



HEALTHY RELATIONSHIP & MARRIAGE EDUCATION TRAINING

Survey of Child Welfare Professionals: North Carolina (2011)

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I. Overview of Survey

The goal of the Healthy Relationship and Marriage Education Training Project (HRMET) is to meet the safety, permanency, and well-being needs of vulnerable children and reduce racial disproportionality in the child welfare system. HRMET's approach is to increase child welfare workers' access to relationship and marriage education (RME) by creating a cost-effective and sustainable multi-state, five-tier delivery saturation model. This model brings together Cooperative Extension's existing resources and experiences, and linkages from two recent federal Healthy Marriage grants, social work's experience developing curricula and training child welfare workers, and an eight-state team of the nation's leading Extension Specialists in Human Development and Family Studies (HDFS).

This portion of the project will contribute to the HRMET effort by gathering information from current child welfare professionals. The information gathered from these participants will provide insight into the attitudes of the current and future child welfare workforce on the role of marriage and relationship education in their work with vulnerable children and families. This information can help the team refine the curriculum being written as well as develop a better understanding of workforce attitudes at all levels (i.e. state and county administrators and case workers). The survey results will be used to determine: (1) how child welfare professionals view marriage and relationship education, and (2) the current attitude toward training and courses on this topic.

The major findings of the 2011 survey include the following:

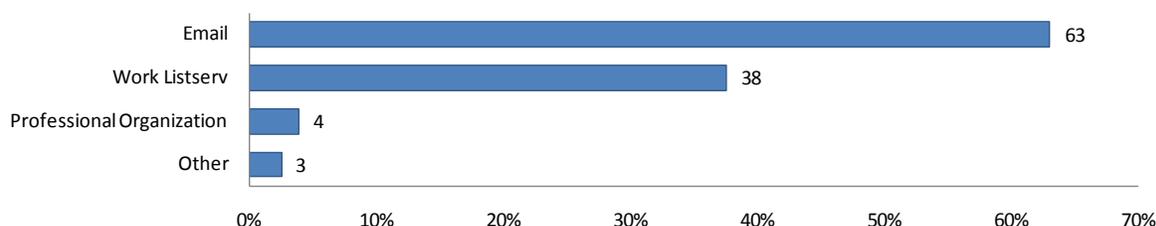
- The vast majority of respondents viewed divorce (86.9 percent) and unwed child rearing (81.6 percent) as either somewhat or very serious problems. Almost all respondents agreed that children benefit from an active and positive father figure regardless of the biological status (96.7 percent), and that helping fathers build a positive co-parenting and/or intimate relationship with their child's mother impacts the well-being of the children (95.8 percent).
- The majority of respondents agreed that strong marital/couple relationships lead to successful parenting (83.0 percent) and that child welfare professionals need knowledge and skills about enhancing marriages and relationships (83.5 percent).
- The majority of respondents agreed that clients can benefit from participating in programs that focus on enhancing marital/couple relationships (85.6 percent), and that participation in such programs can help reduce incidences of child abuse and neglect (76.4 percent). Most (80.0 percent) respondents also agreed that training on recognizing characteristics of healthy marital/couple relationships will strengthen their assessment and case planning skills to reduce abuse and neglect.
- Ninety-one percent of respondents felt that it is appropriate for child welfare professionals to help clients develop skills needed to have healthy relationships/marriages. Although 85.2 percent felt comfortable discussing with clients how their marital/couple issues and problems impact children's safety, permanency, and well-being, only 58.7 percent felt comfortable with providing information on ways they can improve their marital/couple relationships.
- Almost all respondents (94.4 percent) thought that a state-wide initiative to support healthy relationships and marriages was a good idea, but only 25.4 percent were aware of any state efforts to do so.
- Ninety-four percent of respondents felt that it would be helpful or very helpful for child welfare professionals to attend training on supporting healthy relationships and marriages, but 79.3 percent had never received training to teach or help others form or maintain relationships and marriages.

II. Survey Development and Response

The HRMET survey instrument was developed by the evaluation team at the University of Georgia as well as the Primary Investigators for the project. In addition, the survey instrument was piloted with the Missouri state child welfare advisory board and initially implemented with child welfare professionals across Missouri. The data presented in this report were collected from child welfare professionals in the state of North Carolina. The survey instrument was administered through a secure online website.

The North Carolina state child welfare agency, in partnership with North Carolina State University Cooperative Extension, distributed an initial invitation, prepared by the UGA investigators describing the project and survey (with a link to the survey) to child welfare professionals across the state. First, a letter was mailed on June 1, 2011 to 100 Division of Social Services County Directors who then shared the letter with their staff. Second, an announcement was also forwarded to two voluntary registering listservs on June 6, 2011 (DHHS.cwlistserv) and June 9, 2011 (DHHS.MRS), with a follow-up reminder sent out on June 15, 2011. The listserv included child welfare professionals (who may have received the letter from their county director) and other professionals who work with social services. In total, it was estimated that the survey announcement reached about 3000 child welfare field professionals and 600 supervisors across the state. At the close of the survey on July 1, 2011, 670 people started the survey, 649 agreed to participate and 623 completed at least 93% of the survey, yielding an approximate 17.0 - 18.0 percent response rate. As shown in Figure 1, the majority (63 percent) of respondents were made aware of the survey via email, followed by work listserv, professional organizations or another manner.

