

2-1-2018

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Recommended Citation

Richardson, E. W., Futris, T. G., Duncan, J. C., & Mallette, J. K. (2018). Meeting Couple and Coparenting Relationship Needs of Foster Caregivers: Perceptions of Georgia Child Welfare County Directors. *Journal of Extension*, 56(1), Article 9. <https://tigerprints.clemson.edu/joe/vol56/iss1/9>

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Meeting Couple and Coparenting Relationship Needs of Foster Caregivers: Perceptions of Georgia Child Welfare County Directors

Abstract

Foster caregivers face many unique challenges that may cause strain on their couple/coparenting relationships. Though foster caregivers receive training to help them navigate certain challenges of fostering, there is a lack of resources dedicated to supporting their couple/coparenting relationships. In the study described in this article, we examined the perceptions of Georgia Division of Family and Children Services (DFCS) county directors regarding potential effects of providing healthy marriage and relationship education (HMRE) to foster caregivers. Findings suggest that DFCS directors are in favor of providing HMRE to foster parents but that barriers to doing so must be addressed.

Keywords: [needs assessment](#), [foster caregivers](#), [couple relationships](#), [coparenting](#), [relationship education](#)

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In 2014, approximately one in 278 children in Georgia were part of the foster care system, and about 62% of these children were in nonrelative placements (Kids Count, 2016). Of the licensed foster caregivers active in Georgia around the same time period, 57% were married (Georgia Division of Family and Children Services, 2015). Although all youths benefit from being exposed to healthy couple/coparenting relationships and stable families, foster children, in particular, are in need of high-quality home environments because of their unique experiences with maltreatment, poor parenting, and high-conflict homes. In fact, a healthy couple/coparenting relationship has been identified as one of 12 characteristics of high-quality foster parenting (Buehler, Rhodes, Orme, & Cuddeback, 2006). However, due to the many unique stressors experienced by foster caregiver couples (e.g., foster youth trauma, financial strain, increases on time demands, legal processes, lack of permanency), they are at elevated risk of experiencing couple/coparenting relationship challenges (Hebert, Kulkin, & McLean, 2013; Orme & Combs-Orme, 2014). Challenges in couple/coparenting relationships can impact the stability of placements and the well-being of foster youths. For example, it is known that negativity in couple/coparenting relationships of nonfoster parents leads to ineffective parenting (Cowan & Cowan, 2002); this circumstance may be exacerbated in a foster care situation, thereby compounding the stress already experienced by foster children.

Little is known about how fostering affects couple/coparenting relationships or how couple/coparenting relationships affect placement stability or child and youth well-being for those in care. Foster caregivers must

participate in required trainings designed to prepare them for the many challenges of fostering. The trainings address topics such as child behavior, attachment issues, and legal processes, and caregivers must complete a certain number of continuing education units (CEUs) per year to maintain their foster home license. Attending trainings can be challenging due to lack of proximity and accessibility of the trainings and difficulty coordinating childcare services. Although foster caregivers can complete CEUs on a variety of topics, training supporting married and unmarried foster caregivers in building and maintaining healthy couple/coparenting relationships is lacking.

To fill this gap in services and facilitate a more holistic approach to supporting quality and stable foster care experiences for youths, the Couple and Relationship Enrichment (CARE) for Foster Parents project has been implemented in Georgia. The purpose of the program is to provide research-informed healthy marriage and relationship education (HMRE) to foster and kinship care providers. The introduction of HMRE into the child welfare field is a recent development (Antle, Frey, Sar, Barbee, & van Zyl, 2010), and understanding the perceptions of stakeholders is critical to facilitating the buy-in, promotion, and success of HMRE (Futris & Schramm, 2015). Despite promising efforts to create greater awareness of the value and benefits of HMRE for child welfare clients (Futris & Schramm, 2015), the integration of HMRE into child welfare services has been a challenge due to organizational barriers (Futris, Schramm, Richardson, & Lee, 2015; Scarrow, Furhman, & Futris, 2015). Consequently, it is important to determine whether child welfare administrators support HMRE for foster and kinship care providers.

