

High Risk Infants

Promoting Infant Mental Health in the Child Protection System



Australian Association for
Infant Mental Health
West Australian Branch Inc.

Dr. Raffaella Salvo – Senior Consultant Psychologist – Department
of Communities - CPFS

Ms Virginia Cooper – Senior Practice Development Officer –
Department of Communities - CPFS



Outline



- Rationale
- Responding to High Risk Infants Training
- Brief overview of CPFS
- Reflections



Infants/Young Children and CPFS

- **In 2017 in Western Australia 45% of children in out-of-home care were below the age of four***
- The national rate of Aboriginal and Torres Strait Islander children in out-of-home care is almost 10 times the rate for non-Indigenous children (AIHW, 2017).

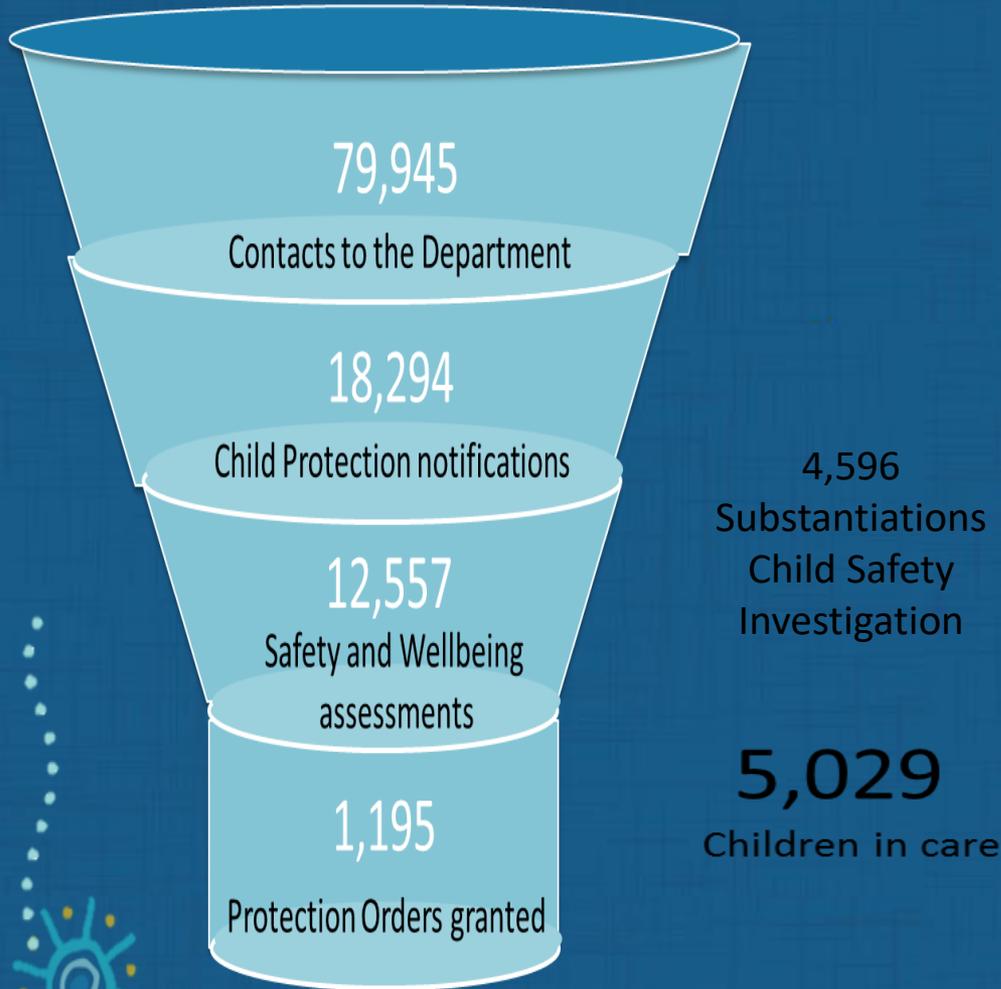
Australian Institute of Family Studies

Children in care | Child Family Community Australia

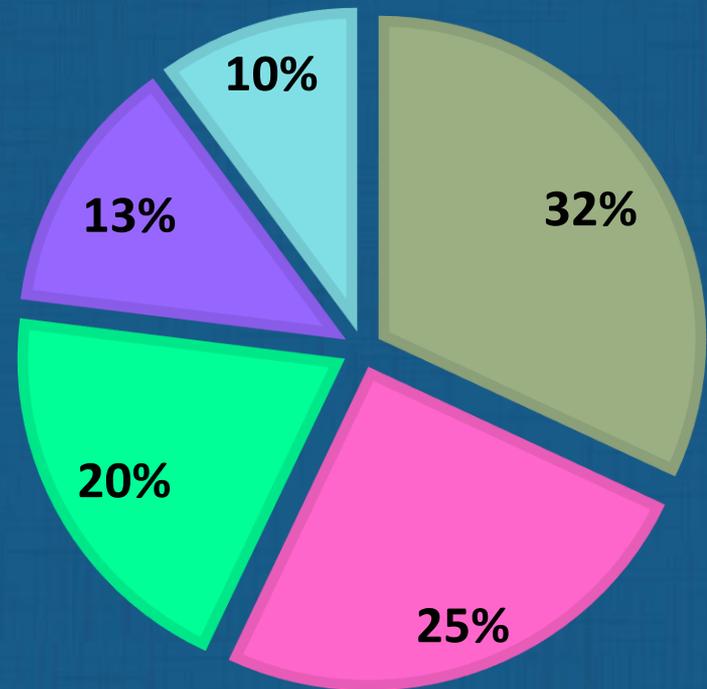
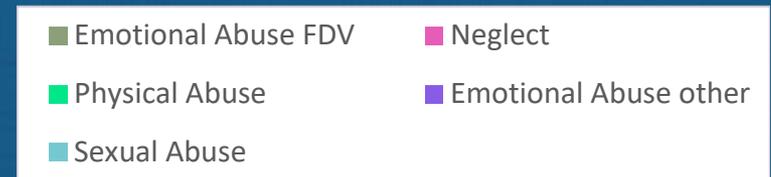
<https://aifs.gov.au/cfca/publications/children-care>



What we do – a snapshot of 2017/18



SUBSTANTIATIONS BY CATEGORY





The complexities

- Parents of infants who have been involved with the child protection system most often have complex histories and multiple adverse experiences of their own, starting in childhood and persisting through their childbearing years.
- The lesson these parents often learned in their own infancy and childhood prepared them for early parenting, intimate partner violence, intractable poverty, substance abuse, and child maltreatment. (Hudson, 2011, p.23).



CPFS policy on High Risk Infant



- A high risk infant refers to an unborn infant or a child between 0-2 years of age considered to be at increased likelihood of significant harm or death due to the presence of risk factors.
- Three main type of risk factors: parental, environmental, infant
- In the training workers are prompted to think that risk can also be seen as a higher probability of developmental disorder in the infant linked to disturbances in the relationship with the parent/s.

Rationale

