership characteristics were shown to be significant predictors of success in how healthy marriage and relationship education programs can be integrated into TANF programs. They include:

- 1) Recognizing that common goals are important. Many healthy marriage and relationship education providers recognize the importance of a holistic approach to working with TANF families and incorporate job readiness, employment opportunities, parenting, nutrition, and other life-skills training into their healthy marriage and relationship education programs or develop partnerships with TANF-funded programs to meet the needs of their clients. Organizations that have well established and diverse networks of partners are better positioned to holistically address the needs of TANF clients.
- 2) Establishing clear boundaries between religious and social service programming. This is particularly important for healthy marriage and relationship education providers that are faith based.
- 3) Demonstrating success and the capacity to track data. This allows programs to make data driven decisions, which is essential for accountability measures and the monitoring of public funds.
- 4) Maintaining ongoing communication and capacity building that further strengthens inter-agency relationships. Both TANF officials and leaders of community organizations must promote the development of policies and procedures to facilitate cross-referrals and information sharing between programs. This goes beyond merely sharing data and information about cases to include updating partners on policy changes and program developments as they occur. Having a single point of contact between a community organization and the local TANF leadership is essential to the promotion of common objectives.

- 5) Having written agreements in the form of contracts or memorandums of understanding between the partners to improve the clarification of roles and the expectations for outcomes.
- 6) Co-locating services, where possible, to facilitate collaboration and make it easier for TANF recipients to participate in activities.

In one community organization, staff from the community organization participated in meetings with TANF case managers to help inform referrals and follow-up. At other organizations, an online TANF application process was used to integrate the TANF application process within the network of agencies serving low-income individuals in the area. This allowed families to apply for public assistance at the community organization.

The Need to Revise TANF Rules

In response to welfare reform, states took advantage of the new latitude in designing the rules affecting two-parent families of their TANF programs. Many states took action to eliminate old AFDC rules that had imposed more restrictive eligibility requirements for two-parent families. Some states created new income rules in how stepparent income was counted. Still others maintained strict eligibility requirements on two-parent families, varied waiting periods and time limits for eligibility, or had differing amounts of benefits for two-parent families but not for single-parent families (Ooms, Bouchet, & Parke, 2004). In sum, some states moved toward a more equal approach in dealing with two-parent families, some seemed to advantage two-parent families, and some continued to disadvantage two-parent families.

A number of research studies point to how welfare rules impact the family structure of low-income individuals. Studies that investigated the impact of AFDC rules on family structure were mixed. However, the most

comprehensive of these suggests that the AFDC program had an impact on the decision to marry, although the effects were small (Moffitt, 1992; 2001). Studies on the impact of HSS-sponsored waiver projects (programs that allowed several states permission to use an experimental design to study the effects of deviating from AFDC rules) found that rule changes (a) increased the proportion of two-parent recipient families who stayed married overall, (b) produced a large increase in marriage among women under age 25 who had not finished high school, and (c) reduced marriage instability (Gennetian, 2003; Miller et al., 2000). Studies looking at the effects of TANF on marriage structure are still scarce. However, Bitler and colleagues (2004) found that married couples receiving assistance showed decreases in their probability of divorce. Another study from the Fragile Families project found that while more generous benefits for unmarried parents did not affect their decision to marry, higher benefits were positively related to relationship stability after one year with each additional \$100 in cash benefits and food stamps incrementally reducing the probability of separation (Carlson, Garfinkel, McLanahan, Mincy, & Primus, 2003).

As described earlier in this brief, reports from the Fragile Families study suggest that low-income, romantically-involved mothers have a high opinion of marriage and see it as the best situation for raising a child. They also overwhelmingly want the father to be involved in raising their child, but are skeptical of marriage due to a lack of men with good jobs, fears of domestic violence, problems with trust associated with multiple partner fertility and infidelity, and problems related to alcohol and drug abuse. Although receipt of TANF cash benefits and programs could help alleviate some of these barriers, these women also report a lack of awareness that two-parent families can receive welfare. Approximately one-third believed a married couple could receive TANF cash assistance and about 50%

believed the same about cohabitating couples (Mauldon, London, Fein, & Bliss, 2002).

