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Introduction to Healthy Relationship Education for Stakeholders

Background

The National Resource Center for Healthy Marriage and Families promotes the value of healthy marriage and relationship education skills and encourages their integration into safety-net service systems as a holistic approach to strengthening families. A service of the Office of Family Assistance, Administration for Children and Families, U.S. Department of Health and Human Services, the Resource Center offers a variety of tools and resources designed to educate interested stakeholders in the benefits of integrating healthy marriage and relationship education into existing social service delivery systems. It also provides a range of training, services, and support to interested State, Local, and Tribal government agencies as they work to integrate these healthy marriage and relationship education skills into their existing services to best support the families served in their communities.

As part of this effort, the Resource Center has developed online courses to 1) educate stakeholders on the importance of these skills and 2) equip stakeholders to educate the families they serve.

The course *Integrating Healthy Relationship Education: A Course for Stakeholders* is designed to accomplish the following:

- Educate safety-net service providers and other stakeholders on the subject of healthy marriage and relationship education skills;
- Discuss the research regarding the benefits of these skills for families and importance of integrating the skills into safety-net service delivery systems; and
- Define levels of integration and how the Resource Center can support integration efforts.

The course *Strong Relationships: Strengthening Individual and Family Well-Being* is designed to accomplish the following:

- Introduce seven key aspects of healthy marriages and committed relationships;
- Discuss each aspect in relation to underlying skills—such as communication, conflict resolution, parenting, and financial literacy—and their connection with families’ self-sufficiency and well-being; and
- Share techniques and tools, including the use of conversation starters and handouts, to equip safety-net stakeholders to integrate healthy marriage and relationship education as a holistic approach to strengthening the families they serve.

While each course is designed to stand alone, it is highly recommended that safety-net service providers and other stakeholders participate in the course for stakeholders as a prerequisite to the other course.

This course addresses the value of teaching the basic skills needed to develop and maintain healthy relationships as a foundation for strengthening families and communities. By strengthening relationships and families, these skills support the goals of safety-net service agencies working to move families toward self-sufficiency and improve their well-being.

Safety-net services refers to governmental programs and agencies such as Temporary Assistance for Needy Families (TANF), child support enforcement, child welfare, labor and workforce services, Head Start, military community and family services, education, youth independent living, and Tribal services.
What Is Healthy Marriage and Relationship Education?

Just as an individual’s mental and physical health can impact their family and relationships, the well-being of couple relationships and marriages are vital to the health and well-being of individuals, children, families, and society as a whole. Healthy marriage and relationship education provides knowledge, skills, and ideas that help individuals, couples, and families establish and maintain healthy relationships (Markman & Rhoades, 2012). Healthy marriage and relationship education skills focus on building and supplementing key interpersonal skills such as communication and conflict resolution, as well as critical skills like parenting and financial management.

Healthy marriage and relationship education can be offered to individuals (e.g., youth, single, never-married, or divorced adults) seeking to develop healthy relationships, to unmarried couples as they build their relationship, and to married couples looking to sustain an enduring and healthy marriage. Importantly, healthy marriage and relationship education involves teaching skills and principles. It should not be confused with, or used in place of, counseling or therapy. Couples who experience a pattern of ongoing relationship distress or are exposed to intimate partner violence should be referred to a trained clinician.

Considering family safety.

Healthy marriage and relationship education generally includes skills and strategies for healthy communicating and managing conflict in a healthy, non-violent way. It can also build and enhance critical skills like parenting and financial education. Enhancing these skills can reduce stress and improve coping skills for families navigating the normal issues related to parenting and finances.

Relationship issues that compromise family safety can range from serious and pervasive violence (including sexual abuse) to isolation, constant put-downs, or continuous, but non-physical conflict. As part of a holistic approach to strengthening families, providers must integrate a range of prevention and intervention protocols into safety-net services to equip individuals with the tools and skills to build and strengthen healthy relationships. Providers can promote non-violent conflict resolution, effective communication skills, the ability to negotiate and adjust to stress, belief in the partner’s right to autonomy, shared decision-making, and trust to teach participants how to communicate and resolve conflict in a non-violent way (U.S. Department of Health and Human Services, 2008).

