



Training the child welfare workforce in healthy couple relationships: An examination of attitudes and outcomes

Becky F. Antle*, Shannon E. Frey, Bibhuti K. Sar, Anita P. Barbee, Michiel A. van Zyl

University of Louisville, Kent School of Social Work, United States

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ABSTRACT

The purpose of the current research is to address a gap in the literature related to attitudes and other training outcomes through an evaluation of a healthy marriage/couple relationship training for public child welfare workers. Given the sensitivity of this topic and numerous barriers to trainee acceptance of the material, this training provided a particularly fertile context for these research questions. This research utilized a quasi-experimental design with pre-, multiple post-training measures for the experimental (training) group and control (no training) group. Data were collected using reliable and valid standardized scales on training satisfaction, knowledge gain, transfer of new skills, and attitude change, as well as potential individual and organizational mediators of these outcomes. Results indicated that experimental group participants reported higher levels of knowledge than controls and knowledge gain in certain areas. Knowledge gain was related to training satisfaction. Experimental group participants also reported higher levels of training transfer and an increase in positive attitudes toward the importance of couple issues for child welfare, with these attitudes significantly predicting transfer of skills. Implications for general child welfare training and the integration of couple issues into child welfare practice are discussed.

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1. Introduction

The Healthy Marriage Initiative began in 2002 and was designed to help couples who have chosen marriage for themselves access to services in order to help them form and sustain healthy marriages. There was a significant controversy regarding the intent of the Healthy Marriage Initiative for the poor. According to the NASW (2005), concerns about this Initiative included a fear that women would be coerced to enter hasty and ill-considered marriages or forced to remain in abusive marriages; discrimination against single parents; and the need for funds to be spent on other supportive services for low income families. Opponents were clear that this initiative was a significant departure from the past role of government in marriage (which had been limited to marriage licenses and divorce decrees). Given the controversial nature of the healthy Marriage Initiative, it was not clear to what extent child welfare workers would buy into the program. Also, the literature is not conclusive about the role of training to promote attitude change and impact on training outcomes. Even if the child welfare workforce accepted the overall goals of the training, the connection between attitude change and other key training outcomes was not clear. The purpose of the current research is to address this gap in the literature, and to identify an appropriate framing of the problem to maximize training engagement in a project

that received one of the first grants from the Administration for Children and Families (ACF) to develop child welfare training curricula on healthy marriage and family formation for the child welfare workforce. The curriculum development, training and training outcomes are presented and discussed.

The specific goals of the Healthy Marriage Initiative were to increase access to relationship services for married/engaged couples and youth, encourage research on healthy marriage and relationship education, and increase public awareness about the value of and necessary skills for healthy marriage (Administration for Children and Families, 2002). This Initiative was, in part, the result of the federal government's interest in marriage among recipients of Temporary Assistance to Needy Families (TANF) (Ooms, 2007). Although the TANF legislation had family goals such as promoting marriage and two-parent families and reducing out-of-wedlock pregnancies, states spend less than 1% of TANF funds on these goals because work goals are less controversial and carry rewards and sanctions. States also have had less experience and knowledge about how to achieve family goals. The Administration for Children and Families (ACF) began awarding the Healthy Marriage grants in 2003, and five universities¹ received grants to develop child welfare training curricula on healthy marriage and family formation for the child welfare workforce.

* Corresponding author. Tel.: +1 502 852 2917.

E-mail address: becky.antle@louisville.edu (B.F. Antle).

¹ University of Louisville, Albany University, Syracuse University, University of Denver, and The Forest Institute of Professional Psychology.

Historically, child welfare systems have not directed sufficient focus toward prevention strategies such as family life education or marriage/relationship education programs (Pecora, Whittaker, Maluccio, & Barth, 2000). Strengthening marriage and families could serve as a primary prevention strategy for at-risk families in the community, including foster and kinship care providers, whose relationships may be at risk following placement of a child (Lindsey, 2001). Thus, the training could also serve as a secondary prevention strategy for those families who are already in the child welfare system. By strengthening the couple relationships of child welfare clients, the deleterious effects of maltreatment on children may be minimized. This training program could serve as a tertiary prevention program through the reduction of recidivism of maltreatment among high-conflict families. By providing interventions for families at risk of recidivism, such as those with a history of domestic violence or blended families (Giles-Sims, 1997), future child abuse may be prevented. These strategies fit well within the responsibilities of child welfare workers, who are charged with protection of children through reducing risks and increasing resiliency factors and strengths among families.

