

Hearing the Infants Voice: Recognising how infants communicate their wishes, desires and needs without words

Masterclass for Social Workers
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Workshop Health Warning

TAKE CARE



OF YOURSELF

Thinking about infants and their needs can be uncomfortable work

It is likely to put us in touch with our own experiences of being parented and from parenting our own children which can be upsetting or guilt inducing

Aiming for 'good enough'. Remember that parenting is about doing the best job we can do at the time and hindsight is a wonderful thing.

Aims of the Masterclass

- Why does it matter to listen to the infants voice
- How do infants become invisible
- Developing your observational skills of the caregiver-infant relationship
- Applying this in practice – becoming more confident in representing the infants voice
- Time at the end for Q&A



Why it Matters to hear the infants voice

- **Infant** (from the Latin word *infans*, meaning "unable to speak" or "speechless")
- One of the greatest challenges in representing this age group is that they do not have a 'voice' and can so easily be ignored or overlooked
- We often think of an infant as simply too young to understand, remember or be harmed by their experiences. This can lead to an infant's perspective being ignored, or not adequately acknowledged, recorded and included in recommendations and decisions about their future
- Infants identified as being 'at risk' within their birth families, and who enter our care system from birth or in the early months of life, are an increasingly large group of children (19% under one). This group is particularly vulnerable. Infants depend on adults understanding their care needs, being able to interpret their behaviour and provide appropriate and responsive care

What do we mean by listening?

- **What do we mean by ‘the child’s voice’?**

This not only refers to what children say directly, but to many other aspects of their presentation. It means seeing their experiences from their point of view.

- **Why is the child’s voice important?**

Child focused work means children feel listened to, plans are more successful when they are involved and prompt decisions are made about safeguarding when necessary. They learn they are important and valued

- ‘An active process of receiving (hearing and observing) interpreting and responding to communication. It includes all the senses and emotions and is not limited to the spoken word.’

(Young Children’s Voices Network, 2011)

UN Convention on the Rights of the Child (1991)



How do infants & children become “invisible”?

- “ ‘invisible children’ are those who become ‘unthought’ about and are not ‘held in mind’ by workers and systems. To help someone requires a capacity to think about them and become emotionally attuned to their experience” (Harry Ferguson, 2017)

- - Ferguson wondered how is it possible at times for practitioners to be in the same room as infants and children and not engage with them in ways that reveal their experience?

- What are the barriers to seeing the infant and hearing their voice?

Barriers to seeing the infant and child and hearing their experience



Time



Organisational culture




The home environment



Own emotional response to the situation/environment



Confidence



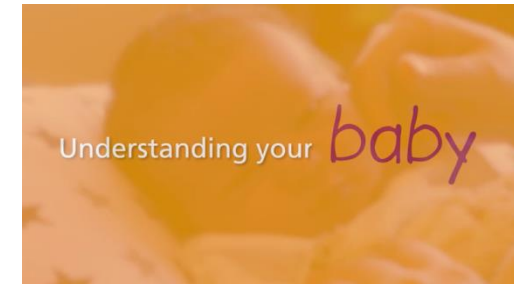
Developing your
observational skills of
the caregiver-infant
relationship

Understanding Your Baby (UYB) Films

- Introduction
- Understanding what your baby is telling you
- Communication – cuddling and movement
- The traffic light system
- Recognising different sleep states
- Recognising different waking states
- Rousing and soothing
- Understanding your baby's different cries
- Coping with prolonged crying
- Bedtime routine
- Why 'Understanding your baby' makes a difference: Parents' stories
- Getting support

