

Family Engagement and Child Welfare

Dr. Sangeeta Parikshak: Hello, everyone. And welcome to the Head Start Heals Office Hour Series. My name is Sangeeta Parikshak and I'm the behavioral health lead at the Office of Head Start. I am joined today by my colleague Kiersten Beigel, who is our lead on Family Engagement and Community Partnerships at the Office of Head Start. And we'll be moderating the discussion today.

The focus of Head Start Heals, in case you haven't joined us before, is to discuss how early childhood programs can promote resilience and wellness for children and families. And the Office Hours that we are hosting are to help address questions, staff, and early childhood programs are asking related to addressing specific adversities that the children and families they serve are facing.

COVID-19 has raised up some areas of adversity more than others, and today we'll be addressing your questions related to family engagement and child welfare. Before introducing you to our experts that will be helping to address these questions today, we have a few housekeeping tips, as well as some information related to child welfare from the Office of Head Start.

We really want to hear from you, so please use the "Ask a Question" feature. Just submit your questions and we will try to answer as many questions as we can. You can also download a PDF copy of today's presentation by clicking on the [Inaudible] tab. A recording of this webinar will be posted on the Office of Head Start's website, the ECLKC, on the Head Start homepage. And we will provide you with that website at the end of the presentation today.

And you can also use the webinar link that you used to join this broadcast to watch the recording again for up to a month. Participants will receive a certificate for attending this webinar at the end of either the live or on-demand viewing. So, please stay on until the end to receive your certificate. One of the things that we like to do during these Office Hours to get some information from you. We have a brief poll here. Kiersten, do you want to walk us through this?

Kiersten Beigel: Sure. Hi, everyone. Welcome. Welcome to today's Office Hours. Excited to talk with you. Have lots of great experts here to answer some important questions, but we have a question for you. We want to know a little bit about what your relationship has been with the child welfare agency. Perhaps in your locale, or even more broadly in your state. And so, Daniel's going to launch a poll, and we'd love for you to weigh in on what types of activities you engage in with your local child welfare agencies. Just let us know anything that — that you're currently involved with, or involved in.

I think we're waiting for that poll to come up. And, while — while we do, I just would mention that, you know, this is such an important topic and an important conversation, and there's so many different benefits for collaboration between Head Start, Early Head Start, and child welfare. For starters, you know, it's a great way to ensure that children in foster care receive the comprehensive services through Head Start.

We have an amazing family engagement, sort of, approach to offer families who are involved with child welfare and child welfare agencies, as well, in terms of the way that we do things. There's great opportunities to support reunifications for families as they're getting back together, help with visitation. List goes on and on. Now, I'm not seeing the poll. I get that. Is the pole up?

Sangeeta: The poll has been launched and I think we just need to let Daniel know when to close it.

Kiersten: Alrighty. [Laughter] Close it. I think. OK, well, Daniel, I think, the audience can see the results, but we're not seeing them. So curious. So, 43% of you are using, or you're, you know, you're involved with the child welfare system in terms of having them support your mandated — mandated reporter training. So, that's the most common activity. Anything else, Daniel, you would share? And for some reason, we're not able to see the poll results. Some folks are just not quite sure, actually.

There's a plethora of opportunities. As you can see, we've outlined some here. We've heard from programs over the years to do joint training with each other, to really inform each other about — about the services offered, and the requirements related to child welfare services and involvement. And then of course, what Head Start and really Head Start can offer to — to the child welfare system. We have programs who do coordinated enrollment, really prioritizing children who are in foster care, and coordinating enrollment processes. So, here's just a few examples. And it's great to see and hear that some of these things are somethings that you — you all are working on.

And maybe there's other things that are — some other of these ideas that are just planting seeds for you. Well, let's close the poll then and move on to the next slide. Alright, Sangeeta and I just want to check in with you guys briefly about some policy and regulation related to the child welfare realm. So, as you know, this is a topic that spans a lot of our standards. So, you might find some information in the Program Performance Standards in thinking about the ERSEA, right? The eligibility recruitment and prioritizing children who are in foster care for your programs. You would see information in the human resources section, in Personnel, right? Where you're, looking at background checks, and standards of conduct amongst staff in terms of both ensuring that children aren't harmed in our programs, and also mandated reporting. Reporting when we do suspect a child abuse and neglect.

There are also standards related to in the health section, safety related to training, ensuring that — we already mentioned this — the mandated reporting training is happening. And there are others, too. So, on family and community engagement, programs are really encouraged to partner with their child welfare agencies. So, a lot of different standards to consider and look at. Sangeeta do you want to add a couple of, well, a couple of thoughts on this, as well?

Sangeeta: Sure. So, we also have an Information Memorandum, or IM, on mandated reporting of child abuse and neglect on the ECLKC. And you see the link here to that IM at the bottom of the slide.

