Supporting infants as they transition into foster care

by Julie-Ann Lyons

Introduction

At the best of times, periods of transition can be fraught with difficulty. However, as adults, most of us can prepare for changes ahead and we do what we can to buffer the impact. The purpose of this article is to consider the experience of a transition into care through the eyes of an infant. In the article, when I refer to the infant, I am talking about their first 1,000 days (from pregnancy up to two years). I look at the experience of supporting infants from the perspectives of all involved in the fostering system.

Fostering social workers are acutely aware of the impact on the baby of the loss of the primary caregiver. They understand the importance of the earliest relationships on brain development. They know that consistent and predictable caregiving is essential for a baby to feel safe enough to explore and learn, to form secure and lasting relationships and to experience, regulate and express their emotions. Developing these capacities is synonymous with healthy social and emotional development (Zero to Three, 2001; Zeanah, 2009). Unfortunately, the reality is that babies in transition may be in contact with a number of strangers on a weekly basis, and with different access workers, social workers and possibly medical professionals for different appointments. They have gone through a significant separation and foster carers have just taken on a hugely important responsibility for which they deserve support.

There are many beliefs about how to best support a baby in the first months of their life. These beliefs may be informed by a number of factors, for example cultural norms or parents' own experiences of being parented. This article will firstly address how to support optimal infant mental health and will share some key universal facts about the needs of infants. It will then discuss how challenges in the perinatal period can make it harder for a baby to settle into a new placement due to the defence mechanisms they have built up. It will then consider how there is a parallel process at play between the infant's experience, the foster carer's experience and the fostering social worker's experience. In gaining some insight around this parallel process, it will finally argue that

the infant's needs at this time will be best met by firstly meeting the needs of the key care providers in the system.

How to support infant mental health: feeding, holding and cleaning up mess

From the very beginning, the essential survival needs of infancy are, on the physical level, to be fed, held, and for 'mess' to be cleaned up. These needs have psychological parallels which are equally important to the healthy survival of the infant (Emmanuel, 2008).

As we know, food is essential for survival. But the baby takes in far more than just milk from his mother; he takes in the love and attention accompanying the feeding situation. What goes in with the food is a feeling of goodness, lovableness, attention and delight that will help buffer the infant from the inevitable let-downs of life. It will also make the infant more inclined to seek out relationships with others and because of the attention paid to him, he might be better able to attend to others and to pay attention in school. However, in less optimal situations, he takes in anxiety or even hostility and resentment. This can make 'taking in' a dangerous thing for the baby, and he may go on to struggle with feeding but also with 'taking in' the goodness that other people might have to offer, or indeed 'taking in' in terms of learning.

The second requirement is being held, and its psychological equivalent, where a baby needs holding in mind and cannot survive if he is forgotten about. We see this in everyday interactions when the caregiver is thinking about what the baby needs, such as a nap, food, more or less clothes, or some stimulation. In optimal cases, a young baby's primary caregiver is often preoccupied with baby's needs. They spend time holding their baby and looking into their eyes. If you can imagine that each 'moment of meeting' (Stern, 1998) where caregiver and infant smile and coo back and forth in a 'serve and return'-type way is like a blanket being wrapped around the baby to make them feel securely held (Harvard, 2005). When the baby inevitably has to face something that is difficult, it is as if one of those blankets is removed but plenty of layers remain underneath to protect them still. In the absence of a caregiver who can hold them close, both physically and emotionally, infants may resort to holding themselves together in a range of ways. They may gaze at an object such as a bright light intensely, not 'letting go', or an older toddler may keep their coat on when they arrive at nursery or insist on

having their shoe laces tied tight, as if their clothing can help them feel held together (Emmanuel, 2008).

The third requirement is the process of 'cleaning up the mess' of the baby. It is not only the poo, vomit, spittle and tears that need cleaning up, but also the vital, parallel psychological processes. Babies do not have the mental apparatus to process what they are bombarded with in these early days – all the pleasurable, painful or frightening new experiences that they are receiving. They rely on an adult to help them to make sense of their overwhelming experiences. Adults can do this by thinking about what the experience might be like for the baby and putting words on it for them. In the language of the Circle of Security approach (Hoffman et al, 2017), adults are needed at this stage to 'organise the feelings' of the baby until the baby has the capacity to regulate their emotions for themselves.

