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**Helping Unwed Parents
Build Strong And Healthy
Marriages:**

**A Conceptual Framework
For Interventions**

Final Report

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EXECUTIVE SUMMARY

Three of the four policy goals of the 1996 Personal Responsibility and Work Reconciliation Act involve family formation. These goals reflect a large body of evidence that documents negative consequences for children of nonmarital unions and single-parent households. Although there are exceptions, children raised in single-parent families are at greater risk of living in poverty and of developing social, behavioral, and academic problems than are children raised in married-parent families.

This report presents a conceptual framework for interventions that would address the needs and circumstances of unmarried parents and provide relationship skills instruction and knowledge for those who would choose to form and sustain healthy marriages. It builds on research indicating that the period around the time of a child's birth may represent a critical moment for strengthening couple bonds. The conceptual framework therefore focuses on designs for intervening with unwed parents just before or soon after the birth of a child. The conceptual framework is the product of several activities conducted in the Strengthening Families With Children Born Out of Wedlock study (Strengthening Families study).

STRENGTHENING FAMILIES STUDY

The overall goal of the Strengthening Families study is to develop a framework for intervening with "fragile families" just before or soon after the birth of an out-of-wedlock child. Fragile families are defined as economically and socially vulnerable unwed parents and their children.

To develop the conceptual framework, the Strengthening Families study involved:

- ***An Expert Panel.*** An expert panel comprising practitioners, policymakers, and researchers provided input with regard to areas relevant for strengthening family relationships.
- ***Review of the Literature.*** This review focused on the characteristics and needs of families with children born out of wedlock and on the theoretical constructs and empirical evidence related to marriage and strengthening couple relationships.

- ***Extensive Fieldwork.*** Telephone interviews with a broad range of programs and in-depth field research on selected programs provided useful information on programs that serve low-income families in general and on programs that focus on marriage and relationship skills and the transition to parenthood.
- ***Technical Assistance.*** Work with nascent state programs to encourage family formation and healthy marriages revealed the range of issues that state officials are facing in designing and implementing these programs.

OVERVIEW OF THE CONCEPTUAL FRAMEWORK

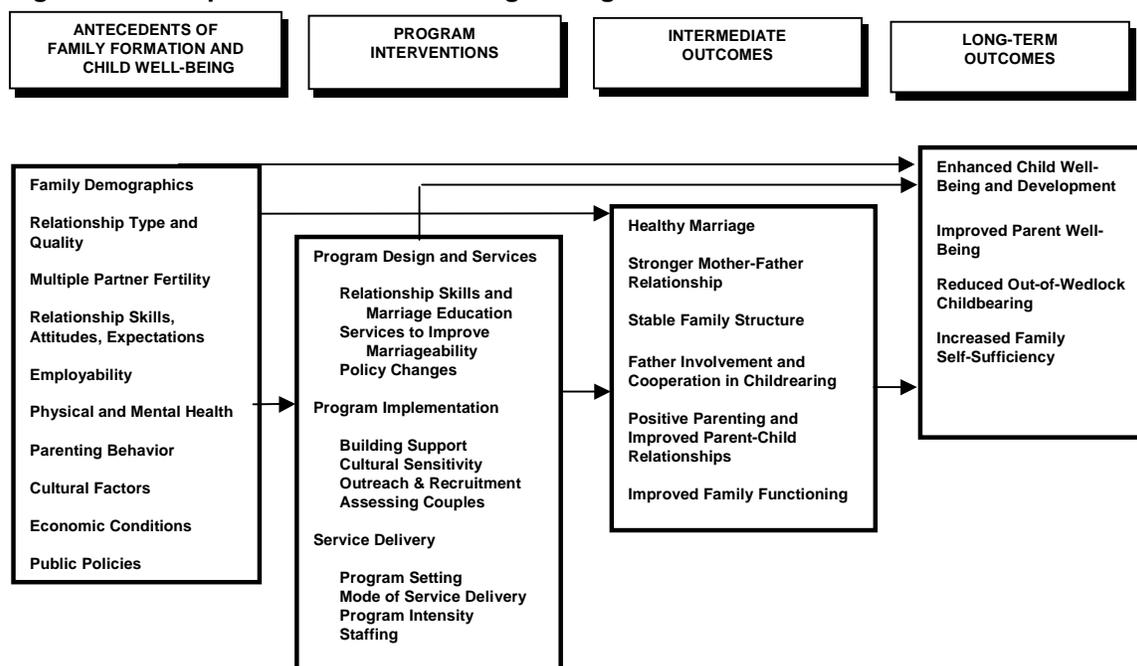
Figure 1 presents the Strengthening Families conceptual framework. It highlights the important linkages between the characteristics of families (column 1), program interventions to strengthen families with children born out of wedlock (column 2), intermediate changes in family and parent relationships (column 3), and longer-term behaviors and related outcomes potentially affected by program interventions (column 4).

Program interventions to strengthen families with children born out-of-wedlock are the primary focus of this conceptual framework (Figure 1, column 2). Three general program components are considered: services to improve couple relationships and promote healthy marriage, services to improve marriageability, and policy options to remove disincentives to marriage.

PROGRAM APPROACHES TO PROMOTING HEALTHY MARRIAGES BY STRENGTHENING COUPLE RELATIONSHIPS

In recent years there has been a proliferation of programs that seek to help couples avoid interpersonal behaviors that undermine their relationship and develop positive behaviors that nurture it. The common assumption of these programs is that couples can be taught the skills they need to strengthen their relationship. Marriage and relationship skills programs fall into three categories: (1) programs that primarily involve couples in classes, lectures, seminars, or workshops, (2) programs that use couple-to-couple mentoring, and (3) programs that start with an assessment, or inventory, of the couples' compatibility and relationship issues. Programs also vary by the target population served, which can be engaged or married couples, distressed couples, new parents, and middle- and high-school students. Marriage programs that intervene with couples around the time of their child's birth are especially relevant to a conceptual framework that seeks to strengthen new fragile families. Most researchers conclude that although the period around a child's birth is often joyful, the weeks and months afterward are typically stressful and can spawn maladaptive behavior patterns for a significant number of new parents—even among relatively advantaged middle-income families.

Figure 1. Conceptual Framework: Strengthening Families



Three program approaches to intervention during the transition to parenthood include:

- ***Educational Approach.*** This program approach uses classroom techniques to provide couples with the communication and conflict-resolution skills needed to successfully navigate the stressful period after childbirth and to prevent erosion in the marital relationship. This approach typically includes education on self-care and on the care and development of infants.
- ***Emotional/Social Support.*** An alternative approach for couples in transition to parenthood is to provide a supportive context in which they can process their feelings and learn from other couples who are also in transition. This approach takes the form of small couple support groups led by a mental health professional. The goal is to provide a safe place for couples to share their concerns about emerging family issues and to discuss actual, ongoing problems. Although the sessions should not be construed as group psychotherapy, they are therapeutic in the sense that couples receive emotional support in confronting real and present issues and in adjusting to their circumstances in a positive way.
- ***Combined Approach.*** This approach combines the two preceding approaches. It offers an educational component, such as a workshop, to teach specific marriage and relationship skills, encourage the positive involvement of fathers in their infants' lives, and teach couples how to form healthy bonds with

their infants. But it goes beyond the skills-based component to provide couples support group sessions that encourage the processing of thoughts, feelings, and experiences and help couples develop insight and understanding from other couples. The support groups also reinforce the information provided in the workshop.

In considering the application of existing marriage and relationship education programs to the low-income unmarried-parent population, three limitations suggest the need for adaptation. First, most marriage education programs were primarily designed for and tested with middle-income, educated, and mostly white families. Second, the programs were developed for and are primarily used with couples who are already married or engaged—rather than unmarried couples who are romantically involved. And third, although all socioeconomic population subgroups experience personal and social challenges, the conventional programs typically do not address such issues as employment, domestic violence, substance abuse, mental health problems, or other issues that can place considerable stress on couple relationships, and that are more commonly seen in low-income families.

PROGRAM INTERVENTIONS TO IMPROVE MARRIAGEABILITY

The target population for the interventions that could be developed on the basis of this conceptual framework is expectant or new unmarried parents. These parents, many of whom are low-income, are likely to face a range of personal and family challenges that may act as barriers to family formation and healthy marriages. In addition to strengthening relationships, it may be important to address such personal and family challenges so that unmarried parents become more capable, and more attractive as, marriage partners—that is, to enhance their “marriageability.”

Marriageability is conventionally defined as a person’s attractiveness as a marriage partner based on the human capital—education and employment history—that contribute to one’s labor market participation and earnings, and thus ability to help provide for a family. Marriageability can also be conceived more broadly as including personal resources and skills that, if improved, might make one more attractive as a marriage partner. Thus, the types of services that could improve marriageability are:

- ***Employment and Education Services:*** Employment services could include assistance with job search, on-the-job training, job development and networking, and classes in resume writing, interviewing, and “soft skills” such as the ability to show respect for authority and minimize conflict in the workplace. Programs may link participants to such training and education services as General Education Degree (GED) preparation, adult education, English-as-a-Second Language classes, and vocational training, all of which can lead to more and better job opportunities.

-
- ***Assessment and Services for Health, Mental Health, and Domestic Violence.*** Participants may need to be assessed for a variety of needs related to their personal health and well-being. Services could be arranged to address problems involving physical health, mental health (including depression, post-traumatic stress disorder, and generalized anxiety), and substance abuse/dependency.
 - ***Life Skills, Parenting and Child Development Education.*** Many programs for low-income families offer parenting education to help participants understand the stages of child development, develop relationship and communication skills, set appropriate household rules, and effectively discipline their children. Life skills services teach parents how to perform the activities and tasks needed to maintain a household and remain financially stable.
 - ***Co-Parenting and Responsible Fatherhood.*** Co-parenting services focus on the ability of mothers and fathers to work as a team to raise their children. These services encourage the financial and emotional involvement of fathers in their children's lives. They often work to instill values—such as honesty, honor and commitment—while helping the men to be responsible fathers and role models in their communities.

The offer and delivery of any of these services to improve marriageability must be undertaken with paramount concern that program participants not be encouraged to remain with abusers and put themselves or their children at risk. In some cases, for example, programs will work to help victims of domestic violence leave abusive relationships and achieve safety. For some participants, services can help perpetrators learn nonviolent forms of communication and practice anger management. Other services can help victims recover from psychological trauma so they can enter into healthy relationships in the future. These services may not only treat the problem but also help to make victims and abusers more aware of what constitutes a healthy relationship or marriage.

POLICY OPTIONS TO ENCOURAGE MARRIAGE

Most means-tested programs that provide benefits on the basis of family income—including Temporary Assistance for Needy Families (TANF), food stamps, Medicaid, childcare subsidies, housing assistance, and the Earned Income Tax Credit (EITC)—contain a disincentive for a second working adult to openly join the family. The income of an additional adult counted as part of the eligibility unit both increases the likelihood that the family will be ineligible for benefits and decreases benefit levels for eligible households.

Some aspects of the child support enforcement program may also discourage marriage. The large current child support obligations and arrearages facing many low-income fathers, as well as the large share of child support payments they make that is retained by the government, may contribute to the tension between parents and push fathers away from their families. On the other hand, empirical evidence suggests that states with stricter child

support enforcement have lower rates of divorce and out-of-wedlock births than do states with weaker enforcement.

Disincentives to marriage could be reduced by policy changes such as the following:

- ***TANF Policy Changes.*** Disregard some or all of the spouse or cohabiting partner's income; remove the categorical eligibility requirements for two-parent families that still exist in some states; provide a lump sum payment or higher monthly benefits for married couples; ease the work requirements on two-parent families; and provide financial security as welfare recipients move into the labor force.
- ***Child Support Policy Changes.*** Enforce child support policies more strictly; bring child support payments in line with the father's ability to pay and forgive some arrearages; reduce the amount of child support retained by the government; and require paternity establishment and determination of child support obligations for all unwed, cohabiting fathers.
- ***Other Policy Changes.*** Expand health care coverage for married-parent families, disregard all or some of spouse's earnings in determining housing assistance eligibility and benefits, reduce or eliminate any disincentives to marriage in child care policies, and reduce the marriage penalty in the tax system.

PROGRAM DEVELOPMENT

An overall program model could blend elements from each of the three general approaches. There are two possible paths for developing such a blended model: (1) modifying existing relationship skills and marriage education programs to include a focus on the needs and circumstances of unwed low-income families and (2) adding or strengthening a relationship component in a program that currently provides other services to low-income families.

Using the first approach, program development would entail modifying marriage education and couple relationship programs to serve a target population of expectant or new unmarried parents. One advantage of this option is that there is no need to adapt the program mission, goals, or core service components in order to provide couples with the skills needed to encourage, develop, and sustain healthy relationships and marriages. Because existing couple relationship programs have typically served middle- and upper-income married or engaged couples, however, this option may pose challenges with regard to fully reaching the target population—not only geographically, but culturally and linguistically as well.

The second option—adding a relationship component to a program that currently serves low-income families—is promising because many of these programs have a well-developed infrastructure and staff with strong awareness of the needs of such families.

Because such programs already serve a low-income target population, recruitment and enrollment procedures may be less of an issue. In addition, existing programs have organizational foundations and structures in place to deliver services, so adding new services may be more feasible than developing a new program. On the other hand, many existing programs are not oriented toward couples and, as a result, may find it challenging to incorporate a message about healthy relationships and marriages into the program's mission, goals, and services.

The choice of one program development path or the other may depend on the nature of the sponsoring organizations and the foundation of existing program services on which a new program is built. Organizations that already run programs focusing on relationship skills could modify their couple and marriage programs to address broader human capital and service needs of low-income couples. In contrast, public or community agencies that already provide services to low-income families—with home visiting programs, fatherhood interventions, prenatal care initiatives, or early childhood development programs—could strengthen or add a relationship or healthy marriage component to their services. The extent to which TANF and child support policy changes are integrated into either program model is likely to depend on the involvement of high-level officials in a state welfare agency or governor's office who can “champion” the new program, rallying the will and support needed to change current welfare or other social policies.

PROGRAM IMPLEMENTATION

Moving from a general program model to implementation is a complex, intensive, and ongoing process. It involves multiple decisions concerning building support, providing culturally sensitive services, conducting outreach and recruitment of program participants, assessing couples and families, and resolving service delivery issues such as the setting and mode of service delivery, service intensity, and staffing.

Building Support for a Focus on Healthy Marriage. Addressing marriage poses a dilemma for some programs and program staff, at least as they first design and implement a new program approach. This is especially true for staff working with existing programs that provide services to low-income families. They are often hesitant to encourage, or to discuss, the benefits or challenges of different relationship outcomes such as marriage for fear of either stigmatizing those couples who are not married or encouraging the continuation of unhealthy relationships.

Despite some uneasiness about promoting marriage, relationship issues are commonly discussed in the course of many services provided to low-income families. Program staff say they sometimes discuss topics like conflict, co-parenting, and communication with their participants, but this does not occur in a structured way, and the use of a formal research-tested curriculum is rare. Nevertheless, the natural interest in couple and family relationships provides an opportunity for encouraging healthy marriage, and creative ways to overcome the resistance to this goal need to be considered. Several possibilities are:

- ***Provide Information on Marriage Research and Marriage Education.*** Many individuals are unaware of the research showing that children fare best when raised by married parents. Others are unfamiliar with the array of promising program approaches that could, with some adaptation, be used to help couples who are interested in strengthening their relationships. Information dissemination efforts could involve addressing these “why” and “how” questions by:
 - Providing easy-to-read and readily understandable information taken from research on the beneficial effects of healthy marriage on child well-being
 - Compiling, disseminating, and demonstrating some of the most promising curricula used in marriage education and relationship skills programs
 - Suggesting areas for adaptation to make programs more appropriate for low-income unmarried parent couples

- ***Avoid Overstating the Research Findings.*** Presentations involving long lists of the statistics on better outcomes for children and adults in married households can come across as simplistic and as slights to the successes of single parents. This might be avoided if the presenters acknowledge that marriage is not for everyone, that getting married is not a sure path to positive outcomes, that the real goal is to improve the chance of success, and that, *other things being equal*, a healthy marriage gives parents and children a better chance of success in many spheres of life.

- ***Engage in Strategic Planning Discussions.*** It takes time and open dialogue to address initial resistance to the idea of healthy marriage as a program goal. Reaching out to key state and local agencies and community leaders (especially those involved with domestic violence issues), convening community or statewide meetings or workshops to discuss the role of healthy marriage promotion in a public program, and contacting other states or community organizations that are operating marriage initiatives are some ways to start and sustain the dialogue needed for buy-in.

- ***Provide Staff Training.*** The reluctance to promoting healthy marriage sometimes emanates from an inadequate understanding on the part of program staff about the nature of relationship education services or the conditions under which services would be provided. Staff may be concerned about the risk of encouraging individuals to remain in unhealthy relationships, or they may fear that the new initiative will require that they push marriage for particular couples. Investing in staff training may help to alleviate these and other staff concerns by presenting information on the content of the intervention and the circumstances under which couples would be eligible.

-
- ***Tailor the Intervention.*** Staff may be less resistant to marriage education and relationship skills instruction in programs in which client needs are assessed and services are tailored to them. In particular, unmarried parents in an abusive relationship and very young unmarried parents might need a different set of services to address their needs.

Providing Culturally Sensitive Services. Participants are more interested and motivated to participate in services that are sensitive to their culture and community. Culturally appropriate programs seek to understand the attitudes and values of the population being served and to integrate aspects of that culture into services. Programs do this in a variety of ways, including incorporating traditions and cultural teachings in curricula, hiring staff of similar backgrounds, and using cultural themes in program materials.

Conducting Outreach and Recruitment. Enrolling individuals in programs is often a major challenge faced by program staff. Even if a program is mandatory, eligible individuals in the target population need to be aware of their need for program services and the likelihood that the program services will benefit them. Much can be learned from the outreach strategies already used by some programs.

It may be easier to address outreach and recruitment issues if relationship services are being added to programs that already serve the target population. For example, programs focusing on early childhood development or those serving pregnant and postpartum women already have the infrastructure and a client base from which to recruit participants for additional services.

Assessing Couples and Families. Assessing the needs and circumstances of low-income unmarried parents can be critical to providing them with relevant services, including marriage and relationship education. Personal and family problems can act as barriers to stable and healthy relationships. They also have the potential to complicate the provision of services. In most cases, assessments could be used to tailor services to couple needs; in other cases, these assessments may screen individuals away from services that would not be relevant to them.

Service Delivery Issues. Programs developed to strengthen families will need to address the following service delivery issues:

- ***Context and Setting for Service Delivery.*** Settings that could serve as a base for service delivery are health care clinics and programs, welfare programs, early childhood education settings, faith-based programs, and community-based organizations.
- ***Mode of Service Delivery.*** Possible modes of service delivery are classes, lectures, seminars, or workshops; home visits; or support groups.

- ***Program Intensity.*** Programs often face a trade-off between providing fewer services to more people or providing more services to fewer people. Services can be considered as low, moderate, or high in intensity, depending on their frequency and duration, participants' exposure to the program, and extent of interaction between participants and program staff.
- ***Program Staffing and Training.*** Hiring and training high-quality staff to implement the program is key. Individuals who implement relationship and marriage education programs must be trained and certified in the use of the program's curriculum. One of the most important characteristics that staff must have is an understanding of and a sensitivity to the needs and challenges facing the service population with which they are working.

PROGRAM EVALUATION: DESIGN CONSIDERATIONS

To provide policymakers and other stakeholders with the most defensible evidence of the effectiveness of the interventions, evaluations should be based on random assignment, have a sample of families that is large enough so that policy-relevant impacts can be detected, collect a wide variety of outcome data, and follow the study families long enough to detect long-term impacts.

CHAPTER I

INTRODUCTION

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) is well known for seeking to reduce welfare dependency by requiring recipients to work toward self-sufficiency and by imposing time limits and sanctions for noncompliance. Less well known are the legislation's explicit provisions to promote the formation and maintenance of two-parent families, to reduce out-of-wedlock births, and to promote healthy marriage as a way to improve the economic self-sufficiency of low-income families. In fact, three of the four goals of PRWORA involve family formation. These goals reflect a large body of evidence that children of nonmarital unions and in single-parent households do not fare as well as children who live in married, two-parent households.

The Administration for Children and Families (ACF) of the Department of Health and Human Services contracted with Mathematica Policy Research (MPR) to conduct the Strengthening Families With Children Born Out of Wedlock study (referred to in this report as the Strengthening Families study). The study's major objective is to develop a conceptual framework for interventions that would address the needs and circumstances of unmarried parents and provide relationship skills instruction and knowledge for those who would choose to form and sustain healthy marriages. Building on research indicating that the period around the time of a child's birth may represent a critical moment for strengthening couple bonds, this conceptual framework will focus on developing designs for intervening with unwed parents just before or soon after the birth of a child. These parents, together with their child, are sometimes called "fragile families."

Fragile Families Defined

When an unwed couple has a child, the resulting family faces heightened vulnerability to a variety of economic and social problems affecting the couple, the parents as individuals, and the child. In particular, there is a high risk they will be unsuccessful in forming a sustained and close family unit. Because of these well documented risks and the consequences of nonmarital childbearing for parents and children, these families are now commonly called "fragile families."

This report presents the conceptual framework. This introductory chapter reviews the research and policy context for the Strengthening Families study, describes the study activities on which the conceptual framework is based, and presents an overview of the conceptual framework. Chapter II summarizes what is known about the antecedents of family formation and what the research suggests about opportunities for intervention. Chapters III, IV, and V focus on three general approaches to intervention—programs to improve couple relationships, services to improve marriageability, and policy options to remove disincentives to marriage, respectively. Chapter VI discusses program development options and implementation issues, and Chapter VII discusses evaluation design considerations.

A. RESEARCH AND POLICY BACKGROUND

The past several decades have ushered in dramatic changes in family formation. Although the vast majority of Americans embrace marriage as an ideal (Thornton and Young-DeMarco 2001), many do not marry, others are increasingly postponing marriage, and a high proportion of married couples divorce. These changes in the marital status of Americans have had profound effects on the living arrangements and well-being of children and families. Still, most unwed parents are both romantically involved and hopeful about the future of their relationship at the time of their child's birth (Waller 2000).

1. Unwed-Parent Families and Out-of-Wedlock Childbearing

One-third of all births in the United States are to unmarried women, up from less than 5 percent in 1940 and 7 percent in the mid-1960s (Ventura and Bachrach 2000). While most births to teenagers are out of wedlock, the bulk of nonmarital births are to young adult women over age 18. Nonmarital birth rates also vary significantly by race and ethnicity. In 1998, the number of births per 1,000 unmarried women was 90 for Hispanics, 73 for blacks, and 38 for whites.

The increasing rate of nonmarital childbearing has been accompanied by a significant rise in the rate of cohabitation, especially in the past decade (Bumpass and Lu 2000). Cohabitation increases the chances that a nonmarital birth will occur, and recent data show that nearly half of all unmarried couples are living together when their children are born (McLanahan et al. 2001). Cohabiting unions are less stable than marriage, and the children of these unions often are ultimately raised by a single mother (Smock 2000; Seltzer 2000; and Graefe and Lichter 1999).

The consequences of the decline in marriage and the increase in out-of-wedlock childbearing are not only widespread but also serious for the well-being of children, their parents, their communities, and society as a whole. Studies show children living in single-parent families generally are at greater risk for poor developmental outcomes, less stable family structure, and poverty or near-poverty than are children raised by their married parents (McLanahan and Sandefur 1994). Even when such important family characteristics as parents' income, race, and socioeconomic status are accounted for, children raised in single-parent families are more likely to have adverse health, behavioral, and academic

outcomes (Duncan and Brooks-Gunn 1997). They are also more likely to experience multiple living arrangements and to receive less supervision, care, and contact from both parents (McLanahan 1997).

In contrast, research shows that children who grow up with married, biological parents have better outcomes than children raised in a different family structure. On average, the former are more likely to be healthy, to complete high school, and to become economically self-sufficient adults; and in turn, they are less likely to be involved in drug and alcohol abuse or juvenile delinquency, or to become teen parents (McLanahan and Sandefur 1994).

2. Couple Relationships in Unwed-Parent Families

Some of the most informative data on family formation and couple relationships among unwed parents are emerging from the Fragile Families and Child Wellbeing Study, a large-scale data collection effort underway in 20 large urban areas. Unmarried parents are interviewed and followed over time. New mothers are interviewed in the hospital within 48 hours of giving birth, and fathers are interviewed at the hospital or elsewhere as soon as possible after the birth. Based on data on low-income unmarried parents from the Fragile Families study, the following research findings on low-income unmarried parents are especially interesting:

- ***Most Low-Income Unmarried Parents Are Romantically Involved and Have High Hopes for Their Relationships at the Time of Birth.*** Among low-income unmarried parents (those whose children's births are covered by Medicaid), the vast majority (82 percent) are romantically involved, about half are living together, and more than half of the mothers think their chances of marrying the fathers are "pretty good" or "almost certain" at the time of the birth. Most of the biological fathers are highly involved with and supportive of the mothers during pregnancy (McLanahan et al. 2001; Carlson 2002).
- ***Unmarried Parents View Marriage as Beneficial for Children.*** More than 60 percent of low-income unmarried mothers agree that "it is better for children if their parents are married." Even unmarried parents who are not romantically involved and those not cohabiting agree that marriage is better for children (Carlson 2002).
- ***Despite Initial Expectations and Hopes, Most Unwed Parents Remain Unmarried One Year After Birth.*** The 12-month follow-up survey data show that many couples' expectations about getting married do not materialize. In the Medicaid subgroup, fewer than 15 percent of the baseline cohabiters had married within 12 months. About 60 percent of those cohabiting at the time of birth were still cohabiting a year later. Couples who were "visiting"—romantically involved but not living together—were most likely to change the status of their relationship; that is, while almost one-third had moved in together, more than one-quarter were no longer romantically involved but remained "friends" (Carlson 2002).

- ***Unmarried Parents Have Lower Capabilities for Self-Sufficiency and Relationships.*** Despite a positive attitude toward marriage, good relationship quality, and high father involvement at the time of a birth, unmarried parents are limited in their ability to provide for a family or to sustain positive family relationships. As documented in the Fragile Families study, unmarried parents are more likely than married ones to have limited education, weak job experience, complicated family relationships, and a distrust of the opposite sex (McLanahan et al. 2001).

3. Program and Policy Responses

A variety of programs and policies have emerged in response to the problems associated with out-of-wedlock births and single-parent families. Some promote sexual abstinence outside of marriage. Others focus on reducing teen and nonmarital pregnancy. Still others promote responsible fatherhood and, more recently, focus on encouraging healthy and strong marriages.

Programs That Promote Abstinence Until Marriage. Some policy and program responses to the problem of out-of-wedlock births have focused on educating teens and adults on the value of sexual abstinence until marriage. Many states have implemented such programs using Section 510 funding of Title V of the Social Security Act, and these efforts are being evaluated (Devaney et al. 2002).

Teen Pregnancy Prevention Programs. This diverse set of programs intended to reduce unwanted teen pregnancies has been implemented in schools and communities across the nation. While some of these programs promote a strong abstinence-until-marriage message, others provide sex education and information on family planning. Numerous national pregnancy prevention efforts have been launched as well. The National Campaign to Prevent Teen Pregnancy—a private, nonpartisan coalition formed in 1997—enlists people in academia, medicine, social science, charitable foundations, the clergy, and the media to take a clear stand against out-of-wedlock teenage pregnancy.

Responsible Fatherhood Programs. Other program responses to the problem of single-parent families and out-of-wedlock births seek to promote responsibility among men who already have fathered children out of wedlock. Enforcing child support, establishing paternity early, and promoting the father's involvement in the child's life may act as a deterrent to additional nonmarital births. Responsible fatherhood programs are also intended to promote the well-being of children by ensuring that they have the financial and emotional support of both parents even if the family does not live together. To build a better understanding of the contribution of fathers and to promote responsible fatherhood, many public and private initiatives, programs, and research efforts have emerged nationwide (for example, the National Fatherhood Initiative, National Center on Fathers and Families, Federal Interagency Forum on Child and Family Statistics, Map and Track: State Initiatives to Promote Responsible Fatherhood). Other fatherhood programs, such as Partners for Fragile Families, take a "team parenting" approach, encouraging mothers and fathers to work together on behalf of their children whether they live together or not. Finally,

programs designed to promote the early development of children in low-income families, such as Early Head Start, have begun to focus more formally on encouraging father involvement.

Public Policies and Family Formation. An additional factor is the extent to which public policies might discourage marriage by reducing the combined income that cohabiting couples would receive if they marry. Disincentives to marriage exist in many tax and transfer programs that affect the poor, including TANF, Medicaid, food stamps, child care and housing subsidies, the Earned Income Tax Credit (EITC) and others (Steuerle 2001; Horn and Sawhill 2001). While many observers agree that such disincentives should be reduced (preferably in a comprehensive and systematic way), there is little consensus about how, or even if, explicit financial incentives for marriage should be implemented. This question is being debated in a number of forums across the country.

Some proposals suggest that cash bonuses should be used to encourage marriage (Rector 2000a). Other policies that might influence the family formation decisions of unwed parents relate to requirements associated with child support enforcement, paternity establishment, and welfare-to-work rules (McLanahan et al. 2000; Beeson and Primus 2001; Mincy and Dupree 2000; Turetsky 1999; Sorensen and Zibman 2000).

Programs That Encourage Healthy Marriage. Many “marriage education” programs have emerged in recent years to prepare couples for marriage or to strengthen existing marriages and prevent divorce (Sollee 2000). Developed primarily in response to the climbing divorce rates, marriage programs may focus on building relationship skills, address some of the stresses associated with the transition to parenthood, or offer marriage enrichment activities—often through mentors and clergy. These programs have access to many resources and curricula, some of which are research-based and have been evaluated. The vast majority of marriage interventions, however, have not been designed for or used with low-income unmarried couples who are parents.

Many states have sponsored initiatives to strengthen and promote healthy, sustainable marriages. Several states have enacted covenant marriage legislation, which permits couples to choose to be legally bound by more restrictive conditions for divorce. Some governors have established marriage commissions to develop policies that support marriage and families. A number of states have enacted laws to mandate or encourage either marriage education for high school students or brief premarital counseling for engaged couples. Finally, a few states—Oklahoma, in particular—are designing or implementing programs that provide relationship skills education specifically for low-income families.

B. STRENGTHENING FAMILIES STUDY

The goal of the Strengthening Families study is to develop a conceptual framework for interventions that would address the needs and circumstances of unmarried parents and provide relationship skills instruction and knowledge for those who would choose to form and sustain healthy marriages. The study builds on what is known about family formation in the low-income population from the disparate sources of information discussed above: (1)

trends in nonmarital childbearing and the adverse consequences for children, (2) Fragile Families data showing that new unwed parents initially have high hopes and expectations for marriage, and (3) an evolving and diverse set of program and policy responses to encourage healthy and stable marriages among low-income unmarried parents. The overall study plan is to develop program models that capitalize on the important strengths of unwed parents with newborns, nurturing the paternal instinct, the mother's desire to keep a father involved in the children's upbringing, and the couple's hopes for marriage. Strengthening these early bonds by helping families face the challenges ahead may lead to healthy and stable marriage and better outcomes for parents and children.

Helping couples achieve a healthy marriage is not the same as expecting they will have perfect marriages free of problems. Marriage experts generally acknowledge the inevitability of some degree of conflict in marriages, but distinguish healthy marriages as ones in which partners committed to each other share a common vision of their future, practice effective communication, and manage conflicts in a way that prevents the build-up of chronic hostility (Gottman and Silver 1999). The kinds of interventions described in this conceptual framework thus begin with a realistic and hopeful, rather than idealized, view of marriage.

To develop the conceptual framework presented in this report, the Strengthening Families study involved the following activities:

- ***Expert Panel.*** An expert panel comprising practitioners, policymakers, and researchers provided input with regard to areas relevant for strengthening family relationships.
- ***Review of the Literature.*** This review focused on the characteristics and needs of families with children born out of wedlock and on the theoretical constructs and empirical evidence related to strengthening couple relationships.
- ***Extensive Fieldwork.*** Telephone interviews with a broad range of programs and in-depth field research on selected programs provided information on programs that serve low-income families in general and on those that focus on relationship skills and the transition to parenthood.
- ***Technical Assistance.*** Working with nascent state programs designed to encourage family formation and healthy marriage, the study team was able to discern the range of issues that state officials are facing in designing and implementing these programs.

