

Elaine: [00:05](#) It's now my honor and privilege to introduce the team from the Harvard Center on the Developing Child. As I shared with the team earlier today, one of the many reasons that I love my job is I get to meet just really brilliant, committed folks who are really making a difference in our field. And I feel like for the past several years I've been following the seminal work that has been coming out of the center and it's just a pleasure to be here with them today. The center's research and scholarship has helped to deepen our field understanding of the long-term impacts of toxic stress and trauma in young children. The center is building on this foundation by digging deep into the biological processes by which stress engraves itself in the body and the processes that promote resilience and healing, so relevant to the many speakers that we've heard already at the conference.

Elaine: [01:05](#) And so we're excited that they will not only be able to share some of the work that they're doing with you today, but to be able to engage with you as also thinking about the critical questions and the ideas that can be applied in your own work and programs. And so now I'm just going to say who the speakers are and they'll probably reintroduce themselves as well, as they come up. Today we are joined by Susan Crowley who is a project manager with the center. Al Race, deputy director and chief knowledge officer. Tien Ung, who is the director of leadership programs and initiatives and, Hannah Barber who is the project manager. So thank you and I look forward to your participation in today's session. So first ...

Tien Ung: [01:58](#) Hi there everybody. It's great to be here. I'm Tien as Elaine said. Elaine, thank you so much for that very generous introduction. I'm going to start us off by just walking us on a journey that I know all of you walk every day. I had the pleasure of sort of starting my career on the front lines of our child protection system. So I'm gonna ask you to think about a situation where as an emergency response worker, as I was, you get called out at two o'clock in the morning because of a 51A that has been filed in service of a 10-month old baby, who we'll call Annie.

Tien Ung: [02:41](#) So you step out of bed, get to the house, walk up the stairs of a very dimly lit apartment complex and you walk into the house and over in the corner you see baby Annie's mom, we'll call her Mary. She's got several bruises on her face, maybe a bloodied nose, doesn't look too sort of, steady on her feet. And so you get the picture that she may not be quite sober. And also here, in her interview with the police who's also on site at the time, that the partner who could be the baby's father has jumped out the window and run off. So you walk down the hall into what you believe is the baby's room and you walk over to the crib and

you see this little cherub of an infant who looks more like she's four months old than ten months old, somewhat dehydrated with sores on her body. Now this is a scenario that's familiar to everybody in this room.

Tien Ung: [03:51](#) And as child protection and child welfare workers, I'm sure as I'm walking you through this scene, that's a part of your day-to-day life; you know exactly what to do. You know the prices that's before you and you know the risks that you need to be assessing. Some of the things that we talk about and that we sort of obsess over at the center are these very same scenarios. And in addition to thinking about all the things that need to happen in service of protecting this little infant and her mother, we also think about what are the consequences of the actions that we take in that moment of crisis, right? What else do we need to do in the aftermath of that crisis to help this baby and this mother recover? Similarly, we also ask what can we do perhaps to prevent the situation from happening and to ensure that children and families are thriving in their communities. And so, from our work with our science council, we have some thoughts about that that we would like to share with you today.

Tien Ung: [05:09](#) But first let me take just a little bit of time and sort of walk you through some of business as usual or the sort of the mental frames that define the models of decision making for the field now. As I was saying, part of what happens in the field right now is that we're organized around incidences of maltreatment. And in that context, because we're organized around incidences of maltreatment, the decision making frameworks that we typically tend to use in child welfare is that of a forensic nature, right? We want to determine whether or not an incident of maltreatment has occurred, in that context. We are trying to determine whether or not children are safe or at risk and we're working in a state of crisis and we're trying to put out fires.

Tien Ung: [06:05](#) A secondary frame that we tend to think about also, in child welfare is the aftermath frame. It's the thing that we think about relative to what happens and what types of decisions do we need to make. The psychological first day that we might offer to families after a moment of crisis or after a removal perhaps. And we think about those strategies as strategies that are trauma informed or trauma responsive.

Tien Ung: [06:38](#) This third area that isn't a primary part of the practice, but what we hope that the center can become a primary part of the practice, if we can deliver the science to you in a way that helps you see its value in your day to day decision making is what we call a resilience building frame. And it's the frame and the

language and the strategies that you can deploy as part of your work. Not only in a crisis, in the aftermath of a crisis, but in that moment where families and children are in need of strategies that that move beyond protection. So I'm going to hand things over to Al, who as Elaine said is the chief knowledge officer at the Center to sort of walk you through our science framework. And then we'll pick it up and give you a chance to practice with some of these concepts and ideas and design principles that we've brought to share with you today.