When a baby feels safely fed, held and cleaned up – both physically and psychically – they are more likely to be able to regulate their emotions, and once this has been achieved, they are much better placed to function cognitively. Bruce Perry (2005) talks about the 'Three Rs': Regulate, Relate and Reason. We can't relate until we can regulate, and we can't reason until we can relate.

Universal facts about infants

1. A baby's first relationships will influence the way he or she relates to others throughout life.

As mentioned above, our earliest experiences set our life course in motion and nurturing relationships are essential for optimal infant mental health. John Bowlby (1988) first brought our attention to the importance of a baby feeling securely attached to his primary caregiver and since then the significance of the attachment relationship has been acknowledged as playing a central role in shaping a child's expectations about others people's availability and support when needed. This set of expectations, also referred to as the child's 'internal working model', influences how a child feels about themselves, what they expect from relationships and their perceptions of the world around them. Our internal working model becomes part of our personality by the age of three years. The good news for foster carers is that, although resistant to change, internal working models can be transformed once a child is exposed to a consistently nurturing and attuned caregiver.

2. Young children can remember traumatic experiences even if they occurred early in life (despite our wish to the contrary).

Selma Fraiberg (1982) in her seminal article, 'Pathological Defences in Infancy', noted the subtle ways in which infants protect themselves from the pain and terror of having an unavailable caregiver. We are familiar with the three possible responses we can have to a terrifying event: fight, flight and freeze. Fraiberg also noted these same responses in the emotionally abused and neglected infants she was working with.

In the 'fight' response, she saw babies who appeared lively and energetic but then would disintegrate into inconsolable and angry crying. Their parents would often refer to them as 'little monsters' or 'hyperactive'. Children who have been traumatised in infancy can be prone to apparently unprovoked outbursts of aggression. When the primary caregiver had not been emotionally available for their baby, the baby would have tried to push these big scary feelings into the caregiver with greater force so that their communication could be received and understood. The behaviour attempting to elicit a response might include screaming, kicking, or head banging.

Fraiberg noted that the babies who retreated into 'flight' were the ones who consistently looked away from their parent or presented as shut down or precociously independent. These babies had learned to avoid intimacy, as looking for it when it was not available was too painful. Babies can decipher emotional tone from early on so if the relationship is unpredictable or dangerous, the baby has to avoid it.

The babies who seemed unresponsive were those who 'froze', either obviously, through complete immobilisation, or just by making absolutely no demands. These babies are often mistakenly described as being 'good babies' but sadly they have learned this biological defence as a necessity for survival and often as a result of extreme danger. In the course of my work I witnessed a toddler go from 'flight', where he ran away from his foster carer in the park in indiscriminate directions, to 'fight', where he screamed uncontrollably and kicked out wildly when he was lifted into his pram, to falling completely silent in 'freeze' mode when he was clipped into his pram and he remained like this, staring into the distance.

3. Quite early on, babies can learn to hide their emotions.

It is vitally important for foster carers to understand that, even at such a young age,

babies can 'miscue' their caregivers and behave in such a way as to actually hide their particular need (Hoffman et al, 2017). This happens because in their first experience with their primary caregivers, for fear of abandonment they developed ways of acting so as not to upset their caregivers. So, for example, if their parent was not comfortable with closeness, they would learn early on to behave as if they didn't need that closeness and act quite independently. Conversely, if their parent was uncomfortable with separation, they learned to stay very close and perhaps act in a 'clingy' way towards their parent, even if their own need was to be curious about the world around them. In other words, their attachment system was activated in such a way as to influence how they behaved and this belied what their own true desire was.

4. If a baby or toddler is acting out in a hurtful way, they are not being wilful, they have just not achieved the capacity to regulate and control their emotions yet.