Why Does Healthy Marriage and Relationship Education Matter?

In the natural life process, children learn about relationships, parenting, and financial management through observing relationships within their own families growing up. Unfortunately, family dysfunction can easily distort or disrupt this process. Individuals who do not learn from positive relationship or parenting role models struggle to develop and maintain healthy relationships for themselves or model them for their own children.

People want healthy marriages and relationships.

Many different types of people want to have a healthy relationship for themselves and for their children. Monitoring the Future, an annual survey that began in 1975, shows that most youth believe that a healthy marriage is extremely important and want to be married in the future. For example, in the 2010 results, 74.9% of high school seniors surveyed said that “having a good marriage and family life” is “extremely important,” and 78.7% expected to get married.
(Bachman, Johnston, & O’Malley, 2010). However, the past several decades have seen a dramatic increase in the percentage of children living in single, female-headed households. In 1950, only 6.3% of families were headed by a single parent (usually a mother) compared to 23.9% in 2010 (Census Bureau, 2012). The rate of births to unwed mothers has also increased from 18% in 1980 to 39% in 2006 in the general population (Martin et al., 2009).

According to the National Survey of Family Growth, the percentage of women who are currently cohabiting rose from 3% in 1982 to 11% in 2010. Premarital cohabitation contributed to a delay in first marriage for both women and men (Copen, Daniels, Vespa, & Mosher, 2012). However, on average cohabiting couples are twice as likely to break up as married couples.

One recent study found that 65% of cohabiting parents—as compared to only 24% of married parents—will break off their relationship by the time their children turn 12 (Kennedy & Bumpass, 2011). Mounting research suggests that trends of increasing marital and family instability and fragmentation are negatively impacting children, adults, families, and communities (Wilcox, Marquardt, Popenoe, & Whitehead, 2011). However, as demographer Andrew Cherlin (2009) noted, the probability of adults getting married at some point in their lifetime is still at 90%.

Unhealthy and unstable marriages and families cost society billions.

Marital and familial instability, fragmentation, and dysfunction correspond proportionately with involvement of Federal, State, regional, or Tribal safety-net services. Nationally, family fragmentation due to divorce and unwed childbearing costs U.S. taxpayers at least $112 billion each year in Federal, State, and Local government programs and foregone tax revenues (Scafidi, 2008). Research shows that marriage and relationship education can have a positive impact on helping individuals and families to establish healthy relationships (Hawkins, Blanchard, Baldwin, & Fawcett, 2008; Hawkins & Fackrell, 2010). The benefits of healthy relationships are numerous. Safety-net service providers can shift their limited resources over time from crisis control and intervention to prevention, in part, by integrating healthy marriage and relationship education into their services.

Benefits of Healthy Couple Relationships and Marriages

Research shows that healthy marriages are important to the health and well-being of adults, children, families, and communities.

Healthy marriages, healthy children.

Children of adults who have healthy, stable marriages are more likely to have better physical and emotional health, better school performance, fewer behavioral problems in school, better relationships with their mothers and fathers, lower likelihood of drug and alcohol abuse, lower rates of teen pregnancy, and decreased risk of divorcing when they marry (Adler-Baeder, Shirer, & Bradford, 2007; Wilcox et al., 2011).

Healthy marriages, healthy adults.

Adults who are in healthy marriages can experience many benefits, such as better physical and emotional health, greater financial well-being, better relationships with their children, and decreased risk of drug and alcohol abuse (Adler-Baeder et al., 2007). They also have lower rates of injury, illness, and disability and have a reduced risk of being either perpetrators or victims of
**Why Healthy Marriages and Relationships Matter to the Well-being of:**

**Children:**
- Parents serve as role models for children’s interpersonal relationships. Children whose parents engage in frequent conflict and have poor coping techniques are continuously exposed to unhealthy relationships in their home environment. If children are not able to envision a healthy relationship, they are more likely to have greater difficulty navigating relationships in the future (Amato, 1996; Glenn & Kramer, 1987; Hetherington & Kelly, 2003; McLeod, 1991; Ross & Mirowsky, 1999; Whitton, Rhoades, Stanley, & Markman, 2008; Wolfinger, 2005).
- On average, compared to youth who live in two-parent married families, those who live in single-parent families are at greater risk for poor academic performance or dropout, risky sexual behavior and pregnancy, and mental health and substance abuse problems. They are also more likely to experience relationship problems and divorce themselves in adulthood (Amato, 2010).

