# Looked After Children: Improving Life Chances

*Social-Emotional Assessment and Intervention for Looked After Children, 0-4 years (SUSI) – Clinical Research Studies in a LAC CAMHS Team*

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Carol Hardy & Elizabeth Murphy

South London and Maudsley NHS
NHS Foundation Trust

Southwark Council

KING'S College LONDON

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# SUSI: Social-emotional Under 4's Screening and Intervention

- SUSI was a joint collaboration between Carelink CAMHS, Children's Social Care, Child Health, and Adult Mental Health in Southwark.

- The model, based on pilot project in 2010 (63 LAC recruited):

→ combined infant/child mental health assessment with intervention for LAC and high risk groups of 0-3's (CP, PMH)

→ aimed to improve the child's mental health/social-emotional development & attachment to primary caregiver.

# SUSI: Research groups

1. Children who become newly Looked After (LAC)

2. Children of parents referred to the Parental Mental Health team (PMH)

3. Children who are new to a Child Protection Plan (CP)

# SUSI: Aims

1. Test feasibility of engaging vulnerable populations in a specific assessment and intervention model.

2. Understand level and type of difficulties and strengths in babies, young children, and parent-child relationships.

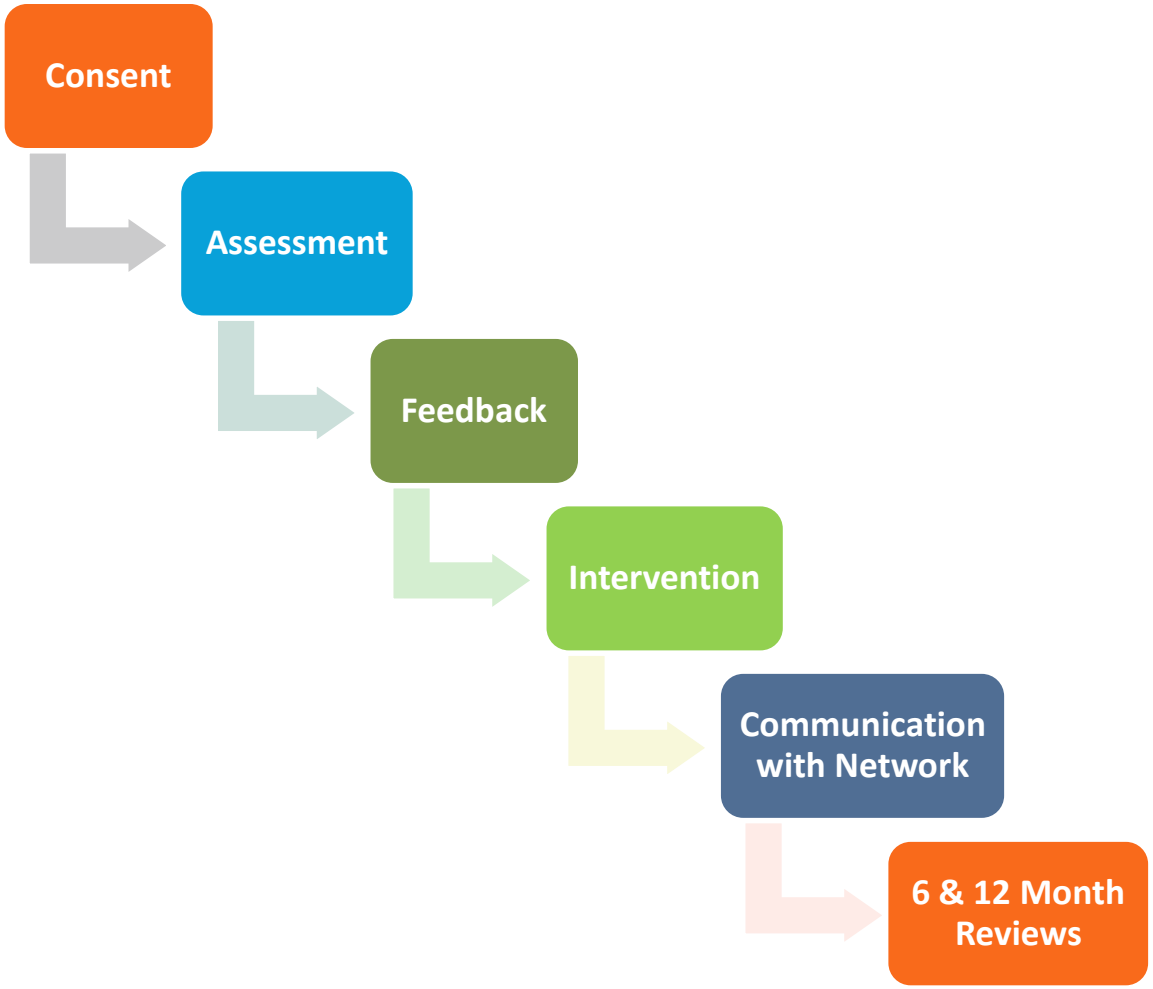
3. Provide emotional/mental health assessment and specific targeted interventions for babies and young children under 4 years and their parents/carers.

