

Webinar 'Seeing the World through Babies' Eyes in Times of Crisis and Change' 10 June 2020

Participants' Questions and Comments with responses from PAIRS (Parent and Infant Relationship Service)

1. Question/Comment: Would an earlier referral, from maternity and her midwife, have made a difference in the case that Ben introduced?

Response: This question was answered live at the end of the webinar and please view a full response from the PAIRS team there. In summary, yes the earlier that a referral is made the better, and we would encourage practitioners to contact us to discuss any early concerns they have about the baby/caregiver relationship (including for babies in utero). In this particular case, an early referral was made and initially we worked with the professional network (particularly the adult mental health care co-ordinator and the health visitor) to ready the mother for an intervention from our service.

2. Question/Comment: Do you work with the perinatal mental health team?

Response: Yes we can work with the perinatal mental health team and we accept referrals from them. We will look at the presenting information in the referral, liaise with perinatal team and assess on a case by case basis the most appropriate course of action. It may be possible to jointly work the case, and meeting in advance to discuss and plan a transfer to the PAIRS team for parent-infant work.

3. Question/Comment: Could you clarify the eligibility criteria in relation to LEAP wards?

Response: The Parent Infant Relationship Service (PAIRS) is available to expectant parents and parents with babies or toddlers (up until their fourth birthday) who live in the LEAP wards of Tulse Hill, Stockwell, Coldharbour and Vassall. There is a postcode checker on the LEAP website to check if a family lives in one of the 4 eligible wards: <https://www.leaplambeth.org.uk/about-leap/are-you-a-leap-family>

4. Question/Comment: I was wondering if you could talk a bit about talking to/preparing babies/toddlers at times when they might be going into care or changing placements when they are looked after children.

Response: This question was answered live at the end of the webinar and please view a full response from the PAIRS team there. It is important to prepare young children and babies when they are going through life changing events eg. going into care or changing placements; Often this is avoided by adults in the mistaken belief that this will protect them from the harsh reality of separation and change, But babies and toddlers will pick up on the emotional charge around them. In fact they can process sensorial information and be helped to make sense of the situation with words. The words need to be relevant to them and in simple terms. They need appropriate explanations to make sense of their lives. The narrative can get more sophisticated as they grow older – like age related games and puzzles.

There are tools available for looked after children such as Watch Me Play! a simple way for parents and caregivers to support their baby or young child. <https://tavistockandportman.nhs.uk/care-and-treatment/our-clinical-services/watch-me-play/>



5. Question/Comment: Is there a release date for the results of the survey from the Parent Infant Foundation referenced in the webinar?

Response: On Wednesday 6th May, member organisations of the 1001 Days Critical Days Movement (1001criticaldays.co.uk) including Home-Start UK, Best Beginnings, Parent Infant Foundation and the Maternal Mental Health Alliance, launched a survey to gather the experiences and concerns of families who are experiencing lockdown during their babies' first 1001 days. 5000 parents and prospective parents responded. The Parent Infant Foundation have informed us that official release date of the data from the survey is coming soon, and that the information should be out within the next few weeks including a fuller breakdown of the statistics and qualitative responses. Check the Parent Infant Foundation website for updates: www.parentinfantfoundation.org.uk

6. Question/Comment: Do you have a further insight into why Asian women are reporting a higher affect on their unborn /babies during Covid?

Response: Please see response above about full release of survey data, question 6, this will include a more complete breakdown of the statistics and qualitative responses. In terms of British-Asian women, the Parent Infant Foundation initially speculate that the impact may be felt more because of the higher risk from COVID-19 due to a variety of factors (increased financial insecurity, more likely to be healthcare workers etc.) but they say that further analysis will help to see if they can understand this further.

7. Question/Comment: Have you spoken to IAPTs about joint sessions with mother and babies as often mothers cannot attend psychology sessions as they are often discouraged from taking their babies along to sessions with IAPTs

Response: We have contacted IAPT (Improvinh Access to Psychological Therapies) on a number of occasions with LEAP (Lambeth Early Action Partnership) to explore how we could work together, and they were invited to the webinar. We recently emailed to discuss reviewing possible PAIRS referrals from their cases on a monthly basis, and offering PAIRS support for that. Your suggestion is another one that we could explore and ultimately it comes down to whether they have the capacity to engage with us in these conversations and action them. We are happy to discuss further with you if you have any additional questions or ideas.

