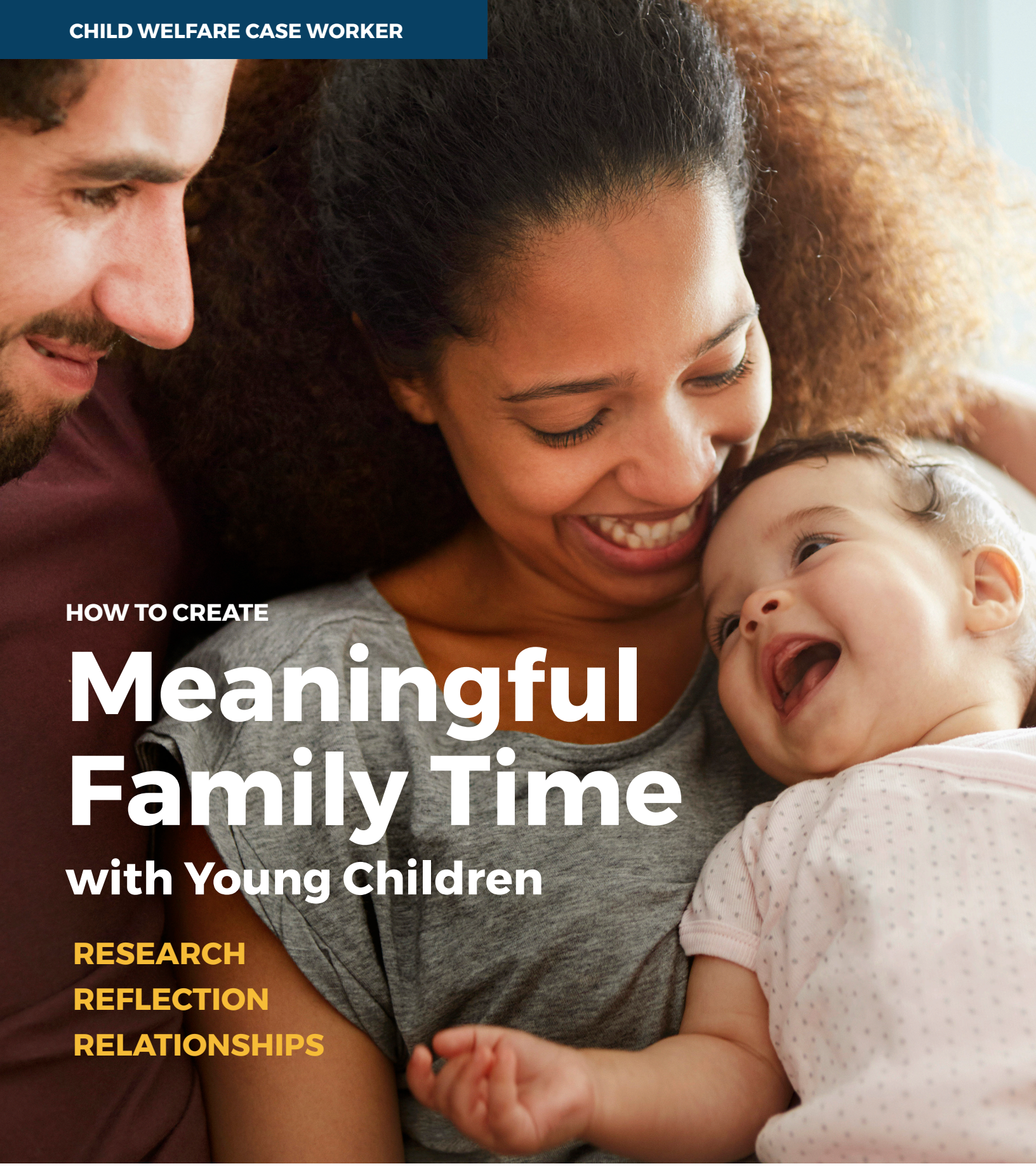
CHILD WELFARE CASE WORKER



HOW TO CREATE

Meaningful Family Time

with Young Children

RESEARCH
REFLECTION
RELATIONSHIPS

Harris Professional Development Network
Child Welfare Committee
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PROFESSIONAL DEVELOPMENT NETWORK
IRVING HARRIS FOUNDATION

This resource was created by a national network of early childhood experts and practitioners to provide guidance to the adults who serve very young children in the child welfare system when it comes to supporting, coordinating, planning, ordering, or advocating for family time visits. Because no other period of development is more important than the early years, and because the needs of young children are vastly different than those of older children—specifically for those in the child welfare system—it is essential to understand the specific needs of young children in order to make family time meaningful to them and their families. For example, as memory capacity is emerging, young children need proximity to develop and strengthen relationships; therefore, frequent, shorter face-to-face family time visits are more helpful to the attachment process than once a week, longer, or virtual visits.