4. Improve children's mental health and emotional well being, development and attachment to parent.

5. Promote multi-agency collaboration and joint work for CSC/Mental Health care planning.

6. Carry out an economic evaluation, exploring the population's use of health and social care services.

# SUSI: The Process



# The SUSI Sample

**139** families **consented**: **33 LAC** over 15 months (2014-2015)

**122** families completed **baseline assessments**

| | | |
|---|---|---|
| **97% LAC;** | **89% PMH;** | **80% CP** |

**91** families completed a **6 month review**

| | | |
|---|---|---|
| **81% LAC;** | **76% PMH;** | **68% CP** |

**74** families completed a **12 month review**

| | | |
|---|---|---|
| **69% LAC;** | **72% PMH;** | **40% CP** |

# SUSI Assessment

- Can be a stand-alone intervention along with feedback
- Combination of standardised measures and clinical observation to assess:
  - Quality of child-caregiver interaction
  - Child's social-emotional development
  - General child development
  - Parents' emotional wellbeing
  - Economic evaluation

| Types of setting for assessment and intervention | | | |
|---|---|---|---|
| • Family home<br>• Community clinic | • Foster Home<br>• Residential centre | • Mother-baby foster home<br>• School | • Nursery<br>• Early Years Centre |

# Who did we see?

## Child-Parent Dyads:

- Birth parent in family home
- Birth parent in Residential Assessment Centre
- Birth parent in Mother & Baby Foster Placement
- Kinship Carer
- Foster Parent
- Foster to Adopt Parent
- Adoptive Parent

# SUSI Intervention

- **Live parent-child relationship work**
- **Reflective discussion with parents**
- **Liaison and joint work with agencies**

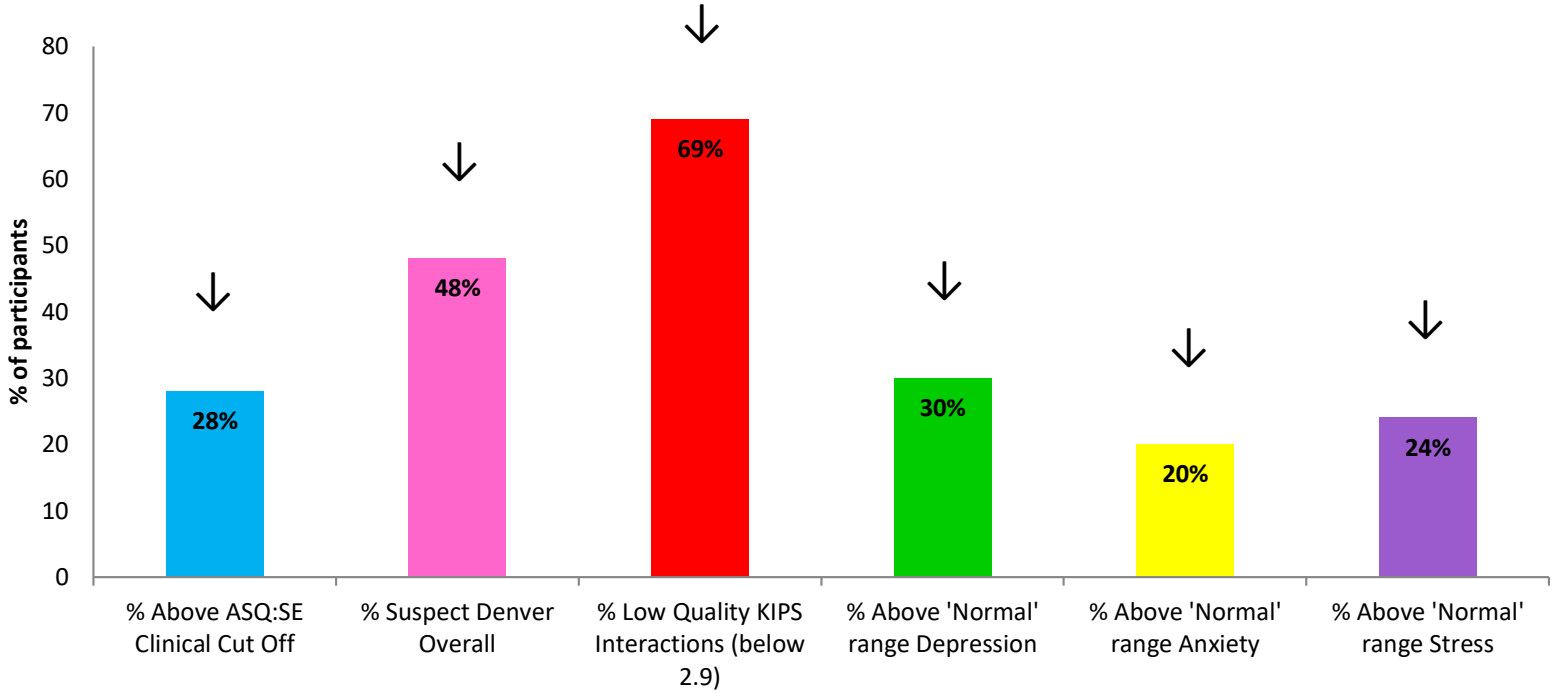
→Different starting points depending on impact of early history and current stressors

