Child Welfare Services (CWS) aim to promote health and well-being of children “by ensuring safety, achieving permanency, and strengthening families to care for their children successfully.” Many families enter the child welfare system due to instances of suspected child abuse or neglect. Child welfare professionals (CWPs) work to investigate those cases, support families that need help with caring for children, arrange for foster care when needed (i.e., when children’s safety is jeopardized), and facilitate permanent, long-term solutions for child placement (e.g., reunification with the biological family or adoption). Child Welfare Services also provide support for foster care youth (i.e., emerging adults who age out of the system). As such, CWPs come into contact with a variety of individuals and families, including biological parents of children, their extended families, foster and adopting families, and exiting foster youth as they begin to establish their own adult romantic relationships.1

Due to their immediate contact with this host of individuals and family members, CWPs are in an ideal position to engage in efforts aimed at strengthening family relationships, including couple and co-parenting relations between biological and non-biological (e.g., kinship, step-, foster, adopting) parents. Such efforts can assist CWPs in reaching their goals of helping families become stable and safe havens that promote optimal child health and well-being, which will ultimately lead to more permanent placements.

The purpose of this document is to describe how strengthening couple and co-parenting relationships encourage family stability, and consequently child safety, permanence, and well-being, and how the integration of couple and relationship education (also referred to as relationship and marriage education) into child welfare services can contribute to this effort.

Children Welfare Services and Parents

Compared to the general population, the children and adults that come into contact with CWS have well-documented disparities in mental, emotional, social, and economic well-being.2 For example, parents who become involved with CWS are likely to have experienced substance use,3 have been incarcerated,4 and have histories of abuse themselves.5 In addition, parents from “fragile families” (i.e., cohabiting/non married couples and single mothers), such as those often reported as abuse perpetrators6 are more likely to experience poor quality intimate relationships.7 In addition, family-level poverty is associated with an increased chance of abuse perpetuation.8

Low-income parents face increased stressors and life challenges that make stable couple relationships particularly difficult. Such challenges and stressors include individuals with personal histories of prior abuse, low levels of trust and commitment, and lack of healthy relationship models.9 Low-income

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**Child Welfare Services**

- In 2009, about 3.3 million referrals were made involving alleged maltreatment of approximately 6 million children; over 700,000 referrals were substantiated cases.
- 78% of cases involved child neglect (i.e., inadequate child supervision; failure to attend to the child’s physical, emotional, or educational needs; spousal abuse in the child’s presence; parental drug or alcohol use that interferes with parenting abilities; and inadequate medical care for the child);
- 18% involved physical abuse (i.e., inflicting injury on the child through behavior, such as kicking, burning);
- 10% involved sexual abuse (i.e., inappropriate sexual behavior with a child, such as fondling); and
- 8% involved psychological abuse (i.e., conveying that a child is not wanted or worthless, threatening a child).
- 81% of child maltreatment perpetrators are parents.
- In 2010, 400,000 children were in foster care.

fragile families are also more likely to experience high conflict between parents/couples which reduces the
investment that parents make in their children, leads to diminished parenting in general, and makes fathers
less likely to contribute to children financially.10 Taken together, characteristics of parents in CWS coupled with
the stressors and life changes they experience, suggest that they are more likely to be engaged in unhealthy
couple relationships that, in turn, create unstable environments where child abuse and neglect are more likely.

Class and Race Disproportionality
The higher percentage of racial minority and lower-socioeconomic populations comprising the families
receiving CWS has been noted both in the United States and other countries.11 One factor that may contribute
to this disproportionality is a difference in adult couple relationships within these groups. For instance,
African-American couples are less likely to marry, more likely to divorce when they do marry, and report
overall lower marital quality.12,13 Similarly, lower levels of
education (which are often found in minority and low-SES
groups) are associated with higher divorce rates, lower marital
satisfaction, and more accepting views of divorce.14 Increased
risk for family instability is nontrivial, as children in single-
parent homes are more likely to experience both abuse and
neglect.15,16

