Supporting Military Families With Infants and Toddlers in the Child Welfare System





Introduction

Babies are born ready to develop relationships with their parents and primary caregivers. Very young children who experience ongoing safe, responsive, and predictable caregiving from their parents learn that they are an important member of the family. The bond that develops between parents and newborns as a result of this early relationship forms a secure attachment foundation that allows parents to buffer the impact of stressful experiences and events for their children. However, parents consumed by their own stressful experiences or psychological impairment are less likely to have the capacity to respond to the needs of their babies or toddlers, and this makes developing the attachment relationship difficult.

For military families, multiple and extended deployments are expected as part of their commitment and duty to the work, their team, and their country. While a major component of life in the military is separation from family, it is difficult for any family to prepare for this separation. Returning home can be another challenging transition for family members, especially if the service member has experienced physical, cognitive, or psychological wounds. Family and individual support for these service members and their respective families are important both before and during deployment/separation from family, and as well as upon the return home. Some service members may have difficulty relating to and reintegrating into their family life, and if they have a baby or toddler, it may be challenging for them to consistently engage with their very young child. The family may want to be supportive of the service member but may not be certain how to do so. Without ongoing support family functioning can spiral out of control, and, in some cases, these families may come to the attention of the local child welfare system.

Important Considerations and Questions

Support for military families with very young children in child welfare has to be approached with sensitivity and be a very well thought out process. In many ways,

military families with young children in foster care have the same needs as any other family, but as members of the armed forces community, the military provides resources related to child abuse and neglect, and child maltreatment, in the form of Family Advocacy Programs (FAPs) on military installations throughout the country, and even throughout the world. Collaborating with Family Advocacy professionals in local communities by developing a memorandum of understanding (MOU) is a great way to begin sharing resources, strengthening partnerships, and supporting these families.

For example, an MOU between local court teams and FAPs can ensure that all who need to be aware of an active case are working together on behalf of the family. An important step in working with military families with infants and toddlers in child welfare is to first

Support for military families with young children in child welfare has to be approached with sensitivity and be a very well thought out process. In many ways, military families with young children in foster care have the same needs as any other family, but as members of the armed forces community, the military provides resources related to child abuse and neglect.

determine their military status. Is the service member considered active duty military, a member of the National Guard, or a Reservist? Do the service member and the family reside on-installation (i.e., base, camp, or post, depending on branch of service) or in the larger community? Has the service member transitioned out of service and into Veteran status? Military status determines the types of services available to the service person and family. The following are initial questions which can be asked to get to know a family and understand their desires around how they are connected to community resources:

- 1. Are you in the military? Are you in an active or reserve status? If the member is in a reserve status (National Guard or Reserve), they should be referred to civilian resources or Veteran resources.
- 2. Is your Command aware that your child is in foster care?
- 3. What might happen if your Command knew? How can we support you/your family in preparing for that possibility?

- **4.** Are you aware of the kinds of help that may be available to you through the military or your local FAP (e.g., classes, workshops, and seminars; New Parent Support Program home visits or playgroups; counseling)?
- **5.** Do you know where your FAP is on your installation? Have you ever talked to someone from this program?
- **6.** Is there a Veterans Affairs (VA) hospital/center in your community that you have utilized in the past for resources?
- 7. The answers to these questions can help community coordinators learn whether the family wants to seek support from the military, which will lead to a resource and support plan that best accommodates the needs of a particular family.

Additional Resources

Consider community resources:

- 1. Reach out to the local branches of the military (all of them) and have face-to-face dialogue with the Family Advocates in that area.
- 2. What is the military protocol in your community regarding an active member of the military having an open child welfare case? Find out and make your community stakeholders aware of this protocol. Create a military work group in your community if the need is there, and invite the experts (e.g., Expert Workgroup on Supporting Military Families With Young Children in Child Welfare).
- 3. Is there a VA VET Center in or close to your community? How can the Department of Veterans Affairs (VA) be a resource for the families you work with in your community? Is there a Veteran's treatment program in the civilian community other than a VA or VET Center available to veterans and/or their families? Can this be helpful information beyond your court team for child welfare to utilize?
- 4. Inform local stakeholders about the types of resources that could be helpful for your community and individual families? The following are resources and websites for Veterans and their families:
 - VET Centers, located in every state, were instituted after Viet Nam to address the behavioral health of veterans. Family members are also able to be seen with the Veteran's permission if the issue is directed related to the Veteran, for example family or marital issues. Many VET Centers

provide groups on specific areas such as military sexual trauma or moral injury, as well as individual counseling. www.vetcenter.va.gov.

