High Risk Infants
Promoting Infant Mental Health in the Child Protection System

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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).
What we do – a snapshot of 2017/18

- 79,945 Contacts to the Department
- 18,294 Child Protection notifications
- 12,557 Safety and Wellbeing assessments
- 1,195 Protection Orders granted

4,596 Substantiations
Child Safety Investigation

5,029 Children in care

Substantiations by Category:
- 32% Emotional Abuse FDV
- 25% Neglect
- 20% Physical Abuse
- 13% Emotional Abuse other
- 10% Sexual Abuse

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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

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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

Caregivers risk factors

- Dissociation/PTSD
- Unresolved loss and trauma
-Disconnected parenting

ACE factors

- Extremely insensitive parenting

Low mentalisation/Reflective functioning

Child maltreatment
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.
Participants

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).
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: 74.8%
- Senior workers: 17%
- Psychologists: 2.6%
- BB+: 2.5%
- APL: 1.5%
- Support officers: 1.6%
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.
Protection Orders

- **Interim Order**
- **Protection Order Time**
  - Limited 2 years
- **Protection Order until 18 years**
- **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.
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

<table>
<thead>
<tr>
<th>What Are we Worried About?</th>
<th>What’s Working Well?</th>
<th>What Needs to Happen?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harm Statements</td>
<td>Existing Strengths</td>
<td>Safety Goals</td>
</tr>
<tr>
<td>Danger Statement/s</td>
<td>Existing Safety</td>
<td>Next Steps</td>
</tr>
<tr>
<td>Complicating Factors</td>
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<tr>
<td>Relevant Missing Information</td>
<td></td>
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</tbody>
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**Judgement [Safety Scale]**

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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

28/08/2019

Department of Communities

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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