In 2016 the Western Australian Department for Communities – Child Protection and Family Support (CPFS) reviewed the program logic for Western Australia’s Signs of Safety Child Protection Practice Framework.

The need for culturally sensitive and infant mental health informed child protection practice was identified



Identified CPFS workforce needs

Staff require observational skills guided by a relational and development framework when assessing parent-young child interactions in vulnerable, high risk, open child protection cases.

Such skills are crucial to enable workers to:

- promptly detect insensitive and/or disconnected parenting behaviors and the link with unresolved parental traumatic experiences
- provide the necessary support to parents and infants/young children to prevent further abuse and neglect
- promote nurturing and reparative parenting for biological parents and/or foster parents



The training



- A two-day learning program
- Focuses on the relational components of babies and young children's emotional wellbeing
- Offers a sound developmental and relational framework while observing vulnerable infants/young children in interaction with their caregivers.
- Promotes a shift from behavioral indicators of poor parenting to states of minds and intergenerational transmission of attachment
- Promotes an appreciation of the intersubjective space between the parents and their baby and between the worker and the parents
- Based on empirical evidence for the link between adverse childhood experiences – with consequent unresolved grief, loss and traumas - in parents and extremely insensitive and/or disconnected parental behaviors in the presence of limited parental reflective functioning.





WA Competencies Guidelines for Culturally Sensitive, Relationship-Focused Practice

- In August 2017, “The Training Sub Committee of AAIMHI-WA Competency Guidelines for Culturally Sensitive, Relationship- Focused Practice Promoting Infant Mental Health[®] Working Group” aligned a number of Competencies with CPFS Infant Mental Health training.
- Workers, through this course, will meet some of the relevant criteria to apply to AAIMHI as Infant Family Worker (Lev I) or Infant Family Specialist (Lev II).