1.1. Barriers to child welfare training in healthy marriage and couple relationships

However, there are a number of potential barriers to train child welfare workers in healthy marriage and couple relationships. First as mentioned in the *Introduction*, there was a significant controversy regarding the intent of the Initiative for the poor. A second barrier to child welfare training in healthy marriage is the low rate of marriage among child welfare clients. Data on the child welfare population from the 2001 AFCARS (Adoption and Foster Care Analysis and Reporting System) data set reveal a relatively low number of married and other couple relationships among this population. Data on family structure for principal caregiver families (Child Protective Services clients) were examined. In 2001, there were 697,211 families involved with the child welfare system. Looking at these families' structures, the largest was single female household (44.67%), followed by married couples (16.9%), unmarried couples (9.8%), and single males (4.2%). Data on the family structure of the remaining cases were missing.

Lastly, there are worker-specific barriers to address couple relationships in child welfare. Workers may feel they are intruding into "private matters" when questioning couple relationships (Christensen, Todahl, & Barrett, 1999). Although these feelings can be the result of the client's attitude, it should also be recognized that it is a familiar, if not universal, social norm to respect a couple's privacy by not asking intrusive or embarrassing questions. Another variable that may be contributing to worker reluctance to bring up couple issues is that many workers have little or no personal experience regarding parenting teamwork. With regards to child welfare, those who have not parented children of their own may feel at a disadvantage in advising or working with families around parenting issues. Although they have witnessed their own parents' efforts, or those of other friends and clients, the process by which a couple balances their intimate relationship issues with their ability to work as a team in parenting is complex, private, and even confusing to the participants themselves. Such complexity is difficult to observe from the outside, and it is a challenge for those who have not experienced it to learn the issues.

1.2. Child welfare curriculum development

Despite these challenges, the authors embarked upon a curriculum development process to formulate a training program on healthy marriage and couple relationships for public child welfare workers. This curriculum development process combined four components: 1) an evidence-based literature review; 2) a chart file review study on couple themes and issues in child welfare case records; 3) focus groups with child welfare workers and foster parents; and 4) consultation from experts in

child welfare and marriage and family therapy, as well as child welfare agency representatives. For a full description of the chart file review study and focus groups, see Antle, Sullivan, Barbee, & Christensen (in press). These curriculum development efforts identified essential elements to be included in the training curriculum, including communication and conflict resolution, fatherhood issues, divorce and blended families, the role of paramours, and domestic violence. The attitudinal barriers to training were also apparent through focus groups, during which child welfare workers expressed that they felt unprepared and concern about appropriateness of discussing couple relationships with their clients.

1.2.1. Framing the problem

The predominant theme derived from each of the curriculum development efforts was the need to frame the training in the context of child well-being—that *couple relationships are relevant to child welfare workers only in that they impact child outcomes of safety, permanency, and well-being*. The curriculum addressed both these key topics and the need to overcome potential attitudinal and practical barriers to implementation. The course was titled "Building Couple Teams for Child Protection." The title emphasized the framework for the curriculum—the impact of couple relationships on child outcomes. The co-parenting theme was highlighted and the link to federally mandated child welfare outcomes of safety, permanency, and well-being throughout the modules of the curriculum. Another key emphasis was the recognition and valuing of diverse family configurations, including those who are married, divorced, dating or cohabitating, and more. The training communicated that regardless of the configuration, children benefit when adults work together in positive co-parenting relationships. The final version of the curriculum contained the following modules:

- ▶ Why Study Couple Relationships in Child Protection Work?
- ▶ Overview of What Seems to Work Best for All Couples Who Parent
- ▶ What Works Best for Couples in Transition (Separation/Divorce, Dating, Cohabitation, Blended)?
- ▶ What Works Best for Couples Who Provide Foster Care, Kinship Care or Adopt?
- ▶ Issues that can Overwhelm Couples who Parent: Domestic Violence
- ▶ Engaging Parents Regarding the Effects of the Couple Relationship on Parenting

1.2.2. Child welfare training implementation

This training for child welfare workers was a voluntary, two and a half-day course. Supervisors were encouraged to attend the course with their workers to provide ongoing coaching and reinforcement (see Antle, Barbee, & Van Zyl, 2008). Workers could take the course for training credit, graduate level credit (as an elective in the Master's program in social work), or continuing education credit. The training was provided to child welfare teams in their geographic regions to overcome barriers such as time and travel. The trainers for the course were faculty from the University's child welfare specialization program who committed to provide the training for the duration of the project.

1.3. Evaluation of child welfare training

The authors' evaluation of this child welfare training was based upon their previously developed and validated Child Welfare Training Evaluation Model (Antle et al., 2008). See Fig. 1 for model. This training evaluation model is an expansion and modification of the Kirkpatrick's (1959) model of training evaluation. The expansion of Kirkpatrick's model includes measures of individual and organizational predictors of outcomes, including individual personality and learning readiness, as well as team, supervisor, and organizational support of learning. The model also measures training at all four of Kirkpatrick's levels of training evaluation: satisfaction or reactions, learning, transfer, and client outcomes. However, this model utilizes the Alliger and Tannenbaum's (1997) specification of Kirkpatrick's evaluation levels, defining satisfaction or reactions as both

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