Dan Siegel (1999) explains that this ability has simply not yet 'come online' in terms of brain development. Once caregivers understand that at a time of transition, when emotions will be heightened, an infant or toddler will not have the capacity to control their behaviour. This understanding will help caregivers to respond in a more empathic and compassionate way.

Difficulties in the perinatal period

The vulnerability of a biological parent or the vulnerability of an infant can create difficulties in the bonding and attachment process. However, when the vulnerabilities of biological parents are combined with the vulnerabilities of infants, it can create a perfect storm. Vulnerabilities of parents might include mental health difficulties, substance misuse, unresolved childhood histories of abuse or neglect and stresses caused by socioeconomic factors, domestic violence or homelessness (Weatherson and Tableman, 2015). Into this then, a baby is born.

Having a healthy, robust baby in these circumstances would pose a challenge to any parent, but a baby who is constitutionally fragile or 'at risk' (for example, a baby who is irritable and difficult to console, sensitive to touch, had a low birth weight, is in withdrawal, difficult to feed or easily overstimulated) will be less able to provide positive feedback to their parent. These babies may be placed in NICU and separated from parental care. As a result, they will not have been held as much and so the normal

processes of bonding and attachment can be interrupted.

The cues of these babies are already more difficult to read. They may have resulting developmental challenges which may require very high levels of responsiveness from parents, which given their own difficult circumstances may not be possible to provide, despite the best of intentions. I have already mentioned how this positive feedback (the 'serve and return' interaction between mother and baby) is one of the building blocks of a secure attachment. Without it, the relationship will struggle. Even a few seconds of mutual regulation (or 'moments of meeting') for 'at risk' babies can make a difference, as anything that will connect the baby with their caregivers is a positive thing.

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Parallel processes

Often what babies and pre-schoolers transitioning into care experience is mirrored in the caregiving system around them, particularly by foster carers and fostering social workers. This can be, for example, unpredictability and a lack of information; lack of appropriate support; a sense of overwhelm and a sense of risk; at times having to manage the change from relative calm (in foster care) to chaos (returned home) to relative calm again (received into care once again); self-doubt and lack of a sense of efficacy.

The baby's basic needs for feeding, holding and cleaning up the mess are also shared by those around them. For example, foster carers need to be 'fed' appropriate information in order for them to be able to respond in an attuned way to the new babies in their care. Similarly, the social workers working with these families need to be 'fed' with sufficient training and upskilling to support them to do this often difficult and painful work. A foster carer needs to be 'held' in mind by the social worker, and not 'dropped' due to an unmanageable caseload. In supporting the foster carer, the social worker needs to hold in mind that this caregiver is now expected to care for this little person that they really don't know (initially) and it can be hard to build that reciprocal relationship for all the reasons outlined above. This may cause the foster carer to question their ability to meet the needs of the baby or it may even lead to a placement

ending. Social workers need to be sensitive to the fact that it may be difficult for a foster carer to allow themselves to build a bond because of fear that the child will be removed from them. As previously mentioned, some babies are leaving NICU on medication for NAS (neonatal abstinence syndrome) and they need far more than 'good enough' – they need highly attuned carers. And for this to happen social workers need to 'mind the minders' by providing highly attuned support. There is then also the crucial support the fostering social worker needs from their own manager during stressful times of transition. The emotional difficulties that come with bringing a baby to a stranger and leaving them there cannot be overestimated. Even though they know it's safer now, the social worker is acutely aware that the baby doesn't know this and obviously can't comprehend why they are surrounded by strangers in unfamiliar territory. This will take an emotional toll on any worker. A social work manager needs to hold their staff in mind by paying attention to their workload and not overburdening them. In so doing, they free up the social worker to hold their foster family in mind.

A foster carer needs to have their 'mess' cleaned up, by feeling they can share their worries, fears and self-doubt in an uncensored way with their social worker who can think about and contain these feelings and support them through it. And this is exactly what the social worker needs from their own manager.

