**The need for In-person Parenting Time (Parent/child visits) During COVID19: When protecting a child from COVID19 causes significant harm and trauma.**

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Given the current situation (June, 2020) and the advice from health and government agencies most in-person Parenting or family time visits have been cancelled in the US. Though this may have been a understandable first reaction it is necessary to consider how and when in-person visits can occur especially now as it is predicted that it will many months before COVID19 policies, such as social distancing, will no longer be necessary.

It is well settled within the Federal and State child welfare laws that children and parents are to have visitation when they have been separated, are continuing in reunification efforts or possibly when there is a termination of parental rights hearing. The child welfare professional has the responsibility and mandate to maintain and enhance the attachment between separated parents and their children. Additionally, child welfare is legally mandated to provide reasonable efforts, including reasonable services to prevent removal and return home. Parenting time is not only a critical service but has been determined to be the most important factors in reunification efforts. None of these rights and responsibilities have been waived during the COVID19 crisis.

Child Welfare professionals are replacing in-person visits with virtual visits (VV) with the goal of meeting these responsibilities. VV definition: Any live interaction between child and parent that includes visual and audio interaction most common types are Skype, Zoom, Facetime. This type of parent/child interaction most often will not lead to reunification and will only cause additional delays.

While VV can be a good supplement to in-person visits, it cannot and does not replace what occurs during an in-person visit which fosters and facilitates the continuous parent and child attachment process. Nothing can replace the physical presence (even if 6 feet away) for a child, for even this allows a child to be reassured and calmed in the most ideal situations it is especially necessary during this time of COVID-19. Without in-person visits attachments will be harmed, parents will not be able to practice safe parenting skills and reunification is unlikely to occur.

Virtual Visits greatly limit these essential attachment activities:

* Human touch
* Ability to meeting the child’s immediate needs such as feeding, comforting, and bathing. Activities key to attachment between a parent and child.
* To hear a parent’s heartbeat
* To smell a parent
* To practice teaching, supervising and disciplining one’s child

The limitations of VV are especially hard for the following children:

* Infants and toddlers; under the age of 3.
* Any child who is at the developmental age of an infant or toddler.
* Children who have experienced chronic trauma[[1]](#endnote-1) or child traumatic stress[[2]](#endnote-2).
* Children with deficits that interferes with their ability to relate to the parent through VV technology i.e. attention deficit, visual or hearing impairments, severe mental health or behavioral health issues, etc.
* When VV are occasional, inconsistent, or do not allow for adequate time between parent and child.
* When the caregiving parent cannot or will not provide emotional, physical and technology support to the child during a VV.
* When VV cannot meet best practice recommendations. See “Virtual Visits Recommendations and Resources”.

Due to lack of resources many families cannot access or use VV technology such as Zoom, Skype, Facetime and other similar applications. There are also reported cases where the caregiver will not allow in-person visits or VV. These children and parents may be offered phone, email or US mail options to substitute for in-person visits. These options are not equivalent to in-person visits or VV. These methods are meant to be a supplement to in-person visits. All families and children deserve to have equal access to in-person and/or VV.

Additional information and of special concern:

* After a long time between visits or a recent separation it is the norm that there will be problems before, during or after a visit;
* To a young child two months is a lifetime. They may blame their birth parent or themself for the lack of visits or contacts.
* It takes time, practice and support for everyone to become comfortable with any type of visits.
* Everyone is having reactions to the COVID19 crisis and this may increase trauma reactions. It is the responsibility of the professionals to help the family through this difficult time.
* The child welfare professionals should not assess the quality and usefulness of a visit based on one or two visits.
* A type of visit should not be discarded because there are negative reactions rather the professional should investigate how to improve the visit.

Washington State is now moving to a new phase of opening up and allowing more public contact. The child welfare profession needs to move towards allowing more in-person contacts. Using similar guidelines we need to consider who can most benefit from in-person visits and who has the least likelihood of transmitting the virus. Eventually all children must be given in-person visits, using the standards the profession had prior to COVID19. If the parent and child have to wait until there is no possibility for the virus to transfer between people the child will have trauma impact from the grief and loss of not having in-person interaction with their parents.

**Visitation/Family Time – a family’s rights**

Children have a right to have a relationship with their parents, siblings and other family members. This is a culturally accepted norm that is validated by the Geneva Conventions.[[3]](#endnote-3) Additionally, Federal laws support this right for all children separated from their family.[[4]](#endnote-4) A child has the right to visit and have a relationship with a parent, sibling and other family member, even if the parent has been convicted of a crime against the child and is incarcerated.[[5]](#endnote-5)

“Removing children from their parents is not about punishing the child or the parent for abusive or neglectful behaviors. The criminal law is written to address punishment for bad actions. The child protection system is about protecting children, supporting parents’ growth, and, if possible, reunifying children with their parents. It is also about serving the best interests of children. In this context, visitation is a critical element, one that is often overlooked by members of the child protection system.”[[6]](#endnote-6)

Child Welfare interventions with family are not just about “fixing” the parent but require us to maintain and enhance the emotional connections between the parent and child if reunification is to be successful.[[7]](#endnote-7)

**Parenting Time is seldom perfect**

When there has been a long time between visits or when a new visitation plan is first begun it is normal for the parents and children to experience many emotions and reactions to the visits. The child welfare professional needs to help all the parties prepare for the visit, set reasonable expectations, and not assess the parent or child based on initial visits. The professional must help all the adults support the child in handling their emotions and reactions and to change the visit plan to minimize the trauma.