Figure 1. How respondents found out about the survey, having checked all that apply



III. Demographic and Employment Profile of Respondents

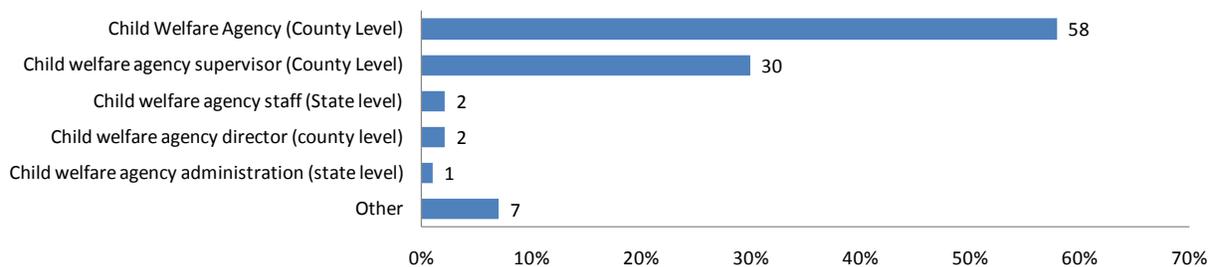
Basic demographic information was collected on the participants including age, race, gender, and educational level. Almost all (91 percent) of the respondents were female, which is not uncommon in the child welfare field. Participants ranged in age from 22 years to 67 years, with an average age of 42.2. Around one-third (31.7 percent) of respondents were in their thirties, with about one-half of respondents being forty or older. Seventy-two percent of respondents reported their race as Caucasian, 24.9 percent as African American, 1.3 percent as American Indian, and 1.5 percent as other. Only 6 percent considered themselves to be of Hispanic origin.

In order to gain a better understanding of the opinions of the participants and how their background may help form those opinions, they were asked about their current living/marital situation. Only 20.3 percent of respondents reported being single, leaving 79.7 percent who had been married at one time or another: 66.6 percent were currently married, 11.1 percent were divorced/separated, and 2.0 percent were widowed. Regarding education, the majority (99.5 percent) of respondents had at least a Bachelor's

degree, which is expected because of educational requirements for most positions in the child welfare field. Around one-third (32.6 percent) of respondents had an advanced degree, such as a Masters or PhD. At the time of the survey, only 3.3 percent were currently enrolled in a graduate program. Of those currently enrolled in a program, the most common departments in which students enrolled were human services and counseling/psychology.

With regards to their current position, nearly all (99.0 percent) respondents were public (state/county) providers. As seen in Figure 2 below, the majority (57.9 percent) of respondents classified themselves as being child welfare agency caseworkers at the county level. There were more county level respondents (90.1 percent) than state level (3.1 percent). Other positions held by respondents included child welfare program manager (n=11), social worker (n=8), facilitator/intake worker (n=5), agency trainer (n=3) and childcare coordinator (n=2).

Figure 2. Current positions held, by percentage



Respondents were asked about the number of years they had worked in the child welfare field as well as in their current position. As seen in Table 1 below, the average number of years employed in the child welfare field was 12.1 years, but respondents had only spent an average of 5.2 years in their current position. When looking at the numbers of years that respondents had spent in the child welfare field, almost half (49.6 percent) had spent less than ten years in the field. For the number of years spent in their current position, the majority (85.5 percent) of respondents had been in their current position for less than ten years, and most (61.5 percent) had only been in that position for less than five years. It is not surprising that respondents had spent fewer years in their current position than in the child welfare field as a whole due to the natural progression through the workforce.

Table 1. Years of employment

	Average	Min	Max	N
Years in child welfare field	12.1	0.1	38.0	613
Years in current position	5.2	0.1	28.5	615

To further ascertain respondents experience in the field and to help measure the impact of the number of families that could potentially benefit from healthy relationship and marriage education, respondents were asked the number of families they served in the last three months. On average respondents worked with about 41 families during the past three months, with a total of 18,807 families served. When broken down into families that include a married couple, families with a mother and live-in (not married) boyfriend or father, or single parent families, the averages were 12.2, 12.9, and 17.9 respectively.

Table 2. Number of families served in the last 3 months

	Average	Min	Max	Response Total	N
Total families	40.9	0	1500	18,807	460
Families that included a married couple	12.2	0	500	5,271	432
Families with a mother and live-in (not married) boyfriend or father	12.9	0	500	5,432	421
Families that included a single parent	17.9	0	500	7,677	429

IV. Views on Marriage, Divorce and Fathering

First, because the training being developed was funded with the intent to facilitate the formation and stability of healthy marriages, respondents were asked a series of questions to gauge their views on marriage, divorce and fathering. As shown in Figure 3 below, respondents were asked the degree to which they agreed with a series of statements on marriage in general. More than half (61.7 percent) of participants agreed that too many couples rush into marriage. However, when asked whether living together before marriage improves chances for a good marriage, most respondents (41.3 percent) were undecided. According to one respondent who agreed with the later statement: *“I think living together before marriage CAN improve the chance for a good marriage if the couple uses that time to figure out their compatibilities and incompatibilities and work those things out. However, people do seem to forget, or perhaps never realize at all, that marriage requires compromise and work.”*