Al Race: [07:44](#)

Thanks Tien, we're going to kind of tag team here today. We brought a team of four as you saw and part of that's to lead the activity and part of that is to kind of share different parts of this presentation and thinking with you. I'm going to start with the science because that's what we do at the center. And the science is helping us to explain why it is that there are these two different trajectories that we've known about for years and in fact there's a whole spectrum of trajectories that children go through as they grow. The turnout in terms of their outcomes to be either healthy outcomes in terms of effective learning, adaptive behavior, et Cetera, or poor outcomes in terms of school failure, risky behaviors and so on. So we've known that there's been these huge disparities, whether it's socioeconomic disparities or in terms of something that happens during a child's upbringing that leads to these two outcomes.

Al Race: [08:42](#)

And for a long time we've known that it's some kind of combination of positive experiences and negative experiences, parents and genes, some combination of these things happens to these children they develop to lead to these two different kinds of outcomes. What science is allowing us to do, to look more closely at the underlying causes of those differences. And what we see is that not only do these experiences, all of these different factors have a causal relationship to those things, but they interact with each other. So even genes are not set in stone. So, our experiences and our, the way we are raised actually interact with those genes and caused them to be expressed in different ways. So, science is allowing us to understand these causal mechanisms right down to the molecular level now.

Al Race: [09:41](#)

So why is that important? How can that be useful? I want to use an example of resilience to explain that. So if we think about resilience as the capability of withstanding or overcoming adversity, what we know now is that resilience is actually the result of the interaction of genetic predispositions and all of the experiences that we have as well as the skills that we have and the skills that we can develop. So if you think about resilience as

this scale, like you see on the screen here, you can load one side of the scale with positive experiences like supportive services or responsive relationships, faith and cultural traditions are a really strong support mechanism, increasing sense of mastery, a sense that you can actually make change in life. If you can load that side of the scale with experiences like that, you can tip the scale towards positive outcomes. No matter, even if you have a set of negative experiences on the other side.

Al Race: [10:47](#)

But there's this fulcrum in the middle and where that fulcrum is set shapes how easy or difficult it is for that scale to tip towards positive outcomes. And if you think of that fulcrum as our kind of, genetic pre-dispositions, even that is shaped by prenatal experiences, right? But where you are born, where that fulcrum from is when you are born shapes whether or not, or how easily or how difficult it is to tip that scale toward positive outcomes. The good thing is that we can actually move that fulcrum during the course of a lifespan by providing people with an adaptive tool kit of skills that they can use to adjust to new situations, to plan ahead, to set goals and achieve them. Those skills can be built over time, even into adulthood. And so by providing people with that kind of toolkit as well as all those positive experiences and supportive relationships, we can actually make that resilience scale tip more easily toward positive outcomes. So we're ...

Tien Ung: [11:57](#)

Okay just ...

Al Race: [11:58](#)

No, go ahead.

Tien Ung: [11:59](#)

I'm just gonna jump in right here. The implication and the takeaway that Al's laying down that we really want the message to be for the audience in this room is, as child welfare practitioners, as child welfare collaborators and as child welfare systems leaders, beyond the toolkit, you all can design and create the experiences and conditions, right? That actually perpetuates resilience. So, the science tells us resilience isn't just about grit, right? It's not about someone being able to pull themselves up from their bootstraps and just having, you know, a strong will and determination and tenacity. Resilience comes out of, right, the combination of people's individual, right, makeup with their interactions in their social environment. Now the entire system in terms of how it is designed, right? Can Be designed as a resilience promoting system.

Al Race: [12:57](#)

Thank you. Good point. So out of all this science, we have extracted three principles that I think are easier to remember than all of the science that there is on early childhood

development. We think of these as design principles that practitioners, policymakers, system leaders can use to apply to the way you think about the decisions you make every day. The way the systems work, the way that programs run. And you can use them to improve outcomes for children and families because you will have, you will shape those programs and practices to be more in alignment with what we know from the science will support healthy development.

Al Race: [13:47](#)

Those three principles are building responsive relationships, so this is true for children and adults and we're going to go into much more detail about how it is that we chose these three principles. But keep in mind that we are thinking about these as important for children and development, but also for adults in terms of their own capabilities. Strengthening the core life skills that people have to apply in their lives and reducing the sources of stress in people's lives. And these three principles all work together. So, in other words, if we're able to reduce sources of stress in people's lives, that opens up more bandwidth for them to learn the core skills or to engage in responsive relationships. Responsive relationships are a terrific way to reduce stress in people's lives or to reduce the effects of stress.