We really wanted to highlight this for you, as we have been hearing throughout the Head Start campaign questions around the role of Head Start staff in addressing child protection concerns

specifically. So, this IM is pretty helpful in that it states clearly that all Head Start and Early Head Start staff are mandated reporters and then it outlines what their responsibilities are.

So, for example, you'll see that it talks about the types of questions you may be asked when you call the child protection agency, how to find the right child protection agency to call. It outlines reporting requirements for Tribal Head Start. It addresses that staff are not responsible for investigating whether the abuse or neglect — neglect actually occurred. I know that's a common concern that we've been is that I'm not sure that it's substantiated, whether that they should report it. But really the role of a mandated reporter is that you report it if it's a probable incident. So, for instance, if a child reports something to you.

Through both this IM, as well as the Head Start Program Performance Standards that Kiersten was referring to, there's clear regulations and guidance about how to ensure that children feel safe in the program setting at all times. So, there's an expectation that all Head Start programs have internal procedures in place for staff to report suspected cases of child abuse and neglect, and that these procedures should also include notifying the program's Regional Office immediately when a staff member or volunteer causes an incident or suspected incidents. And an incident is really defined as anything that is significantly affecting the health and safety of program participants.

If you have more questions around what is considered an incident, a good place to look is the Standards of Conduct and the Head Start Program Performance Standards. It's a good place to go if you're wondering what could be considered an incident. It describes also positive strategies that adults must implement when interacting with children. It talks about, you know, it lists out prohibited actions that endanger the health and safety of children, and also talks about how to ensure that no child is left alone or unsupervised. So, we just wanted to make sure that you had all of that information and you knew where to go to get some additional guidance on these topics.

We also have, some national hotlines for you. Don't feel like you have to jot these all down. We're going to provide them again at the end. And remember, you can also download this PowerPoint, in the Event Resources tab at the bottom of your page. But Kiersten, do you want to talk a little bit about these hotlines?

Kiersten: Sure. the first is to note the National Child Abuse Hotline. These are all 24/7 hotlines. And the first one is for reporting child abuse and neglect. The second one is the Bureau of Indian Affairs Child Abuse Hotline. The third is a parent help line, and this is intended for parents for any-time support. If parents are struggling, having a hard time, this is the great hotline that you can refer them to just to kind of help decrease there's stress and get extra support. We have also here the National Domestic Violence Hotline. And if — the Strong Hearts Native Helpline is a domestic hotline for — for tribes.

And then not lastly, the SAMHSA Disaster Distress Helpline and the Suicide Prevention Lifeline. We've been including these in all the Head Start Heals just to continue to — to promote the idea that there are places that folks can go to get assistance, support, in these ways, and also to make reports as needed at any time of the day.

Sangeeta: Thanks so much, Kiersten. So, is this is such a complex and important topic. We have brought in all the big guns that we could find from our Head Start and Child Care jointly-funded Centers. So, I'm pleased to be joined by our colleagues from the National Center for Parent, Family, and Community Engagement at the AU, with Josh Sparrow and Brandi Black Thacker, as well as our mental health team from the National Center on Early Childhood Health and Wellness, Amy Hunter and Neil Horn.

I'm really looking forward to our discussion today. So, we're going to go ahead and get started with our first question. So, one of the reasons, you know, that this topic is so complex is that there is a lot of variation in child welfare law. So, Josh, I was hoping you could start us off today with this question. What are some things that we should be keeping in mind as we discuss this topic? Understanding that state, tribe, and territory laws may vary in a number of ways?

Dr. Joshua Sparrow: Sure. Let me start just by — a little bit of leveling information to say that more than one in 20 U.S. children can expect to be separated from their families and enter foster care. And more than 400,000 children are currently in foster care. This data is about two years old, so pretty current. And surprisingly, the number of children in foster care varies widely across states.

And this is due to differences in policies. And that's what affects these numbers. So, when you compare states that have similar rates of abuse and neglect, states that have more punitive criminal justice systems tend to remove children from their homes far more ... frequently than those with more generous and inclusive welfare systems. So, there are a number of ways in which states can vary. And that's why it's critical to know your state's laws and seek consultation in your program. For example, states differ how they handle domestic violence. States differ how they handle substance use, especially with regard to a positive drug screen in a newborn baby. And as of November 2018, some states have exemptions for religion. And for poverty, some states have no exemptions. Some like Oklahoma — and these are just some examples — have an exemption for corporal punishment. And Colorado has an exemption for corporal punishment, reasonable force, and cultural religious practices. Arizona has an exemption specifically for Christian scientists.

A number of other states have religious exemptions that are primarily medical help. Some states distinguish attention knowing versus accidental, and others don't in their definitions of child abuse and neglect. Some refer only to specific conduct or actions, and some mentioned omissions, as well. And then in the real world, and many of you have experience with this, there's maybe variability in how individual offices in the state and individual workers interpret the state definitions of child abuse. So, staff who need help identifying the correct agency to place the report and call the National Child Abuse Hotline at 1-800-4-A-CHILD. And it's important to note that calling the National Hotline does not — it does not substitute for mandated state reporting to the appropriate agency. It's just the way to find the correct agency report to.

