Visit to NSPCC Scotland to discuss the New Orleans Intervention Model – Note of meeting

1. As part of its inquiry into decision making on whether to take children into care, on Tuesday 8 January 2013 the Committee met staff involved in the New Orleans Intervention Model pilot, being run by NSPCC Scotland in partnership with Glasgow City Council and NHS Greater Glasgow and Clyde.

2. The New Orleans Model aims to improve the quality of decision making about whether a child can be returned safely to their family. Two different models of intervention are being compared through a randomised control trial (Best Services Trial or “BeST?”). All 0-5 year olds coming into foster care are being randomly assigned to either a variation of the New Orleans Model (GIFT – Glasgow infant and family team) or a an expert social-work assessment service (FACS – Family Assessment and Contact Service), that represents “services as usual”.

3. The following points were made during the meeting—

**Background to the BeST? model**
- All maltreated children under 60 months entering foster care in Glasgow will receive family-based intervention;
- BeST? is a randomised study of 100 of those children, whose parents have consented to taking part;
- Children whose parents consent to being part of the trial are assessed then randomised and are then allocated to GIFT or FACS (it was noted that a high proportion of parents have consented);
- After a further year a research assessment is undertaken of whether these interventions have led to improved infant mental health;.

**Background to the New Orleans Model**
- It involves comprehensive relationship-focussed intervention. The main aim of the model is re-unification of children with their birth parents, where this is safe and in the child’s best interests;
The key outcomes of the model in New Orleans were (a) a reduced risk of parental recidivism, (b) a greater number of children being adopted and (c) improved outcomes for children;

It therefore offers the possibility of getting more robust decisions about permanence;

The model is based on a systematic assessment of the relationship between the child and its carers. It is based on ideas of attachment and that a parent’s experience of being parented informs their own approach to parenting. It is therefore about working both with the child, and the child’s parents and carers with a view to recommending either a return home or adoption;

The approach was originally piloted in New Orleans in the mid-1990s;

The model in Glasgow will be evaluated after 27 months;

New Orleans in Glasgow - GIFT

As mentioned above, the variation of the New Orleans Model in Glasgow is known as GIFT;

The team comprises mental health workers, social workers and social work assistants. It was noted that this latter role was crucial in helping with some basic problems such as getting to appointments, which can act as real barriers for some parents;

These professionals work with the birth families, foster carers and wider system (local authority, NHS board etc.);

The assessment stage tends to take around 12 weeks. This includes up to four structured sessions undertaken by highly skilled staff, to assess the child with each of their foster carers and each of their parents;

This is followed by a conference and a ‘treatment plan’. The ‘treatment’ aims to improve relationships between parents and the child in order to provide robust evidence about whether or not a child can return to their parent(s) on a permanent basis;

The entire intervention takes about 12 months;

Under GIFT, over this year, a good evidence base is built up that will help to inform whether the children will be able to return to their birth parents;

After intervention, GIFT recommends rehabilitation or adoption;

GIFT in practice

It builds up evidence through assessing relationships systematically. This includes initial interviews with parents on their perceptions. This elicits narrative accounts of the relationship, and how they view the child;

After this, an assessment is made of the interaction between the parent and the child, using the “Crowell Procedure”. This involves filming the child and the parent together in a play environment. During the assessment the child and parent are separated before being reunited. Professionals study the interaction (including body language, conversation, tone etc.) and make an assessment;

In addition to the “Crowell Procedure” assessment, further assessments are carried out of the child’s development and the “fit” between the child and the foster carer. An initial mental health assessment is also carried out;

Following the assessment process the GIFT team hosts a conference that includes:
• the child’s social worker;
• foster carers;
• the local authority’s GIFT social work liaison manager;

• The purpose of the conference is to distil evidence from the assessment to formulate a treatment plan and to provide a report to social work and the children’s reporter;