Together these studies have several important implications for the administration of TANF programs. First, they suggest that TANF benefits may have a positive effect on the stability of low-income couples' relationships increasing the probability that a child will live with both parents. Second, they also point to a need for a greater public education about changes in benefit rules so that more couples can establish a stable home for their child. Finally, benefits in the form of cash assistance are inadequate to help move couples toward marriage. Other programs that help couples overcome the barriers to marriage such as employment and job training, counseling for alcohol and substance abuse, domestic violence services, and marriage and relationship education tailored to the needs of this population are all needed to accomplish the four TANF goals laid out by Congress in the 1996 welfare reform.

In 2005, Roberts and Greenberg proposed a framework of five steps for states to take in the creation new rules for TANF: 1) identify and analyze the different family types to be addressed; 2) decide who should be involved in the process of designing changes in rules, including how to involve the domestic violence community in the restructuring efforts; 3) develop a set of new rules; 4) consider whether these rules should be implemented simultaneously and, if not, devise ways of implementing the rules over time or for a particular target population; and 5) develop a strategy for publicizing the changes.

Conclusion

There is a growing consensus that the complex problems experienced by the chronically poor cannot be resolved without comprehensive approaches that more seamlessly integrate community and government agencies. Kania and Kramer (2011) argue that broad cross-sector coordination is needed to create large-

scale social change. They note that “substantially greater progress could be made in alleviating many of our most serious and complex social problems if nonprofits, governments, businesses, and the public were brought together around a common agenda to create collective impact” (p. 4). In a study of low-income women leaving TANF, Parisi and colleagues (2006) show how limited social and economic opportunities, location, and poverty are intertwined. Pastor and Turner (2010) find that at best “one-dimensional revitalization strategies have limited impact” (p. 7).

This brief reviews how scholars, practitioners, and government officials are working together to address the underlying factors that cause poverty. Demographers and sociologists point out the alarming trends in family structure. Econometricians and family policy analysts show the high costs in human capital, State and Federal expenditures, and lost revenues that result from family dissolution. Legal scholars caution about the infringement on individual rights that policies might produce, but ultimately agree that government has a role to play in helping families. Family scientists, psychologists, and social workers have revealed important characteristics of low-income families and have led the way in developing interventions tailored to their specific needs. Prevention scientists from multiple disciplines have provided empirical evidence regarding which strategies for reducing family fragmentation are effective and how to better implement them on a large scale. Through the concerted efforts of numerous government officials, many of the “siloed” approaches of the past have been replaced with a more open dialogue focusing on collaborative solutions.

The available literature underscores the reciprocal relationship between poverty and family fragmentation; the deleterious effects of unwed childbirth and divorce on men, women, and children; and the need for comprehensive action that involves input from public, nonprofit,

and business sectors to improve the quality of life for our nation's poor. The 1996 welfare reform placed TANF programs at the heart of the nation's safety net for the poor. At the heart of TANF are the four purposes that delineate healthy marriages and the formation of stable two-parent families as a central focus of TANF programs and policies. As such, it is imperative for new research-based practices related to marriage and relationship education to continue to be integrated into TANF programs and for TANF officials to persist in their efforts to form effective partnerships with community organizations to address the needs of economically disadvantaged families.

Suggested Resources

State Policies to Promote Marriage: Attachment

A: Detailed Matrices –

<http://aspe.hhs.gov/HSP/marriage02f/attachment.htm> - Includes an inventory of state marriage policies in 10 broad areas.

U.S. Department of Health and Human Services, Administration for Children and Families, The Faith-Based and Community Initiative –

<http://www.acf.hhs.gov/programs/fbci/>

U.S. Department of Health and Human Services, Administration for Children and Families, Welfare Peer Technical Assistance Network –
<https://www.peerta.acf.hhs.gov> – Includes an online toolkit with examples of agreements used by TANF agencies.

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