

Contact Time for Babies and Infants - Guidance

When assessing contact / family time for babies and infants, workers should think about the following research informed considerations:

1. **Consideration of how cortisol affects the developing brain.** The infant mental health team advocates (from the evidence base and clinical practice) that new-borns and young babies may struggle with high frequency family time of more than an hour at a time; some may not manage an hour.

Any time spent away from the primary caregiver (in most cases the foster carer) will be stressful for very young babies in the first few weeks of life. Long periods away from the primary caregiver where the infant is stressed and presenting as watchful or vigilant are likely to be harmful.

It is important for arrangements to be reviewed in line with the baby's developmental needs. It may be that as an infant gets older and becomes more familiar with family members, this may be the time to consider an increase in arrangements.

2. **Some stress during pregnancy is perfectly normal and healthy** but high levels of cortisol throughout pregnancy is not good for babies and will make it harder for them to cope with challenging experiences after they are born.

Very stressed babies are likely to be harder to care for than babies who haven't been stressed in utero. They may be 'jittery', tense, watchful and vigilant. In extreme cases of highly stressed infants, recognition of their mother's presence (by touch, voice or smell) may cause them to experience an association with the stress they experienced before birth making family time a traumatic experience for them.

3. **When planning family time for babies it is important to minimise disruption to normal routines** so consult with carers around arrangements including the timing of the sessions. Foster carers should be encouraged to attend alongside a supervisor to reassure a young baby and to support parents to interact in a way that the baby likes. This could happen while the baby gets familiar with the supervisor and the venue. If this is not possible, if the foster carers are able to support with transport arrangements this helps the baby with the transition to and from family time and builds relationships between carers and parents.
4. **The same days, times and venues work best when planning contact** arrangements for babies as well as a **consistent supervisor** is important. These factors make the family time experience more predictable for a baby. In addition, research advocates rest days in between contact sessions to optimise outcomes.

Contact needs to be: 'predictable, consistent, reliable, sensitive, responsive, attuned care to promote healthy brain development, healthy stress response and secure attachment relationships'. (Sue Ranger, Contact Time for Infants: Help or Harm?)

5. **A consistent supervisor is important.** The supervisor provides reassurance to help the baby feel less anxious. It is important that the baby can see the supervisor during the session. A regular supervisor should get to know the infant and become familiar with routine to help support parents within the sessions.
6. **It would be good practice for the regular supervisor to visit the infant in their foster home** to observe what is their 'usual' baseline behaviour and presentation on days when they are not having family time.
7. **Look at venues as close as possible to the placement** to avoid travelling long distances. If the carer is unable to transport (e.g. non car driver), they could act as an escort.
8. **Think about facilities and venue** and provision of floor space, blankets and clean age appropriate toys that may be lacking at area offices. Also feeding and changing facilities. If the session is not at a Children's Centre the supervisor could bring bag of age appropriate toys, soft play mat etc. A request could be made that the carer sends a few items with baby. Something that smells of placement e.g. a blanket can be helpful to calm and reassure a baby. **Venues:** is it appropriate for an infant and visiting birth family – can have a huge impact on infant (sight, smells, noise) and an impact on visiting birth family and attitudes towards the session. Does it have facilities for bathing? Feeding?
9. **Use of the ringing in system** may be important where visiting adults may have chaotic lifestyles. Parents should be asked to arrive early for sessions if there are concerns about drug/alcohol use that need to be checked before the session.
10. **Building a trusting relationship with families** to help support them in any parenting to make the time as positive as possible and to become *attuned* to the baby is important. Playing an active role in helping they meet baby's needs and anticipating needs through feedback, encouragement, praise and constructive challenge with parents.
11. Skilled observation of verbal and non-verbal interactions between babies and family members, and the responses of the babies in particular is really important. Research suggests that in some instances **filming sessions and replaying them back** to parents can help with attunement.
12. **Use of a communication book;** writing down infants routine at the start of the book so parents and supervisor are aware what is 'normal' for that infant parents and supervisor to both read the communication book.

13. **Are there any groups that parents and child can attend at the local children's centre?** Do these sessions need to be fully supervised by social care or can it be supported by the foster carer and or children's centre staff?
14. **Agreeing a time frame for how long babies can be left in a distressed state** during family time before enough is enough and they need to be returned back to placement. Current agreement is 15 minutes with support from the supervisor before plans made for the child to return.

The Supervisor must support parents during this time to meet the baby's needs. It should be noted that 15 minutes is a long time for a very young and already stressed or traumatised infant to be left unsupported by the primary caregiver. Each case should be looked at individually and lesser timescales agreed where necessary.

15. **Request for health visitors to attend contact;** can be used for parents to ask health related issues, support with breast feeding, advice around weaning with involvement from the carer.
16. **Babies are non-verbal.** Being aware of how they communicate their distress ~~whether~~ through non-verbal cues is really important and may not be through overt signs of distress such as crying. Signs of distress in babies can be seen in lots of different ways (e.g. sleep, feeding, 'switching off') and may occur during the hours or even days following contact. Importance of communication with the carer on how babies are after visits and on days where they don't see birth family to see how the time may or may not be affecting them. Importance of observing parents verbal and non-verbal interaction to encourage **attunement**.

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