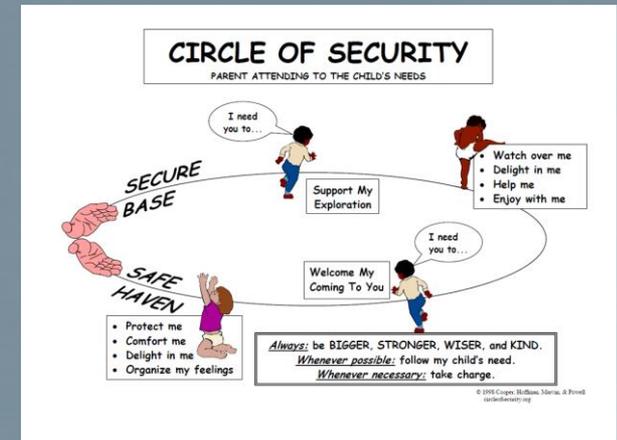


The models



Workers are exposed to a variety of models

- Socio-emotional development in infants/young children
- Circle of Security and its cultural adaptations
- Motherhood Constellation
- The neurobiology of parenting
- Intergenerational transmission of attachment and trauma
- Mentalising
- Child Abuse and Neglect Pathways Model by Shemmings (2012)

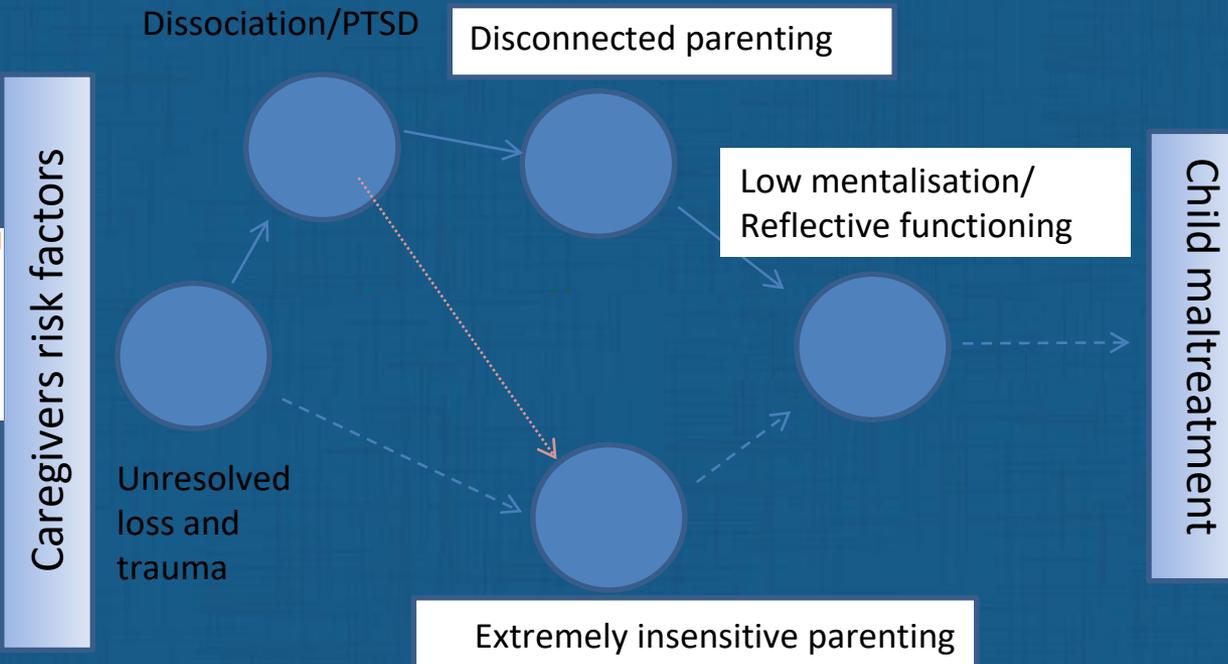


Child Abuse and Neglect Pathways Model



ACE factors

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION
Physical	Physical	Mental Illness
Emotional	Emotional	Substance Abuse
Sexual		Domestic Violence



The tools

During the IMH training case workers are exposed to a variety of tools to guide their observation, assessment and intervention planning.

