

City of York Safeguarding Children Partnership

PRESENT Practice Guidance

Practice guidance and tool to support practitioners to capture the voice and lived experience of pre-verbal children

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1. Context

This practice guidance and accompanying tool (appendix 1) has been developed by the City of York Safeguarding Children Partnership in response to multi-agency audits and reports identifying an absence of the voice of the pre-verbal child. Acknowledgment of, and insight into, the lived experience of children provides essential understanding that is required to safeguard, promote positive infant mental health, and realises the human rights of infants and very young children. It is suggested that this tool and guidance can be used to support direct observation of children, record keeping, report writing, personal reflection, reflective discussions, and professional supervision.

There are many ways to capture voice and lived experience of a child, and this guidance will provide an example to consider when working with pre-verbal children.

2. What do we mean by ‘the voice of the child’?

Every child can communicate, it is our responsibility as adults to interpretate it and to understand their lived experience. What is it like to be this child in this situation at this time?

Infants as young as newborn can communicate their intentions and feelings, but often the nature of work and workload demands forces attentions to parent’s perspectives and lives and neglects the full lived experience of babies and toddlers.

Adults cannot ask an infant about their lives or decisions that affect them but can learn to observe and look within themselves for the voice of the child and to describe it in their own words.

Knowledge or expertise in early year’s child development is not a requirement to develop these skills but adults must recognise that infancy and young childhood requires recognition as life stages and are not simply transitional phases.

“Infants are not indifferent, but highly intentional and meaning making creatures, wanting to have their opinion heard and legitimised” (1).

3. How can adults interpret observations to provide the voice of the child?

Adults are required to:

- Immerse themselves in the experience of the child
- Acknowledge the inner- feelings that the observations provoke
- Reflect on the experience through the child's perspective.
- Make sense of observations, information, and reflections to provide analysis

The words that adults use to describe the lives of infants are powerful; they can provide infants with opportunity or conversely, can limit the influence the infant has on their world experience (1).

4. PRESENT

The mnemonic PRESENT serves as a reminder to be *present* alongside the child and to '*present*' a narrative of their lived experience. The mnemonic can guide and focus practitioner observations and curiosity about the child and interactions. Observations of what you see and hear, and your reflections can provide 'snap shots' of the child's lived experience and rich insight over time. Giving consideration to the suggested areas (below) will support analysis (the "so what?") and inform actions.

Perspective

Relationships, **R**eciprocity and **R**esponsiveness

Environment

Stimulation

Empathy and **E**arly attachment

Needs and **N**urture

Time to value and feel valued

Perspective

The responsibility to understand and articulate the voice of the child rests with the adult. Take the time and allow yourself to be focussed on the perspective of the child. Observe both the physical environment and activity happening within it. Be with the child, get down on the floor with them, interact and engage; this will support you to focus on the individual child and be open for the impact the child can have on you.

Relationships, **R**eciprocity and **R**esponsiveness

The perspectives and actions of the child's main care providers are crucial to developing insight into the child's voice.

Protect time in the conversation with parents to be solely about the child; observe what parents say about the child and how they say it.

Asking parents to provide a narrative about their child can tell us a lot about the child's lived experience, however, be mindful that this is not the voice of the child.

Listen for surprising, confusing, reassuring, irritating etc. parts of the parental narrative. Do parents discuss their child's current needs and milestone achievements for example? Do they speak fondly or negatively of the child?

Are communication and interactions calm, playful, nurturing, encouraging, gentle, for example and appropriate to the age and stage and fit with what the child is communicating at the time? Do child and parent/caregivers respond to one another, if so, is this positive?

Environment

Is there a safe place for the child to lie/ sit/ play and explore appropriate to age and stage of development?

Is there an appropriate safe place for child to eat, sleep and rest? Are

there any safety or health hazards in the environment such as tobacco smoke?

Does the child have opportunity for fresh air and outdoors? Are there opportunities for physical play? Even very young babies enjoy and need opportunities for a wriggle and stretch.

