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Hope for Children and Families: Targeting Abusive Parenting and the Associated Impairment of Children

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Hope for Children and Families: Targeting Abusive Parenting and the Associated Impairment of Children

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The purpose of this study is to distill the "effective practice elements" from randomised controlled interventions (RCTs) to prevent the recurrence of abusive and neglectful parenting and the associated health and developmental impairment of children. The resulting elements would be used then to develop a step-by-step modular-systemic approach to intervention that is suitable to the needs of a variety of frontline practitioners in social care, health, and education. A series of 22 randomised RCTs were analysed using the distillation and matching approach to establish the presence of effective practice elements. The focus was physical and sexual abuse, victims and children, and young people as perpetrators; neglect including failure to thrive, emotional abuse (exposure to violence and mental health issues). The studies were analysed for effective practice elements, across different approaches matched to interventions focused on parenting, on children and young people, and on family/professional relationships. The proportion of practice elements utilised in each form of maltreatment was defined. The distillation process resulted in a total of 47 practice elements present across all forms of maltreatment studied. An experienced group of practitioners from statutory and voluntary agencies ordered and integrated the most frequently utilised emerging elements into a series of step-by-step modules, which could fit the complex needs of families when maltreatment had occurred. The resulting manual, Hope for Children and Families, provides a "menu" of evidence-based, step-by-step modular interventions targeting the profile of abusive and neglectful parenting and associated impairments of children. To be effective for frontline practitioners, the manual will need to be delivered in a user-friendly format, training developed, and supervision and support provided.

INTRODUCTION

Child maltreatment is not a disorder as such, but a context in which children and young people are exposed to harmful parenting and/or abusive or neglectful situations with varying impact. When maltreatment has occurred, the emphasis needs to be on a process of assessment and intervention to prevent the recurrence of child maltreatment and the associated impairment of children and young people. The development of the Hope for Children & Families (HfCF) approach is part of an overall approach to evidence-based assessments of parenting and family life, to analyse the impact of harm, the risks of future harm, and prospects for intervention. The HfCF approach provides an evidence-based approach to test the capacity of parents to modify abusive and neglectful parenting and work with the professionals to reverse the associated impairment of children and young people's health and development. The development of this approach is the focus of this article.

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The aims of this article are as follows:

1. To describe the U.K. policy context for management of child maltreatment;
2. To describe the development of a training manual based on the analysis of key components—practice elements of effective evidence-based interventions and the integration of these into modular form for delivery;
3. To assist frontline practitioners to make interventions based on the menu available in the manual;
4. To comment on the skills, training, and supervision required to provide effective interventions; and
5. To consider how helpful interventions can be disseminated and devolved so that more children and families can access effective help.

Recent Policy Context for the Management of Child Maltreatment in England

Child care policy in the United Kingdom has been extensively affected by statutory inquiries that have followed child abuse tragedies widely reported by the U.K. national media—dating from the Maria Colwell Inquiry (Field-Fisher, 1974), which highlighted the failure of professional agencies to communicate their concerns and lead to guidance for professionals on how to "work together" to avoid tragic outcomes.

The Victoria Climbié Inquiry Report (Laming, 2003) followed the death of Victoria Climbié caused by severe cruelty, again focussed on the failings of agencies. The police, social services professionals from four local authorities, health service professionals, voluntary agencies, and local churches had contact with Victoria, noted signs of abuse, yet there were failures to investigate and little action had been taken. As a result the government launched a major reform programme, Every Child Matters (HM Government, 2004), which set out a framework for desired outcomes for children's health, safety, and well-being, requiring multiagency partnership by all relevant agencies. Professional practice was supported through a series of research/practice publications on physical abuse (Montgomery, Gardner, Bjorstad, & Ramchandani, 2009), emotional abuse (Barlow & Schrader MacMillan, 2010), neglect (Daniel, Taylor, Scott, Derbyshire, & Nielson, 2011; Farmer & Lutman, 2009), and a review of intervention across services (Davies & Ward, 2011).

The most recent impact on policy at a national level was the death of "Baby P," who died in 2007. The child was found to have around 50 injuries and had been seen about 60 times by health and social care. On three occasions the child had been released back into his mother's care; the presence of two men who presented significant risk to a child was unknown. A change of government and a wide-ranging report and review of child protection management by Eileen Munro (2011) emphasised that the U.K. child protection system was too centralised. In addition, social work professionals were too concerned with complying with rules and regulations, spending less time on assessing children's needs and on direct work with children and families, and were unable to exercise their professional judgement.

Munro advocated the importance of supporting social work professionals in making difficult judgments, balancing the right of a child to be with the birth family with the right to protection from abuse and neglect. The quality of relationships between the child and family and professionals was seen as important for the effectiveness of help, as was accessing help as soon as possible. There also needed to be good professional practice informed by knowledge of the latest theory and research. Above all, the question was whether children were receiving effective help as demonstrated by good outcomes. Munro emphasised the importance of developing social work expertise, strengthening accountably and improving professionals' learning.

Developing Frontline Practice

An approach to implementing the Munro recommendations for improved professional practice was initiated by Child and Family Training UK (C&FT), an organisation dedicated to developing and training evidence-based approaches to assessment, analysis, and intervention in the child and family welfare field. A key event was the introduction of the Framework for the Assessment of Children in Need and their Families (AF; Department of Health, Department for Education and Employment and Home Office, 2000) an "eco-systemic" evidence-based framework to describe the way children's needs are being met, parenting capacity and individual and family influences (Figure 1).

C&FT were commissioned to introduce a series of evidence-based tools to assist practitioners in their assessments to utilise the AF. Figure 2 demonstrates how these tools can be utilised in the process of responding to concerns that a child is subject to maltreatment. Seven stages are described from initial recognition through assessment, analysis, and intervention. The stages are described in the central boxes. On the left-hand side are the evidence-based "tools" to assist the practitioner, and on the right the result of the assessment or analysis and the action that follows.

The first stage. The first stage is initial recognition when a child is brought to the attention of child care professionals. Lead professionals for the investigation of

