Child Abuse & Neglect 72 (2017) 184–195

Contents lists available at ScienceDirect

Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

Research article

# Clout or doubt? Perspectives on an infant mental health service for young children placed in foster care due to abuse and neglect

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ARTICLE INFO

*Keywords:*
Infant mental health
Decision-making
Foster care
Evidence
Social work
Child abuse/neglect

ABSTRACT

Despite knowledge about the profound effects of child abuse and neglect, we know little about how best to assess whether maltreated children should return home. The effectiveness of the New Orleans Intervention Model (NIM) is being tested in a randomized controlled trial where the comparison is social work 'services as usual.' The future trial results will tell us which approach produces the best outcomes for children; meanwhile qualitative process evaluation is generating intriguing findings about the perceived impact of NIM on decision-making about childrens' futures. Interviews and focus groups were conducted with social workers, foster carers, legal decision-makers and the NIM team (n = 63). Data were analysed thematically. Findings suggest that NIM is seen as bringing greater influence ('clout') to decision-making due to its depth of focus, provision of treatment for the family, health professional input and perceived objectivity. Simultaneously, the NIM approach and the detailed information it produces potentially throws judgments into doubt in the legal system. Clout/doubt perceptions permeate opinions about NIM and are inter-related with a historical discourse about 'health versus social' models of information gathering, with implications for assessment of child abuse and neglect that extend beyond the study context. The juxtaposition of 'clout versus doubt' both highlights and is strengthened by an intense focus among social workers and legal professionals on how evidence will be regarded within legal fora when making decisions about children. There is continuing uncertainty in the child welfare system about the best ways of assessing maltreated children, underscoring a continued need for the trial.

## 1. Introduction

### 1.1. The need for quality assessment in the complex world of child abuse and neglect

Research continues to document the profound personal and societal costs of childhood abuse and neglect (e.g., Caspi et al., 2016; Centre for Disease Control and Prevention, 2017). We know that one of the key factors in establishing a child's resilience to such effects is positive and emotionally responsive caregiving post-maltreatment (Dozier, Bick, & Bernard, 2011; Dozier, Zeanah, & Bernard, 2013). What is less well known, however, is how best we can make the complex decision about whether a child

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http://dx.doi.org/10.1016/j.chiabu.2017.07.012
Received 21 February 2017; Received in revised form 30 June 2017; Accepted 23 July 2017

should return home or not after they have been taken into care.

Robust assessment is crucial if decisions are to be beneficial for the child, but there are many challenges in measuring maltreatment and in disentangling cause from effect (Dinkler et al., 2017; Glass, Gajwani, & Turner-Halliday, 2016; Pritchett et al., 2016). Decision-makers know that there are potential pitfalls in either reunifying children with their parents or in deciding on permanence via long-term foster care or adoption. Half of maltreated children who return back home will be maltreated again within two years (Luke, Sinclair, Woolgar, & Sebba, 2014). This has to be balanced against the knowledge that, for young children under five, disruptions in their relationships with primary caregivers can be particularly problematic (Dozier et al., 2013) and foster care can lack a focus on their specific needs (Zeanah, Shauffer, & Dozier, 2011). Ensuring the best outcomes for these children necessitates a research spotlight on how to generate the best quality assessment information upon which to base the life-changing decision of reunification with their parents or permanence.

### 1.2. The introduction and testing of a new model of assessment

In this paper we report on the introduction of a new multi-disciplinary infant mental health service for children aged 0–5 in Glasgow, Scotland, who have been placed in foster care due to concerns about abuse and/or neglect. This service is based on the New Orleans Intervention Model (NIM) (Minnis, Bryce, Phin, & Wilson, 2010; Turner-Halliday, Watson, & Minnis, 2016; Zeanah et al., 2001), which was developed by the Tulane University Infant Team and is made up of psychologists, social workers and a psychiatrist. NIM is being implemented internationally in the US, Australia and England. It has had some encouraging results in the US (Zeanah et al., 2001), however we still know little about its effectiveness. For the first time, NIM is being compared to social work 'services as usual' (SW-SAU) in a Randomized Controlled Trial (RCT) in Glasgow, Scotland (Minnis, 2016; Pritchett et al., 2013; Turner-Halliday et al., 2016). This means that all children who come into care due to suspected abuse and or/neglect, aged 0–5 in Glasgow, are randomized to NIM or SW-SAU and researchers at the University of Glasgow measure child outcomes across three different time-points (baseline, 15 months and 2.5 years after the child has been placed in foster care).

