

## Baspcan 2018 Symposium

# Closing the Revolving Door

Arnon Bentovim

Jenny Gray and Stephen Pizzey



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## Child and Family Training (C&FT)

- **C&FT** is a not for profit training organisation
- **Goal – to develop and train an accessible set of evidence based approaches and resources**
- Assessment, analysis and planning intervention;
- Implement plan, monitor and review progress of work with children and families

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## The Hope for Children and Families Programme

### The presentations:

- The Revolving Door - use of a new modular approach for training and skills development
- Lessons from implementing the programme
- Training and coaching newly qualified social workers
- Enhancing the knowledge and skills of practitioners

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## Paper 1

Introduction – What is the Revolving Door

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## What is the Revolving Door

- **The Revolving Door -A Recent Action for Children Report (2017)** 'When vulnerable children exposed to Parental Violence, Substance Abuse, Mental Health Difficulties, Neglect, and Homelessness are referred to Child Protection, risk may be recognised, but not visible evidence of significant harm, children and families are referred back to community services.
- **Community services** do not have the capacity to intervene effectively when referred back, the situations of children worsen – they may then qualify for Child Protection Services – or not – **the revolving door**.

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## All Parties Parliamentary Group Report

- The **All Parties Parliamentary Group for Children group (2017)**, note that resources are being directed at children who have already suffered abuse and neglect, rather than allocated for early intervention, and family support.
- **Late intervention** means needs have escalated, more children being taken into care, with poorer outcomes.

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## The assessment framework

- The **introduction of the Assessment Framework for children in need and their families in 2000** was intended to counter the emphasis on Protection, and introduce a holistic approach.
- Despite widespread adoption Nationally and Internationally, we need a new initiative to **re-assert the importance of a holistic approach**
- New knowledge from **Neurobiology** has demonstrated the long term **malign impact of 'Toxic Stress,' and 'Latent Vulnerability'** - which **predicts later serious mental and physical health responses.**
- We need to assert the **importance of early intervention**

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## The goal of the symposium

- **This symposium goal** - If the whole children's workforce has skills in assessment, analysis and intervention, vulnerable children and their family's needs will be more likely to be met and the revolving door will be shut
- **One solution** – Prinz - **Problematic parenting** really operates on a continuum more inclusive than official abuse, has a broader adverse impact on child development.
- The **improvement of parenting** in the community, which includes prevention of child maltreatment, is the over-arching goal.
- There is strong evidence that improvement in **positive parenting**, rather than **reductions in harsh or negative parenting alone is the key factor mediating change in child behaviour.**

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## Solution 1 Community application of Triple P

**Triple P** aims to help parents reduce reliance on the common practices that are counter-productive, such as yelling, spanking, humiliating, criticising in harsh language and disregarding unsafe situations and inflicting pain and distress.

In **Oklahoma**

- ❑ **showed lower rates of child out of home placements**
- ❑ **lower rates of hospital-treated child maltreatment injuries**
- ❑ The growth of **substantiated maltreatment cases was significantly slowed**
- **Not effective in Glasgow**, families dropped out, no measurable benefits – parenting support structure was helpful - alternatives needed

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## Solution 2

- **The Introduction of NICE guidelines** to help practitioners intervene from early stages when there are concerns about maltreatment to later stages when maltreatment has been identified

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## NICE Guidelines on Intervention 15 manuals

- **Enhanced Triple P programme, Department of Health's Healthy Families model and Parents under Pressure** for Early Help contexts
- **Attachment-based interventions** – e.g. **Attachment and Biobehavioural Catch-Up, and child-parent psychotherapy** for physical, emotional abuse or neglect of children under 5
- **SafeCare, parent-child interaction therapy** for physical, emotional abuse or neglect for children up to the age of 12
- **Multi-systemic therapy for child and abuse (MST – CAN)** for adolescents aged 10 to 17
- **Trauma-focused cognitive behavioural therapy, Individual psychoanalytic therapy, group psychotherapeutic and psychoeducational sessions** for sexual abuse where there is evidence of anxiety, sexualised behaviour or PTSD symptoms.
- The **KEEP approach** (Chamberlain 2008) based on the Oregon parenting programme is to be considered for foster carers caring for abused and neglected children,

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## Strengths and Limitations

- **Well evidenced approaches**, which will be helpful to services for specific forms of maltreatment -0-5 early-years, Looked after Children, and sexually abused children and adolescents.
- **Implementation** a considerable challenge to implement for planners and commissioners of services, practitioners and their managers need training and supervision in the different approaches
- **How to 'navigate' among the different approaches** – Psychodynamic, Cognitive Behavioural, and Systemic – to meet the complex needs of the child and family.
- Much of the **research on the manuals' effectiveness** has U.S., on single forms of maltreatment,

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### A third solution introduce modular approaches

- Most children experience more than one form of maltreatment, and there is growing recognition of the need to better take into account children's profiles of maltreatment in order to improve policy and practice.' ( Macdonald 2016 )
- the development of treatment approaches (multi-focal, rather single focused) that can address multiple disorders and problem areas, capitalizing on the benefits of manualised treatments and their supporting evidence while affording greater flexibility to meet the complex needs of youths and their families .( Marchette and Weisz 2017 )

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### The Solution – modular approaches - development of the Hope for Children and Families Intervention Resources.