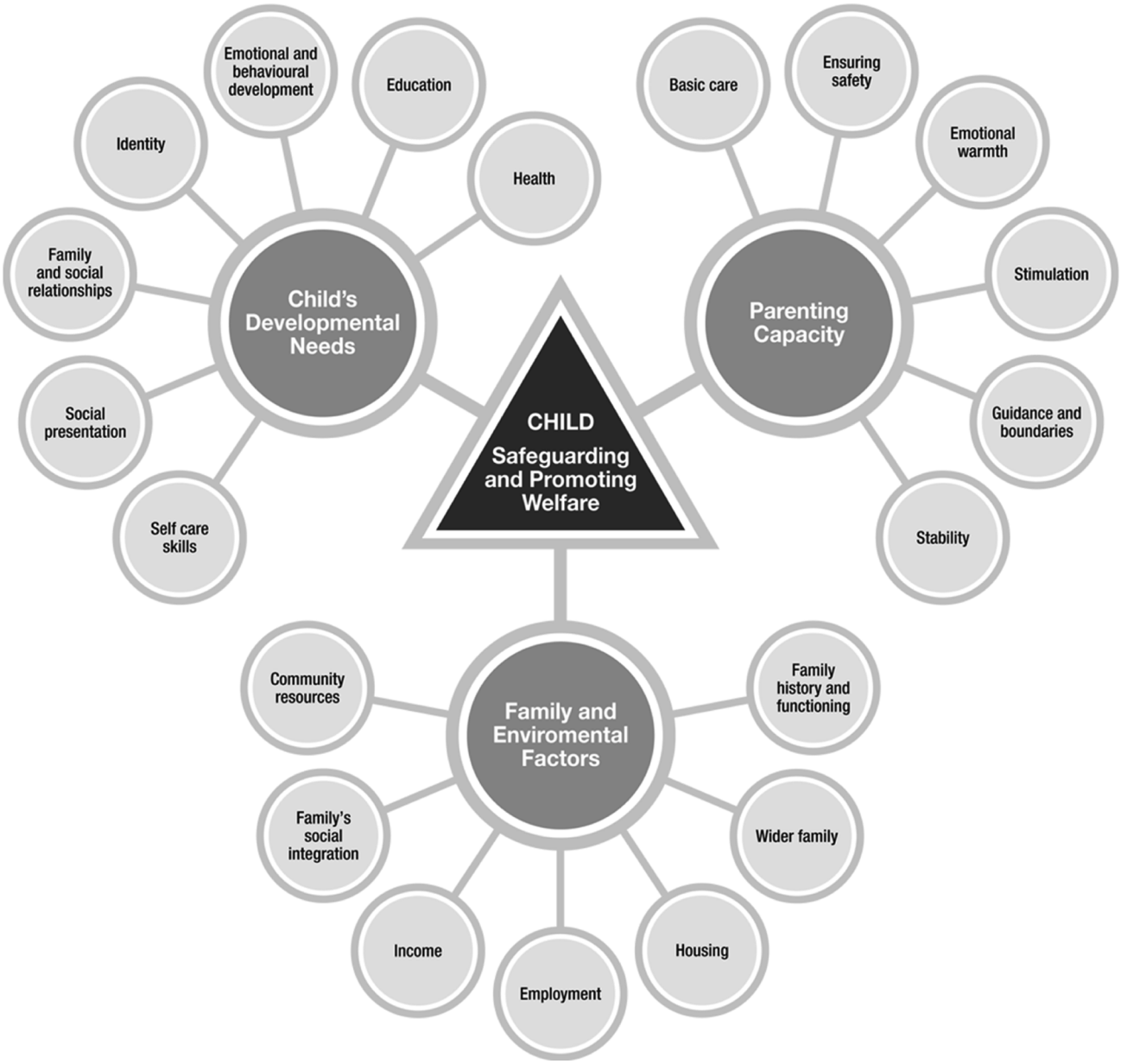

FIGURE 1 The UK Assessment Framework for assessment of children in need and their parents.

child protection in the United Kingdom are local authority social workers, appointed child health professionals, and specialist police officers. The tools to inform this stage are the guidelines issued by the U.K. National Institute of Clinical Excellence (2009) on the recognition and response to different forms of abuse. The result of this assessment is to establish evidence of child maltreatment and whether immediate protection or further investigation is required.

The second stage. The second stage of assessment is aimed at gathering information and constructing a chronology of significant events in the child and family's life. Evidence-based tools introduced by C&FT are used to make relevant assessments of child, parent, family, and environment. (Bentovim & Bingley Miller, 2001; Cox & Walker, 2002; Department of Health, Cox, & Bentovim, 2000). The result is to provide information on all dimensions of the AF.

The third stage. This stage is the categorisation of information to establish the extensiveness of harm, and the nature of individual and family environmental functioning. This utilises the first framework of the

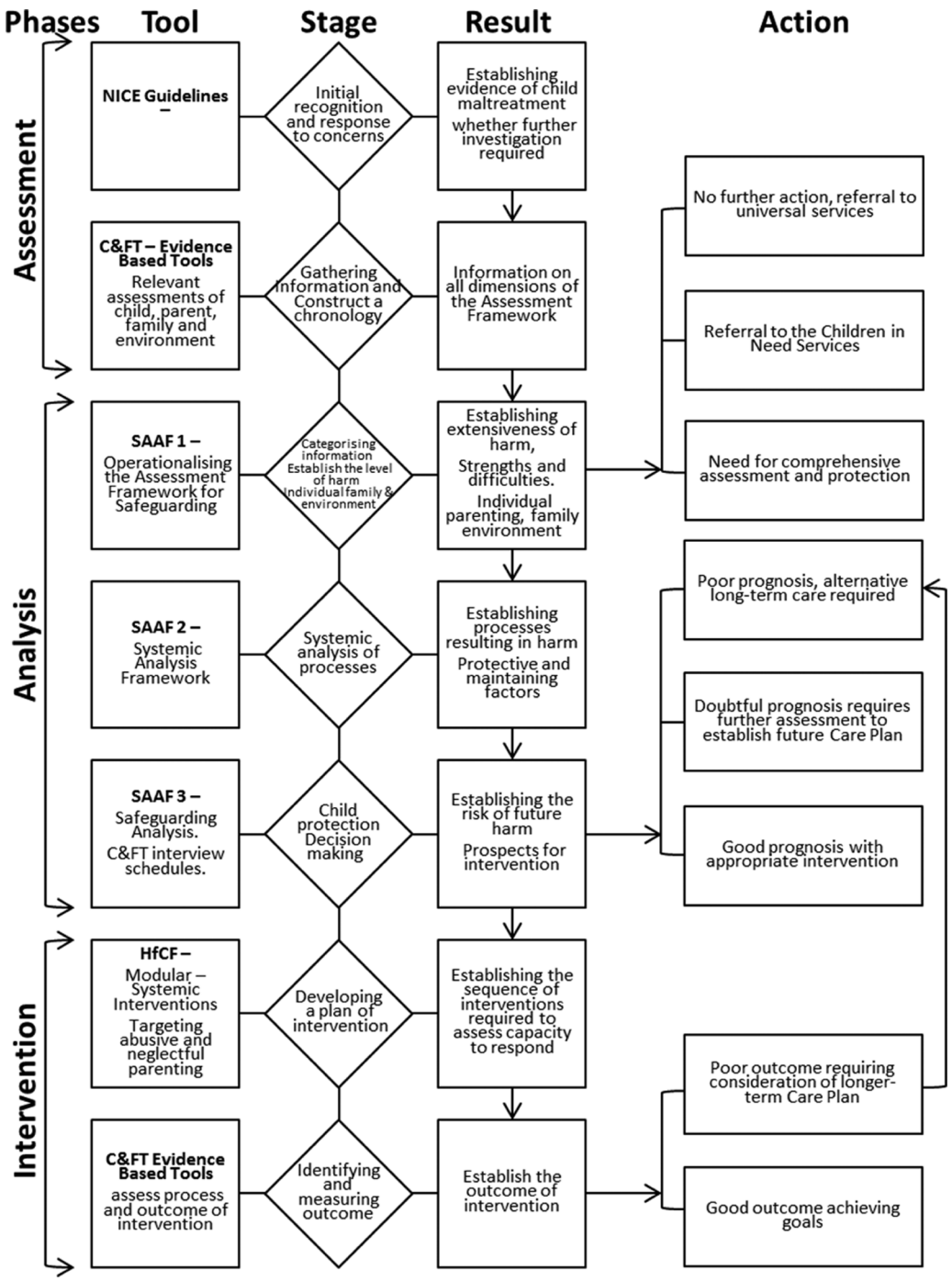

FIGURE 2 The stages of recognition, assessment, analysis, and intervention of child maltreatment.

