Infant and Family Teams London (LIFT) & Glasgow (GIFT)

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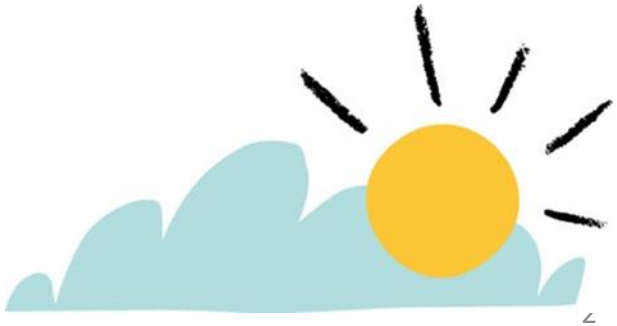
Aims of the Infant Family Team (NIM) model

- A relationship focused intervention
- For 0-5 year olds and their caregivers in care proceedings
- improve decision making about permanency /parents' capacity to support children safely at home
- Increase placement stability-reduce reunification breakdown
- Improve mental health, both for children who return home and those who remain in care
- Evidence 4 years and 7 years post intervention
- Reduction in subsequent incidents of maltreatment
- Lower risk of harm to subsequent children
- Children's mental health differed only slightly from general population



IFT assessment-What can your client expect

Home visit & intake interview-exploring history

Parent-child interaction assessment with each parent & carer

Working model of the child interview with each parent/carer about each child

Cognitive assessment adults and developmental on children

Assessment of parents own needs, which potentially impact on their relationship with the child e.g. trauma, domestic violence, addiction, mental health

Appropriate referral to adult or CAMHS/other services for each person

Holistic assessment and support provided for all relationships around the child

- **Key relationships** & ability to use these to get needs met
- **Developmental profile** - physical, cognitive, emotional, social
- **Individual strengths and difficulties**
- **Impact of child's experiences**
- **Interventions needed** for optimal development

Working Model of the Child Interview (WMCI)

(Zeanah and Benoit, 1995)

- Interview with adult caregiver
  - - child's personality
  - - relationship with the child
  - - favourite story

- Elicits: narrative accounts of relationship; how the caregiver views the child
- Narrative features: e.g. richness, coherence, acceptance, sensitivity
- Affective tone: e.g. Joy, sadness, disappointment, indifference

Crowell Play observation

- Clinic-based assessment
- Requires 30-45 minutes
- Combination of more and less structured activities
- Videotaped for later review
- Limited constraints on behaviour
- Clinically useful and formally codeable





Observing Interactions

- Sense of togetherness and comfort with one another
- Parent in charge & child cooperation/compliance
- Emotional tone
- Navigating transitions from one activity to the next
- Spontaneity and sense of togetherness
- Achievement oriented vs. experience oriented
- Seeking and providing comfort

Court report-formulating the evidence

Adult

- Outline their mental heath, personality functioning and needs
- Parenting
  - Strengths & vulnerabilities in parenting
  - Ability to accept responsibility
  - Coping strategies

Child

- Outline child functioning and needs (attachment and neurodevelopmental)

Parenting Capacity

- Can this parent this child at this point in time
- Reflective capacity and ability to change
- Recommendations for permanency and intervention

Other services/network around the family

Making Meaning- An Approach to Assessment

System	Team	Analysis
Meeting with other professionals: understanding perspectives of professionals/ extended family	Joint working and good supervision	Interplay of individual characteristics
	Space for the team to reflect on impact of case	Providing a coherent story explanation for the maltreatment
	Consider dynamics of family being played out in the team	Balanced/ compassion view
Reading the papers and considering impact of the family on the system and the system on the family	Allowing space for differences in the team	How the different aspects pull together
	Different team members holding different aspects of the case at different times	Making evidence-based, realistic recommendations Capacity for positive change
	Healthy discussion	Completing a jigsaw
		Help Courts understand the difficulties

Capacity-Building

Focuses on parents' capacity to change, and provision of associated support

- Looks to address problems and rebuilding relationships. E.g. mental health, substance misuse and domestic violence.
- Designed to maximise chances of child returning to birth parents. E.g. increasing responsibility taking and reflection.
- Improvements made can benefit subsequent children

Personalised and Intensive Treatment and Intervention

Tailored/bespoke treatment model, with intensive intervention offered in every case

- Circle of Security,
- Child Parent Psychotherapy
- Contact Guidance
- Video Interaction Guidance
- CBT-TF

