

HOPE FOR CHILDREN AND FAMILIES

AN EVIDENCE BASED RESOURCE PACK FOR FRONTLINE PRACTITIONERS

TARGETING ABUSIVE AND NEGLECTFUL PARENTING AND IMPAIRMENT

OF CHILDREN'S HEALTH AND DEVELOPMENT

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Introduction

There is a clear overlap between the clients of family intervention teams, and of practitioners aiming to prevent the recurrence of the maltreatment and impairment suffered by children and young people. Factors associated with the maltreatment of children including parental mental health concerns, parental conflict and alcohol and substance abuse are often present in families worked with in family intervention services. What is characteristic of both is the limited utilisation of evidence-based approaches to intervention. Yet there is no shortage of evidence-based approaches to target problems of the emotional and behavioural life of children and young people and their families. Chorpita & Daleiden (2009) have identified over 700 well-based interventions. Yet such interventions have limited use in practice. "Treatment as usual" is the approach which is most commonly used, comprising a mixture of the approaches practitioners have been trained in, supplemented by support and consultation from colleagues. Research on Treatment as Usual has demonstrated its value supplemented by making a good working relationship, working with intensity and high expectations. The addition of evidence based approaches can significantly enhance the impact of a dedicated practitioner, and the development of the Hope for Children and Families (HfCF, Bentovim *et al.*, 2013) approach is aimed to make that difference.

The development of the Hope for Children and Families project (HfCF)

The development of the HfCF is part of a two-year Department for Education (DfE) funded initiative on childhood neglect run by 'Child and Family Training' (C&FT). This project builds on initial work (supported by the Department for Education) focusing on developing evidence-based approaches to assessment, analysis, planning interventions and identifying measurable outcomes with children and families to support the Assessment Framework and required locally developed 'assessment protocols' (Department for Education, 2013); it includes the development of practice tools and accompanying training that many Local Authorities have adopted:

Assessing parenting and the family life of children using the HOME Inventory and the Family Pack of Questionnaires and Scales

Assessing families in complex child care cases using The Family Assessment

Communicating with children and young people using the In My Shoes Interview

Using The Attachment Style Interview in child care, fostering and adoption contexts

Child protection decision-making using the SAAF (Safeguarding Assessment and Analysis Framework - evidence-based assessment and analysis of risks of future harm to a child and prospects for intervention)

Aim of the HfCF project and resource pack

The HfCF project includes the development of a Manual for Practitioners – a resource pack designed for work with children and young people and their parents and carers to prevent

abusive and neglectful parenting and the associated impairment of children's health and development. The manual is aimed at all practitioners whose roles are to provide interventions to children and families where there are:

Concerns that a parent may harm or neglect their child

Evidence of neglectful or abusive parenting before the child's health or development is impaired, or where there is evidence of impairment

Children or young people presenting with emotional and behavioural problems or other impairments in their health and development as a result of neglectful or abusive parenting

Who might use the manual?

Practitioners who would be able to use the approach include:

Social care, education, probation and health practitioners such as social workers, family support workers, teachers and education support staff, educational psychologists, school nurses, health visitors, CAMHS staff

Those working in:

Children's and family centres such as those involved in individual, family, group and community outreach work

Family intervention teams, multi-agency teams and 'troubled families' focused services

Schools and education support services

Looked after children services and residential and foster carers

Youth offending and probation services

Voluntary, community and independent services

Underpinning research and the evidence-base informing the development of the 'HfCF'

The approach taken to develop the HfCF follows the model provided by Barth *et al.* (2011) and Chorpita & Deleiden (2009). This approach argues that there is a commonality of approaches which have been demonstrated to be effective in preventing the recurrence of maltreatment and the associated impairment of children and young people. Chorpita & Daleiden (2009) distilled the common elements across the different evidence-based approaches, and described a common practice element approach which conceptualises practice in terms of generic components that cut across many distinct specialist treatment protocols and specific clinical procedures and processes. Forty-seven distinct practice elements were distilled from twenty-five random controlled trials (Bentovim & Eliot, 2013) that successfully modified neglectful and abusive parenting and the resulting impairments to children and young people's health and development. The outcome research which was examined to distil relevant common practises included:

Parent/child interaction therapy

Alternatives for families combining CBT and multi-systemic therapeutic/systemic approaches to modify abusive attitudes and to improve relationships

Trauma-focussed CBT, combining elements to resolve traumatic symptomatology

Multi-faceted in-home programmes to address neglect (e.g. Project SafeCare USA)

Approaches to failure-to-thrive

Promoting healthy parent/child interaction, tackling family conflict and approaches to promoting attachment.

In addition to the common practice elements approach, there is also a common factors framework which asserts that the personal and interpersonal components of intervention (e.g. alliance, client motivation, therapist/helper/practitioner factors) common to all interventions are responsible, to a significant degree, for the treatment outcomes.

The Manual for Practitioners

Practice elements are integrated to form modules that provide step by step guidance, resources and tools to deliver an evidence-based intervention. The manual provides building blocks and a tool kit for foundation skills in intervention across a wide spectrum of levels of harm and risk of future harm; at various levels of severity and complexity of parenting problems and individual, family and environmental factors; and where there are impairments to children's health and development as a result of abuse and/or neglect:

Where there may be specific risk of harm to an unborn child – current parental difficulties, previous harm: the aim is to work with parents throughout the pregnancy, birth and early months, fostering attachment and good quality parenting

Where there is evidence of abusive and neglectful parenting and potential or actual impairment identified by early intervention teams and early help assessments, health service surveillance, in a family centre, as a result of a child protection section 47 enquiry or by other professionals: the aim is to work with parents to modify abusive and neglectful parenting, and to ensure that children's health and development is safeguarded and promoted

With children where there is evidence of impairment of their health and development and they may display traumatic symptomatology or disruptive behaviour – at home or in alternative care: interventions use modules focused on various impairments, delivered by a variety of workers from social care, CAMHS, fostering and adoption services, Youth Offending Service or educational services in collaboration with a supportive carer

Where there are significant problems in individual or family functioning or in relationships with the community and for use by Family Intervention Teams (or their equivalent) working with multiple problems (including those experienced by parents with physical or mental health or substance abuse difficulties) to improve family functioning by delivering modules focused on aspects of parenting capacity, family and community relationships and impairment of children's health or development.

Figure 1

The UK Assessment Framework for Assessment of Children in Need and their Parents
Using a development of the Assessment Framework (Figure 1), it is possible to see that strengths in parenting capacities reinforced by positive family and environmental factors results in resilient functioning of children.



Figure 2

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

Integrating the practice elements which emerged from the distillation exercise from over 20 evidence-based effective interventions to prevent and target abusive and neglectful parenting as shown in Figure 3 helps to target parenting capacity of the associated aspects of family and environmental factors which can improve the outcomes for children and young people and provides direct interventions with children and young people can further reinforce the process of work with parents, family context and children and young people themselves. The integration of practice modules, and fitting them to the changing and evolving needs of children and families represents a modular systemic intervention.