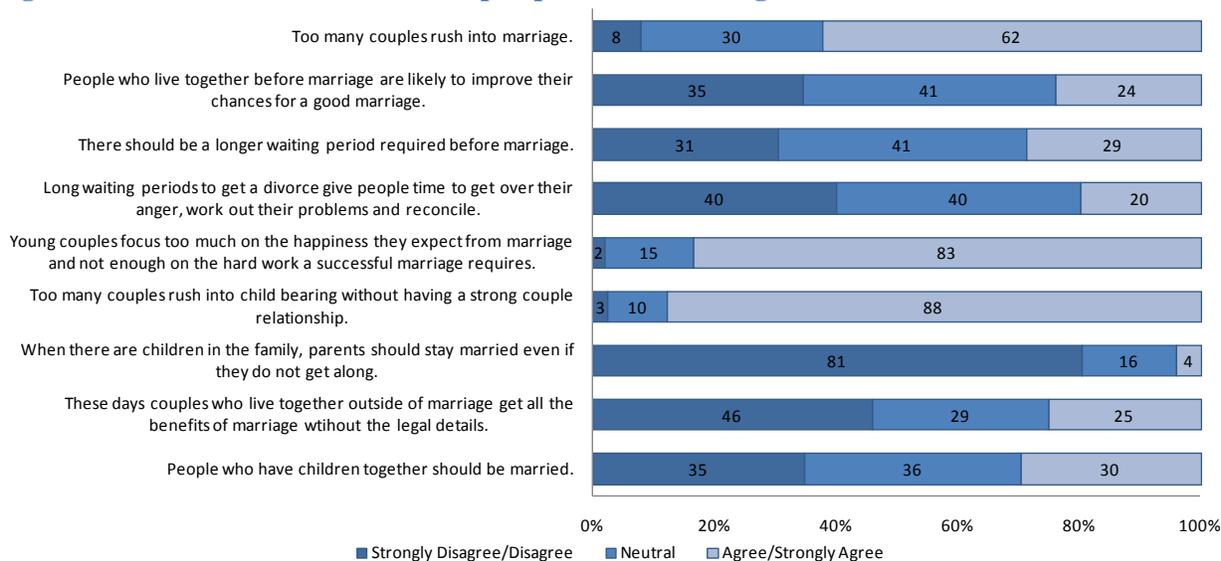
Similarly, most respondents remained undecided on the idea that there should be a longer waiting period required before marriage (40.6 percent) and that long waiting periods to get a divorce would give people time to get over their anger, work out their problems and reconcile (40.0 percent). In contrast, the majority (83.3 percent) of respondents agreed that young couples focus too much on the happiness they expect from marriage and not enough on the hard work a successful marriage requires. One respondent wrote *“I strongly believe most people do not realize how much work a relationship takes to make it positive for both spouses and their children.”*

Participants were also in agreement (87.7 percent) that too many couples rush into childbearing without having a strong couple relationship. In contrast, the majority (80.6 percent) disagreed that when there are children in the family, parents should stay married even if they do not get along. About one-third of respondents (46.1 percent) disagreed that these days couples who live together outside of marriage get all the benefits of marriage without the legal details. As shared by one respondent: *“I believe that couples that live together get SOME of the benefits of being married but there are certain legal benefits that only come with marriage.”*

In regards to the statement that people who have children should be married, respondents had varying positions. Some respondents were neutral (35.5 percent), as one respondent commented, *“I do feel that people who have children should be married; however, I don’t feel that pregnancy is a reason to marry.”* Another respondent wrote: *“Parents should remain together for the sake of the children – if they can peacefully co-exist and support one another with regard to childcare tasks and responsibilities.”* For those who disagreed with the statement (35.5 percent), one respondent commented, *“I really have an issue with the belief that people who have children together should be married. BAD move!”* Also in

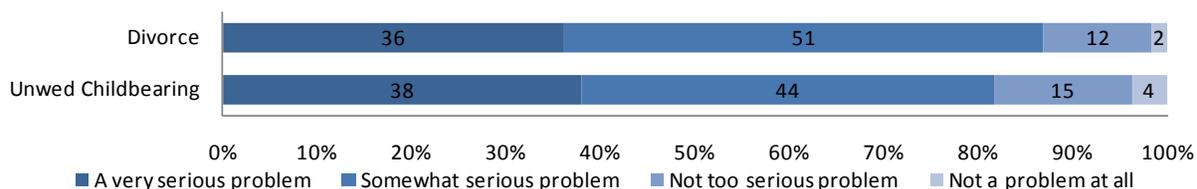
disagreement, another respondent stated that, *“It is not a question of the institution of marriage. It is the question of two people being in agreement in truth before children arrive...marriage is not the necessity, it is the agreement.”* Another respondent noted that *“[Couples] should not stay married but they should have a relationship together with the child and have an understanding that they will not let their separation get in the way of parenting and rearing that child together. Many blended families are strong, structured families. It really depends on the mental health of all parties.”*

