



# The New Orleans Intervention Model: early implementation in a London borough

## Evaluation Summary

### Background

The New Orleans Intervention Model (NIM) was developed in the United States and is an approach that provides intensive assessment of and treatment for children up to the age of 5 in foster care due to abuse or neglect. It is delivered by a multidisciplinary infant mental health team with the intention of improving judicial decisions about the child's permanent placement by putting the quality of a child's relationships at the heart of decision making. The National Society for the Prevention of Cruelty to Children (NSPCC) introduced the service in the London Borough of Croydon in 2015. 21 children were referred to the service up to January 2017. The NSPCC had already been delivering NIM in Glasgow as part of an exploratory randomised controlled trial (RCT) since 2011.

### Aim

The service in Croydon is known as the London Infant and Family Team (LIFT) and was established to introduce the NIM model into England for the first time. The aim is to determine if the NIM model can improve placement decisions for young children in the care of the local authority and ultimately improve their mental health.

### Evaluation

The evaluation was commissioned to help NSPCC implement the intervention in Croydon, to assess its feasibility as the second site for the RCT being conducted in Glasgow, and to develop the approach and methodology for a rigorous evaluation of the innovation if an RCT was not possible. A qualitative evaluation that focussed on the acceptability of LIFT in Croydon included 54 interviews with key stakeholders. A quantitative evaluation established a comprehensive database for LIFT and developed an action plan for implementing an RCT.

### Findings

- It was a significant achievement to establish the LIFT service, not least in negotiating agreement with the judiciary about the inclusion criteria for being offered the service and that, in cases where treatment was indicated, introducing flexibility about the requirement to adhere to the Public Law Outline timescales of a final decision by 26 weeks to enable a treatment plan to be undertaken in addition to the assessment.
- The LIFT service was initially not fully staffed, in particular the consultant psychologist and psychiatrist were appointed after other team members because it took longer to recruit and appoint them. This led to an early lack of leadership.
- LIFT members were positive about the training and preparation they received and the multidisciplinary team approach.
- LIFT received few referrals initially. Between January 2016 and January 2017 there were 21 appropriate referrals of looked after children in Croydon up to the age of 5. Most cases were closed early for a variety of reasons.

- LIFT members briefed other agencies about the service but more could have been done. There was some confusion among local stakeholders about whether or not LIFT could be regarded as “experts” in care proceedings.
- Several concerns were expressed about the possibility of an RCT, suggesting it was not a viable evaluation design at the end of the qualitative fieldwork. These concerns included: opposition from the judiciary and senior officers in children’s social care; doubt about the ability to achieve the required sample size in Croydon; and a question about combining data from a multi-site study conducted in different legal jurisdictions of Scotland and England.

An action plan was put in place with local stakeholders to determine if the RCT would be viable. Particular concerns addressed through the local discussions include:

- Randomisation in children’s social care is unethical. Under the right circumstances, randomisation can be very fair and hence ethical
- Lack of equity given wide variations between existing assessment services. Discussions have focussed on the importance of equipoise, of genuinely not knowing which service is better without the evidence
- The low referral rate suggests the LIFT service would need to be extended to other local authorities. Planning for this is underway
- A local steering group comprising stakeholders from local agencies has been established
- A data sharing agreement has been established between the NSPCC and Kings College London in readiness for the impact evaluation and discussions are advanced with the London Borough of Croydon.

## Recommendations

- When setting up a new service in partnership with an NHS trust a longer lead in time is required for the creation of new senior health practitioner posts. Consideration should be given to the best ways in which senior operational staff should be involved in planning the development of the service locally and in promoting the service to local stakeholders.
- The NIM model has the potential to improve the quality of assessments for young children in care. A robust impact evaluation is required to determine if this potential can be realised and within different legal contexts.
- Many of the concerns about the RCT methodology for evaluating LIFT have been addressed and there is now significant ‘buy in’ from local stakeholders. These stakeholders should help determine if and how LIFT will be part of a multi-site RCT or evaluated in some other way (for example, a pragmatic clinical trial or ‘quasi-experimental’ design).

The qualitative evaluation was undertaken between January and March 2016 and was carried out by the Social Care Workforce Research Unit, King’s College London. The quantitative evaluation and subsequent action plan were carried out between October 2015 and January 2017 by the Institute of Psychiatry, King’s College London.

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