**Older Youth:**
- Direct experiences with romantic relationships often begin during the adolescent years and are informed by models adolescents observe around them, including their own parents’ relationships.
- Adolescents’ early experiences with romantic relationships tend to frame their outlook on future relationships. Those who have more serious relationships in high school may perceive a greater likelihood of getting married (Crissey, 2005).
- Although romantic relationship experiences during adolescence are normal and part of healthy development, engaging in romantic relationships increases the potential for adolescents to become sexually active and the likelihood of experiencing relationship violence (Karney, Beckett, Collins, & Shaw, 2007).
- Integrating healthy marriage and relationship education into existing middle and high school programs, such as health classes, has been shown to increase the likelihood that adolescents will be prepared to make wise relationship decisions and to handle relationship challenges effectively (Adler-Baeder et al., 2007).

**Adults:**
- Compared to single individuals and cohabiting couples, married couples on average have a higher level of physical and psychological health as well as a lower mortality rate (Amato, 2000; Schoenborn, 2004; Waite & Hughes, 1999).
- Married couples build more wealth on average than single or cohabitating couples (Hao, 1996; Lupton & Smith, 2003; Schmidt & Sevak, 2006; Wilmot, 1998).
- Married women have a lower risk of being victims of domestic violence than cohabitating or dating women (Stets & Straus, 1989; Wilson & Daly, 1992).
crime (Bachman, 1995; Goodwin, Hunt, Key, & Samet, 1987; Homey, Osgood, & Marshall, 1995; Laub, Nagin, & Sampson, 1998; Pienta, Hayward, & Jenkins, 2000; Sampson & Laub, 1993). Additionally, married women appear to have a lower risk of being victims of domestic violence than do cohabitating or dating women (Brown & Bulanda, 2008; Jackson, 1996; Kenney & McLanahan, 2006; Wooldredge & Thistlethwaite, 2003).

Healthy marriages, healthy communities.

In addition to the impact that marriage quality has on individuals and couples, the health of marriages and relationships has a significant impact on society as a whole. For example, the health of relationships matters to businesses and employers. Employees in failing or difficult relationships cost their employers money through the decline of productivity and an increase in health concerns such as stress and anxiety, depression, and substance use (Turvey & Olsen, 2006). However, adults in healthy marriages are more likely to be involved in their communities. This may include more involvement in their churches and schools and in providing volunteer time in the community (Adler-Baeder et al., 2007).

These are a few of the many positive effects that healthy marriages can have on children, families, communities, and society as a whole. The personal and fiscal costs to individuals, families, and communities associated with unhealthy relationships and family instability reinforce the value of integrating healthy marriage and relationship education into services that already positively impact public health, family safety, and the economy.

Costs of Unhealthy Couple Relationships and Marriages

Although marriages are often thought of as private relationships, the consequences of unhealthy marriages and couple and co-parenting relationships are a public cost, financially, psychologically, and emotionally.

Economic costs of unstable relationships.

Unstable relationships and marriages can cost employers a great amount in loss of productivity. Mueller (2005) found that the average employee lost 168 hours of work time the year following a divorce. Based on national survey data, work loss—such as absenteeism, reduction in productivity, and increased healthcare costs related to marital distress—cost U.S. businesses and industry an estimated $6.8 billion per year (Turvey & Olsen, 2006). Schramm (2006) noted that divorce alone costs the Federal and State governments an estimated $33.3 billion annually. The author also noted that in Utah the direct cost of divorce for adults was $188,429,336 in 2001, while the indirect cost related to child welfare issues stemming from divorce was an additional $6,380,778. This research demonstrates that family fragmentation has a large impact not only on individuals, but on families and society as a whole.

Costs to child outcomes.