Safeguarding Assessment and Analysis Framework. (Barlow, Fisher, & Jones, 2012; Bentovim, Bingley Miller, Pizzey, & Tapp, 2012; Bentovim, Cox, Bingley Miller, Pizzey 2009), which includes a number of evidence-based frameworks. The goal is to operationalise the AF for Safeguarding and Protection purposes (Bentovim et al., 2009). This is based on a series of scales that describe strengths and difficulties of children's functioning, parenting, and the individual and family environment.

Figure 3 provides the descriptors of children and young people whose functioning is adversely affected by exposure to harmful parenting and individual, family, and environmental factors that impact negatively

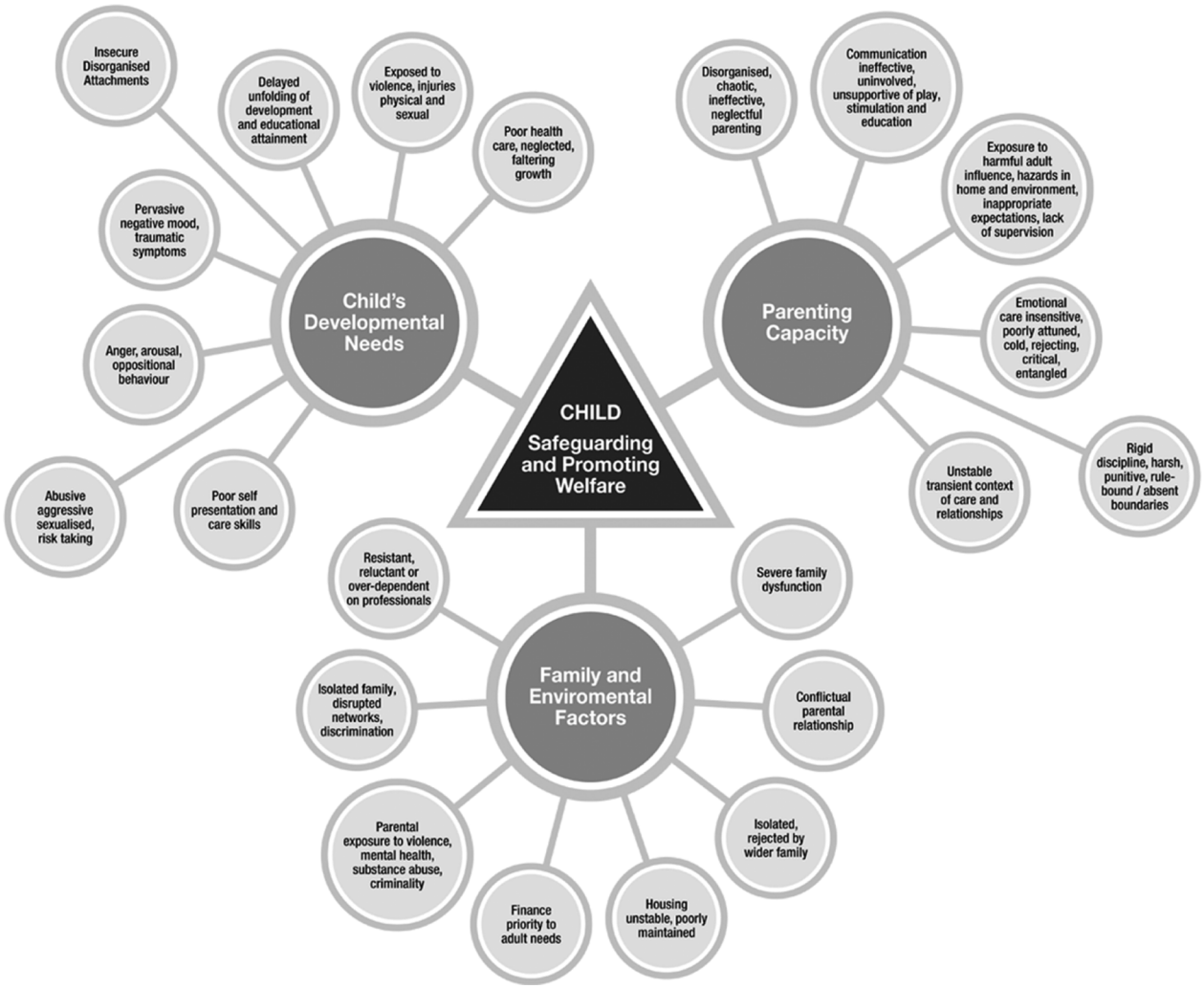

FIGURE 3 Profile of abusive and neglectful parenting and the associated impairment of children and young people's health and development.

on parenting capacity. Arranging the information around the AF triangle enables the practitioner to make an informed decision about whether referral to universal services is appropriate, or to children in need services, or whether there is sufficient concern to warrant further comprehensive assessment and protection.

The fourth stage. The fourth stage is to establish the nature of processes that have resulted in harmful impacts on children. This is the first stage of an analysis that leads to establishing the risk of future harm if the family situation remains the same, followed by an analysis of the prospects for intervention (Jones, Hindley, & Ramchandani, 2006). The processes are mapped using a second framework that records predisposing, precipitating, maintaining, and protective factors.

The fifth stage. The fifth stage establishes the level of risk and prospects for intervention. This utilises a series of interview schedules and frameworks, with conclusions based on consensus decisions. This establishes the risk of future harm and prospects for intervention, whether the prognosis is hopeful with appropriate intervention, poor with alternative long-term care being required, or doubtful requiring intervention to establish a future care plan.

The sixth stage. The sixth stage is to develop a plan of intervention, targeting abusive and neglectful parenting and the associated impairment of children and young people. The aim is to provide intervention to test the capacity of parents to provide adequate care. HfCF is designed to assist practitioners with these tasks, establishing goals and delivering evidence-based

interventions in modular form for parents, children, and young people and their families.

The seventh stage. The seventh stage is to identify and measure children's outcomes to determine whether goals have been achieved or whether outcomes are poor—parenting remaining potentially harmful and the associated impairments of children's health and development persisting unmodified. Assessments of change are measured by routine use of the range of qualitative and quantative evidence-based tools already used in the assessment process.

METHODS

Developing the HfCF Approach

When randomised controlled interventions (RCT) aimed at preventing the recurrence of child maltreatment and associated impairment are examined (MacMillan et al., 2009), there is little consistency in approach. First, the range of effective interventions is extensive—psycho-dynamic, cognitive-behavioural, video feedback; second, the range of foci is wide—individual, parent, and family; third, different approaches incorporate effective elements of other interventions, for example, trauma-focused interventions; fourth, similar models are applied to differing forms of maltreatment successfully; and fifth, there is inconsistent research on outcomes, some forms of abuse being studied more extensively. The practitioner has to choose between competing effective models, which require differing levels of skill and training. For a practitioner to be competent at working across the maltreatment field would require many years of complex training. Inevitably practitioners choose one approach, and this may limit the capacity of practitioners and agencies to meet the needs of families who may well have complex maltreatment patterns (Kolko, Iselin, & Gully, 2011).