Figure 3. Child Welfare Professionals’ perspective on marriage and divorce



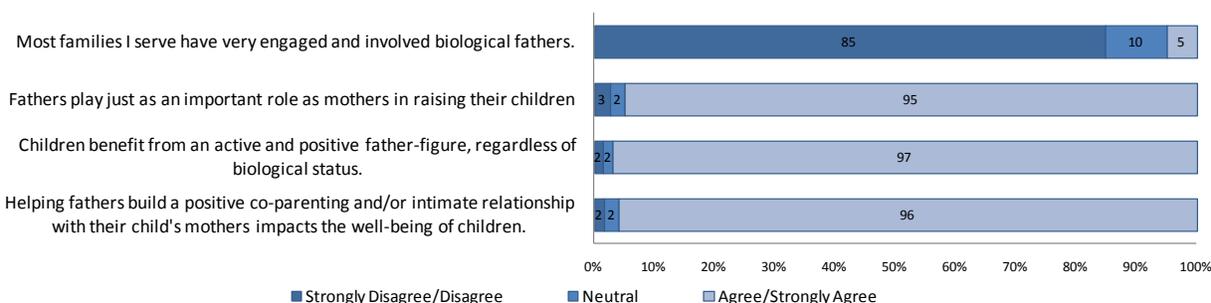
As well, participants expressed concerns toward divorce and unwed childbearing in general. As seen in Figure 4, the vast majority (86.9) of respondents felt that divorce is either a very serious (36.1 percent) or somewhat serious (50.8 percent) problem. Explaining why s/he disagreed with the seriousness of divorce, one respondent wrote that *“As far as the impact on children, divorce in itself is not a serious problem. It is how the parents act and their ability to co-parent.”* A majority (81.6 percent) of respondents also felt that unwed childbearing is a very serious (38.0 percent) or somewhat serious (43.6 percent) problem. Based on respondents’ comments about these questions, one of the most common opinions was that parents’ commitment to parenting is more important and a greater predictor of successful child bearing than the marital status of the parents (e.g., *“I believe it is important to have a good supportive relationship between the mother and father. I don’t feel that being married impacts that outcome”*). Although recognizing that children can thrive in non-marital households, the second most frequent comment was that children deserve and should have two parents (e.g., *“Two parents, that get along, help children to trust that their world is safe and that there needs will be met. If there are two parents then when one is down the other can take over and provide if needed.”*)

Figure 4. The degree to which participants think divorce or unwed childbearing is a problem



Last, because the HRMET puts heavy emphasis on both partners building a strong marital relationship, respondents were asked about the role fathers play in raising children. While most respondents (84.9 percent) served families without an engaged and involved father figure, most agreed that fathers play just as an important role as mothers in raising their children (94.8 percent). One respondent shared *“the fathers who are involved and a positive influence make a great difference in the children’s lives. Positive parental involvement helps the child to develop stronger positive relationships as the child grows up.”* In addition, most (96.7 percent) agreed that children benefit from an active and positive father-figure, regardless of biological status. Importantly, nearly all (95.8 percent) respondents felt that helping fathers build a positive co-parenting and/or intimate relationship with their child’s mother impacts the well-being of children. According to one respondent: *“Of late, fathers have been marginalized; however, children need their fathers. We should do more work to support and educate our men and women regarding their importance in the developmental and long-term effects of a father’s relationship with their child(ren).”*

Figure 5. Child Welfare Professionals’ perspective on fathering

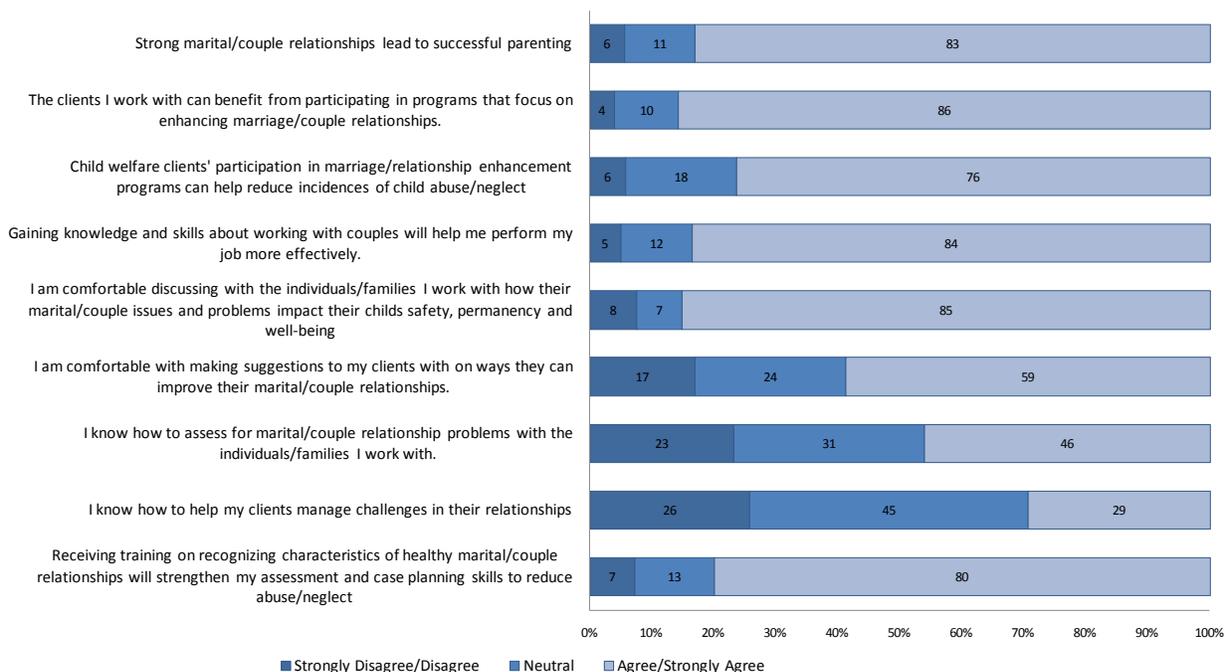


Overall, respondents’ comments on the survey reinforced that fathers are very important to a child’s well-being, especially when paired with a healthy relationship with the mother. According to one respondent: *“Fathers play a crucial role in the development of children. It seems our culture, especially the African American culture, has minimized the role of fathers. Our society does not discourage single parenting or continuing to have more children without a father in the home or being married. Marriage provides stability and encourages commitment.”*