Children of parents who have a high level of conflict generally use more aggressive and “acting out” behaviors, experience higher rates of depression, and have lower academic achievement (Adler-Baeder et al., 2007; Wilcox et al., 2011). Also, children living in single-parent homes are at much greater risk for living in poverty than children with married parents (Cox, 2012). By contrast, children of stable, committed, two-parent households are less likely to engage in risky sexual behavior, have sleep problems, or have other health problems (Higginbotham, 2012).
One study found that if marriage rates were to remain constant with the marriage rates in the 1970s, the number of children living in poverty would decrease by 25% at the time of the study (Haskins & Sawhill, 2009). Many times the negativity in an unhealthy couple relationship spills over into the parent-child relationship, affecting the parent-child relationship as well as child outcomes.

**Costs to adult outcomes.**

Adults who are in unstable marriages and relationships are likely to have more physical and mental health problems and are more likely to consume more alcohol (Bachman, Wadsworth, O’Malley, Johnston, & Schulenberg, 1997; Cunningham & Knoester, 2007; Duncan, Wilkerson, & England, 2006; Miller-Tutzauer, Leonard, & Windle, 1991; Simon, 2002). Adults who are not married are also less likely to use preventative health services and generally do not live as long as their married counterparts (Department of Health and Human Services, 2000). Adults who are married are also less likely to suffer from physical and psychological health conditions (U.S. Department of Health and Human Services, 2004).

Health factors are not the only negative outcomes. Women who are separated or divorced have a much lower level of economic well-being (Smock, Manning, & Gupta, 1999). Households that include two adults generally have a higher level economic well-being, while unmarried adults have a lower level of economic well-being (Cox, 2012).

**Making the Case for Integration**

Federally-funded marriage and relationship education programs arose from increased public concern that high rates of single parent households and family instability placed children at risk of poverty and a host of other negative impacts. According to U.S. Census Bureau (2007) data, between 1970 and 2005, the percentage of children living in two-parent families dropped from 85% to 68%. The passage of the Federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 and the Deficit Reduction Act of 2005 represent Federal efforts to address these concerns. With the introduction of dedicated public funding, healthy marriage and relationship education programs became more readily available, particularly in low-income communities where these programs have not traditionally been offered. These programs educated participants on the components of healthy marriages and relationships, including effective co-parenting, communication, conflict resolution, financial literacy, and use of interpersonal skills, which are as beneficial in the workplace as they are in a marriage or personal relationship.

Public investment in making marriage and relationship education programs available to low-income families had never been done nationally, and was new to government and private sector agencies that serve families. Therefore, integrating healthy marriage programming into existing social service systems is one strategy for strengthening the

### Why Healthy Marriages and Relationships Matter to Family Self-Sufficiency

- TANF programs provide temporary assistance to needy families; the program goals include encouraging the formation and maintenance of two-parent families in recognition that two-parent families are less likely to be needy families.
- Increasing the marriage rate decreases the number of children who live in poverty (Haskins & Sawhill, 2009).
- Doubling the number of couples who participate in premarital education every year could reduce the number of children in poverty by 20% to 29% over seven to eight years (Amato & Maynard, 2007).
- Marriage and relationship education can teach co-parents how to work together for the well-being of their children.
- A strained relationship between co-parents is the primary reason why many parents fail to pay child support (U.S. Department of Health and Human Services, 2011).
safety net for families who traditionally have not had access or the personal resources to acquire or strengthen these critical relationship skills. Recent research in Repairing the U.S. Social Safety Net supports this approach. It states, “Integrated services are good for clients with complex needs—they are more likely to get what they need, in a timely manner and with due regard for all the issues they are trying to handle” (Burt & Nightingale, 2010).

According to Repairing the U.S. Social Safety Net, one of the challenges to integration of services is the silo mentality (departments within an agency that are not collaborating, communicating, or working together). For integration to occur there has to be culture change within organizations—a paradigm shift in the way organizations think about the families they serve and in the way they chose to serve them (Burt & Nightingale, 2010). Strategies to promote healthy marriage and relationships should include educating safety-net service providers and other stakeholders on the importance of integration and the ease with which these skills can be integrated to complement the services already provided as part of holistic service provision that enhances child safety, permanency, and well-being; family self-sufficiency; and overall health and well-being. Even when couples cannot work out their differences and stay together, healthy marriage and relationship education can help them be cooperative co-parents in raising their children.