Using a statewide needs assessment to form a foundation of information on which to build the HMRE program (Angima, Etuk, & King, 2010), we explored the perceptions of Georgia child welfare administrators regarding aspects of offering HMRE to foster and kinship care providers. Our intent was to determine whether child welfare administrators would support the inclusion of HMRE in foster caregiver training choices and what logistical challenges should be taken into account as programming was developed. Because administrators at the county level make decisions about resources promoted to their clients, we specifically examined whether Division of Family and Children Services (DFCS) county directors believed HMRE programming would benefit those they serve and what they considered to be potential barriers to participation in HMRE.

Method

In March 2015, after receiving institutional review board approval, we invited all 96 DFCS county directors in Georgia, some of whom were directors of multiple counties, to participate in an online needs assessment survey via email (five emails were nondeliverable, leaving 91 potential participants). Data collection lasted 1 week, during which three reminder emails were sent. Of the 91 potential participants, 69 DFCS county directors responded (76%), and 55 completed the full survey (60%).

The survey asked directors to briefly describe each county they supervised and then respond to nine Likert-scale questions and four open-ended questions. Questions assessed directors' perceptions of foster caregivers' preparedness after participating in state-required training, foster caregivers' levels of couple/coparenting relationship stress, and potential barriers to foster caregivers' participation in HMRE. The survey also addressed whether directors believed HMRE would increase foster caregiver quality and retention and would, overall, be helpful to foster caregivers in their counties. Last, directors were asked to indicate whether they were referring or would refer foster caregivers to HMRE.

Results

The 55 responding DFCS county directors reported overseeing 90 of the 159 counties in Georgia (47% were directors for two to four counties) and nearly 1,300 foster caregiver homes (with the range being zero to 138 per county). Table 1 provides comprehensive data.

Table 1.
Foster Care Profile of Counties Represented, by Counties and Participants

Variable	Overall total per county (<i>N</i> = 90 counties)	Total per director, by number of counties directed (<i>N</i> = 55 directors) ^a		
		1 (<i>n</i> = 29)	2 (<i>n</i> = 18)	3–4 (<i>n</i> = 8)
Approximate number of youths in foster care				
Range	0–830	2–830	11–1,300	11–81
Mean (standard deviation)	86.74 (147.37)	152.46 (178.96)	166.78 (293.83)	42.00 (25.71)
Sum total	7,893	4,555	3,002	336
Approximate number of licensed foster parent families (not group care facilities)				
Range	0–138	3–138	0–210	5–28
Mean (standard deviation)	14.75 (23.02)	23.41 (26.59)	28.56 (47.67)	12.38 (8.21)
Sum total	1,298	685	514	99
Approximate number of foster youths who reside in licensed foster parent family homes (not group care facilities)				
Range	0–400	1–250	0–750	6–63
Mean (standard deviation)	38.54 (73.51)	63.80 (72.72)	72.12 (177.79)	24.13 (18.29)
Sum total	3,237	1,818	1,226	193

^aThe total numbers reflect the sum across all counties each director reported supervising. As such, the numbers reflected in the range and *M* (*SD*) rows may be greater than the numbers reflected in the "overall total" column.

Assessing Foster Caregiver Needs

When asked to qualitatively describe their procedure for assessing foster caregiver needs (i.e., "Please briefly describe how your agency assesses the needs of foster parents"), directors reported approaches to needs assessment that were similar overall but varied by delivery type and timing. Some indicated that they use a formalized resource development team that works with foster caregivers, and many noted that supervisors and

case managers meet monthly with foster caregivers and the children in their homes to assess needs (e.g., "Our agency has a supervisor who meets with the foster parents monthly to assess their needs and ensure both the foster parent and child are thriving"). Several directors indicated that they gather feedback from foster caregivers both informally (e.g., "There is regular informal contact and interaction between families and agency staff throughout every month") and through formalized approaches administered annually or more often should circumstances warrant (e.g., "We also have the opportunity to assess during the annual re-evaluations").