As a child welfare case worker, you can make a significant difference in children's lives. Research continues to support the substantial impact that caring, attentive adults can make for children in the child welfare system, especially for the youngest children. This resource is designed specifically for case workers and provides:

- A summary of several relevant areas of **research** and how this research applies to the largest age group entering the child welfare system, babies and young children.
- Questions for **reflection** to help you think about the implications of the research regarding how you do your work and how families are served. Although making time and space to pause and reflect is considered a luxury for most case workers, thinking through these questions can lead to a greater awareness and understanding of quality family time for young children.
- Practice tips for ensuring that family time promotes healthy **relationships** and accounts for the unique needs of young children.

Quality family time can contribute to better and quicker permanency outcomes, which is priceless for young children.

TERMINOLOGY

Parent	=	parent or legal custodian involved in the child welfare system
Caregiver	=	foster parent, resource parent, relative, or non-relative caring for the child while addressing permanency
Family Time Visit	=	while transitioning away from the word "visit," this document uses the phrase "family time visit"

Research and Reflection

Understanding Research Findings and Making Time for Reflection

Six critical areas of study inform best practices for family time with young children.

EARLY CHILDHOOD DEVELOPMENT

NEUROSCIENCE

ATTACHMENT

TRAUMA

IMPLICIT BIAS AND OPPRESSION

RESILIENCE

EARLY CHILDHOOD DEVELOPMENT

Establishing a Healthy Trajectory

The Science

The greatest opportunity for ensuring optimal human development begins in infancy. Both nature (heredity) and nurture (environment) interact to shape development. Child development proceeds through a predictable sequence of milestones (sitting, crawling, walking, running). Development is interrelated; early social emotional development and physical health provide the foundation for emerging cognitive and language skills. Healthy attachment to a primary caregiver is the cornerstone for all domains of development (physical, cognitive, motor, language, and social emotional). Skills that emerge in the early years are prerequisites for success in school and in life. Early exposure to child abuse, neglect, extreme poverty, or an absence of essential developmental experiences, lay a more difficult pathway for a healthy life trajectory. Many adult issues, including chronic diseases, mental health and substance use disorders, and other multigenerational adversities, are now understood as disorders that began early in life. Quality parenting and early intervention services offer the greatest opportunity for changing a child's developmental trajectory and improving outcomes.

Implications for Child Welfare

The first five years of life offer the most opportunity for development, and yet, the most vulnerability for adversity. During this period, neglect is the most common form of child maltreatment, depriving children of essential experiences and relationships during a critical window of development, with dire consequences for physical and mental health over the lifetime. Maltreatment increases the rate of developmental delays, attachment disorders, behavior challenges, health problems, and other trauma-related issues.

Multiple systems are mandated to provide early identification during the window of "brain plasticity" which offers the most effective opportunity for healthy growth and development. Children need more than simply removal from a neglectful/abusive home to reverse the consequences of maltreatment. Children who are removed from their homes need caregivers who will provide a stable, nurturing environment, acting as key buffers to stressors and offering them an opportunity to form attachments and thrive in trusting relationships. Young children in the child welfare system also benefit from high quality early learning environments and targeted therapeutic supports, to support and enrich their overall growth and optimize healthy development.

Reflection

What is my own level of knowledge about child development and where do I turn for ongoing learning in this area? How do I consider knowledge about child development and developmental science when coordinating family time plans?

