

Working with parents and babies open to children's social care

Parent Infant Foundation Networking Day May 2025

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Introductions

- Who are you and what brought you here today?
- What skills and experience are you bringing?
- Best hopes for this workshop?

What to expect from today

- Linking with other practitioners
- Information about the BrightPIP offer
- My learning from this work at key 'crunch points':
 - Understanding the referral: who wants what for whom?
 - Feeding back: the delicate balance of holding a therapeutic position from within the system of concern about baby's safety

The BrightPIP offer in Children's Social Care





We want every baby in
our community to feel
safe, secure and loved

What's the offer?

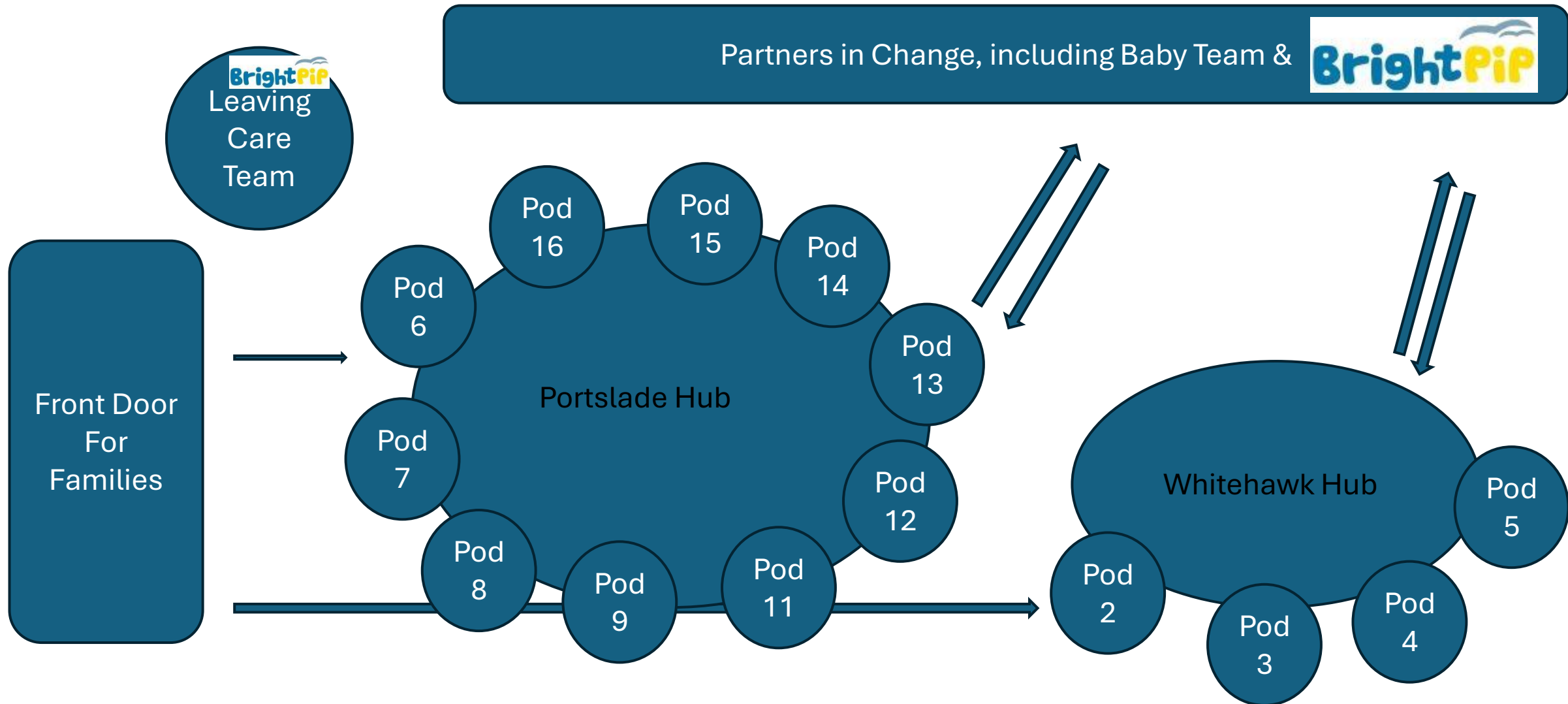
3 days/week clinical
psychologist

1 day ringfenced for care-
experienced parents

Flexibility, responsiveness,
outreach



Position in the system



What I'm bringing



- UEL trained
- Parents are doing the best they can under the circumstances (Selvini Palazzoli et al, 1978)
- Using transference and countertransference to attend to parental ghosts (Fraiberg et al, 1975)
- Strengths-focussed: VIG to “promote the infant’s developmental moves” (Baradon, et al, 2016)
- Babies are doing the best they can under the circumstances: DMM & CARE-Index (Crittenden, 2006)

What do you
imagine are
themes in
this work?



[image of father &
baby]