→Intervention tailored to engage and focus on the parent-child interaction & relationship

→Eclectic and multi-faceted approach: ‘ripple effect’ within relationship

→Promotion of emotional well-being for parent and child.

# Overall level of need within SUSI cohort at baseline




ASQ:SE – 28% of participants scored above the clinical cut off for concern

Denver – 48% had suspected overall developmental delay

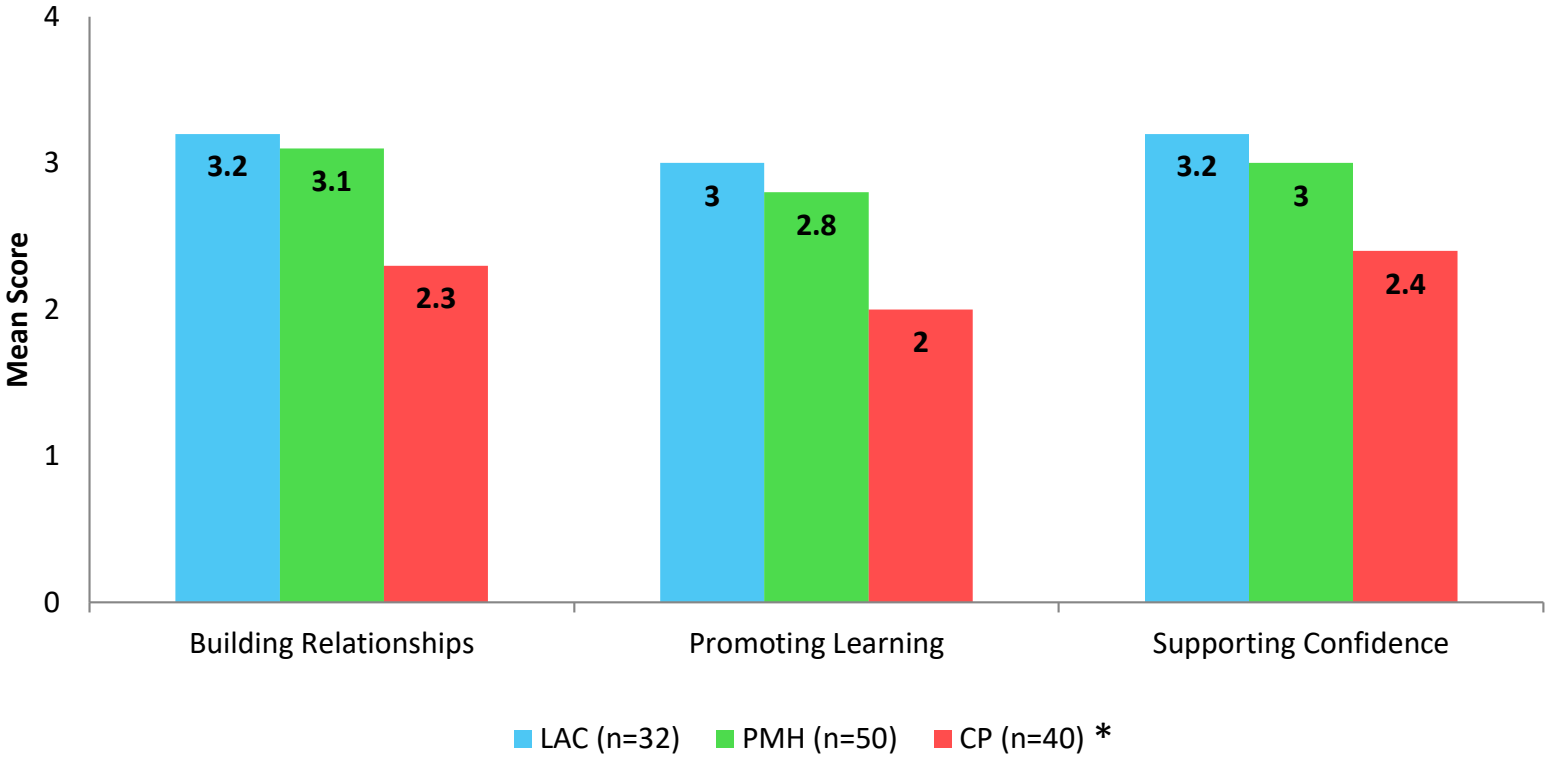
KIPS – 69% had low quality interaction

DASS – Above the normal range for Depression, Anxiety and Stress: 30%, 20%, 24%

Mean score at baseline was 2.7 (low quality overall, indicating potential developmental delay

n=122

# Baseline scores: KIPS by group




The CP group had significantly lower scores than both the PMH group and LAC group at baseline.

There were no socio-demographic differences associated with the KIPS scores at baseline.

'Building Relationships' scores ($F$ (2,119) = 12.14, $p$ = 0.0001); 'Promoting Learning' scores ($F$ (2,119) = 10.51, $p$ = 0.0001); 'Supporting Confidence' scores ($F$ (2,117) = 11.0, $p$ = 0.0001)