- ... **Common elements approaches** address multiple forms of psychopathology by bringing together therapeutic procedures commonly used for each, distilled from intervention manuals (Chorpita & Weisz, 2009) organised and linked progressively to address multiple disorders and problems that emerge during the course of treatment.
- Common practice elements** 'distilled from the NICE manuals eg Creating a trauma narrative of stressful traumatic events', integrated into step by step **practice guidelines, a library of modules and guides** to be used across the field of maltreatment fitting the specific needs of parents and children, and accessible to a wide range of practitioners

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## Hope for Children and Families Programme

Building on strengths, overcoming difficulties

### Implementing the Programme

Jenny Gray and Carol Jolliffe  
Child and Family Training UK

BASPCAN Congress, Warwick University , 9 April 2018

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### The 'Hope for Children and Families' pilot project

Five agencies representing teams and practitioners offering services to children, young people and families in a range of organisational, social and service contexts:

- Birmingham City Council:** located in a social care 'hub' with integrated family support and safeguarding teams
- Cambridge County Council:** with three county services involved: Specialist Family Support Service (SFSS); Family Intervention Partnership (FIP); Youth Offending Service (YOS)
- London Borough of Merton:** two social work teams and a children's centre team (offering family support)
- Nugent Care:** a third sector, independent organisation in Liverpool and Merseyside providing services through two schools for pupils with special needs, a secure children's centre, children's homes and community services
- Sheffield City Council:** two teams (located in different areas of the City) working with children in need, undertaking child protection work including

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## The 'Hope for Children and Families' pilot project

- In addition, colleagues at **Sheffield Hallam University** piloted the use of the resources with trainee social workers as part of their skills development module linked recall days, throughout a period of practice learning.
- Although the team was not a formal part of the pilot, a **Local Authority specialist Assessment and Contact Service team** used the resources following a familiarisation and introductory workshops.

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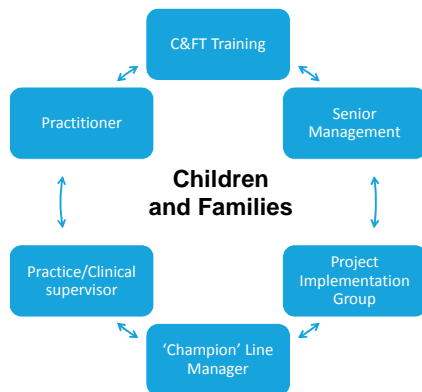
## Focus for the pilot

- **supporting normal everyday work (core business)** rather than something special and exclusive
- ensuring that the **voices of the child and of the family members** come through
- assessing **the potential of an intervention for bringing about change**
- identifying and working to **meet the needs of every member of the family directly or indirectly**
- **embedding learning from training** through themed workshops and reflective supervision

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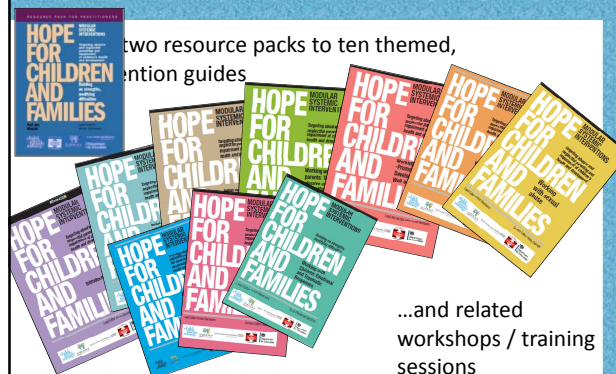
## Implementation Circle



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## Developments during the pilot project



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## How can modular approaches be presented in training workshops?

- Children and Resilience
- Child Observation
- Child Development / Advanced Child Development
- Engagement with children who may be resistant or hostile
- Neglect
- Working with Physical and Emotional Abuse
- Working with Sexual Abuse
- Working with Domestic Abuse
- Deliberate Self Harm
- Putting Solution-focused Principles to Work
- The Impact of Mental Illness
- Safeguarding Children who are Disabled
- Report writing for Social Workers
- Working with fostered and children -post-adoption needs

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## Impact: overview from the pilot organisations

'It gives evidence-based interventions, the voice of the child is central... consistency of practice and a clearer focus on assessment, planning and review'

### From a Senior Manager:

'...when I've audited work that has been done I do really see the voice of the child and the voice of the family coming through really clearly in the recording which is so often not So we are looking at efficiency in terms of using the tools done with parents and children actually being scanned straight into our records so that practitioners are not having to come back and re-write what they've done as so often happens – you just refer to the material and it's there.'

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### Impact: overview from the pilot organisations

'It think it is also about giving the families something as well, often families feel we do assessments to them and I think the more we get social workers to use tools that a family can go away with and hold a physical copy of something, that is something really beneficial.'