NEUROSCIENCE
Optimizing Brain Development

The Science

The first 1,000 days of life is the most critical time for brain development with over one million new neural connections each second as 80% of the brain is developed from birth to age three and 90% by age five. This critical window of "brain plasticity" offers the greatest opportunity for "hard-wiring" lifelong development for better or worse. By 12 months of age, the chemistry of brain circuits in the prefrontal cortex lay the foundation for executive functioning, governing memory, attention, and impulse control. Heredity, environment, relationships, experiences, and culture interact to shape the brain during developmental periods. Singing, talking, reading, hugging, and other nurturing interactions build neural connections shaping the foundation for language, cognitive, and social emotional development. On the contrary, in the absence of these interactions, when children are neglected, early brain development is disrupted and places the children at an increased risk for attentional, emotional, cognitive, and behavioral disorders.

Implications for Child Welfare

Children under age five comprise half of the child welfare population with infants being the largest single age group. Neuroscience shows that abuse and neglect are particularly toxic during these pivotal years, disrupting essential brain connections. Neglect withholds critical stimulation necessary for healthy brain development while abuse activates the "fear center" of the brain. Children in these environments, with the absence of relationships that can help them cope, have difficulty learning or to developing their executive abilities. This can result in challenging behavior such as sleep and eating disruptions, difficulty managing emotions, and trouble controlling impulses. The sooner young children are settled in safe, stable placements, the more likely healthy brain development will occur.

Reflection

How do I apply information about toxic stress and brain development when drafting family time plans?

ATTACHMENT

Building an Emotional Foundation

The Science

Babies are born ready for relationships. Attachment relationships are developed through an accumulation of daily relationship-based routines including feeding, diapering, and nurturing. The quality of the relationship is enhanced by consistent provision of comfort, nurturance, and protection. To develop and maintain meaningful attachments, young children need frequent contact with nurturing caregivers. Children who develop secure healthy attachments have the greatest opportunity to "hard wire" the brain's neuropathways and build capacity for self-regulation, effective social interactions, self-reliance, and adaptive coping skills later in life. Early attachment relationships form the foundation for all future relationships and learning, either promoting social emotional health or setting in motion a negative trajectory that can persist throughout the lifespan.

Implications for Child Welfare

The fundamental developmental task in early childhood is the formation of attachment with caregivers. For this reason, young children are particularly vulnerable to separation, especially sudden and frequent changes. Abrupt removals and separation of a young child from parents can impair the child's sense of trust, safety, and stability in the world. Stress is compounded each time a child moves from one placement to another. Children who cannot consistently depend upon their parents to provide nurturance, protection, and security often resist forming new attachments, develop unhealthy attachments, and display challenging behavior as their emotional needs go unmet. Caregivers for children who have been removed are instrumental in helping the children form trusting, stable attachment relationships. If children are removed prior to forming attachments to their parents, family time visitation needs to be frequent and provide opportunities for the parents to learn and participate in the crucial experiences necessary for attachments to form.

Reflection

How do I prioritize attachment when coordinating family time visits, while also moving at a pace that is comfortable for the infant or young child who may initially be fearful or may not know the parent? How do I consider the interplay among attachment, quality family time, and placement stability as a way to decrease abrupt placement changes and to search for placements with known caregivers?

TRAUMA
Mitigating Risk Factors

The Science

A vast body of research has shown how trauma affects individuals: 1) directly through their own experiences, particularly during childhood; 2) indirectly by adverse community environments; and 3) indirectly by trauma passed down through generations of families or groups of people. The direct impact of trauma was first realized in a landmark study, the Adverse Childhood Experiences (ACE) Study, which examined the long-term effects of ten childhood adversities. This study, and subsequent related research, shows an undeniable link between childhood trauma and poor mental and physical health outcomes. The more ACEs, the higher likelihood of risky health behaviors, chronic health conditions, lower life potential, and early death. Alarmingly, having six or more ACEs predicts a 20-year reduction in life expectancy.

In addition to adversity directly experienced by a person, environmental factors (poverty, discrimination, violence, lack of affordable quality housing, lack of economic mobility) can further traumatize individuals and can lead to poor health outcomes.

Historical trauma occurs when generations of people experience trauma, injustice, and oppression. It is cumulative and can affect the psychological and physical health of groups of people who share an identity, affiliation, or circumstance. Members of these families or groups can show signs of trauma even if they have not experienced it directly.