Anxiety

Fear of separation

Under-developed play – mechanical/without imagination/repetitive

Poor emotional regulation with physical changes

Inconsistent physical co-ordination/ability

Irritability

Skin problems

Over compliance

Pleasing/ placatory

Inflexible transitions

Persistent or frequent mood changes

Poor concentration

Overly independent

Overweight

Physical dysregulation

Failure to thrive

Checking on parent's state

Solemn/sad affect

Emotional Withdrawal

Communication and language

Inconsolable crying

Freezing/dissociation

Persistent or frequent mood changes

Blank or flat expression

Excitability, over-activity and distractibility

Disorganised responses/ difficult to read

Social withdrawal from peers

Anger

Sexualised behaviour

Clinging behaviours

Toileting problems

Stiffness and tension in body

Poor weight gain/growth

Oppositional

Over-absorbed with physical objects

Aggressive

Avoidance/looking away

Overfamiliarity/ Indiscriminate behaviour

Sleeping problems/ frequent nightmares

Controlling

Not initiating interaction

Lack of movement/still

Impulsive behaviour

Not registering pain

Prolonged tantrums

Not signaling needs

Feeding problems

Being hyper-vigilant

Anxiety

**Emotional**

Fear of se

**Behavioural**

Under-developed play

mechanical/ imagination/repetitive

**Functional**

Poor en regul with physical changes

**Physical**

Inco co-

**Child-parent interaction**

Over compliance

Skin problems

Pleasing/ placatory

Inflexible transitions

Persistent or frequent mood changes

Poor concentration

Overly independent

Overweight

Physical dysregulation

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Prolonged tantrums

Not signaling needs

Feeding problems

Being hyper-vigilant

# Prevalence of emotional and behavioural difficulties

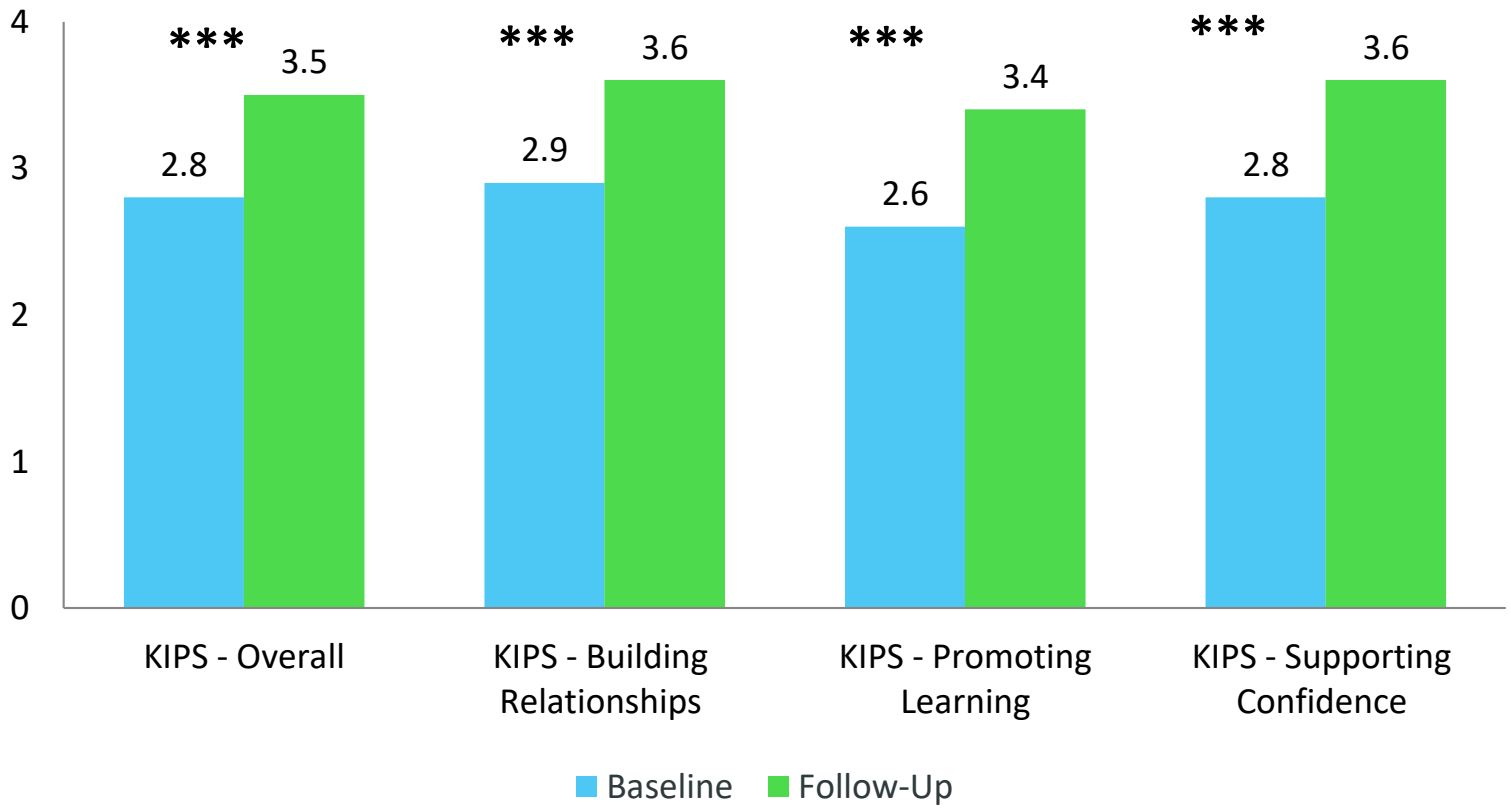
| | 0 – 6 months | 7 – 18 months | 19 – 36 months | 37 + months |
|---|---|---|---|---|
| Not signalling needs | 46% | 50% | 70% | 52% |
| Feeding problems | 38% | 25% | 45% | 44% |
| Anxiety | 31% | 25% | 60% | 52% |
| Communication and language | 25% | 50% | 55% | 52% |
| Concentration | 4% | 35% | 55% | 52% |
| Anger | 0% | 15% | 30% | 52% |
| Difficulties with peers | 0% | 5% | 20% | 52% |