'Workers feel more confident, they've got a framework they are working in and parents and carers hopefully trust that programme as do children and young people who have their voice heard in a range of ways.'

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### Impact on practitioners: Practitioners' self-assessment confidence measure A programme of workshops

**Practitioners:** with experience of working with children and families ranging from one month to 43 years, 90% had 3+years experience  
 Analysis of 41 matched pairs of data: baseline and end-point (all from one pilot organisation)

**At the start most confident in:**

- Communicating and relating with children; Developing positive relationships; Engaging families, parents and children; Working with children

**Least confident in:**

- Working with parents to support children and young people responsible for sexually harmful behaviour; Working with children and young people who have displayed sexually harmful behaviour; Working with trauma

**At the end-point rated low at start, with a significant increase in:**

- Working with trauma

**Significant improvements:**

- Helping parents understand the effects of abuse and neglect; Meeting children's safety and physical needs

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### Impact on practitioners A programme of workshops

- Analysis of start/end confidence for 7 different workshops held between 1 and 5 times each
- 17 workshops
- 276 practitioners in total
- Specific learning outcomes for each workshop but generalizable to three main themes:
  - Familiarity with resources
  - How to help parents/carers understand factors associated with the development of difficulties relating to the topic
  - How to help parents/carers address key issues

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### Impact on practitioners A programme of workshops

Workshop confidence mean scores for Q. 2 How to help parents understand the factors associated with the development of difficulties

Workshop	Pre	Post
Working with abuse and neglectful parenting	3.2	4.5
Targeting with abuse and neglectful parenting	3.8	4.8
Working with families	2.3	4.0
Understanding development	2.0	4.3
Sexual abuse	1.8	4.2
Positive parenting	2.2	4.5
Promoting attachment	2.3	4.2

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### Trainees feedback

- Evidence based, motivating and confidence building
- Staff enjoy using the tools, and value the framework it offers
- It gives young people a stronger voice and they enjoy using the tools
- Generates confidence in their own skills
- Brings meaning to their work and leads to more effective outcomes

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### Impact on practitioners Developing a model for develop practitioners' confidence and competence

...the evaluation results suggest that just reading and having access to resources is unlikely to be sufficient

...that having the opportunity

- to hear more, particularly of the underpinning theory
- to try out in practice or role play
- to experience the resources with accompanying supervision and supportive coaching

are necessary additions.

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## Hope for Children and Families Programme

### Empowering frontline practitioners to deliver evidence based approaches

#### Some key messages and learning from the pilot project...

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## Commissioning and managing the implementation of the resources – messages for managers

### A robust strategy for implementation requires:

- **commitment from and sign-off by senior management** include effective communication, clear targets, identifying a range of practitioners with different needs and different parts to play
- **project implementation group**, internal **champion**, project co-ordinator and project plan that supports practical planning for implementation
- a **core training group** which includes a '**champion**', a **practice lead** to shape training to the needs of the service

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## Supporting the implementation - messages for line managers and practice supervisors

- **Internal and external support necessary**, including involvement of senior management
- **Clinical/practice supervision groups** 2 - 4 weekly input providing **good reflective supervision**, the HfCF resources reinforces good practice, not replace it, regular monitoring and continuing professional development opportunities
- **CF&T thematic workshops** reinforce practice supervision sessions
- CF&T consultants/supervisors **support the champion, practice and line managers**

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## Messages for practitioners

- **Using the materials is really enjoyable**
- An efficient way of working, actually saved time
- The **voice of the child and family is evident within our work**
- Identifies elements of **assessment and risk**
- **Able to demonstrate outcomes and purposeful intervening** vs. **numerous visits** with no clear therapeutic purpose.

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## Contact details

For further information about Child and Family Training resources and training:

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'**Childhood Neglect**' multi-agency training resources are available FREE on the C&FT website

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## Hope for Children and Families Programme Building on strengths, overcoming difficulties

Implementing the Programme

**Assessed & Supported Year in Employment (ASYE)  
Programme for Newly Qualified Social Workers in Surrey  
County Council (SCC)**

Fiona Gren and Carol Jolliffe  
Child and Family Training UK

BASPCAN Congress, Warwick University, 9 April 2018

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## Assessed & Supported Year in Employment (ASYE) programme for newly qualified social workers in Surrey County Council (SCC)

Fiona Gren and Carol Jolliffe

C&FT commissioned by SCC between 2014-2017 to provide:

- a comprehensive training and coaching programme

Evaluation covered the first two years 2014-2016

Evaluation designed to understand whether

- ASYEs' skills, knowledge and confidence improved;
- learning was integrated effectively into their practice.

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## Components of the programme (1)

The 12 month programme involved:

- training sessions for ASYEs (15 days);
- practice requirements between training sessions;
- completion of a record of achievement by each participant and certification;
- monitoring participants progress;
- coaching sessions for ASYEs and supervisors (8 days).