It is **normal for children to react and grieve losses** they have experienced. These reactions are seen before, during and after visits. This is because visits remind the child of his/her loss, and each visit includes both a reunion and another separation. “Children’s reactions to separation have been well documented in divorce research: More than half…were openly tearful, moody, and pervasively sad. One third or more showed a variety of acute depressive symptoms, including sleeplessness, restlessness, difficulties concentrating, deep sighing, feelings of emptiness, play inhibition, compulsive overeating,” and other symptoms. Some children were overwhelmed by their anxiety. Very young children returned to the use of security blankets, using toys they had outgrown, regressed in toilet training, and increased masturbatory activities.[[8]](#endnote-8) **Not having visits does not mean a child does not have any reactions to grief and loss.**

“Observing a child’s grief and pain over the loss of a loved one is extremely hard for most parents. They may feel that their child has been through “too much” and that the world is no longer a safe place. In response to these perceptions, parents may become lax in their limit setting or overly protective, both of which can create increased insecurity and anxiety in the child. If normal routines are disrupted and children are not permitted in engage in activities consistent with their developmental level (e.g., sleepovers, school activities), they will likely begin to perceive their world as unsafe and unpredictable. This, in turn, will make it harder for children to negotiate the normal grieving process and contribute to persistent symptomatology. It should be noted that parental emotional distress in response to traumatic events and lack of parental support are associated with more severe and persistent PTSD symptoms in some cohorts of traumatized children.”[[9]](#endnote-9) In assessing a child’s behaviors we must consider the possibility that the behaviors are due to grief, loss and separation from his family and daily life and not just a response to the maltreatment, fear of the parent or what occurred on a visit.

“Parents are not perfect, and as long as the lack of attunement is not dominant feature it acts as a constructive aspect that helps the child learn that close relations can develop through attunements…”[[10]](#endnote-10)

**Enhancing Attachment requires in-person visits**

Research indicates that children who are deprived of parental contact regard their parents as problematic, while children who have weekly visits are more likely to describe their parents as normal or healthy.[[11]](#endnote-11)

What are bonding experiences? The acts of holding, rocking, singing, feeding, gazing, kissing and other nurturing behaviors involved in caring for infants and young children are bonding experiences. Factors crucial to bonding include time together (in childhood, quantity does matter!), face-to-face interactions, eye contact, physical proximity, touch and other primary sensory experiences such as smell, sound, and taste. Scientists believe the most important factor in creating attachment is positive physical contact (e.g., hugging, holding, and rocking). It should be no surprise that holding, gazing, smiling, kissing, singing, and laughing all cause specific neurochemical activities in the brain. These neurochemical activities lead to normal organization of brain systems that are responsible for attachment.[[12]](#endnote-12)

Once attachment is developed non-face-to-face contact can help to maintain the attachment though this is not the preferred method. All children need protective, supportive, and emotionally responsive relationships in order to thrive; even adolescents who tell adults they do not need anyone, need healthy attachments to help them successful navigate into adult life.[[13]](#endnote-13)

The first three years of a baby’s life are the time of fastest brain development and their early experiences lay the foundation of development for all that follows. This critical period means that babies are particularly vulnerable to the negative impacts of trauma associated with the current pandemic crisis. Consider solutions that will allow infants and toddlers to receive the most developmentally appropriate care during this crisis. Very young children can experience traumatic stress during this pandemic which may look like clinginess, difficulty in being consoled, aggressiveness or impulsivity, difficulty in sleeping and showing regression in behavior.[[14]](#endnote-14)

When the child welfare system denies or limits visits, which leads to lack of attachment, and then using lack of attachment to justify termination of parental rights we are not meeting our legal or ethical responsibilities to provide reasonable efforts to reunify a family whenever possible.[[15]](#endnote-15) The court needs to assess at every review whether parents and children have been afforded frequent and meaningful visits.[[16]](#endnote-16)

The parent and child should be encouraged to select visit activities that mimic what would occur in normal daily life based on their family’s culture. The more these activities occur, the stronger the attachment will be and the more likely the parent will be able to practice and demonstrate his strengths.[[17]](#endnote-17)

Visits must include interaction between the parent and child to enhance attachment.