- Tuned in Parenting Scale-TIP (Priddis, 2015)
- Disconnected and extremely Insensitive Parenting Scale-DIP (Out et al. 2009)
- Circle of Security template and their Aboriginal cultural adaptations
- Exploration of relevant prompts for case workers derived from the **Adult Attachment Interview** (Kaplan & Main, 1985) the **Working Model of the Child Interview** (Zeneah, 1995) and the **Parent Development Interview** (Slade et al., 2004)



The learning strategies



High/low parental reflective functioning is illustrated through case examples.

Getting to Know You (tutorial DVD) is used to enhance knowledge of early socio-emotional development in infants.

Video clips of child/parents interactions are used to practice Tuned in Parenting scales and to observe attachment responses in 12-18 months old children.

Case studies are used to identify examples of disconnected and extremely insensitive parenting behaviors.

Clips from Amanda Jones *Help me Love my Baby* series are used to illustrate and model parent/infant therapeutic interventions.

Reflective practice is explained, modelled and encouraged

Aboriginal Cultural Lens

Given the over-representation of Aboriginal children in the Australian Child Protection system, cultural practice implications are considered and reflected upon throughout the training.

Of particular relevance to an Infant Mental health-oriented practice in child protection is supporting workers to fully appreciate the impact of the removal of Aboriginal children from their parents, families and communities - Stolen Generation.

Trauma and loss of this magnitude continue to have intergenerational effects.





From August 2017, IMH course mandatory for all new child protection workers

Specifically for all workers in the Intensive Family Support (IFS) team and Best Beginning Plus workers.

Staff attending are mostly child protection workers with a tertiary level of qualification (mainly in social work, psychology and social science).

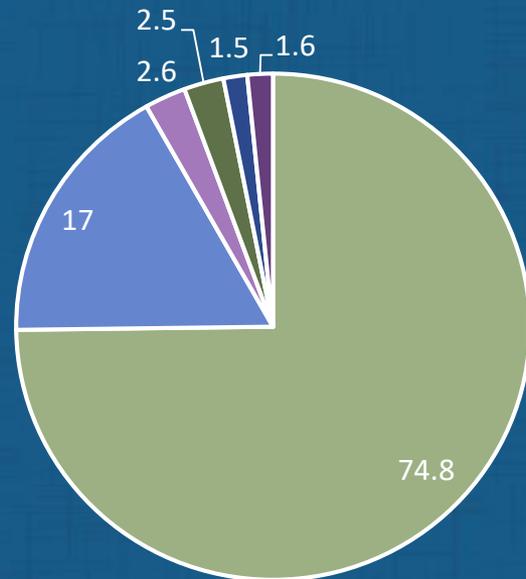
Participants



The journey so far

- Since the 29th August 2019, 269 child protection workers trained, mainly in the metropolitan area.
- So far workers have found the contents of the IMH training positively challenging and quite relevant to their specific child protection roles.

CPFS Roles



- Case workers
- Senior workers
- Psychologists
- BB+
- APL
- Support officres





Further developments

- Ongoing consultation with CPFS Policy and Professional Practice Unit
- Delivery of two day IMH training to community sector (Ngala, Horizon House). Brief presentation on High Risk Infants to CPFS law unit
- IMH informed monthly Reflective Supervision for foster carer assessors
- IMH informed monthly Reflective Supervision for Pre-birth facilitators
- Delivery of RHRI trainings in remote WA districts – South West, Kimberly, Pilbara, Goldfields



Legislation

The *Children and Community Services Act 2004* (the Act) is the main legislation that governs the Department's work



GOVERNMENT OF
WESTERN AUSTRALIA

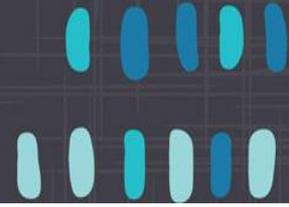
Children and Community Services Act 2004

Incorporating the amendments proposed by
the *Children and Community Services
Amendment Bill 2010* (Bill No. 130-2)

CONTENTS

Part 1 — Preliminary	
1. Short title	2
2. Commencement	2
3. Terms used	2
Presumptions of parentage	6
Status of notes	7
Part 2 — Objects and principles	
Division 1 — Objects	
Objects	8
Division 2 — General principles relating to children	
Principle that best interests of child paramount	8
Principle of giving the best interests of a child paramount	8
General principles	10
Principles relating to child participation	11
Division 3 — Principles relating to Aboriginal and Torres Strait Islander children	
Principles relating to Aboriginal and Torres Strait Islander children	12
Principles in Division 2	12
Aboriginal and Torres Strait Islander child placement principle	12
Principle of non-discrimination	13
Principles relating to child participation	13