Addressing the disparities in couple relationship formation
and stability between classes and races could assist in
lowering the disparities in child welfare involvement.
However, economically disadvantaged and minority groups
often have limited access to CRE services,18 despite their
high levels of interest in receiving such information and
education.19,20,21 Given the disparities in adult relationship
functioning between classes and races, the associations
between couple relationship patterns, parenting and child outcomes, and the expressed interest in CRE
services, the child welfare system may be an ideal place to integrate these services. Having CWPs offer
CRE services to clients provides another potential means to reducing the class and race disproportionality
appearing within the child welfare system.

Healthy couple relations can buffer the impact of financial strain on children. Economic
stressors can contribute to more negative parenting practices. Healthy couple relationships can
offset the impact of financial strain on negative child outcomes. This link has been found across married,
non-married, and single-parent households as well as across racial
groups.17

Child Safety
Multiple studies have shown that unhealthy or abusive relationships between parents
and romantic partners can be detrimental to children’s health, development, and safety.22,23
This association has been found for both mothers and fathers and in both marital and
non-marital relationships.24 The quality of dynamics between parents can spill over
into child functioning in a variety of ways, prompting potentially adverse and unsafe
outcomes for children.24 For example, when
couples are violent toward one another, they
are also more likely to be violent and abusive
toward their children.23 Couples who experience high levels of conflict may also be more likely to display
unhealthy parenting practices that can be unsafe for children.25,26 Direct experiences of violence or inadequate
parenting can have serious consequences for children’s overall health and development.27 Being a witness to
violence or conflict between parents can also indirectly impact children,27 and is considered to be a form of
neglect.28 Neglectful families often have problems interacting and communicating in positive ways; family
members often use less empathy, lack emotional closeness, and have poor negotiation skills.29
Child Permanency

The quality of couple and/or co-parenting relationships contributes to the overall stability of the family, which can have consequences for all family members, including children. Child welfare services strive to find permanent placements for children through reunification with parents or placement into an adoptive family. In either case, families must be highly stable for permanency to occur. Unfortunately, many forms of family instability remain high or are on the rise, which may hinder permanent placements. For example, almost half of all first marriages end in divorce. Instances of couples who choose to live together (i.e., cohabit) and not marry have also increased in recent years; cohabiters provide much less stable environments for their children. Along these same lines, approximately 40% of children are now born to unwed parents, whether they live together or not, which can also impact children adversely. Thus, strengthening parental relationships and encouraging family stability may ultimately promote child permanency.

Foster and Adopting Parents Also Need Support

Foster children often enter the home with a number of emotional, behavioral, psychological, and medical needs. Foster families must strive to be warm and supportive despite these many challenges. Children’s experiences in out-of-home placements can either help or hinder their opportunity for permanent placement. Ensuring children experience stability and optimal developmental outcomes involves placement with foster parents who will protect and nurture them. Upon entry of a foster child into a home, the stress experienced by foster parents may exacerbate existing problems between parents or heighten their risk for conflict. In addition, the effects of marital conflict on foster children may be particularly detrimental given the already unstable attachments and understanding of love and care these foster children have already experienced. In general, the challenges associated with becoming a foster family, including limited support from child welfare agencies and caring for children with complex issues, can leave foster parents feeling overwhelmed and frustrated, causing many to leave within their first year of service. Overall, because relationship problems can have adverse effects on children, consideration needs to be given to couple functioning in foster families.

Post-foster care adoption has witnessed a dramatic increase over the last two decades as a means of providing permanent placement for children in the child welfare system. In 1995, approximately 26,000 foster children were adopted, whereas over 53,000 were adopted in 2010. Adoptive families vary widely in origin, with foster care adoptees differing with respect to such areas as nationality, age at adoption, developmental capabilities, and past experiences of abuse and neglect. Given this variability – in addition to the variability that appears in adopting families themselves – the nature of impact on a family from an adoption is difficult to generalize, though certain trends do appear. Overall, when adopted children have histories of abuse and neglect, adopting families are likely to encounter a variety of stressors that contribute to family discord. For instance, adoptive parents of special-needs children experience higher than average levels of stress and
difficulty with family cohesion. A successful transition for adoptive parents is also heavily shaped by the degree of informal and formal support received by the adopting individual or couple. Strengthening the couple relationship offers one additional means to buffer against stressors experienced by adoptive families and increase the likelihood of adoption permanency.