Al Race: [14:44](#)

Having the skills to plan and set goals and meet them is a way of reducing the sources of stress in your life. It also is a way of engaging in relationships. So all of these work together, if we can support each one of them, then they will be more powerful together. If there's a weakness in any of these, then they sort of bring the other ones down. So if we pay attention to all of them together, then ultimately the science tells us that children will develop in a healthy way and achieve educationally. Adults will be able to engage in responsive caregiving and we'll be able to support themselves and have more economic stability for their families. So if those are our shared outcomes, then what we want to you through today is how do we then use these principles as design principles to shape what we do?

Al Race: [15:39](#)

So why these three principles? Building responsive relationships promotes healthy brain architecture and promotes a healthy stress response and promotes attachment, it promotes social emotional skills. Importantly, relationships provide the exact kind of buffering that children who are going through particularly stressful situations need to prevent those situations from over activating their stress response and becoming toxic to their development. For adults, relationships provide both practical and emotional support. So, in other words, those relationships are active ways of connecting people to resources, ideas and strategies that they can use to get themselves out of

difficult situations. But it's also equally important as the emotional support to help buffer their own stress, helps build hope and confidence, which I think probably everyone in this room knows are critical to being able to enact change. And it models the very relationship skills that they need to be able to use with their own children. So, and as I mentioned, reduces stress.

- Al Race: [17:02](#) So what's going on inside the body and inside the brain in terms of relationships is that it starts with neural connections? So that's what we think of when we think of as brain architecture. It's the connections between neurons, which are the cells in your brain, within regions and across regions of the brain. Those are the bricks and mortar of brain architecture. Those connections are formed by the experiences and the relationships that we have. They form especially rapidly in the first few years of life, but they continue to form across childhood and into adulthood depending on the region of the brain, and the type of skill that we're talking about.
- Al Race: [17:44](#) The experiences that we have, especially early in life create either a weak or a strong foundation for all of the learning and behavior and health that come later, and relationships are the key active ingredient in forming strong connections that are the basis of sturdy brain architecture. I'm going to show you a very short video now that shows not only what the type of interaction and responsiveness is that we're looking for, what we call "serve and return" interaction, but also what happens when that's absent and how that is, as the video will explain, a double whammy.
- Jack Shonkoff: [18:25](#) Built into our biology is the need to have responsive interactions with adults.
- Linda C. Mayes: [18:33](#) Neglect for children is when they don't get what the brain is expecting to get, what the child is expecting to get. What we are biologically prepared and waiting for, which is input from those around us.
- Jack Shonkoff: [18:46](#) It's this back and forth serve and return interaction that literally shapes the architecture of the brain.
- Philip Fisher: [18:52](#) Serve and return begins when a child looks at something or observed something, makes an utterance and that represents the serve and the return is when the parent notices the child. Doing these things and response to the child.

Megan Gunnar: [19:11](#) Under conditions where serve and return is broken, you literally are pulling away what is the essential ingredient of the development of human brain architecture.

Jack Shonkoff: [19:25](#) There was a really compelling series of experiments where they started by videotaping the mother and the baby engaging in cooing and smiling, and then they ask the mother to basically put on a blank face and not respond at all. When a baby is not attended to, that is a sign of danger to the baby biologically. So, the stress systems become activated.

Video Mom: [19:54](#) Okay.

Linda C. Mayes: [19:59](#) In a brain that is constantly bathed in stress hormones. Not this ...

PART 1 OF 3 ENDS [00:20:04]

Speaker 1: [20:00](#) ... brain that is constantly bathed in stress hormones, not this up and down that comes with normal development. Certain key synapses, the connections between nerves, fail to form in critical regions of the brain.

Speaker 2: [20:13](#) Neglect both fails to provide the stimulation that's needed to develop the basic architecture and, when it's at a certain level, is one of the most potent activators of the stress biology of a young child. So, you get a double whammy.

Al Race: [20:30](#) So as difficult as that is to watch, the flip side of that is that positive, supportive, responsive relationships can actually prevent that stress from becoming toxic to development.

Tien Ung: [20:43](#) Can I just add one quick thing here? We like to try to, when we give these science presentations, to also cue into what that implication is for you directly in practice. So, if you tune into what the scientists were saying is that our bodies are cued, right? We're cued. It's cooked into our biological system to cue for actual safety and capability, right? And when we don't get that ... so responsive relationships are about designing the system in your practice in a way where you're cuing parents to be their best so that they can cue kids to be their best and at their most capable. But when we design the system in a way where we privileged or make primary a forensic lens, what we cue for as child welfare practitioners and policy makers, are children and parents' intent or their motivation, right? What we know from the science is their intent and their motivation is organized around their own protection and their own survival.