Interim Order

**Protection Order Time
Limited 2 years**

**Protection Order until 18
years**

Special Guardianship Order

**Supervision Order
Placement Arrangement
NPA**

**Aboriginal children:
consultation with an Aboriginal
practice leader, or other
relevant Aboriginal officer, in
the process of identifying an
appropriate care arrangement.**

Protection Orders

Department of Communities

28/08/2019

Family For Ever
Family Finding

... a clan, call it a network, call it a tribe, call
... ever you call it, whoever you are, you need on



Framework, Models, Policy



- Signs of Safety- Andrew Turnell
- Family Finding – Kevin Campbell
- Pre-birth planning policy

https://c1.staticflickr.com/3/2087/2262136976_a20a9f295f_z.jpg?zz=1

Signs of Safety Mapping

The Analysis Categories



What are we worried about? In relation to the child) past and actual harm; harm, complicating factors and missing information

What is working well? In relation to what we are worried about (Existing Strengths and Safety of the family to protect the child)

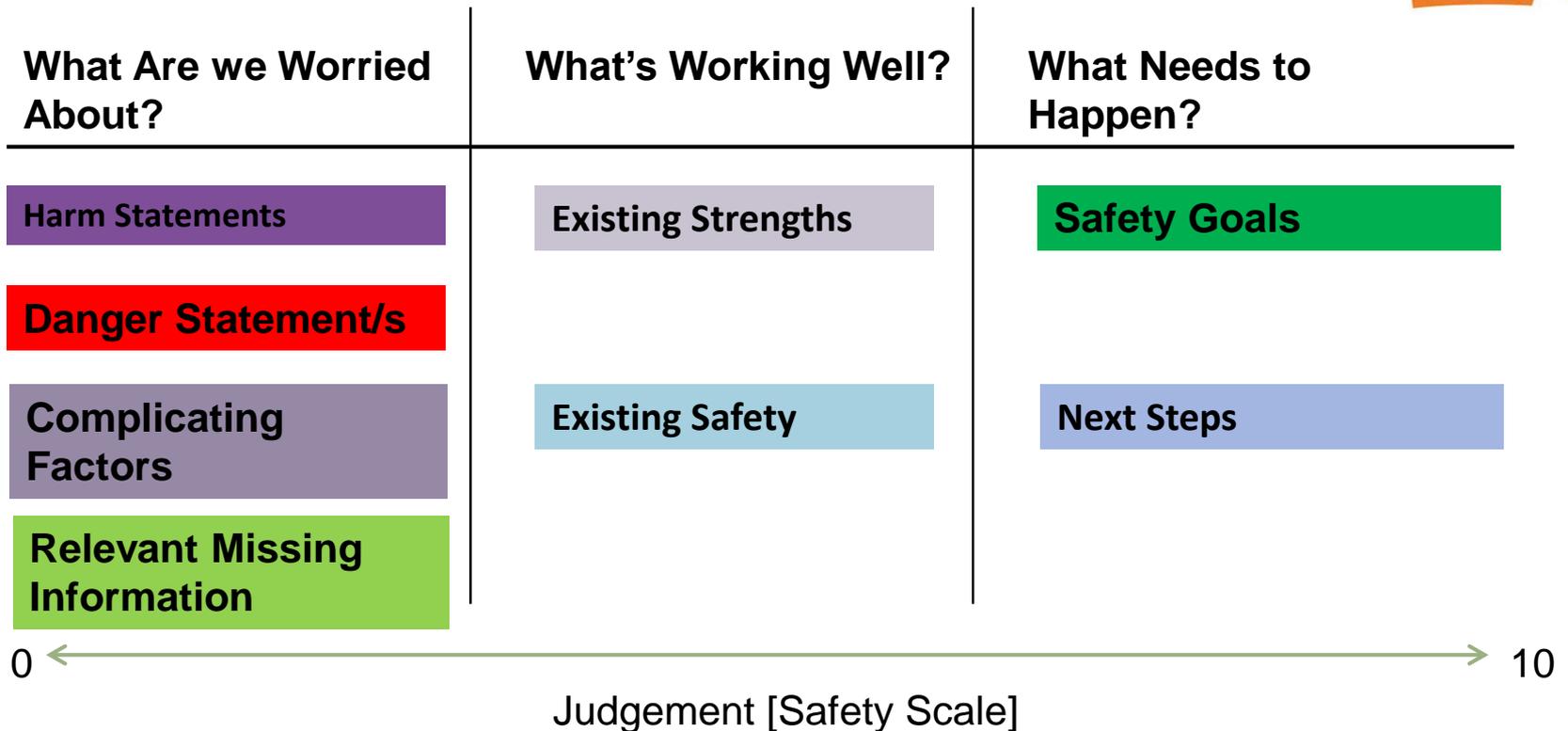
What needs to happen ? (In relation to the Danger and to keep the child safe from future harm)

