

NSPCC

Research in the Family Justice System

The Story of the London Infant & Family Team

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EVERY CHILDHOOD IS WORTH FIGHTING FOR

Aims

- * **Why we are doing this project**
- * **What are Infant and Family Teams?
How do they work with children and families?**
- * **Testing the effectiveness of the model
– the research design**
- * **Experience of introducing an RCT into
the Family Justice System**
- * **Learning from this journey**

Rationale

Poor outcomes of children in care

x4 Children in care are four times more likely than their peers to have a **mental health difficulty**.

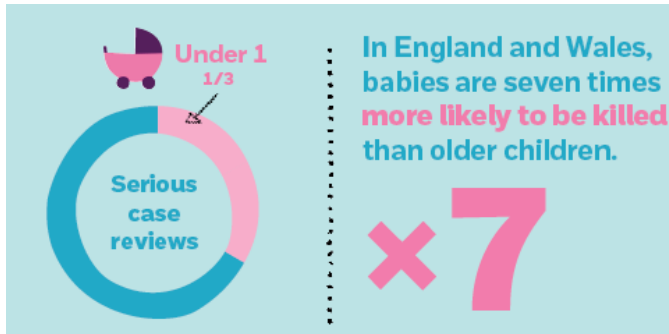
x6 And are six to seven times more likely to have **conduct disorders**.

Trauma compounded by instability



One in nine children in care experience three or more placements in a year.

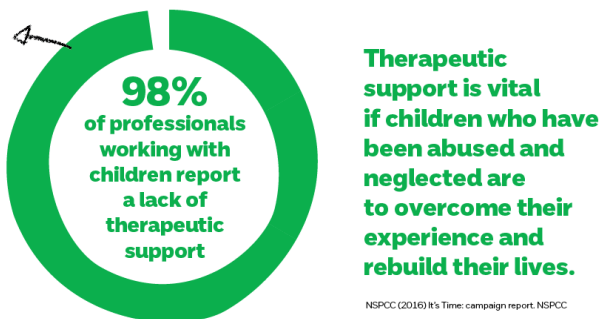
Vulnerability of very young children



Neurological and psychological research: critical period for child's development and opportunity for recovery

'Experiences of stability, of loving attachments and nurturing have an exceptional effect on the recovery of the developing brain.'

Lack of support for recovery



High costs of late intervention

Local authority spending on children in care in England
2012/13

£3.4 billion



£1 billion spent on residential care placements for children with the most severe needs (average annual cost of £131-£135k per child)

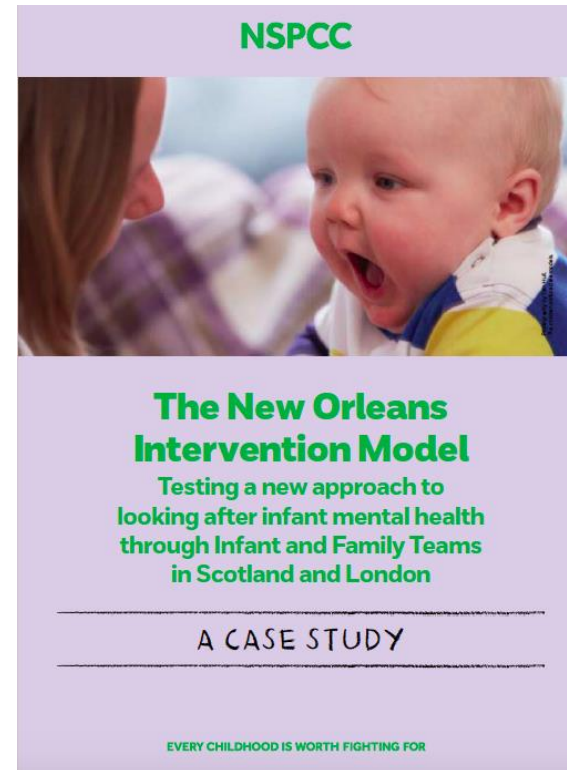
About the Infant & Family Team model... what is it and where has it come from?

Origins

A relationship-focused intervention for children under 5, developed and tested by Professor Charles Zeanah at Tulane University, New Orleans

‘The complexity of maltreatment in young children must be matched by the comprehensiveness of our efforts to minimise their suffering, enhance their development and promote their competence.’