Training and Relationship Service Needs of Foster Caregivers and Potential Barriers

To understand DFCS county directors' perceptions of foster caregiver experiences, we asked (a) how prepared they felt foster caregivers are for the fostering experience after completing the state's training for foster caregivers, IMPACT; (b) how much stress the foster caregiving experience places on foster caregivers' couple/coparenting relationships; and (c) whether they currently refer foster caregivers to services designed to strengthen the couple and/or coparenting relationship (if the need arises). The majority of directors (73%) reported that foster caregivers are somewhat prepared for their new role after completing the IMPACT training, which includes attention on topics such as emotional, cognitive, and behavioral implications of fostering, communication, and partnership (see Table 2). Furthermore, although they indicated that the foster caregiving experience places some stress (51%) or a lot of stress (31%) on caregivers' couple/coparenting relationships, only 24% reported referring foster caregivers to services that assist with meeting relationship needs. Directors shared additional comments on this subject. For example, one said, "The need for strengthening the couple relationship is critical and we do not provide support for this need at this point in time." Another noted, "Relationship building would help with parents joining together to meet the needs of the children placed in their homes instead of the bulk of the parenting responsibilities falling on one partner."

To gauge potential barriers to foster caregivers' participating in HMRE training, we asked directors their opinions regarding travel and respite care needs (see Table 2). Most directors were of the opinion that the longest time foster caregivers would be willing to drive to attend training was about 30 to 60 min (86%) and that using respite care to attend trainings would be difficult or very difficult for participants (74%). In addition, 44 directors shared comments reflecting difficulties associated with competing work and family demands (e.g., "Work and general life schedules make it hard for foster caregivers to attend trainings"), accessibility (e.g., "location of the training"), availability of training opportunities and resources (e.g., "In small counties such as [County], resources—or lack thereof—are the most common barriers"), and respite care/childcare (e.g., "Child care and respite is a HUGE issue. We really don't have enough placements for all our children in care, so there certainly aren't enough placements to offer respite to foster parents when requested").

Table 2.
County Directors' Views Regarding Foster Parent Training

Topic	Overall total (N = 55)	By number of counties directed			By number of foster parents in county directed		
		1 (n = 29)	2 (n = 18)	3–4 (n = 8)	11–20 (n = 18)	21 (n = 17)	
Preparedness for							

foster parenting
experience after
IMPACTa

Not sure

Not very prepared	16.4%	10.3%	16.7%	37.5%	16.7%	11.1%	17.6%
Somewhat prepared	72.7%	79.3%	72.2%	50.0%	77.8%	77.8%	64.7%
Mostly prepared	10.9%	10.3%	11.1%	12.5%	5.6%	11.1%	17.6%
Mean (standard deviation)	1.95 (0.52)	2.00 (0.46)	1.94 (0.54)	1.75 (0.71)	1.89 (0.47)	2.00 (0.49)	2.00 (0.61)

Longest drive time
participants likely
would accept for
travel to trainingb

About 30 min	60.0%	65.5%	66.7%	25.0%	50.0%	61.1%	64.7%
About 60 min	25.5%	24.1%	22.2%	37.5%	33.3%	22.2%	23.5%
About 90 min	7.3%	6.9%	5.6%	12.5%	11.1%	5.6%	5.9%
About 1.5–2 hr	5.5%	3.4%	5.6%	12.5%	5.6%	5.6%	5.9%
About 2.5–4 hr	1.8%			12.5%		5.6%	
Mean (standard deviation)	1.64 (0.97)	1.48 (0.78)	1.50 (0.86) ²	2.50 (1.41) ³	1.72 (0.89)	1.72 (1.18)	1.53 (0.87)