V. Appropriateness of Relationship & Marriage Education

Next, given the focus of the HRMET, questions were asked of respondents to determine how child welfare professionals view their role in educating clients about healthy relationships and marriages. As illustrated in Figure 6, the majority of respondents felt that strong marital/couple relationships lead to successful parenting (83.0 percent) and that their clients would benefit from participating in programs that focus on enhancing marriage and couple relationships (85.6 percent). According to one respondent, *“Most of the clients I work with are not in a relationship with the child’s father. Most of the women do tend to be in destructive relationships and the fathers of the children are not much better with relationships.”* Another respondent noted *“I would say that very few clients I work with know what healthy relationships consist of and look like, whether familial, friend or romantic.”* Furthermore, 76.4 percent agreed that their clients’ participation in marriage/relationship enhancement programs can help reduce incidences of child abuse and neglect. Exhibitive of this, one respondent commented, *“I believe that a strong, healthy marital relationship is a big factor in successful parenting.”*

Figure 6. Child Welfare Professionals' perspective on educating clients about healthy relationships.

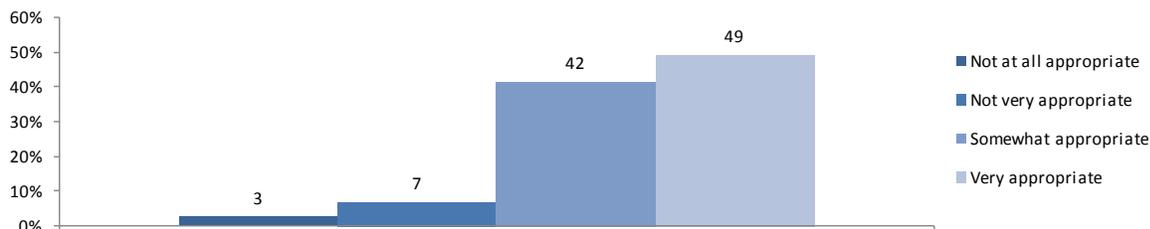


In addition to recognizing the benefits of relationship and marriage education for their clients, most respondents (83.5 percent) agreed that knowledge of and training in healthy relationships and marriages will help them perform their jobs more effectively. One respondent in agreement stated, *“I believe such training will benefit the worker in his or her approach and enable the worker to be a viable tool readily available to the parent especially when they are waiting to start more in depth counseling.”* And, while the majority of participants (85.2 percent) reported that they were comfortable discussing with clients how marital/couple issues impact their children, only a little more than half (58.7 percent) felt comfortable with providing information on ways they can improve their marital/couple relationships. Furthermore, less than half (46.0 percent) agreed that they knew how to assess for marital/couple relationship problems and only one-quarter of respondents (29.3 percent) felt they knew how to help their clients resolve relationship problems.

Overall, most (80.0 percent) agreed that understanding characteristics of healthy marital/couple relationship would strengthen their assessment and case planning skills to reduce abuse/neglect. One respondent commented, *“As a child welfare professional, I feel that I could benefit from having more training on how to talk about these issues with families, as I am not a counselor, being made aware of the resources available in our community and being trained on how to engage absent parents.”*

In light of the responses to the statements above, it is not surprising that almost all (90.7 percent) of the respondents felt that it was very (49.2 percent) or somewhat (41.5 percent) appropriate for child welfare professionals to help clients develop healthy relationship/marriage skills (see Figure 7). One respondent shared *“I understand how strong relationship between couples can create a positive outcome for children, but I lack the training and skill to convey this information to parents in an educational/coaching method that would create the outcome desired for improving their co-parenting status.”*

Figure 7. Appropriateness for child welfare professionals to help their clients develop the skills needed to have healthy relationships/marriages



Still, there were some who shared the belief that this was not appropriate for caseworkers and that they should only conduct referrals. For example, one respondent explained *“I feel that we need to be careful that child welfare is not crossing the line by trying to be mental health workers or therapists with families or couples. We should refer them to services but not try to do counseling with them.”* Another respondent shared *“We play the role of case managers rather than that of clinician or therapist. We refer families for the clinical counseling services they need. I hesitate to offer relationship advice unless I am dealing with extremes e.g. domestic violence.”* Underlying these contrasting opinions appears to be some confusion regarding the distinction between relationship and marriage education versus counseling and therapy. Thus, clarifying this distinction may be important in subsiding the concerns of some child welfare professionals.