And for American Indian Tribes, it's important to report. In fact, it's required to report child abuse to the local child protective services agency or the local law enforcement agency. Whether the local agencies are tribal, state, or federal depends on the local jurisdiction divisions in the area. And there's also a Bureau of Indian affairs, Indian Country Child Abuse

Hotline, which is 1-800-633-5155. Again, it's 1-800-633-5155. But again, this number does not replace calling the local child [Inaudible] services agency or the local law enforcement agency.

So, to make report, employees of non-tribal Head Start programs must first call the state's designated reporting hotline. Most states have toll-free numbers designated to receive and investigate reports of suspected child abuse and neglect. Tribal Head Start programs must identify a reporting agency for their jurisdiction. Just to see how your state addresses this issue, you visit the "State Laws on Child Abuse Neglect" page of the Child Welfare Information Gateway website, where there's lots of useful information.

Kiersten: Thanks, Josh. Anybody wants to add anything? OK, well, let's move on to this next question, which is again, establishing our ground a little bit here. What is the child welfare system and what does it provide? Maybe Cathy, you could start us off there.

Dr. Catherine Ayoub: Sure. Thanks, Kiersten. The child welfare system is really a continuum of services, and it's designed to ensure both safety and permanence of family placement. And its primary focus is on the wellbeing, or what is legally termed the "best interest" of the child. As Josh mentioned, how welfare agencies typically are assigned by county, or in the case of tribal communities, by Tribe. And they actually developed their own guidance and standards around reporting and monitoring these children and families based on the statutes or the laws in each state.

Some of the things that child welfare agencies typically do is — and the first one you may recognize — they really provide services to families, and to the children in those families, particularly around investigation, monitoring, and treatment planning in situations where child abuse and neglect has occurred. And they often do this in conjunction with the juvenile court system, particularly if a child is placed out of a home, the juvenile court is always involved. They also operate — some of the state hotlines and even sometimes local hotlines in large metropolitan areas that Josh mentioned.

They also, by the way, do some preventative services. And so, they may be providing services that families need to help protect and care for their children. And they may do that in a preventive way. When a child may be at risk of abuse and neglect, but that — that hasn't occurred yet, it also may be a way of really supporting families to continue to care for their children in more positive ways, and to avoid recurrence or increase the potential of — of abuse and neglect.

Another really important role of the child welfare system is to arrange for children to live with relatives, and we often call that kinship care, or with foster families when the safety of the child can't be insured in their biological home. So, child welfare agencies often manage the foster care agency and that system, as well. Whether it means placement with relatives, or as I said, in a home that's been screened and approved by the child welfare agency.

When there has been an abuse or neglect case that's been reported and has also been what we call substantiated. In other words, found by it — an investigator out of the child welfare agency to be a verified report of abuse and neglect. Oftentimes there is a — an ongoing child welfare worker who is assigned, who works alongside that family on a reunification plan. Most children

who are involved in the child welfare system are reunified with their families in safer environments. So, that is the primary aim of the child welfare agency.

Although there are occasions when children cannot be reunified. So, it's also the responsibility of child welfare agencies to provide, and to set up the process for — for permanent placements, be it adoptions, and also to support the negotiation of sometimes extended contact with biological families once children are placed in — in permanent placements or adoptions, and to really make recommendations to the juvenile court around all of these issues. Many child welfare agencies also provide training for what they call mandated reporting.

And through child welfare agencies, and also through the Children's Bureau — which is part of Health and Human Services, the federal level — they also gather statistics from every state and put those out on a yearly basis. I want to say one or two more things, and then we can come back to these issues if you will have some questions. But I know that whenever we talk about child welfare agencies, and we talk about them receiving reports of suspected child abuse and neglect, often those reports are made by people that we call mandated reporters. Each state has its own very specific definition of mandated reporters, but all 50 states include child care professionals, mental health professionals, pediatric professionals, and these include all Head Start and Early Head Start staff.

A legally mandated reporter as really globally defined as a professional who has both experts — expertise and usually there are intermittent or ongoing contact with a child between birth and age 18. And they are by law, by the state reporting statute, required by law to report child abuse when they suspect it. And oftentimes — actually for all 50 states, there are penalties and sometimes fines for failing to report. But if you report as a mandated reporter in good faith, many states provide you with anonymity. In other words, your identity is not disclosed, and also immunity from legal action. I'm going to stop there and hand this back to you, Kiersten and Sangeeta.

Sangeeta: OK. Thanks Cathy.

Kiersten: We've had a couple of questions.

One is: Well, why would you say mandated reporting is — is important? Like, being a mandated reporter. I mean, it's more about fulfilling a legal responsibility. Is it — is that accurate? Besides the obvious.