To confront this issue, Barth et al. (2011), based on the work of Chorpita and Daleiden (2009b), advocated the value of a Common Practice Elements Framework in the child welfare fields. This conceptualises clinical practice in terms of generic components that cut across many distinct treatment protocols, identifying specific clinical procedures common to evidence-based practices (also see Garland, Hawley, Brookmans Frazeel, & Hurlburt, 2008; Wampold et al., 1997); Chorpita and Daleiden (2009a; 2009b) distilled the Practice Elements of more than 600 evidence-based interventions in the child mental health field. They developed the Managing and Adapting Practice (MAP) approach, which allows practitioners to access the elements of evidence-based approaches to match the clinical need of their patients. They also developed the Modular Approach to Children with Anxiety, Depression, Trauma and Conduct (MATCH–ADTC; Chorpita & Weisz, 2009) based on a number of evidence-based protocols to develop a comparable modular approach to the treatment of common mental health problems. These are key components in addressing the impairments of children and young people subjected to abusive parenting (Chorpita & Weisz, 2009).

The Common Factor Framework (Duncan, Miller, Wampold, & Hubble, 2010) is a complement to the common elements approach. They asserted that the personal and interpersonal components of intervention (e.g., alliance, client motivation, therapist factors) common to all interventions are responsible for treatment outcomes to a significant extent. Such approaches are both emerging as a complement to more complex specific treatment approaches.

Application of the MAP Approach to the Field of Child Maltreatment

The specific forms of neglectful and abusive parenting and associated impairments to be addressed include physical abuse, sexual abuse, neglect, and emotional abuse including exposure to violence—the recognised forms of maltreatment in the United Kingdom. The approach followed was to apply the distillation approach (Chorpita & Daleiden, 2009b) to RCTs, which have proven effective to prevent the recurrence of the various forms of maltreatment and which address the associated impairment of health and development. The review by MacMillan et al. (2009) provided the basic source of RCTs, reinforced by more recently published studies. Primary prevention interventions were excluded: Outcome research that was not controlled was also excluded. Working with adult sexual offenders was also excluded as such individuals require specialist interventions, rather than the frontline practitioners who are the goal of this approach. Working with victims of sexual abuse, children and young people responsible for harmful sexual behaviour and parents supporting children who had been abused by a family member were included. The range of studies available does not reflect the whole spectrum of maltreatment. Physical and sexual abuse "event focused forms of maltreatment" are the widest studied, emotional abuse and neglect "process forms of maltreatment" the least.

Procedure

1. Common practice elements distilled from the RCTs were available through the MAP service (Practicewise LLC). Where there were fewer studies available, outcome research and consensus studies were included.

2. RCTs analysed are presented relating to each form of maltreatment.
3. Common practice elements generated by the MAP analyses are identified.
4. Studies are presented for each form of maltreatment.
5. Each set of common elements within each section has been further split into parent-related, child-related, and professional/family categories to fit with the AF.
6. The information is analysed by the frequency each common element occurs in randomised/consensus analyses, and the relative proportion–frequency with which the element occurs divided by the number of programmes/consensus papers.
7. Relative portions are presented in graph form in the case of physical abuse. Full information is available in Bentovim and Elliott (2012).

RESULTS

Physical Abuse

The studies analysed included the following:

- Kolko (1996): cognitive behaviour therapy versus family therapy;
- Kolko et al. (2009): community versus clinic-based modular treatment;
- Chaffin et al. (2004): motivational enhancement plus parent–child interaction therapy versus enhanced parent–child interaction therapy and a standard community group;
- MacMillan et al. (2005): home visitation by public-health nurses versus control; and
- Swenson, Schaeffer, Henggeler, Faldowski, and Mayhew (2010): Multisystemic Therapy (MST) versus enhanced outpatient treatment.

Table 1 and Figures 4, 5, and 6 provide information on the practice elements distilled for each intervention and the proportion of practice elements utilised across these interventions. Thirty-four practice elements were identified, 14 targeted at parents, seven at the family, and 13 at children. Psycho-education for the parent about the harmful impacts of abuse was a frequent practice element; other approaches included managing oppositional behaviour, providing tangible rewards, response cost, commands, differential reinforcement of behaviour, and praise. The most frequent interventions with children included social skills training, communication skills, relaxation, personal safety skills, and problem solving. Cognitive approaches, talent and skill building, self-reward/self-praise, self-monitoring, educational support, assertiveness training, and anger management were utilised less frequently. Professional family interventions included family therapy, case management, motivational interviewing to engage families, and marital and individual treatment for the caregivers.

Exposure to Violence and Mental Health Difficulties

A similar process was followed for exposure to violence and mental health difficulties. The following studies were included in the distillation process:

- Toth, Maughan, Manly, Spagnola, and Cicchetti (2002): case management plus individual psychotherapy versus child–parent psychotherapy;
- Lieberman, Van Horn, and Ippen (2005) and Lieberman, Ghosh, Ippen, and Van Horn (2006): as above (Toth et al., 2002);
- Toth, Rogosch, Manly, and Cicchetti (2006): toddler–parent psychotherapy versus case management;
- Cohen, Mannarino, and Iyengar (2011) and Ippen, Harris, Van Horn, and Lieberman (2011): child-centred therapy versus trauma-focused cognitive behaviour therapy (TF-CBT).

Fifteen practice elements were targeted at children, four on the parent, and one on the family. Psycho-education about the impact of violence or mental health difficulties was utilized frequently with parents. Other parenting approaches included supportive listening and relationship and rapport building; work with children included creating a trauma narrative of stressful traumatic events, safety skills, and social skills.

Victims of Sexual Abuse

The following publications were included:

- Cohen, Deblinger, Mannarino, and Steer (2004): Child-centred therapy versus TF-CBT;
- Deblinger, Mannarino, Cohen, and Steer (2006): A follow-up study of a multi-site, randomised controlled study with sexual abuse related to PTSD symptoms;
- Cohen and Mannarino (1996): Nondirective versus TF-CBT;
- Cohen and Mannarino (1998): Nondirective versus TF-CBT;
- Trowell et al. (2002): Individual treatment versus group treatment.

A recent RCT study demonstrated effectiveness of TF-CBT (with a younger age group; Scheringa, Weems, Cohen, Amaya-Jackson, & Guthrie, 2011). Fifteen practice elements were targeted at children and six at parents. Practice elements for children included psycho-education

TABLE 1
Practice Elements Distilled From RCTs of Intervention With Physical Abuse, Separated Into Interventions Targeted on Family/ Professionals, Parenting, and Children