Use of respite care
to attend trainingc

Very difficult	18.2%	17.2%	16.7%	25.0%	27.8%	16.7%	11.8%
Difficult	56.4%	44.8%	83.3%	37.5%	44.4%	50.0%	70.6%
Easy	25.5%	37.9%		37.5%	27.8%	33.3%	17.6%
Very easy							
Mean (standard deviation)	2.07 (0.66)	2.21 (0.73)	1.83 (0.38)	2.13 (0.83)	1.89 (0.47)	2.00 (0.49)	2.00 (0.61)

aQuestion: *In your opinion, how prepared are foster parents for the many aspects of foster parenting after completing IMPACT training?* No significant difference by number of counties directed or by number of foster parents in county. bQuestion: *In your opinion, what is the furthest distance that foster parents would drive to attend a training?* Significant difference found by number of counties directed: $F(2, 52) = 4.15$ ($p = .021$); ²significant mean differences between directors who directed 2 counties and those who directed 3–4 counties; ³significant mean differences between directors who directed 3–4 counties and those who directed 1 county. No significant difference by number of foster parents in county. cQuestion: *How difficult or easy is it for foster parents in your county to use respite care to attend training?* No significant difference

Meeting the Relationship Needs of Foster Parents

To confirm the perceived value and potential benefit of HMRE for foster caregivers in Georgia, we asked directors to share their thoughts about how helpful HMRE may be for foster caregivers in their counties. As summarized in Table 3, the overwhelming majority of respondents agreed or strongly agreed that providing HMRE to married and unmarried foster caregiver couples could increase foster parenting quality (100%) and could increase foster caregiver retention (93%). In general, the directors felt that HMRE would be somewhat helpful (31%), very helpful (38%), or extremely helpful (24%) to foster caregivers. Last, the majority (78%) indicated that they would refer foster caregivers to HMRE if it were available, and, importantly, no one said "no." Indeed, participants expressed enthusiasm about providing HMRE to foster caregivers. One participant stated, "I am excited that our agency is moving in the direction of truly embracing the entire family. The relationships of our foster parents matter." Another wrote, "This training should be required for all foster parents as when applied effectively it would strengthen relationships and family functioning and would allow them to be resilient."

Table 3.

County Directors' Views Regarding Healthy Marriage and Relationship Education (HMRE)

Topic	Overall total (<i>N</i> = 55)	By number of counties directed			By number of foster parents in county directed		
		1 (<i>n</i> = 29)	2 (<i>n</i> = 18)	3–4 (<i>n</i> = 8)	10 (<i>n</i> = 18)	11–20 (<i>n</i> = 18)	21 (<i>n</i> = 17)
Ability of HMRE to increase foster parenting quality ^a							
Strongly disagree							
Disagree							
Agree	63.6%	62.1%	66.7%	62.5%	55.6%	94.4%	47.1%
Strongly agree	36.4%	37.9%	33.3%	37.5%	44.4%	5.6%	52.9%
Mean (standard deviation)	3.36 (0.49)	3.38 (0.49)	3.33 (0.49)	3.38 (0.52)	3.44 (0.51) ¹	3.06 (0.24) ²	3.53 (0.51)
Ability of HMRE to increase foster parent retention ^b							
Strongly disagree	1.8%	3.4%					5.9%
Disagree	5.5%	3.4%	11.1%		5.6%	5.6%	5.9%
Agree	69.1%	65.5%	72.2%	75.0%	72.2%	88.9%	47.1%

