

MCC Policy on Child Care Provision for Infants

This policy is intended for Infants (0-3 years) that are currently Looked After Children or Children that have been subject to Care proceedings and have concluded in the making of a Special Guardianship Order or Child Arrangement Order.

Introduction:

Infancy (0-3) is a crucial time for brain development. It is vital that infants and their carers are supported during this time to promote attachment. These key sensitive periods during early childhood are when their brains are more malleable making them more susceptible to positive or negative experiences (Shonkoff et al 2012 The lifelong effects of early childhood adversity and toxic stress).

Without a good, initial bond children are less likely to grow up to become healthy, happy, safe and successful as childhood trauma and abuse can harm brain development. Early experiences build the foundations of our brains. Like a house is built step by step first laying the foundations and then creating rooms and wiring the electrical system, our brains are built in a similar way.

There is a 2 year window of opportunity for certain brain functions to develop. If, during the infant's first 2 years, it does not receive positive interaction with a primary caregiver, then these brain functions may not develop or at the very least be impaired.

The experiences an infant has with his / her caregivers, in particular the primary caregiver, are crucial to this early wiring and pruning. Repeated interactions and communication lead to pathways being laid down that help and support memories, relationships to form and learning and logic to develop. By the time infants are 2 the foundations for their ability to speak and understand language, to reason and make plans have already been laid. Executive function skills, necessary for both learning and social interaction, begin to develop shortly after birth, with dramatic growth occurring between the ages of 3 and 5 years.

There is a short window of opportunity for certain types of development. If the types of experience upon which they depend do not occur within a predetermined time frame then infants / children will not move on to the next stage of development and their long-term wellbeing will be compromised. These caregiver infant / child interactions, sometimes referred to as serve and return, strengthen babies' neuronal pathways regarding social interactions and how to get their needs met, both physically and emotionally. If children live in a chaotic world, where caregivers respond with abuse or no response, then brains become hyper alert for danger or not fully develop.

Infants have a deep genetic predisposition to bond to a consistent caregiver. For many of our children who need to live in alternative families and haven't had the best of starts, that bonding / attachment process and development has been inconsistent at the very least and in some cases neglectful . Therefore, these infants need that foundation to be re-built / strengthened whilst in the care of alternative carers which will necessitate in them receiving consistency of care from a dedicated caregiver and their immediate family. They will need frequent, repeated experiences of being nurtured, have stability and predictability to alter their view of the world of being hostile to one that is caring and supportive. A number of interventions and individualised parenting may be needed to help them overcome their earlier adversities, these will help to reinforce positive pathways and help build connections in the child's brain. (Woolgar 2013, Early Childhood Trauma and Therapeutic Parenting) This supports the notion that changes to the brain are adaptations to adverse environments and with good care and having a secure relationship with a primary caregiver that these are not irreparable.

We know that depriving infants of a consistent family environment can set them up to fail in later life by causing damage to their emotional well-being, their intelligence and capacity to learn and their ability to develop fully.

With this in mind, we need to ensure within our assessment and care planning processes that we are very clear to caregivers what our expectations are on care afforded to this vulnerable group in order to maximise good outcomes and life chances, i.e. that in these crucial years of infancy we minimise the number of caregivers to allow this nurturing process to occur. Carers will need to understand that their child(ren) will need sensitive and reflective parenting to help them recover. The continuing plasticity of the brain allows this recovery and for infants / children to move forward towards greater security and resilience.

The Secure Base Model (Schofield and Beek 2009, 2014) focuses on the interactions between caregivers and children to support the repairing of abuse and trauma and this is based around 5 primary caregivers' dimensions:

- Availability / Continuity of Care (providing infants with sufficient continuous care from a primary caregiver and limited others to become securely attached)
- Sensitivity / attunement (the use of eye contact, voice pitch, tone and rhythm, facial expression and touch to convey synchronicity with the infant)
- Acceptance / Mind-mindedness (a caregiver's capacity to experience their baby as an intentional being with their own personality traits, strengths and sensitivities)
- Co-operation / Reciprocity (turn taking)
- Family Membership / Sense of belonging

Schofield and Beck (2009, 2014) suggest the model should be used at the beginning of a fostering / kinship relationship or adoption to support positive caregiving approaches to help infants / children recover.

This consistency is crucial for infants that have received disruptions to their attachments formed by previously not having routines. Positive care that helps build healthy attachments supports brain developments and builds resilience where neglectful parenting and potential harm has occurred.

Manchester City Council , with the knowledge that infants thrive and flourish where there is a consistent caregiver fully supports this level of consistent care for babies under 24 months and any changes to this will require an assessment to confirm it is in the babies best interest.

Studies show that daycare situations that exceed 20 hours or more can be stressful and detrimental to long-term health of infants under 30 months (Journal of Attachment Parenting 2015).

We will support carers to access community services and resources like playgroups and drop-ins and sessions from local Sure Starts etc. This may include Stay and Play sessions , video interactive guidance and use of early language screening to support carers .

This may include revisiting earlier stages of play and interaction and catching up on what they have missed. Early interactions between the primary caregiver and the baby play a significant role in establishing the normal range of emotional arousal and in setting the thermostat for later control of the stress response. Both very high and low levels of cortisol are indicative of abnormal development of the stress response and can cause long term physiological and psychological damage.

During any assessment as a kinship / connected person we will explore a potential carer's ability to be able to provide and sustain this level of care until an infant is eligible for Early Learning experiences, which will depend on their individual circumstances. *This may include the 2 year old entitlement as well as the offer to all 3 and 4 year olds.

Where there is more than one carer that has been put forward for assessment then the carer for an infant 0-3 years of age, who can give full time care, will be the preferred option for assessment if all other attributes are equal.

If a carer still wishes to become a carer for an infant / child and can provide that consistent and nurturing environment for an infant / child and is the best placement option for that infant / child that promotes good outcomes, infant bonding and brain

development then they may be entitled to ask for an assessment to determine any financial support available to them; this would be subject to means testing.

If it is determined that on balance the placement is still in that infant's best interest and the carers are insistent that this can only be achieved with support from an early learning centre, Manchester City Council would be clear in its rationale for not supporting this intervention and that all day care costs will be the responsibility of the caregivers. This may necessitate in using any assessed allowance received to pay for this.

Children that receive their full entitlement to free early learning will not be eligible for any top up fees for any extra provision provided, as Manchester City Council believes that time spent away from their caregivers should be kept to their limit of entitlement due to their "poorer start" in life and their constant need to catch up to children of a similar age in having secure attachments that will aid learning.

References :

Woolgar, M (2013) Early Childhood trauma and Therapeutic Parenting

Kendall-Tackett, K (2013-2015) Journal of Attachment Parenting

Shonkoff, J et al, (2012) The Lifelong effects of early childhood adversity and toxic stress

Schofield, G and Beek, M (2009, 2014) The secure base model