Catherine: I can take this. It is a legal responsibility, but I think it's a legal responsibility because as the professionals who have, again, regular contact with children and have knowledge about children, it puts us as professionals

in a unique position: being able to advocate for that child's wellbeing. And so, I think that the law often specifically designates early care staff and some of the other folks that I mentioned because they see us as really knowing about children and — and also having a responsibility that the law makes — also a legal responsibility, as well as the — a moral and a best practice responsibility to really support what is in the best interest of children, particularly when they are at risk of — of physical injury or significant neglect.

Kiersten: Some — some folks have asked some, you know, reflect a little bit on what it's like when you do make a report. And, what can you tell us about invest — what to expect when there is an investigation done? What is the expectation when you're reporting ... One person talked about, you know, feeling like you have to make the report, but you don't necessarily have all the information. And sometimes it can be tricky to be asked questions from an investigator. But that's pretty typical, right? In the investigation process that you would be asked a lot of questions about your report?

Catherine: Yeah. It's — It is pretty typical. And actually, I think it's really important that if you are the — the mandated reporter that the investigator have an opportunity to talk to you, because you're the person who really then firsthand put your concerns forward. I think it's — it's never easy. It's not a comfortable thing to do at all. But I think that there are ways to manage reporting that can both actually support a family, support the child, and assure that that — that you've really put forward your concerns about the child's safety and — and, wellbeing. You're not required to investigate.

And I think that's been pointed out. You really have to have what most of the law says is — is a reasonable suspicion of abuse or neglect. And in that case, you make the record, and the agency, the child welfare agency — now called the mandated agency — is really required to investigate that. And the investigations take place within a limited amount of time because they are required to get back to the family and let them know the outcome of their investigation. But depending on the state, it's usually between five and seven working days.

Kiersten: You know? And, this just points to the — what we were talking about earlier — to the variation in state law and the way that child welfare agencies are set up. Because in some cases, you know, people make reports and — and a lot of them are screened out. So, they don't actually get to an investigation phase. So, that happens, as well. But, I hope we get to — and I think we will get to — a lot more of the questions that are coming up. And some of the things you referred to, Cathy, just now about, you know, some best practices in engaging with families around some of these challenging circumstances.

Sangeeta: Thanks, Cathy and Kiersten. So, I know that we've — we've been focusing a lot on making sure that children felt safe in the program, and of course, in their home environment. But I think we also want to talk a little bit about how is it that we can make families feel safe and feel comfortable enrolling their children in a space where maybe there are some mandated reporters and we may need to report at some time with them. So, we have this question that commonly comes up as, "I have concerns about a family, but they won't share with me what is going on. How do I connect with them in a way that might open the conversation?" And Amy, do you want to start us off with this one?

Amy Hunter: Sure. This is a great question and I kind of want to bring this question a little bit to the present moment because it — we've heard it so many times throughout particular stay-home time during the COVID, where families are all home and many programs are shut down. And especially — virtually, we've heard this from staff, as trying to connect with families and you're wondering, or maybe even having concerns about things that might be going on at home, but having a hard time trying to, you know, really help families feel comfortable, sharing some things that might be going on or difficulties they might be having.

And so, I — I just want to spend a few minutes kind of recognizing this particular time and space with this question. And that, you know, we all, I think, are in this field because we want so much to be helpful, and to you know support families, and to recognize that when families are going through a tough time, particularly right now at the very least, you know, all of — all of us are stressed at some level, and some of our families may even be experiencing, you know, extreme stress or even trauma.

And it may be hard for families, and maybe even inappropriate for families to share how difficult that is right now while they're in it. So, I wouldn't be surprised as things open up and, you know, more of a sense of normalcy, and maybe little bit of reduced stress happens, that you might hear some of the concerns more from families. I also think, that there is a sense from some families about their worry and fear that if they share with you things, that you will be reporting. And one of the ways to address that is to be talking with families from the very beginning about our role as a mandated reporter and the kinds of things that we would need to be reporting. And so, that it's really clear from the very beginning of our relationship with families. And we may even need to revisit.

That throughout our relationship, because if our relationship is hopefully a long, and intimate, and close relationship, that that might be something that we've talked about in the beginning, but we haven't talked about in an ongoing way.

So, yeah. Just to be bringing that up with families so they know exactly, and it's really transparent and really clear what our responsibility is. And then, I think during this time, or during all other times, what we can do best is support families through our really non-judgmental approach, and our support, and our hearing them, and letting them know that we're going to be alongside them through their parenting journey. And you know, that way — those are the kinds of strategies, I think, that we can use to help them feel as comfortable as possible to share with us anything that might be going on, or any struggles they might be having. I know my colleagues might want to jump in, as well.

Josh: I'll just add that the National Center for Parent, Family, and Community Engagement has a number of resources that help with this challenge. One of them is the Strength-based Attitudes and the other is the Relationship-based Practices, as well as a number of resources specifically on child welfare that we'll be mentioning over the course of the rest of our hour together.