# Intervention Acceptance in LAC Group

- 94% offered an intervention in LAC group
- Of these, 81% accepted intervention
- Intervention completion:

  - 87% completed in LAC (77% PMH; 61% CP)

# Outcomes at 12 months: KIPS
# Completed more than 50% of the intervention sessions

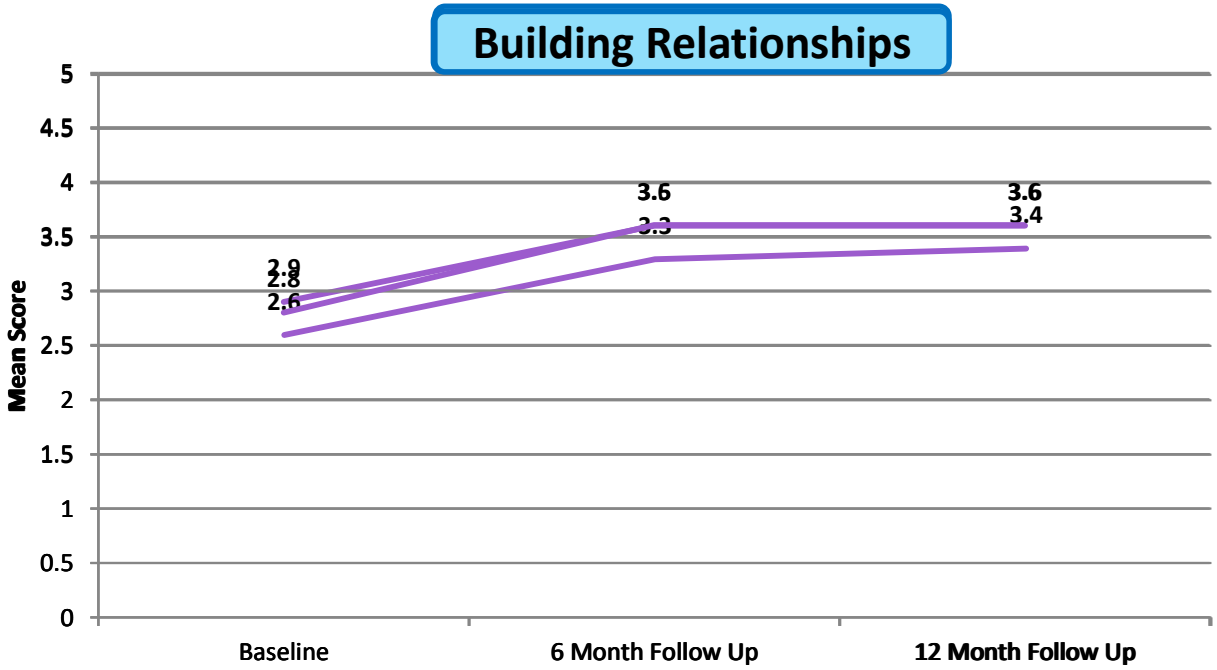



- There was an improvement on the KIPS overall and for each of the subscales.
- Large effect sizes of d=.8 or higher for KIPS overall and for each subscale