What is also shared with the infant is the biological necessity for self-protection, and this can give rise to defensive behaviour. For example, it might be very hard for social workers and foster carers to face the pain and needs of very small children and, in order to cope, they may minimise the impact of the transition into care on the baby. However, if they are fed, held and given space to clean up the psychic mess, these defences can be gently explored.

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Modelling the model: how foster carers and social workers can use this knowledge to support babies in transition

For infants and pre-school children, transitions present even bigger challenges as they do not have the capacity to articulate how they are feeling. In order for a social worker to support the foster carer at this time of transition, a number of things might be helpful:

1. Psychoeducation: understanding infants' challenging behaviour in term of attachment needs, defence mechanisms and temperament.

In light of what has been discussed, it's important for social workers to take time out with foster carers to pause and try to making meaning of an infant or toddler's behaviours and wonder about their underlying need (e.g. for comfort, protection, help). It is also vitally important for caregivers to understand that babies are born with particular temperaments, that caregivers need to be sensitively attuned to. These include how emotionally intense or laid-back the child is, how active or passive they are, if the child is very social or a bit shy, how adaptable they are or if they struggle with change, and, finally, how well they are able to tolerate frustration, for example, if they stick with something or give up easily when frustrated (Zero to Three online resource, 2022).

2. The infant's early history.

The social worker must pay close attention to the biological parent's narrative about the baby's early history as this will also provide information about how the baby is presenting and therefore inform them about how best to respond.

3. Close observation of non-verbal cues.

As has been previously stated, babies don't have language, so their way of communicating is through their behaviours. Through sensitive social work support, the foster carer might be helped to notice the nuances of early baby behaviour, be helped to 'read' their new baby's states and therefore to respond in a more attuned way. This will in turn build their confidence in their role and their belief in their ability to meet their new foster child's needs. Building the caregiver's confidence will help build the relationship. The Newborn Behaviour Observation (NBO) (Brazelton online resource, 2022) is a useful tool to support carers in getting to

know their baby. It looks at a number of things, including how well a baby is able to protect their sleep by paying attention to how sensitive they are to sounds and light. It looks at how sturdy and active the baby is, how easily the baby is consoled (for example, if a voice or simple touch helps to soothe the baby or if the baby needs to be held and rocked) and how much stimulation they like or can tolerate. For example, we know that babies who have been 'incubated in terror' (Perry, 2015) have higher levels of cortisol and a lower 'window of tolerance' for stress. The NBO also looks at how socially interactive the baby is (Nugent, 2007). Foster carers can be helped to recognise the baby's threshold for responsivity, and not to push the agenda but instead to take it at the baby's pace. To hark back to the importance of 'feeding' throughout the system, managers might consider the benefits of releasing some of their team to take part in the next NBO training.

"Observing these behaviours will show the baby's strengths and also identify the kind of support the baby needs. The observations can provide… [an] individualised guidance to offer parents." (Nugent, K., quoted in Brazelton Centre online resource, 2022).

4. Addressing any concerns sensitively.

If a social worker notices interactions between foster carer and baby which give rise to concern, it is important that the social worker attends to this in a compassionate and curious way. Fostering social workers are acutely aware of the huge task involved in caring for a foster child, the demands and pressures a foster family is under, and the feeling of scrutiny which is often felt by foster carers. At times this may make it difficult for social workers to bring the infant or toddler's needs to the fore, for fear of seeming critical of the foster carer. However, social workers need to be, in Alicia Leiberman's words, 'courageously brave' (Liebermann, 2022) and to sensitively address what has concerned them. They need to remain open to hearing what the foster carer's experience is, while ultimately keeping the needs of the infant in transition to the fore.

5. Understanding that feelings are contagious.

It is so important to acknowledge that the baby's, foster carer's and social worker's feelings are contagious and if the adults in the infant's life pay close attention to

how they are feeling themselves, it may give some clue to how the small baby is feeling.

To end this article with a piece of wisdom often attributed to Maya Angelou: "I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel." (Buehner, quoted in Evans, 1971).

About the author

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