- The Caregiver Program offered through the VA provides support for caregivers who are caring for a wounded veteran. Stipends are available for those caring for severely wounded veterans from Iraq or Afghanistan conflicts. Injury may be visible or invisible. www.caregiver.va.gov.
- There are many Veteran Service Organizations (VSO) in communities, some local and some national. Some are well-known such as the American Legion, Veterans of Foreign Wars (VFW), Wounded Warrior Project, and United Service Organizations (USO). Several organizations such as the Wounded Warrior Project offer peer-to-peer programs. Disabled American Veterans may be able to help transport Veterans to medical appointments, and VFW and American Legion may have emergency financial assistance programs. Your local VET Center can provide more information about available programs and services in your community:

www.va.gov/vso

www.legion.org

www.vfw.org

www.woundedwarriorproject.org

www.uso.org

- The VA operates the National Center for Post-Traumatic Stress Disorder (PTSD) and provides information about understanding PTSD, and traumatic brain injury (TBI). www.ptsd.va.gov.
- Many local jurisdictions or counties are working to create Veteran's Courts.
 These courts are usually for adult non-violent offenders, or first-time offenders. Their staff can serve as an excellent resource for your team.
- Other helpful websites include:

http://babiesonthehomefront.org

www.militaryonesource.mil

www.qicct.org

www.zerotothree.org/about-us/funded-projects/military-families

- 5. Who are the clinical experts in your community who may specialize in mental health issues and concerns related to military service? Make your community stakeholders aware of this.
- **6.** For active duty military families, Military OneSource provides assistance in finding these providers. www.militaryonesource.mil
- 7. Seek out free/low cost resources, pamphlets, books, assistance available for military families.
- 8. Seek out a champion in your community who would have a desire to keep this issue a constant priority. Your state's Adjutant General (the head of your state's National Guard) may be an excellent advocate.

Make involvement decisions according to the law, the military protocol, AND the families' desire on how involved the military presence should be in an open case. Military personnel are bound by federal child maltreatment laws, are mandated reporters, and therefore have a duty to warn and protect.

There are a number of questions to consider that may involve policy changes on the part of the child welfare agency, the courts, and/or the specific military branches located in or near the court team jurisdiction. Consider these:

- 1. Could the military provide a stronger support system for families when they become involved in a child maltreatment case, as they work through their case?
- 2. Do the military experts in your community provide opportunities and supports that civilian families or families living on-installation might not otherwise be able to access or afford? What confidentiality protocols can be put in place to permit members to use the services without jeopardizing their service record?
- 3. Can your court team find a way to collaborate with military experts to create a holistic response to the needs of military families? Consider the role that the FAP can play in case planning. FAP personnel can work with the service member and Command to ensure the court's wishes are known to Command and ensure the availability of the military member at required court activities if the service member is amenable. This likely will not apply to National Guard or Reserve members who are in reserve status. In these cases, the same protocol should be followed as for civilian families.

- 4. How can the court team engage the leadership at local military installations in developing a plan to better serve service members confronting family issues related to abuse and neglect?
 - Consider a community awareness training that targets a multidisciplinary audience and create a work group of champions if there is an identified need to expand military family supports.
 - Consider trainings from Military Family Projects at ZERO TO THREE aimed at building community capacity to support military-connected families and their very young children.
 - Create a ready list of these resources for families and other professionals according to what you've learned (e.g., financial, medical, housing assistance, clinical professionals to call, early childhood professionals, substance abuse counselors, domestic violence experts) who could have an impact on family dynamics, advocates, and family medical needs.
 - Never assume you know what families are going through. Every family
 perceives their experience differently, and those who support families and
 children in child welfare must build a plan of action for each family
 according to those perceptions and experiences.
 - Help your team become trauma-informed as it relates to the military experience and ensure that every intervention has an emphasis on traumainformed practices from each family member's perspective (e.g., the service person, the spouse or significant other, the children, the step children, and the extended family members in their lives)

Contact Information

If you have questions about this document, please contact QIC-CT@zerotothree.org.

Photo credit: Kiwi Street Studios.

Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #90CA1821-01-01. The contents of this publication do not necessarily reflect the views or policies of the funders, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Department of Health and Human Services. This information is in the public domain. Readers are encouraged to copy and share it, but please credit ZERO TO THREE.