1. Expert Panel

The expert panel for the Strengthening Families study was designed to complement and extend the expertise of the project team. The panel includes policymakers and researchers known for their understanding of the following: marriage as an important social institution, marriage in different racial and ethnic subgroups, marriage policy, and the design and operation of programs intended to strengthen couple relationships. The panel also includes

individuals with expertise in child development and a substantive understanding of programs and services available to low-income families. Also included are practitioners who work directly with low-income families and therefore have first-hand experience with their needs and strengths. Appendix A lists the expert panel members.

The expert panel met twice with the study team and federal policymakers. The purpose of the first meeting was to obtain their guidance on how to explore or otherwise handle the following: background characteristics of low-income unmarried parents and their families, research findings and lessons learned from selected programs designed to strengthen marriage and programs that serve the target population of low-income unmarried parents, and issues to be considered in designing an intervention to promote healthy and stable marriage. The second meeting focused on an early draft of the conceptual framework. Feedback and guidance from panel members, as well as from additional experts and researchers, were incorporated into the final conceptual framework. Throughout the entire study period, the project team consulted with various members of the panel for their insight into specific issues or programs.

2. Literature Review

The literature review was intended to lay the groundwork for the conceptual framework and the intervention design. The review provided background data on unmarried parents and their families; research on the determinants of and barriers to developing and maintaining strong family relationships; information on the range of programs intended to strengthen marriage and those serving low-income unmarried-parent families; and evaluation design considerations. The major topics covered in the literature review were (1) trends in marriage, cohabitation, out-of-wedlock childbearing, and the effects on children; (2) descriptive information, including demographics, on unmarried parents and their children; (3) theories and empirical evidence on the reasons for the decline in marriage and the increase in out-of-wedlock childbearing; (4) theories and empirical evidence on approaches to strengthening couple relationships and promoting healthy marriage; and (5) information on the range of programs to support low-income families and their effectiveness.

3. Fieldwork

In-depth telephone interviews and site visits with an array of family intervention programs were major components of the Strengthening Families study. The primary purpose of these activities was to learn about the types of programs and services that could inform the development of the conceptual framework.

The first step in the fieldwork was to identify a broad range of programs as interview candidates. Interventions for low-income families exist in a variety of settings and involve an array of approaches and providers. For example, home visiting programs, maternal and child health services, early paternity establishment programs, child development programs, and responsible fatherhood initiatives operate across the country. Although it is rare that the primary goal of these programs is to promote healthy marriage and strengthen couples, they could either inform the design of a new intervention or be modified to include the strengthening of couple relationships as a more prominent goal. These programs and others

like them present an opportunity to learn not only about what types of approaches appear to work but also about the challenges involved in implementing programs serving low-income unmarried parent families.

An issue unique to such programs may be how to engage participants and make services accessible to unwed parents who do not necessarily live together. Many programs target the mother (e.g., Healthy Start), the father (e.g., Parent's Fair Share), or the child (e.g., an early childhood development program), but not the family as a whole. One promising service delivery method, especially for cohabiting couples, is home visiting, which has been effective in reaching young low-income mothers (Olds et al. 1999).

A list of potential programs was identified for fieldwork on the basis of the literature review and input from the expert panel and project consultants, experts in the field, federal staff, and national organizations. Project staff conducted in-depth telephone interviews with 21 programs, asking detailed questions about the following: program background and goals, population served, the point in a couple's life at which the program intervenes, services provided, curriculum, outreach efforts, how services are delivered (e.g., through classes or home visits), program scale, and other aspects of program implementation.

Table B.1 in Appendix B summarizes key information derived from these interviews. All programs had one or more of the following elements: a focus on strengthening couple relationships, a target population of unmarried low-income mothers or fathers, and an interesting and replicable service delivery or outreach approach. The programs could be grouped generally into one or more of the following categories: couple relationship, parenting, fatherhood, family support, health-based, employment-based, and community marriage initiatives.

Based on the in-depth telephone interviews, a set of programs was selected for site visits. The visits added more detail to what was learned from the interviews, including information on how important program elements are implemented and how they might apply to interventions designed to strengthen relationships among low-income unmarried parents. Project staff made site visits to the following five programs, which are also summarized in Appendix C:

- ***Baby Makes Three (Seattle)***. This program was developed by Dr. John Gottman, a well-known expert on marriage and couple relationships. Building on research indicating that marital conflict often increases when a baby arrives, the program provides an intensive weekend workshop focused on couple relationship skills followed by 12 support group meetings over the next six months. The goals of the workshop and support groups are to (1) strengthen couple relationships and marriages and to prepare couples for the stresses often experienced with the birth of a baby, (2) promote father (and mother) involvement in the family, and (3) teach expectant and new parents basic skills in infant and child development and parenting. The workshop is the skills-based component, and the support groups are the therapeutic component. The program, based in a hospital, is now

being evaluated in a three-year longitudinal study. The population served is primarily white, middle-class, and married.

- ***Bienvenidos Family Services (East Los Angeles).*** This program takes a comprehensive approach to serving low-income, mostly Hispanic families, potentially offering lessons for the design of interventions for similar families who face multiple challenges to a stable family life. It focuses on parenting skills, father involvement, and a wide range of support services such as domestic violence screening and counseling, referrals to employment and financial management services, substance abuse treatment, and health education. The program uses a variety of service delivery methods, including home visits, classes, and support groups.
- ***Center for Fathers, Families, and Workforce Development (Baltimore).*** CFWD has two primary components: Men's Services, which predominantly serves low-income black fathers, and workforce development efforts made possible through STRIVE, an intensive employment program for men and women. The goal of Men's Services is to help men become more active in their children's lives; it takes a comprehensive approach that includes case management, life skills development, and parenting education. STRIVE is an intensive job readiness workshop that combines critical thinking, self-examination, relationship building, affirmation, practical skill development, and two years of post-graduation monitoring and assistance in job retention and advancement.
- ***Children First (Tulsa).*** Children First is a nurse home visitation program for mothers who have little financial or social support and are expecting to deliver and parent their first child. Public health nurses conduct home visits during pregnancy and in the first two years of the child's life. The nurses use well-developed program protocols during these years, following a schedule of weekly, biweekly, and, eventually, monthly visits. They focus on the personal health of the mothers and children, the maternal role, personal sources of support, and accessing community resources.
- ***Prevention and Relationship Enhancement Program.*** The Prevention and Relationship Enhancement Program (PREP®) teaches couples skills and strategies for effective communication, problem-solving, and conflict management, typically over a six-week period. The idea is to prevent dissatisfaction, distress, and ultimately, divorce. PREP can be deployed in a variety of settings by a diverse group of individuals, including educators, counselors, clergy, mental health professionals, or lay leaders. Typical clients include married couples and those planning to marry. The program's five main objectives are (1) to develop and guide the practice of constructive communication and conflict resolution skills, (2) to clarify and modify relationship beliefs and expectations, (3) to promote and sustain fun, friendship, and spiritual connection in intimate relationships, (4) to develop an agreed-upon

set of ground rules for handling disagreements and conflict, and (5) to develop skills to enhance and maintain commitment.

4. Technical Assistance

State and local governments are increasingly developing and implementing policies, programs, and services to address or promote healthy marriage through their welfare and child support enforcement systems. An important component of the Strengthening Families study is to provide technical assistance to these agencies in designing programs and implementing systems to track outcomes related to these initiatives. Although technical assistance varies, it typically includes compiling and distributing relationship skills and marriage curricula, guidance in program design, advice on data collection needs, analyzing state survey data, conducting focus groups, and participating in research advisory panels. The technical assistance activities have also been valuable to the study team, building its understanding of how the goal of promoting healthy marriage is being interpreted and discussed by state and local government agencies and community-based organizations.

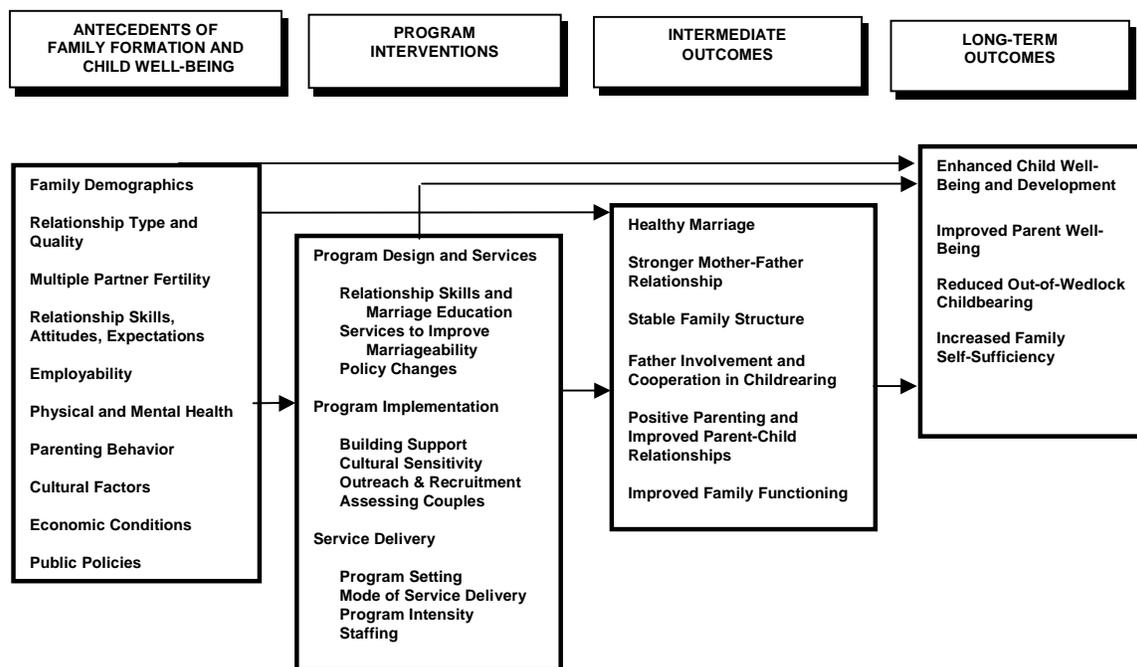
C. OVERVIEW OF THE CONCEPTUAL FRAMEWORK

The four study tasks described above—expert panel, literature review, in-depth fieldwork, and technical assistance—form the basis for the conceptual framework explained in the following chapters. Figure I.1 summarizes the Strengthening Families conceptual framework. This framework highlights the important linkages between family background (column 1), program interventions designed to strengthen families with children born out of wedlock (column 2), intermediate changes in family and parent relationships resulting from these interventions (column 3), and longer-term behaviors and related outcomes potentially affected by the interventions (column 4).

Antecedents of Family Formation and Child Well-Being (Column 1). The first component of the conceptual framework—which is the focus of Chapter II of this report—consists of the key antecedents of the longer-term outcomes of family formation and child well-being. These antecedents were identified through a review of the literature on the background characteristics and circumstances of families with children born out of wedlock. They may include, for example, demographic characteristics, the type and quality of the parental relationship, and multiple partner fertility. They also include parents' skills, attitudes, and expectations with respect to marriage and relationships as well their employability, physical and mental health, and parenting behavior. The antecedents of family formation also involve aspects of the broader environment, including the unemployment rate, cultural attitudes, and public policies such as the rules and benefits associated with public assistance, child support enforcement, and taxes.

These background factors will drive the design of program and policy interventions to strengthen families. They may also have important direct effects on long-term outcomes, or they may operate indirectly by influencing either program participation or intermediate outcomes, as shown in columns 2 and 3 of Figure I.1. In addition, background factors may be used to target families for certain program services and influence the likelihood that families will participate in the program.

Figure I.1 Conceptual Framework: Strengthening Families



Program Interventions (Column 2). Program interventions to strengthen families with children born out of wedlock are the cornerstone of this conceptual framework. As discussed in Chapters III through V, the following three types of program interventions are considered: relationship training and marriage education; services to improve marriageability; and policy options to encourage marriage. Marriageability is conventionally defined as a person’s attractiveness as a marriage partner based on the human capital—education and employment history—that contribute to one’s labor market participation and earnings. Chapter VI of this report discusses several key implementation issues: building support for a focus on healthy marriage, cultural sensitivity, outreach and recruitment of program participants, and assessing couples and families. That chapter also covers important service delivery features, including the context and setting, the mode of delivery, the duration and intensity of program services, and program staffing.

Outcomes of Program Interventions (Columns 3 and 4). Participation in programs to strengthen families is expected to influence the longer-term outcomes of child and parent well-being through effects on intermediate outcomes (column 3) or directly (column 4). As discussed in Chapter VII, intermediate outcomes include healthy marriage, stronger relationships between parents, a more stable family structure, increased father involvement and cooperation in childrearing, better parenting skills and parent-child relationships, and improved family functioning. Long-term outcomes involve child and parent well-being, reduced out-of-wedlock childbearing, and greater family self-sufficiency. Building on the conceptual framework, Chapter VII presents an evaluation strategy for estimating the effects of a broad range of program and policy interventions on outcomes. The recommended

evaluation strategy includes a comprehensive implementation analysis and an impact analysis. Together, these two components would provide information on how programs are implemented; descriptive information on the programs' target population, participants, and nonparticipants; and an estimate of the impacts of program and policy interventions on family formation and child well-being.

CHAPTER II

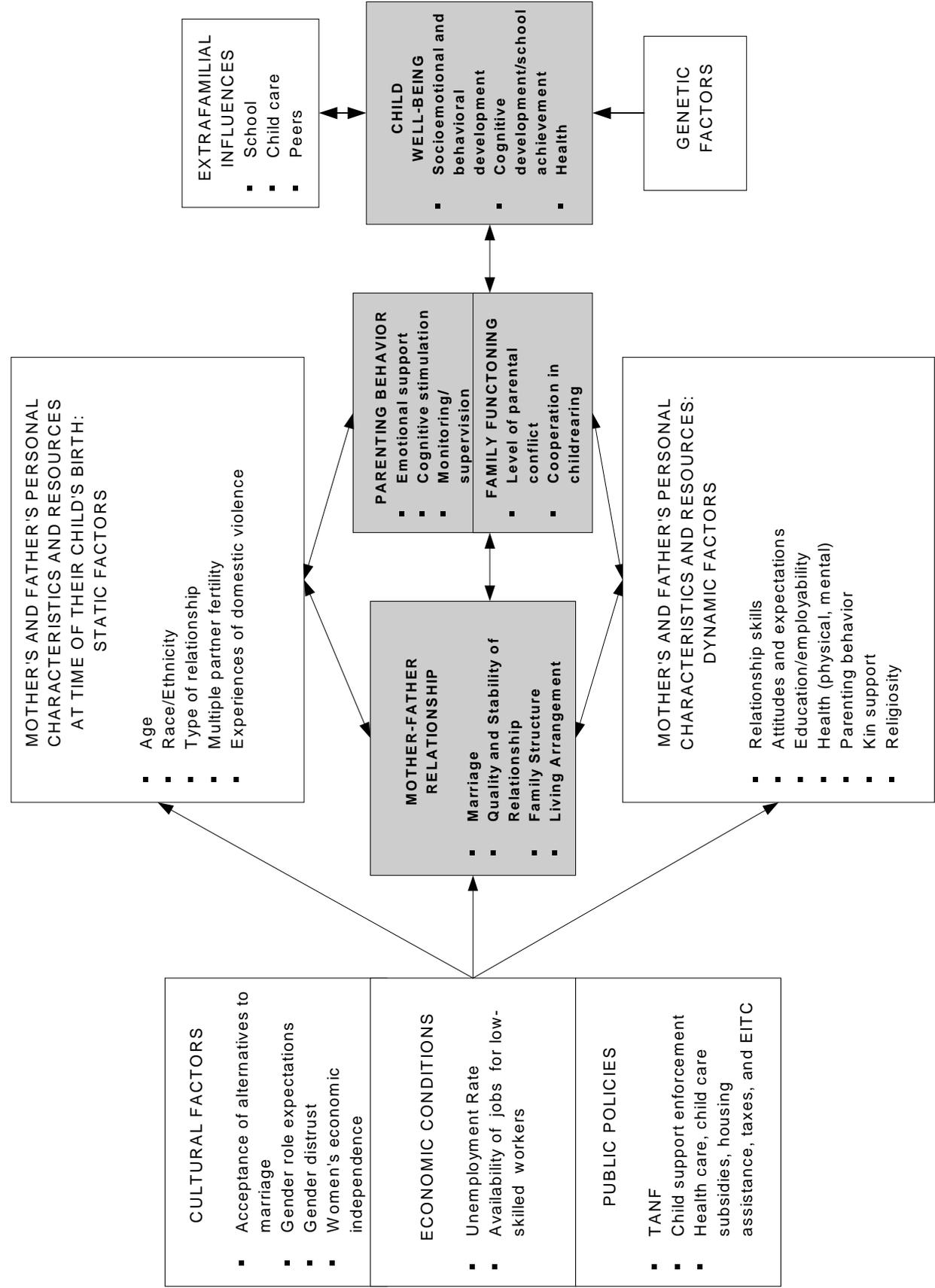
FAMILY FORMATION IN LOW-INCOME POPULATIONS

Interventions that seek to directly affect family relationships should be grounded in a thorough understanding of the context and circumstances under which parents decide to marry, cohabit, or live alone, and of how these choices impact their children. A large body of research shows family structure matters for children's well-being and development (McLanahan and Sandefur 1994; Duncan and Brooks-Gunn 1997; Amato 2001; Amato and Rivera 1999). Even after taking low income into account, findings show single parenting still contributes to lower educational attainment and more behavioral and psychological problems in children (McLanahan 1997). This chapter discusses factors of particular relevance to the formation and positive development of low-income families and their children, with the aim of identifying the most promising areas for intervention.

Children develop within a complex "ecosystem" of direct and indirect influences (Bronfenbrenner 1986). Figure II.1 displays some of these influences, with an emphasis on family-level factors because they are the predictors of most interest in this conceptual framework. Child well-being is shown as directly influenced by both parenting behavior and key aspects of the parental relationship and family functioning, such as the level of parental conflict and cooperation. In turn, parenting and family functioning are related to the quality, stability, and structure of the mother-father relationship. These family-related factors are associated with each parent's individual characteristics and resources. And all of these factors are embedded within, and often affected by, the broader culture, economic conditions, and the structure of tax and transfer policies.

FIGURE II.1

FAMILY FORMATION IN LOW-INCOME POPULATIONS



This chapter begins by discussing aspects of the broader environment that affect family formation, such as cultural attitudes and expectations regarding marriage and childbearing, the economy, and the structure of public policies for low-income families (Section A). Section B explores key characteristics that are static but nevertheless relevant here because they may suggest how to target interventions and identify which services are needed for different populations. Section C describes dynamic characteristics that can be improved by interventions. The chapter ends with a brief description of three broad opportunities for interventions (Section D).

A. ENVIRONMENTAL FACTORS

As shown in Figure II.1, broader environmental factors that are thought to affect family formation fall into three main categories: (1) cultural influences, (2) economic conditions, and (3) policies affecting low-income families. Some factors may affect family formation decisions directly, such as societal attitudes or policy disincentives for marriage. Other factors affect family formation through individual-level resources, such as employment and the ability to provide for a family.

1. Cultural Factors

Four key cultural factors may have an important influence on family formation: acceptance of alternatives to marriage, gender role expectations, gender distrust, and women's economic independence.

Acceptance of Alternatives to Marriage. In recent decades, Americans have dramatically changed their view of sexuality, marriage, and childbearing. Studies show men and women of different racial/ethnic groups and income levels see marriage as an ideal (Thornton 1989; Tucker and Mitchell-Kernan 1995; Tucker 2000; Oropesa and Gorman 2000; McLanahan et al. 2001). However, the “normative imperative” to marry has weakened since the 1950s, and there now is much greater acceptance of singlehood, cohabitation, and nonmarital childbearing (Thornton 1989; Thornton and Young-Demarco 2001). This mindset is reflected in changes in family formation over time. Fewer cohabitations result in marriage than in the past, more cohabiting couples are raising biological children together, and couples are increasingly likely to cohabit rather than marry in response to premarital pregnancy (Bumpass et al. 1991; Bumpass and Lu 2000).

Evidence suggests pro-marriage attitudes and acceptance of alternatives to marriage, while generally strong, may vary by racial and ethnic group. For example, nationally representative data indicate Mexican Americans are more supportive of marriage than are non-Latino whites or Puerto Ricans (Oropesa 1996). The meaning of cohabitation—whether a precursor or a substitute to marriage—also has been found to differ across racial/ethnic groups. Cohabitation appears to function primarily as a transition to marriage among whites but does not appear to be associated with later marriage among blacks (Manning and Landale 1996). Some scholars argue that the racial patterns in black marriage have their roots in long-standing cultural traditions that arose from slavery and Western African cultural traditions (Patterson 1998; Peterson 1991; Morgan 1993). Others make the

case that cultural norms cannot fully explain the racial/ethnic disparities in marriage rates and that changes in the structural supports for marriage, such as the availability of employment for low-skilled men, are more to blame (Furstenberg 2001; Wilson 1996; Anderson 1999; Sassler and Schoen 1999).

Gender Role Expectations. Some suggest that people now have higher expectations of marriage, and that women in particular expect more from their spouses in terms of respect, intimacy, and communication (Ooms 2002; Furstenberg 1996; Edin 2000). Researchers theorize that these higher expectations may arise from an increasingly blurred division of labor and specialization of roles within marriage. For example, household labor, including childrearing, now is divided somewhat more equally between men and women than in the past (Shelton 2000).

Expectations appear to differ across racial/ethnic groups as well. Black women appear to be less likely than white or Hispanic women to marry someone who will not provide financial security (Sassler and Schoen 1999; Edin 2000; Edin 2001). This pattern is confirmed in new national data showing the unemployment rate for men is more important in predicting the transition from cohabitation to marriage among black women than it is among white women (Bramlett and Mosher 2002).

Gender Distrust. Ethnographic research on unmarried low-income women suggests issues of trust between men and women can act as a serious deterrent to marriage in this population (Edin 2001). Edin found that women in the study did not trust men's ability to be sexually faithful or to be responsible with the family's money and with their children. Although many of these women said marriage is an ideal they aspire to, they voiced concerns about getting trapped in marriages that do not offer the benefits they expect and that they believe would only complicate their lives.

Women's Economic Independence. Scholars have theorized that the increasing economic opportunities open to women may reduce their incentive to marry by increasing their ability to support themselves financially outside of marriage. However, empirical research suggests earning more money may make women more, rather than less, likely to marry (Oppenheimer 2000; Lichter and Graefe 2001). One analysis using nationally representative data shows economic independence increases women's likelihood of marrying, particularly during their late 20s and early 30s (Sassler and Schoen 1999).

Role of Religious Institutions. Churches and other religious institutions can provide a key source of cultural support for marriage; indeed the vast majority of weddings occur in a place of worship. Religious institutions can encourage beliefs and behaviors that are conducive to the success of marriage, such as sexual fidelity and an ethic of sacrifice and commitment to the relationship. Yet as some scholars point out, one paradox of religious behavior in America is that of all racial/ethnic groups, African Americans have the highest rates of religious observance and the lowest rate of marriage (Wilcox 2002). Some surmise that this is because many black churches have responded to the high rates of nonmarital childbearing in their congregations by downplaying pro-marriage norms (Anderson, Browning and Boyer 2002; Wilcox 2002).

2. Economic Conditions

Researchers suggest that falling or stagnant wages and rising unemployment among low-skilled men may be contributing to a shortage of marriageable men, especially in black communities, and that this has contributed to the decline in marriage rates (Wilson 1987). Employed adults are more likely to marry; in one study, single black men who were steadily employed were twice as likely to marry as single black men who were not in school or working (Testa and Krogh 1995). Moreover, the relationship between economic factors and marriage has been found to be stronger for blacks and Hispanics than for whites (Tucker and Mitchell-Kernan 1995), and the relationship between marriage and employment may be growing stronger over time (Testa and Krogh 1995).

Recently released data confirm that community-level economic conditions are linked with marital stability. An analysis of national longitudinal data using five different indicators of community-level socioeconomic status (male unemployment rate, median family income, percent of families below poverty, percent of households receiving public assistance, and percent of college-educated adults) consistently shows community affluence was strongly associated with the stability of marriages and cohabitations, while community impoverishment was not conducive to these outcomes (Bramlett and Mosher 2002).

3. Public Policies

Many tax and transfer policies that affect low-income families include disincentives to marriage. Most means-tested programs base benefits on combined family income. Hence, a woman who marries a man with earnings (whether or not the man is her child's biological father) may suffer a reduction in a wide variety of benefits, including TANF, food stamps, Medicaid, housing assistance, and child care subsidies. A woman who does not marry but lives with the father of her child also is subject to these disincentives, but the disincentives to cohabitation are not as strong because it is easier not to report a cohabiting partner than to not report a spouse. Moreover, living with someone who is not the child's father may not reduce public benefits at all. Disincentives to marriage can be substantial; in Oklahoma, parents who cohabit but do not report their cohabitation may have total income (earnings and benefits) of up to twice that of married couples with the same earnings (Hepner and Reed 2002).

B. PARENTAL BACKGROUND CHARACTERISTICS: STATIC FACTORS

A wide variety of personal-level factors are associated with family formation. It is useful to consider these as either static factors, those that are relatively difficult or impossible to change through a direct-service intervention, and dynamic factors, those that are more amenable to change. This general logic has been used by developers of a variety of programs for families (e.g., Stanley 2001) and is useful in both determining the target population and the types of services that would be most beneficial for different populations. Figure II.1 shows some background characteristics of the mother and father that strongly influence family formation and that are static. These factors include the parents' age when their child was born, their racial/ethnic backgrounds, whether they have another child or

children by different partners, the nature of their relationship and plans for marriage when the child is born, and experiences of domestic violence.

1. Parent Age at Child's Birth

Many nonmarital births occur to teenagers; in the Fragile Families study, 29 percent of unmarried parents were 19 or younger when their children were born (Carlson 2002). These parents were less likely than older parents to marry one another. Moreover, couples who first marry before age 20 are more likely to divorce than people who first marry between 20 to 23 (Johnson et al. 2002). Researchers surmise that because adolescents have not yet matured, they are less prepared to assume the responsibilities of marriage (Booth and Edwards 1985).

2. Racial/Ethnic Background

Racial/ethnic differences exist in marriage patterns, family structure, and family formation. For example, among welfare recipients, more than 82 percent of blacks have never married compared with 45 percent of whites and 58 percent of Hispanics (Jacobson 2002). However, research is inconclusive about whether these racial/ethnic differences reflect structural differences in factors correlated with race/ethnicity, such as the availability of jobs, rather than attitudinal or cultural differences. A recent analysis finds disparities in views about marriage account for only a small proportion of differences between the marriage rates of blacks and whites; economic factors play a much bigger role (Sassler and Schoen 1999).

3. Type and Quality of Relationship at Child's Birth

It was once thought that most children born out of wedlock were the product of casual sexual liaisons, characterized by less-than-meaningful relationships between the adults. The Fragile Families study shows this largely is not the case. As noted in Chapter I, more than 82 percent of low-income unmarried couples said they were romantically involved with each other when their children were born, many were cohabiting, and many expected to marry (Carlson 2002). It also is true that 10 percent of unmarried couples reported having little or no contact with each other and consequently were unlikely to develop an interest in marrying one another.

4. Multiple Partner Fertility

Parenting and couple relationships can be particularly complicated if one or both parents have children with other partners. According to a recent analysis of the Fragile Families data, 36 percent of both mothers and fathers have children with other partners (Mincy 2001). Of those mothers who have two or more children, more than half have a child by someone other than the father in the study. Multiple partner fertility is found to be more common among blacks (46 percent) than whites or Hispanics (22 and 29 percent, respectively). It is more common among mothers 25 years and older (who are more likely than younger women to have had two or more children) (Mincy 2001). Some evidence

suggests multiple partner fertility discourages marriage (Lichter and Graefe 2001; Mincy 2001). Mothers may be reluctant to marry fathers with financial and emotional responsibilities to other children, and fathers may be reluctant to take responsibility for nonbiological children.

5. Presence of Domestic Violence

Domestic violence is a clear indicator of a poor-quality relationship. The prevalence of domestic violence is estimated to be higher among low-income populations compared with the general population. Studies suggest the rate of past-year domestic violence among the welfare population ranges from about 10 to 31 percent (Danziger et al. 2000; Raphael and Haennicke 1999). However, only 4 to 5 percent of low-income, new, unwed mothers in the Fragile Families study reported their children's fathers were sometimes or often violent or often criticized or insulted the mothers in the month before the children were born (Carlson 2002).

In general, the prevalence of domestic violence typically is higher for lifetime occurrence compared with reports of current experience. This is likely to be true for comparisons of past-month and past-year violence, which may partially explain the discrepancy between the lower rate of reported violence in the Fragile Families sample compared with other studies of low-income families. It is also possible that domestic violence is less prevalent in the month preceding a child's birth.

C. PARENTAL RESOURCES AND CAPABILITIES: DYNAMIC FACTORS

Some parental characteristics that affect family formation and child well-being can be changed (Figure II.1). Interventions may change parents' relationship skills and attitudes and expectations about marriage. They may increase the potential to become successful mates and parents by, for example, improving parents' prospects for employment or their physical and mental health. Healthy men and women with steady employment prospects are more likely to be good providers for their children and to be more attractive as mates.

1. Relationship Skills

The quality of relationship skills (such as the ability to deal effectively with interpersonal conflict) among the low-income population nationally is unknown. But evidence from a statewide survey in Oklahoma suggests low-income¹ married adults exhibit greater frequency of negative interaction, less commitment, and a lower frequency of going on dates with their spouses compared with the general population (Johnson et al. 2002). Those respondents reported less marital happiness and satisfaction and more marital instability than other survey respondents. It is possible that financial hardship predisposes low-income couples to

¹Defined as adults who currently were receiving or who had at one time received government assistance in the form of TANF, food stamps, or Medicaid.

greater difficulty managing interpersonal conflict because of the higher levels of stress they typically experience. It is also possible that poorer interpersonal skills lead to poorer employment performance and thus financial hardship. In either case, strengthening relationship skills may be especially important for this population.

2. Attitudes Toward Marriage and Cohabitation

New unwed parents typically have a positive attitude toward marriage. At the time of their children's birth, the majority of unmarried mothers (64 percent) and fathers (77 percent) in the Fragile Families survey agreed or strongly agreed with this statement: "It is better for children if their parents are married" (Carlson 2002). Even the majority of couples in the study who were no longer romantically involved agreed children would be better off if their parents married.

A positive attitude toward marriage is a good predictor of later marriage. The Fragile Families study finds unwed parents who believe marriage is good for children were more likely to be married one year later (Carlson 2002).

Some evidence from the Oklahoma survey suggests low-income adults (not necessarily new unwed parents) may not be as positive about marriage but more accepting of cohabitation and nonmarital childbearing than adults in the general population. Similar to the findings in the Fragile Families study, about 60 percent of low-income respondents in the Oklahoma survey agreed people who have children together ought to be married (Johnson et al. 2002); in comparison, 77 percent of Oklahomans in the general population agreed with this statement. About 50 percent of low-income adults in Oklahoma agreed cohabitation is an acceptable arrangement compared with 35 percent in the state's general population. Low-income adults also indicated greater openness to divorce, being more likely to believe that parents who do not get along or who no longer love each other should divorce even if they have children (Johnson et al. 2002).

3. Education and Employability

Many low-income unwed parents have low education and/or low earnings. About 45 percent of low-income unmarried mothers and 38 percent of unmarried fathers in the Fragile Families study had not finished high school, and 4 percent had attended college when their babies were born (McLanahan et al. 2001). About 40 percent of mothers and 19 percent of fathers earned less than \$5,000 in the 12 months before the study.

People with low education and earnings are not as likely to marry (White and Rogers 2000; Carlson 2002) because they are viewed as less attractive potential spouses. Lack of employment prospects, economic instability, and low income also create stress for families and may be key factors in causing relationships to fail.