**“My dad wasn’t
there for me, so I
want to be there
for my baby”**

Themes in the work

- Withdrawing from baby as a defence against the pain of lost connections: **“I think I’m cursed so I put a barrier up”**
- Baby triggers unprocessed trauma which is enacted in front of your eyes (ghosts in the nursery, Fraiberg 1975) : **“I’m being battered by her”**
- Wanting to make up for the childhood I never had: **“My dad wasn’t there for me. I want things to be different for my baby”**
- Looking and being seen: Mirror role of the therapist (Winnicott, 1967): **“I want to see how me and him are together”**

Does it work?

In 2024:

31% closed to CSC
following intervention &
25% remained closed

63% showed
improvement in parent-
infant relationship

70% showed improved
parental mental health

Reached 51% of eligible
care-leavers via direct &
indirect work



Unmeasured impact on relationship to help

What's unique about this work in this setting?

‘Crunch points’

Holding a therapeutic position with parent from within the system of concern about a baby (position of safeguarding baby against parental abuse & neglect)

1. New referral
2. Feeding back



New referral: Who wants what for whom? (Selvini, et al, 1978)

- When is therapy indicated and when is it not?
- What is being asked for?
- What are the risks and does PIP mitigate them?
- How are you being positioned? Is this ok?
- What might happen if you do or don't offer support?



New referral: Delilah*

[content of referral here]