What is the environment like - is it busy, calm, stressful, cheerful, chaotic, unpredictable?

Stimulation

Infants and young children are naturally curious and playful and will instigate interaction and play that are crucial to development.

Are there age and stage appropriate toys, books and play space? Are very young babies and children supported and encouraged to play and explore?

Do parents provide interaction with infants one to one using their voice, facial expressions, and touch?

Are there opportunities to explore independently in safety? Do parents/caregivers recognise when a child is bored or over-stimulated and appropriately respond? Is the child played with and also provided with a break from stimulation?

Empathy and Early attachment

Bonding and attachment rarely happens immediately for all parents and more usually takes time to develop. However, consistent care and closeness during the first 2 years are most critical for forming attachments. The young baby needs an adult for comfort and regulation, and babies that are accustomed to receiving this soon learn that comfort is available when needed.

Do parents focus on the feelings, thoughts, and experiences of their child? Do they speculate aloud about why they might be upset? *"That was a loud noise wasn't it", "oh you have missed mummy haven't you"* for example. Are infants held, carried, and soothed by touch? Is the child picked up and

soothed when they are distressed? Do they settle as a result?

Do the parents and carers appear to 'tune in' to the child and follow eye gaze or demonstrate eye contact?

Do parents recognise if their child is hungry, unwell or in need of closeness and affection?

Do you observe any of these secure attachment behaviours during times of stress or exploration: wanting to be near their primary caregiver, returning to their caregiver if they feel afraid, treating their caregiver as a base of security from which they can explore their environment, distress when caregivers leave but easily comforted when they return?

How does the child respond to your presence as an unfamiliar adult? Do they move towards their caregiver to seek reassurance?

Between 6 months and 2 years approximately, do you observe separation anxiety when the infant's caregiver leaves? This can demonstrate a strong attachment. From 18 months to 2 years onwards, secure children will be observed to be less dependent on their caregiver.

Needs and Nurture

Optimal brain development and infant mental health are reliant on needs being met by a nurturing caregiver. Basic needs are essential but so too are the quality of interactions between child and parent.

How does the child present? Take time to observe.

Does the child appear unhappy/ happy? Are they settled and vocalising perhaps or crying? Do parents/ caregivers take prompt steps to settle? Could this be due to hunger/ tiredness/ illness/ full nappy/ boredom?

Is the child appropriately dressed for the temperature and activity? Are sleep requirements met? Do caregivers seem aware of any needs that the child is trying to communicate and takes steps to meet their needs?

Do parents/ care givers show affection, empathy, emotional warmth, and physical comfort? Is handling gentle, caring, and appropriate for the age and stage of development? If it appears too rough/ without care what

gives you this feeling?

Time to value and feel valued

Ask yourself, does the primary carer take time to be 'with' the child; away from distractions to focus solely on them and what they are communicating and expressing? These moments can be during care activities such as nappy changing or time together in interaction or play.

Are very young infants held, soothed, and interacted with?

Are routines/ arrangements appropriate to the age and stage of the child? Are their needs met within a family of siblings considering the competing demands placed upon parents/ caregivers? When the child needs something do parents/ carers respond appropriately? Do they prioritise the child's needs over their own?

Do caregivers spend time "in the moment" with the child; observing them and responding to their cues in ways that both parent and the child enjoys?

Is communication reciprocal; have you observed interactions and 'turn taking' through talking and vocalising/ facial expressions and body language? Do parents/ caregivers respond to the child's vocalising and sounds positively? Is there eye contact? Are smiles exchanged? Do caregivers respond with soothing tones, pitch and intonation demonstrating parentese*?

(* parentese is using a sing-song voice, talking in a higher pitch, and stretching out vowel sounds.)

Having now explored how observations of children in their environments with parents/ caregivers can be made, the next section provides an example to illustrate how to use the guidance and PRESENT mnemonic in daily work to draw out the lived experience of the child.

