Why Healthy Couple and Co-Parenting Relationships Matter to Child Welfare in Georgia

Children are safer and healthier when the adults in their lives have healthy relationships.

Child welfare experts have emphasized the importance of reinforcing elements of healthy family functioning (which include healthy parenting dyad relationships) in order to minimize risks to children and maximize the opportunity for children to remain safely with their families. The research is clear: negativity in the couple and co-parenting relationship leads to negative and ineffective parenting, which adds stress to children and puts them at greater risk for abuse and/or neglect. In contrast, a healthy couple relationship is associated with positive parenting behaviors and stable and safe homes.

However, too many children are growing up in unstable homes. The percentage of children who grow up in fragile – typically fatherless and poor– families has grown enormously over the past four decades. Nearly 40% of children live in single-parent homes, mainly due to divorce (nearly 65% of couples who divorce have children) and out-of-wedlock births (45% of all births are to unmarried mothers). Consequently, more children are exposed to the risk of poverty and to unhealthy models of relationships that increase their chances for abuse and neglect:

- In 2012, 40% of female-headed households with children under the age of 18 lived in poverty compared to only 9% of married-couple families. Single-parent families have almost double the risk of child abuse.
- In 2012, 36.3% of child abuse victims in Georgia had caregivers who were victims or perpetrators of domestic violence; the national average was 28.5%.
- Over 80% of child victims are abused by a parent alone or both parents together. Compared to children living with married biological parents, those whose single parent had a live-in partner had more than 8 times the rate of maltreatment, over 10 times the rate of abuse, and nearly 8 times the rate of neglect.

Consequently, as of July 2014, 8,807 children in Georgia were placed in foster care. According to national reports, nearly half (47%) of children in foster care live in non-relative foster homes and almost two-thirds (63%) of these children live with married foster parents. While all youth benefit from being exposed to healthy couple and co-parenting relationships and stable families, foster children require greater attention to being placed in high-quality home environments because of their unique experiences with maltreatment, poor parenting, and high conflict homes.

The Relevance of Healthy Relationships to Foster Parents

Being married is not enough, a healthy marriage matters for children.

Foster parents must possess a greater understanding of foster children’s unique needs, have good mental and emotional health, and demonstrate extra skills in order to create a high-quality home environment for foster children. Quality parenting is important, but it is not enough: research reinforces that children exposed to high-quality parenting and healthy couple relationships do better on several outcomes. Due to the unique and many stressors experienced by foster parent couples (e.g., traumatic experiences of foster youth, challenges with both foster and birth children, financial strain, increase in time demands, legal processes, lack of permanency, ambiguous loss), they are at elevated risk of experiencing marital and co-parenting challenges. Common conflicts

---

1 Prepared by Dr. Ted Futris, Associate Professor and Extension Specialist in the Department of Human Development and Family Science at the University of Georgia. Email: tfutris@uga.edu
2 Although this document refers to foster parents, the same can also be applied to kinship care providers, who experience greater stress and challenges because of their biological relationship to the foster child, as well as adopting parents. Also, our focus is on all couples whether married or unmarried.
experienced by foster parents include a lack of equal commitment to fostering, role ambiguity, lack of communication, and disagreement on parenting decisions. Thus, the couple relationship of foster parents is taxed following the placement of a child in their home, and this may jeopardize placement quality and stability. However, training to support their couple relationship is lacking.

Teaching Skills to Promote Healthy Relationships

The elements of a healthy couple and marital relationship can be taught and learned.

Since 2006, federal funding has supported the launch and evaluation of several relationship and marriage education (RME) initiatives to promote family stability and child well-being. RME involves teaching principles and skills (e.g., listening to understand, avoiding criticism and defensiveness during conflict) that foster healthy couple and co-parenting relationships. More than two decades of research has demonstrated that RME can positively impact relationship attitudes, behaviors, and quality across diverse and at-risk audiences. As well, when combined with parenting education, research reinforces the added benefits of RME (versus parenting education alone) on promoting positive parenting behaviors.

The National Extension Relationship and Marriage Education Network (NERMEN) developed a model derived from existing research on couples to guide RME efforts and programming. As illustrated in Figure 1, the model consists of seven core principles and skills needed to maintain healthy couple relationships. It serves as the foundation for three curricula developed with funding provided by U.S. Department of Health and Human Services, Administration for Children and Families:

- **Healthy Relationship and Marriage Education Training (HRMET) Curriculum** was developed in cooperation with the Children’s Bureau (Grant: 90CT0151) to provide professionals with information and tools to strengthen couple and family relationships and meet the safety, permanency, and well-being needs of vulnerable children in the child welfare system.