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## Components of the programme (2) Training courses

- **Assessing Parenting** and the Family Life of Children including children with disabilities (3 days)
- **Neglect Course** (2 days)
- **Child Protection Decision Making** using the Safeguarding Children Assessment and Analysis Framework (2 days)
- **Intervention Course** (5 days):
- **Assessing Families** in Complex Cases (3 days)

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## Components of the programme (3) Coaching Sessions

- The programme includes eight half-day coaching/refresher sessions for each ASYE team (participants and their supervisors) throughout the programme.
- The structure of the sessions are adjusted to take account of the needs of individual ASYEs and their supervisors.
- The sessions provide an opportunity for participants to:
  - reflect on their experience of putting their learning into practice
  - further develop and embed their knowledge and skills; and
  - increase their confidence.

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## Evaluation of Coaching Sessions

Roberts 2017

### Attendance at coaching in 2014-2016 only 37%

- Those who attended rated the coaching as 'extremely helpful'
- Coaching enabled ASYEs to:
  - catch up on training sessions missed
  - put into practice what had been taught.
- ASYEs particularly appreciated
  - the individualised approach of the coaches
  - adapting the sessions to ASYEs specific needs and
  - coaches sharing their own expertise on complex cases

### In 2016-2017 attendance was almost 100%

- Supervisors increasingly:
  - encouraged their trainees to attend
  - ensured time was allowed for the coaching sessions

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## Evaluation Measures:

Roberts 2017

- **Self-efficacy scale for social workers (Pedrazza et al 2013)**
  - emotional regulation (confidence in managing negative emotions)
  - procedural self-efficacy (deal with different aspects of social work practice)
  - support request (ability to look for and find support from others)
- **Quality of assessments questionnaires (Cox and Bingley Miller 2014)**
  - semi-structured interview designed to provide information about how ASYEs approached assessments based on a specific case they have recently assessed
- **Confidence questionnaire**
  - self-ratings of confidence in a number of key areas related to the training: assessments, decision making and interventions
  - comparing their confidence a few weeks after finishing their social work training and after the training programme

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## Results of Evaluation (1):

Roberts 2017

- Statistically significant changes in practitioners' ability to carry out good quality assessments.
- ASYEs rated a benefit from the programme with improved skills, knowledge and confidence
- ASYEs rated individual training courses very highly.
- Greatest improvements were seen in gathering information and analysis

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## Results of Evaluation (2):

Roberts 2017

- **Improvements were made in practitioners' ability to:**
  - recognise their own limits
  - establish good relationships with service users
  - find support from other professionals when needed
- **Significant improvements in practitioner perceptions of their confidence in their:**
  - ability to make effective high-quality assessments
  - decision-making skills in regard to safeguarding
  - ability to plan and carry out effective interventions with children and families

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Assessment,  
Analysis  
and Planning  
Interventions

child  
and family  
training

Permanency Planning

child  
and family  
training

**A training and development programme:  
building firm foundations across a local  
authority's children's services**

**Phil Heasman with Fay Berry,  
Carole Moore and Tracey Stephens**

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## Training and development model

- **Assessment, Analysis and Planning Interventions - two days and two half-day 'reflective practice/coaching' sessions for 12 mixed groups of practitioners (c. 20 per group) from teams:**
  - **Strengthening Families practitioners:** family support, Early Help teams
  - **Social Workers from**
    - Intensive Family Support
    - Initial Assessment, Emergency Duty/Out of hours
    - Children in need; child protection
    - Looked After Children / Children in Care / After Care Support / Specialist Shared Care resource
    - Children and Young People who are Disabled
    - Family Finding
    - Fostering recruitment and selection; fostering support
    - Adoption
- **Permanence Planning - one day and one half-day 'reflective practice/coaching' sessions for 4 mixed groups of Social Workers**

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## Key local themes, priorities and learning outcomes

- Assessment and analysis
- Care planning
- Managing risk
- Professional curiosity
- Communication with other agencies
- 'Restorative practice'

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## Practice themes – focusing on...

- Child or young person's well-being, health and development - the child/young person's 'lived experience' (including relationships) the 'golden threads'
- The 'voice' of all children – wishes and feelings – communication matters
- Working with parents and carers
- It may be what you know – knowledge, theory and research
- The professional dimension: 'positionality' and values, working with others

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### Some potential influences...

- 1) The 'voice' of the child/young person; wishes and feelings
- 2) Parents/carers views, wishes and feelings, attitudes, willingness / capacity to engage
- 3) Child/young person's health, development and well-being
- 4) An holistic, systemic analysis of all factors potentially affecting 3): strengths and difficulties – evidence matters
- 5) Legislation, statutory guidance, national policies and procedures, local policies and procedures
- 6) Research and theory
- 7) The 'professional dimension': individuals, agencies and organisations
- 8) Resources

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### Linking and mapping the programme...

**19 + 6 learning objectives, 6 key local themes; Working Together 2015; DfE SW Knowledge and Skills Statements (ACFP)**

**Objective mapping**

The following table aims to map the priorities for the training with more detailed learning outcomes (both identified by Wolverhampton staff) and then with elements of the duties, responsibilities and expectations of practitioners in 'Working Together' 2015 and the 'Knowledge and Skills Statements' for Accredited Child and Family Practitioners.