4. Physical and Mental Health

Evidence suggests low-income families have poorer health—including chronic conditions, functional limitations, and disabilities—than people in the general population (Zedlewski and Alderson 2001). A nationally representative study that interviewed adult welfare recipients shows 17 percent said health problems limit their ability to work. In addition, many parents who were terminated from TANF because of sanctions reported they were unable to comply with the program's requirements because of a health condition, illness, or disability (Sweeney 2000). Such problems can affect many spheres of a person's life, including the ability to contribute to daily household tasks and chores, and to carry out parenting tasks. These limitations can further stress a couple's relationship.

Substance abuse and dependence bring special challenges to the formation and maintenance of strong and healthy relationships and marriage. Depending in part on the measure used, the percentage of welfare recipients with substance abuse problems ranges from 16 to 37 percent (Center on Addiction and Substance Abuse 1999). Substance abuse and dependence have major implications not only for employment, but also for the quality and stability of family relationships, marital interaction, and parenting behavior.

Mental health conditions are clearly related to marital quality, stability, and satisfaction (Davila et al. 1997; Regier et al. 1993; Whisman et al. 2000), and adults receiving government assistance are more likely to suffer from psychological problems. According to national data, 22 to 28 percent of welfare recipients are estimated to have poor mental health (Zedlewski and Loprest 2001). And many welfare recipients suffer from more than one mental health problem (California Institute for Mental Health 2000). The types of mental health problems most prevalent among welfare recipients are:

- **Major Depression.** Welfare recipients are at greater risk than the general population for major depression (Moore et al. 1995; Quint et al. 1997). More than one-quarter of a sample of welfare recipients in an urban Michigan county was classified as having a major depressive disorder compared with 13 percent in the general population (Danziger et al 2000). The CalWORKS Prevalence Project finds 22 percent of current recipients in one California county and 36 percent of welfare applicants in another county could be classified as having major depression (Chandler and Meisel 2000).
- **Generalized Anxiety Disorder (GAD).** GAD is estimated to be present in about 4 percent of women in the general population, according to the National Co-Morbidity Study, the largest nationally representative epidemiological study of mental health in the United States. But recent studies of welfare recipients find higher rates of this disorder: about 7 percent in the Michigan study and 9 to 10 percent in the California samples.
- **Post Traumatic Stress Disorder (PTSD).** The rate of past-year PTSD in the Michigan and California studies ranged from 13 to 14 percent compared with a prevalence of 3.4 percent in the National Co-Morbidity Study. State-level studies

find welfare recipients are more likely to experience traumas (such as domestic violence and rape) and to have suffered traumas (such as physical or sexual abuse) in their families of origin. These types of events put them at risk of PTSD (Curcio 1996; Butler and Burton 1990; Chandler and Meisel 2000).

5. Parenting Skills

Parenting behavior, parent-child interaction, and aspects of the home environment are important predictors of children's development (Maccoby and Martin 1983; Bradley et al. 1989; Bornstein 1995; McLoyd 1990; Patterson et al. 1989). Therefore, many interventions for at-risk families focus on strengthening parenting skills, including teaching strategies for providing adequate cognitive stimulation and emotional support to children and teaching positive discipline.

Yet parenting cannot be separated from the overall context of family structure and parental interaction. In a longitudinal study of new parents, negative marital interaction, such as tension and unresolved conflict, was associated with harsher parenting, less warmth, and less encouragement of children's autonomy (Cowan and Cowan 2002). Parenting skills also may affect the likelihood of family formation. In considering marriage, an unwed parent may take into account a potential mate's ability to effectively parent the children.

6. Kin Support

The influence of extended family may affect family formation decisions and parenting of low-income couples. Couples may receive support from extended family in the form of money, help with child care, encouragement, or guidance. Alternatively, the extended family could complicate a couple's decision to stay together and/or marry. Sometimes, family members do not approve of their loved one's choice of partner or the fact that there is a child out of wedlock. This can be an important issue with regard to teen parents, many of whom are still living at home under the authority of their parents.

The involvement of extended family also can create conflict around childrearing, creating implications for the children's well-being and development of the parental relationship. A study of young black mothers, their preschool children, and the grandmothers of the same children show more favorable parenting as well as grandparenting when the mothers and grandmothers are *not* living together (Chase-Lansdale et al. 1994).

7. Religiosity

Religiosity is associated with higher rates of marriage and marital stability (Thornton et al. 1992; Bumpass 2000). Data from the National Survey of Family Growth indicate that women who report their religion is not important are less likely to marry than other women (Bramlett and Mosher 2002). A recent analysis of Fragile Families data supports the idea that religious institutions and observance play a key role in the likelihood of marriage (Wilcox 2002). The study shows unmarried mothers who attend church frequently are 90

percent more likely to marry within 12 months of their children's birth compared with unmarried mothers who do not attend church frequently.

D. OPPORTUNITIES FOR INTERVENTION

Some of the static parent characteristics discussed in this chapter are factors for which individuals and couples should be assessed (young age, multiple partner fertility, lack of interest in marriage, and presence of domestic violence) because they may define subgroups that may not be appropriate for interventions that seek to strengthen relationships and promote healthy marriages between parents. These subgroups could, however, benefit from other services or interventions that could reduce further nonmarital childbearing and promote cooperation between the parents to maximize the potential for positive involvement of both parents in their child's life.

The environmental factors and the dynamic personal characteristics that affect family formation discussed in this chapter suggest types of services that could be provided or policies that could be changed for those unwed adult parents who do choose to marry. The following three broad types of interventions are discussed in the next three chapters of this report:

- ***Programs to Improve Couple Relationships.*** Two important dynamic factors that determine family formation and relationship success are the quality of relationship skills and attitudes and expectations about marriage. Couple relationship and marriage education programs—discussed in the next chapter—are intended to improve these skills and to change attitudes and expectations that might otherwise interfere with healthy relationships and marriages.
- ***Services to Improve Marriageability.*** Other dynamic factors that affect family formation—education and employability, physical and mental health, and parenting skills—affect family formation by making parents more attractive as marriage partners. Services to improve marriageability of parents are discussed in Chapter IV.
- ***Public Policy Changes.*** Changes in policies are required to reduce the disincentives embodied in many public policies. Because many unwed parents have low incomes, such policies may be significant deterrents in their decisions to marry. Possible policy interventions are discussed in Chapter V.

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CHAPTER III

APPROACHES TO MARRIAGE AND RELATIONSHIP EDUCATION

A variety of services, programs, and curricula has been developed in the past 30 years to impart skills and provide support to couples to help them prepare for and sustain healthy and satisfying marriages. In contrast with earlier approaches, such as individual couples therapy and counseling focused primarily on repairing troubled relationships, these newer marriage and relationship education programs generally take a preventive approach. They seek to prevent marital distress and dissolution by educating couples in relationship skills. Interest in marriage and marriage education has evolved into a movement with gathering momentum in recent years, largely in response to high divorce rates and the rising tide of family breakdown. Practitioners, lay persons, and clergy members are increasingly being trained in various marriage education methods (Sollee 2000). In 1997, the Coalition for Marriage, Family and Couples Education began gathering program developers at an annual conference to raise awareness of the new approaches and to provide training opportunities for a wide variety of practitioners.

These marriage and relationship education programs form one of two broad strategies to strengthen families and promote healthy marriages. The other broad strategy is community-wide marriage initiatives. Community-wide initiatives focus on building public support and changing community norms and attitudes toward marriage. Media campaigns can be a major part of such efforts, as in the First Things First initiative in Chattanooga, Tennessee, and the Greater Grand Rapids Community Marriage Initiative in Michigan. Collaboration with community-based organizations or schools to encourage development of relationship-skills programs is usually a critical component of community-wide initiatives. Marriage commissions and statewide conferences or workshops provide additional visibility. These community initiatives can be an important part of long-term strategies to reduce the prevalence of divorce and the number of children who grow up without one of their parents.

It is likely, however, that the approach to encouraging healthy marriages among unwed parents will need to be more focused because of their special characteristics. Therefore, this study focuses on targeted marriage and relationship education programs rather than

community-wide initiatives. The curricula of these targeted programs may serve as an important resource in the design of interventions to strengthen relationships and encourage healthy marriage among unwed parents. Although most marriage programs have not been used with low-income populations and were not designed for unmarried couples with children, they could be adapted or modified for use with this more specific population. One advantage to modifying existing programs and curricula, instead of designing new programs from scratch, is that many existing programs are based on a substantial foundation of research.

Marriage education programs have been developed for or used with individuals or couples in various stages of relationship. Programs exist for (1) youth who may or may not be currently involved in romantic relationships, (2) engaged couples, (3) married couples, (4) couples making the transition to becoming parents, and (5) married couples in distress. Selecting programs and curricula that match the needs of the target population is likely to increase program effectiveness. This chapter discusses, in Section A, subgroups of the low-income population and the general types of services that (perhaps with some modification) would be most likely to benefit them. Section B describes existing program approaches to marriage and relationship education. Programs designed to help couples strengthen their relationships during their transitions to parenthood are discussed in some detail, because new unwed parents are the families of most interest in this study. Section C reviews research findings about several program models that could form the basis for interventions with low-income unmarried parents, and Section D discusses how these programs might be adapted or applied to that population.

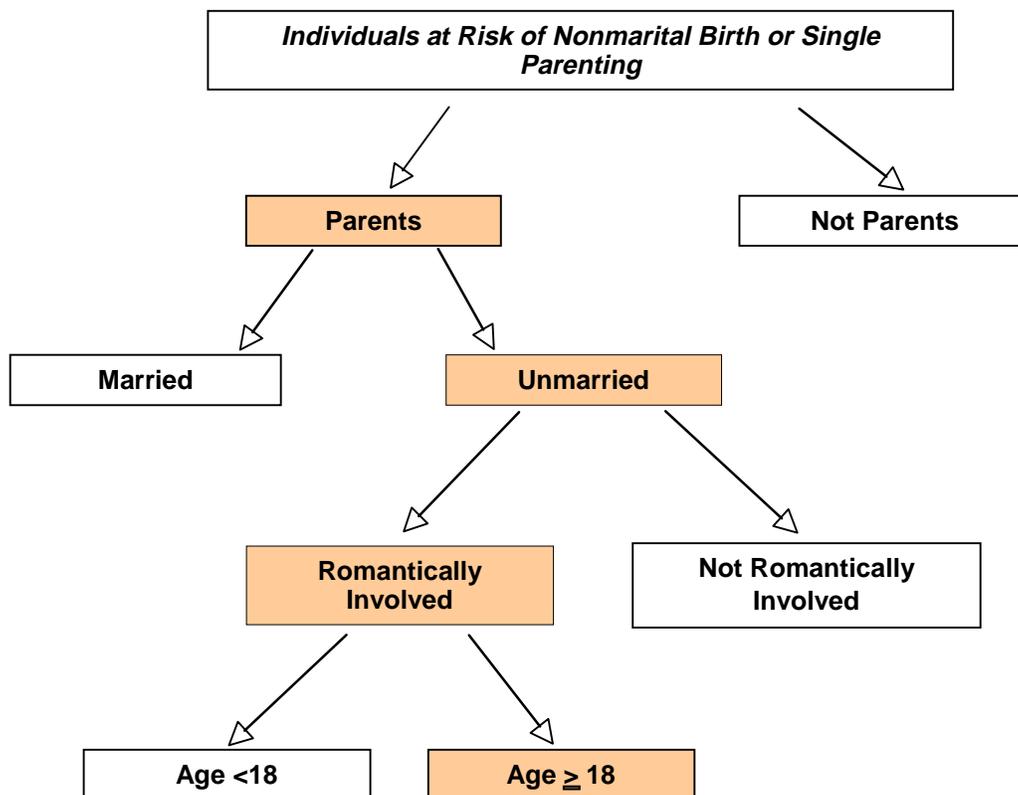
A. TARGET POPULATIONS

To maximize the potential for effectiveness, it is important for program planners to think clearly about whom they plan to serve, what program models are most likely to help the target population, and how a particular program model should be adapted to that population. Couples go through stages of life and changing circumstances, but programs must define outreach and intervention approaches that fit as closely as possible to the participant circumstances they are likely to be addressing.

A convenient way to define potential target groups for programs to strengthen low-income families is to distinguish families based on a combination of marital and parental status, the nature of their couple relationships, and their ages (Figure III.1). The broadest potential target population, at the top of the figure, is *all individuals who are at risk for nonmarital births or single parenting*. Some of these individuals already are parents (married and unmarried), and others are not yet parents. Unmarried parents, the focus of this study, may or may not be romantically involved with one another, and may be either teens or adults.

The shaded boxes in Figure III.1 represent the population of most interest for this study—*unmarried adult parents who are romantically involved*. This target population may offer the best chance of success for interventions focused on relationship and marriage education, especially if services are provided around the time of childbirth, when parents are mostly likely to feel positive about their relationship and hopeful about marriage.

Figure III.1. Identifying Target Populations



While this study focuses on unmarried-parent couples, interventions to strengthen families also could be provided to individuals who are (1) at risk of having an out-of-wedlock birth but are not yet parents or (2) married but at risk of divorce (indicated by the unshaded boxes in Figure III.1). Interventions for these groups might differ from those for unmarried-parent couples in the following ways:

- ***Unmarried Nonparent Couples.*** Interventions for individuals and couples who are not yet parents could focus on the prevention of out-of-wedlock births, including services to change attitudes and expectations about marriage and out-of-wedlock births, abstinence education, pregnancy prevention services, and general relationship-skills education. Services to improve marriageability may be effective in promoting healthy marriage before couples have children.

- ***Married Parents.*** Interventions for married couples could focus on strengthening relationships and reducing the likelihood of divorce. Standard marriage education, focusing on communication and conflict resolution, could be combined with other services, where appropriate, to strengthen low-income couples' abilities to provide for their families.

Special circumstances may pose particular challenges and call for still different services. Two other boxes in Figure III.1 indicate subgroups of the low-income population that may require services tailored to their specific situations:

- ***Parents Not Romantically Involved.*** Interventions promoting healthy marriage between parents are unlikely to be effective or desirable for parents who are not romantically involved with each other when their children are born. These single parents and their children may benefit from services that encourage coparenting and father involvement, discourage further nonmarital births, and strengthen general relationship skills to increase the likelihood of a later healthy marriage with someone other than the other biological parent.
- ***Parents Younger Than 18.*** Because teen marriages are much more likely than other marriages to end in divorce, it may not be appropriate for interventions to encourage healthy marriage among this population. Interventions could focus on teaching the value of healthy marriage, preparing teens for making good marital choices, improving parenting behavior, promoting father involvement and coparenting, and discouraging further out-of-wedlock births.

Despite these distinctions among potential target groups and the interventions relevant to them, program designs must take into account the likely transitions that couples might make during the course of their participation. Parents romantically involved at program entry may terminate their relationship or reveal a violent side. Estranged couples may renew their romantic interest. Couples not yet parents may find themselves expecting a child. Program planners may plan interventions around a general definition of the population they expect to recruit and serve but also must think in advance about how they will react and adapt when their participants present different issues.

B. MAJOR APPROACHES TO MARRIAGE EDUCATION

Targeted and intensive interventions to strengthen couple relationships and encourage healthy marriages—the topic of this report—focus on providing direct services to a specific and identifiable group of individuals, such as low-income, unmarried parents. For couples who choose to participate, such approaches would rely on direct services aimed at strengthening relationships that could develop into healthy and stable marriages. This section reviews major approaches that provide direct services that strengthen the relationships of premarital or married couples, with the assumption that some of these approaches could be modified to serve unmarried parents.

Although marriage education programs differ, most begin with two assumptions: there are identifiable patterns of interpersonal behavior that can seriously undermine and damage good relationships, and most individuals can be taught to avoid these behaviors. Examples of these patterns (found to be highly predictive of divorce in descriptive research on marriage) include: conflict escalation, withdrawal/avoidance, and criticism/contempt. Many programs take an educational approach involving a classroom format, seminar, or workshop, and, unlike traditional therapy or counseling, most do not require participants to share personal issues or feelings. Programs also differ in their modalities, emphasis, and other characteristics. A few promising programs have been designed specifically for married couples about to become parents. These programs are especially relevant for planning interventions with unmarried couples around the “magic moment,” when the partners often are hopeful about their future together.

Marriage and relationship education programs vary across dimensions related to their general approach and intended audience (Table III.1). Programs can be classified by their modality (class format, mentoring, or inventory approach), specific elements (such as having faith-based aspects or components for social/emotional support), and by their experience with dissemination (multiple providers and locations). The specific population for which each program is designed or with whom it has been used is shown in Table III.1 (singles, engaged couples, married couples, expectant or new parents, and distressed married couples). The following section discusses each of these program dimensions or elements, using specific programs as examples.¹

Although it is generally best to select program curricula that have been empirically derived, rigorously evaluated, and continuously updated based on new research (as recommended by Stanley, Markman and Jenkins 2002), none of the programs identified here was designed for or evaluated with the target population of low-income unmarried parents. So, while the curricula have the potential to form the foundation for interventions with this population, they will probably need to be adapted, and further research will be needed to determine the effectiveness of the resulting interventions with this population. For this reason, we briefly describe a wide variety of program approaches and curricula, regardless of whether they have been rigorously evaluated.

¹ Table III.1 lists marriage and relationship education programs reviewed for this project. This is not an exhaustive list of marriage programs. In addition, the appearance or non-appearance of any marriage program in this report does not imply endorsement or nonendorsement by the Department of Health and Human Services or Mathematica Policy Research.

Table III.1. Characteristics of Private Marriage Education Programs

Program	Target Population					Faith-Based Elements	Component for Emotional Support	Multiple Providers
	Engaged Couples	Married Couples	Distressed Married Couples	Expectant or New Parents	Single Students/ Youth			
Skills-Based Classes, Workshops, Lectures								
African American Family Life Education	✓	✓						
Art and Science of Love	✓	✓						
Art of Loving Well					✓			
Baby Makes Three		✓		✓			✓	
Becoming a Family		✓		✓			✓	
Becoming Parents		✓		✓				✓
Catholic Engaged Encounter	✓					✓	✓	✓
Connections					✓			✓
Couple Communication		✓						✓
Divorce Busters		✓	✓					✓
IMAGO	✓	✓	✓		✓		✓	✓
Marriage Alive	✓	✓						✓
Marriage Encounter	✓	✓				✓	✓	✓
Marriage Enrichment		✓				✓		✓
PAIRS		✓	✓					✓
PARTNERS					✓			✓
PEERS					✓			✓
PREP	✓	✓						✓
Relationship Enhancement	✓	✓	✓					✓
Relationship Intelligence					✓			✓
Seven Habits of Highly Effective Families		✓						✓
Survival Skills for Healthy Families		✓	✓				✓	✓
Couples Mentoring								
Caring Couples Network	✓	✓	✓			✓		✓
Marriage Savers	✓	✓	✓			✓	✓	✓
Retrouvaille		✓	✓			✓	✓	✓
Saving Your Marriage Before It Starts	✓							✓
Inventory-Based								
FOCCUS and REFOCCUS	✓	✓				✓		✓
PREPARE/ENRICH	✓	✓						✓
RELATE	✓	✓						✓

1. Modality

Although some programs combine methods in ways that defy simple categorization, three main modalities or vehicles for delivering marriage or relationship education distinguish them: (1) programs that primarily take a skills-based educational approach, involving couples in classes, lectures, seminars, or workshops, (2) approaches that use couple-to-couple mentoring, and (3) methods that use an assessment or inventory of couples' compatibility either as an instructional device or as a beginning point for other forms of intervention.

Skills-Based Classes, Workshops, or Lectures. These focus on specific communication skills, strategies for resolving conflicts, and other interpersonal behaviors considered important for the success of intimate relationships. Most of these programs involve a series of classes that include active participation, such as skills practice or role-playing, while a few involve one-time seminars or lectures. Services typically are provided to a group of married or engaged pairs in a classroom format. The focus is on instruction rather than on pressing participants to share or discuss personal issues or problems they may be facing or have experienced in the past. Many programs have their roots in research on the correlates and predictors of marital satisfaction or dissolution, and most follow a specific curriculum. Educators, counselors, clergy, or social workers often teach these programs. One advantage of this approach is that many of these programs can be taught by paraprofessionals or lay leaders who have been properly trained. Four specific skills-based programs are described below.

- ***The Prevention and Relationship Enhancement Program (PREP)*** teaches strategies for lowering risk factors associated with relationship distress dissolution and while simultaneously raising protective factors to strengthen marriages. The primary goal is to prevent divorce by teaching skills associated with successful marital adjustment before problems develop. PREP aims to help couples: (1) develop and use constructive communication and conflict resolution skills, (2) clarify and modify unrealistic beliefs and expectations about relationships, (3) maintain and enhance fun, friendship, and spiritual connection in intimate relationships, (4) develop ground rules for handling disagreements and conflict, and (5) develop skills to enhance and maintain commitment. A key feature of PREP is the “speaker-listener technique”—a structured way of communicating that can help couples avoid such negative behaviors as escalation and withdrawal. Skills are taught and demonstrated in a classroom format and then practiced in situational role-playing, with coaching by instructors. Services can be scheduled in a variety of formats but most often are delivered in six weekly two-hour sessions or a weekend workshop. PREP was designed for middle-income, nondistressed, engaged or married couples. A broad range of individuals can be trained to lead the program.
- ***The Couples Relationship Enhancement Program (RE)*** uses a psychoeducational approach based on learning theory and research to help couples develop empathy and mutual understanding. The primary purpose is to

enable participants to deal effectively with the inevitable difficulties that arise from differences in family members' beliefs, feelings, needs, and desires. RE teaches two fundamentals, Expressive Skill and Empathic Responding Skill, which correspond to the two major aspects of communication: speaking and listening. Partners are taught to express themselves clearly, openly and honestly, minimizing the chance that their partners would feel blamed or criticized. They are taught to listen and respond in a way that makes partners feel understood and respected, thereby deepening their self understanding and encouraging further self-disclosure. RE also teaches skills it calls discussion/negotiation, problem/conflict resolution, partner facilitation, self-change, generalization, and maintenance. Skills are taught through short lecture, group discussion, demonstration, practice, and individualized feedback. The program can be offered in a two-day or multi-session format. Alternatively, the core skills can be taught in an abridged one-day format. RE has been used with premarital, married, and cohabiting couples and with special populations, including recovering alcoholics, spouse abusers, and mentally ill individuals.

- ***The Art and Science of Love*** is a weekend workshop for couples based on research that followed the marriages of more than 3,000 couples, which identified interpersonal processes and behaviors that lead to marital success and failure. This workshop teaches relationship skills that include how to foster respect, affection, and closeness, how to keep conflict discussions calm, how to strengthen the gains in a relationship, and how to break through and resolve conflict gridlock. Couples learn four danger signs of relationship problems and how to address them. Participants are taught how to assess and build on the strengths of their marriages, how to create shared meaning, and how to generate greater understanding between partners. Couples learn what makes marriages change, for better or worse, how they can apply this knowledge to their own marital situation, and how to solve problems using four techniques for resolving conflicts. The workshop is taught through lecture, demonstration, and role-playing, and couples' private practice of their new relationship skills in defined exercises. It is offered most often in a two-day weekend format. The program is appropriate for distressed and nondistressed couples, but not couples experiencing domestic violence.
- ***The Practical Application of Relationship Skills (PAIRS)*** program draws on theories and methods from education, psychotherapy, and psychology to foster self-understanding and promote relationship skills in a psychoeducational group format. The conceptual model is based on the developer's life experience and borrows techniques from experiential, communication, behavioral and family systems approaches. The approach goes beyond commitment, communication, and the ability to effectively manage conflict to focus on how past experiences can affect present marriages in dysfunctional ways. The PAIRS approach views a couple as a vehicle through which individuals experience pleasure, healing, and personal growth. It covers such topics as understanding love and emotion, understanding the difference between fair and unfair fighting, and

communication about specific family issues, such as children, sex and fidelity, housework, and money. PAIRS is available as a semester-long course and as intensive one-day or weekend seminars. Adaptations are available for specific populations, including an eight-week program for premarital couples and newlyweds (PAIRS FIRST), a program for adolescents (PEERS), and Christian PAIRS.

- ***Couple Communication (CC)***. Couple Communication is one of the oldest marriage education programs available. It focuses on helping couples communicate skillfully, resolve conflicts effectively, and build satisfying relationships with family, friends, co-workers, and others. The program is based on concepts and processes from communication and systems theory. Two programs are available: CC I teaches a practical set of talking and listening skills, using the Awareness Wheel and the Listening Cycle; CC II, a more advanced version of the program, applies the skills introduced in CC I to various aspects of relationships, including managing and responding to a partner's anger, understanding phases of relationships, and communicating collaboratively.

Couples Mentoring. Churches and other religious institutions often have programs that provide couple-to-couple mentoring. This approach is intended to create a more positive culture for marriage and to benefit couples providing the mentoring as well as those they mentor. Mentoring can be combined with other strategies, such as the use of an inventory tool for premarital couples, weekend retreats for married couples, and support groups for stepfamilies. Some mentoring models focus not only on a specific congregation but on the broader community. Some programs, for example, span several congregations in a collaborative effort to achieve a community-wide reduction in the incidence of divorce. Mentoring programs are widespread and sponsored by many different denominations. Two widely used programs are:

- ***Marriage Savers***. This program goes beyond the single weekend marriage retreat offered by many congregations to provide ongoing couple-to-couple mentoring. Volunteer mentor couples are trained to provide premarital preparation for engaged couples, typically including the Facilitating Open Couple Communications, Understanding and Study (FOCCUS) inventory. Marriage Savers congregations encourage a minimum of four months of marriage preparation. Mentor couples work with married couples to strengthen their relationships. Couples who have survived a difficult period in their marriages provide guidance to struggling couples.
- ***Caring Couples Network (CCN)***. This model relies on a team approach to provide services to couples having difficulty and to prepare engaged couples for marriage. Clergy and professional counselors work as a team with mentor couples. The United Methodist Church developed a handbook for CCN explaining how to recruit and train mentoring couples, identify couples in need, and initiate a local network.

Inventory-Based Methods. An alternative approach to premarital and marriage education involves the use of an inventory or assessment that identifies each partner's relationship strengths and weaknesses. The inventory and discussion of its results can be the core of an intervention, although an inventory could be used as a first step in a more extensive intervention. The inventory-based method requires participants to complete questionnaires covering such issues as communication, attitudes, parenting, personality traits, conflict management style, self-confidence, and flexibility. The inventories are scored and discussed with participants. They can be used to assess compatibility in premarital couples or to identify goals for attitude or behavior change among married couples.

Several assessment tools are available, and some have been empirically examined for their reliability and validity (Larson and Holman 1994). Two commonly used tools are:

- FOCCUS was first designed for Catholic premarital preparation courses but now is available in general and Christian non-denominational editions. Non-professional volunteers can be trained to administer the assessment and lead discussions with engaged couples. REFOCCUS is a similar inventory, for use with married couples.
- PREPARE is a premarital inventory composed of 165 agree/disagree questions, while the parallel ENRICH Couple Satisfaction Scale is used to assess marital satisfaction. Both inventories are designed to be used with a PREPARE/ENRICH trained counselor or member of the clergy.

2. Specific Elements or Features

Programs vary along a number of dimensions. Two of the more prominent ones include the degree to which programs incorporate faith-based or emotionally supportive elements and the special populations—such as students and youth or distressed married couples—on which they focus.

Faith-Based Elements. Marriage enrichment and premarital counseling (for example, Marriage Encounter and Engaged Encounter) have been offered in churches for many years. Couples are encouraged to examine their relationships through open and honest discussion, most often led by clergy in weekend retreats. Other programs that take a more educational approach have been adapted for use in religious contexts, including Christian PREP and Christian PAIRS. Couple-to-couple mentoring is a popular approach in many churches and faith settings. Couples being mentored typically receive ongoing guidance, prayer, and encouragement from a more experienced mentor couple. They may receive instruction in biblical roles, following religious doctrines regarding marriage, divorce, and moral behavior.

Emotionally Supportive Elements. Most marriage and relationship education programs take an instructional approach in which specific skills are taught to program participants, who then “bring the skills home” to resolve specific issues. In contrast, other programs supplement or replace classes with emotionally supportive elements that allow participants to discuss problems they are facing and to process their feelings in an

emotionally safe environment. The emotionally supportive element may be a couples support group, a one-on-one counseling session, or discussions in a private setting, such as a retreat. Such elements are most often present in programs that target couples in generally in crisis or in stressful transition, such as becoming parents for the first time (the couples support groups in *Baby Makes Three* and *Becoming a Family* are good examples). Besides providing an opportunity for couples to discuss and resolve issues, couples support groups can both reinforce relationship skills over time and allow couples to learn from one another. While this element is sometimes therapeutic in nature, it should not be confused with psychotherapy. Psychotherapy is usually reserved for individuals who have mental health conditions, and is best provided by a psychologist or psychiatrist. Marriage programs that include a supportive element, but not psychotherapy, take care to avoid using the term “therapy” and related words because of the stigma sometimes attached to mental health treatment, which could discourage couples from participating.

Special Populations. Some programs are designed specifically to address the developmental needs of particular populations. For example, high school students and other youth are less likely than older groups to be married or in a long-term committed relationship. Programs intended for engaged or married couples may therefore be less appropriate for youth than programs that help them learn skills for making good marital choices. Similarly, couples in distress may be less likely to benefit from a preventive approach than one that helps them repair their relationships.

- ***Students and Youth.*** Programs geared specifically to middle- and high-school students focus on developing the skills and behaviors that set the stage for healthy relationships and marriages. Programs based directly in the schools are becoming more popular; in 1998, Florida mandated marriage skills training for all high school students in the 9th and 10th grades. Examples of school-based programs include *Connections*, *Relationship Intelligence*, *Art of Loving Well*, *PARTNERS*, and *PEERS*.
- ***Distressed Married Couples.*** Fewer marriage education programs target distressed couples directly, and those that do are typically faith-based. For example, *Retrouvaille* targets couples on the brink of divorce because of infidelity, gambling, or alcoholism. Couples are counseled in a private weekend retreat by clergy and facilitator couples who themselves have experienced similar problems and almost divorced. The retreat is followed by support group meetings to reinforce the messages conveyed in the retreat. One secular program, the *Art and Science of Love*, provides an education-based workshop to distressed and nondistressed couples but excludes couples in physically abusive relationships, referring them for individual couples counseling. *Divorce Busters* and *IMAGO* are other program examples that target married couples who are in crisis or distressed.

3. Experience with Program Dissemination

The developers of some marriage education programs have deliberately planned for and promoted the dissemination of their program models in order to reach a broad audience. Some of the programs listed in Table III.1 have developed methods for training other professionals or lay people to provide services. Several skills-based programs, such as PREP, require their staff to participate in one to three days of training from program developers. The annual Smart Marriages conference provides a forum for training a large group of practitioners at once. Other program developers provide training opportunities throughout the year at multiple locations. Most curricula cannot be purchased separately but are provided to those who go through practitioner training. Fees for marriage education training vary substantially, as do the program materials (such as workbooks, videotapes, and texts) that trained practitioners would need to apply the curricula. Mentor and faith-based approaches are perhaps more easily disseminated because congregations provide a ready supply of potential mentor couples and practitioners.

4. Focusing on Relationships During the Transition to Parenthood

This section describes several promising program approaches to intervening with new parents around the time of their child's birth. Researchers have studied the transition to parenthood for more than 40 years, and most conclude that although the period around a child's birth often is joyful, the weeks and months afterward typically are stressful and sometimes result in the beginning of maladaptive behavior patterns, even among low-risk middle-income families (Cowan and Cowan 1995; Jordan et al. 1999; Belsky and Pensky 1988). For 40 to 70 percent of couples, the transition involves a drop in marital satisfaction and relationship quality and a rise in conflict. Stress factors associated with the birth of a child that can start the couple on a downward trajectory include marked shifts in the division of labor, in the amount of time available for the couple, and in the meaning and frequency of sex. Several other less obvious shifts that occur during this period can also affect the relationship, including changes in each partner's identity, roles, and patterns of behavior (Schumacher and Meleis 1994; Belsky and Pensky 1988). In addition, changes in the psychological well-being of each of the parents can strain not only the individual but also the marriage and potentially the parent-child relationship (Cowan et al. 1985). It is estimated that as men and women become parents, more than one-third experience significant depression (Jordan 1999).

