



How to Create

Meaningful Family Time

with ✓

Young Children:

Research, Reflection, Relationships

Child Welfare Attorney

Harris Professional Development Network
Child Welfare Committee
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Meaningful family time with young children using research, reflection, and relationships.

Understanding **RESEARCH** Findings

Whether you are an attorney for the child or for the parent, child welfare attorneys 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. Babies and young children, who are the largest age group entering the child welfare system, arrive at the most vulnerable period for development. During these early years, children experience rapid brain development, as well as critical cognitive, social, and emotional development. This sets a trajectory of mental and physical challenges or successes throughout their lives.

Making Time for **REFLECTION**

As you read through the science, think about 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 attorneys, thinking through these questions can lead to a greater awareness and understanding of ways to meet the needs of the youngest children.

Promoting Healthy **RELATIONSHIPS**

Understanding the science and reflecting upon it provides a road map to quality family time practice. Use the practice guidelines at the end of the document to promote healthy relationships for each family you serve. In turn, quality family time can contribute to better and quicker permanency outcomes.

Priceless for young children.

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



Bias and Historical Trauma



Resilience

EARLY CHILDHOOD DEVELOPMENT: ESTABLISHING A HEALTHY TRAJECTORY

The Science	The Child Welfare Connection
<p>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.</p> 	<p>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.</p> <p>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. They need stable nurturing caregivers to learn to thrive in a trusting relationship. They benefit from high quality early learning environments and often, targeted therapeutic supports, to support and enrich their overall growth and optimize healthy development.</p>
<p>REFLECTION... How do I consider knowledge about child development and developmental science when advocating for family time plans?</p>	

NEUROSCIENCE: OPTIMIZING BRAIN DEVELOPMENT

The Science	The Child Welfare Connection
<p>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; 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.</p> 	<p>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.</p>
<p>REFLECTION... How do I apply information about brain development and the impact of toxic stress in early childhood when advocating during family time planning?</p>	

ATTACHMENT: BUILDING AN EMOTIONAL FOUNDATION

The Science	The Child Welfare Connection
<p>Babies are born ready for relationships with survival instincts to stay close to a trusted adult. During the first 1,000 days, 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.</p> 	<p>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. During this sensitive period of development and brain growth, infants and toddlers are particularly vulnerable to attachment disruptions. Stress is compounded each time a child moves from one placement to another. Stress that was tolerable with familiar caregivers can become toxic without their buffering reassurance. Young children do not have the words to ask for the emotional supports they yearn for. Children who cannot consistently depend upon their caregivers to provide nurturance, protection, and security often resist forming new attachments, develop unhealthy attachments, and display challenging behavior as their emotional needs go unmet.</p>

REFLECTION... How do I advocate for prioritizing attachment needs in placement determination and in family time visits?

TRAUMA: MITIGATING RISK FACTORS

The Science	The Child Welfare Connection
<p>The landmark epidemiological study, Adverse Childhood Experiences (ACE) Study examined the long-term effects of childhood adversities (ACEs). This study, with over 75 additional scientific articles, show an undeniable link between childhood trauma and poor outcomes. The more ACEs, the higher likelihood of health problems such as: risky health behaviors (smoking, alcoholism, drug use); chronic health conditions (obesity, diabetes, depression, suicide attempts, heart disease, cancer, stroke); lower life potential (lower graduation rates, lost time from work); and, early death. In addition to adversity experienced by an individual, groups of people can be impacted by adverse community environments. Underlying social forces impact social determinants of health (such as poverty, discrimination, violence, lack of affordable quality housing, lack of economic mobility) which can lead to poor health outcomes.</p> 	<p>Children in the child welfare system have multiple ACEs which include all forms of abuse and neglect, domestic violence exposure, and parental substance use disorders. Many parents involved in the child welfare system struggle with their own unresolved early adversities. Therefore, they may be less likely to have the capacity to provide the type of stable and supportive relationships needed to protect their children from the damaging impact of toxic stress. This multigenerational cycle of adversity can be broken when they receive effective interventions that address both the parents’ 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. Parents with unhealed trauma, combined with living in adverse community environments, need a network of supportive services.</p>

REFLECTION... Are there things that I can advocate for that would make family time less traumatizing for my clients and help my clients feel supported and safe?

BIAS AND HISTORICAL TRAUMA: REMOVING THE JUDGEMENT

The Science	The Child Welfare Connection
<p>Implicit and explicit biases begin at a very early age and are shaped over the course of a lifetime through exposure to direct and indirect messages. Implicit biases are activated involuntarily and without awareness or intentional control. Trauma and racial injustice (including structural racism) impact generations of people, creating emotional and psychological wounds for groups of people who share an identity, affiliation, or circumstance. The effects of this historical trauma, along with personal biases, shape interactions between individuals, groups, organizations, and systems. Diversity-informed practice and culturally attuned services lead to better outcomes for families.</p> 	<p>People of color and low-income families are disproportionately represented in the child welfare system. Self-awareness is the first step in countering the biases that child welfare professionals, like all people, bring to work. Understanding implicit and explicit biases and historical trauma further allows valuable insight into the role that race, culture, ethnicity, and sexual orientation play in child welfare systems, and shapes engagement with families. Family members who seem defensive or seem to lack motivation and engagement may have underlying personal trauma and historical trauma that make it difficult for them to trust others. Diversity-informed practice compels the child welfare professional to go the extra mile and requires persistence and compassion to counter the historical bias and marginalization of families in child welfare. And, it requires removal of barriers and work to dismantle the root causes of disparity and inequity.</p>