*A final 'column' can be added making links to the specific detail of the programmes' training days and coaching/practice development sessions (content and process) when these are finalized.*

Priorities NB: risk analysis to be emphasized as inherent within all themes and training	Learning objectives	'Working Together' 2015 (selections from...)	K&SS (ACFP)
<b>Assessment analysis</b>	<ol style="list-style-type: none"> <li>1) Make evidence-based assessments... in child care cases.</li> <li>2) Use the Family Pack of Questionnaires and Scales</li> <li>3) Apply a model for assessment and intervention in practitioners' own practice.</li> <li>4) Evaluate the level of strengths and difficulties using the domains and dimensions of the Assessment Framework</li> </ol>	<p>Ch.1.3: 3. Local agencies should have in place effective ways to identify emerging problems and potential unmet needs for individual children and families.</p> <p>1.27: Where a local authority is assessing the needs of a disabled child, a carer of that child may also require the local authority to undertake an assessment of their ability to provide, or to continue to provide, care for</p>	<p>K&amp;SS 3:  <ul style="list-style-type: none"> <li>• Observe and talk to children in their environment including at home, at school, with parents, carers, friends and peers to help understand the physical and emotional world in which the child lives, including the quality of child and parent/carer interaction and other key relationships. Establish the pattern of development for the</li> </ul> </p>

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### Seeking to build firm foundations through:

## Structured Professional Judgement

Jane Barlow: *A Systematic Review of Models of Analysing Significant Harm 2012*

Bringing together art, craft and science in a clear and transparent, reasoned and reasonable logical structure!

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### A clear, connected, process 'logic model'

- Assessing
- + Decision-making
- Planning
- Implementation/intervention
- Reviewing
- Evaluating

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### Seven Stages in Assessment, Analysis, Planning and Intervention

- Stage 1** Identification of (potential) need, concern and initial safeguarding
- Stage 2** Gather assessment information on the child's development needs, parenting capacity, and family and environmental factors
- Stage 3** Establish the nature and level of strengths or difficulties – child/young person's health and development

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### Seven Stages in Assessment, Analysis, Planning and Intervention continued...

- Stage 4** Systemic analysis: the patterns of protection and harm
- Stage 5** Decision making and care planning
- Stage 6** Develop and implement a plan of intervention: change-promoting and/or therapeutic work in the context of safety and protection
- Stage 7** Identify outcomes and measuring the impact and effectiveness of intervention

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### Key questions for work with children, young people, parents and carers

- Health, development and well-being?
- Needs?
- Needs met? – how?
- Needs not met? – why?
- Needs met better / adequately? – how?

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### Skills including

- Observing
- Interviewing
- Recording
- 'Making sense': assessment and analysis
- Questioning, professional curiosity; hypothesising, testing and checking; critical thinking...
- Reflection
- Showing your working out
- 'Forming a response' and making a case
- Direct work with... communicating and engaging with *all* children and young people; with parents and carers; with other professionals
- Intervening: change-promotion
- Reviewing and evaluating

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### Training and practice resources – the flexibility of a modular approach

- Genograms
- Ecomaps
- Chronologies
- Assessment framework
- Strengths and difficulties diagrams
- Protective and resilience factors 'triangle'
- Risk and Harm factors 'triangle'
- C&FT course Workbook – the Nieland Family (bespoke version)
- DfE / C&FT Questionnaires and Scales
- Systemic analysis
- Planning proforma
- Intervention goals 'triangle'
- Family Goals Rating proforma
- Health and development profile
- Care needs profile
- HFC&F Intervention Guides (3 + 2)
- PowerPoint slides with notes
- Extra handouts, film clips and 'digital'-versions of core and additional resources

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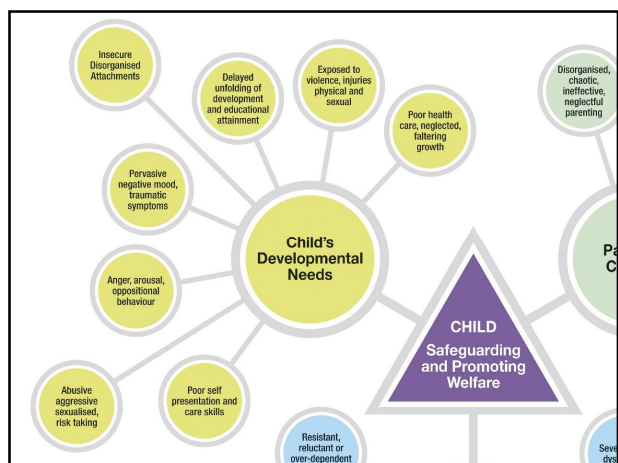
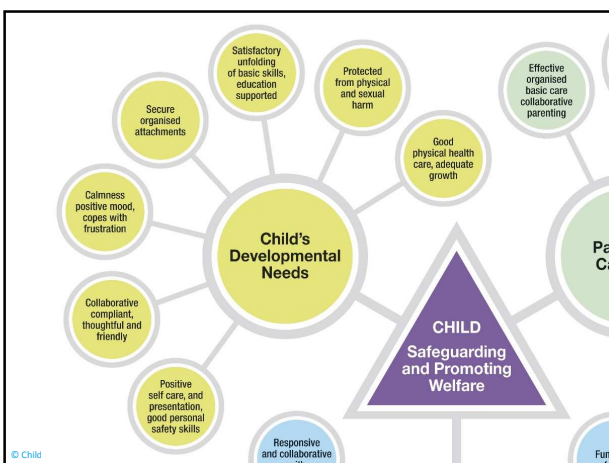
### Working Together 2015

33. Research has shown that taking a systematic approach to enquiries using a conceptual model is the best way to deliver a comprehensive assessment for all children.