As noted earlier in this report, chronic unresolved conflict can undermine and damage good couple relationships and marriage. Marital conflict can be detrimental to children and to the parent-child relationship as well. It can affect the bond between parents and their infants (Owen and Cox 1997). Moreover, high levels of parental conflict are associated with greater behavior problems in children (Cummings 1998; Cummings and Davies 1994; Grych and Fincham 1990), and chronic conflict is harmful to both the physical and emotional well-being of children (Emery 1999; Gottman and Katz 1989). Therefore, the knowledge and skills obtained through marriage education classes are important not only to the quality and stability of the marriage but also to the well-being and development of the child. The discussion below covers four approaches to facilitating the transition to parenthood.

Becoming Parents Program (BPP). This educational approach focuses on providing couples with the communication and conflict resolution skills needed to navigate the stressful period after childbirth and to prevent declines in the marital relationship. BPP targets married or committed couples expecting their first child and offers a series of classes focused on helping couples learn skills and knowledge to strengthen their relationships.

BPP is based on principles taught in PREP (Markman, Stanley and Blumberg 1994), but it supplements the PREP curriculum with topics relevant to the unique period surrounding the birth of the first child and other key elements specific to the needs of expectant and new parents. BPP is divided into three fairly equal areas of focus: (1) relationship skills adapted from PREP, (2) issues associated with self-care (managing fatigue, stress, jealousy, anger, and deciding who does what), and (3) an “owner’s manual” for infant care, including how to read infant cues, dealing with crying, and feeding issues. The added components incorporate aspects of two programs to reduce domestic violence. These elements focus on the management of stress and anger and the prevention of physical abuse in intimate relationships.

The program involves 24 hours of classroom time: 21 during pregnancy and a 3-hour “booster” when the infant is 6 to 8 weeks old. Classes typically serve 10 to 15 couples and are held in a variety of settings, including churches or hospitals. Program instructors often are nurses, but paraprofessionals can be trained in the method.

Becoming a Family Program. A somewhat more therapeutic approach to meeting the needs of couples becoming parents is to provide a supportive context in which they can process their feelings and learn from others experiencing the same transition. An example of this approach is *Becoming a Family* (Cowan and Cowan 1992). This program, not currently in operation, provided a weekly couples support group spanning the transition from pregnancy to a few months after childbirth.

Becoming a Family was designed to provide a safe place for couples to share their concerns about family issues and learn from one another during the transitional period. Group sessions focused on four major areas: couples’ relationships; parent-child relationships; relationships with extended families; and the development of supportive networks. Because agendas were set by group leaders in collaboration with participants, they often focused on actual, ongoing issues. Group leaders raised topics for discussion, including changes in participants’ self-images and perceptions of their relationships, changes in their division of family labor, problem solving and communication, parenting practices, and the influence of their extended families on their relationships and parenting behavior. Although the sessions should not be construed as group psychotherapy, they were therapeutic in the sense that couples received emotional support in confronting real and present issues and making positive adaptations.

Couples met weekly for six months starting in the third trimester of pregnancy, in groups of four couples and two co-leaders. Group leaders were mental health professionals trained to work with couples and parent-child relationships. In a typical couples group, leaders introduced exercises and fostered discussions of real-life issues. Couples were

encouraged to share their experiences and feelings and to learn from each other. Parents were encouraged to attempt small changes to bring their relationships closer to their ideals.

Baby Makes Three Program. This approach combines a skills-based component with supportive elements to address the transition to parenthood. Baby Makes Three offers an educational component to strengthen specific relationship skills and to teach parenting and infant development—as well as a series of therapeutic support groups to help couples process changes they are experiencing.

The program is conducted in two stages: a 2-day workshop and 12 support group sessions held over 6 months. The workshop draws on the Art and Science of Love Couples Weekend program and empirical research on the predictors of marital satisfaction and dissolution (Gottman and Silver 1999). The workshop teaches couples the warning signs of relationship problems, how to express anger constructively, and how to build friendship with one another as an inoculation against distress and disruptions. Three areas are emphasized: (1) building fondness and affection for the partner, (2) being aware of what is going on in the spouse's life and being responsive to it, and (3) trying to solve problems as a couple. The workshop curriculum is modified to prepare couples for the stresses of parenthood, to encourage the positive involvement of fathers in their infants' lives, and to teach couples about infant and child development. Specific couple issues unique to the transition are addressed, including sex after childbirth and how to manage the sleep deprivation that often comes with a new baby.

The support group sessions draw on the Cowan and Cowan model described above. Participants are encouraged to talk about their thoughts, feelings, and experiences, and to receive emotional support, insight, and understanding from other participants. One of the main purposes is to help couples see the stresses they are experiencing as normal and a part of life's transitions, rather than evidence that their relationships are in serious trouble. Support groups reinforce information provided in the workshop, including relationship skills and strategies to resolve conflicts, keeping fathers involved with babies, and understanding babies' normative development. Group facilitators regularly ask couples to check up on how things are going with respect to these goals.

Baby Makes Three is a hospital-based program, and services are provided by trained nurses or childbirth educators. Participants are recruited through birth preparation classes, newsletters, fliers, and small advertisements in local magazines. Ideally, participants begin the program during pregnancy; however, some couples begin shortly after childbirth because the program is small, the workshops are infrequent, and the timing of deliveries is unpredictable.

Marriage Moments Program. This low-intensity program, now being pilot tested in three Utah hospitals, is designed to strengthen the relationships of couples preparing to be new parents. It aims to supplement existing childbirth education classes and capitalizes on the openness and receptivity typical of couples during pregnancy. The curriculum stresses building marriages on a foundation of friendship and partnership with the virtues of loyalty, generosity, and fairness. Primarily a self-guided intervention, Marriage Moments requires couples to view a 5- to 10-minute video presentation and participate in a brief activity led by

a childbirth instructor each week for 5 weeks. Couples are encouraged to complete workbook exercises at home. A related curriculum has been designed for use in home-visiting programs with new parents during the first year of a child's life. Health educators supplement information on infant development and effective parenting with a 5-minute module on marriage virtues to strengthen couple relationships during the transition to parenthood. A brief discussion of the stresses and changes the couples may be experiencing is held during the third monthly visit. Couples are also introduced to an activity guidebook, and invited to do the exercises and read the materials during the coming month.

C. PROGRAM EVALUATION

The designs of several of the major programs discussed in this chapter have been informed by extensive descriptive research identifying the correlates and predictors of divorce and of successful marriages. This research foundation has helped to guide the development of marriage education programs, helping them to focus interventions on efforts to promote the behavioral patterns found in couples who have strong and stable marriages.

Although some important and promising work has been done, a strong foundation of program evaluation demonstrating the effectiveness of interventions is still lacking, for the most part. Evaluation research using random assignment designs can determine whether the interventions whose designs were based on descriptive research actually succeed in changing behavior, and by so doing affect the long-term success of relationships. Some experimental evaluations have been conducted and some are currently underway. However, the findings are partial and limited due to methodological issues, such as selection problems resulting from incomplete random assignment, differential attrition among control versus treatment group participants, and the small, unrepresentative nature of most samples (Karney and Bradbury 1995). In addition, most studies, with the exception of PREP and Becoming a Family evaluations, have assessed outcomes only in the short-term.

This section briefly reviews findings from evaluation studies that randomly assign participants to the program or to a control group, thereby permitting a rigorous test of the program's impact on positive relationship outcomes, such as marital stability, relationship satisfaction, and communication skills. A small number of quasi-experimental studies are included. Program evaluations that are currently in progress are also described.

Prevention and Relationship Enhancement Program. A longitudinal study conducted by program developers matched and randomly assigned nondistressed premarital couples to PREP or to a control condition. No differences were found at post-test, but positive effects on relationship satisfaction were found for the PREP group after 18 months. This effect was sustained at the three-year follow-up and was accompanied by greater sexual satisfaction and lower levels of problem intensity. Five years after the program ended, intervention couples had higher levels of positive and lower levels of negative communication skills and lower levels of marital violence compared with control group couples. Only about half of the couples randomly assigned to receive the program actually

participated in it (Markman et al. 1988; Markman et al. 1993), leaving open the possibility of selection effects due to unobservable factors such as motivation (Bradbury 1995).

An evaluation of a PREP adaptation in Holland used random assignment and found no differences between program and control couples at 9-month and 2-year follow-ups (Van Widenfelt et al. 1996). This study also suffered from methodological limitations, including differential sample attrition, in a way that would have made group differences hard to obtain.

Other researchers have studied PREP in the context of quasi-experimental research designs. A German adaptation showed a small, middle-class group of premarital couples who took PREP had a lower divorce rate than comparison couples at the three-year follow-up (6 program couples had dissolved their relationships either before or after marriage; while 7 couples in the comparison group did so) (Hahlweg, Markman, et al. 1998). A study in Australia examined the effects of PREP compared with a biblioeducational treatment with high- and low-risk couples. At the one-year point, PREP couples in both risk groups had retained their skills, but no differences were found for low-risk couples at the four-year point. High-risk couples who took PREP were more likely to have maintained relationship satisfaction (Halford, Sanders, and Behrens 2001).

Relationship Enhancement. With its focus on empathy building, the RE program has been adapted for use with several populations, including married couples, dating and engaged couples, and parent-adolescent couples; these various forms have been widely researched in short-term random-assignment evaluation studies. For example, in a study of young, dating couples, the program group gained significantly in empathy and problem-solving skills, from pre- to post-test and compared with control group couples (Ridley et al. 1981; Ridley et al. 1982). A six-month follow-up found RE couples had improved in disclosure and empathy compared with a lecture-discussion control group (Avery et al. 1980).

Many experimental evaluations conducted during the 1980s compared RE methods with alternative methods that were thought to be effective, providing a strong test of the method. In random-assignment research designs, RE was found to be superior in effectiveness compared with a traditional therapeutic/preventive program (Guerney et al. 1981), a gestalt treatment (Jessee et al. 1981), and a behavioral program (Wieman 1973). In one study, experienced marital therapists in a mental health clinic were trained in RE; their new clients were randomly assigned to one of two conditions: (1) therapists employed the method they had preferred before RE training, or (2) therapists used only RE methods. At the 10-week follow-up, RE clients had significantly improved marital adjustments, communication, and general quality of their relationships compared with clients who were not treated with RE (Ross, Baker, and Guerney 1985).

Finally, a meta-analysis of 85 studies involving more than a dozen approaches to premarital, marital, and family interventions—including RE, Couple Communication, and Marriage Encounter—found RE studies had by far the largest average effect size (Giblin, Sprenkle, and Sheehan 1985). Most of these studies, including those that tested RE, were short in duration, usually less than a year.

Couple Communication. Most evaluation research on CC has studied the 12-hour structured skills training program, finding significant improvements in the program group's communication at follow-up (Russell et al. 1984). A review shows positive effects on relationship quality, individual functioning, and communication quality. But the review concludes that the effects on communication diminished over time, and the studies lasted no longer than one year.

Becoming a Family. This program was evaluated in a controlled, longitudinal research design. Participating couples were recruited from clinic and private obstetrical practices. Compared with couples in the no-treatment control group, intervention group couples did not decline in marital satisfaction between 6 and 18 months postpartum. Moreover, 12.5 percent of control group couples had separated or divorced by the time their babies were 18 months old, but all of the treatment group couples remained intact. At 3½ years after the intervention ended, marital adaptation began to wane in the intervention group; still only 4 percent of the program group had separated by this point, compared with 16 percent of control group couples (Cowan and Cowan 1995). A recent reanalysis of program data using Hierarchical Linear Modeling (HLM) growth curve techniques show the rate of decline in marital satisfaction among intervention couples across the 5½-year follow-up period was one-third that of the comparison couples. Control group couples declined in marital satisfaction .15 points more each month compared with intervention couples (Schulz and Cowan 2001).

Baby Makes Three. This workshop is being evaluated in a three-group random assignment research design that permits studying advantages of the combined approach. The study is enrolling 150 couples who are randomized into groups that (1) receive the workshop only, (2) receive the workshop plus the support groups, or (3) receive no treatment. The evaluation includes a baseline interview and extensive follow-up interviews, which take 3 to 6 hours (conducted in 2 sessions). Marital interaction and parent-child interaction is videotaped and later coded in the laboratory. Direct assessments of infant/toddler social and emotional development are conducted. An extensive paper and pencil questionnaire is administered, focusing on marital satisfaction, physical health, stress and mental health symptoms, and measures of specific behavior patterns taught during the intervention. The evaluation is nearing the end of its first year, and preliminary results are expected to be released soon.

Becoming Parents Program. This program is in the beginning stages of being evaluated in a rigorous 5-year research design. Plans call for enrolling 500 couples; 250 will be randomized into the intervention group, with 250 couples to serve as the control group. Nondistressed married couples expecting their first children are eligible for the intervention and are recruited through prenatal clinics, doctors' offices, community centers, churches, libraries, and public service announcements. Families can receive up to \$1,000 for participating in the program and all follow-up assessments. Couples will be followed through the children's 5th birthday. Outcomes include marital stability and satisfaction, symptoms of depression and stress, level of domestic violence, and health behaviors. Data on children's well-being will be collected through observational measures 3 and 6 months post-birth.

Marriage Moments. This program is being pilot tested in three sites. A quasi-experimental research design will be used to examine the outcomes of 100 couples; 50 couples will make up a comparison group. Couples in the treatment group will be assigned to 1 of 2 different dosages of the program: a passive treatment group that only receives a video and workbook or an active treatment group that receives these materials and are briefly introduced to the content in their childbirth classes. Outcomes will measure self and spouse reports of marital virtues, communication and problem-solving, marital quality, maternal depression, and infant adjustment.

D. ADAPTATION TO LOW-INCOME FAMILIES

Nearly all relationship and marriage education programs reviewed in this chapter have been designed for and used with middle-income, educated, and mostly white families who are either engaged or already married. In contrast, the target population in this study is unmarried couples with a new baby, most of whom are low-income. Two well-established marriage education programs, RE and PREP, have had some experience with low-income populations, although most of the couples were either engaged or married, rather than unmarried.

Case studies suggest that RE may be effective for a wide variety of clinical and special populations, including psychiatric patients, alcoholics, spouse batterers, juvenile delinquents, and substance abusers (Accordino and Guernsey 2001). However, the program has not been formally evaluated with respect to such populations. Like RE, PREP was originally designed to serve nondistressed, married, or engaged couples but is now being adapted for low-income individuals and couples throughout Oklahoma as part of the Oklahoma Marriage Initiative. In addition, PREP has been used extensively in the military, often serving families who, while not on public assistance, have lower income and education than most participants in marriage education programs. PREP's effectiveness with these populations has not yet been rigorously evaluated with these groups, although a process study is underway.

This section discusses two ways in which programs could be adapted so that they could more effectively serve low-income unmarried parents. First, teaching methods could be revised to be more appropriate for the target population, and second, the content of marriage programs could be augmented to better meet the relationship needs of unmarried parents. Research on the characteristics of low-income families and actual program experience with disadvantaged populations offer lessons with respect to adapting teaching methods. Guidance for adapting the content of marriage programs for the target population comes from literature on the relationship skills, knowledge, characteristics, attitudes, and beliefs of low-income unmarried individuals as well as basic research on couple relationship dynamics.

Adapting Teaching Methods and Materials. Because conventional marriage education programs cater to a fairly well educated audience, the language used and concepts stressed in program materials may be somewhat sophisticated and abstract. Moreover, the curricula assume that participants are highly motivated to improve their relationships and

that they have the time, ability, and resources to complete extensive reading and writing exercises as homework. These program features should be revised for people with lower education, those for whom English is a second language, and for couples who are not likely to have the time or ability to complete written homework. In addition, metaphors, stories, examples, and exercises could be changed so that they are more culturally appropriate for the target population.

Addressing Relationship Needs Unique to Unwed Parents. Aside from the need to adapt the methods and materials of marriage programs to low-income unwed parents, it is likely that the program content may need to be supplemented with material that specifically or more strongly addresses key relationship issues unique to low-income unmarried couples. Skills-based instruction in communication and conflict resolution is likely to be a major component of any intervention that focuses on marriage because these skills are known to be key ingredients in the long-term success of relationships. But unmarried parents may have needs over and above couples who are engaged or already married. Although the vast majority of unmarried parents are romantically involved at the time of their child's birth and may be interested in marriage, few have concrete wedding plans. Moreover, few such couples have "formalized" their bonds one year after their child's birth (McLanahan et al 2001; Carlson et al. 2002). Research and practice related to low-income populations suggests that there may be a number of relationship-related issues particular to these populations that stand in the way of marriage.

For example, many low-income unwed parents have had little exposure to healthy marriages in their communities. Although most such parents indicate that they value marriage (at least in the abstract), the motivation to get married could be reinforced if a program clearly explained why marriage is important for them, for their children, and for their community. As another example, it is possible that romantically involved couples who have children together but no plans for marriage may be less committed to their relationship compared with either engaged or married couples. If true, this situation would imply a need for a stronger program focus on the importance of commitment. Finally, ethnographic and quantitative research suggests that a lack of trust in the opposite sex and issues related to infidelity are key barriers to marriage among certain low-income groups, especially among African Americans (Edin 2001; Carlson 2002). To the extent this is the case, program components that focus on building trust, being able to forgive, and understanding the impact of sexual infidelity could be useful.

Given this background, it is clear that program developers should make focused efforts to identify key relationship issues or skills that should be addressed in marriage and relationship programs for low-income unwed parents. Existing knowledge from two streams of research and practice—the characteristics of low-income families and what makes marriages work—suggests that at a minimum, the following issues be considered in developing interventions to help couples interested in marriage move toward their goal:

- Understanding why marriage is important—for themselves, their children, and their communities
- Understanding what a good marriage looks like; adjusting unrealistic expectations
- Helping men gain a better understanding of who they are and the importance of their role in the family and in society
- Developing mutual trust on which to build a strong foundation of commitment to the relationship
- Developing confidence as a couple in terms of feeling prepared to meet the challenges of married life and solve problems together
- Building a vision of a future together
- Learning ways to handle economic strain and other stressors of living in poverty

CHAPTER IV

PROGRAM INTERVENTIONS TO IMPROVE MARRIAGEABILITY

The marriage and relationship programs described in the previous chapter are primarily designed for and offered to middle- and upper-income educated couples who are engaged or married. Yet many low-income couples are both unmarried and low income, and often face serious personal and family challenges that disrupt the formation of healthy couple relationships and marriages. Hence, in addition to strengthening relationships directly, it may be important to remove structural barriers to family formation and enhance the personal characteristics and capabilities that will make individuals attractive to potential spouses.

This chapter describes program services that could enhance “marriageability.” Marriageability is conventionally defined as a person’s attractiveness as a marriage partner based on the human capital—education and employment history—that contribute to one’s labor market participation and earnings. This conceptual framework defines marriageability more broadly to also include those personal resources and skills that, if strengthened, might make one more likely to succeed in employment and also be a more attractive partner. Such strengths and skills include health and mental health, and the ability to parent effectively and manage day-to-day family and household responsibilities.

Although none of the programs reviewed in this chapter has the explicit goal of improving marriageability, many provide services or link participants to services that could remove barriers to family formation and improve the attractiveness of participants as potential spouses. These programs and services often aim to serve the full range of low-income families—not just parents who are unmarried when their children are born. Some services are intended to repair or restore existing relationships, while others aim to increase the involvement of nonresidential fathers with their children when the parents are no longer romantically involved. The marriageability approach could be used with the full range of family structures in at least three different ways:

- To enhance the marriageability of couples who are romantically involved and interested in marrying but who may have personal and family challenges that reduce the likelihood that they will form and sustain healthy marriages
- To improve the marriageability of unmarried parents who are not romantically involved, not yet ready to consider marriage, or do not have plans to marry but may wish to in the future
- To encourage the positive involvement of nonresident parents with their children when marriage is not a viable option

A. SERVICES TO IMPROVE MARRIAGEABILITY

By definition, low-income families have limited resources and often struggle to meet such basic needs as food and housing. The struggle can stem from difficulty finding stable jobs with adequate pay and benefits, as well as from a variety of other personal and family challenges that make working and caring for a family more difficult. A study of welfare recipients in one county in Michigan examined the prevalence of issues, such as lack of employment, criminality, gang involvement, health issues, child abuse and neglect, domestic violence, alcohol and substance abuse, and mental illness. The study found that 64 percent of those surveyed had two or more of these personal and family issues, and 15 percent had five or more (Danziger et al. 2000).

In the face of multiple personal challenges, families may not be willing or able to discuss relationship issues until more basic needs are met and immediate crises resolved. In programs providing a range of services, families are more likely to participate and open up to staff if they feel their primary and immediate needs are taken seriously. These needs often relate to employment. Staff at two of the programs visited for the development of the conceptual framework, Bienvenidos Family Services and CFWD, reported that participants—especially fathers, who eventually take advantage of other services—often are first attracted by the prospect of help finding a job.

Family violence can precipitate program entry or may come to the attention of program staff during participation. Confirming the research evidence, staff and participants of the programs studied in this project reported that family violence and abusive relationships are common. Bienvenidos staff estimated that a large proportion of its participants have had some experience with domestic violence, and many male participants at CFWD reported having been violent in the past. Because these problems concern the physical safety and emotional well-being of parents and children, it is of paramount concern that program participants not be encouraged to remain with abusers or put themselves or their children at risk. Yet some programs for at-risk families do not screen out people who remain in abusive relationships because that would amount to ignoring the needs of many families who could benefit from support, education, and other services. To avoid this problem, programs have developed different ways of directly addressing the issue of domestic abuse.

Many programs addressing the needs of low-income families are comprehensive in nature and provide participants with a full range of services in house or refer them to services elsewhere in the community. Other programs may be more targeted in nature, providing services that focus on specific issues. These services can offer support or help strengthen the personal resources and capabilities that might indirectly encourage marriage or strengthen existing relationships. Some of the services include:

- Employment training, education, job search
- Separate classes or groups for victims and perpetrators of domestic violence
- Health care and mental health treatment
- Parenting and child development education
- Life skills education
- Support groups to encourage father involvement
- Coparenting classes

Employment and Education Services. Stable employment and income have been linked to positive marriage outcomes. This connection is particularly strong for black men because their ability to contribute financially is often seen as an important attribute by black women who are struggling to make ends meet (Edin 2000).

Employment services can include assistance with job search, on-the-job training, job development and networking, and classes in resume writing, interviewing, and “soft skills,” such as the ability to show respect for authority and minimize conflict in the workplace. Programs may link participants to such training and education services as General Education Degree (GED) preparation, adult education, English-as-a-Second Language classes, and vocational training, all of which can lead to more and better job opportunities. STRIVE, a part of CFWD, for example, is an intensive job readiness workshop that provides services through case management, classes, peer support, and counseling. It assists participants with job retention and advancement, in part by emphasizing the interpersonal skills needed to sustain employment.

If a program focusing on marriage intends to offer employment and education services, program leaders must confront choices about how to provide them. Providing employment and education services “in house” as part of the healthy marriage initiative itself is likely to be costly, and may duplicate services already available in the community. Program planners would, of course, have to weigh this cost against any presumed special advantage associated with in-house service delivery. Such advantages might include the ability to tailor the services or schedule them in ways especially suitable to the participating couples. However, the costs may outweigh such possible advantages, and suggest that referral and follow-up is preferable. Programs must also choose between employment services that emphasize labor

force attachment approaches such as direct job placement and those that emphasize human capital development such as job training. In general, research suggests that labor force attachment approaches are more likely to yield positive effects on employment and earnings (Hamilton 2002).

Domestic Violence Treatment. Physical and emotional abuse is an important barrier to stable and healthy relationships. Some types of domestic violence can be treated by helping perpetrators learn nonviolent forms of communication and practice anger management. Some services help victims recover from psychological trauma so they can enter into healthy relationships in the future. These services not only may treat the problem but also may help make victims and abusers more aware of what constitutes a healthy relationship or marriage.

Bienvenidos offers a 26-week program for abusive men called All My Relations. A trained mediator facilitates the program, which teaches nonviolent communication skills, conflict resolution, and mediation skills, following a curriculum designed by Jerry Tello at the National Latino Fatherhood and Family Institute. It emphasizes the root causes of violent behavior, including the pressures caused by racism, poverty, and violence in the home or neighborhood. Fathers are asked to reflect on how they have internalized these pressures and directed them at others through violence, drug use, and other unhealthy activities.

Bienvenidos also offers Latinas en Progreso, a domestic violence treatment program for female victims of abuse. The program includes weekly group meetings, individual counseling, educational workshops and classes, and an after-care support group. This comprehensive approach is aimed at educating women about the cycle of violence, supporting them as they heal emotionally from the trauma of abuse, and helping them to avoid physical and social isolation.

Physical and Mental Health Services. Services to improve physical and mental health may also improve parents' marriageability by making it easier for them to sustain employment, be good parents to their children, and contribute to daily household tasks. These services typically address medical problems, mental health problems (including depression, post-traumatic stress disorder, and generalized anxiety), and substance abuse.

Many programs offer some form of physical or mental health services. A free health clinic for men and women at Bienvenidos provides health screenings and basic health services as well as more intensive treatment and care for people suffering from HIV, AIDS, and substance abuse. Some programs, such as Children First, focus on physical health by providing health education and services for mothers and children during home visits with registered nurses.

Some programs provide substance abuse treatment through in-house comprehensive programs. For example, Bienvenidos serves female substance abusers through a year-long program that engages participants for about 10 to 20 hours each week. Services include drug education, support groups, relapse prevention, therapy, life skills training, and workshops.

Programs may screen for and refer participants to treatment for mental health issues. In Children First, mothers are regularly assessed for postpartum depression during the six months following the birth of a child. Healthy Start assesses mothers for depression, develops a care plan, and refers them to services as needed. Bienvenidos conducts psychological assessments through the Institute for Women's Health and provides individual and group therapy to those identified with mental health needs.

Parenting and Child Development Education. Some programs for low-income families offer parenting education to help participants understand the stages of child development, develop relationship and communication skills, set appropriate household rules, and use effective disciplinary strategies. Such services could improve marriageability because parents may be more likely to stay with a partner who is a loving, fair, and effective parent. Moreover, couples who participate in parenting education together are more likely to learn to work cooperatively for the benefit of their children, which can reduce one potential source of parental conflict and create a more harmonious and stable family environment.

Parenting education can be provided in a number of ways, including formal classes, home visits, or in small groups. Bienvenidos, Children First, and Responsible Choices provide parenting education through visits to participants' homes. Bienvenidos also offers a series of weekly parenting classes at the organization's family support center for 16 to 20 weeks. These classes primarily serve parents who have been involved with the child protective system, and they are designed to teach parents how to create and maintain a safe and stable environment for their children. Early Head Start and Healthy Start focus on child development and parenting education, which are offered in the home, classroom, or in combination. Early Head Start also provides family development services in which objectives are developed for parents and children, and families work with a staff member to achieve and set new goals.

Life Skills Education. Services that teach parents such life skills as how to efficiently perform household tasks and remain financially stable may improve marriageability because potential marriage partners are likely to be interested in mates who can contribute to meeting the household's needs. Most programs described in this chapter teach life skills—most commonly through home visits or classes. As part of its relationship curriculum for singles, Constructing a Godly Home teaches basic life skills, including cooking, laundry, and managing finances; a facilitator encourages participants in premarital classes to discuss what household tasks each partner will perform.

Bienvenidos teaches life skills through its home-based programs, which serve families in the service population who have the most immediate needs or crises. Home visitors help empower parents to meet their own needs (such as food, housing, and health care) and to avoid crises. For example, home visitors may suggest what parents could say to receive emergency medical care or how to address a landlord's complaint about late rent payments.

Responsible Fatherhood. These services and programs are designed to encourage the financial and emotional involvement of fathers in their children's lives. They often work to instill values, such as honesty, honor, and commitment, while helping men to be responsible

fathers and role models in their communities. Father involvement services are delivered through such modes as classes, support groups, and group or family activities. These services are especially useful for fathers who are no longer romantically involved or living with the mothers of their children.

Family Star Early Head Start recently added a component in which fathers can receive employment assistance and participate in monthly men's group meetings. Fathers engage in child-related activities by repairing toys and furniture in Early Head Start classrooms and through participation in Father's Day picnics. Bienvenidos involves fathers through the National Latino Fatherhood and Family Institute, which offers weekly fatherhood classes, school-based pregnancy prevention, weekly anger management classes, and monthly support groups. At CFWD, the Men's Services program provides fathers with case management services and two types of education sessions, each of which occurs weekly. One session is curriculum-based and covers parenting and coparenting, life skills development, and anger management; the other session involves a peer support group.

Coparenting, or "Team-Parenting" Services. Coparenting, or team parenting as it sometimes is called, refers to the ability of mothers and fathers to work as a team to raise their children—regardless of whether the parents live together or are romantically involved. Such services can involve efforts to improve the parents' communication with each other and to help them coordinate parenting duties.

Sometimes mothers act as gatekeepers in denying noncustodial fathers access to their children, and it can be difficult for these men to be effective fathers without having a cooperative relationship with the mothers. As a result, some responsible fatherhood programs are implementing a coparenting component that focuses on improving the quality of communication between parents and the coordination of parenting duties. Through the 50/50 Parenting pilot program under development at CFWD, parents develop a plan for sharing decision-making and outlining agreements about such issues as visitation, conflict resolution, and child support. Similarly, the Family Star Early Head Start fatherhood demonstration recently began a coparenting support group for mothers and fathers, which focuses on improving participants' ability to parent effectively together.

B. POTENTIAL EFFECTIVENESS OF A MARRIAGEABILITY APPROACH

Although strong intuitive and practical arguments can be made for providing the range of services described above, there is no strong body of research demonstrating that services designed to improve marriageability also encourage marriage. Although several programs for low-income families include comprehensive interventions that target new parents, they typically do not have a strong focus on couple relationships or marriage. Consequently, evaluations of such programs usually do not examine their potential impacts on family structure. For example, the evaluation of the Healthy Start program—a community-based program serving low-income women and infants—did not analyze effects on family formation or marriage because the program is not explicitly designed to affect these outcomes (Devaney et al. 2000).

However, some empirical evidence suggests that programs offering some of these services can affect family formation and marriage. An evaluation of the Nurse-Family Partnership Program (NFPP) shows the program indirectly promoted marriage formation and stability among low-income families. NFPP targets new, low-income mothers, many of whom are unmarried. Designed by David Olds, currently at Children's Hospital in Denver, the program aims to prevent negative health and behavior outcomes among mothers and their children. Participants enter the program during pregnancy and are served for up to two and one-half years after their children are born. Services are provided through intensive home visits by registered nurses, who follow a curriculum focusing on several core areas: personal health, infant/toddler caregiving, maternal life course development, and social support. Nurses help families identify their needs and gain access to community resources that can meet those needs. Longitudinal random assignment evaluations of the program show that it reduced child abuse, subsequent pregnancy, welfare use, and the incidence of alcohol and drug abuse among the intervention group mothers. At age 15, children of the intervention group mothers had fewer arrests and convictions, fewer sexual partners, and used cigarettes and alcohol less frequently (Olds et al. 1999).

Of particular relevance to this study are the results from a recent follow-up at one of the sites. Three years after the program ended at that site (when the children were 5), biological fathers of children in the treatment group were significantly more likely than fathers in the control group to be living in the same household as their children (19 versus 13 percent). Treatment group mothers were more likely to be married relative to control group mothers (15 versus 10 percent) (Pettit and Olds 2001). These results are somewhat surprising because the intervention did not explicitly seek to promote marriage or directly address mother-father relationship issues by providing counseling, relationship skills education, or couples mentoring. However, one of the program's goals is to help the fathers become more involved in being supportive of the mothers during pregnancy and childbirth. The nurses are also trained to include the children's fathers in the home visits if requested by the mothers, and are encouraged to help fathers find resources they may need such as employment or responsible fatherhood services.

The timing of entry into NFPP may explain its observed positive outcomes. Other programs that aim to intervene later in the children's lives, when fathers are more likely to have disengaged from their children and to have built up child support arrearages and negative feelings about the mothers, tend to find it more challenging to bring about such positive outcomes. For example, the evaluation of the Parent's Fair Share demonstration, a program to increase responsibility among low-income noncustodial fathers by providing support groups and incentives for paying child support, showed disappointing results in improving the fathers' emotional involvement with their children (Knox and Redcross 2000).