5. Observation

Use the PRESENT mnemonic to guide your observations of the child in their environment and with their caregivers and family.

Observation - example

Father Peter Jones was attending to the three older children when I arrived at the house as they had just returned from school. Bobby was in the highchair crying. He was uninterested in the toy on the highchair and was rubbing his eyes and pulling at his ears and hair. He was very flushed looking with teary eyes and running nose. Peter appeared under pressure and seemed to be quickly trying to sort the children and told them he needed to settle Bobby for a nap. Peter frequently reassured Bobby "I'm coming sweetheart, I know you are tired." Mother Jane Jones was present and was preoccupied on her phone during most of the visit and was difficult to engage in conversation. Sarah the eldest sibling went to Bobby, patted his head, and said, "its ok Bobby don't cry." Bobby settled for a moment but cried again when Sarah went outside. Bobby became more distressed when Jane lifted him from the highchair to take him to bed. Jane did not attend to his full nappy or demonstrate warmth or affection to him on this occasion and she presented as low in mood today.

Bobby was dressed in appropriate clothing for the climate and activity. He was wearing a Thomas Tank engine jumper and there were lots of Thomas toys and books in the kitchen. I tried to interact with Bobby with a train, but he was too upset and looked to Peter when I approached him. I asked Jane if Bobby was unwell. Jane responded that he had "been a nightmare all day." Jane then lifted Bobby from the highchair which made Bobby cry even harder. Bobby's nappy looked very full. Jane took him upstairs; I did not observe her speaking with him or soothing him. Jane soon returned to the kitchen, and I could hear Bobby still crying loudly upstairs. When Peter returned from the garden, he appeared frustrated with Jane and asked her why Bobby was crying. Jane said, "cos he's miserable." Peter went upstairs and I heard him soothing Bobby over the baby monitor.

I asked Jane about their childcare arrangements. Jane told me that she is at home fulltime and Peter works nights in a restaurant. I asked Jane if she needed any support with anything, Jane began to cry and left the room.

I only observed the kitchen and living room today. Home is warm and well furnished. There is a hand-print painting on the fridge which was labelled "Bobby's." There are baskets labelled with all the children's names at the door for coats and shoes etc.

6. Reflection

Reflections are our inner thoughts and feelings that help us to make sense to what we have seen and heard. They should not be documented but used to inform your analysis- your overall, balanced professional assessment).

The reflective process can help us to make sense of any emotive or derogatory feelings we may have as these help us to understand the lived experience of the child, but documentation must be based on fact, evidence, and professional judgement.

Some key questions to support your reflections:

- *Being present with the child requires focusing on them and seeking an understanding of their perspective. Did you get down on the floor/sit with the child and interact with them? How did you feel about doing this? Can you identify any internal and external barriers or difficulties that made seeing the world through the child's eyes difficult?*
- *How did the observations about the relationships and interactions make you feel? Reflect on this. What does this tell you about the lived experience?*
- *When considering the child's environment, what does it feel like to be a child living here?*
- *Does the child look forward to the day and end it feeling content? What do you look for to answer this?*
- *Do you have the sense that the parent is attuned and empathetic to the child's feelings and needs? Why do you think this?*
- *Do you think that the child feels safe and loved? Does at least one caregiver really love the child? Does the child feel valued as an individual? Reflect on this and what makes you think this?*

Reflection - example

Reflection aids analysis but is not for documentation:

I was really worried about Jane's apparent lack of empathy to respond to Bobby today and I don't think she is coping or meeting his needs as his main caregiver. Peter seemed very responsive to Bobby and was gentle and loving however there seems to be tension in the home and between Peter and Jane. I am not clear if Jane has mental health difficulties, but she presented very low today which would be a concern of this impact on Bobby. Perhaps this was just an off day and Jane is usually more responsive and involved. I was reassured by Peter being home and the

care that he provided though I am concerned that he might have to manage everything at home, and he works night shifts. The Thomas toys etc. were good to see as Bobby clearly loves this and it looks like someone does painting activities with Bobby.