Where are we on a scale of 0 – 10 (where 10 means there is enough safety for the department to close the case (to 0 where it is likely that the child will be harmed again). Judgement



Signs of Safety Mapping

The Analysis Categories





Pre-Birth Planning

Policy process

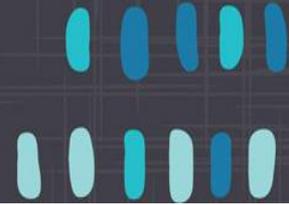
MOU with hospitals KEMH and Fiona Stanley

Series of meetings at 20 weeks, 26, decision stage and final meeting at 32 weeks

Work in the antenatal period to address child protection concerns in order to prevent the infant coming into care.

RHRI training focusses on how this process can impact the mother/fathers maternal/paternal preoccupation and relationship in this space. How can a parent hold a baby in mind in this space of fear... will I get to keep my baby?

Team Structures



Central Intake Team

CIT – assess child safety concerns that come via public

Can refer to a Child Safety Team (CST) to complete the investigation

FSN and social services or IFS

Child Safety Team

Complete Child Safety Investigations (CSI)

Refer to relevant services – community or Dept or close the case

Intensive Family Support

Early intensive preventative work to prevent children coming into care with a specific focus on Aboriginal children

Resourced with staff and culturally responsive delivery

Care Teams

Children in Care of the CEO

Interim Order Protection Order or TL2 yrs.

Placement Arrangement

NPA

Reunification and Permanency planning or OOHC

Reflections



CPFS workers across teams are developing

- a deeper understanding of developmental, relational and emotional needs of infants and their vulnerable parents
- capacities to assess the relationship between infants and their vulnerable caregivers. This knowledge enables them to make more targeted referrals to service providers.

With very few exceptions, there is a lack of IMH services dedicated or even open to Child Protection clients in WA



Beyond safety



Call in child protection for expansion beyond a focus on safety to one that also includes child and parents relational well-being.



However, CPFS workers cannot do this alone



References



- Australian Institute of Health and Welfare. (2017). *Child protection Australia 2015-2016* (Child Welfare Series No. 66). Canberra: AIHW.
- Chinitz, S., Guzman, H., Amstutz, E., Kohchi, J. and Alkon, M. (2017). Improving outcomes for babies and toddlers in child welfare: A model for infant mental health intervention and collaboration. *Child Abuse and Neglect*. 70, 190-198.
- George, C., Kaplan, N., & Main, M. (1985). The Adult Attachment Interview. Unpublished manuscript, University of California at Berkeley.
- Hudson, L. (2011). Parents were children once too? *Zero to Three*, 31 (3), 23-28.
- The New South Wales institute of Psychiatry (2006). *Getting to Know You. Recognising Infant Communication and social interaction* DVD – Teaching version.
- Out, D., Bakermans-Kranenburg, M. Van Ijzendoorn, M. (2009). The role of disconnected and extremely sensitive parenting in the development of disorganised attachment: validation of a new measure. *Attachment and Human Development*. 5, 419-443
- Priddis, L. & Kane, R. (2013). The development of a scale for tuned-in parenting. *Australian Journal of Psychology*. 12/2013, Volume 65, Issue 4.
- Shemmings, D. & Shemmings, Y. (2012). *Understanding Disorganised Attachment: Theory and Practice for Working with Children and Adults*. London: Jessica Kingsley
- Slade, A., Aber, J.L., Bresgi, I., Berger, B., & Kaplan (2004) *The parent development interview, revised*. Unpublished protocol. The City University of New York.
- Zeanah, C.H., & Benoit, D. (1995). Clinical applications of a parent perception interview in infant mental health. *Child and Adolescent Psychiatric Clinics of North America*, 4, 539-554.