Label	*Treatment Element*	*CBT*	*FT*	*COM-MT*	*CLIN-MT*	*ME+PCIT*	*E-PCIT*	*McMI*	*SW-MST*	*SW-EOT*	*Total*	*Prop*
Professional Family Interventions in Physical Abuse												
FT	Family Therapy	0	1	1	1	0	1	0	0	0	4	0.44
CM	Case Management	0	0	1	1	0	0	1	0	0	3	0.33
MINT	Motivational Interviewing	0	0	0	0	1	1	0	0	0	2	0.22
FE	Family Engagement	0	0	0	0	1	1	0	0	1	2	0.22
AP	Accessibility Promotion	0	0	0	0	0	0	0	1	1	2	0.22
MT	Marital Therapy	0	0	0	0	0	1	0	0	0	1	0.11
ITC	Individual Treatment for Caregiver	0	0	0	0	0	1	0	0	0	1	0.11
Interventions With the Child/Young Person in Physical Abuse												
CS	Communication Skills	0	1	1	1	1	1	0	1	1	7	0.78
PS	Problem Solving	0	1	1	1	0	0	0	1	1	5	0.56
SST	Social Skills Training	1	0	1	1	1	1	0	0	0	5	0.56
PSS	Personal Safety Skills	1	0	0	0	1	1	0	1	0	4	0.44
REL	Relaxation	1	0	1	1	0	0	0	0	0	3	0.33
COG	Cognitive	1	0	1	1	0	0	0	0	0	3	0.33
TSB	Talent/Skill Building	0	0	1	1	0	0	0	0	0	2	0.22
SRSP	Self-Reward/Self-Praise	0	0	1	1	0	0	0	0	0	2	0.22
SM	Self-Monitoring	0	0	1	1	0	0	0	0	0	2	0.22
ES	Educational Support	0	0	1	1	0	0	0	0	0	2	0.22
AT	Assertiveness Training	1	0	0	1	0	0	0	0	0	2	0.22
AM	Anger Management	0	0	1	1	0	0	0	0	0	2	0.22
FA	Free Association	0	0	0	0	0	0	0	1	0	1	0.11
Parenting Interventions in Physical Abuse												
PE-P	Psychoeducational–Parent	1	0	1	1	1	1	1	0	1	7	0.78
RC	Response Cost	1	0	1	1	1	1	0	0	0	5	0.56
TR	Tangible Rewards	1	0	1	1	1	1	0	0	0	5	0.56
CRM	Crisis Management	0	0	1	1	0	1	0	1	0	4	0.44
PR	Praise	0	0	1	1	1	1	0	0	0	4	0.44
DROB	Differential Reinforcement of Other Behavior	0	0	1	1	1	1	0	0	0	4	0.44
COM	Commands	0	0	1	1	1	1	0	0	0	4	0.44
TO	Time Out	1	0	0	0	1	1	0	0	0	3	0.33
PC	Parent Coping	1	0	0	0	1	1	0	0	0	3	0.33
MON	Monitoring	0	0	0	1	1	1	0	0	0	3	0.33
MOD	Modeling	0	0	0	1	0	0	0	0	1	2	0.22
SCAM	Stimulus Control or Antecedent Management	0	0	1	1	0	0	0	0	0	2	0.22
A	Attending	0	0	0	0	1	1	0	0	0	2	0.22
ITC	Individual Therapy for Caregiver	0	0	0	0	0	0	0	1	0	1	0.11

Note: Proportion of practice elements indicated across the RCT interventions. CBT = cognitive behaviour therapy; FT = Family Therapy; COM-MT = Community Modular Treatment, COM-CLIN = Clinic Modular Treatment; ME+PCIT = Motivational Enhancement plus Parent-Child Interaction Therapy; E-PCIT = Enhanced Parent-Child Interaction Therapy; McMI = MacMillan Home Visitation Intervention; SW-MST = Swenson Multi-Systemic Therapy; SW-EOT = Swenson Enhanced Outpatient Treatment

about the impact of sexual abuse, cognitive behavioural skills in managing and exposing the traumatic thoughts, feelings and behaviour associated with abuse, relaxation skills, problem-solving and relationship building. Parents were also provided with psycho-education, coping, and parenting skills such as providing tangible rewards.

Young People Responsible for Harmful Sexual Behaviour

Studies included the following:

- Bonner, Walker, and Berliner (1999) and Carpenter, Silovsky, and Chaffin (2006): CBT versus dynamic play therapy and 10-year follow-up;

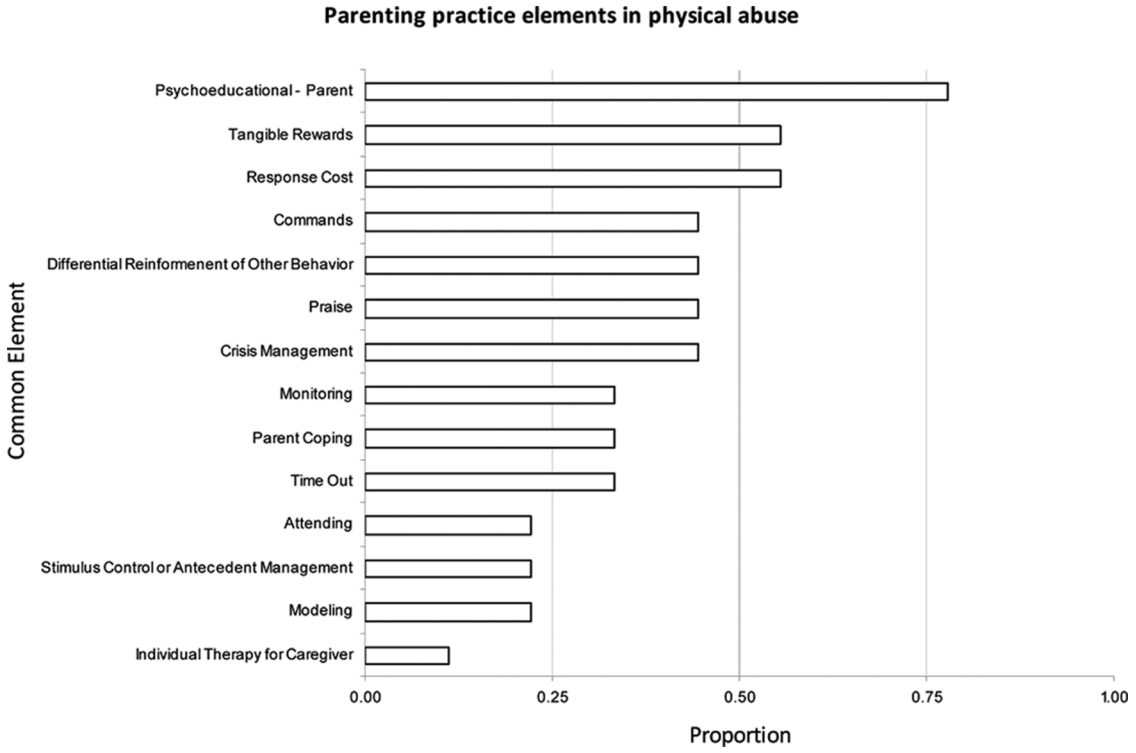

FIGURE 4 Bar chart of frequency and proportions of parenting practice elements in randomised controlled interventions of physical abuse.

