

# IRIS People



## **The Assessment of Parenting Potential and Transition programme (APPT)**

### **Overview**

The APPT provides a broad and detailed multi-disciplinary assessment of parenting potential and family transition capability.

The programme is an individually tailored and integrated model of working with parents and children that utilises and integrates the latest research from key disciplines including clinical psychology, social work, community development and ecological approaches and neuropsychology in addition to theoretical approaches in parenting capability and transition.

The APPT has the added benefit of offering a flexible, bespoke community based “real life” context.

### **Clinical team**

The APPT Clinical Teams comprise specialist and experienced child and family practitioners including clinical psychologists, family therapists, CBT therapists (specialising in systemic and family CBT), counselling psychologists, child counsellors, child psychologists, social workers, contact intervention and support workers, and community development workers.

### **Viability Assessment**

The individual family’s likely ability to work within and benefit from the APPT is assessed within the initial viability process.

This takes place within a 2 – 6 week timescale and includes :

- At least two interviews with parent/s
- At least two observations of contact
- Discussions with all parties and professionals
- Detailed file/bundle reading
- The application of some psychometric tests

Particular consideration is given in the viability assessment to the child/ren's psychological needs and any individual sustained risk factors.

Parents who have active alcohol/drug misuse issues are not suitable for referral to the APPT.

### **Core Programme Content**

Each APPT is designed around the parent, child and family's individual needs. There are core elements to the APPT however which usually include;

- 160 hours of contact observation for clinical and intervention work between children and parents that may involve play therapy or intensive interaction therapy;
- A scored Adult Attachment Interview (AAI), informing ongoing intervention work.
- Intensive psychological therapy sessions with parents, insights from which are integrated into the whole programme.
- Psychological therapeutic sessions with the child/children, insights from which are integrated into the whole programme.
- Specialist allocated child psychologist who works with the child/children throughout the programme;
- 40 hours / 20 individual assessment/intervention sessions addressing individual areas outlined and agreed at the initial planning meeting. These are structured learning and evaluation periods undertaken by a qualified social worker or other development worker.
- Liaison with all relevant involved professionals and persons;
- Community, social and relationship development work.
- Parenting skills and knowledge intervention assessment (based on Webster Stratton and psychological parenting strategies);
- Psychometric assessment to support the wider assessment process.

- Evaluation of target areas based on Individual Family Assessment Plan.

## **Programme Approach**

Parents are assessed in this programme with the two-fold purpose of establishing parental potential, where vulnerabilities lie and to what degree they are able to utilise intensive personal, community and therapeutic interventions to achieve a transition to sustainable long-term successful parenting. A significant aim is the development of an increase in awareness of thoughts, emotions and options and the implementation of insights made in individual sessions to every day life and parenting.

Children are also assessed in terms of their individual needs and resiliences to provide a holistic overview of both the child/s and parents' ability to make a successful transition either to reunification or to positive alternative outcomes.

The programme can be broadly seen as a three part process;

- (1) Information and Knowledge acquisition (Baseline Assessment of Potential)
- (2) Assessment of capacity to utilise interventions and achieve change.
- (3) Withdrawal from interventive phase and final transition assessment (Evaluation of progress based on evaluation criteria set out in Individual Family Assessment Plan.

Often, children are looked after by the Local Authority during the APPT and following the mid-point review (at which the family can be seen as moving either towards reunification/rehabilitation or Local Authority/other permanent care options) decisions are reached concerning whether an increase in contact is in the child's best interest. If progress is positive and a clear risk management plan agreed, the programme could be moved to the family home.

## **Venue**

The APPT is initially provided at our tailored family practice premises, which is staffed by at least three members of staff at all times and where qualified members of staff are always on hand.

IRIS use Video Interaction as one of a variety of teaching tools and our video monitoring facilities also allow us to provide a safe environment, suitable for the management of high risk families.

## **Theoretical Framework**

The APPT is one of the first interventive parenting assessment programmes in the UK to harness research and practice development across disciplines to provide a truly holistic model.

## **Working Effectively with Families in Transition**

The APPT also takes account of culture and diversity in working alongside families, recognising that “*patterns of family life differ according to culture, class and community and these differences should be respected and accepted*” (Doh 2000, p. 9).

In working with vulnerable families, the APPT programme and clinical team also utilise and recognise messages from effective intervention research and collaborative working studies, including that;

- Reciprocity is the basis of collaboration
- Collaboration is a continuum with choices
- Collaboration requires a consensus of stakeholders
- Collaboration requires an expression of purpose
- Trust is essential to collaborative success

(Hudson et al, 1999, as cited in the DoH Assessing Children in Need and their Families, Framework practice Guidance, (2000, p.20).

Collaboration is also an essential basis for synergy between the APPT into the statutory and multi-agency approach and work pre, during and following completion of the programme. To that end, inter-agency collaboration and expectations are agreed prior to the start of each programme.

## **Post Programme Support**

For one year after the APPT, IRIS provides weekly post programme support services to all families, irrespective of recommendations regarding reunification. The purpose of this is to further support the acquired knowledge and skills achieved by the families in the main body of the APPT.

Post programme support/reunification plans are agreed in principle with referring authorities in order to minimise the potential for capacity issues to intervene in the success of reunification/future care planning.

## **Value**

The most positive potential outcome for families completing the APPT is either continued care or reunification. There is both a significant economic and human saving in diverting children from adoption and/or long term alternative care. Typical legal costs alone in adoption cases range from a hundred to three hundred and fifty thousand pounds, with the average cost of caring for a child in foster care around £5,000 a week (BAAF).

Especially when utilised as an early assessment and intervention tool, the APPT has the potential to save both money and futures.

For families for whom reunification is not a viable outcome, the programme still offers a significant opportunity to improve the child's experience of parenting within current and long term contact and in some cases enables parents to parent a different child safely in the future.

## **Outcomes**

Outcome data will be collected and published in relation to pre, during and post programme evaluation. This data will form the basis for clinical research data and outcome publication and peer review.

## **APPT Internal Process**

### **1. Referral Point Meeting / Intake**

Clinical team only

- To decide whether to undertake a viability assessment;
- To enable allocation

### **2. Post Viability Assessment Meeting**

Clinical team only

- To consider whether recommending full APPT;
- To plan content and team and schedule of programme
- To agree evaluation criteria

### **3. Full Professional Planning Meeting**

All parties, including parents

- To share assessment plan and make any amendments;
- To invite input into the Individual Family Assessment Plan

- To consider practical implications (schedule, communication, contact diary, etc.)

**4. Clinical Team Meeting - weekly**

To review programme, approach and content

**5. Review Meeting**

Clinical team only

- To review programme;
- To decide whether to continue into 2<sup>nd</sup> half of APPT

**6. Full Professional Review Meeting**

All parties, including client

- To feedback and incorporate views of others into 2<sup>nd</sup> phase of APPT

**7. Final Review Meeting**

Clinical team only

- To consider post-programme provision and make recommendations regarding reunification/future planning.

**8. Full Final Professional Review Meeting**

All parties, including client

- To feedback final Clinical Review Meeting