**Providing Support for Parents also Provides Support for Children**

Estimates suggest that 7% of all children will have some involvement in the child welfare system during their lifetimes. As such, CWS agencies are highly involved in the lives of literally millions of individuals and families across the nation, including biological, kinship care, foster, and adoptive families. Once a referral is reported and substantiated, CWPs work to achieve their ultimate goal: promoting the well-being of children by ensuring safety, achieving permanency, and strengthening families so that they may care for children successfully. Improving long-term outcomes for children in CWS seems difficult to accomplish apart from improving outcomes for relationships among parents and caregivers.

Children living in a household in which the parental relationship is marked by high support for partners and low parental conflict are at less risk for a variety of undesirable outcomes. Exposure to parental conflict has been associated with both externalizing (e.g., conduct disorder, aggression, antisocial behavior) and internalizing (e.g., depression, anxiety) problems among children. Beyond exposure to conflict, having parents know how to manage conflict appropriately appears highly important to how children are impacted by it. When parents employ more constructive strategies to manage conflict, children demonstrate more pro-social behaviors and less aggressive tendencies over time. Connections between parental conflict and child outcomes may also be partially due to poor parenting practices that are often the result of couple conflict.

CWPs can work to encourage child health and safety by providing support aimed at strengthening parents’ romantic relationships, which may have positive impacts on parenting and co-parenting relationships. By helping couples learn how to strengthen their relationships, manage conflict, and jointly navigate parental responsibilities, CWPs can increase family stability and reduce levels of risk that children are exposed to. Such efforts may ultimately lead to a reduction in the number of children that are placed outside of the home due to parent-based risk factors (e.g., domestic violence, substance abuse). Improvements in family stability may also lead to sooner reunification and placement permanency.

**Child Welfare Services and Family Life Education**

The primary objective of family life education – defined as “the educational effort to strengthen individual and family life through a family perspective” – is to enrich and improve the quality of individual and family life. As noted previously, with a primary focus on children, CWS has a similar objective. Historically, there have been many efforts within the child welfare system to develop and deliver a variety of services, including voluntary or mandated parent training. Parent-training programs have been referred to as a “linchpin of governmental responsibility…to provide reasonable efforts to
preserve, maintain, or reunify families who become involved with CWS.50
In previous decades these services included homemaking where economic skills and parenting assistance was provided.56 This led to an expansion of intensive family preservation programs in the 1980s and 1990s that were often crisis-oriented, home-based, and social learning-based interventions with a goal of pulling families out of their crisis and into positive parenting within one month.50 Some programs expanded their parenting programs to include training associated with money management, health, safety training, job finding, and overcoming addictions.57

In addition to parenting programs, CWS also offers programs for youth aging out of foster care. These independent living programs provide services that focus on teaching discrete and concrete skills with the overarching goal to prepare older foster youth to be self-sufficient when they leave foster care.58 Skills such as money management, housekeeping, nutrition, postsecondary education preparation, job readiness and retention, and transitional living arrangements are frequently taught.59 To date, however, there has been little to no focus on relationship education.

Integrating Couple and Relationship Education into Child Welfare

Despite the established role that couple relationships play in children's welfare, CWPs often focus on factors that either contribute distally to relationship functioning or are the consequences of couple relationship quality (e.g., unemployment, poor mental and physical health, and substance abuse), rather than focusing on couple relationships. Shifting to a more direct focus on bolstering relationship skills may have positive impacts on adults and children alike. Currently, CWPs receive training for how to work with distressed family relationships; however, a focus on equipping them to teach skills that strengthen these relationships is lacking. Arming CWPs with the skills and resources needed to provide relationship education to the families they serve is a critical step toward improving child health and safety.