**What Does Integration of Healthy Marriage and Relationship Education Look Like?**

The level and type of integration of healthy marriage and relationship education will look different across stakeholder agencies and situations depending on service delivery systems and resources available. Some stakeholders may only be able to offer handouts during client visits or home visits, while other stakeholders may be able to create partnerships that help integrate healthy marriage and relationship education workshops or skill-based classes into the services they offer families. Still other stakeholders may have the capacity for a train-the-trainer model to learn and then teach healthy marriage and relationship education skills directly to the couples, families, or individuals that they serve. No matter the resources that are available, integrating healthy marriage and relationship education into safety-net services can strengthen families and communities.

### Levels of Integration

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<tr>
<th>Level 1</th>
<th>Basic Engagement – e.g., place brochures for local healthy marriage workshops in reception area; hand out healthy relationship tip sheets to all clients.</th>
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<tr>
<td>Level 2</td>
<td>Partnerships – e.g., identify community partners for client referrals; bring relationship education programming onsite for clients.</td>
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<tr>
<td>Level 3</td>
<td>Full Integration – e.g., have trained staff or volunteers offer relationship education at career centers as part of job readiness programs, as foster parent in-service training, or as workshops for co-parenting individuals.</td>
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Integration: Level 1 – Basic Engagement.

Social service providers may choose to integrate healthy marriage and relationship skills by distributing information to colleagues and clients regarding the importance of these skills and how they support the overall strengthening of families. Basic engagement is a great way to begin a dialogue and a fairly low-cost approach to increasing public awareness. Depending upon the agency’s service delivery system, this could include placing tip sheets or fact sheets in a waiting area; handing them out during client meetings or consultations; or handing out tip or fact sheets to colleagues at in-service training, staff meetings, community meetings, or agency-sponsored town hall events. By sharing this information, stakeholders are providing participants with basic information and tools they can use to strengthen their relationships and families.

Integration: Level 2 – Partnerships.

Some stakeholders choose to identify and develop partnerships with community agencies that can teach these skills to participants. Partners may accept referrals or even offer workshops onsite for stakeholders with adequate space. Stakeholder partnerships that are properly planned and developed maximize resources and minimize service gaps to help couples and families have safe, healthy relationships and move toward achieving self-sufficiency. Consider creating new or expanding existing partnerships with schools, Cooperative Extension offices, faith- or community-based organizations, and other safety-net service providers (e.g., domestic violence providers, workforce development programs, child welfare agencies). Partnerships can be beneficial to building agency capacity by securing resources including facilities, volunteers or staff, and funding, as well as sharing ideas for successful integration.

Integration: Level 3 – Full Integration.

Full integration incorporates a comprehensive healthy marriage and relationship education program into existing services, although individual components may also be integrated depending on the needs and existing strengths of a community’s services. Full integration involves training service providers and agency staff or volunteers to teach healthy marriage and relationship skills as part of existing individualized services (e.g., during home visits or client consultations) or offer group-based programs (e.g., workshops or in-service training) for individuals and families being served by the safety-net provider agency. For example, if home visits are the main form of contact between the stakeholder and the participant, staff can be trained to integrate healthy marriage and relationship education into their discussions with the families during the home visits. If classes or workshops are already part of a service delivery system, healthy marriage and relationship education curricula could be included to encourage participants to adopt and strengthen these skills.

The Resource Center has many tip sheets, fact sheets, and other materials that safety-net service providers can use and distribute freely. Visit the website at www.HealthyMarriageAndFamilies.org and search our library of over 300 resources or contact us for technical assistance in locating resources appropriate to your needs and audience.
Level 3 is considered the deepest level of integration, and it is not expected that every agency will aspire to this level. Most social service agencies are equipped for Level 1 or Level 2 integration. The overarching idea is that, if each agency integrates to a level that is feasible and practical based on their differing service delivery systems, families will have multiple opportunities to learn more about healthy marriage education and relationship skills.

The chart that follows illustrates the levels of integration and the Resource Center supports available at each level.