Charles H. Zeanah, Jr, MD, Executive Director, Institute of Infant and Early Childhood Mental Health, Director of Tulane Infant Team



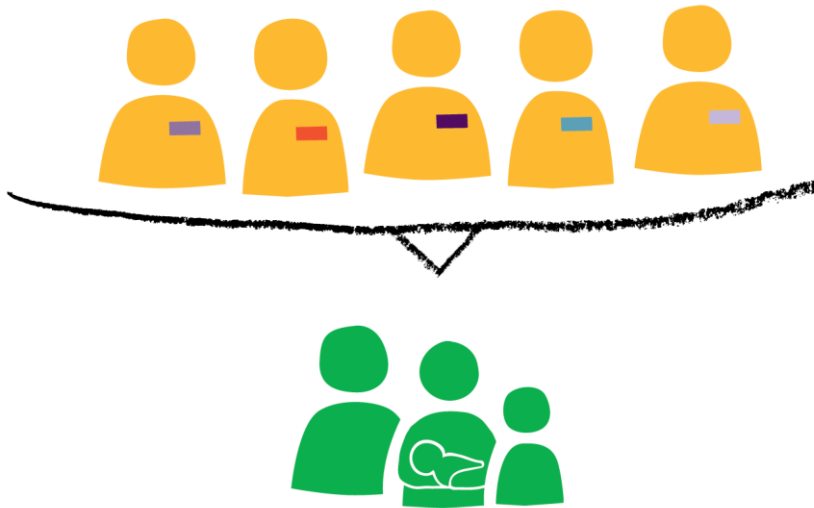
The New Orleans Intervention Model

Testing a new approach to looking after infant mental health through Infant and Family Teams in Scotland and London

A CASE STUDY

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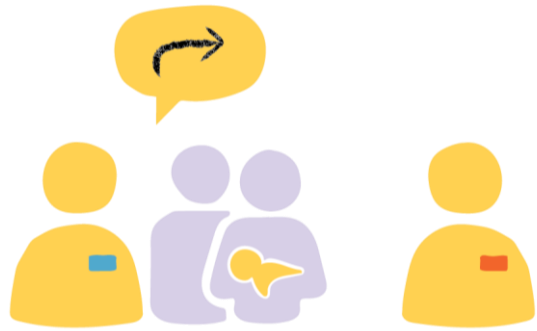
Infant & Family Teams



Combined mental health and social work expertise and capacity supports real integration

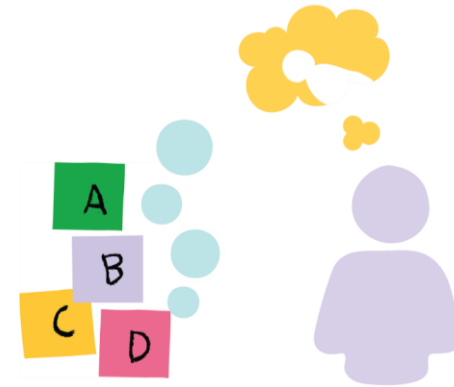
- Brings together specialists from different fields within a dedicated team (the Infant and Family Team)
- Brings unprecedented levels of expertise and authority to decision-making about children in care

Four stages over 9 months



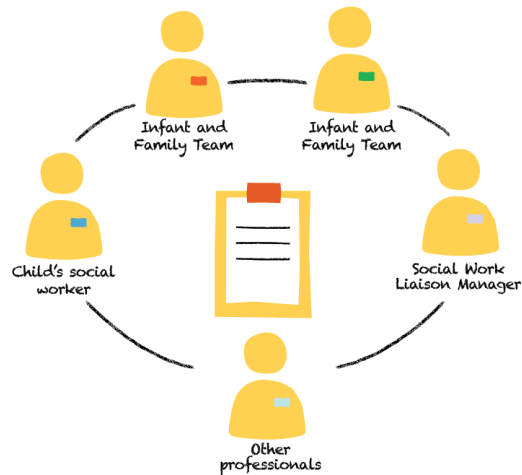
Stage 1

REFERRAL



Stage 2

ASSESSMENT



Stage 3

**INITIAL PROFESSIONALS' MEETING
AND TREATMENT PLANNING**



Stage 4

**BESPOKE TREATMENT
AND REVIEW**

Comprehensive support

Service for children: Therapeutic support to help them recover

Service for birth parents: Therapeutic support to prevent repeat abuse or neglect

Service for foster carers: Reflective fostering support to ensure stable placements

Service for the family courts: Expert assessments to ensure robust and timely decision making

Aims

- * Improve decision making about permanence or parents' capacity to support children safely at home**
- * Improve mental health, both for children who return home and those who remain in care**
- * Reduce reunification breakdown**
- * Reduce the harm to subsequent children in a household**

Evidence from New Orleans



When children were returned home there was a reduction in subsequent incidents of abuse or neglect of that child

-68%

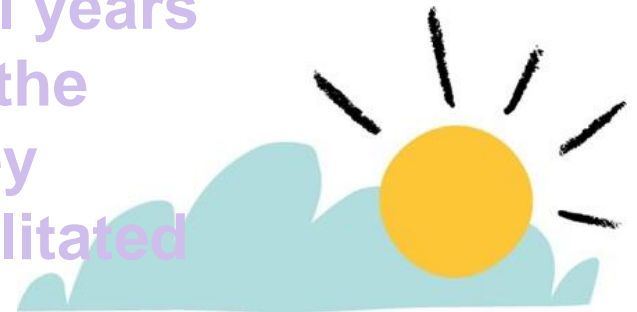


Subsequent children in a household at significantly lower risk of harm irrespective of whether the first child entered care or returned home