Amy: I guess — can you real quick — before we move on to another question, do you mind if I just jump in one other thing about, sort of, bringing it back again to the current time, is just really thinking about how hard it is for many families just on a day to day basis to get through the day. And so, to step back and kind of reflect and share some of the vulnerabilities during this time might be particularly challenging. Right? If they're focused on just surviving and just getting through the day on — on a day-to-day basis. But again, you know, when — when things relax just maybe a little bit, and they have a little more support, you might hear more from family.

Sangeeta: Thank you so much, Amy and Josh, does anybody else want to chime in here with anything to add? All right. Well, Kiersten, I think we're going to move on.

Kiersten: All right. you know this — this campaign for those of you who've been joining us for quite a number of sessions ...

I think — really important to think about, you know, a trauma-informed lens here when you're partnering with families as well, and to really know that, you know, a lot of families who have child welfare involvement have gone through some of their own trauma and traumatic experiences. And so, the ways that we can really build our empathy, like Amy pointed out, around strength — seeing strength, acknowledging that, you know, there's more to the situation.

There's more to the — more than meets the eye sometimes can really help us to — to partner with families and create that trust that's needed, to help them with — walk through this kind of situation. Very challenging. I'd love to hear from Josh a little bit on this next question. What — what do I do if I hear or see things I'm concerned about related to child abuse and/or neglect?

Josh: So, this question really follows on the last one. And maybe one, you know, other thing to add about this idea of, "I am concerned," is really to carefully unpack that. What am I hearing? What am I seeing, and what am I thinking or feeling? And is there something in my gut that's getting at me? Because often, especially among staff, there can be this kind of contagion of concern. But it ends up not being well-defined, and sometimes it has to do with the differences between the — the staff and the parent, or community of parents.

So, to really unpack what — What do I actually know? What do I think I know, and how certain am I? And then, you know, before you get to the point of being obligated to file a mandated report, the conversations with parents can start, as Kiersten said, with this understanding that, many parents who may have children involved with the child welfare system or may end up in that situation have been in it themselves as children. So, to start with the assumption that what you are seeing that may be concerning to you is probably happening for some reason that has an explanation — that may be the best the parent is trying to do, that we have to strive to understand.

And if we start from that perspective without judgment but with a neutral kind of curiosity, and assuming that the parent — parents got a reason for doing what we're seeing, that also can help them open up. And it may be possible, if you suspect, [Inaudible] family that you will have to notify child welfare services. And you can read more about this in the — the resource called Engaging Families When There's Child Welfare Involvement that the National Center for Parent and Community Engagement has developed for ECLKC. And when you get to that point, remember: You're not alone. You can and really should talk with supervisors and other staff about your questions, concerns, and dealings, and consult your programs, policies, and procedures before going further.

So, you know, you've gotten the support you need to think through what is it that I'm seeing, what is the nature of my concerns, and what actions might I need to take. Review the program policies and procedures for reporting abuse or neglect, and also for maintaining the family's confidentiality. And if together with supervisors and coworkers, you decide that you need to notify child welfare services, it's best practice.

And this may be very hard to do, but it's best practice to inform the parent in advance about your concerns and the need to file a report. And it's understandable if you want to avoid the discomfort of sharing this with a parent before you file. But when you do, if you can, you're showing respect. And even though your relationship is going to take a hit, it ultimately protects it more than having the parent here out of the blue from a child welfare worker that they weren't expecting to hear from.

So, you can be direct with families as long as you avoid judgment and avoid placing blame. And you — you may find it helpful to bring a mental health consultant into having this conversation. However, there — there may be some exceptions to informing families, and you need to carefully consider before bringing this up with a family whether or not there are safety considerations that you would take into account in terms of how, where, when, and with whom you would have this conversation, and what safety measures you would put in place.

Kiersten: That's really helpful, Josh. We've had some folks wondering kind of along the lines of what you're speaking about. You know, how you assure families that they won't get into trouble because of your report. And — and I — you know, I think in that question is inherent this real desire to — to stay in solidarity with families and to keep that relationship. I really appreciated what you said about, you know, the sensitivity of — of that in the relationship. But I mean, we can't really — we really don't ultimately know what the next steps are going to be. We can try to — we can — we can be informative with the family as possible based on what we learned from the agency, but it is kind of hard to be able to help, you know, the family predict what's coming next. But do you have any thoughts about that?

Josh: Yeah. I mean, you can't — you can't promise what you don't know, can't assure. And you know, in terms of what you do at this point to protect your relationship, you want to try to protect the trust.

So, yeah, I — I totally agree with Kiersten. And we say this in that resource that I referenced, you know, be straightforward and truthful and don't promise what you can't do. But you can say, "I will do everything in my power to be with you all the way through this process and to keep you as informed as I can be about what is happening and what the next steps will be. So, I will be alongside you." I think you can offer that, but you can't offer, "you won't get into trouble," whatever that might mean, because it — it may be that there are custody hearings or that there is a removal of — of — of the child. Although, even then, there may be the possibility of reunification.