Children can also be traumatized when we deny them contact with their family. We must acknowledge that visits do cause emotionally reactions by all, including the professionals. We should not be surprised by these reactions and start to address these emotions after a disastrous visit.[[18]](#endnote-18)

Our desire to protect the child today, which causes us to limit visits, contacts or connections, can lead to a young adult who is now alone with no skills on how to handle his history, trauma, emotions and who may have contact with family members who unsafe.[[19]](#endnote-19)

It can be tempting to think, “Oh, they’re too young to remember—they won’t be affected by what’s happening.” Actually, even though young children may not understand what they see or hear, they are taking everything in and trying to make sense of what they are experiencing. Caregivers play a critical role in helping to shape how children perceive the world around them. In fact, young children are “amazingly tuned into the behaviors and emotions of the significant caregivers in their lives including parents, grandparents, relatives, teachers, and other adults” [[20]](#endnote-20)

**Additional Research on Parenting Time/Visitation**

* “More frequent parent-child [visits are] associated with shorter placements in foster care.”[[21]](#endnote-21)
* Children who are visited frequently by their parents are more likely to be returned to their parents’ care and have less behavior problems.[[22]](#endnote-22)
* The American Academy of Pediatrics Committee on Early Childhood, Adoption, and Dependent Care reports: “For young children, weekly or sporadic visits stretch the bounds of a young child’s sense of time and do not allow for a psychologically meaningful relationship with estranged biological parents. For parent-child visits to be beneficial, they should be frequent and long enough to enhance the parent-child relationship.”[[23]](#endnote-23)
* Frequent contact with parent(s) reassures the child that the parent wants to see him/her and misses the child and this enhances the child’s well-being.[[24]](#endnote-24)
* “Empirical research has not examined how much contact is necessary for the development of attachment relationships, our clinical judgment is that visits with infants and toddlers should occur more than once a week, for several hours at a time, and encompass caregiving activities.”[[25]](#endnote-25)

**American Disability Act - ADA Title II: State and Local Government Activities**

Title II covers all activities of State and local governments regardless of the government entity's size or receipt of Federal funding. Title II requires that State and local governments give people with disabilities an equal opportunity to benefit from all of their programs, services, and activities (e.g. public education, employment, transportation, recreation, health care, social services, courts, voting, and town meetings).

They are required to make reasonable modifications to policies, practices, and procedures where necessary to avoid discrimination, unless they can demonstrate that doing so would fundamentally alter the nature of the service, program, or activity being provided.

1. Chronic trauma refers to repeated assaults on the child’s body and mind (e.g., chronic sexual or physical abuse, exposure to ongoing domestic violence, emotional or physical neglect). Finally, complex trauma is a term used by some trauma experts to describe both exposure to chronic trauma, often inflicted by parents or others who are supposed to care for and protect the child, and the immediate and long-term impact of such exposure on the child (Cook et al., 2005). [↑](#endnote-ref-1)
2. Child Traumatic Stress: Children who suffer from child traumatic stress are those who have been exposed to one or more traumas over the course of their lives and develop reactions that persist and affect their daily lives after the events have ended. <https://www.nctsn.org/what-is-child-trauma/about-child-trauma> [↑](#endnote-ref-2)
3. The Geneva Convention of 1947. “The primary need inevitably cited by the families of missing persons is the right to know what happened to their relatives.” *The Missing, The Right to Know*, December 2003, ICRC. [↑](#endnote-ref-3)
4. TITLE 42—THE PUBLIC HEALTH AND WELFARE SUBPART 2—PROMOTING SAFE AND STABLE FAMILIES (7) Time-limited family reunification services. <http://www.gpo.gov/fdsys/pkg/USCODE-2011-title42/pdf/USCODE-2011-title42-chap7-subchapIV-partB-subpart2-sec629a.pdf>; U. S. Department of Health and Human Services, Administration for Children & Families. *Children’s Bureau, Children and Family Services Review, Fact Sheet*. 1. <http://www.acf.hhs.gov/sites/default/files/cb/cfsr_factsheet_for_courts.pdf> [↑](#endnote-ref-4)
5. San Francisco Partnerships for Incarcerated Parents. *Children of Incarcerated Parents: Bill of Right,* September, 2003. <http://www.fcnetwork.org/Bill%20of%20Rights/billofrights.pdf> [↑](#endnote-ref-5)
6. Edwards, Leonard P. *Judicial Oversight of Parental Visitation in Family Reunification Cases.* Juvenile and Family Court Journal. 54.3 (2003): 1-24. National Council of Juvenile and Family Court Judges. 7 June 2008. 12. [↑](#endnote-ref-6)
7. U. S. Department of Health and Human Services, Administration for Children & Families. *Children’s Bureau, Children and Family Services Review, Fact Sheet*. 1. <http://www.acf.hhs.gov/sites/default/files/cb/cfsr_factsheet_for_courts.pdf> [↑](#endnote-ref-7)
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9. Anthony P. Mannarino & Judith A. Cohen (2011) *Traumatic Loss in Children and Adolescents*, Journal of Child & Adolescent Trauma, 4:1, 22-33 http://dx.doi.org/10.1080/19361521.2011.545048 [↑](#endnote-ref-9)
10. Hart, Susan. The Impact of Attachment. W.W. Norton & Company. New York, NY. 30. [↑](#endnote-ref-10)
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18. Wentz, ibid xvi [↑](#endnote-ref-18)
19. Wentz, ibid xvi [↑](#endnote-ref-19)
20. Osofsky, J.D. *Ask the expert*. Zero to Three, 27(6), 4. 2007. [↑](#endnote-ref-20)
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