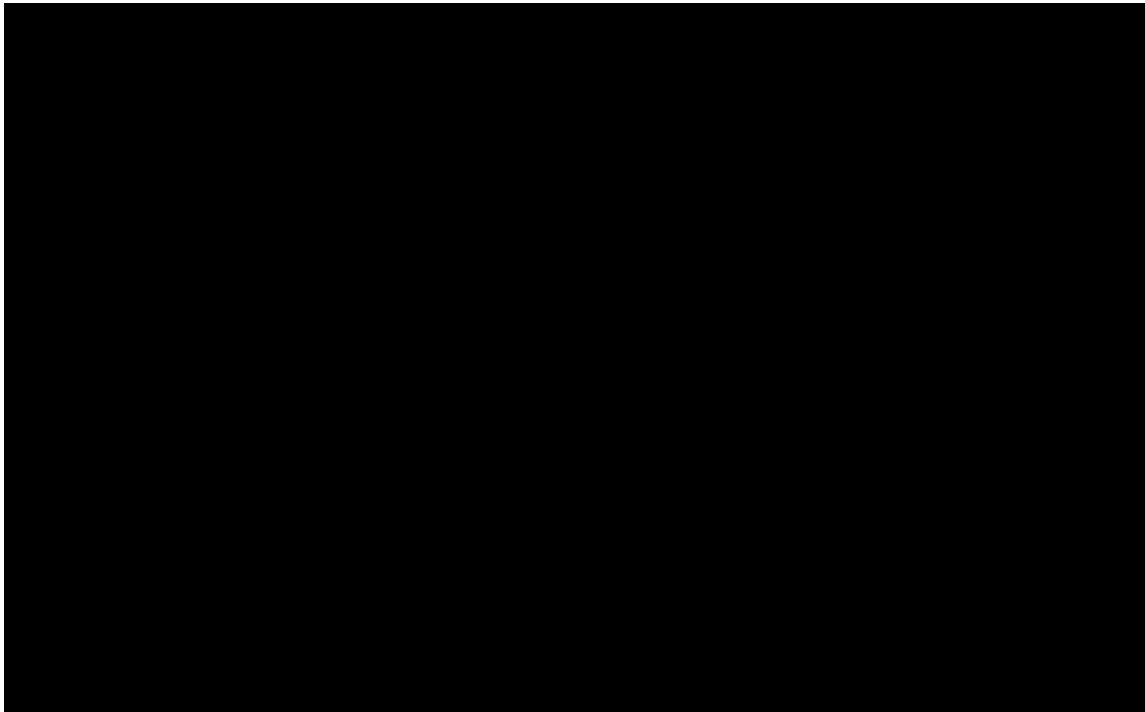
UYB Booklet

- Aims to promote sensitive responsive parenting of infants by parents and carers
- Provides information on Infant States, Infant Behaviour and Infant Cues



baby buddy

Traffic Light System and Key Messages



- Infant state is the basis for understanding infant behaviour and has implications for parenting.
- State modulation enables changes in infant state to facilitate effective parenting.
- Infant behaviour is the way infants communicate.
- Infant cues help us to understand infant communication.
- Positive feeding interactions will increase confidence in parents and provide opportunities for the developing relationship.
- The 'Understanding Your Baby' resources help to support families in developing secure attachment relationships with their infants.

Handout 6
Observing Interaction

Observing Interactions

Watch the interaction carefully

1. What sleep/wake state was the baby in?
2. Was this interaction too much, too little or just right for this baby at this time?
3. How would you describe the baby's experience? If you were the baby how would you feel?
4. Did the adult give space and time to encourage the baby's initiative?
5. Was there eye contact between them? Too much, too little or just right?
6. Did the baby become overwhelmed? Was he able to look away and come back in his own time (rupture and repair)?
7. How was the adult able to help the baby regulate his emotions?
8. How did the baby respond to the touch? Notice if the parent kissed the baby and how the baby responded.
9. What voice tones were used by adult and baby? Was there reciprocity (turn taking)?
10. What was the baby's posture and muscle tone like?
11. Were the mother and baby well positioned for play?
12. What do you imagine the mother might be feeling?
13. Check your observation against the attunement principles. How many apply?
14. Can you pick one authentic attuned moment that you can build upon?