7. Analysis: your overall, balanced professional assessment

“I have seen and heard all this; it has made me feel this way - so what?”

The Oxford English Dictionary defines analysis as ‘The action or process of carrying out a detailed examination; the methodical or systematic investigation of something complex in order to explain or understand it.’

Analysis is central to everyday practice with children and involves paying careful attention to what is going on in any situation to understand that situation and make recommendations for support. It is the mechanism to draw together observations and reflections and is **the most important task for the practitioner** in many ways. It allows a weighing up of feelings and thoughts experienced from intuition and logical reasoning.

For example, we may be concerned about the lack of response of a parent to baby crying however we recognise this may not always happen and there might be reasons for this that we are not aware of on this occasion. Weighing this up is not always simple and often it is important to recognise that further information/ observation/ focus is required to inform our insight into the lived experience.

Analysis is both a process and a product. The *process* requires using a wide range of professional skills, intuition and expertise and selecting the most important details from all these aspects and writing them in a way that is accessible, the written *product*.

The written record of analysis involves selecting the most important details from all these aspects and writing in a way that makes these understandable to many different kinds of readers. Moving from analysis as a process - a part of almost every moment of everyday practice and involving a wide range of professional skills, intuition, and expertise - to analysis as a written product is central to the securing of services and improving outcomes for children.

Producing written analysis can be challenging. Audits have shown observations which are recorded as fact without professional summary of what they mean to that child at that time.

Good written analysis should enable a practitioner who is unfamiliar with the child to quickly gain insight into what worried you, reassured you and overall, your professional opinion of support/ actions required.

It is essential that documentation does not include emotive or derogatory language and consideration must also be given to any codes or professional standards in record keeping.

Example of analysis that captures voice/ lived experience of the child:

Bobby's attempts to make his feelings understood did not result in responsive care on this occasion until he become very distressed, and Jane took him to bed. There was no evidence of warmth or affection from Jane towards Bobby today and Bobby was not reassured by her presence or interaction with him. It is a busy household and Bobby must compete with three older siblings for attention. Reassuring features were the understanding and affectionate manner that Peter responded to Bobby, and Sarah appears to be a loving and interested sibling. Bobby was receptive to both Sarah and Peter. There are signs that Bobby's interests and preferences are noticed and nurtured and suggestion that there are fun Bobby- centered activities taking place with someone. The rooms observed were organised, adequately furnished, safe and warm for Bobby.

Further exploration of parental conflict is required to limit the impact on Bobby. Jane appeared very low in mood today and it is not clear if the interactions today are usual however Bobby's response to Jane suggest that there are support needs as Bobby's main caregiver. Further exploration of Jane's mental health and parenting support needs are required as well as further understanding of attachment between Bobby and Jane. Exploration of Peter's support needs are also required to enable him to continue to be a crucial caregiver to Bobby.

8. Appendix 1- PRESENT tool

CAPTURING THE LIVED EXPERIENCE OF PRE-VERBAL CHILDREN

BE PRESENT
TO PRESENT
THE CHILD

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THE WORDS THAT ADULTS USE TO DESCRIBE THE LIVES OF A BABY/TODDLER ARE POWERFUL; THEY CAN PROVIDE BABY/TODDLER WITH OPPORTUNITY OR CONVERSELY, CAN LIMIT THE INFLUENCE THE BABY/TODDLER HAS ON THEIR WORLD AND EXPERIENCE

- Immerse yourself in the experience of the baby/toddler
- Acknowledge the inner feelings that your observations provoke
- Reflect on the experience through the baby/toddler perspective

Ask
Yourself
...

Consider and reflect on your feelings that your observations have provoked? Do they support you to focus on the baby/toddler perspective? Is this challenging- if so why?

Reflect on what this could tell you about the lived experience of the baby/toddler. What does it feel like to be a baby/toddler living/being here?