An evaluation of the Minnesota Family Independence Program (MFIP) (a welfare-to-work program) also suggests some indirect effects of programs on marriage. In addition to workforce participation mandates, MFIP provided parents with enhanced financial incentives to work and more generous benefit rules. After three years, MFIP recipients were more likely to be married than AFDC recipients, with the increase in marriage largely

attributed to the employment financial incentives and more generous benefit rules (Knox et al. 2000).

Despite some promising empirical evidence on the potential effectiveness of programs providing services to low-income adults and families, careful thought must be directed to the extent to which a program designed to encourage healthy marriage should incorporate services to enhance marriageability and what these services should be. A great number of programs serving low-income unwed parents already exist, and marriage rates remain low. Most evaluations of these programs have not focused on the impacts on marriage. As a result, there is no conclusive evidence on whether marriageability services would have positive impacts on marriage.

Nevertheless, given the many, varied needs of low-income families and their lower prevalence of marriage, an intervention to encourage healthy marriage that does *not* attend to the issues discussed in this chapter is unlikely to be successful. In designing healthy marriage programs for low-income populations, developers should be mindful of the greater prevalence of these problems and the need to address them. Therefore, a marriageability focus may be envisioned as an important component, but not the primary emphasis, of interventions to strengthen unmarried parent families.

CHAPTER V

POLICY OPTIONS TO ENCOURAGE MARRIAGE AND FAMILY FORMATION

One of the central motivations for welfare reform was the growing perception that welfare policies promoted undesirable behavior. Specifically, there was concern that welfare policies created disincentives to work, marry, pay child support, and delay childbearing (Maynard et al. 1998). State waiver requests and PRWORA responded to these concerns. Most of all, they emphasized removing disincentives to work. It is generally accepted that welfare reform successfully promoted work and contributed significantly to the historic fall in TANF caseloads that occurred after 1994.

Some are now calling on policymakers to broaden the focus of policy changes to include reductions in disincentives to marry (Rector 2002a). The welfare system has long been criticized for discouraging marriage and weakening family structure. As long as assistance programs provide benefits on the basis of the income of a family unit, there will inevitably be some disincentive to add persons to the family who have earnings or future prospects for earnings. The income of an additional working adult in the eligibility unit increases the likelihood that the family will be found ineligible and decreases benefits if the family is determined eligible. Although estimates of the magnitude of these disincentives vary, most empirical studies do show a significant negative correlation between the level of welfare benefits and marriage (Moffitt 1998). In addition to this marriage disincentive inherent in means-tested programs, some programs have rules that further discourage marriage.

This chapter describes some policy options that could encourage family formation. Some of these policies reduce disincentives to form two-parent families; others directly encourage marriage. The focus is mainly on programs overseen by ACF and on changes that states could implement without the need for federal legislation. The chapter begins by discussing changes to two large ACF programs—TANF (Section A) and Child Support Enforcement (Section B). It then describes changes in other policies and programs that could potentially affect the structure of low-income families, including health care, housing

assistance, child care, and tax policies (Section C). The chapter concludes with some thoughts about implementing and testing these policy changes (Section D).

A. TANF

About two million families now receive TANF benefits. Hence, any disincentives to family formation in TANF could potentially have large effects. Changes in TANF to mitigate these disincentives and encourage family formation are described below.

1. Remove Categorical Eligibility Requirements

Aid to Families with Dependent Children (AFDC) was designed to serve needy children in one-parent households. At the program's inception, a two-parent family was categorically ineligible for welfare even if the father was unemployed and the family needy. The law was changed in 1961 so families with jobless fathers could be eligible for the AFDC-Unemployed Parents (AFDC-UP) program. States could choose how to define "unemployed," but federal regulations required that a parent must work less than 100 hours a month to be classified as unemployed. To be eligible, the parent also must have a significant history of employment, and the family must meet income and asset requirements.

PRWORA allows states to remove these restrictions on TANF eligibility for two-parent families, treating one- and two-parent families the same when determining eligibility, thus reducing the disincentive to form two-parent families. As of July 2000, 36 states have done so.¹ However, 10 states still have at least one of the AFDC restrictions for two-parent eligibility, and 3 retain all of the AFDC requirements. North Dakota denies eligibility to two-parent families unless one parent is incapacitated.

2. Disregard Some or All of the Spouse's or Cohabiting Partner's Income

The main disincentive in TANF to form a two-parent household is that the income of a second adult may count against the family in determining TANF eligibility and benefits. The states have a wide degree of flexibility in determining who is in the assistance unit.

In many states, the income of both biological (or adoptive) parents living with their child is counted in TANF eligibility and benefit decisions regardless of their marital status. As parents need to live with the child for their income to be counted, there is a disincentive for a TANF mother and child to live with the father of the child if the father has income or prospects for income.

TANF also contains structural disincentives to marriage for couples that do not have a child in common. Many states do not count the income of a cohabiting partner who is not

¹ The two-parent family eligibility rules were obtained from the Urban Institute's *The Welfare Rules Database*.

the biological parent of a child in the family. However, some TANF agencies “deem” income from a married stepparent to the mother and child when determining eligibility and benefits.

The rules also may create a disincentive for cohabiting couples to marry even if the eligibility rules do not depend on the couple’s marital status. This is because an unreported cohabiting partner is unlikely to be detected by the TANF caseworker, but it is harder to “hide” a spouse. So some couples may decide not to marry and not to report the existence of the cohabiting partner so that his income will not be counted.

Just as disregarding some earnings encourages work, disregarding some or all of the income of the second adult in the family in determining eligibility and benefits could encourage the formation of two-parent families. To encourage marriage over cohabitation, states could count income in households with married parents differently from income in unmarried two-parent households. Not deeming income of the stepparents to the biological mother and child could encourage marriage between the mother and a potential stepparent.

Several states are experimenting with ways to create marriage incentives through policies that disregard the income of spouses. For purposes of calculating benefit levels, four states (Alabama, Mississippi, North Dakota, and Oklahoma) disregard all the income of a new spouse for three to six months. Two other states (Tennessee and New Jersey) disregard a stepparent’s income if the household meets certain income criteria. Maine offers the option to include or exclude stepparents in the TANF assistance unit (Gardiner et al. 2002).

3. Provide Financial Bonuses for Marriage

Some TANF agencies have explored providing financial bonuses as an incentive to marry or remain married. West Virginia adds \$100 to the monthly TANF benefit payments to married couples. Legislatures in Mississippi and Washington attempted unsuccessfully to establish programs to pay parents on cash assistance a lump sum payment if they remain married for at least a year (Gardiner et al. 2002). To promote marriage, the Torres Martinez Desert Indian Consortium provides Native American TANF recipients in California’s Riverside County and Los Angeles County a lump sum of \$2,000 if they participate in a marriage promotion program. In addition, \$1,500 is available to offset the costs of the wedding as long as the participant has a traditional Native American wedding.

Providing financial bonuses for newly married TANF couples and disregarding the income of a new spouse in determining TANF benefits may reduce the financial disincentives to marry by the same amount. If the two changes are perceived differently, however, they may have different effects on family formation. It is easier to communicate to TANF recipients how a financial bonus for marriage alleviates the disincentive to marry. It may be more difficult to communicate to recipients how a change in the treatment of a new spouse’s income will reduce this financial disincentive.

Policies that provide financial bonuses for marriage might have the unintended consequence of leading to more unhealthy marriages or “paper” marriages, which occur only so couples can receive financial incentives. However, most financial bonuses are small and

are designed only to lessen the financial disincentive to marry rather than to provide direct financial incentives to marry. The unintended consequence may occur, however, if couples *perceive* in these bonuses a substantial financial reward for marrying.

4. Ease Work Requirements on Two-Parent Families

TANF policies have different work or work-related requirements for one- and two-parent families. Single parents with a child younger than six must work at least 20 hours, and other single parents must work at least 30 hours a week. Parents in two-parent families must work 35 hours, or 55 hours if they receive federally funded child care, but the parents can share the work hours. States are required to meet a minimum work participation rate of 50 percent for all families and a 90 percent rate for two-parent families. Some have argued that the separate work requirement for two-parent families should be eliminated (Fremstad and Primus 2002). In their welfare reauthorization proposals, the Bush administration and the U.S. House of Representatives would require 40 hours per week of work participation for all families, ending differential requirements for single- and two-parent families (CLASP 2002).

5. Provide Financial Security As Welfare Recipients Move Into Work

Some have argued that increasing financial security as welfare recipients move into work may encourage parents to marry and help them stay married (Knox et al. 2000). The main way to increase financial security is to increase earned income disregards so that welfare recipients' income (earnings plus cash assistance) increases more as they begin to work. This argument is supported by the findings from an experimental evaluation of Minnesota's welfare reform program—the Minnesota Family Investment Program (MFIP)—in which positive results were found on marriage within a group of long term welfare recipients, though not applicants. The evaluation found that 11 percent of MFIP recipients were married at the end of the third follow-up year compared with 7 percent of AFDC recipients (Knox et al. 2000). And among families that reported a spouse or cohabiting partner when they entered the study, 67 percent of MFIP families reported being married at the end of the third year compared with 48 percent of their AFDC counterparts. Although MFIP and AFDC differed in many ways, one major difference is that MFIP had a higher earnings disregard for calculating eligibility and benefits. MFIP increased family income by increasing both earnings and, because of the higher earnings disregard, benefits.

B. CHILD SUPPORT ENFORCEMENT

Child support enforcement may have unintended negative impacts on family formation. Several policy changes have been suggested to strengthen the incentives for family formation and remove unintended disincentives (McLanahan et al. 2001): (1) strictly enforce child support, (2) inform unwed fathers of their potential child support obligations, (3) align child support obligations with the father's ability to pay, and (4) reduce the amount of child support retained by the government. The first two policy changes directly affect the incentive to marry. The third and fourth policy changes may encourage family formation by reducing the burden on noncustodial fathers.

1. Strictly Enforce Child Support

Theoretically, stricter enforcement of child support has an ambiguous predicted effect on family formation. By imposing some of the cost of bearing and raising children on fathers who do not live with their children, stricter child support enforcement may discourage fathers from leaving the family. On the other hand, by providing the custodial parent with another source of income (assuming she receives the additional income) and greater financial independence if unmarried, stricter child support enforcement can weaken the incentives for the mother to stay married or cohabit with the father of her biological children.

Empirically speaking, stricter child support enforcement is generally found to promote family formation (Carlson et al. 2002). Overall, findings from research on the impact of strong child support enforcement on family formation suggest it generally encourages families to form or stay together or to avoid having a child out of wedlock. States with stricter enforcement have lower rates of divorce and out-of-wedlock births than do states with looser enforcement (Nixon 1997; Case 1998; Garfinkel et al. 2002). Mincy and Huang (2001) found that in states with more effective child support collection for children on TANF, it is more likely that the mother marries her children's father.

2. Inform Unwed Fathers of Their Potential Child Support Obligations

Another policy suggestion is to require paternity establishment for all unwed fathers even if the fathers live with the mothers and children, and to inform them of their potential child support obligations (McLanahan et al. 2001). Even though cohabiting fathers would not be required to pay child support, an awareness of their potential child support obligations may provide an incentive to stay with their families.

3. Align Child Support Obligations With the Father's Ability to Pay, and Forgive Some Arrearages

Low-income fathers often have to pay a much higher proportion of their income in child support than do middle- or upper-income fathers (Carlson et al. 2002). This is because child support orders typically are based on the fathers' *presumed* earnings based on what they earned in the past or would earn in full-time jobs at the minimum wage rather than on what they actually earn. In some states, fathers are required to reimburse Medicaid for their children's birth immediately after delivery. If fathers are unemployed, underemployed, and/or incarcerated, as many fathers of low-income children are, they are unlikely to be able to pay the support and can incur huge arrearages (Sorenson et al. 2000). Fathers may be incarcerated for nonpayment of support, putting them further into debt when they are released. In addition, they may have children with more than one partner and face multiple child support orders.

Large child support obligations and arrearages may both contribute to the tension between parents and push fathers away from their families. The fathers often are overwhelmed by the amount they are required to pay and may resent the mothers and children. The mothers may perceive the fathers as being neglectful, uncooperative, and

contributing too little to their families (Carlson et al. 2002, Sorenson et al. 2000; McLanahan and Garfinkel 2002).

One suggested policy change is to set child support obligations at a flat percentage of the father's income (McLanahan et al. 2001). The advantage of this change is that obligations would automatically decline when the father is not working. But as actual support payments have been found to increase when support orders are expressed as a percentage of income (Bartfeld and Garfinkel 1996), the child may not receive substantially less financial support. This would, however, create somewhat of a disincentive for the father to work and would require a system in which changes in the father's income are reported and verified.

Some states have forgiven arrearages under certain circumstances. Tennessee forgives a father's arrears if he marries the mother of his children and lives with the family. Vermont forgives arrears if the biological parents reunite, although it does not specify that they marry (Gardiner et al. 2002). Other states have programs to lessen or forgive child support arrears if noncustodial parents participate in employment, fatherhood, or other programs designed to improve their earning potential and involvement as parents and if they make efforts to begin paying their debt. Maryland's Child Support Arrears Leveraging Program is one example of this type of program.

4. Reduce the Amount of Child Support Retained by the Government

A large proportion of support payments to TANF recipients typically does not go to the children and mothers; it is retained by the state and federal governments to compensate for the costs of cash assistance. More than half the states retain all child support that is collected, and 15 pass through a maximum of \$50 to the children and mothers (Center for Law and Social Policy 2002). Even after families leave welfare, about half of child support debt collected for former TANF recipients is kept by the government to cover arrearages incurred while the family was on assistance (Turetsky 2002). The low share of child support payments passed to the mother may decrease the father's incentive to make payments and stay involved with the family. Increasing the amount of child support passed through to the family would allow the father to see improvements in his children's resources and may encourage him not only to cooperate with the system but also to become more involved with his family.

Reducing the amount of child support retained by the government may, however, have a negative effect on the incentives for a couple to marry. If the government retains some child support, more of the father's contribution to the family would be available to the child if the couple were married. This financial incentive may partly offset the reduction in TANF benefits that occurs if the couple marries. Several states have moved to pass through significant amounts of child support to the families and to disregard some or all of the child support payments as income for purposes of determining eligibility for cash assistance and benefit payments. For example, Connecticut passes through all collected child support to the families and disregards up to \$100 per month for benefit calculations. In Wisconsin, members of a large experimental group receive all child support, and the full amount is

disregarded for benefit calculation, while control group members receive only a \$50 pass-through that is disregarded for eligibility and benefits.

Research shows that reducing the amount of child support retained by the government has some positive results. Findings from the Wisconsin study suggest that families in the experimental group who could receive the full amount of support have higher rates of paternity establishment and are more likely to receive child support (Meyer and Cancian 2001). Most measures of the nonresident father's relationship with the mother and child revealed few differences between the experimental and control groups, although there was some evidence of higher informal transfers made by fathers in the experimental group. Analysis of data on paternity establishment across states also suggests that a higher pass-through is associated with higher paternity establishment rates (Meyer and Cancian 2002).

C. OTHER PROGRAMS AND POLICIES

The requirements of a range of other programs and policies have implications for family formation and suggest possible interventions to be tested.

1. Expand Health Care Coverage for Two-Parent Families

After Medicaid eligibility was delinked from eligibility for cash assistance in PRWORA, federal policy required states to create a "family coverage" category, which applies the old AFDC eligibility rules for two-parent families to the determination of Medicaid eligibility. But states may take steps to expand eligibility, including eliminating the 100-hour and recent work history rules and providing Medicaid coverage to new categories of people through Section 1115 waivers. States also may disregard certain income and assets, thereby expanding eligibility. As of 2000, 36 states based Medicaid eligibility entirely on a two-parent family's financial circumstances, and 8 used waivers to cover two-parent families (Gardiner et al. 2002).

Despite these changes, some two-parent families become ineligible for coverage if their combined income pushes them past the threshold for eligibility. To address this situation, three states provide insurance for parents, including those in two-parent families, through state-funded programs, and six have received waivers from the State Children's Health Insurance Program (SCHIP) to cover parents (Gardiner et al. 2002).

2. Disregard Spouse's Earnings in Determining Housing Assistance Eligibility and Benefits

Housing assistance is available for low-income families from federal, state, and local programs. Rent subsidy programs generally reduce tenants' rent payments to a fixed percentage of their income after deductions, with the government paying the rest. The federal rental subsidy limits the rent payments to 30 percent of family income.

As with other means-tested programs, housing benefits can fall substantially if a working spouse joins the family because all of the additional income is counted. Rector

(2002b) reports that a typical single mother receives a housing subsidy worth \$5,000. But if she marries a man with earnings of \$18,000 or more, she will lose the subsidy. Fear of losing housing assistance has been found to be an important disincentive to increasing earnings through work (Miller and Riccio 2002) and may also be an important disincentive to marry.

One suggested policy is to ignore the first \$1,000 of a spouse's earnings in determining the married couple's eligibility and rental subsidy (Rector 2002b). A public housing agency could, at its own cost, adopt a policy disregarding some or all of the income of a spouse who joins a family in public housing, although it currently is not permitted to do so for families receiving Section 8 vouchers to help pay for private housing (Sard and Waller 2002).

3. Reduce Any Disincentives to Family Formation Inherent in Child Care Policies

Eligibility rules for child care subsidies may unintentionally discourage two-parent family formation. Families are only eligible for child care subsidies under the Child Care and Development Block Grant if their income does not exceed 85 percent of the median income for families of their size in the state. Many states set income eligibility levels below this. As income eligibility cutoffs are low, working mothers may easily lose their child care subsidy if another working adult joins the family.

4. Reduce the Marriage Penalty in the Tax System

Income taxes are based on the individual's income, or, if married, on the couple's income. Depending on the distribution of income between the spouses, taxes could contain marriage penalties or bonuses. According to the U.S. General Accounting Office (1996), there are 59 provisions in the U.S. income tax code that either penalize or reward marriage.

The earned income tax credit (EITC) is of particular importance to low-income populations. The EITC is a refundable tax credit that increases with a filer's earnings until it reaches a maximum. Over a range of income, taxpayers receive the maximum credit, and then it is phased out with additional earnings over a specific amount. The EITC can discourage marriage if the additional earnings of the spouse would reduce the amount of EITC benefits or make the couple ineligible for benefits. On the other hand, the EITC may encourage marriage if a woman with no earnings marries a man with low earnings and the couple becomes eligible for the EITC. Ellwood (2000) found that the EITC declines an average of \$1,505 for 16 percent of couples after marriage and increases by an average of \$1,367 for 11 percent of couples. However, he found no clear effects of the EITC on marriage patterns, and Dickert-Conlin (1999) found only modest and somewhat conflicting effects on divorce.

Changes in the tax system are clearly out of the purview of ACF. Nonetheless, states could change the marriage penalties/rewards in their own tax systems. Fifteen states and the District of Columbia had state EITC programs in place in 2000. Ellwood and Sawhill (2000) suggest several options for reducing the marriage penalty in the EITC, including making tax credits more universal or extending them up the income scale, allowing married couples to

file separately and to split their income for EITC purposes, creating an EITC earnings deduction, and reducing the phase-out rate for married couples.

D. IMPLEMENTING AND TESTING POLICY CHANGES

The advantages of encouraging marriage through policy changes are that the changes can potentially affect a large population and, unlike the other interventions discussed in this report, will not require couples to agree to receive services.

The major limitation of this form of intervention, however, is that the policy changes do not affect relationship skills or change the attractiveness of a partner as a spouse. On their own, these policy changes may not affect the likelihood of “healthy” marriages nor have lasting effects. In addition, the magnitude of the effect of policy changes is uncertain. The effects may be small if unwed parents do not perceive the change in incentives or if the change is not large enough to change behavior.

In implementing the types of changes suggested in this chapter, policymakers will face three major challenges. First, the changes may be very costly. Removing disincentives to form families will increase the number of two-parent families that are eligible for assistance and the amount of benefits they receive. However, if the policy changes are successful and more two-parent families form and become self-sufficient, these costs will be offset, at least to some extent, by a reduction in the number of families needing assistance. Second, removing disincentives to form two-parent families will involve increasing the proportion of benefits paid to two-parent families. But since two-parent families generally have higher incomes and benefit from the economies of cohabiting, these policy changes will mean that the additional resources will not be targeted to the most needy families. Third, while disincentives inherent in the entire tax and public assistance system may deter couples from marrying, the disincentives in any one program may be small. Therefore, changes to multiple programs may be needed to achieve a significant impact on marriage, and this approach would require the cooperation of many different state agencies.

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CHAPTER VI

PROGRAM DEVELOPMENT AND IMPLEMENTATION ISSUES

Developing programs that encourage and support healthy marriages among low-income unmarried parents raises several challenges for program designers. Trends in marriage and family formation must be understood. Program staff must be committed to tackling factors that impede healthy marriages and to promoting services that encourage them. The target population must be identified, its heterogeneous nature fully considered, and a range of family needs assessed so that services can be appropriately tailored to various subgroups and families. Creative ways to engage couples, especially fathers, in programs need to be developed. Finally, important implementation issues such as the mode and setting of service delivery, staffing requirements, and service intensity need to be addressed.

This chapter focuses on these and other program development and implementation issues. It starts with an overview of two program development options that would incorporate the three components of the conceptual framework—relationship skills and marriage education, services to improve marriageability, and policy changes. It then discusses several implementation issues related to service delivery and couple and family assessment.

A. PROGRAM DEVELOPMENT OPTIONS

The sweeping changes in family formation over the past 50 years suggest that efforts to reverse or redirect these trends would need to be ambitious in nature and comprehensive in scope. With high proportions of Americans either marrying late, not marrying at all, or marrying and then divorcing, interventions that would encourage and promote healthy, stable marriages should be well-grounded in what is known about the factors associated with strong marriages and the barriers to strong and healthy marriages. The most promising program model is likely to be one that blends elements from each of the three general approaches detailed in the previous chapters: (1) relationship skills and marriage education;

(2) employment, education, and support services that improve marriageability; and (3) policy changes that remove disincentives to marriage among the low-income population.

How should these three approaches be combined to develop a new and innovative program that can promote strong, healthy marriages? Two program development options are possible: (1) modify existing relationship skills and marriage education programs to focus more on the needs and circumstances of low-income families and (2) add or strengthen a relationship component in a program that currently provides services to low-income families. Either option could incorporate changes to TANF or child support policies. The choice of one or the other may depend on the nature of the sponsoring organizations and on the foundation of existing program services on which a new program is built. Organizations that already run programs focusing on relationship skills could modify their couple and marriage services to address the broader human capital and service needs of low-income couples. In contrast, public or community agencies that already provide services to low-income families—with home visiting programs, fatherhood interventions, prenatal care initiatives, or early childhood development programs—could strengthen or add a relationship or marriage component to their services. The extent to which TANF and child support policy changes are integrated into either program model is likely to depend on the involvement of high-level officials in a state welfare agency or governor’s office who can “champion” the new program, rallying the will and support needed to change current welfare policy.

To be more specific, under the first option, any of the programs described in Chapter III might be modified to serve a different target population. For example, the Oklahoma Marriage Initiative (OMI) focuses on providing relationship and communication skills instruction statewide using PREP. The OMI trains counselors, mental health professionals, clergy, social workers, nurses, and others to provide PREP workshops in communities across the state. It also provides training to state agencies and community based organizations in how to refer clients to the workshops. Oklahoma is currently considering expanding and modifying its marriage initiative to pilot a new program that would focus more specifically on the needs and circumstances of low-income unmarried couples around the time of childbirth. This pilot program would supplement the relationship skills instruction under PREP with other support services and education for low-income couples expecting a baby.

If an existing marriage education program intends to offer other services to meet the needs of low-income unwed parents, program staff must decide whether to provide these services “in house” or to refer couples to available resources in the community. Providing these services “in house” may be costly and may duplicate services already available in the community. Program staff would have to weigh these costs against any expected benefit associated with in-house service delivery, such as the ability to tailor the services or schedule them in more convenient ways. However, the costs may outweigh such possible advantages, and suggest that referral and follow-up is preferable.

The second option—adding a relationship component to a program that currently serves low-income families—could build on both that program’s infrastructure and the

program staff's awareness of the needs of low-income families. Examples of existing programs that could be modified to include relationship skills and marriage education are:

- ***Prenatal Care Programs.*** Prenatal and infant care programs such as Healthy Start provide case management services that link low-income pregnant and postpartum women and their infants to community services. In addition, Healthy Start has a strong outreach component and delivers health and parenting education to clients. Many local programs have a men's services component. These outreach efforts and the service delivery infrastructure could act as a springboard for a module or modules on couple relationships.
- ***Fatherhood Programs.*** This broad array of programs for low-income fathers—such as child support enforcement and paternity establishment programs, fatherhood initiatives, and team parenting programs—seeks to help men become better able to support and contribute to the emotional well-being of their children. The Men's Services component of CFWD, for example, provides case management, life skills development, and parenting education services to encourage men to become more active in their children's lives. This structure could support relationship or couples services. Indeed, CFWD is developing a module on the principles of marriage that will be added this fall.
- ***Home Visitation Programs.*** Healthy Start and David Olds' Nurse-Family Partnership Program are intensive long-term home visitation programs in which the intervention starts with at-risk mothers during pregnancy or shortly after the birth of the child. The goals are to improve health-related outcomes for mothers and children and prevent child abuse and neglect. Efforts are under way (Children First program) to integrate elements of PREP into the Nurse-Family Partnership Program and to develop program elements to reduce domestic violence.
- ***Early Childhood Development Programs.*** In programs such as Early Head Start, which also intervene early in the child's life, a strong effort is made to involve both parents in the child's development. Some programs are based in centers; some use a home visitation approach; some use a combination. These programs do not currently focus explicitly on healthy marriage, but many promote positive father involvement (Raikes et al. 2000).
- ***Family Support Programs.*** Some programs are intended to promote family stability and reduce involvement in the child welfare system among at-risk low-income families. The Bienvenidos program, for example, is a culturally sensitive, holistic, comprehensive program serving a low-income Latino community at high risk for domestic violence and child abuse and neglect. Couple relationships are an important part of nearly every program component.

The key issues to consider in weighing the trade-offs between the two program options presented here revolve around a program's ability to (1) recruit participants from the target

population and conduct thorough outreach, (2) provide services and use curricula that are culturally competent, (3) deliver a message that encourages healthy couple relationships and marriages, and (4) assess participants' needs and link them to employment, education, health, and supportive services.

One important advantage of the first option—modifying existing relationship and marriage education programs to serve low-income, unwed parents—is that there is no need to adapt the program mission, goals, or core service components in order to provide couples with the skills needed to encourage, develop, and sustain healthy relationships and marriages. However, most of these programs have been designed for and implemented with middle- and upper-income married or engaged couples, or with married couples making the transition to parenthood. In contrast, the target population for the programs to be developed under this conceptual framework is primarily low-income unmarried couples with children born out of wedlock.

Consequently, despite the advantages afforded by adapting existing relationship skills programs, this option may pose challenges with regard to fully reaching the “new” target population—not only geographically, but culturally and linguistically as well. For instance, program staff would have to be knowledgeable about the needs of different racial and ethnic groups and sensitive to any cultural variations in how “healthy” relationships and marriages are conceptualized. Finally, these programs will need to develop a systematic way of assessing client needs and linking clients to services, as the target population is more likely to face multiple personal and family challenges relative to couples who have traditionally participated in these programs.

The second option—adding a relationship component to a program that serves low-income families—is promising because these programs already conduct outreach with, recruit, and serve low-income families. In addition, an established service delivery infrastructure makes it even more feasible to add a new component as opposed to developing a new program. Such programs also tend to be responsive to the communities they serve and are thus able to provide services that are congruent with the needs, beliefs, attitudes, and values of their service populations. Moreover, these programs typically assess clients for a variety of risks, needs, and challenges and can refer and link clients to services, many of which are offered in house.

On the other hand, many existing programs are not oriented toward couples and, as a result, may struggle to incorporate a message about healthy relationships and marriages into the program's mission, goals, and services. In particular, program administrators may be especially concerned about any unintended consequences of an intervention to encourage healthy marriages. More important, however, this option means that staff would have to be trained to provide relationship skills and marriage education or that new staff would have to be hired to provide this additional component. If existing staff are used, they may face competing demands on their time, and they will likely need to decide how to prioritize the various issues faced by families.

B. PROGRAM IMPLEMENTATION

Moving from a general program model to implementation is a complex, intensive, ongoing process that raises the following issues for program designers: how to build support and develop program messages, how to make services culturally sensitive, how to conduct outreach and recruit program participants, and how and when to assess couples and families. This section provides some guidance with respect to these key implementation issues.

1. Building Support for a Focus on Healthy Marriage

Addressing marriage poses a dilemma for some programs and program staff, at least as they first design and implement a new program approach. This is especially true for staff of existing programs that provide services to low-income families. They are sometimes hesitant to broach discussions of the relative advantages of marriage over cohabitation or single parenting because of the potential either to stigmatize couples or individuals who are not married or to encourage the continuation of an unhealthy relationship. In such programs, staff are accustomed to encouraging clients to make their own choices but generally try to avoid the appearance of judging, or advocating, one choice over another. Although some program staff believe that a healthy marriage is the ideal situation for raising children, they prefer to focus on strengthening the *individual* as the best preparation for making good choices about marriage.

Staff of faith-based programs examined as part of the Strengthening Families study are the most comfortable discussing the benefits of marriage and espousing specific values about relationships and marriage. Still, even in some of these programs—Christian Family Communication Mediation Services in St. Louis, for example—staff are hesitant about the appearance of advocating marriage.

Program staff in general do not think that a couple's decision to break up or remain unmarried reflects a lack of values or an abandonment of marriage as an ideal. This is consistent with research showing that many unmarried parents view marriage as the ideal situation for children and aspire to marry the parent of their child (McLanahan et al. 2001; Thornton 1989). In the eyes of program staff, what keeps these plans from being realized is not the state of marriage itself but issues like domestic violence, substance abuse, and multiple partner fertility.

Part of the reluctance to address relationship issues in the context of programs serving low-income families likely stems from the fact that they tend to serve a broad range of low-income individuals, rather than couples at the time of their child's birth when the parental relationship is often still good and hopes for marriage are high. Another reason is that the quality and status of parental relationships have not been defined as program goals in the past, and staff have not received adequate training or support to explore these issues. This is particularly true for programs that have traditionally provided services to women and their children, but to a lesser extent, or not at all, to fathers. For example, nurse home-visitors in Oklahoma's Children First program voiced concerns about the ability to effectively integrate

a focus on the parents' relationship without disturbing the dynamics of the nurse-mother relationship, the foundation of the nurse home-visiting model. These nurses have been trained to view the mother as their client, and while they include fathers if the mothers request it, it would be an adjustment to view the couple as the client. They are unsure how they would proceed if the couple broke up, what services they might offer to males, and whether men would be open to receiving help from a female nurse. However, design work is underway to adapt this program to couples.

Even state policymakers and key community leaders are sometimes hesitant to support healthy marriage as a program goal, especially in the early stages of discussion about a marriage initiative. This reluctance reflects both an uneasiness about appearing to judge people on the basis of their marital status and the reality that many single people function well. More so than for most program areas, people bring to this policy discussion their personal experience with marriage—whether it is marriage itself, divorce, single parenthood, or cohabitation—and program models and policies that do not reflect this reality may exacerbate, rather than address, the discomfort or uncertainty related to addressing this issue in a program.

Despite some uneasiness about promoting marriage per se, relationship issues are commonly discussed in the course of providing many services to low-income families, such as parenting education and father involvement programs. Not surprisingly, the couple's relationship is one of the issues that clients care most about. Program staff say they discuss topics like conflict, co-parenting, and communication with their clients, though not in a structured way and usually without the use of any formal research-tested curriculum. In *Bienvenidos*, for example, home visitors regularly counsel parents on their relationship. During one home visit observed by the Strengthening Families study team, program staff spent about one-third of their time discussing issues related to the couple's relationship and advised the couple (who had six children) to try to set time aside for the two of them to be together without their children.