### Level 1: Basic Engagement

<table>
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<tr>
<th>Stakeholder Commitment</th>
<th>Virtual Resource Center</th>
<th>Technical Assistance</th>
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<tr>
<td>Information sharing with colleagues and clients:</td>
<td>• Topical resources related to healthy marriage education skills.</td>
<td>• Guidance on resource selection.</td>
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<td>• Tip sheets or fact sheets for colleagues.</td>
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<td>• Brochures or handouts for clients.</td>
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### Level 2: Partnerships

<table>
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<tr>
<th>Stakeholder Commitment</th>
<th>Virtual Resource Center</th>
<th>Technical Assistance</th>
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<tbody>
<tr>
<td>Developing partnerships that provide healthy marriage education skills:</td>
<td>• Tips, tools, and resources related to developing and sustaining partnerships.</td>
<td>• Guidance with partner selection, collaboration and strategies for service delivery.</td>
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<tr>
<td>• Refer clients to partner agency.</td>
<td>• Potential partners such as Cooperative Extension specialists/agents, healthy marriage grantees, etc.</td>
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<td>• Partner brings workshops onsite.</td>
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### Level 3: Full Integration

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<tr>
<th>Stakeholder Commitment</th>
<th>Virtual Resource Center</th>
<th>Technical Assistance</th>
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<tr>
<td>Incorporating healthy marriage education skills into existing programming or service delivery systems. Skills may be integrated as:</td>
<td>• Tips, tools, and resources related to service delivery strategies.</td>
<td>• Guidance regarding curriculum selection and strategies for service delivery.</td>
</tr>
<tr>
<td>• Individual components such as parenting or financial literacy.</td>
<td>• Curriculum Inventory with tips for selecting appropriate curriculum.</td>
<td>• Strategic planning related to integration.</td>
</tr>
<tr>
<td>• A comprehensive healthy marriage education program.</td>
<td>• Virtual Training Center includes curriculum modules for integration.</td>
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Integrating Healthy Relationship Education Skills into Social Services

The course Strong Relationships: Strengthening Individual and Family Well-Being offers a research-based curriculum adapted from the Healthy Relationship and Marriage Education Training curriculum, which was developed under a grant (90CT0151) from the Children’s Bureau in the United States Department of Health and Human Services, Administration for Children and Families, in partnership with the National Extension Relationship and Marriage Education Network. The course covers seven key aspects of healthy relationships that are interconnected with self-sufficiency and well-being. Each chapter includes tips, techniques, and resources to equip stakeholders to integrate healthy relationship skills development into existing social services. The seven chapters are:

- Chapter 1. Care for self: Being physically and mentally healthy. Discusses the importance of caring for one’s own mental and physical well-being, including the interconnection between self-care and healthy relationships.
- Chapter 2. Getting to know partners well. Emphasizes that an awareness and understanding of one’s partner must be maintained and grown through sustained effort over time.
- Chapter 3. Nurturing the relationship. Focuses on devoting time and energy in order to strengthen and grow a relationship.
- Chapter 4. Showing affection and respect. Demonstrates strengths-based processes that can help partners demonstrate care towards each other.
- Chapter 5. Developing and maintaining friendships. Highlights the need for friendship between partners and the importance of continually working to build that friendship.
- Chapter 6. Dealing with differences in healthy ways. Identifies healthy skills for managing the conflict that is inevitable in a relationship.
- Chapter 7. Engaging in a positive social network. Stresses the benefits of having a strong support network outside of the relationship.

Conclusion

Research shows that the vast majority of men, women, and youth want to be married; yet family fragmentation has been on the rise for decades. Research also conclusively links key skills that create and sustain healthy marriages to better work productivity and family stability. At-risk couples and families can grow and strengthen with the benefit of healthy marriage and relationship education. Safety-net service providers—those service providers and agencies that already work to help families achieve self-sufficiency and well-being—can integrate healthy marriage and relationship education into existing services in a variety of ways. No matter which level of integration an agency chooses to provide, integration of healthy relationship education skills offers a more holistic approach to strengthening families and improving the lives of the individuals, children, families, and communities being served.
Resources and Products from the National Resource Center for Healthy Marriage and Families


This tip sheet discusses the common goals shared by the national Child Support Enforcement (CSE) Program and healthy marriage and relationship education. It also provides suggestions and resources on how to integrate relationship education into CSE services in order to facilitate the agency’s promotion of healthy family relationships.