So, if they've lived a lifetime of stress, as the scientists were saying, right, they might be cuing for protection rather than for resilience. So, we have an opportunity here to make primary in our program and practice designs responsive relationships, rather than controlling relationships or monitoring relationships.

Al Race: [22:14](#) Thank you. I'm not going to spend a lot of time on studies, but I want to show you this one because, to me, this demonstrates how it's not just any relationship, but it's really that responsive relationship. In cases of severe trauma it might be even a more therapeutic relationship that's actually needed, but that those relationships can actually reverse the stress response being dysregulated.

Al Race: [22:42](#) So this study, this is kind of what a typical morning level of cortisol would look like. Cortisol is a stress hormone that's activated throughout the course of the day. It's a normal cycle and it's typically somewhat low in the morning ... I mean, sorry, somewhat high in the morning, somewhat low in the evening. What you need to look for is not so much what the level is but what the pattern is. So you want to have that typical pattern, in this case, relatively high in the morning.

Al Race: [23:17](#) So that's what it looks like for a typical group of young children from a community that is very similar demographically to the children who are in the study group, who were in foster care. This is what it looks like for children in foster care and you can see the long ... they start out even higher and the longer they're in foster care they're even lower. Again, not so much whether it's high or low, it's how different it is from the norm.

Al Race: [23:45](#) What this study did was actually then train foster parents in a more treatment-focused way to engage in responsive relationships. What they found was that it restored the cortisol levels to the normal range by having that kind of special relationship. The point here is that the kinds of relationships that children need, particularly when they've experienced trauma, may not come intuitively to everyone, but they can be trained, and once people engage in them, whether they're past birth parents, foster parents, family caregivers, kinship care, if they have been trained in how to do this, then that can actually restore the cortisol patterns that are normal for children.

Al Race: [24:41](#) Moving onto the second principle real quickly, core life skills. We're not talking about reading, writing and arithmetic, right? We're talking about the kinds of skills that people use to plan, to work in teams, to adjust flexibly. I'll go into a little more detail

on that. Having these skills will support the kind of educational and social success that we want for children much more, I think, than even having the early literacy and numeracy skills. They can help children resist decisions that would put their health at risk as they grow. Adults need these to thrive in the workplace. They're exactly the skills that employers are asking for. They enable adults to be able to provide that kind of responsive care that children need, and it helps them to maintain a kind of predictable and safe and supportive home environment.

- Al Race: [25:42](#) Both children and adults can learn self-agency, self-efficacy, by having these skills, by using these skills to knock off some small successes, helps kind of build that belief in self that's so important. Also, having these skills enables people to manage stress better.
- Al Race: [26:08](#) We think of these skills as being like an air traffic control system in your brain and it involves the interconnection of all these different regions of the brain that are up here, that manage all these different functions in the brain, and because it involves the interconnection of all these different regions, it needs all these different regions to mature and then it needs the connections in between the regions to mature. So it takes a long time to build these skills. That's why this has the longest trajectory of development of any set of skills in the brain.
- Al Race: [26:39](#) There is an initial foundation laid in infancy through the roots of attention, and it builds ... there's typically a tremendous growth in these skills in the preschool years, but they continue to develop, and anyone who has a teenager at home knows your teenager does not have these skills, at least not fully developed. So it continues through the teen years into early adulthood. Scientists call them executive function and self-regulation skills. They are the foundational set of capabilities in the brain that allow us to focus and sustain our attention, to set goals, make plans, monitor actions, our actions and those of other people's, make decisions, solve problems, follow rules, control impulses, delay gratification, all the things that we need to thrive in the workplace, in the home, as leaders of a family, in the school. Now, these skills are also affected by stress, but we can build them. We are all born with the capability of building these skills. Not born with them, but we can develop them over time through practice and coaching and modeling. As I mentioned, there's this trajectory of growth of these skills. This is sort of a typical growth curve for the proficiency of these skills and you can see there's this huge burst in the preschool years and another very significant window up there in ages 15 through 25, where we can continue to work on and develop those skills. So

not only can the young children that you encounter learn these skills through practice and modeling, but also the teenagers, young adults, young parents that you are working with, can continue to learn these skills with the right coaching and opportunities to practice.

Al Race: [28:41](#) Moving onto the third principle, reducing sources of stress. I think the last video showed a lot about what we mean by that. Why should we reduce sources of stress? Well, encountering fewer extreme situations of stress that trigger that stress response, that fight-or-flight response, being on all the time, that actually is a way of directly promoting brain development. It's a way of directly promoting health, both currently and later in life, and overall well-being. For adults, reducing stress opens up the bandwidth to promote the healthy development of their own children and it enables them to be more effective at problem solving and planning and goal achievement. Also, by reducing sources of stress ... those of you who have experienced lots of stress know it's very hard to focus on anything else if you're in a stressful situation, and so engaging in responsive caregiving requires a little bit of bandwidth to be able to do that, which is what the children need.