The trial (known as the Best Services Trial: BeST[?]) exemplifies the notorious challenges in carrying out RCTs of complex interventions: the existence of multiple outcomes, multiple partners working across multiple settings and agencies, the interventions (both NIM and SW-SAU) comprising multiple elements and a need for flexibility and adaptability in the delivery of the programs (Craig et al., 2008). However, as in any large randomized controlled trial, we expect a good balance across the two groups with regards known and unknown factors (e.g., age, gender, family size) so that only the interventions should differ. NIM and SW-SAU represent different lenses of assessment, different professional skill mixes and different timescales. Both NIM and SW-SAU include a three-month assessment of the family, but the NIM intervention additionally includes a six to nine month trial of treatment that aims to improve family functioning, child mental health and maximize the family's chance of having the child home, where in the child's best interests. In Scotland, there is no legal timeframe for decision-making, unlike in England where placement decisions have to be made within a maximum of twenty-six weeks.

NIM (called the Glasgow infant and family team – GIFT – in Glasgow) offers a detailed assessment of all of the child's attachment relationships using standardized measures followed, where possible, with the trial of treatment that uses interventions such as Circle of Security, Parent-Child Psychotherapy and Video Interaction Guidance (VIG) (Turner-Halliday et al., 2016). SW-SAU do not offer formal in-house treatment but do reflect on their naturalistic observations with parents and can refer parents onto external services, e.g., substance misuse counselling, if required. In the United Kingdom (UK), SW-SAU usually involves regular contact with families to assess their likelihood of having the child home. Because preventative social work is well developed in the UK, often this will entail thorough scrutiny of past social work involvement with the family and observation of the quality of child-parent contact. The aim of both services is to make a timely recommendation concerning the child's future placement based on the perceived best outcome possible for the child, be this reunification with their birth family or adoption. Fundamentally, we do not yet know how a new multi-disciplinary infant mental health model will fare in the Scottish context in comparison with the long-standing expertise of traditional social work judgement.

### 1.3. Using process evaluation to explore the context of NIM

The results of BeST[?] are due in 2021 when we will hopefully learn whether NIM or SW-SAU is the most cost-effective service, but in the meantime there is much to be learned about how an infant mental health model is perceived in the child welfare system and, in particular, how the infant mental health mode of decision-making is perceived in comparison with decisions made by social workers. A realist process evaluation is embedded in the trial and allows us to track the ways in which perceptions of both NIM and SW-SAU in the system context are operating (Turner-Halliday et al., 2016). This is important because we know that contextual factors can moderate outcomes and that, rather than receiving interventions passively, participants interact with interventions in ways that are influenced by their subjective attitudes and beliefs as well as cultural norms. This means that those in the context may respond to an intervention in ways that cannot be predicted (Moore et al., 2014). Such subjective reaction, rather than lying dormant, can actively affect what happens in practice. The well known 'placebo effect' in trials (re-constructed as a 'meaning response' by Moerman and Jonas, 2002) is a classic example of perception affecting outcome. So too is the effect of differing subjective opinions on relationships; for example, conflicts between agencies in the child welfare system can cause delays for children and their families (Johnson & Cahn, 1995). The relationship between perception and practice, in the wider context of an intervention, is circular; Pawson and Tilley (2004, p. 5) remind us that "successful interventions can change the conditions that made them work in the first place."

In this paper, we unpack the views and understandings of those involved in, or affected by, NIM's implementation – especially