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? How do I raise awareness when I feel my clients are being treated in a biased manner?*

RESILIENCE: PROMOTING PROTECTIVE FACTORS

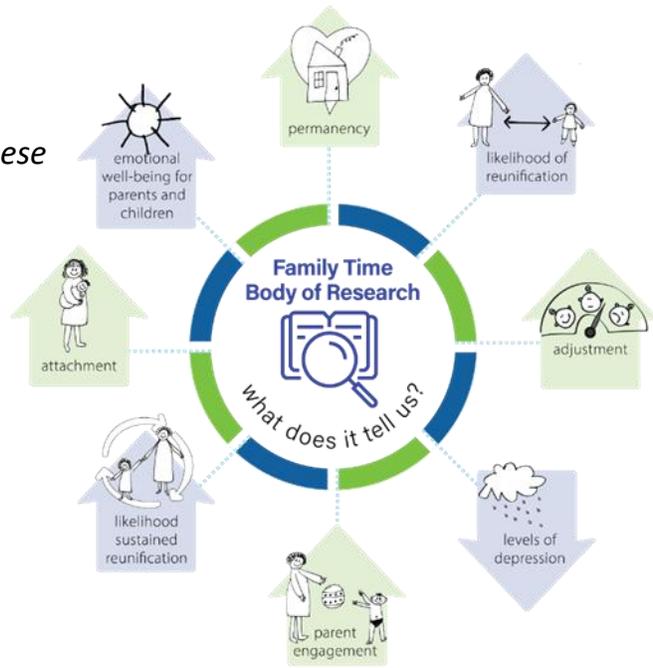
The Science	The Child Welfare Connection
 <p>Resilience is the capacity to recover quickly or “bounce back” from adversity. It can be developed at any age; however, earlier is better. The single most important resiliency factor for a child is to have the support of at least one stable and committed relationship 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.</p>	<p>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. 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.</p>

REFLECTION... *How do I work to prevent my own burnout, compassion fatigue, and vicarious trauma, and do I have enough support when the families’ stories overwhelm me? What is my level of understanding regarding the five protective factors for families in child welfare, and how they relate to family time planning?*

In addition to the six areas of study, a growing body of family time research shows the positive outcomes associated with family time visits.

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 (ACYF), February 5, 2020 memorandum providing guidance on family time for children and youth in out-of-home care.

The child's developmental level, including his or her sense of time, is relevant to an assessment of need. For example, a very young child may be less able to tolerate separation from a primary caretaker than an older child, and if separation is necessary, more frequent visitation than is ordinarily provided may be necessary.

Source: American Bar Association Standards of Practice for Lawyers Who Represent Children in Abuse and Neglect Cases

Aggressively advocate for regular visitation in a family-friendly setting.

Action: The parent's attorney should advocate for an effective visiting plan and counsel the parent on the importance of regular contact with the child. Preservation of parent-child bonds through regular visitation is essential to any reunification effort.

Commentary: Consistent, high quality visitation is one of the best predictors of successful reunification between a parent and child. Often visits are arranged in settings that are uncomfortable and inhibiting for families. It is important that the parent's attorney seek a visitation order that will allow the best possible visitation. Effort should be made to have visits be unsupervised or at the lowest possible level of supervision. Families are often more comfortable when relatives, family friends, clergy or other community members are recruited to supervise visits rather than caseworkers. Attorneys should advocate for visits to occur in the most family-friendly locations possible, such as in the family's home, parks, libraries, restaurants, places of worship or other community venues.

Source: American Bar Association Standards of Practice for Attorneys Representing Parents in Abuse and Neglect Cases

RELATIONSHIPS

Promoting Healthy Relationships

Practice guidelines apply to both parent and child attorneys unless otherwise noted.

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

“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”

Physical and Emotional Safety. Anticipate that family time may be stressful for the infant or young child, as well as the parent. Advocate for both physical and emotional safety, and a level of supervision that is appropriate given the status of the case and the parent/child relationship.

- ⊗ In addition to decision-making related to physical safety, 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 and, if supervision is necessary, confirm that the family time supervisor knows how to create a sense of safety for both parent and child.

Preparation and Intention. Request that the child and the parent are adequately prepared for family time and routinely update the court on how family time visits are progressing.

- ⊗ If you represent the child, obtain a commitment from the caregiver and the case worker to adequately prepare the young child for the family time visits, in developmentally appropriate ways.
- ⊗ If you represent the parent, prepare the parent for what to expect with family time, and suggest ways the parent can be intentional, making family time meaningful for the parent-child relationship.
 - ✧ For instance, if reunification is the goal, meaningful family time could focus on cuddling and reading together; playing on the floor together; feeding or bathing the child; talking while playing; practicing nurturing interactions; reading the child’s cues to match his or her needs; and any family or cultural rituals like hair styling, prayers, or birthday songs.
 - ✧ If termination is the permanency goal, intentional family time could include: helping to provide words related to separation; sharing experiences such as taking photos, creating memory books, giving time to share the meaning of the relationship; and, expressing wishes and dreams for the child.
- ⊗ Learn and report to the court details about how family time is progressing.

Logistics. Advocate that the family time schedule be aligned with the status of the case and the parent/child relationship. Prevent the young child from bearing any unnecessary burdens related to family time.

- ⊗ Schedule the first family time visit 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.
- ⊗ Advocate for 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, and where the family’s home language is spoken.