If the baby/toddler could tell you, would they look forward to the day ahead and end it feeling content?

Do you have the sense that the parent is attuned and empathetic to the baby/toddler's feeling and needs?

Does baby/toddler feel safe and loved? Does this baby/toddler have someone in their life who really loves and cares about them?

PERSPECTIVE OF THE BABY/TODDLER

Allow yourself to be with the baby/toddler; get down on the floor with them, interact and engage. This will enable you to focus on the individual baby/toddler and open up for the impact the baby/toddler can have on you.

RELATIONSHIPS, RECIPROCITY AND RESPONSIVENESS

Protect time in your conversation with parents to be solely about the baby/toddler. Observe what parents say about the baby/toddler and how they say it. Asking parents to provide a narrative about their baby/toddler will be self-evident way of finding the voice of the baby/toddler. Is the communication used about and with the baby/toddler calm, playful, nurturing, fun, gentle, or is it confusing and irritating? Do parents speak fondly or negatively about their baby/toddler? Do you observe 'turn-taking' in communicating? Do parent and baby/toddler respond to one another? Is this positive? Do parents discuss their baby/toddler needs/ milestone achievements or is there an absence of this?

ENVIRONMENT

Observe the environment through the perspective of the baby/toddler. Is there a safe place for baby/toddler to eat, sleep and rest/lie/sit/play and explore appropriate to their age and stage of development? Are there safety hazards within the environment such as cigarette smoke or clutter? Does the baby/toddler have opportunity for fresh air, outdoors and nature? If the TV is on, is the show appropriate? Is the TV always on?

STIMULATION

Babies/toddler's are naturally curious and playful and will instigate interaction with people and the environment which is crucial to their development. Are there age and stage appropriate toys, books and play space? Is baby/toddler supported and encouraged to play and explore, both through interaction and independently? Do parents/caregivers recognise when baby/toddler is bored or over-stimulated and appropriately respond? Do parents provide interaction with baby/toddler one to one using their voice, face and touch?

EMPATHY AND EARLY ATTACHMENT

Bonding and attachment rarely happens immediately for all parents and more usually takes time to develop. However, consistent care and closeness during the first 2 years are most critical for forming attachments. Do parents focus on the feelings, thoughts and experiences of their baby/toddler? Do they speculate aloud about why they might be upset? Is baby/toddler picked up and soothed when they are distressed? Do they settle as a result? Do you observe any of these SECURE ATTACHMENT BEHAVIOURS during times of stress or exploration?

1. Wanting to be near their primary caregiver
2. Returning to their caregiver if they feel afraid
3. Treating their caregiver as a base of security from which they can explore their environment
4. Distress when caregivers leave but easily comforted when they return? Between 6 months and 2 years approximately, do you observe separation anxiety when the care-giver leaves?

NEEDS AND NURTURE

Optimal brain development and baby/toddler mental health are reliant on needs being met by a nurturing care-giver. Basic needs are essential but so too are the quality of interactions between and parent. Does baby/toddler appear unhappy/ happy? Is baby/toddler settled and vocalising perhaps or crying? Could this be due to hunger/ tiredness/ illness/ full nappy/ boredom? Do parents/ caregivers respond appropriately to any needs that the baby/toddler is trying to communicate? Is baby appropriately dressed for the temperature and activity? Are sleep requirements met?

TIME TO VALUE AND FEEL VALUED

Does the primary carer take time to be 'with' baby/toddler, away from distractions to focus solely on them and what they are communicating and expressing? These moments can be during care activities such as nappy changing or play. Is baby/toddler being held, soothed and interacted with? Are routines/ arrangements appropriate to the age and stage of the baby? When baby/toddler needs something do parents/ carers prioritise their needs over their own? Do caregivers spend time 'in the moment' with baby/toddler; observing them and responding to their cues in ways that both parent and baby/toddler enjoys? Are the baby/toddler's needs met with competing demands of siblings?

9. References

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