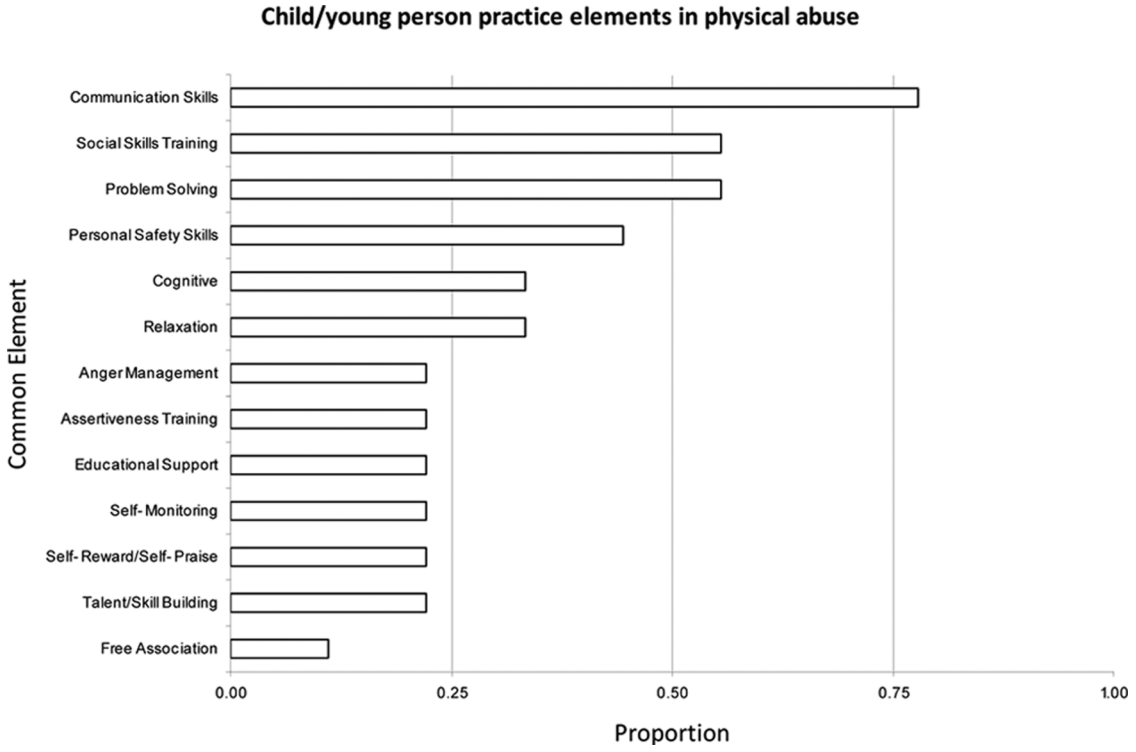

FIGURE 5 Bar chart of frequency and proportions of practice elements targeted at children and young people in randomised controlled interventions of physical abuse.

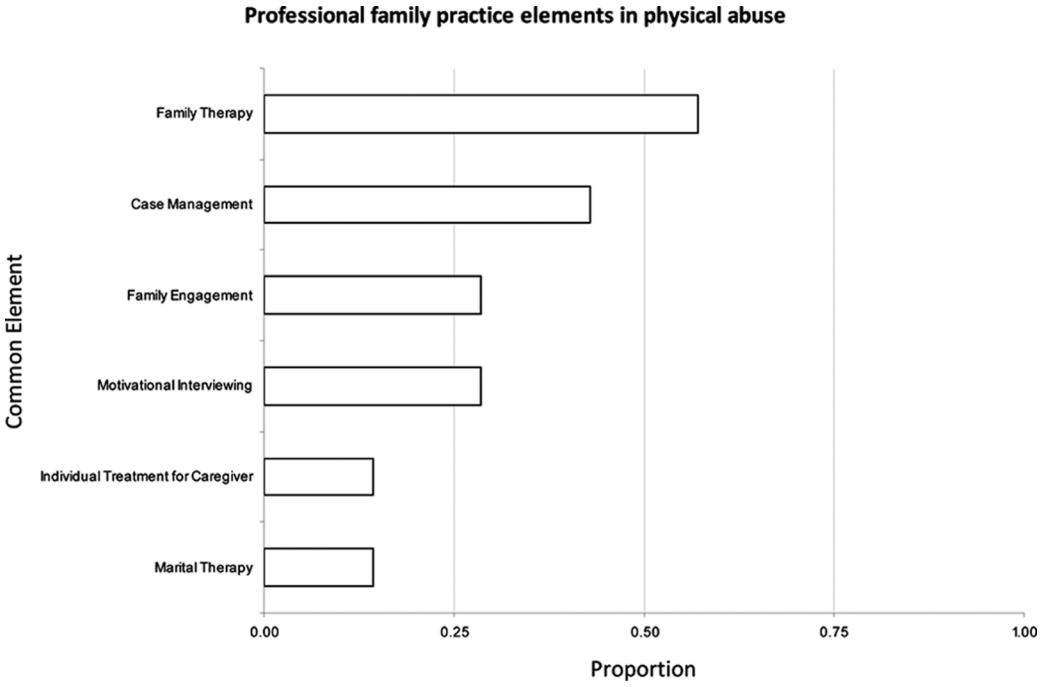

FIGURE 6 Bar chart of frequency and proportion of practice elements targeted at parents in randomised controlled interventions of physical abuse.

- Borduin, Henggeler, Blaske, and Stein (1990): MST versus treatment as usual;
- Letourneau et al. (2009): MST versus treatment as usual; and
- Hackett, Masson, and Phillips (2006): consensus study.

The consensus publication was included to reflect the views of a wide range of practitioners in the absence of a sufficient range of RCTs. Eleven practice elements were targeted at children and young people, six at parents. Practice elements included CBT to help children and young people manage harmful behaviour and develop personal safety skills. Anger management, line of sight supervision, problem solving, and social skills training practise were less utilised.

Neglect

Neglect is probably the least studied in randomised controlled evidence approaches, although it is the most pervasive and frequent form of abuse. The following studies are included:

- Lutzker and Bigelow (2002): A SafeCare guidebook for parent services;
- Brunk, Henggeler, and Whelan (1987): MST versus parent training;
- Moss, Dubois-Comtois, Tarabulsky, St-Laurent, and Bernier (2011): Attachment intervention versus control; and
- Cicchetti, Rogosch, and Toth (2006): Infant–parent psycho-education versus psycho-education for parents.

Chaffin, Hecht, Bard, Silovsky, and Beasley (2012) recently completed a statewide RCT of the Lutzker and Bigelow SafeCare approach, which demonstrated significant effectiveness over treatment as usual. A further recent RCT (Bernard et al., 2012) reinforced the evidence on the value of interventions promoting secure attachments. The majority of practice elements were targeted at parenting, seven at family professional practice and four at children. Practice elements focused on facilitating professional family relationships, engaging families, and providing an active management approach. Individual, marital, and family therapy were offered to parents. Parenting approaches included psycho-education about the impact of severe neglect on children's development, coping skills, managing children's behaviour, promoting safety and good care. Work with children included personal safety skills, and nutritional and medical care.

There is an overlap between neglect and failure to thrive, which was also examined:

- Black, Dubovitz, Krishnakumar, and Starr (1995, 1997) and Hutcheson, Black, and Dubowitz (1997): home intervention versus treatment as usual and follow-up; and
- Iwaniec and Herbert (1999): individual therapies versus multimodal treatment and family therapy.

Again, the majority of practice elements were targeted at parents (10); six interventions were targeted at families, and five at children. Practice elements included providing individual therapy for the parent, promoting family engagement, praising the parent for positive parenting behaviour, facilitating coping skills and nutritional skills, and promoting children's communicational skills and cognitive approaches to managing feeding problems.

"Event" forms of maltreatment had more interventions targeted at children, whereas "process" forms of maltreatment had more interventions targeted at parenting and family/professional relationships. It should be noted there are no specific RCTs targeted at emotional abuse. Many of the practice elements utilised in other forms of maltreatment targeted emotionally abusive parenting and its impact, for example, interventions to ameliorate exposure to violence and mental health issues of parents.

