Family time provides a crucial opportunity for young children in foster care and their parents to have meaningful interactions and to form positive healthy connections. 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. This at-a-glance document provides a snapshot of important areas of research and how they relate to child welfare, questions for reflection, and practice tips for promoting healthy relationships. It is part of a series of resources related to family time, which you can find at www.irvingharrisfdn.org/meaningful-family-time.

Early Childhood Development: Establishing a Healthy Trajectory

**The Science**
The greatest opportunity for ensuring optimal human development begins in infancy and early childhood. 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).

**Implications for Child Welfare**
The first five years of life offer the greatest opportunity for development, and yet, the most vulnerability for adversity. Children need more than 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.

**Reflection:** What is my own level of knowledge about infant and child development and where can I find opportunities for ongoing learning in this area?
Neuroscience: Optimizing Brain Development

The Science
The first 1,000 days of life is the most critical time for brain development; 80% of the brain is developed from birth to age three and 90% by age five. Singing, talking, 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 nurturing interactions 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. 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 brain development in early childhood when making decisions about family time?

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. Young children need frequent contact with parents and caregivers in order to develop and sustain meaningful attachments which can form the foundation for a child’s social, emotional, and cognitive development.

Implications for Child Welfare
Abrupt removals of a young child from parents can impair the child’s sense of trust, safety, and stability; the child may resist forming new attachments or develop unhealthy attachments. 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 view family time from a young child’s perspective, focused on building, maintaining, and strengthening attachment relationships?
Reflection: In what ways do I incorporate knowledge of ACEs and trauma-informed principles and practices in my work related to family time?

**Implications for Child Welfare**

Children in the child welfare system typically have multiple ACEs. Many parents involved in the child welfare system struggle with their own unresolved early adversities, negative community factors, and historical trauma. Therefore, parents may be less likely to have the capacity to provide the type of stable and supportive relationships needed to protect their children. This multigenerational cycle of adversity can be broken when families receive effective interventions that address both the parents’ and the child’s trauma, and repair and strengthen their relationship.

**The Science**

The long term affects of childhood trauma have been shown in the landmark study, the Adverse Childhood Experiences (ACEs) Study, and subsequent related studies. There is an undeniable link between childhood trauma and poor mental and physical health outcomes. In addition to adversity directly experienced by an individual, groups of people can be impacted by adverse community environments as well as trauma experienced throughout generations of families or groups (historical trauma).

**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.

**Reflection**: How is family time decision-making and planning impacted by my own biases, my privilege, and the power I hold by virtue of my role?

*Source: Understanding Implicit Bias, Ohio State University, Kirwan Institute for the Study of Race and Ethnicity*
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. 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 has adopted the Strengthening Families Protective Factors Framework, five factors that promote resilience: 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.

Reflection: How do I encourage use of the five Strengthening Families protective factors in building resilience in families?

PROMOTING HEALTHY RELATIONSHIPS USING PRACTICE TIPS

Physical and Emotional Safety. Anticipate that family time may be stressful for the young child, as well as the parent, and use strategies to increase both physical and emotional safety.

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 (a goal) for each family time visit, clearly identifying a desire or a focus that will strengthen the parent-child relationship.

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 burden related to family time.