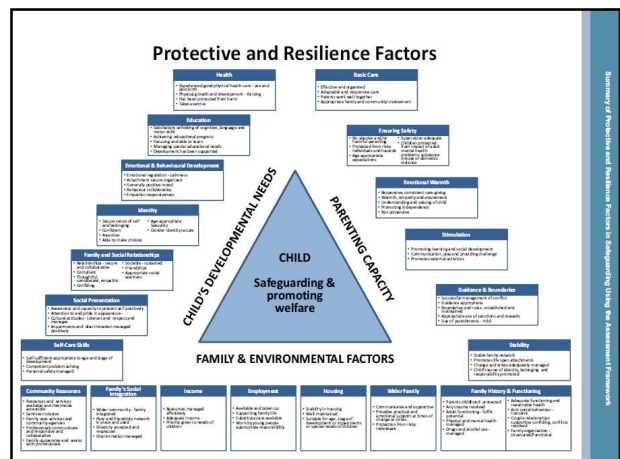
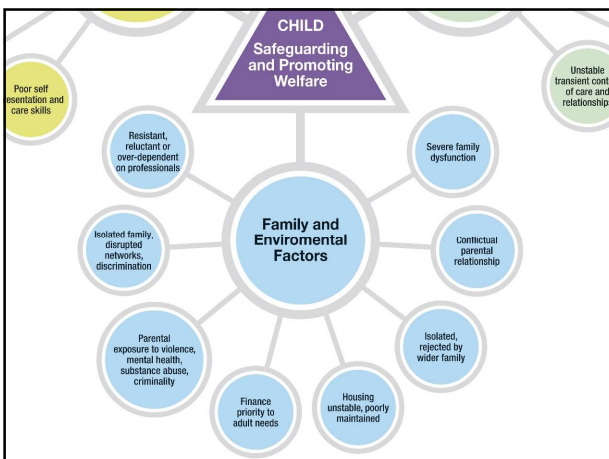
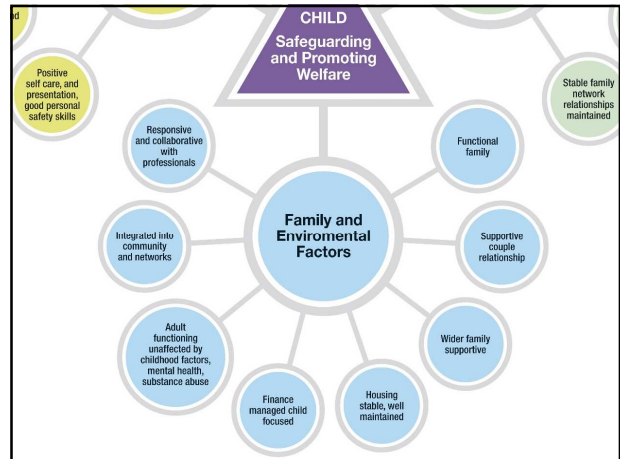
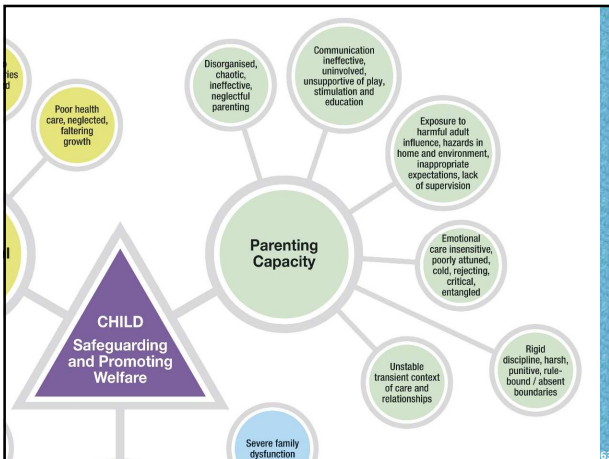
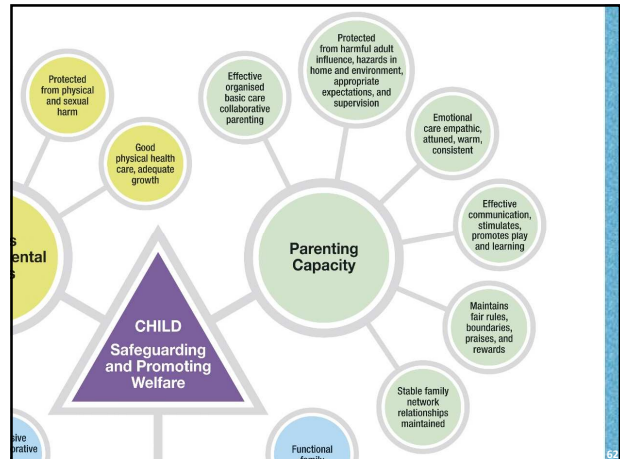
A good assessment is one which investigates the following three domains, set out in the diagram on the next page:

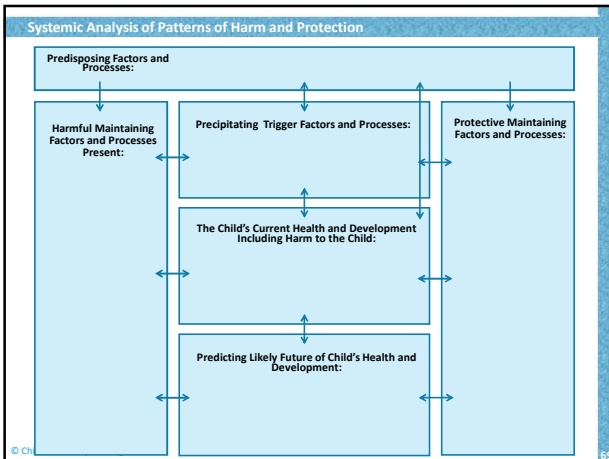
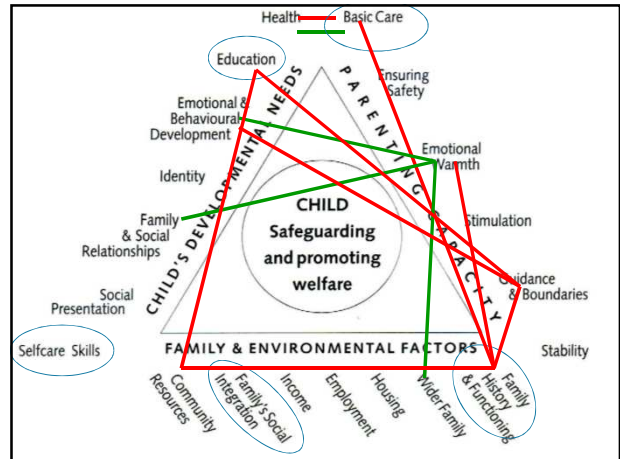
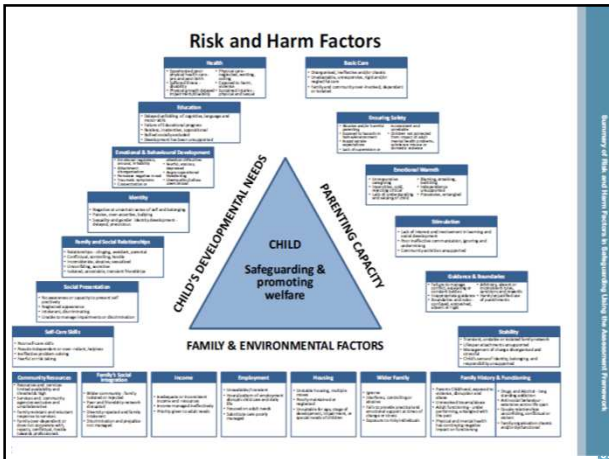
- the child's developmental needs, including whether they are suffering or likely to suffer significant harm;
- parents' or carers' capacity to respond to those needs; and
- the impact and influence of wider family, community and environmental circumstances.

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Care-Needs Profile		
Area of care-need	Required from the carer	Link across to aspects of child/young person's health and development – generic and specific including areas of concern, impairment, harm or challenge
Basic care		
Ensuring safety		
Emotional warmth		
Stimulation		
Guidance and boundaries		
Stability		





- Decision-making/decision 'tree': key questions...**
- 1) What decision is to be made?
  - 2) What are the potential influences on a decision?
  - 3) What options are there?
  - 4) What are the 'reasonably anticipatable' outcomes linked to each option?
  - 5) How desirable would that outcome be?
  - 6) How likely to occur is that reasonably anticipatable outcome?

- Planning - questions**
- What is the concern in relation to the child's health and development? / what is the unmet need?
  - Why is it unmet?
  - What are the consequences in the short and long term if it continues to be unmet?
  - What specific outcome in relation to the child's health and development do we wish to see?
  - What interventions could be selected and why? Working with strengths
  - What might be the sequence of interventions and why?
  - How would you measure at the start of intervention (baseline) then as intervention progresses (follow-up)?
  - What standardised and case specific measures could be chosen to measure the outcome in terms of:

**Developing a detailed intervention plan /programme for a child / young person**

Area of child / young person's wellbeing or development to address	Anticipated / hoped for / required outcome (to be defined in relation to the child / young person's wellbeing or development)	Intervention work (not the name of a service but activity / process) – with whom?	Resources to be used from the HFC&F intervention guides	By who/ by when	Specific measure of effectiveness