Implications for Child Welfare

Children in the child welfare system are directly affected by multiple ACEs and can be indirectly affected by environment adversity and historical trauma. Many of their parents also struggle with their own unresolved trauma.

Child welfare professionals can strengthen trust and engagement with families through continued awareness, understanding, and learning regarding the affects of trauma and the modern expressions of historical trauma. Parents who have experienced multiple adversities may be less likely to have the capacity to provide the type of stable, supportive relationships that their young children need. This multigenerational cycle of adversity can be broken when families receive effective interventions that address both the parent's and the child's trauma, and repair and strengthen their relationship.

Many families in the child welfare system live in adverse community environments lacking access to services, affordable housing, secure jobs, and quality healthcare. These families need a network of supportive services. Child welfare professionals can help families overcome systemic barriers, advocate for families in need, and use community services that help families build resilience.

Reflection

How do I identify and address trauma triggers and stress experienced during family time visits? What actions do I take to call awareness to the impact of social determinants of health that impede regular, frequent, and quality family time?

IMPLICIT BIAS AND OPPRESSION

Keeping our Assumptions in Check

The Science

Implicit bias refers to the attitudes or stereotypes that affect our actions and decisions in an unconscious manner. While some biases can be conscious, many are unconscious; they are activated involuntarily and without awareness or intentional control.* For example, even if you say that men and women are equally good at math, you might unconsciously associate math more strongly with men. Biases begin at a very early age and are shaped over the course of a lifetime through exposure to direct and indirect messages, and ideas and practices that place one group of people in a superior position over others.

It is important to understand that biases do not appear in a vacuum, they are influenced by the institutions, systems, and culture in which we live. Because our institutions, systems and culture are permeated with various forms of oppression (e.g. racism, classism, sexism, ableism) many of the biases individuals display replicate and further reinforce those forms of oppression (e.g. Because media messages communicate that African Americans feel less pain, a doctor does not prescribe a needed pain medication for a patient). The history of many systems in the United States—including the child welfare system—involves the oppression of groups of people, including Black, Indigenous, and immigrant families.

*Source: Understanding Implicit Bias, Ohio State University, Kirwan Institute for the Study of Race and Ethnicity

Implications for Child Welfare

To reverse and repair the persistent oppression and bias in the child welfare system requires change at multiple levels (individual, interpersonal, and systemic), but starts at the individual level. Individuals working in the system can start their journey towards disrupting bias and oppression by increasing their self-awareness about the impact that history and various forms of oppression have had on their beliefs, attitudes, and interactions with others. Child welfare professionals can also reflect on their own perception of families who have been involved in the system over generations and seek to understand how an increased level of awareness might influence how they engage with families and systems afterwards. While individual change is not sufficient to correct the disparities that Black, Indigenous and People of Color (BIPOC) families and others are facing, it is the first step towards greater equity.

Reflection

In what ways do I acknowledge my own biases, my privilege, and the power I hold by virtue of role, to ensure fairness in decision-making and planning for family time?

RESILIENCE

Promoting Protective Factors

The Science

Resilience is the capacity to recover quickly or "bounce back" from adversity. It can be developed at any age; however, earlier is better. The single most important resiliency factor for a child is to have the support of at least one stable and committed relationship with a parent, caregiver, or other adult. These relationships provide the personalized responsiveness and protection that can buffer children from developmental disruption. Relationships also help children develop key resilience capacities such as the ability to plan, exhibit self-regulation, and adapt to changing circumstances. This combination of supportive relationships, adaptive skill-building, and positive experiences constitutes the foundation of resilience. In addition to relationships within families, relationships in the broader community can also foster resilience. Features of a resilient community include: social connectedness, strong service delivery systems, promotion of health and wellness, and policies developed through a lens of equity and fairness.