Couple and Relationship Education (CRE) entails structured education to individuals and couples about relationship knowledge, principles, and skills. Similar educational programs exist for a variety of other family issues, include parenting, nutrition, finances, and divorce. For example, parenting education is frequently advocated and utilized in CWS as the primary intervention to preserve or reunify families50 and has been identified as a core prevention method in the Keeping Children and Families Safe Act of 2003.1
CRE offers another similar means of educational prevention and intervention to preserve and reunify families. CRE programs and services aim to equip individuals and couples with resources and skills—such as positive communication and conflict management—that can facilitate the development and maintenance of healthy and safe couple and marital relationships. Such information and behaviors can then, in turn, help parents work together to meet their children’s needs, protect them from harm, and provide stability and permanency in their lives. As noted earlier, the need for CRE services may be greatest among low-income populations, as such groups often have limited access to such services and are at high risk for relationship instability.

Regarding the effectiveness of CRE, comprehensive reviews of such programs show improvements in both communication skills and relationship quality among general and low-income populations. For example, programs targeting unwed single parents have demonstrated positive program impacts, including helping parents learn skills that are conducive to establishing and maintaining healthy

Integrating CRE into child welfare services—tips for Child Welfare Professionals. The following is a sample of ideas for how CWPs can teach clients healthy relationship skills within their current work roles. The ideas are based on the core components featured in the National Extension Relationship and Marriage Education Model.

- **Care for Self:** Encourage individuals to identify the stressors in their lives and consider how they typically cope with those stressors. Are any of the coping mechanisms unhealthy? If so, help the individual make an action plan for curbing that behavior and incorporating healthy coping into his/her life. Point out ways that partners and family members can support the person with carrying out the plan. Identify barriers to achieving these goals and ways to get past them (e.g., ways to be physically active in a dangerous neighborhood; cheap ways to eat healthy).

- **Choose:** Consider asking clients to identify barriers or obstacles that prevent them from establishing or maintaining healthy relationships. How can they make a conscious effort to overcome those obstacles?

- **Know:** Encourage single parents to move slowly into new relationships as they get to know new partners. Help them explore important things to learn about new partners and the influence of their relationship choices on children’s safety and well-being.

- **Care:** Ask clients to share happy memories of time spent with their partners, families, or foster children. Ask them to describe why the experience was positive and what their partners did to contribute to it.

- **Share:** Ask your clients to describe a close friendship and what that relationship is like (e.g., What made you want to be friends with the person to begin with? Why do you remain friends with that person? What have you done together that has made you closer and strengthened the friendship?). After hearing about the friendship, ask your client how they could incorporate those same characteristics/factors into their romantic relationship.

- **Manage:** Help to normalize low levels of conflict by telling clients that all couples argue—but that it is how they argue that is important and contributes to relationship satisfaction. Just knowing that all couples face similar challenges can help partners feel better about their situations and feel like the issues they face are not insurmountable.

- **Connect:** Couples live within the context of a larger community of relationships. Help couples identify meaningful connections in their lives, including friends, family and community members, for support in managing their challenges and concerns. Strong relationships with others can form a collective “safety net” that provides security for individuals and couples.

relationships (e.g., listening, anger management, acceptance of criticism). In addition, intervention services that combine relationship and parenting education have been shown to result in more positive relationship and parenting behaviors and higher levels of father engagement than parenting education services alone. Thus, through participation in CRE services, individuals and couples can demonstrate attitudinal and behavior changes associated with improved relationship and parenting quality.