75%
lower risk



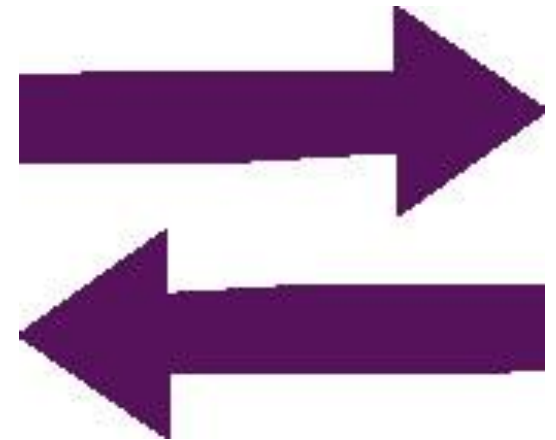
Children's mental health several years later differed only slightly from the general population, whether they remained in care or were rehabilitated to birth families



Testing the model: First RCT in the family justice system

Key partnerships

- **South London & Maudsley NHS Foundation Trust**
- **East London family court**
- **London local authorities – Croydon and Tower Hamlets**
- **University of Glasgow and Kings College London**
- **Department for Education**
- **NIHR**



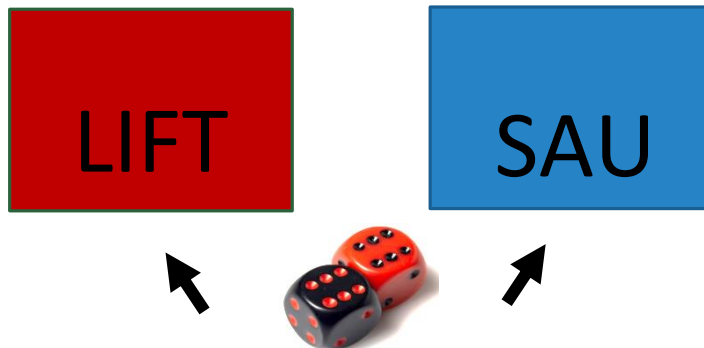
The Best Services trial (BeST?)

Research question: What is the best way to improve the mental health and placement stability of pre-school children who have come into foster care because of abuse and/or neglect?



A **randomised controlled trial (RCT)** is used to determine which is more effective

Is an **infant mental health model (LIFT)** or a **social work model – services as usual (SAU)** the best?



Background

*'Family justice is under huge strain. **Cases take far too long** and delays are likely to rise. Children can wait well over a year for their futures to be settled. This is shocking.'* - David Norgrove, Chair of the Family Justice Review panel

2011

Infant & Family Teams part of NSPCC service development portfolio in Scotland since 2011 and BeST? Services trial

Plans for multi-site trial including Infant and Family Teams in England

Family Justice Review highlights impact of delay in care proceedings on children's development and PLO 26 week timescale introduced to address drift

FDAC in London

2015 DfE Innovation Programme funding to introduce the model into England (London) with NIHR funding for multi-site RCT

2015


Challenges

- **Opposition from the judiciary, no precedent for an RCT within family proceedings, concerns about:**
 - Informed consent
 - Equity
 - Random selection compromising the judicial role
- **Similar concerns from local authority senior managers about equity**



Tipping point

*"We are facing a crisis and, truth be told, we have **no very clear strategy for meeting the crisis.**" –
Sir James Munby, Former President of the Family
Division*

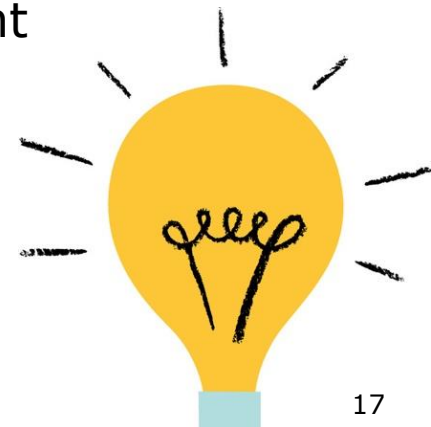
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- 2016 President of the Family Division issued warning about “clear and imminent crisis” facing the care system, increasing focus on repeat removals and need for solutions
 - Judiciary persuaded to continue consideration of RCT:
 - Examples of services found to have no effect or be harmful e.g. Scared Straight
 - Experiences of others carrying out RCTs in the legal profession
 - NSPCC similar experience of RCTs in social care

Commitment to explore how an RCT might be accommodated within the legal process.

- February 2017 judiciary agree RCT can go ahead in London, implementation plan developed and signed off by the President
- October 2017 RCT multi-site trial (including London) commenced

Learning from this journey

- Development takes a long time, multi-organisation multi-disciplinary multi-systemic development takes a **very** long time
- A group of committed individuals ideally with long term involvement
- Champions in each partner organisation, who can speak the language of their profession and translate case for change to engage their stakeholders and bring credibility
- Influence of dominant discussions of the time, find opportunities
- Catalyst at intersection, creating change across systems
- Learning for other researchers for design of future RCTs in this field
- Importance of partnerships throughout the development process and beyond



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