Strongly agree	23.6%	27.6%	16.7%	25.0%	22.2%	5.6%	41.2%
Mean (standard deviation)	3.15 (0.59)	3.17 (0.66)	3.06 (0.54)	3.38 (0.52)	3.17 (0.51)	3.00 (0.34)	3.24 (0.83)
Helpfulness of HMREc							
Not helpful							
A little helpful	7.3%	6.9%	11.1%		5.6%	5.6%	11.8%
Somewhat helpful	30.9%	20.7%	55.6%	12.5%	38.9%	22.2%	35.3%
Very helpful	38.2%	41.4%	22.2%	62.5%	33.3%	55.6%	17.6%
Extremely helpful	23.6%	31.0%	11.1%	25.0%	22.2%	16.7%	35.3%
Mean (standard deviation)	3.78 (0.66)	3.97 (0.91) ¹	3.33 (0.84) ²	4.13 (0.64)	3.72 (0.89)	3.83 (0.79)	3.76 (1.09)

^aQuestion: *How strongly do you disagree or agree that providing healthy relationship education to married AND unmarried foster parents could increase foster parenting quality?* Significant difference found by number of foster parents in county: $F(2, 50) = 5.88$ ($p = .005$); ¹significant mean differences between counties with equal to or less than 10 foster parents and those with 11–20 foster parents, ²significant mean differences between counties with 11–20 foster parents and those with 21 or more foster parents. No significant difference by counties directed.

^bQuestion: *How strongly do you disagree or agree that healthy relationship education training could increase foster parent retention?* No

significant difference by number of counties directed or by number of foster parents in county. ^cQuestion: *Overall, how helpful would healthy relationship education training be to the foster parents in your county?* ¹Significant mean differences between directors who directed 1 county and those who directed 2 counties; ²significant mean differences between directors who directed 2 counties and those who directed 3–4 counties. No significant difference by number of foster parents in county.

Discussion and Implications

We examined the perceptions of DFCS county directors in Georgia regarding the need for HMRE for foster caregiver couples, their attitudes toward providing such training, and the barriers that might be encountered engaging foster caregiver couples in HMRE. Results indicate that directors believe there is a need to provide HMRE to foster caregiver couples and are strongly in favor of doing so but have concerns about relevant barriers. Our findings also confirm that an existing system is in place to regularly assess foster caregivers' unique needs. Consequently, collaborating with the applicable teams and/or individuals would facilitate efforts to identify and engage foster caregivers in greatest need of services designed to support healthy couple/coparenting relationships.

The findings also suggest that additional training is needed to support foster caregivers, particularly focused on supporting foster caregivers' couple/coparenting relationship needs. Although the required state foster caregiver training, IMPACT, reinforces skills that enhance parenting self-efficacy and quality, research reinforces the idea that parenting quality alone may not be enough: Children exposed to high-quality parenting and high-quality couple relationships do better on several outcomes (Cummings & Merrilees, 2010). However, training is not

available for addressing the impact that being foster caregivers has on couple/coparenting relationships or for teaching foster caregivers strategies for maintaining a healthy relationship through the challenges of foster caregiving. Our results indicate that to facilitate participation in HMRE trainings, both location/accessibility and childcare needs should be considered. Organizations planning to host these trainings should do so in service areas that minimize travel time and costs. Also, program coordinators should address challenges in identifying respite care and provide on-site childcare services to facilitate participation in the trainings. Last, scheduling the trainings across the state and on weekends will lessen challenges associated with coordinating respite care, competing child and family activities, and limited available time for participating in services commonly offered across multiple sessions/weeks.

Conclusion

When delivering programming to underserved populations with whom stakeholders may be unfamiliar, conducting a basic needs assessment can provide a foundation of information on which a program can be built with the buy-in of stakeholders (Angima et al., 2010). To date, findings from our study have been helpful in facilitating discussions with DFCS state and county administrators focused on advancing efforts to offer foster caregiver couples HMRE. Results from the study also were used in a proposal that led to a multimillion-dollar federal grant award to provide HMRE to individuals and families involved in child welfare services, including foster caregivers. In close, the progress made based on the results from our study confirms the usefulness of the study and reinforces the importance of understanding the perceptions of stakeholders during the program development process.

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