Al Race: [29:55](#) I'm not going to go into details about toxic stress, but I do want to point out a couple of things. First of all, not all stress is bad. Stress is a normal part of life. Encountering small amounts of adversity and overcoming those and having your stress response activate and then go back down to baseline, that's a good thing, especially in the context of supportive relationships, who can help that stress system calm down more. More serious situations that activate that stress response in a more severe way for longer periods of time can also be tolerable if we have the right relationships supporting us. It's when it is activated for long periods of time on end without supportive relationships that it can actually become toxic to development.

Al Race: [30:43](#) The other point I want to make about stress is that it's not only activating our brain's stress response, the stress response involves a whole lot of different systems throughout the body. So, it involves the cardiovascular system, our blood rate goes up, our heart rate goes up, our immune system is activated, our metabolic regulatory system is affected. All of these things are activated, and some systems are actually shut down because they're not like mission critical for a fight-or-flight situation. So that's how early life stress can actually affect the lifelong health as well as behavior and learning and mental health, because it involves the whole body. It also affects, as we said, these core life skills. So, in early childhood, if we encounter extremely

stressful situations, it triggers that fight-or-flight response, the automatic response. That's a good thing. We need that for survival. But if it happens over and over again during critical periods of brain development, then areas of the brain that are more intentional responses get underdeveloped, and as adults the same kind of thing happens even though it's not during development, and we may have equally strong automatic responses and intentional responses. That constant triggering of those stressful stimuli actually causes the automatic response to overburden the intentional responses. If you think about it like sort of an overloaded truck, that having this stress in your life constantly is like driving a truck that's completely overloaded. It's hard to steer, you might lose things, it's very difficult to drive. But if we, as a system, as a community, can offload some of those burdens, then the truck can drive again, and so we need to be thinking about that as kind of a part of what we can do in terms of this stress response. I'm going to hand it back to Tien now.

Tien Ung: [32:57](#) In the context of child welfare, we think about the science of stress and adversity that Al has just laid out. The conditions on which the system is created and built sort of creates three levels of stress for children and families. First, they are, children and families, as Al was saying, live under chronic conditions of adversity, poverty, neighborhood and sometimes [inaudible 00:33:26] external to them and their parenting and their children and that's a source of stress that's present in their lives.

Tien Ung: [33:34](#) Secondly, there's also the stress that children and families and parents experience individually with regards to their own stress reaction systems and their stress response systems. Then thirdly, which is something that we can do something very intentionally about in child welfare, is the experience of stress that comes from being involved and being called out, as a parent or a family that's involved with our child protection system. It brings a level of stigma and shame that somehow something's terribly wrong in your family and that you've done something that's not so good.

Tien Ung: [34:25](#) The convergence of these three sources of stress lay a foundation for children and families involved in our system. They get in the way of promoting resilience. Some of the ways that you can think about moving from the triple burden of child welfare involvement, the burden of external stress, internal stress and the stress of being involved with a system that brings shame and stigma in the larger community, is to think about the differentiation between different types of stress responses. Oftentimes in the child welfare field you'll hear, in child welfare

language, people talking about stress related to ACEs, stress related to trauma, and certainly stress that's toxic. We wanted to sort of lay out a framework to help you differentiate between that, because they're three very different things.

Tien Ung: [35:32](#) ACEs is a study that was done in 1995 by Kaiser Permanente. I'm sure many of you in here have heard of the ACEs study, right? As a study it's meant to identify adverse childhood experiences that were later linked to poor life outcomes. But in that context, it doesn't really tell you what to do. It just tells you that the presence of cumulative stress negatively affects our health and life outcomes.

Tien Ung: [36:04](#) Toxic stress, which is what Al was talking about, represents the body's physiological response and changes to the experience of chronic and pervasive exposure to stress. We also know that leads to poor life outcomes, which is different than what we know of as traumatic stress. Traumatic stress represents the psychological manifestation of the experience of both ACEs and trauma. Janoff-Bulman captures this well in her book called *Shattered Assumptions*. She says, "When trauma happens to children and families, it fundamentally changes three universal perceptions that we all have to be whole in this world. One, that the world is a safe place; two, that you can predict it; and three, that bad things are not going to happen to you."