As well, although the majority of respondents recognized the impact of couple relationships on parenting and child well-being, some respondents felt that couples were not the focus of child welfare services: *“I believe the role of the child welfare worker should relate only to the influence the relationship has on the child, not necessarily the relationship between husband and wife per say. That relationship, although effecting the child, is not the focus of the child welfare system.”* Others also expressed concern with having time to work with individuals or couples on relationship skills: *“To work on marital issues can take longer than we have to work with families in the assessment phase. In the home services, this may be possible, but there is already a lot for line staff to do; this can be time consuming.”* Respondents also emphasized the multiple needs that their families have and that, while these needs directly impact their relationships, other services must take priority:

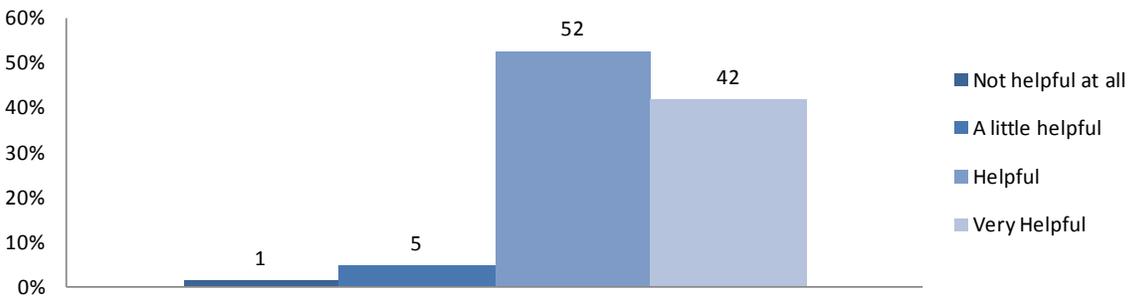
“Being more knowledgeable about relationships, in general, would benefit my role as a child welfare worker... Typically, my clients’ issues are related to mental health and/or substance abuse. Those two things definitely impact relationships, but, I believe, must be dealt with on a personal, individual level. If someone is not an emotionally healthy individual, they are not going to contribute much to a relationship as a partner, parent, friend, or whatever.”

Additional reservations toward healthy relationship and marriage education training appeared in respondents’ comments regarding its relevance for the type of clientele they serve. They perceived such training efforts as strictly for marital relationships and did not see how it would benefit the majority of families in the child welfare system: *“Please note that the majority of the families that we work with at DSS do not have parents that are married. Those are few and far between.”* Another noted *“In foster care, we often work with single parent households too so couple relationship classes may not be a priority with these parents who are stressed with surviving.”* Also reflective of this point and the

forementioned concerns about how couple relations impact parenting, one respondent mentioned, *“I am probably less comfortable with interventions in a marital relationship unless it directly relates to a parenting issue. This factor is influenced by the family – my relationship with them and their openness to our intervention. I work more with foster/adoptive families - these families typically “aren’t in trouble” and their issues - parenting issues.”*

Despite the concerns expressed by some respondents, the majority expressed an interest in relationship and marriage education training. According to one respondent, *“since social workers are in the home, we see some of the difficulty with relationships and often couples want our help once a rapport is established. I believe it would benefit the family, children and the community to build stronger families. And proper training is the best way to educate others.”* Furthermore, when respondents were asked whether it would be helpful for child welfare professionals to attend training on supporting healthy relationships and marriages, almost all (94.1 percent) felt that such training would be helpful at some degree (Figure 8). Reinforcing the need for such programs to strengthen co-parenting relationships, one respondent wrote *“I believe that one of the most important but apparently unavailable resources is one of coparenting for clients that are single, separated or divorced parents.”*

Figure 8. Helpfulness for child welfare professionals to attend training on supporting healthy relationships and marriages



Respondents also were asked to share any suggestions they had about how they can help the families they work with establish a healthy and stable relationship and/or marriage. There was a great deal of variation in their responses. However, most of the respondents mentioned the importance of aiding clients in the development of communication skills and in the provision of education on a variety of topics such as birth control, marital expectations, commitment, parenting, financial management, and job skills. The listed suggestions of one respondent included, *“adequate employment, development of realistic views regarding relationships, (and) development of communication skills”* while another commented, *“communication skills, anger management, and budgeting skills.”* Other specific suggestions included, *“exposure to real life couples who have a healthy marriage,” “mandatory pre-marital and parenting classes,”* and *“the need to have commitment to each other prior to having children.”* These varied responses reinforce that their clients have a diversity of needs that case workers strive to meet. Although relationship skills development is one of these needs, responses clearly convey that caseworkers are not equipped to meet this need. And, according to one respondent, neither are some communities: *“Being in a rural community, it often challenging to find appropriate services for the families we work with. If social workers could be trained on how to teach parents different techniques such parenting after separation or even parenting classes it would help agencies with limited services.”*

VI. State Initiatives

The next section of the survey addressed knowledge and attitudes about any potential state initiatives to address healthy relationships. There has been a growing emphasis on supporting and educating couples about healthy relationships across the country. These types of initiatives may influence how human services professionals feel about this type of programming and education.

Almost all (94.4 percent) of respondents felt that it would be a very good (47.2 percent) or good (47.2 percent) idea to have a state-wide initiative to support healthy relationships and marriages (Figure 9), but three-quarters (74.6 percent) were not aware of or involved in any state efforts to do so (Figure 10).