The natural interest in couple and family relationships opens up an opportunity for encouraging healthy marriage, and creative ways to overcome the reluctance about making healthy marriage a program goal need to be considered. Several possibilities include the following:

- ***Provide Information on Marriage Research and Marriage Education.*** Many program and policy leaders are unaware of the evidence showing that children fare best when raised by married parents. Others are unfamiliar with the array of promising approaches that could be used to help couples who are interested in strengthening their relationships. Information dissemination efforts could address these “why” and “how” questions by:
 - Providing an easy-to-read explanation of the evidence for the beneficial effects of healthy marriage on child well-being

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- Compiling, disseminating, and demonstrating some of the most promising curricula used in marriage education and relationship skills programs
 - Suggesting areas for adaptation to make programs more appropriate for low-income unmarried parent couples
- ***Avoid Overstating the Research Findings.*** Presentations involving long lists of the statistics on better outcomes for children and adults in married households can come across as simplistic and as slights to the successes of single parents. This might be avoided if the presenters acknowledge that marriage is not for everyone, that getting married is not a sure path to positive outcomes, that the real goal is to improve the chance of success, and that, *other things being equal*, a healthy marriage gives parents and children a better chance of success in many spheres of life.
 - ***Engage in Strategic Planning Discussions.*** It takes time and open dialogue to overcome initial resistance to the idea of healthy marriage as a program goal. Reaching out to key state and local agencies and community leaders (especially those involved with domestic violence issues), convening community or statewide meetings or workshops to discuss the role of healthy marriage promotion in a public program, and contacting other states or community organizations that are running marriage initiatives are some ways to start and sustain the dialogue needed for buy-in, as well as to frame a shared agenda for the objectives and components of a healthy marriage initiative.
 - ***Provide Staff Training.*** The resistance to promoting healthy marriage sometimes emanates from an inadequate understanding on the part of program staff about the nature of relationship-education services. Staff may be concerned about the risk of encouraging individuals to remain in unhealthy relationships, or they may fear that the new initiative will require that they push marriage for particular couples. Investing in staff training—as in the Oklahoma Marriage Initiative—may help to alleviate these and other staff concerns by presenting information on the content of the intervention and the circumstances under which couples would be eligible.
 - ***Tailor the Intervention.*** Staff may be less resistant to marriage education and relationship skills instruction in programs that assess client needs and tailor services to them. In particular, unmarried parents in an abusive relationship and very young unmarried parents might need a different set of services to address their needs. However, for those unmarried parents who are romantically involved, an intervention that provides relationship and communication skills instruction may strengthen the relationship, increasing the chance that the couple will choose to marry and that the marriage will be healthy.

2. Providing Culturally Sensitive Services

Program participants are more interested and motivated to participate in services that are relevant, or sensitive, to their culture and community. Culture can be viewed broadly as being a function of race and ethnicity, but it is also rooted in neighborhood, socioeconomic status, and shared life experiences. Programs achieve cultural sensitivity in a variety of ways, including (1) incorporating traditions and cultural teachings in curricula, (2) hiring staff whose background is similar to that of the target population, and (3) using cultural themes in office décor and program materials.

Probably the most effective way to achieve cultural sensitivity is to infuse program curricula and activities with elements of the culture. For example, Bienvenidos includes aspects of Latino and indigenous culture in all aspects of service provision; CFWD has designed an Afro-centric curriculum for Men's Services in which African and African American themes are used throughout its lessons. Holiday celebrations and other traditions are a common way for both of these programs to connect with participants. For example, CFWD begins all support groups with a "libation," an African tradition for honoring ancestors by pouring a ceremonial liquid into a container and paying tribute in verse. Similarly, in its fatherhood services, Bienvenidos emphasizes becoming an *Hombre de Honor* or *Hombre de Palabra*—a Man of Honor or a Man of Word—which connotes a uniquely Latino value, or view, of personal responsibility.

Staff hiring and training also are important elements of culturally sensitive programs. Participants are more likely to express their needs and problems to staff if they feel comfortable and understood in the program setting. Staff who share a "community" with clients—whether that community is defined by race, ethnicity, geography, or common life experiences—are especially able to connect with participants and to design and provide services that are relevant to them. At both Bienvenidos and CFWD, most or all of the staff share race, ethnicity, and language with participants along with life experiences and a connection to local neighborhoods.

Cultural sensitivity also goes beyond curriculum design and staffing. For instance, the office décor at Bienvenidos and CFWD includes art, posters, cloth, and photographs that capture cultural themes. A tribal TANF agency in Riverside and Los Angeles counties, the Torres-Martinez Desert Cahuilla Indians Consortium, promotes the continuation of cultural traditions by helping couples pay for traditional Indian weddings. The mode of service delivery is also an indication of cultural sensitivity. For example, Dr. Lorraine Blackman chose to teach classes on relationships and marriage in her African American Family Life Education program instead of engaging couples one on one because her review of research suggested that African Americans prefer receiving information through lessons rather than in the context of personal disclosure.

3. Conducting Outreach and Recruitment

Enrolling individuals in programs can be a major challenge. Unless participation is mandatory, eligible individuals in the target population must understand both their need for

and the benefits of program services. This task may be challenging in programs intended to strengthen families when the parents are not married, since the couple is the focus of the intervention and both the mother and father need to be reached and recruited. On the other hand, interventions that begin during the pregnancy or around the time of birth may capitalize on the motivation and receptiveness couples experience during this period.

Outreach and recruitment may be easier under the second option—adding relationship services to programs that already serve low-income families—because these programs have the infrastructure and a client base from which to recruit new participants. Examples of such programs include early childhood development programs or programs serving pregnant and postpartum women. The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), for example, may be a program from which to recruit couples. Data from the Fragile Families study show that 83 percent of unwed mothers in the Fragile Families sample received WIC benefits (McLanahan, personal communication).

These programs can also provide outreach models. Healthy Start, which offers case management and health education to low-income pregnant and postpartum women and their children, is a good example. Its outreach strategies fall into seven categories: (1) intensive door-to-door canvassing, (2) periodic targeting of housing units, (3) canvassing of community/public spaces, (4) community events, (5) telephone contacts, (6) mass media campaigns, and (7) hotlines (McCann et al. 1996). These strategies vary in intensity, in frequency of use, and in the types of staff who implement them. Essentially, outreach workers canvass all community locations frequented by pregnant women—grocery stores, malls, laundromats, nail and hair salons, and housing units. In addition, many Healthy Start programs host or participate in community health fairs, taking advantage of the opportunity to spread information about program services.

Broader public information/education efforts—such as radio spots, bus cards, hotlines, billboards, and flyers—are other vehicles for contacting potential program participants. Links to other programs are also a useful outreach strategy. For instance, clients enrolled in Medicaid managed care plans could be assessed and referred to a program to strengthen families.

4. Assessing Couples and Families

Providing low-income parents with relationship services that are appropriate begins with a solid understanding of their needs and circumstances. Therefore, assessing low-income couples and families for substance abuse problems, mental and physical disabilities, criminal backgrounds, family violence, and the other issues that typically act as barriers to employment can also provide clues to what is standing in the way of their ability to create and maintain stable and healthy marriages and relationships. Personal and family issues also have the potential to complicate service design and delivery. For instance, participants with physical or mental health disabilities may participate inconsistently or require special accommodations. Other considerations include safety concerns that may come into play when delivering services to young men involved in rival gangs—family and staff members could be at risk by interacting with fathers in public or at program events.

This section discusses some key factors for which families targeted for intervention should be assessed. In most cases, these assessments can be used to tailor services to client needs; in other cases, the assessments can be used to screen individuals from irrelevant services.

Abusive Relationships. Program staff confirm what research has consistently shown: abuse in relationships is a prevalent problem among low-income couples. As a result, programs must develop strategies specific to identifying and addressing abuse. Studies have found that 10 to 30 percent of female welfare recipients—compared with 3 percent of women nationally—report being in a relationship marked by domestic violence (U.S. General Accounting Office 2001; Danziger et al. 2000). The research also shows that abuse in couple relationships and child abuse often occur in the same families (Ooms 2001). Given the evidence, it is particularly important for programs developing relationship services to carefully consider how they will ensure that clients are not encouraged to remain with abusers or put themselves or their children at risk. In addition, screening for domestic violence also allows for the tailoring of services to both perpetrators and victims of abusive relationships.

Addressing this issue appropriately and consistently is a challenging task, given certain characteristics of abusive relationships. For one, the types and degrees of abuse vary from one client to the next. The traditional signs of domestic violence—controlling behavior, threats, physical and verbal abuse, and an inevitable escalation of violence—do not always apply to all couples. Moreover, couples are sometimes mutually violent, further exacerbating the conflict and complicating the resolution. While physical abuse can be life threatening, emotional abuse and control (e.g., not letting someone see friends or family or restricting their access to money) can be as damaging or more so. As a result, program staff must not only take all types of abuse seriously but also must differentiate between them in order to link families to appropriate and useful services. For example, some marriage experts who work with distressed couples make the case that while certain types of abusers are not treatable, many others can benefit from a marriage intervention program that focuses on conflict resolution.

Unfortunately and for a variety of reasons, it can be difficult to identify and gauge the severity of abuse. Shame, guilt, or denial on the part of both the abused and the abuser can keep them from admitting the problem. Along the same lines, victims of domestic violence, often convinced that they are at fault, have self-esteem issues that keep them from seeing the abuse as a problem. In fact, many young couples have grown up around violent relationships, therefore seeing abuse as normal, appropriate, or inevitable. Further complicating the issue is the fact that even formal tools for assessing domestic violence often rely on self-report. Consequently, the assessment results may be less than accurate if program staff and participants have not had time to develop the kind of trusting relationship that would encourage clients to “speak their mind.” Staff at many programs are not trained to identify domestic violence. Therefore, to effectively address the issue of abuse, programs need someone on staff, ideally a mental health professional, who is trained to identify abuse and to differentiate between its various forms.

Programs have also found that many people stay in abusive relationships for long periods of time or cycle in and out of them. Many women in the Bienvenidos Family Services domestic violence program, *Latinas en Progreso*, stay with their abusive partner throughout the series of classes and beyond. Bienvenidos staff approach each situation individually, help to secure the safety of the abused partner and children, and work to strengthen the abused partner's skills and confidence while working with the abuser on both anger management and relationship and parenting issues. In more severe cases, staff refer abused participants to a local domestic violence shelter.

The "gray areas" of domestic violence have led some program staff to develop a flexible, case-by-case approach to the issue and to focus on providing families with the skills and information they need to make their own decisions. When CFWD identifies a man in its programs who is abusing his partner, staff approach the situation in different ways, depending on the severity of the problem and the willingness of the participant to admit to the problem. These approaches range from helping the client see his behavior as a problem to referring him to a batterer's program at an organization that treats domestic violence. Jerry Tello's curriculum, used by the National Latino Fatherhood and Family Institute at Bienvenidos, focuses on the root causes of violent behavior, including the pressures caused by racism, poverty, and violence in the client's family of origin or neighborhood. The fathers in the program are asked to reflect on how they have internalized these pressures and directed them at others through violence, drug use, and other unhealthy behaviors.

Multiple Partner Fertility and the Influence of Extended Family. Couples should also be assessed for multiple partner fertility and extended family networks as part of developing and delivering appropriate relationship services because, regardless of income level, couple relationships are often influenced by other relationships with family, friends, and previous partners. However, among low-income families in particular, parenting and couple relationships can be especially complicated if one or both parents have had children with other partners. Moreover, these families may be strongly influenced either positively or negatively by the extended family.

Parenting and couple relationships can be particularly complicated if one or both parents have children with other partners. According to a recent analysis of the Fragile Families data, 36 percent of both mothers and fathers have children with other partners (Mincy 2001). Of those mothers who have two or more children, more than half have a child by someone other than the father in the study. Multiple partner fertility is found to be more common among blacks (46 percent) than whites or Hispanics (22 and 29 percent, respectively). It is more common among mothers 25 years and older (who are more likely than younger women to have had two or more children) (Mincy 2001). Some evidence suggests multiple partner fertility discourages marriage (Lichter and Graefe 2001; Mincy 2001). Mothers may be reluctant to marry fathers with financial and emotional responsibilities to other children, and fathers may be reluctant to take responsibility for nonbiological children.

Previous relationships and children with other partners can be both a challenge and a source of conflict for couples. A CFWD analysis of participants found that, on average,

fathers in the program have two children, each with a different partner. Multiple partner fertility complicates both family structure and program efforts to provide services, especially relationship services, to the family. In these situations, program staff try to help the parents identify the best outcomes for all concerned. Some programs, including Constructing a Godly Home in Michigan, encourage participants to view parenting relationships as permanent and to work on improving communication among themselves, with their current partner, and with former partners with whom they have had children.

Unlike multiple partner fertility, connections to extended family can be both a strength and a challenge in couple relationships. Parents may receive support from extended family in various forms, financial and otherwise. Nonetheless, the involvement of extended family may also complicate family formation decisions. The primary strategy for dealing with this challenge is to acknowledge the importance of extended family and to include them, as much as possible, in program services and discussions with participants.

Young Age. Marriages between teenagers are significantly more likely to end in divorce than are marriages between older adults (Booth and Edwards 1985). For this reason, unmarried parents eligible for program services should be assessed for age and their relationship status in order to tailor services accordingly. It may be useful to provide younger parents with general relationship and marriage education classes of the type provided to high-school students (see Chapter III). Such classes do not seek to strengthen existing relationships and marriages but to prepare young people for healthy marriage in the future.

Low Education and Literacy. Program content must be appropriate for a variety of education levels and language skills. Education levels are lower, on average, among low-income families than among the general population. Many programs work with individuals who have limited education or learning disabilities, who are illiterate, or who are recent immigrants to the United States and do not speak English as their first language. These demographics affect program staffing, curriculum development, and the design of program materials like application forms.

Studies have shown that approximately one-third to one-half of welfare recipients do not have a high school diploma, and more than one-fifth have a learning disability (Pavetti 2002). Although program classes and materials need to be tailored to both these individuals and those who are illiterate, curriculum content can remain the same, although staff will need to identify the language level and mode of learning that will be most appropriate for participants. For example, the director of Christian Family Communication Mediation Services noted that participants in her program did not immediately understand the term “biological parent,” so she has learned to use different terms for the same concept and to provide more explanation for terminology she uses. Another illustration of this kind of adaptation is the Couples’ Relationship Enhancement Program, which not only developed curriculum materials that are appropriate for participants with limited education but also created audiotapes of program materials for illiterate participants.

English language skills are also an issue for many programs that serve low-income families. Some participants may be learning English as a second language but still need some program materials translated into their native language; other participants may not speak

English at all. Depending on the English language skills of participants, some programs hire bilingual staff and offer classes in several languages. Bienvenidos Family Services offers weekly parenting classes in English and in Spanish, and all program materials are available in both languages. Boot Camp for New Dads in Denver, Colorado, developed a Spanish version of its curriculum and offers classes in Spanish regularly.

C. SERVICE DELIVERY

This section offers guidance with respect to the following service delivery issues: (1) context and setting, (2) mode or modes of service delivery, (3) service intensity (such as frequency and duration of services, and amount of staff interaction), and (4) staff characteristics, backgrounds, and training.

1. Context and Setting

The setting in which a program is implemented is an important factor in determining the following: the extent to which couple relationships and healthy marriage can be readily addressed, the type and scope of services, the population served, and the amount of staff training required. Programs in the Strengthening Families study operate in hospitals and health care clinics; as part of health care, welfare, and early childhood programs for low-income families; in faith-based programs; and in community-based organizations.

Health Care Setting. The health care setting is a promising environment for programs that seek to intervene with couples at or around the time of birth. Typical settings include prenatal care clinics, hospitals, or other facilities in which health-related services are delivered to pregnant and postpartum women. Healthy Start and Children First both begin working with women while they are pregnant and could seize upon this critical point in a couple's relationship by including fathers in services and expanding the scope and content of their programs.

Other advantages of the health care setting include the availability of services and the fact that participants see these services in a positive light. For instance, programs that operate in health care settings typically provide thorough health and social risk assessments, linking clients to appropriate physical and mental health services as well as social and other support services. In addition, the involvement of clinical and highly trained staff in service delivery often fosters a sense of trust in program participants and, consequently, their acceptance of the accuracy of the advice they receive.

As discussed, however, staff in health care settings may sometimes be reluctant to formally address relationship issues. In particular, staff at prenatal care programs that focus primarily on health interventions may not view marriage and relationship issues as important to the program's mission. Resistance from this and other sources might be overcome through training or by hiring new staff with the professional background and training to provide relationship skills services.

Welfare Setting. Despite the advantages of a welfare setting for reaching the target population, it poses several challenges with regard to acting as the foundation for programs designed to strengthen couple relationships or build healthy marriages. First, because benefit levels are tied to household structure, mothers on welfare face a disincentive to be involved, or at least to report their involvement, with the fathers of their children. Second, including a marriage-related message in the context of providing welfare benefits might inadvertently suggest to participants that the receipt of public assistance is somehow contingent upon their marital status or their relationship with the father of their child. In addition, TANF caseworkers are unlikely to be equipped with the training and skills required to talk to participants about their relationships and the benefits of healthy marriage. Moreover, the likely demands on staff time, such as linking clients to services and moving them into employment, would not allow them enough time to devote to clients' relationships.

On the other hand, if implemented carefully, interventions developed within the welfare setting might provide TANF clients with the support they need to form healthy and stable marriages. The Torres Martinez Desert Cahuilla Indian Consortium is an example of a tribal TANF agency that has put services in place to support clients' decisions to marry. Through its marriage promotion program, the agency offers premarital counseling through a Native American counselor; \$2,000 in cash assistance that is not counted against their TANF grant; and \$1,500 to offset the costs of a traditional Native American wedding. In addition, as part of the TANF-funded Oklahoma Marriage Initiative, TANF workers are trained both in how to talk with clients about relationships and to refer them to relationship education workshops provided by community organizations.

Early Childhood Education Setting. Programs that focus on early childhood education, such as Early Head Start, are more likely than programs in health care or welfare settings to work with the whole family—an advantage in itself. Because such programs often begin intervention services around the time the child is born or shortly thereafter, they may be particularly well positioned to implement services that focus on the couple as the unit of intervention. Moreover, Early Head Start staff are equipped to discuss sensitive issues and family challenges, including couple relationships, as they already work with parents to set goals as part of the family development component of the standard program model.

Nevertheless, even in this type of setting, the issue of initial resistance or reluctance concerning efforts to promote healthy marriage may present a challenge. This issue would need to be addressed by modifying the program's mission and by training staff to incorporate this additional goal into their approach.

Faith-Based Setting. A faith-based setting is an especially good context in which to operate programs intended to strengthen relationships and build healthy marriages because this particular program orientation is likely to be congruent with the mission and philosophy of the institution in which the program is implemented. Because the vast majority of marriages begin with a religious ceremony, most religious leaders are comfortable discussing the benefits of marriage. In addition, faith-based settings, because they reach so many people on a regular basis, provide a natural forum for outreach. The Constructing a Godly

Home program is a good example of this connection between the mission and philosophy of faith-based settings and the goals of marriage-oriented programs. The goal of Constructing a Godly Home is to provide couples with the tools to build a home together that provides the love, security, and nurturing needed for family development and a long-lasting marriage.

Although staff at programs implemented in faith-based settings would be likely to embrace efforts to strengthen couple relationships and promote healthy marriage, their ability to enroll nonreligious participants may be limited. Some faith-based settings may also lack the resources needed to assess clients' needs and link them to services appropriate for low-income individuals facing multiple personal and family challenges.

Community-Based Setting. Community-based organizations tend to develop in response to identifiable community needs and often work with particularly disadvantaged populations facing an array of personal and family challenges. This strong community tie makes it likely that relationship-strengthening programs operated in a community-based setting will achieve the cultural and linguistic sensitivity that is so important to effective outreach and appropriate service design and delivery.

Staff at community-based organizations commonly discuss relationship issues with low-income families when providing services, such as parenting education, home-visiting services, and father involvement activities. Bienvenidos has found that the relationship issues are primary in the minds of the couples it serves, and that when participants raise this topic, staff take the opportunity to discuss conflict, co-parenting, and inter-personal communication. However, programs that operate in community-based settings rarely use a formal research-tested curriculum in addressing relationship skills. Moreover, staff at community-based organizations can often be particularly resistant to strategies designed explicitly to strengthen couple relationships or promote healthy marriage because participants often have a host of other needs that may require more immediate attention.

2. Mode of Service Delivery

The three primary modes of service delivery are (1) classes, lectures, seminars, or workshops; (2) home visits; and (3) support groups. The choice of one over the others will likely depend on the program approach, the available financial capital and human resources, and the characteristics of the target population.

Classes, Lectures, Seminars or Workshops. The use of traditional educational structures in service delivery is particularly common in relationship and marriage education programs and in programs that focus on parenting and co-parenting because this is probably the most direct way to impart the relationship skills that clients can begin to use immediately. In contrast to other modes of service delivery, this approach does not typically require staff to gain participants' trust in order to effectively provide services because participants are not asked to express their emotions or discuss sensitive topics. This approach may be particularly useful in certain populations. As noted, Lorraine Blackman developed the African American Family Life Education Program on the basis of an extensive literature review suggesting that African American couples are more likely to prefer the classroom

approach over activities involving the disclosure of personal information. In addition, PREP program developers have found that men in general are more likely to participate in programs that use a didactic approach.

Workshops, seminars, and retreats are typically designed for educated and middle-to-high-income populations. Their effectiveness with low-income populations remains unknown. One possible drawback to the classroom approach is that it may require couples to take time off from work, a significant challenge not only because low-income workers cannot afford to lose earnings (assuming they have not accrued vacation time) but also because many low-income individuals work odd hours and weekends.

Home Visits. Home-based services allow staff to address multiple needs of families while teaching participants relationship skills in a one-on-one setting. Bienvenidos has found that because home visits can accommodate the schedule of individual families, they are a particularly effective way to address the needs of the most vulnerable and needy families on an ongoing basis.

The limitations to a home visiting model are related to cost-efficiency in terms of the resources required by the approach relative to the number of families that can be served. Home visits are typically more costly than classroom methods because services are delivered one on one rather than to groups. In addition, if families are not at home at the time of the scheduled visit, the program must still bear the cost of the staff time to travel to and from the residence. But no-shows have been few and far between in the Bienvenidos home visiting program component, and staff members attribute this to three aspects of their programs: (1) home visitors approach clients with respect, understanding, and in a nonintrusive way that focuses more on what families are doing right and less on what they are doing wrong, (2) female home visitors bring male staff along on visits as needed to help fathers feel more comfortable, and (3) families go through a process of assessments and referrals, and those with serious issues receive treatment before being placed into a home-based program. In the past, Bienvenidos found that participants who were difficult to engage or who dropped out of the program often had issues (such as substance abuse or domestic violence) that they were trying to hide from program staff.

Support Groups. Support groups are often used to provide a safe place for discussing sensitive topics and expressing emotions in a socially and psychologically supportive peer environment. Support groups may also be effective in combination with other strategies. The Men's Services program at CFWD, for example, uses weekly support groups in conjunction with a weekly class, affording men the opportunity to connect emotionally with a supportive group of peers while gaining practical skills. Bienvenidos uses support groups in combination with classes, workshops, and individual counseling when participants are struggling with other serious issues, such as substance abuse and domestic violence, that require long-term and intensive treatment. Support groups in the Baby Makes Three program and in the Becoming a Family program are intended to help couples during the transition to parenthood.

Trade-Offs. For program designers, the choice of a mode of service delivery is closely related to the selected approach to improving relationships and the desired objectives of that

approach. For example, programs may choose to only teach relationship skills, or they may also choose to help couples discuss specific relationship topics or address and resolve current relationship issues. An educational approach—such as classes, workshops, or lectures—is advantageous because it provides participants with a concrete set of skills that they can practice and use at home to resolve specific issues. Certain types of participants may be more comfortable with this approach because it does not require the sharing of personal information with strangers. Yet couples that are more stressed may require additional support to get beyond specific issues. A more personalized mode of service delivery, such as home visiting, can allow program staff to help couples resolve current relationship problems, as well as address an array of other issues that may be facing couples. Support groups, alone or in combination with other modes, offer some of the benefits of both of the other approaches in that participants can cover topics that are universally important for the health and stability of relationships but also offers a more personal setting for discussing problems and specific relationship topics.

Other Service Delivery Considerations. Choosing a service delivery mode is related not only to the three approaches to strengthening relationships but also to whether one mode or another is more effective in (1) removing barriers to family formation and (2) sustaining program participation. Those two goals could be accomplished by gaining participants' trust, accommodating couples' schedules, assessing and responding to individual and familial needs, and providing an environment conducive to positive peer influence and the sharing of experiences. Gaining participants' trust may involve delivering services in an environment in which clients can meet other couples who are struggling with similar issues. This could help to sustain participation by putting couples at ease as they confront issues that are deeply personal. In addition, given that many low-paying jobs require employees to work nontraditional hours or in rotating shifts, sustaining participation may mean offering services at times that dovetail with couples' schedules. For instance, services could be provided in the evening or on weekends, or at different times and on different days according to participants' availability. Finally, program designers might ensure that a service mode responds to participants' needs beyond relationship issues by adding a case management component to the core relationship-oriented service.

3. Program Intensity

Services can be characterized as low, moderate, or high in intensity, depending on frequency and duration, extent of participants' exposure to the program, and extent of interaction between participants and program staff. For program designers, the decision about service intensity often involves a trade-off between providing less service to more people or more service to fewer people. The final choice will affect the opportunity for program staff to develop rapport and trust with program participants, the ability of the program to meet client needs, and the likelihood that participants will be able to process and put into practice the skills they have acquired through the intervention. One option to consider is a program that would provide a low-intensity intervention for a broad group of couples, and a more intensive set of services for couples who are interested in and might benefit most from a sustained and intensive set of services.

Low Intensity. One-time workshops, seminars, or brief video presentations are low-intensity services that provide very limited exposure to program materials and staff and that occur for a short time (from a ten-minute video presentation to a single day or weekend). Several traditional marriage and relationship skills education programs fall into this category. Although this approach may work well with middle- to high-income educated populations, it may be less effective in addressing the multiple needs of and challenges faced by low-income families.

Moderate Intensity. Moderately intensive services may consist of classes or support groups that occur weekly or bi-weekly over a period of several weeks or months. Because such services are often provided in a large group setting, there is typically little one-on-one interaction between staff and clients. However, relationships between the two may develop over time, so such services are likely to provide clients with more staff interaction and program exposure than are workshops, retreats, or seminars.

High Intensity. High-intensity services include home visits on an ongoing basis, treatment programs that provide an array of services over an extended period (typically one year or more), and services provided by some comprehensive programs that address multiple needs concurrently. High-intensity services are likely to be particularly effective in addressing the needs and circumstances of low-income families for a variety of reasons. For instance, services that occur frequently and over a long period allow staff and clients to get to know each other well, sowing the seed for a trusting relationship that allows staff to more readily monitor progress, assess client needs, and link them to appropriate services.

4. Staff, Background, and Training

Personal Characteristics. A key lesson learned from a broad range of programs, regardless of their overall mission, is that the most effective program staff are those who unambiguously believe in the program message and who are genuine and caring when they deliver services. In addition, program staff also report that one of the most important staff characteristics is the ability to understand and appreciate the needs and circumstances of their service population. Some programs that serve low-income minority families have found that it may be easier for staff to gain participants' trust if they come from similar ethnic and racial backgrounds, and in some cases, of the same gender.

Professional Background. The educational background and experiences of the program staff in this study run the gamut, although most tend to be paraprofessionals or professionals. Programs that provide health education and services, such as the Nurse-Family Partnership Program, use registered nurses to provide core program services. Staff in early childhood programs are often certified early childhood educators. Home visitors work with families on a variety of issues, and while many have a master's degree in social work, others have bachelor's degrees in combination with a great deal of experience in the field. Individuals who implement relationship and marriage education programs are typically trained and certified in the use of the program's curriculum.

Training. Regardless of whether an intervention is developed by adapting an existing relationship skills and marriage education program to low-income couples or by adding a relationship component to a program that provides services to low-income families, training staff members to implement the program will be key to its success. In the first model, staff must be trained in several areas, including building their understanding of the needs of low-income populations and the extent to which community resources are available to address their needs. They may also need to be trained in assessing participants for various needs and linking them to the appropriate services. In the model in which a relationship component is added to an existing program for low-income people, staff would need training in the benefits and use of a formal research-tested curriculum that emphasizes relationship skills. Regardless of the program model, the more complex the healthy marriage intervention, either because of tailoring services for different target populations or because of the curriculum content, the more important professional training and adequate supervision becomes.

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CHAPTER VII

EVALUATING INTERVENTIONS TO STRENGTHEN FAMILIES

Earlier chapters of this report described interventions aimed at increasing the likelihood of unwed parents entering a healthy, stable marriage, with the ultimate goal of improving the lives of their children. Strong evidence, however, is lacking on the effectiveness of these interventions for the populations they currently serve. And little or no evidence exists on the effectiveness of these interventions for low-income, unwed parents. Yet policymakers, program officials, and parents need to know whether these interventions are effective, whether they are effective for some populations but not for others, and whether some interventions are more effective than others. They also need to know how the interventions can be improved to better meet the needs of unwed parents and their families. Providing this information requires a thorough and comprehensive evaluation of the interventions.

An evaluation of these interventions would address five main questions.

1. ***What are the interventions, and how are they implemented?*** What are the goals of the interventions? How were they developed and funded? What is the setting in which they are implemented? What is the target population? What are the components of the interventions? How are they implemented? What do they cost? How much are they used?
2. ***Do the interventions work?*** Do the interventions increase the likelihood that the parents will marry? Do they affect the type or quality of the parent's relationship? Do they affect parenting behavior, father involvement, and family functioning? Do they affect the well-being of the parents? Do they affect children's development and well-being?
3. ***Do the interventions work better for some population groups than others?*** Do the interventions work best with couples who are more committed at the birth of their children? Couples who are having their first child? Couples in

which neither parent has children with other partners? Younger or older couples? The most or least needy families? Other subgroups of the target population?

4. ***Do some interventions work better than others?*** Which interventions work best? Does it depend on how the interventions are implemented?
5. ***How do the interventions work?*** Is there a minimum exposure to the intervention for it to work? Do the interventions affect child development and child and parental well-being by improving the parent's relationship or via another mechanism?

Policymakers also may want to know whether the benefits from the interventions outweigh the costs of providing the services or changing the policy. Because the interventions are expected to yield benefits to the participants' children throughout their lives, answering this question adequately may require researchers to follow the children in the evaluation into their adulthood.

This chapter describes how these interventions can be evaluated. It begins by describing the importance of answering the first research question and developing a thorough understanding of the intervention for understanding the evaluation's findings and for replicating successful interventions (Section A). The chapter then explains the issues involved in addressing the four remaining research questions, including those related to experimental evaluations (Section B), program size (Section C), data needs and sources (Section D), and estimation approaches (Section E). Section F provides some concluding comments.

A. DESCRIBING THE INTERVENTION

Information on which interventions are most effective is only useful to policymakers and practitioners if there is a clear understanding of the model for the successful interventions and how it is implemented. This detailed description will allow practitioners to replicate successful interventions in other sites. It will provide context for interpreting differences in the effectiveness of interventions implemented in different sites and may shed light on why the interventions work well.

While the areas covered in the description may vary depending on the type of intervention, Table VII.1 lists the main topics the description should include. The topics fall into four categories:

1. ***Foundation of the Interventions.*** This includes goals, type of organization providing the services, how the interventions were developed, who they serve, and how they are funded. This will provide an understanding of why the interventions were designed as they were and provides important context to other sites considering replicating the intervention.

Table VII.1. Topics for the Description of the Intervention

FOUNDATION OF THE INTERVENTION
<p>Goals: objectives, outcomes expected to be affected, theory underlying the intervention</p> <p>Organizational Background: type of organization providing services, history of organization, decision to provide services</p> <p>Development: agencies involved in developing the intervention, whether it was based on other programs</p> <p>Target Population: eligibility criteria, age of child at intervention, whether targeting first-time parents, other demographic characteristics of target population</p> <p>Funding: sources of funding for the interventions</p>
OPERATIONS AND SERVICE DELIVERY
<p>Recruitment and Sustaining Participation: outreach approaches, intake procedures, procedure to encourage participation, approaches to sustaining participation</p> <p>Components of Intervention: relationship skills services, policy changes, types of services provided to improve marriageability, approach to providing those services (integrated/assessment and referral/information sharing)</p> <p>Assessments: formality of assessment, types of assessments used, actions taken as a result of assessments</p> <p>Curriculum: type of curricula used, topics covered, any modifications made</p> <p>Mode of Service Delivery: whether delivered via classes/workshops, support groups, home visits, case management</p> <p>Tracking Success: how success is defined and tracked</p> <p>Staffing: number, background and experience, training, turnover, ease of recruitment</p> <p>Program Message: extent and content of messages to client about marriage, father involvement, and out-of-wedlock births</p>
COSTS
<p>Staff Costs: wages and salaries, fringe benefits</p> <p>Other Resources Used: overhead, contracted services, donations and volunteers</p>
INTERVENTION USE
<p>Participation: number of mothers/fathers who use interventions, characteristics of participants</p> <p>Intensity of Use: average length of time participants spend in the program, frequency of interactions with program, amount and types of services used</p>

2. **Operations and Service Delivery.** This addresses how programs recruit, components of the intervention (including services to promote couple relationships as well as services to improve marriageability), any assessments and curricula used, how services are delivered (for example, by case management, home visits, classes, or support groups), and background, experiences, and training of the staff. It describes the extent to which staff articulates to clients a clear message about healthy marriage.