Tien Ung: [37:08](#) So when you think about the difference between ACEs, trauma and toxic stress and how they intersect, and you think about the design of our child welfare system, you can see that when we're thinking about policies and practices, ACEs ... if we're dealing with and trying to improve ACEs and outcomes, we're looking to reduce sources of stress and not let stress accumulate. When we're thinking more about toxic stress, we want to aim to sort of reduce the negative effects of stress. Then when we think about trauma as the organizing principle, we really want to design systems that are organized around a very specific approach to care and very specific therapeutic interventions. So what we've tried to lay out for you today are three principles of science that'll help you think about the types of conditions and experiences that you would create in order to promote resilience, address the effects of stress in the way it gets under our skin, and provide you with perhaps a North Star to think about how you might use these ideas to inform practice and to inform policy.

Tien Ung: [38:36](#) Our colleague Hannah is going to come and walk you through an activity to help you kind of think about these three principles in the context of your everyday practice. How you might use the

notion of reducing stress, of building responsive and supportive relationships, and of strengthening core life skills as targets of intervention in a child welfare context or a child welfare system.

Hannah Barber: [39:05](#) Good afternoon everyone. My name is Hannah Barber. I am a project manager at the Center on the Developing Child, and it is my absolute pleasure to be up here today to share with you one of the newest streams of work that we have been engaging with at the Center over the last 18 months or so. Some of you might be familiar with our translational science capabilities. You might've seen our videos or read some of our working papers. Some of you may also be familiar with our IDEAS Impact Framework. But what we're here to talk today about is the three principles and our latest thinking around how you can actually use these three principles to design service improvements in a particular sector. One of the areas that we are really, really interested in is in that of child welfare. So today we are actually going to use the three principles to identify how a particular area of your work is working towards [inaudible 00:40:03]-

PART 2 OF 3 ENDS [00:40:04]

Hannah Barber: [40:00](#) ... area of your work is working towards or against these three principles. Now, the goal here, and I am going to give a caveat, we're not going to save the world today, although that is certainly the aim at some point. But we're going to have a practice and a way of thinking about using these three principles. We encourage you, if you have had the opportunity to look at the pre-work, you may have already seen the tool that we'll be using today. You may have already identified your unit of focus. And if you have done that as a team, we certainly encourage you to work as a team. If you have not, that is absolutely fine. We're going to take some time to do that today.

Hannah Barber: [40:40](#) So what you have here and what you also have in a little pile in the middle of your table, and if we're running short and we do have some spares, is what is affectionately known as the matrix. Once we've identified that, we're going to run through in a fairly seemingly straightforward manner each of the principles, start with whether the unit of focus aligns with building responsive relationships or not, strengthens core life skills or not, and reduces sources of stress or not.

Hannah Barber: [41:12](#) And what you're going to get as you begin to populate the matrix, is a really wonderful visual representation of where you are aligned against the science but also those opportunities for innovation and improvement. And that's what we think is really

exciting. Just to give you a very brief example before we roll up our sleeves, the domain of practice that we have selected for this example is that of home removals and the unit of focus of that next level down, the activity underneath, is supporting a child through an out of home placement experience.

- Hannah Barber: [41:45](#) And when you think about an intervention such as this, this home removal touches almost everyone probably sitting in this room, whether it's horizontally, whether you're a teacher or an educator or a principal or doctor, sort of on that horizontal axis, or whether vertically as Tien was talking about before, you contribute to the experiences and conditions under which this intervention takes place.
- Hannah Barber: [42:10](#) We hope that you'll be able to bring that professional lens and that viewpoint to this exercise today. But for the perspective for this particular example, we are taking the perspective of a child welfare practitioner.
- Hannah Barber: [42:23](#) So when the matrix asks us in the very first question, "How do we build responsive relationships?" Well, kinship care provides the opportunity to build and maintain those meaningful relationships in the life of a child. As I was mentioning before, provides that extremely important opportunity to buffer the child from a highly stressful experience.
- Hannah Barber: [42:45](#) But when we think about the relationship a parent and a child has, sometimes when it is appropriate and safe to do so, it can take two days up to a week to set up supervised visitation with parents, which can be an extremely long time in the life of the child. But this is where we start to see precisely how interrelated the principles are.
- Hannah Barber: [43:07](#) You can see here, and some of you may have picked this up already, yes, absolutely, when we look at the delay in supervised visitation, it can work against building responsive relationships. But it can also be placed in the sources of stress as well, can be seen as a source of stress for the child. And this is a really wonderful opportunity because you can see how interrelated the principles are, that when we begin to think about and design for nudging one in a particular direction, you're going to actually get impact across all three.
- Hannah Barber: [43:39](#) So without further ado, for those of you who have come with your teams, we would encourage you, this has been designed as a team activity, and we hope there are people at home as well who have their teams and are able to do this and have downloaded this from the app. If you have not come in a team,

that is absolutely fine. Please feel free to talk with those at your table, or you might want to bring your team into your mind with you if they're not here today. And if you have any queries or questions, please feel free to raise your hand and our team will be circulating. Did you want to add anything?