And if you can hold onto the relationship, you may be able to support that process when it's possible. It makes sense. So, your — your choice of words really matter. And you know, of course you have to brace yourself for the parent's emotions, that maybe they're going to be upset, defensive, angry, or terrified. So, what you say in the moment, you know, is what they'll remember and — and expect that that it's going to be hard for you and for them. So, there are words like, "As a mandated reporter, I need to share this information with child welfare services. I want you to know.

I will do everything I can to support you through this process. I would like you to be here when I make a call, unless you don't feel that you can." And then you're saying, you know, I really am going to be with you through this. And I'm not hiding anything from you.

Sangeeta: Yeah. I really appreciate you saying that the relationship may take a hit. But that there are concrete ways that we can try to protect the trust. And I think some of the ways that you are describing that and the ways that that's — that you've outlined it are very helpful. When we are so focused on being there for the families — not just engaging with them, but empowering them, being their advocates — and it's hard, sometimes, to feel like you're an advocate when they may be getting in trouble. So, I really appreciate you making those distinctions.

Josh: You know, there — there are some things you can say ... I just would say there's some things you can say about — that are along the lines of what you're aiming for, Sangeeta. Like, "What are the kinds of things that, you know, I've seen, and that we've talked about, that you would like me to share with the child welfare worker." So, you're really kind of lining up with the parent agency. "What would you want the child welfare worker to know about your child and family? Are there things about your child's experience at the program or your goals that you have that you would like me to share?" So, so those are some of the kinds of things that you can do to support the — the parents' empowerment in this really tough process.

Sangeeta: I think this next question really ties in well to what we've been talking about. So, what are some of the ways I can sustain my relationship with families after filing a mandated report? And Amy, I know you probably have some thoughts on this, so we'll start with you.

Amy: Thanks so much. Thank you. That really does just follow up beautifully with what Josh was saying. One of the first things that comes to mind as I was listening to Josh is really — that words matter, which is what he said. But more than that words matter, it's really the authenticity that I heard coming through Josh's voice and that I would imagine when you have that close, and you know, trusting relationship with the family, that you're, you know, displaying how authentically you really, deeply care for the family and for the — the children, and for the unit. And, you know, that when you're conveying to them that you will be there, you know, to the extent that you possibly can throughout the process, you know, it's really — that authenticity piece that I think it comes through so, so clearly, to make an impact.

And I guess when I see this question, I really think of a story that folks can actually hear about it. It's — we have it on a video on the ECLKC, under the "Substance Use" videos — one of the Head Start success stories. And it's about a mom who became involved in Early Head Start when she was in a substance use treatment program. And they had a wonderful, you know, like trusting non-judgmental ... The home visitor was — it was incredibly non-judgmental. And Mom did really well with her treatment and moved into her own home. And this was about a year in or more to the home visiting, and the home visitor one day saw some things that she was really concerned about — about drug use and possible neglect.

And really, found herself in a position that was incredibly difficult and was going to likely have very, you know, significant impacts on the family going forward at the time, and in conjunction with her supervisor. And the team decided she did need to make a report. And I wanted to tell

you that story because the children in this particular case — and of course, it doesn't happen in every case — but in this particular case were removed from the mom. However, fast forward this story, you know, quite a few months you're, you know, on the home visitor and the parents still have an incredibly close relationship. And the parent credits the home visitor with helping to turn her life around. And in fact said that the home visitor was probably the only person in her life who was supportive and nonjudgmental.

And while she had to report on this case, you know, again, their relationships sustained. But now that doesn't always happen, right? That is one story, but it is a story of hope and it is a story of how Head Start, Early Head Start, and these relationships that you build with families can absolutely withstand this difficult time and can be better off for it. In the end, the home visitor — I mean the parents, thank the home visitor for doing this work to help her turn her life around and change her family. So, I think the lessons there are again, non-judgment trust: reflecting together on, you know, the roles of each other and how they can help each other, how the home visitor can help families grow and sustain this relationship over time.

Kiersten: Thanks, Amy. That's — that's a really powerful story and I feel like we all have those stories. And I think that that does speak to the vision for really solid collaboration between Head Start and child welfare, because that is possible. And both agencies would want those kinds of outcomes for children and families, even if we have different ways of getting there. Right. So, I appreciate that story. I want to move us along to another question for Cathy. What is out-of-home care and how can I support families of children who are placed in out-of-home care? there anything else that you would add about — ways to work with a family when the child is in foster care?

Catherine: Yeah, thank you, Kiersten. And I think that we have heard some really good ideas from Amy and some — Josh, you know, continuing to partner with the family, really stay in touch with them, work with them. When a child is placed out of their home, whether it's with relatives or in foster care, it is often an additional loss. You know, we've talked a little bit about this already, Cathy, but is Even in the face of — of situations where the child's safety is really been — been an issue. And so, I think that one of the additional issues is to really help families deal with the loss and also to help them navigate in some ways both the child welfare system and the foster care system. One key way to be able to do that is to really also connect with the ongoing, child welfare, child protection worker who's responsible for developing a treatment plan to reunify the child with his biological parent.