3. ***Intervention Costs.*** Information on the cost of providing services or implementing policy changes is important for other sites considering replicating the intervention. Estimates of service costs should include staff costs, costs of contractors, and overhead costs. Policy changes may affect the amount of TANF or other benefits paid to parents.
4. ***Intervention Use.*** Understanding how much participants are exposed to the intervention is critical for interpreting any differences in program impacts across different populations or different sites. This information can be used to estimate whether a greater use of the intervention increases its effectiveness. Dimensions of intervention use should include: number of mothers and fathers who participate with and without their partners, length of time they participate, and amount, types, and intensity of services used.

Trained researchers can obtain most of these data during periodic site visits to the programs. Researchers would conduct staff interviews, observe service provision, review case files, and conduct focus groups of participants. Data on service use is best collected by the program staff and maintained on a management information system designed specifically for the study.

B. AN EXPERIMENT: THE MOST RIGOROUS EVALUATION

The most rigorous approach to determining whether the interventions are effective in strengthening families is to conduct an experiment in which families are randomly assigned to one or more program groups and a control group. Families in the program group are offered the program services or are subject to new policies; those in the control group do not receive the program services and are not subject to the new policies. Compared with other possible evaluation designs, the overwhelming advantage of an experimental design is that any difference in the outcomes of program and control group members can be attributed to the intervention alone, with a known degree of certainty.¹

Some interventions cannot be evaluated using an experimental design. It would be difficult, for example, to create a control group to evaluate a community-wide campaign to promote the importance of healthy marriages. When experimental designs are not feasible, the best approach is to develop a comparison group of families similar to those affected by the intervention. For example, outcomes for families in the community with the marriage-promotion campaign could be compared with outcomes for families in similar communities

¹ Eight programs described in this report have either been or are currently being evaluated experimentally: (1) Couple Communication (Russell et al. 1984); (2) Baby Makes Three (Shapiro and Gottman, in progress); (3) Becoming a Family (Cowan and Cowan 1992); (4) Nurse-Family Partnership (Olds et al. 2000), (5) PREP (Markman et al. 1988; Stanley et al. 1995), and (6) Relationship Enhancement (Ridley et al. 1981, 1982; Ridley and Bain 1983; Heitland 1986); (7) Becoming Parents (Jordan et al 2000); and (8) Marriage Moments (Hawkins 2002).

without the campaign. The problem with all nonexperimental approaches is a strong possibility that program group members differ from comparison group members in unobservable ways (such as motivation, attitudes, and culture). This means some differences in the outcomes of program and comparison group members may be a result of these differences rather than as a result of the intervention. If this were the case, the estimates of the impacts of the intervention would be biased.

1. Potential Resistance to Random Assignment

Many program managers find it extremely difficult to deny services to members of a control group, and may see it as contrary to their mission or even unethical. While these concerns are understandable, because it is not known which interventions truly make a difference, formal experimentation has a sound ethical basis. Program managers often are convinced of their program's effectiveness. Many programs may look effective because some clients had strong outcomes, but these clients may have had these outcomes even in the absence of the programs. In medical science, it is considered ethical to withhold a drug until its efficacy has been established through randomized trials. Program participants, staff and the public who pay for the interventions through taxes, deserve good evidence that they are using their time and money well—evidence that often only an experimental design can provide.

Public relations concerns can arise when deserving, eligible applicants for services are turned away from the program for the purpose of creating a control group. These concerns can be addressed if more eligible families want to participate in the program than there are available slots. Random assignment can be viewed as a lottery, a fair way to decide who gets access to the services and who does not. As long as the flow of applicants is large enough to keep the program operating at the desired capacity and to create a control group, the same number of families will receive services; random assignment will simply create a different rationing mechanism. Even if the flow of applicants to a program is not sufficient to create a control group, the flow can be increased through intensified outreach efforts, unless the program is serving a large proportion of the eligible population.

An experimental study may impose some burden on program staff, which faces the daunting task of dealing with disappointed applicants assigned to the control group. The task can be made less difficult if staff members are trained and provided with materials on how to explain the study to applicants. The key points they need to make are: getting into the program is a true lottery, being selected or not does not reflect on the applicant personally, and each applicant has an equal probability of getting into the program.

Program staff usually agree to random assignment once they fully understand the benefits of an experimental design. The principal benefit to the staff is that an experiment is the only way to provide rigorous and defensible evidence that the program works. Obtaining this evidence is extremely beneficial in obtaining additional program funding as well as in encouraging participation in the program. Another benefit of random assignment is that the ease of recruiting additional eligible applicants indicates the extent of unmet program demand.

2. Defining the Intervention and the Counterfactual

The difference in the services that program and control group members can receive, or the policies they are subject to, determines the question that can be addressed with the evaluation. The outcomes of the program group members measure what the outcomes are *with* the intervention; the outcomes of the control group members measure the counterfactual—what the outcomes *would be* in the absence of the intervention. To ensure that the evaluation addresses an interesting policy question and to increase the likelihood that the study will find the intervention to have meaningful impacts, there should be a significant difference between the services offered to the program and control groups and/or in the policies affecting the two groups.

Evaluating a Whole Program. For some program models, such as modified existing relationship or marriage education programs, the policy question of interest may require evaluating a whole program. In this case, the control group should not be able to receive any services from the program. The embargo to receiving program services must last at least as long as the researchers intend to follow the outcomes of the program participants. (In the evaluation of Baby Makes Three, for example, couples in the control group are prevented from entering the program until three years later, when all follow-up data will have been collected.)

The control group members should be allowed to receive services from other programs in the community. This allows the evaluation to address a policy-relevant question: whether the program has any incremental impact relative to the services already available, rather than relative to a hypothetical situation in which no family-strengthening services at all are available. In fact, few services designed to strengthen relationships are available at an affordable cost to low-income populations in most communities, although some services that could improve marriageability (such as employment and training programs) are more readily available.

Evaluating the Addition of a Relationship Component to an Existing Program. Interventions to strengthen families may include adding a relationship component to an existing program, such as Early Head Start or Healthy Start (as discussed in Chapter VI). These programs may be unwilling to deny all program services to the control group. This is especially likely in programs, such as Early Head Start and Healthy Start, which already have been evaluated (Love et al. 2002; Devaney et al. 2000).

An alternative design for these programs would be to deny *only* the new relationship component to the control group. This evaluation still would address a meaningful policy question: what is the incremental effectiveness of the relationship component? An advantage of this approach is that all the impacts could be attributed to the relationship component. If the control group were denied all services, determining the roles of the relationship component and other program services would require statistical modeling. With this alternative design, consideration must be given to whether the additional relationship component on its own is a strong enough intervention that its impact can be detected with the sample size available.

Evaluating an Enhanced Versus Standard Intervention. Another potential design is to provide members of the program group with a full set of program services, perhaps including a relationship component and other services, and to provide the control group with a smaller set of services. This evaluation would address the question: what is the incremental effectiveness of the enhanced services? An advantage of this design is that the members of the control group would still receive services which may make random assignment more acceptable to program staff. Again, however, consideration must be given to whether the difference between the enhanced and the standard intervention is large enough that its impact can be detected with the sample size available.

Evaluating More Than One Intervention. An evaluation could address the effectiveness of more than one intervention by evaluating different interventions in different sites. This is important when existing evidence does not suggest that one intervention is clearly more effective than others. The downside of this approach is that differences in the effectiveness of different interventions may be attributable to either the different interventions or to differences in the sites in which the interventions are implemented.

A second approach would be to randomly assign families to more than one program group. With more than one program group, the design could test more than one different intervention or it could test the incremental effect of adding components to an intervention. For example, the evaluation of Baby Makes Three has two program groups—one group receives a weekend workshop only while the other group receives the weekend workshop plus a series of support groups. Comparisons of the outcomes of the two program groups will indicate the additional effectiveness of the support groups for those who have received the workshop. The downside of this approach is that the sample size needed to detect policy-meaningful impacts increases substantially with the number of program groups (see Section C).

3. Fitting Random Assignment into the Program's Intake Procedures

Random assignment needs to fit into the program's intake procedures in a way that balances several, often competing, research and operational objectives. One objective is to maximize the proportion of sample members who participate in the program. This implies that the impacts will likely be larger and the impact estimates more precise for a given sample size. In addition, fewer research resources will be used to track and interview families in the program group not exposed to the intervention. Because, in most programs, some people change their mind about participating during the intake procedures, the later in the intake procedures that random assignment occurs, the greater the proportion of sample members who will participate in the program.

A disadvantage of conducting random assignment late in the intake process is that because the program has had more contact with the family before random assignment, the assignment process is more likely to disrupt program operations. The later random assignment is conducted, the more time and effort families will have invested in the program at random assignment and the greater the cost to them of being assigned to the control group. And although increasing the proportion of program group members who receive

program services has advantages (as described above), it does reduce the opportunity to learn about the reasons some couples do not participate after beginning the intake process.

4. Monitoring the Integrity of Random Assignment

The main threat to the integrity of an experimental design is poor implementation of random assignment. To ensure that random assignment is implemented correctly, close monitoring is crucial. The monitoring should ensure adherence to two basic principles:

- ***Every eligible family is randomly assigned and assigned only once.*** No family should receive program services during the study without having been randomly assigned. If a family reapplies for the program during the study, it will remain in the research group to which it was first assigned.
- ***Families assigned to the control group cannot receive services designated for the program group only.*** Although it may be tempting for program staff to provide services to families it believes will benefit from them, doing so will contaminate the impact estimates and bias the impact estimates toward showing no impact of the program.

C. PROGRAM SIZE CONSIDERATIONS

Even the most rigorous experimental design will fail if sample sizes are not large enough to detect impacts that are meaningful to policymakers and practitioners. Table VII.2 displays the minimum impacts that can be detected for a given target sample size. As some survey nonresponse is inevitable, the number of persons who need to be randomly assigned will exceed these target sample sizes. These impacts are calculated assuming the program and control group are of equal size (a balanced design), because this is the most statistically efficient.

Table VII.2 shows the minimum detectable impacts for five outcome variables. Data on the first three outcome variables—the percentage of parents who marry, whether the parents maintain or improve their relationship status, and whether the father is present at all in the life of his biological child—can be collected from either parent and so response rates will be high. Data on whether the father believes the marriage of parents is beneficial for children can be obtained only from the father, and hence a lower response rate should be expected for this outcome measure. The minimum detectable impacts for the score on the Peabody Picture Vocabulary Test, a measure of a child’s cognitive and language development, was included in the table to show the minimum detectable impacts for variables that only can be collected via an in-person assessment of the child.

A sample of 1,000 families (500 program and 500 control group members) would be sufficient to detect policy meaningful impacts for the full sample. For example, it would be sufficient to detect an impact of 4 percentage points in the percentage of parents in the sample who marry. Similar impacts on marriage rates have been found in studies of programs that did not focus on family formation. For example, the MFIP increased by 4

Table VII.2. Minimum Impacts Detectable by Sample Size, for Key Outcomes

Sample Size (Program/Control)	Percent Married	Percent of Couples Who Maintain or Improve Relationship Status ^a	Percent of Biological Fathers Present in Life of their Children	Percent of Fathers Who Believe Marriage Is Better for Kids	Child Assessment: Peabody Picture Vocabulary Test Standard Score
Outcomes Expected in Absence of Strategy	9% ^b	61% ^b	71% ^c	77% ^b	81.1 ^c
250 (125/125)	8.1	13.7	12.8	11.8	4.2
500 (250/250)	5.7	9.7	9.0	8.4	3.0
1,000 (500/500)	4.0	6.9	6.4	5.9	2.1
1,500 (750/750)	3.3	5.6	5.2	4.8	1.7
2,000 (1,000/1,000)	2.9	4.9	4.5	4.2	1.5

Calculations assume: (1) an equal number of treatment and control members; (2) a 95 percent confidence level with an 80 percent level of power; (3) a one-tail test; (4) a reduction in the variance of 20 percent from the use of regression models; and (5) the variance of the Peabody Picture Vocabulary Score is 225.

^a A relationship is viewed as “improved” if the couple moves up the ladder of relationships identified in the Fragile Families study (McLanahan et al. 2001) and described in Section E.

^b Based on findings from the Fragile Families 12-month follow-up survey.

^c Based on findings from the Early Head Start evaluation when the child was about 36 months old (Love et al. 2002).

percentage points long-term, unmarried (at random assignment) welfare recipients who were married 36 months later (Miller et al. 2000). PREP increased the likelihood by 24 percentage points that couples were still married three years after the program (Markman et al. 1988). Early Head Start was found to increase scores for three-year old children on the Peabody Picture Vocabulary Test by 2.1 standard scale points (Love et al. 2002), which is the minimum detectable impact with a sample size of 1,000.

If the evaluation includes more than one program group, the sample size would need to be larger to obtain the same minimum detectable impacts. To obtain the same minimum detectable impacts with two program groups rather than one would require the sample size to increase by 50 percent.

Some samples smaller than 1,000 would allow policy meaningful impacts on marriage rates to be detected for the full sample, but the samples would not be large enough to detect impacts for important subgroups. With a sample size of 1,000, impacts of 5.7 percentage points on the likelihood of marriage could be detected for 50-percent subgroups (such as couples cohabiting at random assignment), and impacts of 8.1 percentage points could be detected for 25-percent subgroups (such as teen mothers or mothers who believe the chance of marrying the baby’s father is less than 50 percent).

Table VII.3. Size of Programs Included in This Study

Program	Estimated Size	Other Locations of Program
Baby Makes Three, Seattle, WA	79 couples	None
Becoming Parents Program, Naperville, IL	50 couples annually	Curriculum used in other states
Bienvenidos Family Services, East Los Angeles, CA	Annually: 359 families in home visiting programs 54 fathers in Con Los Padres 426 persons in parenting classes	None
Boot Camp for New Dads, Denver, CO	1,500 fathers annually	128 programs in 35 states
Building Strong and Ready Families, United States Army	435 couples total	None
Center for Fathers, Families, and Workforce Development (CFWD), Baltimore, MD	180 to 200 men annually	None
Children First, 77 counties in OK	3,900 to 4,000 new clients annually state-wide	David Old's Nurse Home Visitation programs also implemented in 23 other states
Family Star, Early Head Start, Denver, CO	75 families Average Early Head Start program serves 85 families, but size varies from 30 to 200, with most programs serving 60 to 100 families	644 grantees nationwide
First Things First, Community-Wide Initiative, Chattanooga, TN	2,300 people annually attending a variety of marriage seminars	Other community-wide initiatives include Greater Grand Rapids Community Marriage Project
Healthy Start, Heart of America United Way, Kansas City, KS	400 clients annually	94 programs nationwide
Healthy Start, Allegheny County, PA	1,300 clients annually	94 programs nationwide
Responsible Choices TANF Agency, MD	112 families annually	None

To meet a sample size of 1,000, during the sample intake period the program must: (1) be able to serve 500 families and (2) identify 1,000 families eligible for the program. Table VII.3 presents the approximate size of the programs in this study's telephone survey that could provide an estimate of the number of clients served. Of the programs listed, five or six are large enough to serve 500 families in one year.

The difficulty of reaching a sample of 1,000 depends on the target population for the intervention. A change in child support enforcement policy, for example, may be targeted to all low-income unmarried parents. In this case, the sample of 1,000 will be easy to obtain because it is small compared to the population of low-income, unmarried parents. In the United States as a whole, there are currently about 3.6 million single parents living below poverty. However, if the intervention is targeted at low-income unmarried couples at or near the time of the birth of their baby, a sample size of 1,000 is a substantially larger proportion of the target population. Currently, there are approximately 600,000 births annually to unmarried couples living in poverty in the United States.² Hence, any program targeted at low-income unmarried couples at or near the time of the birth of their baby would need to be located in populous low-income areas so the target population that could potentially be served by the program is sufficiently large.

If existing relationship skills and marriage programs are modified to focus on the needs of low-income couples at or around the time of the birth of their baby, the programs will need to both deploy a large number of staff and invest considerable funds in outreach efforts to obtain a research sample of 1,000. Of the three programs we interviewed that target couples at around the time of the birth, none target low-income or unmarried couples. Although Boot Camp for New Dads would be large enough to yield 1,000 couples a year, the other programs are small, serving fewer than 100 couples annually (Table VII.3). Other existing relationship skills and marriage programs—such as PREP, Relationship Enhancement, PREPARE, and ENRICH—are currently large enough to serve 500 families each annually, but they do not focus on low-income populations or unmarried couples around the time of the birth of their baby.

Meeting the sample size requirements may be less of a challenge when adding a relationship skills component to or strengthening this component in a program that provides services to low-income families—not only because of the target population but also because of program size and well-established recruitment procedures. Some programs already serve 500 or more families per year. For example, as shown in Table VII.3, Healthy Start in Kansas City and Children First in Oklahoma both serve more than 1,000 clients annually (although not all of these clients may wish to participate in a relationship or marriage education program). In addition, these two programs along with Early Head Start already have well-developed recruitment procedures and serve low-income families. Some programs,

² This is based on the assumption that the proportion of single parents in poverty at the time of the birth of their baby is the same as the poverty rate among all single-parent households (44.5 percent).

such as Healthy Start and Early Head Start, currently recruit families around the time of the birth. Others, such as Bienvenidos, already recruit more than they can serve and have waiting lists. Achieving a sample size of 500 families would mean that some programs would need to grow substantially. Early Head Start programs, for example, serve only 85 families on average. The growth in the program required to meet the sample size requirements, however, may change the nature of the program substantially. An evaluation of an expanded program should not begin until any problems related to its expansion have been resolved.

Larger samples could be obtained by evaluating a group of similar programs together. For example, a group of six Early Head Start programs together could yield a sufficient sample during a one-year sample intake period. For the evaluation to yield meaningful findings, however, the programs evaluated together would have to serve similar target populations and provide similar services.

Lengthening the sample intake period would also allow smaller programs to be evaluated. Many studies extend the sample intake period to two or even three years. The duration of the sample intake period is limited, however, by concerns about program burden, the potential for the program to change during the sample intake period, increased survey costs as the survey fielding period lengthens, and delays in obtaining evaluation findings.

For programs that would find it especially difficult to increase recruitment, it may be preferable to have a larger program group than control group. The disadvantage of this unbalanced design is that it is less statistically efficient. Hence, the total sample size would need to be larger, and data collection costs higher, to obtain the same minimum detectable impacts as a balanced sample of the same size. The same minimum detectable impact for the marriage rate variable, for example, could be obtained with a balanced sample of 500 program group members and 500 control group members (1,000 in total) as with an unbalanced sample of 700 program group members and 400 control group members (1,100 in total).

D. DATA NEEDS AND SOURCES

An evaluation of an intervention to strengthen families has three main data needs: (1) data on family outcomes expected to be affected by the intervention, (2) data on the use of services to strengthen families by both program and control group members, and (3) characteristics of the families at random assignment (baseline).

1. Outcome Measures

The heart of the evaluation involves comparing the outcomes of program and control group members. The outcome measures to be collected (Table VII.4) are dictated by the model of family formation and child outcomes presented in Chapter II. The list of outcomes includes intermediate outcomes (such as the status of the mother-father

Table VII.4. Outcome Measures and Their Potential Sources

Outcome	Source
Marriage and Other Aspects of Mother-Father Relationship <ul style="list-style-type: none"> - Marital status - Type of relationship, living arrangement - Stability, Quality - Attitudes and expectations about marriage 	Survey, administrative data Survey Survey, observation Survey
Father Involvement and Cooperation in Childrearing <ul style="list-style-type: none"> - Frequency of visits, frequency of father's involvement in different activities - Contributions in cash or in-kind - Trust between parents - Agreement about how to parent, father's influence in child's upbringing - Attitudes and expectations about father's role 	Survey Survey Survey Survey Survey
Parent Well-Being <ul style="list-style-type: none"> - Health status - Mental health and emotional well-being - Substance abuse - Criminal behavior - Employment, earnings - Receipt of TANF, food stamps, and other public assistance - Amount of child support ordered and received 	Survey Survey Survey Survey Survey, administrative data Survey, administrative data Survey, administrative data
Child Well-Being and Development <ul style="list-style-type: none"> - Aggressive, hyperactive, anxious behavior - Emotionality, adaptability, and sociability - Cognitive and language development - Reaching development milestones - Involvement with child welfare system - Health status 	Survey, child assessment Survey, child assessment Survey, child assessment Survey Survey, administrative data Survey
Family Structure <ul style="list-style-type: none"> - Stability of relationship with other romantic partners - Subsequent children of parents - Out-of-wedlock births - Child's living arrangements 	Survey Survey Survey Survey
Parenting, Home Environment, and Parent-Child Relationship <ul style="list-style-type: none"> - Parenting activities - Discipline strategies - Support of language and learning in home - Physical environment of home - Warmth and harshness of parent-child interaction - Child-care arrangements - Parent's feelings about parenting and child 	Survey Survey Survey, observation Survey, observation Observation Survey Survey
Family Functioning <ul style="list-style-type: none"> - Family organization, control, conflict - Domestic violence - Whether child observes violence 	Survey Survey Survey

relationship) as well as long-term outcomes (such as improved child development and improved child and parent well-being). The list of outcomes also includes measures of domestic violence because some programs aim to reduce domestic violence and because some concern has been expressed that programs to promote healthy marriages could inadvertently increase domestic violence.

Mother-Father Relationship. A key outcome in evaluating the interventions is whether the biological parents marry. Equally important is whether the parents' marriage is healthy and stable. However, the well-being of the parents and children may be improved if biological parents become more committed in their relationship and have a more family-like relationship, even if they do not marry. Hence, the type and stability of the couple relationship are outcomes as well as marriage.

To measure the type of relationship of parents, the Fragile Families study categorized relationships into four types (McLanahan et al. 2001): married, cohabiting, "visiting" (romantically involved but living apart), and not in a romantic relationship. Whether couples maintain their relationship status or move up this "ladder" of relationships (e.g. visitors remain as visitors or begin to cohabit) could be used as a measure of relationship stability.

Many argue it is the quality rather than the type of relationship between parents that is important for child well-being. Relationship quality also is a good predictor of the future status of the relationship. The Locke-Wallace Marital Adjustment Test, a widely used measure of marital satisfaction, has good reliability and validity for identifying distressed couples (Locke and Wallace 1959; Gottman et al. 1977). However, this scale was designed for married couples and is criticized for giving too much weight to one question about respondents' degree of happiness in their marriages. The Spanier Dyadic Adjustment Scale may be a preferable scale. It derives from the Locke-Wallace scale but includes seven additional items and is worded so it can be used for unmarried couples (Spanier 1976).

Although the Locke-Wallace or Spanier scales have been used widely in analyses of the effectiveness of marital therapy, both have a shortcoming. Couples can score well on these measures if they agree on such topics as family finances, recreation, sex, friends, and in-laws. While agreeing can indicate marital satisfaction, it may just show conflict avoidance (Ryan and Gottman 2002). The Global Relationship Satisfaction Scale (Gottman 1999) avoids this problem.

Other aspects of relationship quality also can be measured. Scales have been developed to measure the degree of commitment in a relationship, such as the Stanley-Markman Relationship Dynamics Scale (Stanley and Markman 1992). The Stanley-Markman Relationship Dynamics Scale predicts the likelihood of future relationship failure (Stanley and Markman 1997).

Observations of couple interactions are widely used to assess the effectiveness of marital interventions. Observations involve videotaping couples interacting (discussing an area of disagreement, for example) and then coding their interactions. Such observations are more likely than interviews to detect impacts on relationship quality. Among studies of programs to improve couple interaction, those that conducted couple observation have

more frequently detected impacts than studies that used only interviews (Silliman et al. 2001). These advantages should be balanced against the disadvantages of conducting observations: response rates to observations would likely be low and correlated with the quality of the relationship, and conducting and coding observations is very costly.

Other Intermediate Outcomes. The interventions could affect other intermediate outcomes, such as father involvement, parenting, and family functioning, in three ways. First, the interventions could directly affect these outcomes. For example, the programs may include parenting instruction that affects parenting behavior. Early Head Start was found to have impacts on a wide range of parenting behaviors (Love et al. 2002). Second, improvements in the couple relationship may lead to changes in outcomes. A healthy marriage between the mother and father, for example, is likely to make the family structure more stable and increase father involvement and cooperation in parenting. Third, the programs may affect one intermediate outcome via their effects on another. For example, increased father involvement has been associated with a more cognitively stimulating home environment for children (Williams 1997).

Impacts on these outcomes are important to measure because they may in turn affect child well-being and development. Studies find that changes in family structure have deleterious effects on children (Wu 1996; Najman et al. 1997; and Kurdek et al. 1995). Other studies have shown an association between increased father involvement and child well-being (Cox et al. 1992; Pedersen et al. 1980; and Yogman et al. 1995). The Early Head Start evaluation finds that reductions in children's negativity and aggressiveness at age three were associated with less physical punishment, lower levels of distress, and greater warmth in parenting (Love et al. 2002).

Long-Term Outcomes: Child Development and Well-Being and Parent Well-Being. Although research clearly showing causal relationships between improved mother-father relationships and child well-being is sparse, many studies have shown a statistical association. Some find that relationship quality and union stability are correlated with good parenting and better child outcomes (Cummings and Davies 1994; Emery 1999). Others find that parental conflicts, marital disruptions, and divorce are associated with behavior disorders in children (Zill and Peterson 1983; Grych and Fincham 1990). Rutter (1971) finds that the longer the discord preceding separation of parents, the greater the resulting antisocial behavior. Using data from the National Surveys of Children, Peterson and Zill (1986) showed that the incidence of child behavior problems increased substantially as the degree of parenting conflict increased. The Cowans (Cowan and Cowan 2002) find that their programs, aimed at improving couple relationships and parenting skills, reduced children's aggressive and withdrawn behaviors at school and improved their academic performance.

This research suggests that child outcome measures should include: aggressive and withdrawn behavior problems, social development, involvement with the child welfare system, cognitive development, and health. Aggressive behavior problems are especially important developmental indicators because they are good predictors of conduct problems later in school (Love 1997).

The interventions to strengthen families may affect the well-being of parents. Services to improve marriageability may improve parent well-being directly. In addition, increased healthy marriage may also improve parent well-being. Studies find an association between marriage and stronger couple relationships and a wide range of measures of parent well-being (Waite and Gallagher 2000; Cowan and Cowan 1995; Kitson and Morgan 1990). Measures of parent well-being include health, economic measures (such as employment), substance abuse, and involvement with the criminal justice system.

Data Sources. As most outcome data for an evaluation of interventions to strengthen families can only be collected via parent interviews, an evaluation would require follow-up surveys. These surveys would need to collect data from the mother and the father, and perhaps from the child, too. Some outcome data, such as whether a marriage occurred, can be collected from either parent. Other data, such as expectations of marriage and relationship quality, need to be collected from both parents. While some child outcome measures can be constructed from data collected from parents, others require data that can only be collected by specially trained interviewers. Data on some outcomes, such as marriage, divorce, earnings, receipt of public assistance, and involvement with the child welfare system, can be collected from administrative records.

2. Use of Family-Strengthening Services

Differences in the amount, types, and intensity of services received by program and control group members indicate the extent of the intervention. Data should be collected on the use of relationship-strengthening services as well as any services that could increase the marriageability of the parents. To assess the intensity of the intervention, data should be collected on the receipt of these services from *any* program and for both program and control group members.

Data on the receipt of services at the family-strengthening program are best collected by program staff. Data on services received from other programs by both the program and control group members should be collected by a follow-up survey that occurs shortly after the end of program participation. All follow-up surveys should collect data on service use because one impact of the intervention may be that families learn to take advantage of resources available in the community on a long-term basis.

3. Baseline Characteristics

Collecting data on the characteristics of all sample members at baseline (random assignment) is important because these data can be used to: define subgroups (to address whether the intervention is more effective for participants with particular characteristics), improve the precision of the impact estimates (by controlling for baseline characteristics in regression models), and adjust for survey nonresponse. To minimize survey nonresponse, it is important to collect good contact information on all sample members at baseline. Table VII.5 provides a list of potential baseline data needs.

Table VII.5. Baseline Data Needs

Locating Information for Mother and Father Name, address, telephone numbers, social security number, contact information for relatives and friends of both mother and father	Family Structure Number of persons in family, ages and relationship of persons in families, support from extended family
Mother-Father Relationship Whether married, relationship status, whether father visited during hospital stay, living arrangements, length of marriage and relationship, attitudes and expectations about marriage, history of domestic violence, paternity establishment	Employment and Income Whether mother/father is employed, earnings, whether father pays child support, household income, receipt of government assistance
Prior Marriages and Childbearing Marital history, number of children with other parent, number of children with others	Demographic Characteristics Age of mother, father, and child; race/ethnicity of father and child; country of birth of mother and father; religion of mother and father
Child's Characteristics Weight at birth, gender, health/disabilities	Education Highest grade completed by mother and father

Ideally, data on baseline characteristics should be collected on all sample members just before random assignment. A common way of collecting these data is to ask sample members to complete a short form just before they are randomly assigned. To keep this form short, the first follow-up surveys also can be used to collect some data about the family at random assignment, as long as these data are not susceptible to recall error.

E. ESTIMATING THE IMPACTS OF THE INTERVENTION

Random assignment, if well implemented, eliminates the need to use sophisticated statistical models to obtain unbiased estimates of impacts. In an experiment, the simple difference in mean outcomes between the program and control groups is an unbiased estimate of the impact of the intervention. Regression and related statistical models that include baseline characteristics to explain some of the variance of the outcome measures can increase the precision of the estimates for a given sample size.

1. Analyzing Impacts by Subgroup

It is straightforward to estimate impacts for different population groups—the outcomes of program group members with a particular characteristic can be compared with the outcomes of control group members with the same characteristic. Estimates can be obtained for any subgroup as long as they are defined by a baseline characteristic. Characteristics that could be used to define subgroups of interest in an evaluation of interventions to strengthen families include:

- Age of the mother and father
- Race/ethnicity of the mother and father
- Age of baby (including gestational age of babies not born)
- Status and length of parent's relationship at birth of child
- Whether the parents are cohabiting
- Whether the parents have previous children together
- Whether the mother or father has children with previous partners
- Whether the mother or father has barriers to a healthy marriage, such as substance abuse, mental health problems, or poor labor market prospects
- Parent's attitudes toward and expectations of marriage

2. Dealing with Program Nonparticipation and Attrition

In many programs designed to strengthen families, a high proportion of couples recruited for the program either do not show up or leave the program prematurely. In a study of PREP in Denver, for example, only about half of the couples offered a place in the program participated (Markman et al. 1988; Stanley et al. 1995). Only about 50 percent of the contacts made by the Bienvenidos program lead to a family participating in one of the programs.

Because program group members who choose to participate in the program may differ from those who choose not to in ways that are related to the status, stability, and quality of their relationship with the other parents of their children, comparing the outcomes of those program group members who actually receive services with the outcomes of all control group members may lead to biased impact estimates. For example, if couples who are more committed to their relationships are more likely to participate in the program and are more likely to marry or stay married, then comparing the outcomes of those who participate in the program with the outcomes of all control group members will bias the impact estimates in favor of finding the program effective.

One approach that has been used to estimate impacts for programs with high nonparticipation is to match each program group member to a control group member with similar baseline characteristics, such as relationship status or satisfaction (Markman et al. 1988). The outcomes of the program group members who participate are then compared only with the "matched" control group members. This controls for some *observable* differences between those who participate and those who do not. However, the estimates of the program's impacts still may be biased because of *unobservable* differences between those who participate and those who do not, such as motivation, attitudes, and personality.