Figure 9. Feelings about a state-wide initiative to support healthy relationships and marriages

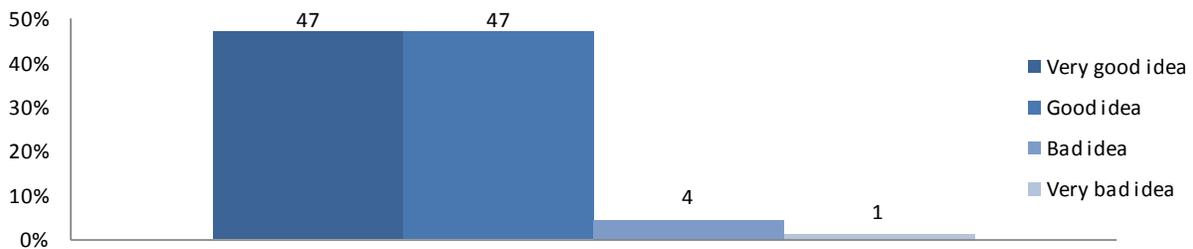
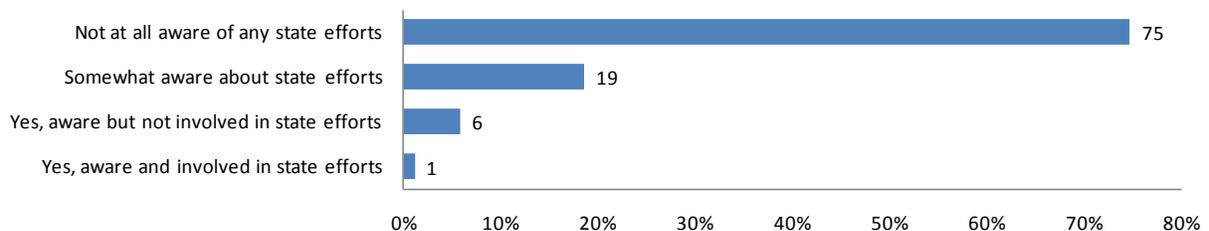


Figure 10. Awareness of any state efforts to support healthy relationships and marriages

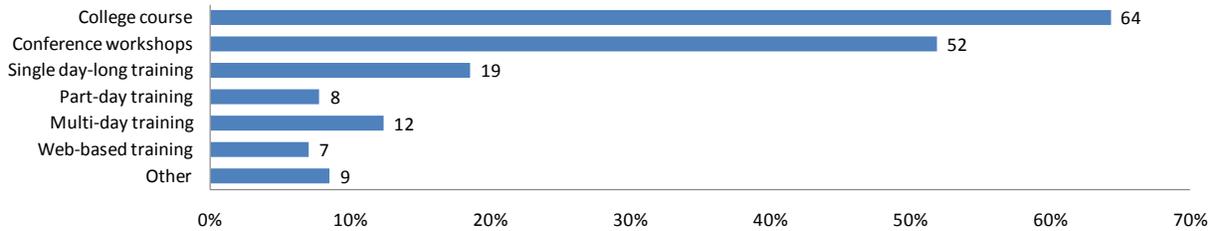


While most respondents supported a state-wide initiative to support healthy couple and marital relationships, some respondents expressed reservation about the government’s or a state agency’s involvement in personal relationships. One common concern shared by respondents was regarding funding to support training and services in this area, e.g., “*State wide initiatives would depend on what they are, how practical and accessible to our clients, the cost, transportation, etc...*” Other sentiments focused on skepticism of the impact of such an initiative, e.g., “*I am skeptical of a government run marriage program. It would be expensive and have little impact. There are other problems that need to be addressed.*” However, other respondents’ comments suggested that such an initiative, and child welfare’s involvement in this effort, would offer additional resources for families in their community. For example, one respondent shared “*local level supports through partnerships with the area churches and divorce support groups are all we really have now.*” Another respondent noted that “*We have a university in our town and a marriage and family therapy program masters program available that we make referrals to for families served. But we have not been able to get any service trainings for staff...*”

VII. Relationship/Marital Education Training Experience

Even though respondents stressed the helpfulness of relationship and marital education training, only 19.3 percent had received such instruction. Of those (n=129) who had received training (see Figure 11), the majority took a course in college on the topic (64.3 percent), and/or attended conference workshops (51.9 percent) or training sessions (45.8 percent).

Figure 11. Types of RME-focused trainings that respondents (n=129) previously attended



In addition, respondents were asked how prepared and comfortable they currently felt to teach relationship skills to individuals and couples with whom they are currently working. Less than half of the respondents (43.4 percent) felt very or somewhat prepared to teach relationship skills to individuals and couples they work with (Figure 12). As one respondent noted, *“Most of the training we receive around relationship issues is tied strictly to domestic violence and that is it. I cannot think of any training that I have receive or that has been offered that speaks to helping clients develop healthier relationships.”* As well, most respondents felt either somewhat comfortable (45.8 percent) or very comfortable (12.2 percent) in teaching relationship skills to their clients (Figure 13). The in-home, personal nature of the job lead many to comment on already having to deal with couple issues, for which they typically drew upon personal experiences. For example, a respondent shared *“I feel comfortable about educating the individuals that I work with because of educating and counseling couples in our church. I would like training to become more prepared and more comfortable.”* To assist in them with being prepared and feeling comfortable, respondents emphasized the importance of training relevance and practicality: *“if training is going to be established, I hope it is practical and useful for our work. It would be nice to have a training book/curriculum you can take back to the office/field with you and use.”*

Figure 12. How Prepared Child Welfare Professionals Feel to Teach Relationship Skills