- Tien Ung: [44:10](#) I'm going to give one more tiny little prompt. We started this presentation with those three frames, the practice strategies, policies and systems in child welfare were at large are typically organized around our forensic frame, which is sort of an investigatory accountability sort of monitoring frame.
- Tien Ung: [44:32](#) In the last decade or so, we've sort of evolved some of that practice on the front lines of child welfare to include a trauma-informed frame, which is about applying psychological first aid, understanding the neurobiology of trauma, understanding what people need in order to feel safe and ready to engage.
- Tien Ung: [44:55](#) And then we've tried to sort of compliment those two primary kind of languages, the bilingual language we think about of child welfare with a third language that's organized around child development and promoting resilience by building responsive relationships, strengthening core skills, and reducing sources of stress.
- Tien Ung: [45:15](#) So once you pick your unit of focus, think about, the way we do work where I am in my units, in my state, or in my county, which frame are we drawing primarily from? Are we drawing primarily from our forensic frame? Are we drawing primarily from a trauma frame? Have we ever thought about a child development or resilience frame? And then begin to kind of walk your examples through that matrix to look at places where you might innovate or improve, or places where you might already be sort of spot on and in the bullseye here. Okay?
- Hannah Barber: [45:53](#) Great. Wonderful. We're going to take about 15 minutes to do this. Our team will be circulating so if you have any queries or questions, please let us know and we're going to regroup and share out some of our examples to learn from our colleagues.
- Tien Ung: [46:10](#) We'd love to sort of pull people back. We had about 15 minutes left in this session and just a couple of conclusion slides. But we thought this would be a great time to maybe just hear a little bit from each other in terms of what it was like for you to sort of go through this exercise and begin to kind of think about how you might re-envision practice or business as usual in your neck of the woods as they say.

Tien Ung: [46:41](#) Would anybody like to just sort of share out the unit of focus that you chose and maybe what was aligned or not? If this was a helpful activity to help you re-imagine child welfare in the 21st century?

Tien Ung: [46:57](#) Hannah is here. Susan's there. We can definitely run mics. Maybe one or two examples in the interest of time. Also, in our virtual audience, if there is anybody that would like to ask a question or share an insight, we don't want to leave you out either.

Tien Ung: [47:16](#) Oh, don't be shy. You all were talking so much. Oh, thank you.

Speaker 3: [47:19](#) Hi.

Tien Ung: [47:19](#) Hi.

Speaker 3: [47:22](#) We chose ... I'll stand.

Tien Ung: [47:24](#) Oh good for you.

Speaker 3: [47:25](#) Just out of respect for everyone.

Tien Ung: [47:26](#) Do it. Do it. Do it. Yay.

Speaker 3: [47:28](#) We actually chose the 72-hour hearing, and just kind of continued that thought process as the unit of focus. So, the things that we're aligned, and I used Missouri because that's what I was most familiar with. We also used the 72-hour hearing. I shared that with our table. But in response to building responsive relationships, what was aligned is the kinship care, allowing for kinship care, and then something just within the last year that has happened is that because of a well-being orientation capacity building that the staff are using and really paying attention to not disrupting social connections or connectedness, if possible, is that allowing even in that 72-hour mark, even if the child can't be with the bio parent, or they, even if they're not going to be placed with kinship care, it's still allowing for kinship to have contact with them during that 72-hour mark.

Speaker 3: [48:39](#) So that looks like even having an aunt come to the office while their child is waiting for placement and sit with the child and stick her number in his pocket and say, "You can call me when you need me," that sort thing. So wishing that was in alignment. But I think the working against is just the fact that they can't have any contact. By way of policy, they aren't supposed to

have any contact with family, and especially the offending parent.

Speaker 3: [49:15](#) The strengthening of the skills, core life skills, we used the team decision making model practice. That TDM typically happens before that 72-hour hearing, and if they're done correctly is about strategizing and planning and figuring out what that parent or family needs, so where they may need some building up. And then I think the miss there is if, because of case loads and just other dynamics, if that meeting does not get to happen, or if the meetings become more investigative, then strategizing, I think that is also something that would work against.