Differences in the mean outcomes of all members of the program group (including those who did not receive services) and the mean outcomes of all members of the control

group will produce unbiased estimates of an “offer” of a place in the program. An estimate of the more policy-relevant impact of the program on those who participate can be obtained by dividing the impact estimate for those offered a place in the program by the proportion of program group members who participated in the program (Bloom 1984). Although this approach yields unbiased impact estimates for those who participate, the estimates will not be precisely estimated if the participation rate is low.

3. Dealing with Sample Attrition

Some survey nonresponse is inevitable, especially in surveys of young fathers, who are often difficult to locate. Sample attrition because of survey nonresponse is problematic if those who respond differ from nonresponders in ways that are correlated with the outcome variable. This would occur if, for example, fathers with stronger relationships with their children were more likely to respond. Although the best approach to survey nonresponse is prevention, statistical techniques, such as propensity-scoring methods (Rosenbaum and Rubin 1983), can be used to adjust for observable differences between responders and nonresponders.

4. Estimating the Impacts of Different Levels of Exposure to the Intervention

Questions often arise about whether interventions are more effective if participants receive greater exposure to the intervention, by either staying longer or by receiving more intensive services. Attrition from many programs designed to strengthen families can be high, resulting in a large variation in the exposure to the services. Only about 40 percent of men who attend the orientation for the Center for Fathers, Families, and Workforce Development (CFWD) program complete the program and only 25 percent of mothers who participate in Children First complete two years of the program.

As families who choose to receive more services may differ from those who choose to receive fewer services, comparing the outcomes of participants who have different exposures to the intervention with the control group is not a valid measure of program impacts. Statistical techniques, such as propensity scoring, can be used to predict the level of exposure to the intervention that the control group members *would* have received had they been assigned to the program group. Impacts for families with different exposures to the intervention can then be estimated by comparing the outcomes of program group families who received a specific exposure to the intervention with control group families with the same predicted exposure.

5. Determining the Role Played by Intermediate Outcomes in Long-Term Outcomes

Many programs articulate intermediate and long-term goals. For example, one intermediate goal of the CFWD program is to help fathers find work, while a long-term goal is for fathers to be more active in their children’s lives for the well-being of both father and child.

An important question is whether any impacts on long-term outcomes are achieved *because* of the impacts on intermediate outcomes. For example, an interesting policy question is whether improvements in child well-being result from a stronger relationship between the parents or are attributable to other factors, such as higher family income. Estimates of the relative role of intermediate outcomes can be obtained using statistical techniques referred to as “mediated analysis.”

F. SUMMARY

A thorough and comprehensive evaluation of an intervention to strengthen families is the only way to provide policymakers and other stakeholders good information about whether the intervention is effective. The evaluation should include a detailed description of the design and implementation of the intervention as well as an impact evaluation. To be most defensible, the impact evaluation should be based on random assignment. This will allow differences in the outcomes of program and control group members to be attributed to the intervention alone. Data should be collected on a sample of couples that is large enough to ensure that all policy-relevant impacts can be detected. Data should be collected on the wide range of outcomes that the interventions are expected to affect and for a long enough follow-up period to detect long-term impacts.

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APPENDIX A
EXPERT PANEL MEMBERS

Expert Panel Members

Strengthening Families with Children Born Out-of-Wedlock

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APPENDIX B

SUMMARY OF PROGRAM CHARACTERISTICS

Table B.1. Summary of Program Characteristics

Program	Primary Program Goal	Population Served	Point of Contact	Outreach/Services Provided
African American Family Life Education Program (Multiple sites)	To prevent long-term family problems	Black couples, married or in committed relationships Varying income levels	At any point	Some outreach Couple relationship skills Parenting skills Life skills Assessments for other services Referrals for other services
Baby Makes Three (Seattle, WA)	To ease the transition to parenthood and prevent relationship deterioration	Couples expecting a child All income levels and race/ethnicities	Pregnancy to 6 months after birth	Some outreach Couple relationship skills Parenting skills Father involvement
Becoming Parents Program (Longwood, FL)	To strengthen marriages or relationships of couples who are pregnant with first child	Primarily married, middle-income, white, first-time parents	Pregnancy to shortly after birth	Recruit mainly from one church congregation Couple relationships skills Parenting skills Referrals for other services
Becoming Parents Program (Naperville, IL)	To strengthen marriages or relationships of couples who are pregnant with first child	Primarily married, middle-income, white, first-time parents	Pregnancy to shortly after birth	Recruited from hospital Couple relationships Parenting skills Referrals for other services
Bienvenidos Family Services (East Los Angeles, CA)	To strengthen families, prevent child abuse, help families become self-sufficient, and support stable and healthy home environments	Low-income Latino families	At any point	Some outreach Couple relationship skills Co-parenting skills Health education Life skills Substance abuse prevention and recovery Family violence prevention Pregnancy prevention Assessments for other services Referrals for other services
Boot Camp for New Dads (Denver, CO)	To provide education and support for expectant fathers	Fathers, most first-time Some low-income Some Latino and black	When expecting child	Some outreach Couple relationships skills Co-parenting skills Father involvement Parenting skills Referrals for other services

Table B.1 (continued)

Program Intensity	Extent to Which Program is Faith Based	Program Size	Other Important Characteristics
7 weekly classes	Secular	Small, operated in only two sites	Not currently offered on on-going basis
1 weekend workshop, 12 support group meetings over 6 months	Secular	Medium, program being tested with 140 couples at 1 hospital	Currently being evaluated in longitudinal 3-year study
6 weekly classes	Setting is church, participants recruited from church congregation, and begin classes with prayer or scripture reading	Small, but part of nationwide program	
3 weekly classes, 2 hours long	Secular	Small, but part of nationwide program	
Home visits: 1-4 times per week Groups/classes: 2 hours per week	Secular	Large	Comprehensive approach to strengthening couple relationships
One time, 3 hour class	Secular	Large, part of nationwide program	Low-income fathers receive incentives for participation

Table B.1 (continued)

Program	Primary Program Goal	Population Served	Point of Contact	Outreach/Services Provided
Building Strong and Ready Families (Multiple sites)	To provide couples with skills necessary to build strong and lasting relationships	Married enlisted soldiers in Army Some minority	When couple has been in Army less than six months	Some outreach Couple relationship skills
Christian Family Community Mediation Services: Parenting for Positive Results and Relationship Skills Groups (St. Louis, MO)	To encourage more effective parenting and improve relationship skills	All low-income noncustodial fathers, single mothers, some couples Most black or Hispanic	At any point	No outreach, all clients referred Relationship skills Parenting skills Co-parenting Family mediation Financial management skills Referrals for other services
Constructing a Godly Home (Braddock, PA)	To prepare couples for stable relationships and marriages	Premarital middle-income couples and singles, unwed mothers Many low-income Largely black	Before marriage	Some outreach Couple relationships skills Co-parenting skills Parenting skills Financial management skills Referrals for other services
Couples' Relationship Enhancement Program (Multiple sites)	To teach couples skills to create happy and intimate relationships	Couples Some low-income, African American, Native American	At any point	No outreach Couple relationships skills Referrals for other services
Family Star Early Head Start (Denver, CO)	To improve parents' relationship with child, encourage co-parenting, provide parents with resources necessary for this	Parents of infants and children less than 3 in Early Head Start Largely low-income Latino From all family structures	While child is in Early Head Start	Outreach only among Early Head Start participants Co-parenting skills Parenting skills Couple relationships skills Assessments for other services Referrals for other services
First Things First (Chattanooga, TN)	To reduce the divorce rate, reduce the number of out-of-wedlock pregnancies, and increase father involvement in the community	Couples, families, and fathers Community-wide	At any point	Some outreach Media campaign Couple relationship skills Co-parenting skills Parenting skills Referrals for other services

Table B.1 (continued)

Program Intensity	Extent to Which Program is Faith Based	Program Size	Other Important Characteristics
Two all-day workshops, plus overnight retreat	Offered by Chaplain, but otherwise secular	Medium, offered in 17 Brigades	Heavily based on PREP; also research based
Classes: 6 weekly 2-hour sessions Mediation: 4-6 contacts per week for 1-2 years	Offered by a Christian organization and sometimes classes are provided in churches, curriculum is secular	Small	
Varies, from 1 all day class to 18-week 2-hr classes	Faith-based curricula and setting	Small	No established/consistent curriculum
Varies, typically 90 min to 2 hours for 14 to 16 weeks	Some clergy provide program	Large, nationwide program	Research-based and evaluated curriculum
Co-parenting: three 90 min. classes (in planning stage)	Secular	Family Star program is small	Program scheduled to begin operation at beginning of March, but not yet in operation
Varies by program	Some programs faith-based, others secular	Large, community-wide initiative	Extensive collaboration with community-based organizations, including black churches

Table B.1 (continued)

Program	Primary Program Goal	Population Served	Point of Contact	Outreach/Services Provided
Greater Grand Rapids Community Marriage Project (Grand Rapids, MI)	To increase frequency of marriage preparation, decrease the divorce rate, and reduce out-of-wedlock births	Couples and families Community-wide	At any point	Some outreach Media campaign Couple relationships skills Referrals for other services
Healthy Start, Heart of America United Way (Kansas City, MO)	To decrease maternal and child morbidity and to improve child and family health	Low-income pregnant women, infants, children up to 2, and their families Fathers of babies enrolled in Healthy Start Primarily black and Hispanic	During pregnancy, and after child's birth	Extensive outreach, using community residents Case management Co-parenting skills Parenting skills Services to promote father involvement Employment services for mothers Health education Assessments for other services (mothers only) Referrals (mothers only)
Healthy Start, (Pittsburgh/ Allegheny County, PA)	To decrease maternal and child morbidity and to improve child and family health The Male Initiative Program designed to increase father involvement	Low-income pregnant women, infants, children up to 2 and their families Also males ages 15 to 25 Primarily black and Hispanic	During pregnancy and after child's birth	Extensive outreach, using community residents Case management Parenting skills Services to encourage father and other male involvement Health education Assessments for other services Referrals for other services
Nurse-Family Partnership (Multiple sites)	To improve women's health during pregnancy; improve care of infants and toddlers and prevent maltreatment; prevent unintended pregnancy, school dropout, welfare dependence and unemployment	Low-income first-time mothers and their babies	During and after pregnancy, until child is 2 yrs old	Some outreach Couple relationships skills Parenting skills Co-parenting skills Referrals for employment services Assessments for other services Research-based curriculum
Practical Application of Intimate Relationship Skills (PAIRS) (Multiple sites)	To teach couples "emotional literacy" in order to improve their relationships	All couples, some singles, usually middle-income	At any point	Some outreach Couple relationships skills

Table B.1 (continued)

Program Intensity	Extent to Which Program is Faith Based	Program Size	Other Important Characteristics
Varies Premarital classes include a 1-time 4-hr class and a 3-session, 12-hr class Also depends on partner organizations	Some programs faith-based, others secular	Large, community-wide initiative	Extensive collaboration with community-based organizations
Fatherhood program is 6-class series	Secular	Large program with 84 sites nationwide	Lessons learned from outreach of Healthy Start could identify promising strategies for reaching the target population
Male Initiative Program involves 12 sessions	Secular	Large program with 84 sites nationwide	Has been operating longer than the Kansas City project
Weekly, bimonthly, or monthly home visits, depending on mother's circumstances from pregnancy until child is 2	Secular	Nationwide program	Findings from two experimental evaluations have shown program reduces child abuse, subsequent pregnancy, and incidence of behavioral problems due to substance abuse
Varies Includes 8-week seminar to 120-hour seminar	Both secular and faith-based versions	Large, nationwide program	

Table B.1 (continued)

Program	Primary Program Goal	Population Served	Point of Contact	Outreach/Services Provided
Prepare/Enrich and Building Relationships (Multiple sites)	To help couples prepare for marriage, help enrich marriages of married couples Goal of Building Relationships is to help develop relationship skills of youth	All premarital, married, and cohabiting couples, and youth	At any point	Some outreach Couple relationship skills General relationship skills
Prevention and Relationship Enhancement Program (PREP) (Multiple sites)	Preventing marital dissatisfaction and divorce	Largely white, middle-income committed and married couples	At any point	Couple relationship skills Research-based curriculum
Responsible Choices TANF Agency (Baltimore, MD)	To prevent subsequent pregnancies among first-time parents, increase positive parent involvement, support low-income families	Unmarried pregnant parents or within three months of birth of first child Largely low-income, black	Pregnancy or shortly after birth of first child	Some outreach Couple relationship skills Couples mediation Co-parenting skills Parenting skills Services to encourage father involvement Employment services Family planning services Assessments for other services Referrals for other services
Torres Martinez Desert Indian Consortium TANF Agency (Los Angeles and Riverside, CA)	To promote marriage and encourage father involvement	All TANF recipients	At any point	No outreach Premarital counseling Couple relationship skills Employment services Assessments for other services Referrals for other services Financial incentives for marriage including marriage bonus and payment of some costs of traditional weddings

Table B.1 (continued)

Program Intensity	Extent to Which Program is Faith Based	Program Size	Other Important Characteristics
Adult programs vary but recommend minimum of 6 hours of counseling Youth program 6-8 sessions, 90 min each	Secular curriculum but counseling often provided by clergy	Large, nationwide program	
6 weekly 2-hour sessions, weekend or 1-day workshops	A Christian based version of the curriculum exists	Large, nationwide program	Studies have shown that program is effective, though some methodological problems with studies
Varies, home visits (45 min to 1 hr) once a week at start, then less often unless needed	Secular	Medium, local program	We may want to consider this TANF program for technical assistance.
Varies	Secular	Local program	

APPENDIX C
SITE VISIT SUMMARIES

BABY MAKES THREE

Seattle, Washington
May 18-20, 2002

OVERVIEW

Baby Makes Three is designed to meet the needs of couples who are expecting or have just had a new child. The program is intended to prevent the decline of marital satisfaction that often occurs after the birth. It involves a weekend workshop and, for one group of participants, a series of 12 support group meetings facilitated by childbirth instructors. The program, currently implemented as a demonstration program in a hospital in Seattle, is being experimentally evaluated. The workshop curriculum is based on the research of John Gottman, and the support group component is based on work by Philip and Carolyn Cowan. The participants are typically middle-income, married, white, and well-educated.

PROGRAM GOALS

The program's primary goals are:

1. To strengthen couple relationships in order to reduce both the marital conflict that arises when couples become parents and the likelihood of divorce
2. To increase father involvement in parenting
3. To increase both parents' knowledge of infant and child development

TARGET POPULATION

The program's target population is couples ages 18 to 50 who are expecting a baby, are planning to parent the child together, and are willing to both participate in the study and attend 10 to 12 support groups.

Participating couples are predominantly white and middle-income. Of the 112 couples in the study, 4 are African American and 4 are Asian. Only one couple is not married. Just under 50 percent have other children.

CORE PROGRAM SERVICES

The program, based on Gottman's research on marriage and influenced by the research of Gottman and Silver (1999) and Cowan and Cowan (2000), has two main components: a weekend workshop and a series of 12 support groups. For the study, couples found eligible for the program were randomly assigned to a program group that attends the workshop and the support groups, a program group that attends only the workshop, and a control group who cannot attend either.

The weekend workshop is attended by both parents either while they are expecting their baby or within the first few months after the baby is born. Most of the curriculum is focused on preserving the marriage, but there are sections on child development and on interacting with the baby, covering such topics as the dangers of overstimulation. Also included are discussions about the importance of a strong marriage, father involvement, and co-parenting to child development.

The support groups provide an opportunity to express feelings about the transition to parenthood and to receive emotional support from other couples. While they do not offer therapy, per se, they are often “therapeutic.” The two-hour group sessions, held two times a month for six months, begin soon after the couple has completed the workshop.

SERVICE DELIVERY

The weekend workshop and support groups are held in the Swedish Medical Center in Seattle. In the workshop, there are three instructors and three to five volunteers. All three instructors are childbirth educators who also facilitate the support groups. The workshop is held for most of the day on both Saturday and Sunday. The support groups are held on a weekday evening or on Saturday. The couples bring their children to both the workshop and support groups. Infants remain with their parents; child care for older children is provided in an adjacent room.

RECRUITMENT

Recruiting participants for the study involved circulating flyers about the study in childbirth classes at the hospital, birth centers, prenatal yoga classes, local stores selling clothes and equipment for infants; placing notices in the hospital newsletter; and providing local newspapers with information about the study.

ASSESSMENT, SCREENING, AND REFERRALS

Baby Makes Three does not assess participants for the need for other services, nor has the program found that any participants have serious mental health or substance abuse issues. However, participants are given with a list of therapists and agencies that could help them with other issues.

PROGRAM SIZE AND INTENSITY

Because it is a demonstration program, *Baby Makes Three* is small. In total, 112 couples were recruited for the study, 46 couples receive the workshop and support group, and 33 couples receive the workshop only. The rest of the couples are in the control group.

BIENVENIDOS FAMILY SERVICES

East Los Angeles, California
May 14-15, 2002

OVERVIEW

Bienvenidos is a community-based organization in East Los Angeles that serves a predominately Latino population, providing comprehensive and culturally sensitive in-home and center-based services to families with minor children. The agency's mission is to strengthen families so that they might provide a stable, safe, and nurturing environment for children. The organization provides an array of services, including parenting education, home visits, domestic violence treatment, anger management classes, fatherhood programs, substance abuse treatment, and free health care services. Bienvenidos has forged a partnership with the National Latino Fatherhood and Family Institute in a concerted effort to create a more father-friendly environment, establish programs to promote father involvement, and include fathers in family services. All of the center-based services are housed in one of three locations on the same block: the family support center, the health clinic, or the National Latino Fatherhood and Family Institute.

PROGRAM GOALS

Each Bienvenidos program has its own objectives, but the organization has four overarching goals: (1) to be proactive in preventing families from losing their children to the child protective system as a result of child abuse or neglect, (2) to strengthen families and help them to become self-sufficient, (3) to support families with the resources they need to develop and maintain a stable and nurturing home environment, and (4) to get parents involved with their children in order to improve child well-being.

TARGET POPULATION

Bienvenidos serves primarily low-income families in East Los Angeles. Approximately 97 percent of the service population is Latino, and most are of Mexican origin; about half speak Spanish, 40 percent of whom are monolingual. According to program staff, new Spanish-speaking immigrants are typically more likely to be married and to remain with their partners than are English-speaking non-immigrants. Overall, the clients reflect a variety of family structures, but many of the fathers live with the mother and child/children in the home.

Many Bienvenidos families are experiencing some form of crisis (such as child abuse or neglect, substance abuse, or poverty). One administrator estimates that approximately 60 percent of clients have experienced domestic violence. Physical and social isolation is also a problem for many, including new immigrants and those in abusive relationships. In addition, a significant number of clients have health problems, such as HIV/AIDS and sexually transmitted diseases. Among young fathers, there is also a high level of gang involvement.

Although Bienvenidos clients tend to share many characteristics, eligibility for some services is restricted to particular target populations because of funding stipulations. In addition, priority is typically given to families who have received court-ordered mandates to participate in specific program components (such as family preservation, anger management, or parenting education classes).

RECRUITMENT

Many clients come to Bienvenidos through word of mouth and “self-referrals,” while others are referred from outside institutions, such as the Department of Social Services, local high schools, and hospitals. In addition, the Children’s Dependency Court and the Los Angeles County Department of Children and Family Services allow at-risk families to participate in Bienvenidos programs as an alternative to placing their children in protective care.

ASSESSMENT, SCREENING, AND REFERRAL

All clients are informally screened at intake for risk factors, such as domestic violence and substance abuse. In addition to risk factors, the intake form includes a client history and a needs assessment. Clients are assessed on the basis of both this information and an informal discussion with the intake coordinator. A more intensive screening and assessment may take place once the client has been referred to a specific program component, but the level of intensity of the assessment varies across programs. Most services are provided in house, although clients are referred to outside agencies for some services such as job training and employment programs.

SERVICE DELIVERY

Bienvenidos’ comprehensive approach to strengthening families includes a multitude of programs and services:

- **Parenting education** classes are typically court-mandated for parents involved with the child welfare system. Classes in Spanish and English are offered on site during the day and evening.
- **Home visits**, provided weekly, are designed to focus on child development, supportive services, and life skills, although immediate needs and crises are addressed first.
- **Father involvement** initiatives include *Con Los Padres*, a 20-week program comprising weekly group sessions from 5 to 7 p.m. that teaches young men ages 16 to 24 about their roles and responsibilities as fathers.
- **Domestic violence** treatment is provided through *Latinas en Progreso*, a program for female victims of domestic violence comprising weekly group meetings, individual counseling, educational workshops and classes, and an after-care support group.
- **Anger management** sessions are provided through *All My Relations*, a 26-week class for men conducted by a trained mediator who teaches conflict resolution, mediation, and nonviolent communication.

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- **Substance abuse** treatment is provided to women for 10 to 20 hours each week for six months to one year. Classes are offered Monday through Friday primarily in the morning at around 9 o'clock.

This approach to service delivery is both educational and therapeutic, although the ratio of one to the other varies by program component. Services involving parenting, health education, life skills, school preparedness, relationship skills, pregnancy prevention, and family violence prevention tend to be more educational, whereas services that address substance abuse or domestic violence are typically more therapeutic.

PROGRAM SIZE AND INTENSITY

Bienvenidos was in contact with approximately 300 potential clients in April 2002. Thirty-nine of them enrolled in the program. According to staff estimates, the National Latino Fatherhood and Family Institute makes approximately 30 contacts in a typical month, and about half of those who go through intake typically end up staying in the program.

The number of clients varies substantially by program component. Annually, there are approximately 426 mothers and fathers in the parenting education classes, 359 families who receive home-based services, 54 men in the *Con Los Padres* program for young fathers, 109 women in the *Latinas en Progreso* domestic violence program, and 45 men in the *All My Relations* anger management group. Many other programs at Bienvenidos also serve large numbers of clients, many of whom participate in more than one program at a time.

CENTER FOR FATHERS, FAMILIES AND WORKFORCE DEVELOPMENT

Baltimore, Maryland
May 17, 22, and 24, 2002

OVERVIEW

The Center for Fathers, Families and Workforce Development (CFWD) is a nonprofit organization in Baltimore that has two primary components: (1) *Men's Services*, which focuses on father involvement, parenting education, relationship skills, anger management, and co-parenting, and (2) *STRIVE*, an intensive employment program for men and women. The organization also provides a number of services in house and through referrals to outside agencies, including case management, domestic violence treatment, adult education, substance abuse treatment, and child support assistance. Through the *50/50 Parenting* pilot program, CFWD will begin providing co-parenting services in late 2002 to young parents who have had a child out of wedlock.

PROGRAM GOAL

The overall mission of CFWD is to help low-income men and women become self-sufficient and thus be able to contribute both emotionally and financially to their children. Each program component has its own objective that supports the overall mission. *Men's Services* is intended to support fathers in becoming more involved in their children's lives, *STRIVE* is intended to provide men and women with employment services, and *50/50 Parenting* is intended to create a supportive family environment, help parents work together more cooperatively for their child/children's benefit, and make advocacy and education services equally available to mothers and fathers. (See the section Core Program Services, below, for a fuller description of each program component.)

TARGET POPULATION

CFWD clients are predominately African Americans who live in Baltimore's most poverty-stricken neighborhoods. The average client in *Men's Services* is a 24-year-old noncustodial father who dropped out of school in the ninth grade. Approximately 80 percent of *Men's Services* clients are unemployed, and many are underemployed. In general, clients tend to have low levels of education and skill, and most do not have a GED or high school diploma. CFWD staff estimate that approximately 75 to 80 percent of *Men's Services* clients have criminal records. They also face such other issues such as substance abuse, domestic violence, multiple partner fertility, lack of affordable housing, mental health conditions, racial and class prejudice, and a lack of community resources.

CORE PROGRAM SERVICES

CFWD provides a comprehensive array of services in house and through referrals to outside agencies, as described below:

- ***Men’s services.*** As mentioned, the *Men’s Services* program focuses on father involvement, parenting education, relationship skills, anger management, and co-parenting. Services are provided through intensive case management, classes, peer support and discussion groups, individual and family counseling, and occasional home visits. The services, targeted to urban African American men, are based on a culturally competent approach. Instructional techniques include lecture, discussion, and the use of materials such as the curriculum handbook, videos, guest speakers, and handouts.
- ***Employment services.*** Employment services are provided through the *STRIVE* program, an intensive job-readiness workshop with two years follow-up that provides support in critical thinking, self-examination, relationship building, affirmation, and practical skill development. The program uses an adaptation of the curriculum used by other *STRIVE* programs, supplemented with video, handouts, guest speakers, and other teaching techniques. Workforce development services are provided through case management, classes, peer support, and counseling. Classes include role-playing, lecture, and discussion.
- ***Domestic violence.*** Clients identified as having problems with domestic violence are typically referred to a local organization that serves victims and perpetrators of domestic violence. In some cases, a staff member from the local organization or from CFWD will work informally with the client, especially when the client is not prepared to acknowledge that he or she has a problem.
- ***Assistance with child support.*** CFWD collaborates with the Maryland State Arrears Leveraging Program to assist noncustodial fathers in reducing their child support debt, arranging a manageable payment schedule, and avoiding possible criminal penalties.
- ***Referrals.*** Referrals are made for substance abuse treatment, housing assistance, and health care.

SERVICE DELIVERY

Men’s Services clients attend two sessions per week for 15 weeks. One session is educational and curriculum-based, and the other is a peer support group. *STRIVE* clients attend daily classes and are expected to be punctual, to come to the class every day, and to dress as they would for a professional job.

RECRUITMENT

Direct community outreach, found by the staff to be more effective than print advertising, is the core of CFWD’s recruiting strategy. Almost all the front-line staff recruit for *Men’s Services* and *STRIVE* by talking directly with potential clients, giving them materials on the program, and hanging “door knocker” leaflets. Staff conduct outreach at a variety of venues, including basketball courts, barbershops, health clinics, birthing clinics, and street corners that are centers for illicit drug transactions. In addition, a number of clients come to the program because of referrals from friends or family, health professionals, and other public and private agencies.

ASSESSMENT, SCREENING, AND REFERRAL

All CFWD clients receive an initial assessment and screening before they are directed to in-house programs or referred to outside agencies. Clients are assessed with regard to basic demographic characteristics, such as education, employment, and family composition in addition to problems with domestic violence and substance abuse. Clients identified as having substance abuse problems are referred to more specialized programs for further assessment and treatment. In general, the assessment process is viewed as an on-going event that may take place over several weeks, as CFWD finds that it is important to allow enough time for staff to get to know clients and build their trust. The staff has found that clients are more willing to open up once the organization has proven its ability to meet their needs, so assessment continues informally even after the initial screening is complete.

PROGRAM SIZE AND INTENSITY

- ***Men's Services.*** About 12 to 15 clients participate in *Men's Services* classes at any given time, and about 180 to 200 participate each year. Clients typically stay involved in *Men's Services* for about one year. The program has served about 900 men since its inception. About 15 to 20 percent of *Men's Services* clients are also enrolled in *STRIVE*.
- ***STRIVE.*** About 25 clients graduate from each three-week training cycle, and approximately 300 clients graduate in a year. On average, clients stay with the program for about two years.

CHILDREN FIRST

State of Oklahoma
March 13-14, 2002

OVERVIEW

Children First is a community-based voluntary family resource program that offers home visitation to families who have little financial or social support and are expecting to deliver and parent their first child. The program uses David Olds' Nurse-Family Partnership Program model. Public health nurses conduct home visits during pregnancy and across the first two years of the child's life, following well-developed protocols from the Olds model throughout this period. Through a schedule of weekly, biweekly, and, eventually, monthly visits, nurses focus on the health of the mother and child, the maternal role, personal sources of support, and accessing community resources. The program, administered through the state Department of Health, began in four counties as a pilot in 1997 and is now offered statewide in all 77 counties in Oklahoma.

PROGRAM GOAL

Children First is intended to promote the health and well being of pregnant women and their infants, and has three overarching objectives: (1) to promote healthy behaviors among mothers during pregnancy, (2) to enhance family caregiving for infants and toddlers in order to prevent child maltreatment and childhood injuries, and (3) to prevent subsequent unintended pregnancies, school dropout, welfare dependency, or unemployment.

TARGET POPULATION

The Children First target population is pregnant women under 28 weeks gestation, who are expecting to deliver and/or parent their first child, and who have little financial or social support.

CORE PROGRAM SERVICES

Children First provides families with parenting and nutrition education, health and safety information, and referrals to community agencies for services such as health care, child care, mental health care, and job training.

Nurses use the Partners in Parenting Education (PIPE) curriculum to help mothers develop healthy relationships. Though the primary focus of the program is the mother-baby relationship, there is an interest in expanding both resources and father involvement. Also, plans are currently under way to integrate the Prevention and Relationship Enhancement Program (PREP) into the services Children First already provides.

SERVICE DELIVERY

The relationship that develops between nurse home visitors and the mothers served is the foundation of the program, and caseloads are limited to 25 families in order to ensure that this is possible. Home visitation services are delivered on the following schedule: weekly during the first

Appendix C: Site Visit Summaries

month of program participation, biweekly after that until delivery, weekly during the first six weeks after delivery, every other week until the child is 21 months old, and monthly until the child is two.

RECRUITMENT

Clients are referred through various sources, including agencies providing prenatal services.

ASSESSMENT, SCREENING, AND REFERRAL

Children First provides health assessments of mothers and children as well as child development assessments. In addition, mothers are assessed for postpartum depression during the six months following the birth of their children. Clients are referred to outside agencies when needs are identified that cannot be addressed by the home visitors.

PROGRAM SIZE AND INTENSITY

From October 2001 through May 2002, more than 13,500 families in Oklahoma enrolled in the program. During that time, nurses made more than 235,000 visits.

Now a stand-alone entity in the Department of Health, the program falls under the division of Family Health Services, which reports to the state Commissioner of Health. Program supervisors in the 77 counties throughout the state report to the local county-city health agency.

PREVENTION AND RELATIONSHIP ENHANCEMENT PROGRAM (PREP®)

OVERVIEW

The Prevention and Relationship Enhancement Program (PREP®), developed jointly by Scott M. Stanley, Howard J. Markman, and Susan L. Blumberg, has been offered for the past 12 years in many communities across the nation and around the world. PREP can be operated in a variety of settings by a diverse group of individuals, including educators, counselors, clergy, mental health professionals, or lay leaders. It can also be offered to couples through free-standing educational materials (such as videotape).

PROGRAM GOAL

The program's primary goal is to prevent divorce by teaching the skills and competencies associated with successful marital adjustment—before problems develop. Focused on preventing marital dissatisfaction and distress, the program has five objectives: (1) to develop and guide the practice of constructive communication and conflict resolution skills, (2) to clarify and modify unrealistic beliefs about and expectations of relationships, (3) to maintain and enhance fun, friendship, and spiritual connection in intimate relationships, (4) to develop an agreed-upon set of ground rules for handling disagreements and conflict, and (5) to develop skills to enhance and maintain commitment.

TARGET POPULATION

The program is designed for middle-income, nondistressed couples who are engaged or married.

CORE PROGRAM SERVICES

The curriculum includes the following lecture series: Foundation and Danger Signs; Safety, Structure, and Communication; Filters; Issues and Events; Expectations; Negative Communication, Anger, and Constructive Gripping; Fun; Problem Solving; Friendship; Ground Rules; Core Belief Systems (Religious, Spiritual and Otherwise); and Sensuality and Sexuality. Skills in each of these areas are taught, demonstrated, and then practiced as couples role-play a situation while being coached by an instructor.

SERVICE DELIVERY

Services are delivered in one of three forms: (1) six weekly two-hour sessions, (2) a weekend workshop, or (3) a one-day workshop. The weekly sessions is the dominant form. The program staff comprises a “leader” and one or more coaches. Children do not attend or participate in the sessions.

RECRUITMENT

The recruitment strategies programs utilize vary across sites.

ASSESSMENT, SCREENING, AND REFERRAL

In general, PREP programs do not assess or screen clients for needs; nor are clients referred to services.

PROGRAM SIZE AND INTENSITY

Groups are typically medium to large, with up to 40 couples in one group.