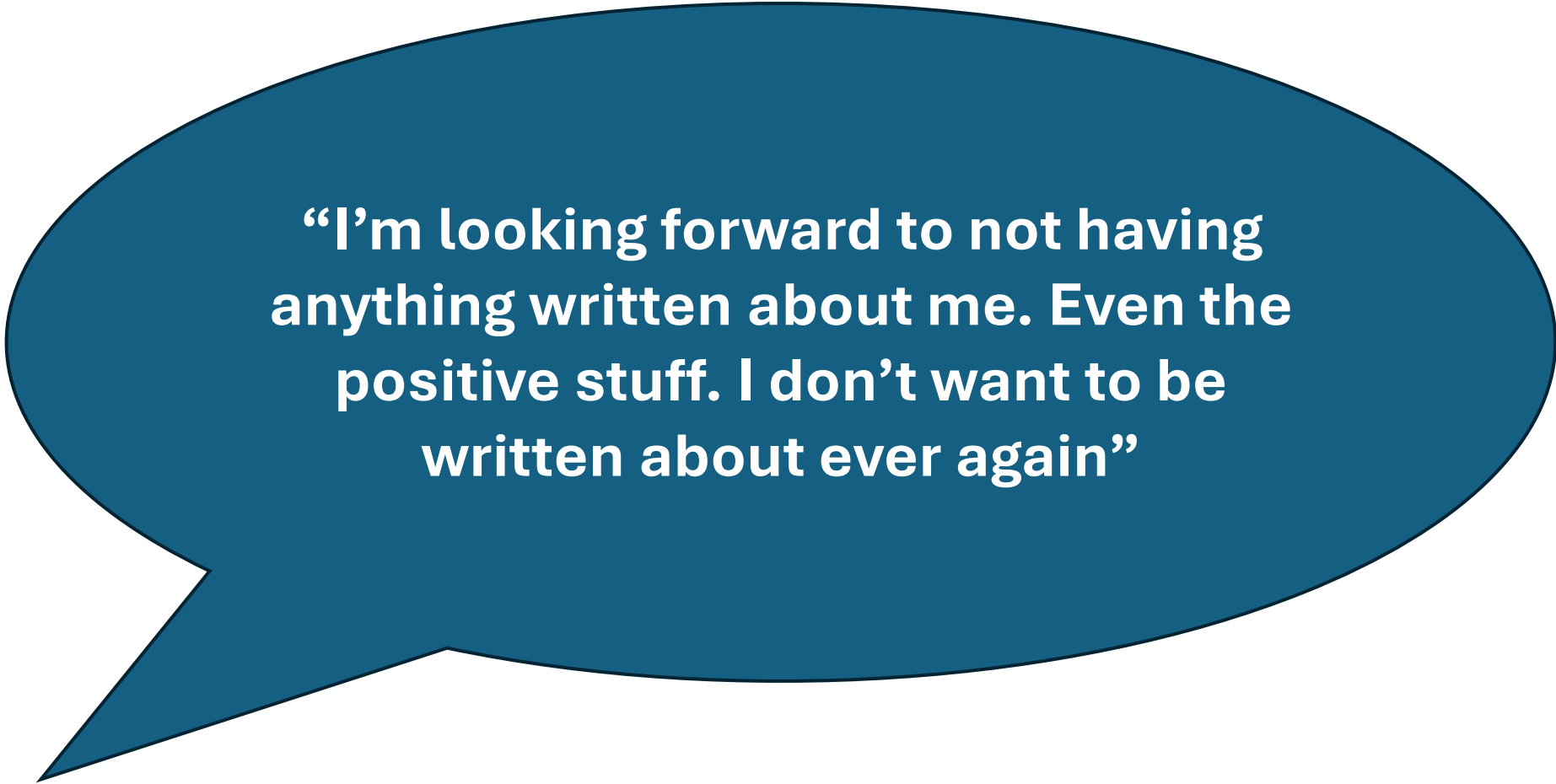
*Name changed for anonymity

Who wants what for whom?

Caution!

- Social worker is feeling overwhelmed: **“can you let me know how the visit went so I can use it as a CIN visit?”** – explain CSC/PIP relationship
- Social worker wants (or needs) some help with assessing baby’s wellbeing – redirect or offer opinion
- Social worker wants some help with relationship with parent – consultation or redirect
- PIP does not mitigate identified risks - requires safeguarding response first
- Parent doesn’t want help, and/or wants to prove they’re ‘engaging’: **“I think 6 sessions is fair”** - requires careful positioning & transparency with all parties
- You feel alarm/high concern about baby but are told it’s ok/met with sense of helplessness/“collapse of strategy” (Emmanuel, 2002) - consultation or redirect

Feeding back: Navigating the power dynamic



“I’m looking forward to not having anything written about me. Even the positive stuff. I don’t want to be written about ever again”

Feeding back is an intervention in itself

Katie* & Carrie's*
“love/hate relationship”:
Growing the love and
shrinking the hate

*pseudonym to preserve anonymity



How I feed back

- Using the language of parent and the language of baby (observations) and avoiding professional language
- Asking parent what they would like to feed back and starting with this
- Share feedback with parent before and give them editing rights
- Read out verbatim and email a copy for the minutes
- Sit alongside parent in meetings
- Transparency & setting up with social worker: “the relationship with parent is extremely delicate here so I will be doing my best to preserve it”



Summing up

- What have you taken from this workshop?
- What difference will it make to you in your practice?

References

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