*** <0.001

# Outcomes over time: KIPS
# Completed more than 50% of the intervention sessions

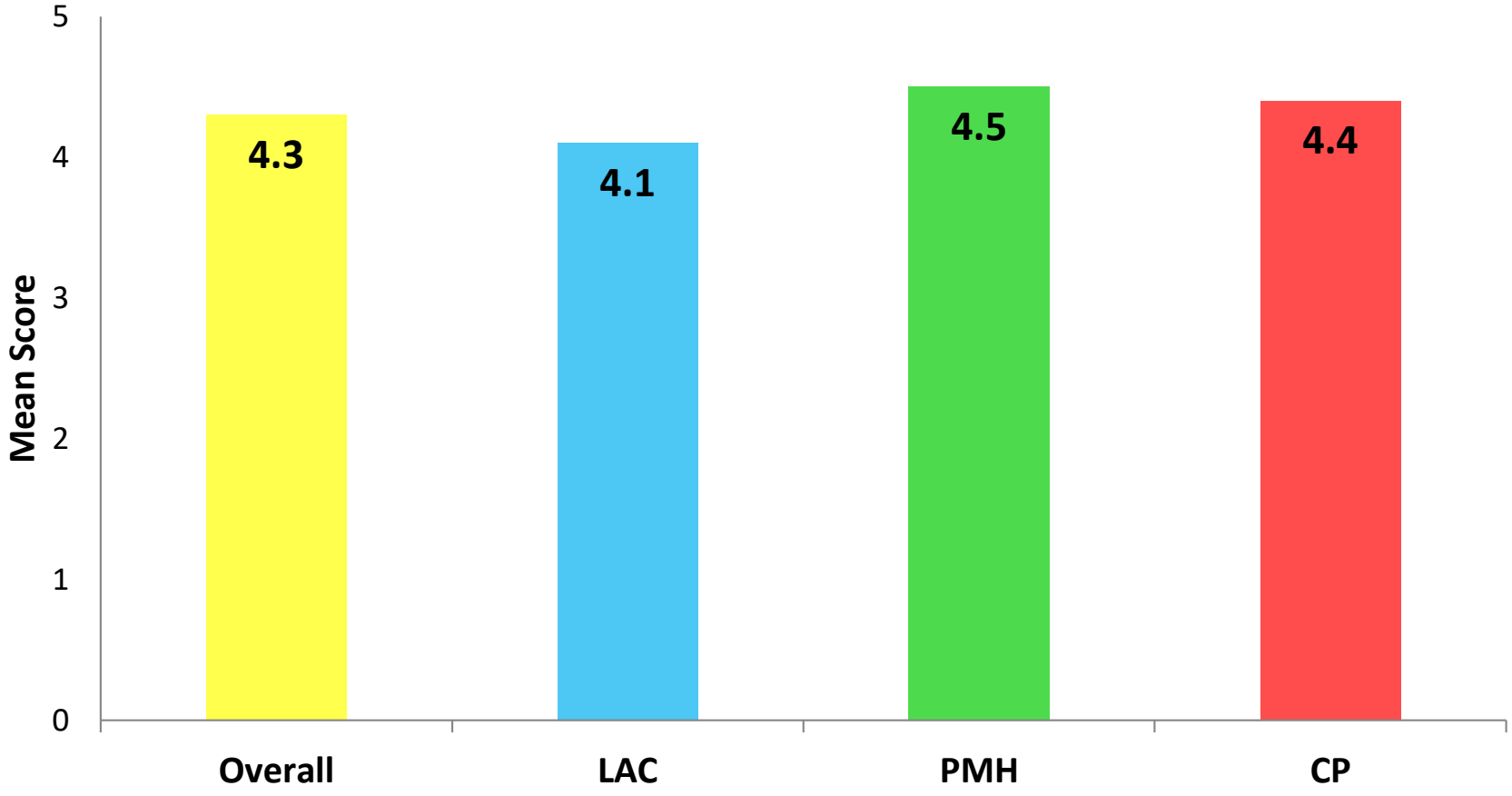
**Higher** scores indicate an **improvement** in the parent-child interactions




- Significant improvements in all 3 KIPS domains at the 6 month review
- This improvement did not significantly change by 12 months and remained significantly improved from baseline.

# Intervention feedback: parents and carers

Overall, on a scale of 1-5, how useful did you find the intervention sessions?



# Interagency work

- Assessment  informing CSC reports, direct work, transitions to new placements or education.
- Assessment highlights specific needs of child, caregiver-child relationship, (and  individual carer/parent).
- Feedback with other professionals: CSC Social Worker; IRO; CP Chairs; Paediatrician; Health Visitor.
- Translating ideas into  'Activity Sheets' for use in Contact with birth parents, nurseries…
- Feedback from intervention and 6 month reviews informing future support needs and capacity for change in child and caregiver-child relationship.

# Current developments

- SUSI Training Handbook
- Training programme for SUSI model
- One day ‘Infant and young children’s mental health’ training workshop & learning sets

# Concluding remarks

- Identification and formulation of specific social-emotional and mental health needs in 0-3's.
- Developed and implemented an assessment and intervention approach in a multiagency context with high risk populations.
- Timely information for inter-agency networks
- Assessment & Feedback stage can be stand-alone
- Integration of outcome measures into clinical practice
- Learning points about engagement of families.

# Thank you

Carol Hardy

carol.hardy@slam.nhs.uk

Elizabeth Murphy

elizabeth.murphy@slam.nhs.uk