And there are a number of different things that my experience in Head Start and Early Head Start programs have — have done to work with children in foster care. I mean, first and foremost, just to give that child support every day, and to acknowledge that they may be confused. They may act out in the classroom. They may really be responding with anxiety and trauma to — to their situation for a number of reasons. But also, to really help support the families, both the foster families and caring for a child that they may not know very well. So, sometimes really sharing what you know about the family and the child within the confidentiality guidelines.

And again, when you've partnered with a Department of Social Services to be part of their treatment plan, it gives you some ability to —to share some family information so that foster

parents have a sense of what the child is like, what their preferences are. What are their favorite books? What do they like to do? Because these children often go into to homes where people don't know them. Secondly, it's really to support the families. And oftentimes that means getting permission to share information about the child with — with parents when they're now not seeing their child and the child's not coming home every day. In some cases, some visitation is actually set up in Head Start and Early Head Start programs. Again, with all the partners have agreed.

Sometimes the child welfare worker will — will ask how the child is doing and to get a sense of — of that information. So, there are many ways that all of you who are really the early childhood experts can offer both to the foster family and to the biological parents Information to bring them together around the child.

In a number of cases I've seen foster families actually work with biological families to really move toward reunification. And that's another place that you can be really helpful in really thinking about not only the challenges that families may have and the roadblocks that may be in their way to having their children would turn, but also to really speak to their — to their strengths. So, to really urge that you think about being of the treatment team.

Let me stop there. We may have some other related issues in chat, and I'm going to hand this back to you, Kiersten.

Sangeeta: Hi, it's Sangeeta. I'm going to take over and move us along. And yeah, that — that was very, thorough. And we are getting a lot of questions in. I'm looking at the time, and I want to make sure that we get to some of the broader questions that will hopefully answer some of these more specific ones that are coming in. So, this next one, has a lot to do with the conflict that many of us feel. You know, we care so much about the children that we serve in these programs. And so, we can often have feelings — very strong feelings, understandably — about if a child is being hurt in their home.

So, the question is: How can I make sure that my personal biases, judgements don't get in the way of honoring families who are involved in the child welfare system? And Josh, I was hoping you could start us off with this.

Josh: I'll give it a try. I think I want to be sure to start with ... One aspect of this — which is, again, the resource that I mentioned, Engaging Families When [Inaudible] Involvement. And it's — it's about how important it is to reflect on how a family's culture, beliefs, values, and traditions might be influencing the way that they give care to their children, and how those might also influence your relationships with them.

And to consider parts of our own identity, our age, race, country of origin, and how those might be affecting our interactions with fam — with families, especially if there are differences between those areas, between us and the families we work with. And it's important to note here that because of racial biases, abuse is more often longly suspected for children of a culture and unjustified, [Inaudible] reports are more likely to be filed on the behalf of children's culture as compared to their peers who are white.

So, stopping and looking at what are the possible biases, judgments, assessments, assumptions that we may not even be aware of. And then, coming to this issue of our protective feelings for the child. That's why we do this work because we care so passionately about the child. And I think our challenge is to open up our hearts, not just for the child, but for the parent, too. And I think to be realistic about how, no matter what is happening — and there are some exceptions, which I personally have dealt with — but for most families, no matter what is going on, with the child, "that's still my that's my mommy."

That's still my father, and the place I have in my heart from my mommy and daddy will never be filled by anybody else." So, being able to step into the child's shoes and understand that even if the parent is hurting the child, for the child, it's more complicated than that. And to accept the feelings of protection, we have the [Inaudible] they're understandable, and that our job ultimately is to protect the child. But part of that protection is to do everything in our power to protect also what we reasonably can, if their relationships with their family, with their — with their primary caregivers. And finally, I think I want to touch on is. Many of us who do this work do this work also because we were hurt ourselves with children. And that's part of our desire to protect children.

And, they can be — those feelings can be and so, that's going to come up, too. really overwhelming and disorganizing. And it's important to know you've got someone who you can talk to for comfort and support, and to help you think your way through when those memories are getting triggered by what you're concerned about and what you're seeing with the children you're working with.

Kiersten: Thanks, Josh. That's really tough. And you know, we've had a number of questions about people worrying about the effects of — of a report on a community that's already struggling. So, for example, families who are undocumented, or you know, as you mentioned, just disproportionality of — of families of color involved in the child welfare system. And you know, that it's really hard to separate out, you know, your role as a mandated reporter from your care about what this could mean for communities that may — or families who come from marginalized communities.

And so, I just want to say that because it is a very hard fact and it is a very hard thing to have to deal with. This — this kind of mandated reporting thing really brings together some hard — some hard challenges that practitioners have to have to confront.