- **Strong Relationships, Strong Families: Integrating Healthy Relationship Education Skills into Social Services** was developed in partnership with the National Resource Center for Healthy Marriage and Families and the Office of Family Assistance (Grant: 90FH0002) to support social service system providers with integrating these skills into their existing services in order to best support the families served in their community.

3 Learn more about the model at [http://www.nermen.org/NERMEM.php](http://www.nermen.org/NERMEM.php)
• **ELEVATE: Taking Your Relationship to the Next Level** was developed in collaboration between Auburn University and the University of Georgia as part of the Alabama Healthy Marriage & Relationship Education Initiative (Grant #90FM0006). ELEVATE is a couple’s education curriculum that blends practical skills with an understanding of the physiology of human interaction (the heart-brain-behavior connection) to enhance individuals’ and couples’ healthy relationship knowledge and skills.

**The CARE for Foster Parents Project**

*Integrating relationship education into foster parent training to improve placement quality and stability.*

Since 2011, UGA Extension has conducted 16 Healthy Relationship and Marriage Education Trainings and reached nearly 500 child welfare professionals (CWPs) across Georgia. Overall, these trainings yielded a significant impact on CWPs understanding of RME and their integration of RME into their work⁴. Although CWPs were the intended audience for these trainings, a few foster parents also attended. And, although the evaluation was not designed to document the impact of the training on participants’ own relationship, one foster parent wrote:

*“I am extremely grateful for the experience. My spouse verbalized that he reflects on the tools learned in this class and that it was a much needed wakeup call. WOW!! (Foster Parent, 2013 Training)*

It was following some conversations with foster parents that the question was raised: *What resources are available in Georgia (or elsewhere) to support foster parents in sustaining a healthy relationship?* Although foster parents receive training to prepare them for understanding the needs of foster youth and providing high-quality parenting, no training support (that we could identify) exists to prepare them to manage the stress this experience would add to their couple relationship. Furthermore, there is little research focused specifically on the couple relationship quality of foster parents. A recent study in Tennessee showed that most foster parents are in “problematic” relationships (e.g., low relationship satisfaction, inability to work together, high conflict).

To inform a more holistic approach to supporting quality and stable foster care experiences for youth, the Couples and Relationship Education (CARE) lab at UGA³ is exploring the association between couple functioning, co-parenting behaviors, and the quality of foster parenting. Based on similar research on these couples in general, as well as research describing the characteristics of quality foster and kinship care, we prepared a conceptual model to guide this work. The model shown in Figure 2 also serves as a program logic model. As illustrated:

- Both formal and informal source of support, including training, are essential to helping foster parents develop both parenting and relationship skill efficacy.
- In turn, self-efficacy has been found to influence one’s capacity to engage in positive behavioral practices reflective of healthy couple and parenting functioning.
- When couples practice skills that promote healthy couple functioning, research shows they are more likely to form stronger co-parenting alliances and actively engage in parenting behaviors that positively influence youth development.

Our goal is to further examine these linkages in order to inform future trainings for foster and kinship care providers. Further, because “one-size does not fit all” we propose to also examine the unique influence that child, parent, and community characteristics have on these linkages. The proposed project includes three phases, leading to the development of a relationship enhancement training for foster parents and kinship care providers.

**Phase 1 (Spring 2015): Statewide Needs Assessment of Foster Parents to Better Understand Relationship Needs**

Prior to initiating a new program, best-practice calls for first understanding the needs of the targeted audience in order to ensure the program is designed to appropriately meet their needs and the desired outcomes. Using a contact list of foster parents in Georgia (provided by DHR), a random sample will be identified and mailed a survey to complete. This survey will include a battery of measures designed to assess the various indicators

---

⁴ For a complete report, visit [http://www.fcs.uga.edu/extension/family-healthy-relationships-RME-Training](http://www.fcs.uga.edu/extension/family-healthy-relationships-RME-Training)

³ Learn more about the CARE lab at [http://www.fcs.uga.edu/hdfs/care-lab](http://www.fcs.uga.edu/hdfs/care-lab)
outlined in Figure 2. This data will help us understand current foster parenting functioning and identify areas that may warrant greater attention in training and support services.