DISCUSSION

Integrating Information and Practice Elements

Practice elements overlap across different forms of interventions and different forms of maltreatment. Psychoeducation with parents and children was the most frequently utilised. The challenge was how to integrate this material to reflect the practice elements identified in a form that would be of value to practitioners. A consideration was whether to develop a manual for specific forms of maltreatment, or alternately to integrate practice elements across the range of abusive and neglectful parenting. Although RCTs focus on specific forms of maltreatment, in practice there are always combinations of neglectful and abusive parenting present and a wide variety of children's impairment responses. Successful interventions bring together combinations of practice elements. It seemed appropriate, therefore, to gather a set of practice elements into practice guidelines through developing a set of modules that could be used across the field of maltreatment and that could fit the specific needs of parents and children.

Some practice elements such as psycho-education were used differently for different forms of maltreatment. Guidance would need to be provided on how to apply the basic principles to different forms of maltreatment. Cognitive approaches and individual, marital, and family therapy are also utilised widely with parents and children: again, guidance would need to be provided on how these approaches are to be applied in different contexts. Other approaches are more focused, for example, assertiveness training, anger management, social skills, safety skills, managing mood and anxiety, emotional processing, and creating a trauma narrative. Davies and Ward (2011) advised that the original research study could provide a model to provide a comparable approach.

Interventions were fitted to the descriptors of families showing abusive and neglectful parenting and the associated impairment of children and young people (Figure 3). Figure 7 describes the way in which interventions can be arranged around the AF to modify the profile of abusive and neglectful parenting and the associated impairment of children and young people's health and development.

A group of experienced practitioners from the voluntary and statutory sector (the Writing Group; see the appendix) with long histories of using evidence-based approaches in the maltreatment field provided "local experience" to integrate the practice elements into modules and to provide a stepwise approach to delivering the evidence-based intervention on which it is based.

In each module of intervention the following is provided:

1. *The goals of the intervention.*
2. *A briefing for the practitioner.* Practitioner briefing modules introduce specific complex modules such as developing secure attachments, or introduce a group of related intervention modules, for example, around behaviour management. There are also more extensive practitioner modules for conditions that will be less familiar to many frontline practitioners, such as working with sexually harmful behaviour and family work.
3. *Step-by-step approaches to achieve the goal of the module.* The steps of each procedure are outlined in a two-column format, with a checklist on the left hand side and notes for practitioners, suggested scripts and activities on the right, following the MATCH–ADTC model.
4. *Location of the work.* Modules focussing on providing a safe environment and good quality care need to be undertaken in the home; other modules can be undertaken either at the home or in the practitioners' work setting. Family modules are explicitly focussed on all family members and can be undertaken at home or in a work setting.
5. *Special cases.* Some modules offer special case information that explains how to adapt the material for a particular presentation, for example, in the section describing sexual abuse of a child by a parent, there is also information about when a child is abused by a close member of the family.
6. *Materials to support the development of therapeutic work.* All supplemental material is specified for each intervention: worksheets (exercises for completion by the child, parent, or family members), handouts, which provide information for children, young people, and their parents and carers, and

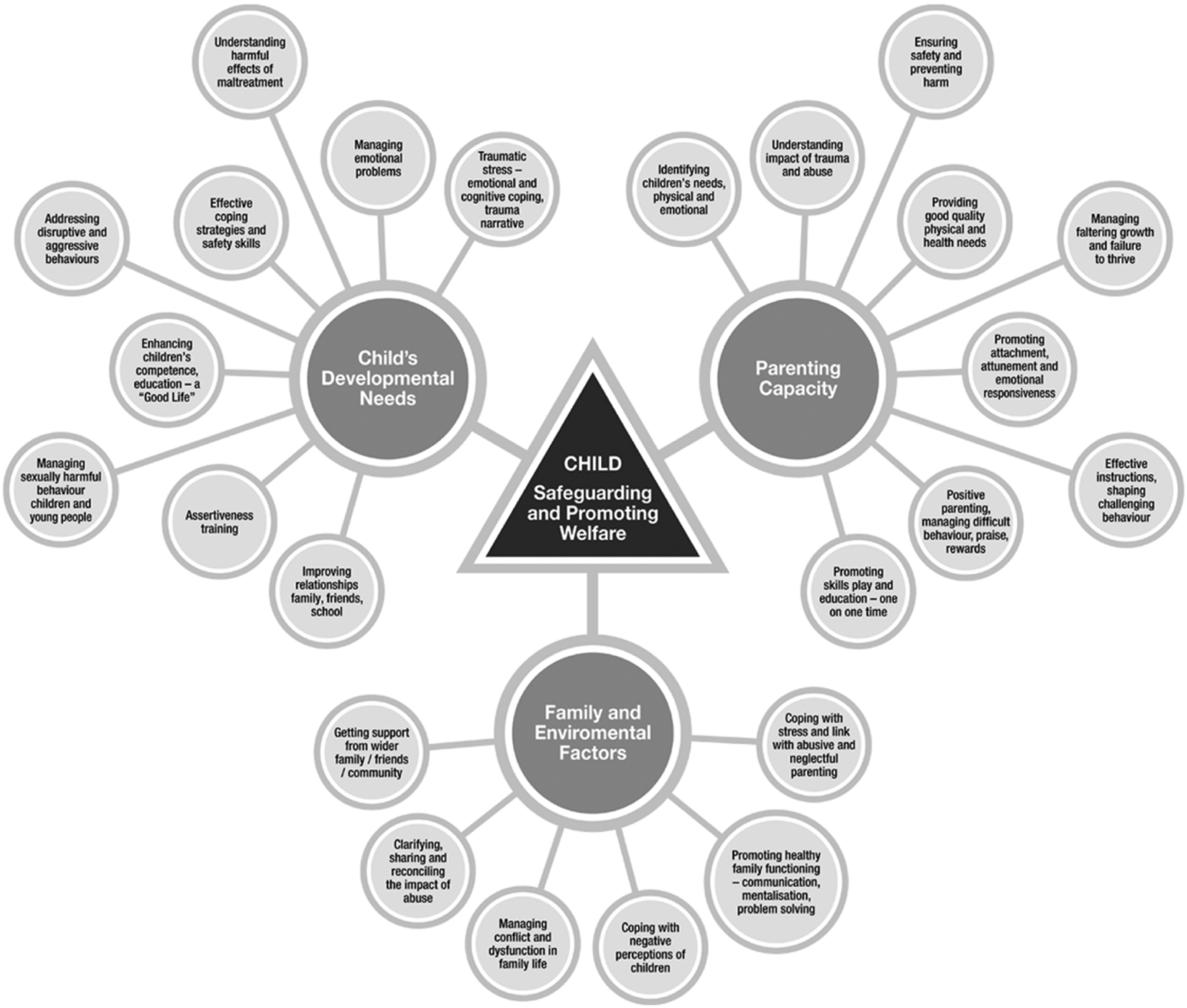

FIGURE 7 Targeting abusive and neglectful parenting and the associated impairment of children's health and development.

records, which are formats used for rating of any of the measures to track progress.

7. *Tools to assess the success of the intervention for the child.* It is vital that key variables are recording regularly.
8. *Guidance on the skills required to deliver the module* and how modules can be integrated to fit the needs of the particular child and family. In practice modules are combined to match the particular profile of harmful processes, which drive the problem areas and build on strengths that can potentially promote better outcomes for children.
9. *Modules* include the following:
   (a) Modules to promote engagement and hope: These initial modules introduce the approach to and promote appropriate engagement with the family (parents and children), separately and together. The goal is to give a message of hope, to set collaborative agreed goals, identifying targets for eradicating abusive and neglectful parenting, strengths to be built on and how children and young people's health and development are to be addressed. Criteria for success and failure need to be defined and the consequences stated. A care, protection, and intervention plan for each child needs to be established.
   (b) Psychoeducation: Psychoeducation with parents and children, both separately and together, helps to convey understanding about how abusive and neglectful parenting can influence children and young people's development

psychologically and neurobiologically: their capacity to learn, to develop, and to regulate emotions and behaviour. Parents and children are encouraged to acknowledge the nature of abuse and neglect that their children have experienced. Modules focus on helping parents understand the basic needs of children, society's expectations, and what is required of them to promote their development.