To date, there have been few efforts to integrate CRE into CWS. There is some evidence, however, that individuals, foster youth, and families in the child welfare system may be open to receiving CRE training and adopting parents have also expressed interest. In recent years, federal grantees have worked to develop curricula, tools, and training for CWPs so they can have the background knowledge and skills to provide basic healthy marriage and relationship education to families. There is emerging evidence that CWPs believe promoting healthy couple and marital relationships is relevant to the families they serve and their work, and they are open to receiving CRE training. In this way, educating CWPs on the value of CRE and strategies to address the topic with families they serve can be incorporated into their body of knowledge and skills.

Child welfare professionals experience heavy demands as they work with full caseloads, which often limit the amount of time they have with each family. Therefore, unlike traditional delivery of healthy marriage and relationship education efforts, which often take place in group settings and incorporates a rigid curriculum in an established order, CWPs may find shorter tools more useful, and select them based on what the parent wants or needs at the time. (for more information see “The Healthy Relationship and Marriage Education Training Project”)

**Conclusion**

The impact of couple and co-parenting relationship problems on the well-being of adults and children has received increasing recognition by federal and state government services. As outlined in this review, children whose parents have healthy relationships—whether married or non-married—are at less risk for abuse, experience greater stability, and fare better on a broad range of child outcomes. The promotion of a safe and supportive home environment for a child is inextricably linked to creating a safe and supportive couple and co-parenting relationship between parents. CRE offers a direct means for creating this safe and supportive family environment. Though clearly not a cure-all, CRE represents an underutilized resource within Child Welfare that, if appropriately and effectively implemented, can strengthen families and help ensure the safety, permanency, and well-being of children in the Child Welfare System.
The Healthy Relationship and Marriage Education Training (HRMET) Project. Funded by the Administration on Children, Youth and Families Children’s Bureau (Grant: 90CT0151), the goal of the HRMET project is to meet the safety, permanency, and well-being needs of vulnerable children in the child welfare system by increasing CWPs, access to and implementation of relationship and marriage education. Through a partnership among Cooperative Extension Specialists from land-grant universities in Missouri, Georgia, North Carolina, Iowa, and Arkansas, a curriculum was developed to train CWPs to assess and serve the relationship needs of the individuals and couples they work with. The HRMET curriculum addresses healthy couple relationship skills for populations underserved in the general population and overrepresented in the child welfare system. Training participants are prepared to teach skills that reinforce essential principles and behaviors of healthy relationships and marriages. The curriculum, which reinforces a “do no harm” approach and emphasizes that safety in relationships is a priority, highlights the following core components featured in the National Extension Relationship and Marriage Education Model (NERMEM):

- Care for Self – While better health is a consequence of healthy marriages, attending to one’s physical, mental, and emotional well-being also fosters healthier couple and marital relationships.
- Choose – A strong, healthy, long-lasting relationship does not just happen by chance but, instead, through deliberate and conscientious decisions to be committed, intentional, proactive, and strengths-focused.
- Know – To develop and sustain healthy relationships partners must develop intimate knowledge of each other’s personal and relational needs, interests, feelings, and expectations.
- Care – Individuals who express kindness, attempt understanding, demonstrate respect, and invest time to be available and open to their partner are able to maintain stable, healthy couple and marital relationships.
- Share – Being a healthy couple involves spending meaningful time together and fostering a shared sense of couple identity in order to sustain a close, enduring friendship based on trust and love.
- Manage – Because problems and conflicts are a normal part of couple relationships, healthy couples use strategies to stay calm, contain their stress response, soothe their partner, listen attentively, make an effort to understand their partner’s point of view, accept differences, and ensure emotional and physical safety.
- Connect – The connections that couples develop with their family, peers, and community offer a source of meaning, purpose, and support that influence the health and vitality of their couple or marital relationship.

Training participants receive informational toolkits containing handouts, brief activities, and other skill building resources that focus on specific situations and issues that their families might be experiencing. These toolkits are designed to be flexible based on different learning styles and needs. As such, they can be adapted for use as needed and will offer suggestions about how to handle situations better.

To learn more about the HRMET project visit www.hrmet.org, and to learn more about other Extension resources to strengthen couple relationships visit www.nermen.org.
REFERENCES