Handout 6
Observing Interaction

Observing Interactions Continued

<p>Being attentive</p>	<ul style="list-style-type: none"> • Looking interested • Turning towards • Friendly intonation and posture • Giving time and space for other • Wondering about what they are doing, thinking or feeling
<p>Encouraging initiatives</p>	<ul style="list-style-type: none"> • Waiting • Listening actively • Showing emotional warmth through intonation • Naming positively what you see, hear, think or feel • Naming what you are doing, hearing, thinking or feeling • Looking for initiatives
<p>Receiving initiatives</p>	<ul style="list-style-type: none"> • Showing you have heard, noticed the other's initiative • Receiving initiative with friendly body language • Returning eye-contact, smiling, nodding in response • Receiving what the other is saying or doing with words • Repeating / using the other's words or phrases

15. How did watching the interaction make you feel?



Theory to Practice

Infant Case Study 1 – Elijah, 10 months old

Duty & Advice have received an anonymous referral alleging neglect and parental substance misuse for a family with 4 children (aged from 10 months to 8 years). You undertake a first visit and observe the home environment to be unclean, crowded and chaotic. A mobile toddler, older child (6) and unknown adult are present in the living room. Dad tells you that the baby is asleep upstairs. When you go to see the children's bedrooms, which are all unkempt and dirty, you walk past a room with a cot in. You notice that the baby is in fact awake and sitting up in the cot in an alert state (not drowsy). The baby has not been heard to call or cry out and does not signal to Dad as you walk past. As you enter the room and greet the baby, he smiles and holds his hands out to you to be picked up.

Reflecting Point

- Imagine you have left your visit and you're writing it up on Mosaic
- What are the key things you've noticed that you will be documenting
- Use your pen and paper to write down your thoughts



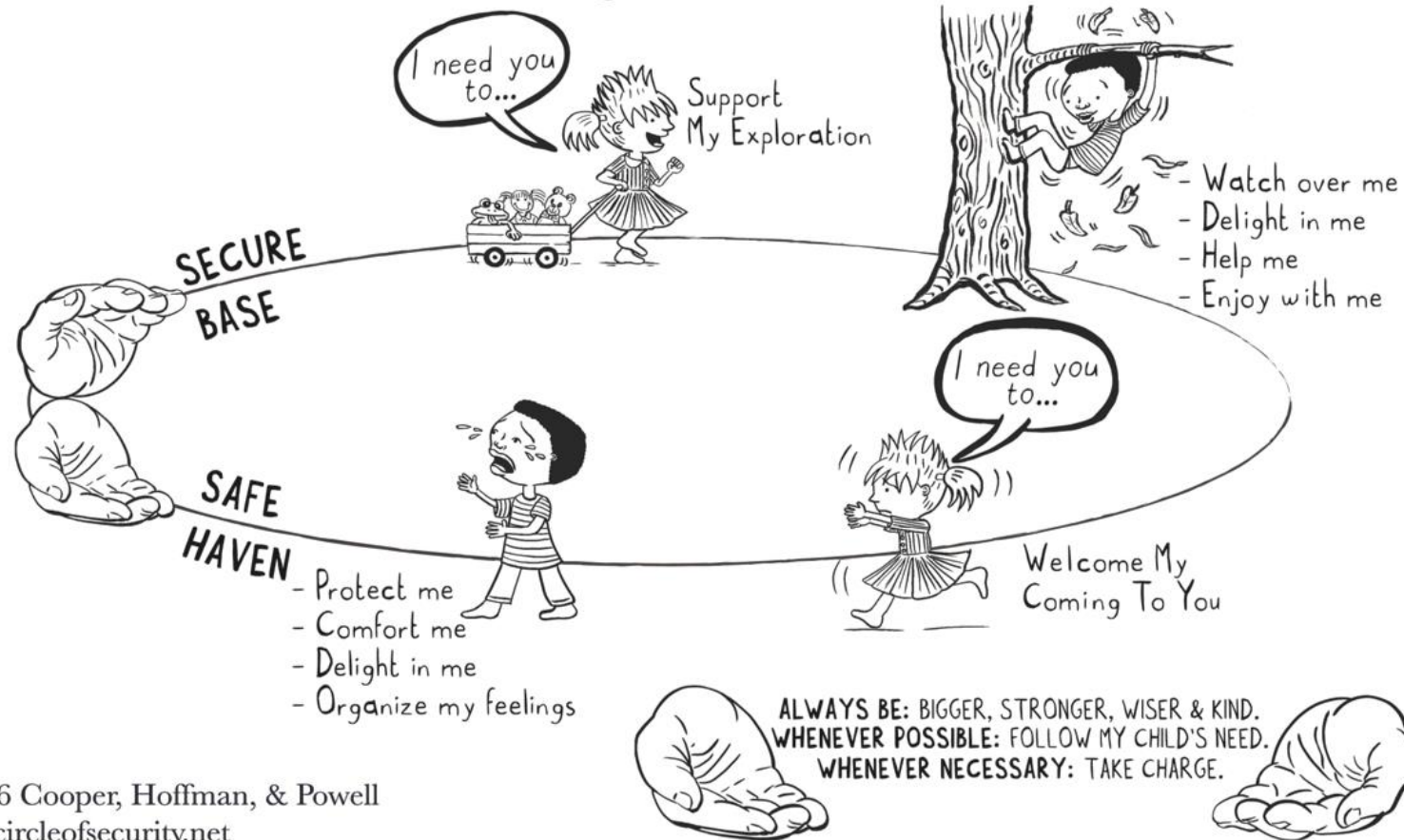
What is life like for me?