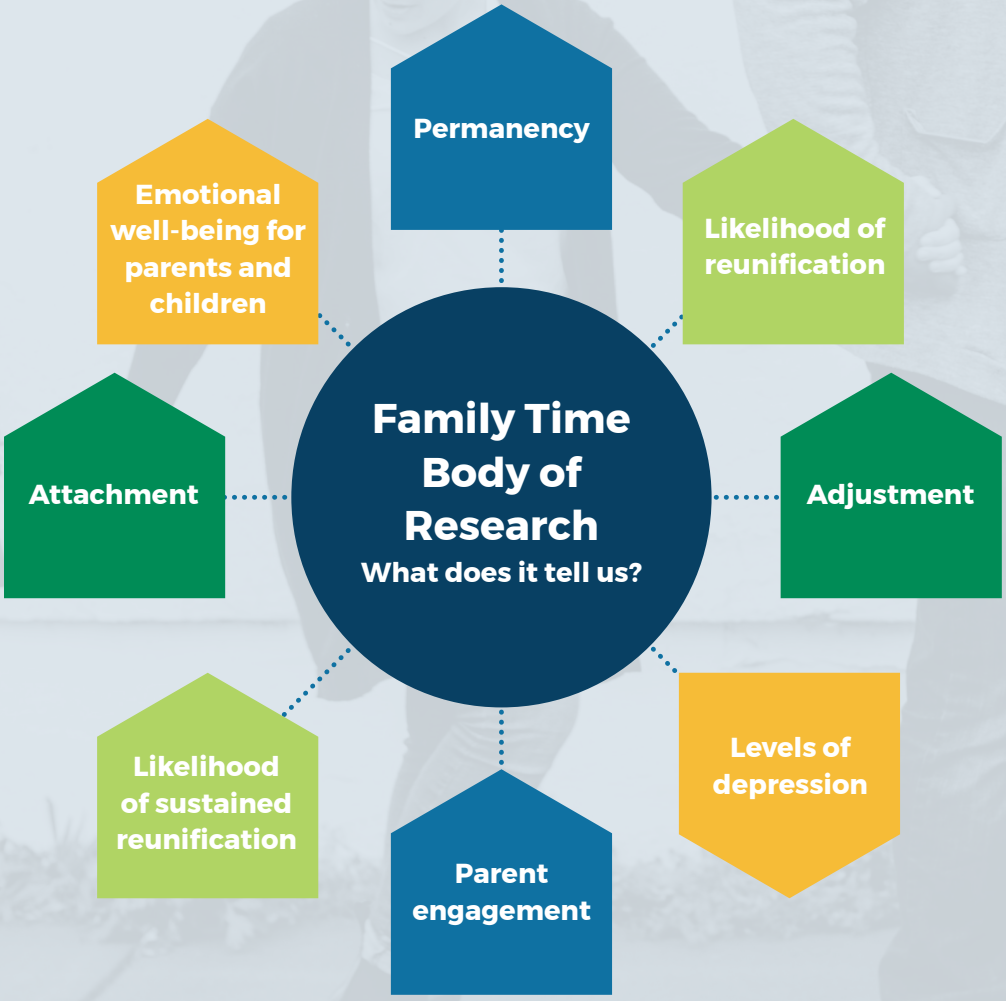
Implications for Child Welfare

The child welfare system recognizes the importance of resilience and has adopted the Strengthening Families Protective Factors Framework. This research-informed framework aims to build family strengths and nurture healthy child development while reducing the likelihood of child maltreatment. The five factors that promote resilience, particularly for families involved in the child welfare system, are: 1) parental resilience; 2) social connections; 3) knowledge of parenting and child development; 4) concrete support in times of need; and 5) social and emotional competence of children. Child welfare professionals can help families build healthy support networks and resilience. If parents feel cared about and connected, it is more likely that they can then care for their children. In addition, people working in the child welfare system can strive to build resilience in communities by identifying gaps in services and making connections with new partners to fill the gaps, joining community coalitions, advocating for fair policies that impact those involved in the child welfare system, and supporting public health efforts. Child welfare professionals should also strive to build resilience in themselves by using proactive methods of self-care and actively addressing signs of burnout and vicarious trauma.

Reflection

What is my level of understanding regarding the five protective factors for families in child welfare, and how they relate to family time planning? How do I work to prevent my own burnout, compassion fatigue, and vicarious trauma?

Research also demonstrates that making time for meaningful family time visits can lead to a wide range of positive outcomes for families, from greater emotional well-being for the child to greater likelihood of reunification.



Reflection

How am I optimizing family time to support these positive outcomes?