Intervention offered birth parent(s) & foster and kinship carers

Circle of Security®

Parent Attending To The Child's Needs

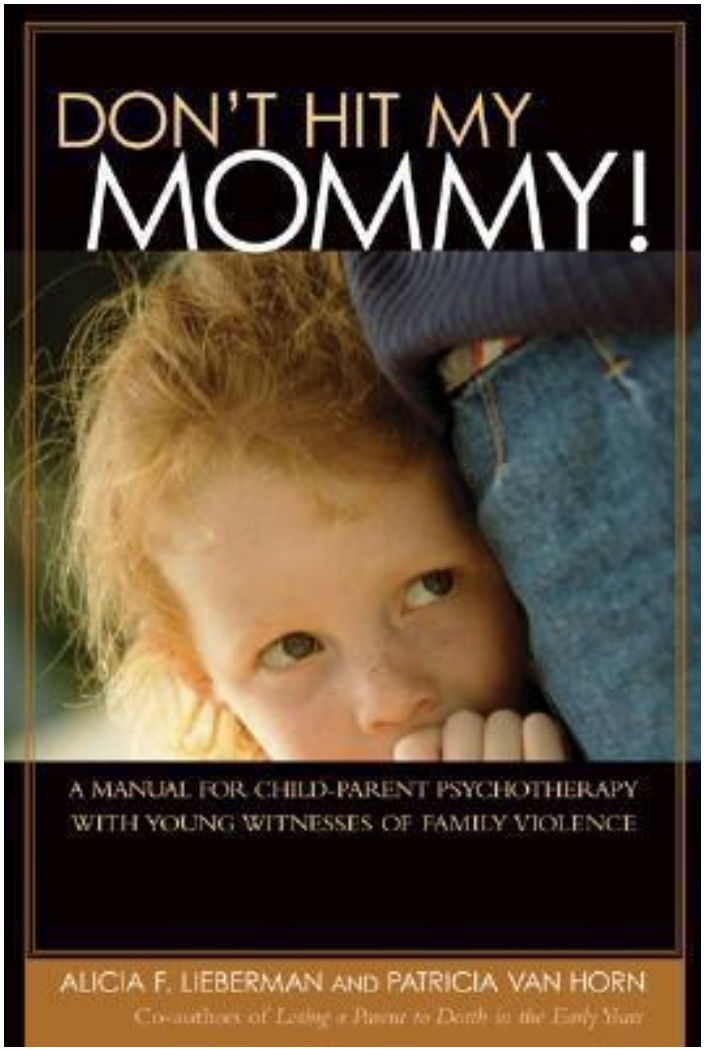
www.circleofsecurity.net

VIG

- **Strengths based**, but VIG is not only a ‘positive therapy’
- Showing moments of what has gone well can bring up what is difficult for caregiver.
- Showing the video cuts to the heart of the difficulty in the interaction and provides a **non-judgmental way of allowing clients to talk about their difficulties**.
- **Training and supervision model** greatly enhances clinicians attunement to clients. The guider regularly brings clips of themselves attuning to parents and supervisors of them attuning to supervisees.

Child Parent Psychotherapy

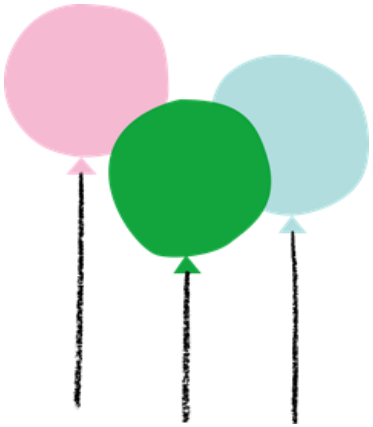
- Trauma focused intervention for under 5s and their caregivers
- Having own children brings up ghosts from own experiences of being parented.
- Unconscious repetition of past trauma unless the affect is recognised and the trauma is processed.
- Based on psychodynamic theory and 'ghosts in the nursery' Selma Fraiberg et al.



Things to Bear in Mind For X

Red Flag	What might help?
1. Baby A can approach strangers when she needs comfort and doesn't show a clear preference for one caregiver	• Direct her back to her primary caregiver at times when she needs comfort or a cuddle
1. She might seem like she needs a cuddle but will resist any offer.	• Name what you think A might be feeling. "A, you look like you're feeling scared or worried"
3. She can become "defiant" and push boundaries-usually when anxious.	• Help her relax with a soft voice and close 1:1 contact.
4. She can engage in behaviours such as grabbing hitting or throwing toys.	• Give comfort but also maintain consistent and age appropriate boundaries.

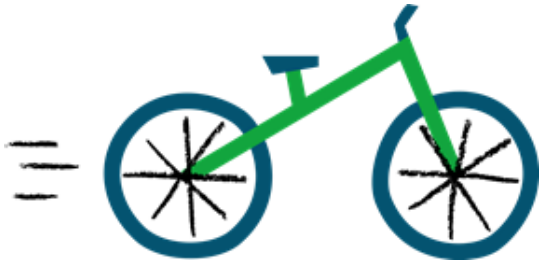
Narrative Book for X



All children deserve to be happy, healthy and safe.

When A was very little she lived with mummy in lots of different places.

A went everywhere with mummy. This meant A was around lots of strangers or out at night time.



NSPCC Testing and Evaluation

- **NIM in Scotland & England**

(Glasgow = GIFT and London = LIFT)

- **Randomised Control Trial (RCT)** Glasgow University & Kings College/SLaM. **Designed to:**

- Determine whether the New Orleans Intervention Model is clinically and cost effective in improving the mental health of maltreated infants and young children compared to services as usual.

- **Current development work with Local Authority Leads, Judges, CAFCASS & other stakeholders**

Implications for Policy and Practice

If the New Orleans Intervention Model proves to be clinically and cost effective, it could:

- Transform outcomes for young children in care
- Reduce the number of placement breakdowns
- Reduce the number of repeat removals from the same mother
- Provide robust, UK-based research evidence in this area of children's social care, for the first time
- Lead to ground-breaking multidisciplinary teams supporting children in care across the UK