Speaker 3: [49:59](#) And then as far as reducing stress and sharing like, we just don't know how you could really reduce stress. But efforts are really important in paying attention to how the case manager's showing up or how they're presenting to the family. But also I think one of the big things is kinship care, just holding a lot of times is that family say, "I know they may have to leave me, but can they go with so-and-so," or someone of their choosing. And I think that is somewhat helpful. But then I also think actually I'm hearing from the family what they need versus telling them what they need is really helpful in reducing the stress.

Speaker 3: [50:46](#) Also, I was sharing, we say all the time, like the family is the expert on themselves, but it's really counterproductive. When we show up as the expert and we're still not really conscious of that, but we're still showing up as the expert and we're telling them, "This is what you need to do." So, I think that is what actually works against in that 72 hour, when we've got it all figured out and the only recommendation that goes to the judge is what the DJO says or what the DJO and the case manager says.

Tien Ung: [51:24](#) That's great. Just in the interest of time, unfortunately we're going to have to move on. But thank you so much for being so engaged in this activity. We were walking around. There are some really lovely conversations that were happening out there in the audience. And so we hope this was a useful activity.

Tien Ung: [51:42](#) One of the things that popped up when we were doing this same presentation in Massachusetts was the idea that, wow, what would happen if we sort of shifted our case practice for frontline workers from a case ... excuse me, a case management practice to a coaching practice? Imagine that our social workers on the front lines weren't case managers, just kind of like trying to find the best services and throw them all at the family, which

is helpful on some level, but not when you're just kind of throwing the whole kitchen sink at them.

Tien Ung: [52:23](#) You've got DV. You've got substance abuse. You need parenting classes. Go to the batterers group. Go to the domestic violence support group. And by the way, go to this parenting class, too. But what would happen if we redesigned our child welfare system so that we trained our frontline staff to be coaches-- coaches who could provide psychological first aid, coaches who could recognize cues of healthy development, both social and emotional and learning development in children, and coaches who could really help parents build those core skills that AI was talking about, both the self- regulation skills and the executive function skills.

Tien Ung: [53:03](#) Some of the things that we like to push our audience to do is to think about using these three principles as designed to maybe identify problems in what you're currently doing, which is a little bit of what we are trying to do today. How is your work aligning or not aligning? And what opportunities are there for innovation? You can take that another step further and say, "With practices or strategies that align, is there a way for us to improve and do even better here? There has to be something in the alignment right row that we can improve on. Are there places where there are unintended consequences?"

Tien Ung: [53:55](#) Some of the things that came up at this table around kinship care is that even though it's a wonderful and certainly important strategy for maintaining relationships and building responsive relationships, sometimes we think about placement as that critical ... It's a critical incident and it's a moment in time. And we don't think about it as sort of a life-long sort of imposition that the system has created in a family system that changes everybody's roles, changes all the relationships within those roles. Sometimes some of the families who serve as kin placements also need supports of their own. So, while they're a relief for the child, there are certainly other strategies and practices and policies and resource deployment that we can think about to strengthen that practice.

Tien Ung: [54:47](#) Another possibility is when you're working across either units, across offices, or maybe in partnership with other public sector organizations, might these three principles be anchors and first principles for you to design shared goals and shared agendas with regards to sort of innovation? One example that came up in this back table here again was around kinship care and the notion that having a kinship navigator, which is a growing

practice in the field is something that's really, really helpful. However, it's very hard to find them.

Tien Ung: [55:29](#) Well, how about partnering with your local Department of Transitional Assistance, creating a job program for people who need employment, training them, and using that partnership as a way to build employment and to also provide extra support and care for kinship navigators?

Tien Ung: [55:50](#) And then finally you can think about using these three principles in order to actually design for impact from the get-go. So when you think about the types of outcomes that you want to see, can these three principles be used effectively by the system to redefine what it means to keep children safe and protected, to redefine what it means to measure child well-being, to redefine what it means to think about stability and care or independent living.

Tien Ung: [56:28](#) So those are the four ways that you can think about using these three design principles. Some immediate action steps that you can do next is you can reassess your matrix, try to unpack some of the challenges assumptions that are embedded in there with your teams back home. We have designed some post-conference knowledge to action activities that will share with the organizers of this conference.

Tien Ung: [56:56](#) Certainly you can visit our website. All of our contact information is there. There are many other resources, science papers, white papers. We spent a lot of energy translating these very, very in-depth science papers into sort of actionable knowledge for the field.

Tien Ung: [57:13](#) And certainly if you're looking at our website and you'd like to think about working directly with us, you can contact any one of us here and think about asking for a team consultation or a facilitated workshop. We're happy to come and to engage because we want to see this work grow in service of your good work there. Thank you so much for hosting us today.

Tien Ung: [57:40](#) I just want to thank my team too, there. Thank you.

PART 3 OF 3 ENDS [00:57:55]