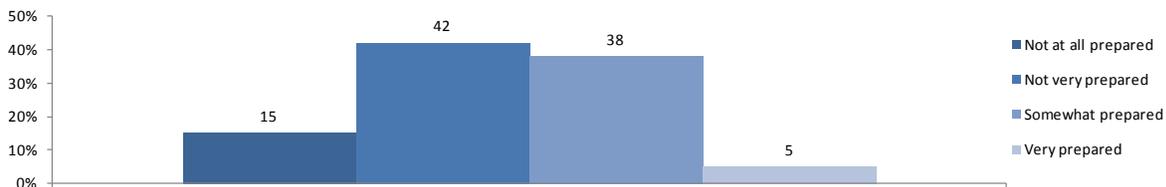
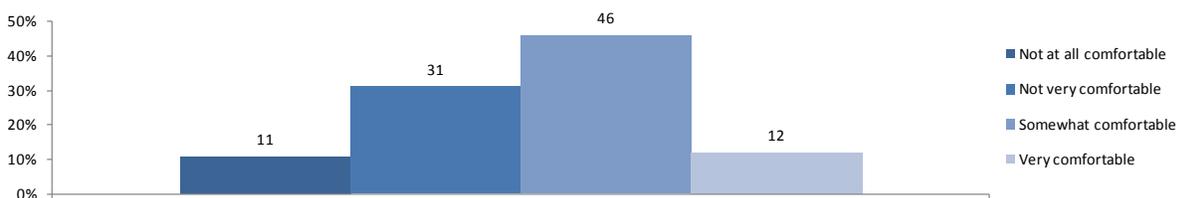
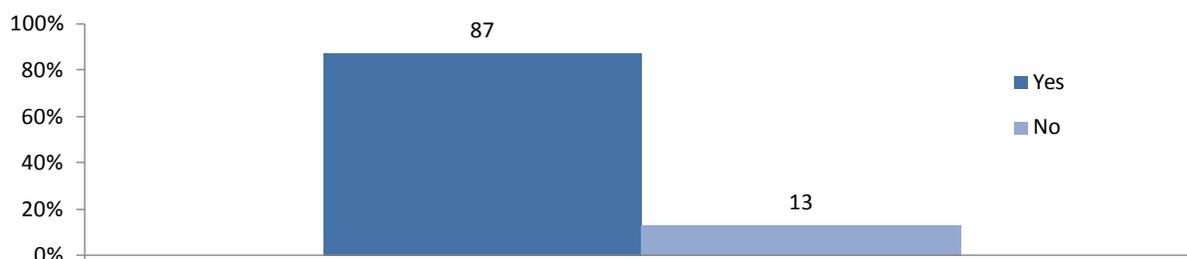


Figure 13. How Comfortable Child Welfare Professionals Feel Teaching Relationship Skills



Last, when asked if they were interested in receiving training to provide relationship and marriage education (*not counseling*) to the individuals and couples they work with, the majority of respondents (87.0 percent) were interested in receiving such training. Among those interested, comments included *“I’d love to be trained not only to teach families, but as a trainer to teach workers”* and *“Most of my experience is based on having been married for a long time but I would like to have training to provide more knowledge to my clients.”* Reflective of those not interested, one individual commented, *“Again, I feel relationship and marriage education would be a great resource we could refer people to, but not something we would provide ourselves.”*

Figure 14. Are Child Welfare Professionals Interested in Receiving Relationship Skills Training?



VIII. Conclusion

Overall, based on responses from a fairly representative sample of child welfare professionals across the state of North Carolina it is evident that strengthening the health and stability of marriages in North Carolina, and especially of families within the child welfare system, is valued. Importantly, responses and comments shared by these professionals reinforce the following points:

- The vast majority of respondents report working with clients who are not married, and many commented that they do not believe relationship and marriage education is appropriate or needed by their clients. It will be important to clarify through marketing and training materials that the vast majority of single parents form intimate partner relationships and many will result in short-term and/or frequent cohabiting living arrangements. Thus, relationship and marriage education can be beneficial to helping these single parents understand how to establish and maintain a healthy relationship that reduces their child(ren)’s exposure to risk for neglect and abuse. Further, relationship education for foster and adoptive parents can strengthen couple relations, and in turn, promote family stability and permanency for the child.
- There is a need to clarify the distinction between relationship and marriage education and marriage therapy/counseling services. Many respondents did not feel it was appropriate for them to provide counseling. To help these professionals in feeling more comfortable with supporting their clients’ relationships and marriages, it will be important to clarify that the knowledge and skills needed to establish and maintain a healthy relationship can be taught and that this training does not encompass counseling. Clarifying the boundaries between education and counseling and when referral to counseling is warranted will be important in establishing comfort in and acceptance of providing this service.

- The relationship between strong couple/marital relationships, successful parenting and child safety/well-being is clearly recognized. However, many child welfare professionals seem concerned about the appropriateness of attending to the needs of the couple's relationship given their obligations to serving the child's needs. Dialogue on strategies to expand the focus on the child to include couple and co-parenting relationships will be needed in order to foster child welfare professionals' investment in providing relationship and marriage education.
- Although the majority of respondents work with unmarried clients, they do agree that having resources available and understanding strategies for enhancing couple and marital relationships is important to doing their jobs more effectively. There seems to be some disconnect between understanding the value of this information and knowing how it can be implemented and used on a regular basis with current case loads. Conversations at both state and community level are needed to help facilitate clarity about this and create capacity for implementing this service.



HEALTHY RELATIONSHIP & MARRIAGE EDUCATION TRAINING