- **Describe presentation** - What's my physical appearance like? (appear thin, pale, dark shadows under my eyes listless, or do I appear curious, 'smiley', active, engaging)
- **Describe development** - Am I functioning at a developmentally appropriate level? (<https://www.webmd.com/parenting/baby/features/stages-of-development>)
- **Describe interactions** - How do others interact with me and how do I respond? Observe the interactions between me and my carer— is there any difference in my interactions with other people? How do I interact with you? Do I appear relaxed, wary, or overly familiar? Do I respond as you would expect an infant to respond in that situation? Be wary of the “okay” baby that does not signal their needs.
- Ensure you include the views of other significant people in my life who may have contributions to make about my experiences.

Circle of Security: when sensitivity and attunement is good enough

Circle of Security[®]

Parent Attending To The Child's Needs



Infant Case Study 2 – Charlie, 14 weeks old

Charlie has been living with her foster carer since birth following domestic abuse in the parental relationship and maternal mental health difficulties. She is brought to the contact centre three times per week by her foster carer to have family time with her Mum for 2 hours. The foster carer does not stay for the family time and there is often a different contact supervisor at each session. When Charlie hears her Mum's voice, her eyes widen and she searches the room. When she is handed to Mum awake or Mum lifts her out of her car seat, her body becomes rigid and her eyes are wide. When Mum seeks to interact with Charlie, playing peek a boo or singing to her, Charlie turns her head to the side. Charlie shows cues for tiredness, rubbing her eyes and yawning, but she does not fall asleep during family time. She also refuses to take her milk despite being due to have a feed during family time. If Charlie becomes upset, she is unable to be comforted and soothed by her Mum but when passed to the contact supervisor she is able to be soothed by them within a few minutes.

Reflecting Point

- Describe what you are observing during this family time?
- What do you think this infant is telling us?
- How could you ensure that the infant's voice is heard during family time?
- As Charlie's social worker, is there anything that you would do differently?



Infants Voice Example in a Consultation



“Charlie, we think through your communication that you are telling us that sometimes family time can feel like a scary and unsafe place to you. You are letting us know that you struggle with being held close by certain adults. Your rigid body, wide eyes and hypervigilance lets us know that you are on high alert for danger, which triggers your stress response and release of cortisol. This is likely due to your early experiences, including before you were born. You have experienced unpredictability, verbal altercations, violence and a lack of your needs being met. You have developed an effective coping strategy through having to be vigilant, telling us, without words, that you are scared and terrified. This is likely to be an exhausting strategy too and although it’s protecting you now, it’s not sustainable and it’s not healthy. You have shown very little improvement during family time in recent months so we feel that you are letting us know that this continues to feel unsafe, frightening and an unreliable place.”