Source: The U.S. Department of Health and Human Services, Administration on Children, Youth and Families (ACF), February 5, 2020 memorandum providing guidance on family time for children and youth in out-of-home care.

Relationships

Practice Tips for Promoting Healthy Relationships

Most practice guidelines apply to both in-person and virtual family time visits..

Physical and Emotional Safety

Anticipate that family time may be stressful for the infant or young child, as well as the parent, and advocate for both physical and emotional safety.

- In addition to assessing physical safety, help ensure that the family time plan is individualized, will advance the child's permanency goal, and is guided by both strengths and concerns regarding the child, the parent, and the relationship.
- Routinely review the level of supervision needed for the parent-child relationship. If a supervisor is needed, use someone who can create a sense of safety and support the child/parent relationship.
- Identify other primary adult attachment figures in the child's life who can be included in family time to help the child feel secure and safe.
- Routinely encourage the parent to help the child feel secure and safe.

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Preparation and Intention

Prepare the child before family time, observe and assist during, and follow-up after. Work with the parent and others to set an intention for each family time visit, clearly identifying a desire or a focus that will strengthen the parent-child relationship.

Before:

- Using simple terms and a calm voice, describe what the child can expect during family time, acknowledge any fears expressed, and reassure the child.
- Ensure the caregiver is aware of family time visits and will prepare the child.
- Assist the parent with setting a specific intention for each family time visit that helps to build the relationship and supports the child's development.
    - For instance, if reunification is the permanency goal consider: cuddling and reading together; playing on the floor together; feeding or bathing the child; talking and using words while playing; practicing nurturing interactions; reading the child's cues to match their needs; any family or cultural rituals like hair styling, prayers, or birthday songs.
    - If termination is the permanency goal consider: giving words to separation; sharing experiences such as taking photos, creating memory books, and giving time to share the meaning of the relationship; expressing wishes and dreams for the child.
- Encourage the parent to bring toys, food, or meaningful items from home. Encourage the caregiver to send a favorite toy or comfort item with the child.
- Encourage other primary adult attachment figures in child's life and siblings to spend time with the child in a controlled manner that does not interfere with strengthening parent-child relationship.

During, if you are present for the visit:

- Observe interactions between the parent and child to determine if they are developmentally appropriate and to assess the level of engagement.
- Help the parent understand the child's behaviors are connected to his or her emotions.
- Consider how to assist the parent and caregiver in sharing normal duties of parenting. Also, suggest the parent attend significant events such as the child's medical appointment, a religious service, and on birthdays and holidays.

After:

- Discuss with the parent what worked and what needs to be worked on next time.
- Check in with the caregiver to hear the child's reaction and provide support.

Logistics

Tailor the family time schedule to include frequent family time visits, both in-person and virtual, and to increase in frequency and duration as the parent progresses with the case plan tasks. Prevent the young child from bearing any unnecessary burdens related to family time.

- Schedule the first family time visits as soon as possible and all family time to occur around the young child's routine. Schedule ongoing, consistent, regular, and frequent family time if the child feels safe with the parent. Include ongoing contact, such as virtual and telephone contact, in addition to scheduled face-to-face contact.
- Use home-like and family-friendly settings that allow for the developmental needs of child. Consider cultural factors such as a place of worship, home of friend or relative, where family's home language is spoken.
- Arrange for a transporter known to the child, ideally the caregiver. If the child and parent are separated by long distance, require that the parent be transported.

Authors

The Meaningful Family Time suite of resources was designed and developed by the Harris Professional Development Network's (PDN) Child Welfare Committee. The Committee is a working group of infant and early childhood mental health researchers and clinicians, and includes the following individuals: Alison Steier, Amy Dickson, Ann Chu, Barbara Ivins, Bryce Pittenger, Carlos Guerrero, Carmen Rosa Noroña, Chandra Ghosh Ippen, Darneshia Bell, Deryl Palmer, Dolores Norton, Ivys Fernández-Pastrana, Jennifer Paul, Jessica Mayo, Joy Osofsky, Kadija Jonhston, Kandace Thomas, Linda Gilkerson, Marcia Moriarta, Marcy Safyer, Marilyn Augustyn, Mimi Graham, Nurit Shmit Kalandarov, Soledad Pilar Martinez, and Valerie Dallas.

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