

PROVIDER RESOURCE

Working with Families Involved in Child Welfare

How can we empower and support parents and caregivers as they, and their young children, face the challenges within the child welfare system?

Infant Mental Health Home Visiting can make a significant impact in the lives of young children and their families involved with the child welfare system. Yet working with young children in foster care and their caregivers can be challenging for IMH providers. Child welfare involved families experience higher rates of trauma, separation, and loss, along with disrupted social and community supports and other forms of systemic oppression including racism, economic oppression, and cultural and linguistic marginalization. IMH providers play a critical role in helping all the important people in the child's life understand what young children might experience, how they might show their feelings and needs, and ways to respond to these needs. Following is a summary of how young children and parents and caregivers might show us their feelings and needs and ways that parents and caregivers can help; how parents and caregivers might show us their needs and ways we can respond; and some acknowledgement of the feelings we might have, as providers, working with families involved with the child welfare system. We also include some links to some resources that you, or the families you serve, might find helpful.



What You Might Notice

When young children experience disruptions in care or changes in placement it is common for them to show us the impact of these transitions in a number of ways, which may include:

- Withdrawal, anxiety, hypervigilance, and/or subdued affect.
- Developmental regressions. Infants and toddlers may not seem able to perform skills they had previously acquired, or that you might expect for a child their age. For example, a toddler who previously was able to sleep through the night may wake frequently, or you may notice changes in the child's language skills.
- Difficulty regulating emotions. Learning to regulate emotions is a core task for very young children and may be particularly challenging during transitions. This may look like crying, screaming, shutting down, yelling, hitting, etc. This can be very hard for the parents/caregivers, and both foster and biological parents may need your help in understanding and responding to these behaviors as an expectable reaction to separation and trauma.

Parents and caregivers are also experiencing these transitions, losses, and uncertainty. You might also notice that:

- Birth parents and/or foster parents may not be welcoming of your presence at first. They may seem defensive or "on guard." Birth parents have had a system of professionals intervene in their life and take their children, and your professional role may feel like another extension of this deep loss for them.
- Foster parents may not understand why you would want or need to build a relationship with them because they see the child's parents as the ones who need your help the most.

The work of building trusting relationships with parents and caregivers can feel slow and fraught with barriers as the family navigates the child welfare system. It will take time

for families to understand why you are there and how you can be helpful. In addition to any advocacy roles and responsibilities you might have, your role as an IMH provider with both birth and foster parents and caregivers is to be warm, patient, non-judgmental, honest, knowledgeable, and clear, and to share information and support around typical reactions and ways to respond to children's needs.

What You Can Do

Emphasize the critical role of relationships for all caregivers

We know that young children need present, regulated and consistent caregivers to develop optimally and heal from loss and trauma. We also know that it can be hard to feel like an effective caregiver when parenting a child involved with child welfare. Birth parents and foster parents may both feel helpless, or that nothing they do seems to help this child feel better or behave differently. As an IMH Clinician, you can strive to make sure that the child's caregivers feel seen and heard and that they learn how critically important they are to their child's well-being. This can mean pointing out caregiver strengths, listening and empathizing with caregivers, and offering concrete psychoeducation and skill development as caregivers are ready.

Tell Stories

Young children are taking in experiences and trying to make sense of them. If we don't help them find words and stories for what is happening, they will often come up with their own stories. For young children who still don't understand the adult world, these stories often include blaming themselves for bad things that happen. When scary things are happening for any of us, they can become less scary if we

can have some words around them. For this reason, it is important for caregivers to talk with young children, even babies and toddlers who may not talk yet, about what is happening. However, often caregivers are uncomfortable with talking about big feelings, loss, uncertainty and other experiences that come with foster care. You can help caregivers come up with language that fits for their family and helps the child make sense of what is happening. If you find that caregivers struggle to talk with their children about their story of coming into foster care due to their own unresolved trauma or loss, you are uniquely qualified to provide psychotherapy to support them in healing. You have an important role in supporting families to create language and stories that are developmentally appropriate and that help young children feel safe and secure.

Creating Routines

Young children feel safest when they can predict what their days will look like and what will come next. Supporting families in setting up daily routines, with reminders about what is coming, can be very helpful. Additionally, you can support teams of professionals in creating routines for visits and transitions that are appropriate to the needs of young children. Often the young child's needs can get lost in adult needs and schedules. Elevating their voice is an important part of your role!

Making Space for Feelings

Young children in foster care have experienced a lot of loss and transition and likely have big feelings coming up in their bodies! One of the biggest things adults can do for them is to help them label their feelings, while sending the message that all feelings are ok and adults will not leave them when they have big feelings. This can simply be saying, "You look like you might feel sad right now. I am here with you." Many parents are still working on these skills themselves,



so you can be helpful in both supporting parents in experiencing, naming and regulating their own emotions as well as building their capacity to support their child(ren) in doing this as well. One of the hardest things for parents can be remaining regulated when their child is dysregulated and expressing big feelings through behaviors, so providing caregivers with empathy, encouragement and concrete skills to use in these moments is a key role for clinicians.

Supporting Transitions

Transitions are the name of the game in foster care! These can be due to moving homes, attending visitation or starting at a new child care facility or school. Children need the important adults in their life to be thoughtful and intentional about their needs during transition. You can support families in observing the child carefully, reflecting on what the child is feeling and experiencing during transition, and using that information to create transition plans that meet the child's developmental and temperamental needs. You can also guide the professional team in providing the resources and support the family will need to implement smooth transitions for the child. This means being thoughtful about preparing children for transition, establishing predictable routines, considering the child's schedule when planning transitions, including a child's primary attachment figure in transitions and new situations whenever possible and allowing the



child to have transitional objects between places (i.e. favorite toy, book or blanket). Finally, transitions in foster care can bring up big feelings for caregivers too. You can support caregivers by giving them space to talk about their experiences of the transitions and to reflect on their own needs through the challenging moments that arise.

Experiences of the Provider Working with Child Welfare Involved Families

What is often left "un-named" is that many of the professionals working within the child welfare system also experience high levels of trauma and stress. There are many reasons why IMH work within this system is particularly challenging. Infancy and early childhood are extremely vulnerable times for children and families, and providers know how important these years are for lifelong development and wellbeing. This work can also elicit significant worries and fears for the physical safety and survival of the nonverbal child, leading to feelings of tremendous pressure to "get it right" regarding safety assessments and placement recommendations. Furthermore, as IMH providers, we know that relationships are at the heart of our work. In work with child welfare involved families we are charged with building, observing and supporting multiple relationships, often not knowing which one(s) will be a forever relationship for the child. This parallel process of uncertainty, experienced by the parents/caregivers, children, and providers, contributes to the emotionally challenging nature of this work. Indeed, transitions and changes in placement can be abrupt and unexpected, requiring providers to quickly shift their focus while managing new feelings of loss and trauma among those they are supporting. This experience of grief and loss is an ever-present thread in child welfare, and can feel very heavy for clinicians. For all of these reasons, and more, we know that providers need support when doing this critically important, yet challenging work. Recognizing and validating these challenges is essential, as is reflective supervision that can help providers acknowledge their feelings and create space for processing the emotional complexity of this work.

Helpful resource links:

Zero To Thrive infographic: https://www.dropbox.com/s/c4gwk820me7dd0r/Z2T_infographic-ROUTINES.pdf?dl=0

The Feelings Basket by Sesame Workshop: <https://sesameworkshop.org/resources/the-feeling-basket/>

<https://mi-aimh.org/store/child-welfare-toolkit/>