This tip sheet outlines the usefulness of marriage and relationship education as a strategy for helping families, possibilities for integrating such efforts in Head Start settings, and best practices to consider when exploring partnerships between marriage and relationship education and Head Start.


This fact sheet offers suggestions for ways that safety-net service providers can help non-custodial parents explore non-financial mechanisms for participating in their children’s lives.


This fact sheet provides a brief, yet comprehensive, review of the relevant research on mental health and offers strategies that safety-net service providers can use to assist couples dealing with mental distress, especially depression.


This tip sheet highlights some of the mechanisms that low- and moderate-income couples can use to build assets and begin the journey to becoming debt free.


This tip sheet is meant to increase awareness of the complex challenges faced by homeless individuals, couples, and families, as well as to offer tips for safety-net service providers who are working to help them achieve self-sufficiency.


This tip sheet provides information on how and why marriage and relationship education can be integrated into TANF programs to address the needs of economically disadvantaged families.

Please visit the Resource Center for more integration ideas and resources at https://www.healthymarriageandfamilies.org.
This research-to-practice brief discusses the research related to unwed childbirth, marriage, and relationship education, and then points to promising practices for the integration of healthy marriage and relationship education into TANF as part of a comprehensive approach to addressing poverty.

This fact sheet presents many of the factors that youth and young adults, along with the safety-net service providers who work with them, need to be aware of in order to help build the healthy dating friendships that can lead to healthy long-term marital friendships.

This tip sheet reviews the concept of parenting styles, including two key elements of parenting: parental responsiveness (i.e., warmth or supportiveness) and parental demandingness (i.e., behavioral control).

This fact sheet provides information about how safety-net service providers can provide healthy marriage and relationship education services in an effort to promote safety, stability, and self-sufficiency for families.

This fact sheet highlights the reality of seven common myths about black marriage. The aims in doing so are twofold: (1) to provide accurate information concerning demographic trends in black relationships among low-income persons, and (2) to share strategies safety-net service providers may use to encourage their clients to participate in healthy marriage and relationship education programs.

This tip sheet discusses how marriage and relationship education can assist youth as they initiate and manage their romantic relationships. It also provides helpful information for safety-net service providers on selecting appropriate programs and resources, as well as on engaging youth during the process.

This tip sheet addresses how safety net service providers can effectively utilize marriage and relationship education to assist the children, couples, and families served. It also provides examples of helpful strategies and addresses the importance of using research-based principles.

This tool provides information on free and low-cost healthy marriage and relationship education curricula that is research-based and suitable for integration into safety-net service delivery systems. For the purposes of this review, “low-cost” is defined as costing less than $300.00 for facilitator materials and up to 20 participants.
This report synthesizes the facilitated discussions from the National Resource Center for Healthy Marriage and Families Peer-to-Peer Networking Forum, held in Washington, DC, on July 18–19, 2012. This report includes background information on healthy marriage and relationship education and summarizes Forum discussions around implementation, challenges to integration, and opportunities for collaboration and partnership. It also highlights tools and products available through the Resource Center to support integration efforts.


This tip sheet summarizes what is known about the couple relationships of service members after deployment and recommends ways in which safety-net service providers can offer support to them in maintaining successful couple relationships.


This tip sheet focuses on ways to merge healthy marriage and relationship education into child welfare services, focusing primarily on family preservation services, rather than unsafe situations where a child is removed.


This tip sheet is for safety-net service providers who are delivering or considering teaching marriage and relationship skills to individuals with lower literacy abilities.


This tip sheet provides information for safety-net service providers on culturally appropriate ways to integrate healthy marriage and relationship education concepts and skills into services so that clients are more likely to be receptive to the messages provided.


This tip sheet explores ways that safety-net service providers can meet the diverse needs of immigrant families while respecting traditional cultural roles.


This tip sheet reviews how marriage and relationship education can assist individuals in improving their overall health and wellbeing and addresses ways that safety-net service providers can integrate relationship education into existing public health services.


This tip sheet provides suggestions to help safety-net service providers raise consciousness and help couples start off on the path to improving their health and wellbeing, benefitting individuals and promoting stability for couples and families.
References