### Intervention guides used in the programme

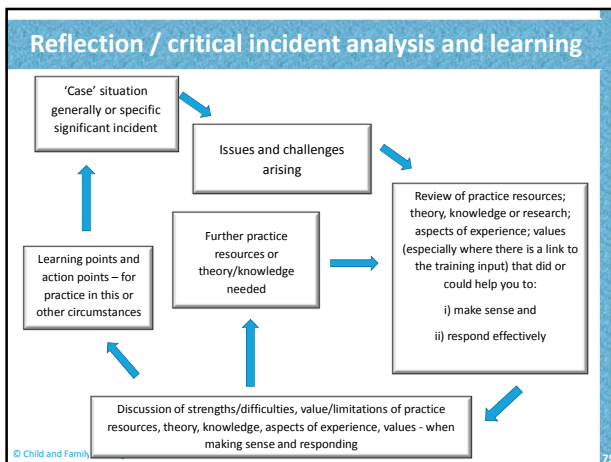
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### Reflective practice/coaching sessions

**'Case' discussions – from theory to practice**

- Genogram / ecomap
- Assessing and analysing the child/young person's health, well-being and factors affecting
- Making decisions
- Planning and implementing a programme of work – using the intervention guides
- Reviewing and evaluating the outcome - for the child/young person

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### Evaluation - Impact and Outcomes booklet

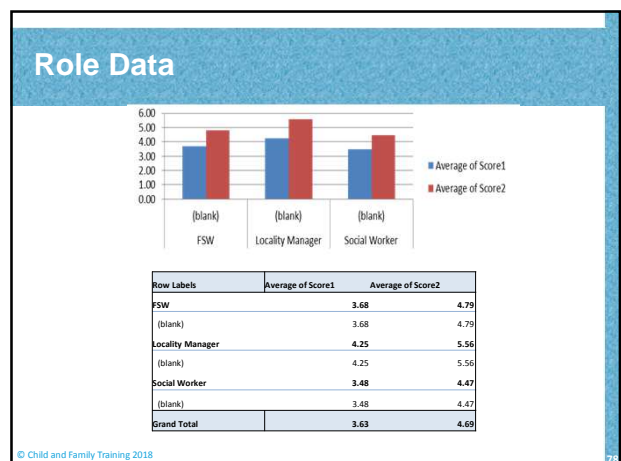
- Self-assessment against learning outcomes: baseline, end point
- Application and impact:
  - Practice resource/tool used
  - Context of use: with whom, why and how
  - Strengths, difficulties or challenges relating to the use of the tool/resource in practice
  - Impact/outcome of using the tool/resource in practice
  - Service users' comments or views
  - Other comments/notes – learning points/action points

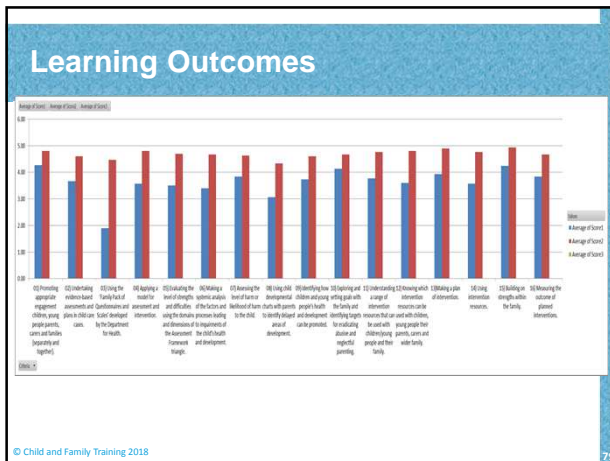
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### Evaluation Process

- Participants undertook pre-course baseline assessments.
- These have been re-done post event and will also be done after the support sessions.
- All data turned into pivot charts enabling review of progress by individual, cohorts, learning outcomes, roles etc.
- Trainer evaluations of all sessions have also been completed giving good qualitative feedback.

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- ### Key Outcomes / Observations
- Self-assessments show a consistent upward curve across all roles.
  - Recurring themes in self-assessment improvements against learning outcomes
- 4) Applying a model for assessment and intervention.
  - 6) Making a systemic analysis of the factors and processes leading to impairments of the child's health and development.
  - 8) Using child developmental charts with parents to identify delayed areas of development.
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- ### Some comments from practitioners
- Training:**
- 'Tools will help to focus my work and tease out details within family life in order to ensure child's wellbeing and development'
  - 'The Hope for Children resources were particularly helpful because it drew on what I already use but put it together in one pack'
  - 'I found the course very interesting and relevant to my work. I am fully confident to be able to use what I learnt in my practice'
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- ### Some comments from practitioners
- Impacts and Outcomes:**
- **Stress and cycle of situations, feelings, thoughts and consequences - adapted:**
- '...working with one young person who saw this as a learning tool... helped the young person to think about new outcomes relating to consequences and opportunities.
- Introduced to other young people in the group which led to role play (also involving staff) - other young people were able to feed in coping strategies that they have used and wanted to share with the group.'
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