• Following the conference, all families are offered a range of treatments;
• This is typically a tailored, intensive treatment package ensuring that the parent is offered appropriate help. This can involve parent-child therapy;
• This overall intervention lasts until 12 months after the child has been allocated to GIFT;
• At this point a decision about permanence is made and a recommendation is made based on the evidence gathered;
• During the 12 month process Glasgow City Council will concurrently begin to prepare for permanent alternative care long-term (potentially shortening timescales at a later stage);

**Mental Health**
• The parents involved have had traumatic lives and, in many cases, live chaotic lives;
• It was noted that they often had mental health issues which, while these affected their parenting styles, were not often considered severe enough to trigger adult mental health services generally;
• The type of approach to assessment that is used is more familiar to mental health workers than social workers. However, the team thought that this approach had much to offer social work practice;

**Inter-agency working**
• Prior to GIFT being set up a mapping exercise was carried out. The purpose of the exercise was to garner views from different agencies as to the feasibility of a pilot. All were keen in principle, although it was noted that the model presents different challenges for different agencies;
• It was noted that addiction services have had no problem working with GIFT. However adult mental health services and support for learning disabilities services have found the model to be more challenging;

**Timescales**
• One of the main advantages of GIFT is to get timescales for assessment, intervention and decision making that work for the child;
• While the project did offer the possibility of more robust decision making, it was noted that professionals were not in a position to make a recommendation on permanence until 12 months. This conflicts with current guidance that planning for permanence should start at 6 months. However, through concurrent planning, the possibility of both adoption and rehabilitation were pursued in months 6 to 12. This meant that by the time the GIFT team were ready to make a recommendation, many of the administrative arrangements for a potential adoption were in place;
• Therefore, if the recommendation was for adoption, then it could be pursued much more quickly from that point on;
Resourcing and evaluation of the pilot

- The evaluation is being funded jointly by the Chief Scientist’s Office in the Scottish Government and NSPCC Scotland, and receives additional, separate funding from the research community; the GIFT project itself is being funded by the NSPCC;
- The model provides robust evidence for permanence which enables greater confidence in decision making. This has potential to reduce ‘drift’ in the system and is therefore an example of preventative spending;
- As a multi-disciplinary model, money is spent on a greater number of professionals coming together at an earlier stage;
- The assessment techniques used in GIFT are different to those normally used by social workers, although it was noted that the focus on relationships in families could be very relevant to social work practice;
- It was noted that it is hard to compare costs of the model in New Orleans and the costs in Glasgow (due to lack of welfare state/NHS). However it was noted that local authorities in New Orleans have to make the case every three years to the federal government for funding. Additionally, a considerable amount of the cost of the model is taken out of Louisiana’s child protection budget; A health economic evaluation is part of the BeST trial;
- Through the BeST evaluation, GIFT and FACS will be assessed by academics at the University of Glasgow with first results available in 2014. At this stage, practitioners are not predicting which approach will prove most effective;

FACS

- The alternative model, FACS, is based on the existing provision operated by Glasgow City Council. Along with GIFT, it will be assessed at the culmination of the pilot in 2014;

General discussion on wider issues

- There was a brief discussion about the role of social work assistants. It was noted that, generally, social workers have less time to be out and about. Therefore, there may be a role for social work assistants or homemakers. There are fewer such positions in Glasgow now;
- More children are being accommodated at a younger age. This is because more children are on the child protection register from birth;
- Between one-half and two-thirds of children taken into care then returned to their parents end up back in care. GIFT is an attempt to break this cycle;
- To address the issue of the revolving door in and out of care requires intervention in the early years;
- Pending the results of the assessment, Glasgow City Council is looking at developing the GIFT model further. The team evaluating the project is hoping to extend the number of trial sites;
- There was a discussion about the similarities and differences between the applications of the models in Glasgow and New Orleans. It was noted that the key drivers for the model’s continuation in New Orleans were judges. Although there is not direct read-across in respect of the roles of judges or
sheriffs in Scotland, the importance of buy-in to the model from the courts service was noted as being key to its continued success.

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