Amy: Kiersten this is Amy, and I just wanted to piggy back on what you are saying and what Josh was saying about two people in the Head Start community who could be particularly helpful perhaps in sorting out either some of the biases and judgments that folks — that we all hold. And also talking about sort of worries about what might happen and the after effects — after effects potentially of when we report. And that may be a reflective supervisor. If your program has a process of reflective supervision, that would be a great place to talk about some of these things.

And then also, the mental health consultant, who I know other folks have mentioned. But the mental health consultant could be a super support in kind of talking through, you know, all that's entailed in that process, and all that comes up for all of us in this work.

Sangeeta: Thanks so much, everybody. And you know, Amy, I'm really glad you brought up that there are other resources, right? It's not just up to the individual staff member to have to take on this ginormous task. There are other people in the agency. And as – as mentioned earlier, the best practice is full team approach, including hopefully with the parent, as well, is really key. And hopefully we can continue to protect that trust when moving forward.

So, because you know, this is a really unique time right now with the current pandemic, we wanted to make sure that we address the question of: Are there any changes in the way that child welfare agencies are operating during this time? And Cathy, can you go ahead and get us started. I know we have extended the time a little bit. We don't have a ton of time, but if you guys can stay on for a few minutes, we're going to try to address these last couple of questions.

Catherine: Sure. Let me try to be quick. As you might imagine, just like with all of us, there have been changes in the way that child welfare systems work across the country. Again, this has really been negotiated by state and by municipality or tribe. But by and large, most, if not all of the child welfare programs are now doing some virtual investigation, and in some cases, where the pandemic really is hot, so to speak, many, if not, most of the investigations are being done virtually.

The other thing that is happening is that because of the risk to child welfare investigators, there are — they are calling on law enforcement more frequently because those are the first responders that can go out to people's homes. So, there is more involvement with law enforcement, which again, in some ways escalates some of — of the issues in these situations. There also have been some issues around parents being able to continue visits with their children who are placed in foster care because of the need to shelter in place. And there are a number of virtual visits going on, but I know that that continues to be a struggle. And the courts have been closed so that some families are really had their reunification put on hold because they have to go back to a judge.

There are some juvenile courts that are now holding virtual hearings, and there are some places across the country where those courts are still open, so things have been able to progress. So, those are just some of the highlights.

Kiersten: Thanks, Cathy. Well, I wanted to — we're going to just kind of remind people about where they can get more information on this topic.

So, Josh had mentioned the one resource. We've also included two other resources for you from the National Center on Parent, Family, and Community Engagement. One is "I'm Working with Child Welfare Agencies: An Overview." The other is "Strategies for Partnering with Child Welfare Agencies." And I also just want to plug that we do have a Child Welfare-Head Start partnership community engagement webinar next week on June 2 that the Center is doing where we'll get more into sort of how you partner, and where you kind of develop your common ground, and find ways to better coordinate. So, keep — keep your eyes out for that. Hopefully, you're already signed up.

Sangeeta, I want to turn things over to you and give my special thanks to our guests and our presenters today. Thank you.

Sangeeta: Thanks so much, Kiersten. So, here are the national hotlines that we, provided you at the beginning of the Office Hours today. So, just wanted to remind you that there are a lot of different places that you can go to get the help that you need during this time. And I just wanted to point out the SAMHSA hotlines at the bottom are ones that we are promoting during each of our Head Start Heals webinars. It is very important to make sure that we have a place to go if we feel like we ourselves or our loved ones are having some really tough mental health problems at this time.

I also want to direct you to MyPeers. If you don't know about it, MyPeers is a collaborative platform for EC programs to ask questions and share resources. All of our National Centers regularly post information in the Mental Health Community, as well as Opioid Misuse, Substance Use Disorder, Staff Wellness, and the PFCE Deepening Practice.

So, I encourage you to check out MyPeers if you haven't already. It's a good place to be able to go and chat with your colleagues and get some more information from the National Centers. If you're not a member of MyPeers, you can go to the ECLKC and use the link at the bottom of the page there to set up an account.

We do have a couple more events scheduled for Head Start Heals, and I believe some more in the works right now. We do have a wonderful webinar coming up on June 11, which will be with our PFCE colleagues: Preparing for Challenging Conversations with Families. So, if you're interested in hearing about more guidance and tips for how to talk to families about difficult topics like child welfare, then please check that out. We also have an Office Hour coming up with our National Center on Development, Teaching, and Learning around Behavior Has Meaning. And so please check that out, as well.

And finally, we do have a specific place on the ECLKC that is devoted to all of our webinars and information from Head Start Heals that is currently on the front page of the ECLKC, there's our link there.

And then, if you have any other questions that come up around the Head Start Heals campaign or all of the different topics that we have been talking about, please email us at trauma@eclkc.info.

Thank you so much for joining us today. We really look forward to hearing from you again on future Head Start Heals discussions.

Be well, everyone. And thank you, for all that you do for children and families.