The Trondheim Modell of Family Centers - how we do it in Trondheim

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Family Centre in Trondheim- The history

* A result of personal initiative, project money from Trondheim municipality, and from the government.
* The first one started in 1990 (Kolstad)
* 3 more had an individual start in the beginning.
* From 2009: a process for working out a common way and «how to do it»
* Included in the «Modellkommune» project (2007-20014)

* In 2009: As a Psychologist: my project: Make the four centres alike
In 2012

- Newborn: 2377
- 4 districts
- Receiving an offer at a family centre: 71 families
The plan:

- 1 ½ professionals
- < 8 families in group
- Children at risk (pregnancy-12 month)
- Opening time: 3 days a week, in group
- Day Time: 10-14 (group) + individual time
- Lasting for about 10 months

Referrals

- Midwife,
- Nurse in primary care
- Doctor
- Child Welfare
- Psyciatric clinic

Time has shown: there is need of greater flexibility in using the resources
Methods and working models included in daily work, coordinated, evaluated, given in a long time perspective

Defined as ”The Trondheim Model”

Smia
Kråkeslottet
Lerkendal
Kolstad
The process

The cooperation phase

Awareness of strengths, Determine focus of jobbing, Goal setting, Work within daily activities, More partners? Evaluate, change focus, Increasing demands, New og more focus?

Start-up phase (3 weeks)

Someone takes over, and ensures continued focus

Referring

The cooperation phase

Final Phase
The aim:

* Give an offer to families with children at psychosocial risk for developmental problems (in the first year)

* The Families:
  * Might have multiple psychosocial stressors (psychiatric problems, single mother, young mother, poverty, uncompleted school, earlier alcohol and drug addiction, partner violence, etc)
  * Make a suitable form for intervention to the special mother and the special father and the special child (individualized)
Building family engagement

Professional coaching, listening, asking for information, providing with information

* By family capacity building
  Building family’s strengths & resources
  Build family sense of competence

By help of theoretical knowledge and long clinical experience
Anticipatory guidance to promote positive parent-child interaction

Make parent aware of: What aspects of parenting have impact on childrens social-emotional development

Individualized to all families

Through normal activities

Creating opportunities for individualized and group training
1. Play and positive activities on the flor (normal situations, mother and child (father and child) interaction. Models, expectations, sensitivity)

2. Assessments:
NB! Practical and suitable for the family centre setting and the families at the moment

Group based or individualized?

* ASQ; ASQ-SE
* Marte Meo
* COS inspired work
* WMCI
* TI-Rostad (Early Intervention) = A screening and early intervention - working together with parent)
  
  What do the child need? In what ways is he/she strong?
  Does he/she need training? How to do it. Digitalized program
  
  * an example (film)
Circle of Security
Parent Attending to the Child’s Needs

- Protect me
- Comfort me
- Delight in me
- Organize my feelings

I need you to

Secure Base

Safe Haven

Support My Exploration

Welcome My Coming To You

I need you to

- Watch over me
- Help me
- Enjoy with me
- Delight in me

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Risk and strength

* Be attentive to the dimensions concerning

* THE FAMILY
* THE CHILD
* THE NEIGHBOURHOOD
* THE SOCIAL NETWORK
The individual competence decides focus in the group

- The focus that need to be set
- what to reflect on
- The knowledge they need
  - Examples of focus: Kind of food, Clothes, How to regulate the child, Emotions, How parent’s emotions affect the child in development, Sleeping, Toys at different ages, How to sing songs together with the child, How to regulate the child at the table, How to help the child to regulate and go to sleep
For progress of education, place for living, being free from debt,---

* consultants in Economic, Psychiatry, Health, NAV, Welfare, Nurse, Doctors, Medical specialist, Child Welfare,

* Home start, different voluntary organizations

* Always contact with kindergarten
As our brain has evolved in complexity our dependence at birth on caregivers has increased.

Each of us, as caregivers, have “working models” in our minds--expectations and emotions about relationships derived from experience.
Graphical representation of the normal arenas for children 0-6 years, with selections of natural brakes.

Group task: to describe how one through professional focus, safe routines and collaboration can ensure young children at risk an optimum development.
Manual for the family Centre in Trondheim

By professionals in the family centre in Trondheim: Aagaard, Britt Egeland, Wigdis Fætten, Sigrun Grande, Aud Janne Iansen, Grete Sve-Rian, Tone Selven, Heidi Opstad Storaas & Anne Margrethe Rostad (mai 2013)
The end is good, hopefully! Often - not always

Thank you for the attention!