8. Question/Comment: Various comments about the clip from Valerie where the man was talking to the baby including:

- Man looked more distressed than the baby
- Man should have song a lullaby

Response: Please check the webinar for the clip which is an extract from the Circle of Security program. The clip shows a stranger (Bert Powell) and a baby on a split screen. Bert tried to reflect the emotional state of the baby and stay with it. As the mother's baby left the room for few minutes, the baby feels lost and distressed at times and Bert tried to mirror that and even using exaggerated facial expressions. This is hard work and parents can't do that all the time – being attuned 30% of the time is good enough. Sometimes distraction such as singing a lullaby is a good technique. This clip was trying to illustrate how babies can have their emotional state noticed and reflected. Sometimes it is difficult to acknowledge the feelings rather than distracting or trying to push the baby to be happy all the time.



9. Question/Comment: Would be able to do training sessions for our Health Visitors?

Response: Yes PAIRS (Parent and Infant Relationship Service) has provided training for stakeholders in the four LEAP wards of Lambeth, please contact us to discuss your specific requirements.

10. Question/Comment: In response to the video during Ben's presentation, do babies understand words?

Response: Not in the same way adults do as their brain is different. Babies; brain are 'under construction', however, that does not mean that babies don't need words.

There is a difference between brain and mind. Dan Siegel explained in his book "The Neurobiology of We" that the mind emerges out of the interaction between your brain and your relationships.

There is also the unconscious. For Françoise Dolto, the unconscious is developed even in the infant. She also explained that in psychoanalysis where the unconscious is explored, there are many instances of individuals retrieving in analysis verbatim memories of what they were told as babies – and they could not know otherwise. Also there are many theories and interesting books about corporal memories (such as "the body keeps the score" by Bessel Van Der Kolk).

Dilys Daws (who is sometimes described in France as the English Françoise Dolto) explains that babies need be warned about changes eg changes in their routines, about immunisation. In her book "Finding your way with your baby", she explains (p. 114-115) that:

"when a baby is immunised, it makes a big difference to how he deals with the injection if parents warn in words, and afterwards use words to describe his feelings about it. Interestingly, it is not a straightforward matter of simply being sympathetic when talking about a frightening experience – the sympathy often needs to be followed by a brisker "You're alright now" or even a little joke to help close off the episode.(...) Crying babies can usually be consoled better when their parents try to put the baby's feeling into words.

11. Question/Comment: In Signe's video, the journalist talks about "maternal instincts". But the video actually shows there are no such thing as maternal "instincts", right?

Response: It is a great question and many scientists and researchers debate whether "maternal instincts" exist.

Dr. Gillian Ragsdale, a biological anthropologist says that the word "instinct" is being misused time and time again in the context of parenting, because it's often confused with a "drive."

"Instinct is hard wired, something you don't really think about. A drive is motivating, it gives behaviour direction, but it's not an irresistible force."

Scientist and author of Mother Nature: A History of Mothers, Infants, and Natural Selection Sarah Blaffer Hrdy believes that mothering behaviour is learned and not instinctual. She believes that the desire of a mother to care for a child depends on her desire to be a mother and the amount of time spent bonding together.

It is often assumed that every mother who gives birth is automatically ready to nurture her offspring, rather the case is that gestational hormones prime mothers to respond to stimuli from her infant, and after birth, step by step, mother is responding to cues and learns from her baby. This process would apply to fathers and adoptive parents too.

In case of the mother Zoe, her early childhood experiences, difficult pregnancy and birth and Post Natal depression altered how Zoe perceived her baby.

By spending time in therapy, reflecting and working through her experiences and learning how to interact with her baby, and read her baby's clues, Zoe slowly learned how to love her baby. If you watch the documentary fully, Zoe



later comments that she experienced being driven to rush to comfort her baby when the baby was distressed after an operation, where before, Zoe said she did not feel such a pull to comfort her baby.

Understanding our own experiences can really help us to understand – and empathise – with other people’s experiences, including our baby’s. If we are able to integrate and make sense of our experiences, it provides us with a greater awareness and understanding of our feelings in situations which in turn deepens our understanding of baby’s needs.