Infants Voice Example in a Discharge Letter

J I think if you could tell us how your experience has been over the last several months, you will have noticed how much more relaxed your daddy is around you and how much more present he is when you are playing with each other; that he sees you and he's interested in what you are doing. He talks to you much more and when you smile and laugh, he smiles back with you. I think you will have noticed that when you are with daddy, he no longer has such a worried or unfriendly look on his face. I think you would tell us how you enjoy playing with things that are special to daddy (such as his necklace). You would share how much you like to hold him (like his neck and face) and sometimes you might be so excited to hold him, that you grab on a little too tight, but you love that daddy let's you do that. I think that you will have noticed that those 'dark days' don't happen for as long and that when daddy does seem distant, it doesn't take him as long to re-join you. I think you will feel the love and protection you have in your family and will know that daddy doesn't like to see you upset but that sometimes that is just how you are feeling and to know you are not alone with that feeling is so important.



Leeds IMHS Support Network



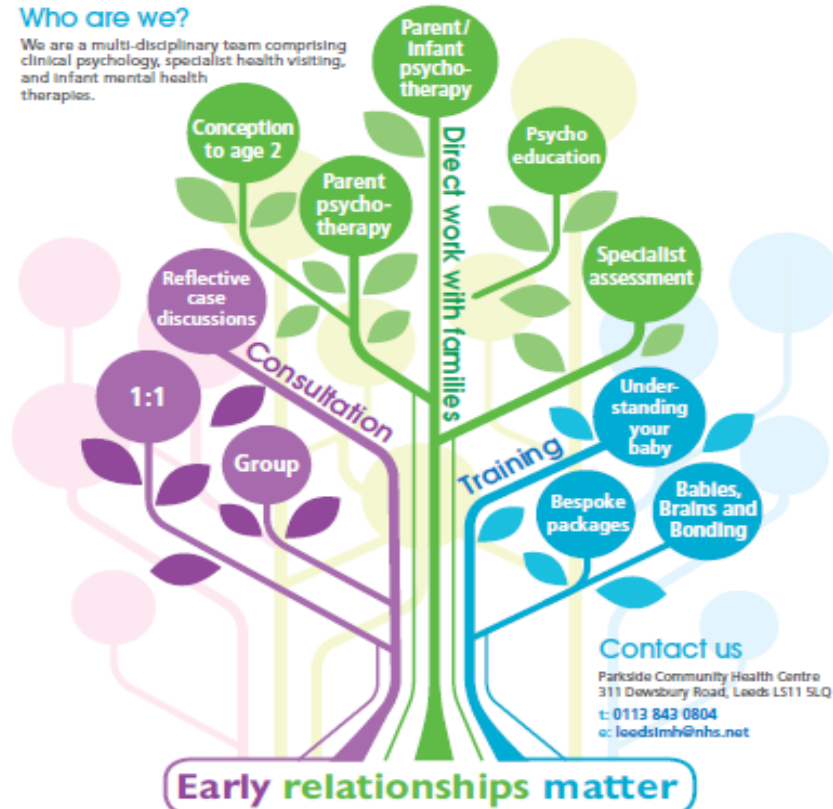
Leeds Community Healthcare **NHS**
NHS Trust

Infant Mental Health Service

Promoting emotional well-being in infants by supporting caregivers to build secure attachment relationships with their babies.

Who are we?

We are a multi-disciplinary team comprising clinical psychology, specialist health visiting, and infant mental health therapies.



Leeds IMHS can support you to support families

We offer:

- Consultations regarding specific families
- Reflective practice groups (reflective discussions) with teams to keep the infant in mind
- Telephone consultations (triage) for support, advice and discussion of potential referrals
- We can offer joint work
- Further training (i.e. UYB, EAO, 2+)
- Join our IMHS mailing list (email leedsimh@nhs.net)

Thank You

Time for Questions and
Answers