(c) Modules focussed on targeting abusive and neglectful parenting: These modules explore the way that stress in parents' lives, current and in the past, have had an impact on their capacity to meet their children's needs and make negative attributions about children's behaviour, justifying harsh treatments. Approaches are advocated to help manage potentially harmful effects. The development of positive parenting is encouraged, promoting secure attachment attunement and positive emotional responses, problem solving, communication, and managing conflict. Neglectful parenting is countered by modules that promote good-quality care, health, positive nutrition and safety through active intervention, modelling, and feedback in the home. Parents are encouraged to promote development, play, and skills, again through the use of modelling and active intervention. Abusive parenting is targeted by directly tackling conflict cycles, punitive responses, and coercive critical parenting. Alternatives are encouraged such as enjoyable one-on-one time and the use of praise and rewards as well as effective discipline; commands and effective instruction; and, where appropriate, time out.

(d) Modules supporting children, young people, and their carers to address adverse emotional outcomes: These modules support practitioners to engage with children and young people and to assist them to understand the way exposure to abusive and neglectful parenting that results in significant physical, emotional, and sexual abuse can have an impact on emotional and behavioural functioning and can result in traumatic stress. Basic skills modules include coping with the impact on their emotional life; being able to be safe; to relax; to develop helpful activities; and to manage traumatic symptoms and, where appropriate, and anxiety and mood difficulties. Support from and sharing with a nonabusive carer is essential to targeting the range of responses associated with these impacts.

(e) Modules supporting children, young people, and carers to address adverse disruptive behaviour: A common response in older children who may have been exposed to multiple adversity is the development of disruptive responses that maintain the pattern of abuse and neglect through enactment with siblings and peers. The support of a nonabusive carer is essential to support the practitioner, delivering modules that help young people understand their response to the context of abusive care to which they have been exposed and "live a good life," as an alternative to reenacting abusive behaviour. Modules help address aggressive behaviour and anger and support the development of empathy, finding a substitute for anger, and developing appropriate assertive skills.

Harmful sexual behaviour arises from a number of factors, including exposure to abusive or neglectful parenting. Modules provide intervention for parents/carers and for children both younger and older than age 12. Steps to understand the difference between "normal" and "concerning" sexual behaviour were described as helping understand the origin of sexually harmful responses, being aware of triggers and reinforcers and developing empathic, safe relationship skills.

(f) Targeting family and community relationships: Families where there has been abuse or neglect and associated impairment of children's health and development are often isolated in the community. Communication is often poor, and conflict and family dysfunctional patterns are persistent and maintain a cycle of abusive and neglectful care. A series of modules addressing these concerns by promoting communication, introducing problem-solving skills and finding alternatives to conflictual and dysfunctional modes of relating, for example, when children find themselves taking on parental functions. Modules assist parents in being able to apologise and take responsibility for harmful actions, freeing children from guilt and responsibility. The practitioner is encouraged to take a key role in promoting professional and community networks of formal and informal support to strengthen the team around the family.

Hope for Children and Families in Practice

The Hope for Children and Families Manual assists the practitioner to target abusive and neglectful parenting, and the associated impairment of children's health and development using a modular systemic approach building

on parenting strengths and modifying difficulties. There are slightly more than 40 modules, which represent a collection of independent therapeutic procedures that can be flexibly arranged to guide a course of individualised evidence-based intervention for children, parents, and their families. As well as tackling the predominant forms of abusive and neglectful parenting, the modules address the varying impacts on children and young people's health and development.

Flow Charts outline an order and logic for choosing modules from the programme, emphasising the core evidence-based practices pertaining to intervention in that area. A common set of introductory modules provides parents with the opportunity to acknowledge and identify abusive and neglectful parenting and the impact on their child. Modules to target abusive parenting focus on modifying negative perceptions of their children, such as them deserving physical punishment or inviting sexual responses. Further modules promote secure attachment and emotional responsiveness; positive parenting modules address the management of difficult and challenging behaviour. The origins of abusive behaviour need to be clarified so that parents can take responsibility for their abusive actions, to manage family conflict and promote positive communication and problem solving. Adjustments can be made to the sequence depending on the presenting difficulties.

Chorpita and Weisz (2009) in the MATCH–ADTC approach described the phenomenon of *interference*. Proceeding through a sequence of modules may need to be interrupted as a result of other parenting difficulties or impairments of children disrupting the process. In a predominant abusive parenting picture, there may also be significant degree of neglect so that modules which enhance safety in the home provide good quality physical care and healthcare; promote nutrition; and rally support from family, friends, and community need to be added. Interference also includes a significant degree of impairment of children and young people's health and development. In conjunction with work on parenting, it is essential to establish a child-centred approach, to provide general information to children about the impact of neglectful and abusive parenting, explore their experiences, and enhance coping and safety skills. The presence of significant emotional and traumatic responses or disruptive behaviour will require specific modular interventions to ameliorate such responses. Children and young people may be extensively involved in modules focussed on parenting, just as supportive parents/carers may be involved in modules when the focus is on the impairment of children and young people.

Training and Application in the United Kingdom

In the United Kingdom, child maltreatment services are managed in each locality by a Local Safeguarding Children Board, a multidisciplinary organisation with representatives from all the relevant professional groups and organisations concerned with child maltreatment. There are specific applications of evidence-based approaches in the United Kingdom: A number of organisations provide Multi-Systemic Therapy, SafeCare, or Parents under Pressure (Harnett & Dawe, 2008) interventions. Systemic, psychodynamic, and cognitive behavioural interventions are provided through child and adolescent mental health services. Although the AF is used in common across the welfare field to assess the needs of children and their families, there is no consistent approach to analysis and intervention to prevent the recurrence of abusive and neglectful parenting. The aim of developing the HfCF approach is to address that need and to provide a resource for practitioners. The HfCF approach is now being piloted in a number of areas in the United Kingdom.

The HfCF could have a role when there are specific risks of impairment identified in an unborn child, or when there is evidence of early abusive or neglectful parenting and potential or actual impairment of a child's health and development. The authorisation to use the HfCF approach may need the support of a child protection plan or court order, ensuring the best opportunity for collaborative work. Children living at home or in alternative care displaying traumatic symptomatology or disruptive behaviour may be helped through use of the appropriate modules.

This manual could provide the basic tools to help a wide range of practitioners in social welfare, health, and education tackle often complex situations through a combination of basic therapeutic skills, which all practitioners should have working in the maltreatment field, and the specific practice skills required to effect change. Training could be provided using the Internet as well as direct approaches. Practitioners in training need to appreciate the neurobiological effects of maltreatment, which are increasingly perceived as having a key role in the associated impairment of children and young people's health and development, and will need skilled supervision and support. This manual could help practitioners in situations where the thresholds for specialist services have not been reached, enabling children and families to access effective interventions at an earlier period. Research on the effectiveness of this approach is essential.

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