**Phase II (Summer 2015): Focus Group Interviews with Foster Parents to Inform Training Development**

To better understand the patterns identified from the needs assessment, focus groups will be conducted with foster parents. Preliminary results from the needs assessment will be summarized and shared with them to reflect and comment on. The clarity and examples they share will inform necessary adaptations to the relationship enrichment curriculum and training. As well, these interviews will help us understand possible barriers to participation in the training so that we can effectively engage foster parents into and during the training.

**Phase III (Fall 2015): Pilot-testing of ELEVATE for Foster Parents.**

The ELEVATE curriculum was designed to build on existing individual and couple strengths and foster the seven core principles and skills essential to healthy couple functioning and stable families. Based on preliminary analyses of pilot data collected from couples who completed the program in Alabama, ELEVATE has shown promise in influencing significant changes in positive relationship behaviors and individual health. Following Phase II, ELEVATE will be tailored to meet the couple relationship and co-parenting needs of foster parents. We intend to pilot the eight-hour training in various counties across Georgia and collect pre- and post-test data to document program impact reflected in knowledge, attitudes, and behaviors reflected in Figure 2. Collectively, these results will be helpful in securing additional funding support to further disseminate the training as well as evaluate the long-term impact of the training on foster care quality and stability in Georgia.

Relationship education will not address all the needs of foster parents, and it is not intended to serve as a substitute to existing trainings. However, relationship education will meet an unmet and critical need in foster parent training. Supporting healthy couple and co-parenting functioning is essential to family stability and the promotion of children’s health and safety.

**FIGURE 2**

A Holistic Approach to Supporting Quality Foster Care and Positive Outcomes for Foster Youth

- Training and education
- Access and utilization of respite care
- Social services/social worker

**Formal and Informal Support**
- Community-based services
- Faith-based community
- Professional service providers
- Immediate and extended family
- Peers
- Foster parent networks

**Relationship Efficacy**
- Competency (e.g., understanding of healthy relationship behaviors)
- Confidence (e.g., practicing health relationship promoting behaviors)

**Parenting Efficacy**
- Competency (e.g., general parenting skills, meeting unique needs of foster youth)
- Confidence (e.g., general parenting skills, meeting unique needs of foster youth)

**Couple Functioning & Relationship Quality**
- Maintain physical, sexual, emotional, and spiritual wellness (care for self)
- Dedication & commitment to relationship (choose)
- Maintain knowledge of partner’s world (know)
- Show openness, affection, respect and appreciation (care)
- Nurture positive interactions and responsiveness (share)
- Deal with differences in calm and healthy ways (manage)
- Engage in positive networks of support (connect)

**Co-parenting Behaviors**
- Mutual child investment
- Discuss parenting strategies
- Negotiate responsibilities
- Inter-parental consistency
- Positive parenting alliance
- Value and support partner parent’s involvement
- Childrearing agreement
- Mutual engagement with child

**Parenting Behaviors and Quality of Foster Care**
- Salience of foster parent role
- Manage parenting stress
- Active engagement in activities
- Responsiveness to child’s needs
- Openness to communication
- Demonstrate warmth/support
- Intentional rule setting (control)
- Monitoring
- Appropriately manage conflict

**Positive Outcomes for Foster Youth**
- Self-efficacy/mastery
- Self-esteem/self-worth
- Emotion regulation
- Healthy peer relationships
- Healthy physical behaviors
- Engagement in extracurricular activities
- Academic achievement
- Avoid risky behaviors

**Child Characteristics**
- Age
- Race
- Gender
- Disability
- Number of placements
- Years in foster system

**Parent Characteristics**
- Education
- Marital status
- Presence of other children
- Priority history in foster care
- Years as foster parent
- Number of youth in care

**Community Characteristics**
- Poverty
- Crime
- Employment
- Race and Culture
- Family stability
- Resources

For additional information about ELEVATE, including curriculum content, visit [http://www.nermen.org/ELEVATE.php](http://www.nermen.org/ELEVATE.php).
Sources


- Georgia Department of Community Health. *Online Analytical Statistical Information System*. Available at [http://oasis.state.ga.us/](http://oasis.state.ga.us/)


• McWey, L. M., Bolen, M., Lehan, T., & Bojczyk, K. E. (2009). I thought I was the adult in this house: Boundary ambiguity for parents involved in the foster care system. *Journal of Social Service Research, 35*, 77-91.