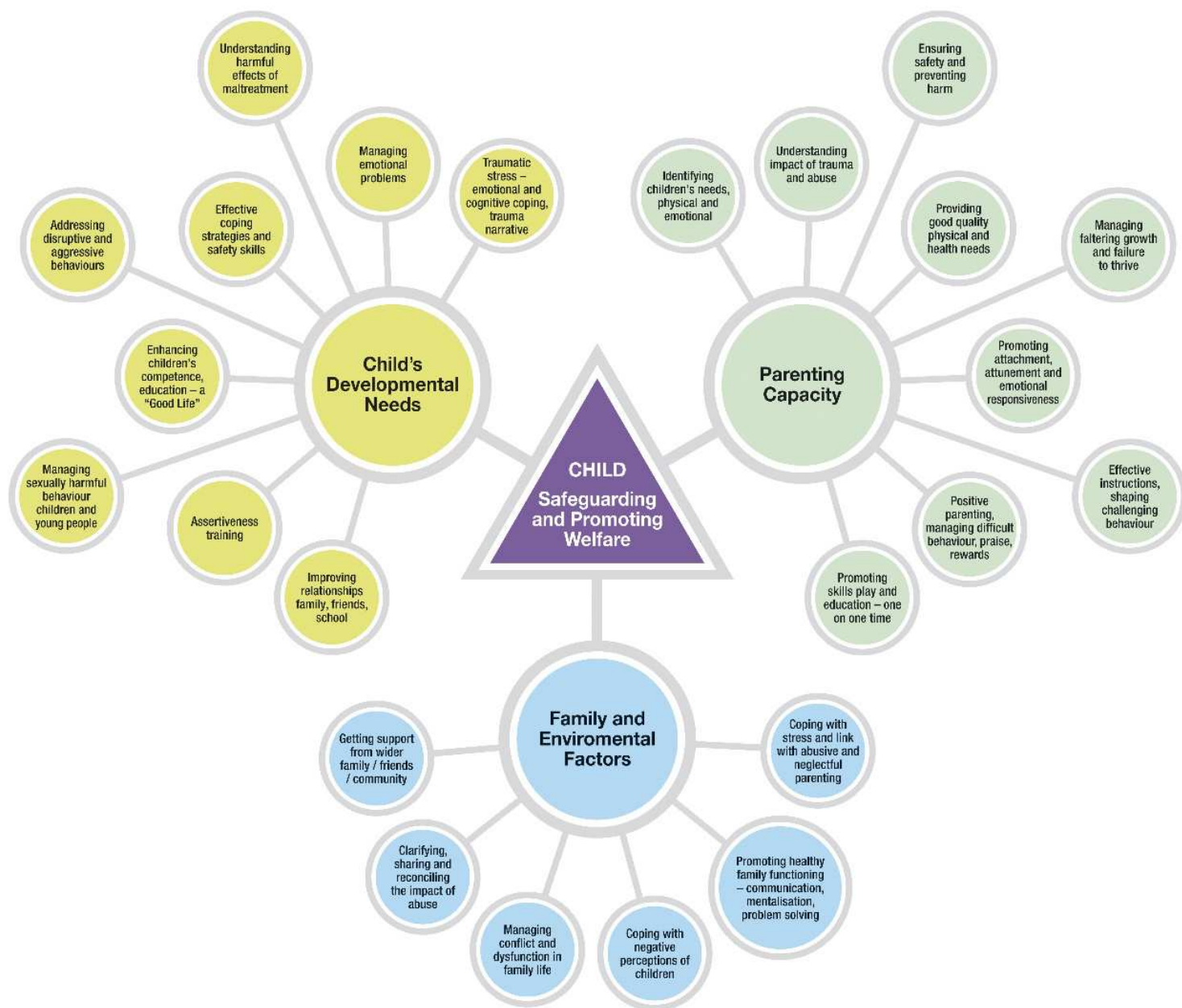


Figure 3

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

Forty modules have been developed across five areas and each module comprises information/resources outlining:

Goals

A briefing for the practitioner – the step-by-step approach to achieving the goals

Materials to support the development of therapeutic work (worksheets etc.)

Tools to assess the success of the intervention for the child

Guidance on the skills required to deliver the module and how the modules can be integrated to form a comprehensive programme of intervention

We are in the piloting stage of development of the 'Hope for Children and Families.' A number of agencies are piloting the effectiveness of the approach to enhance the quality of their work, to improve outcomes for children; in addition when there is doubt about the outcome, to assess whether parents can be helped to make significant improvements to their parenting skills, whether individual and family factors can be modified, and whether children and young people helped to develop coping skills and recover from the anxiety or traumatic response, or externalising angry or sexualised responses.

Modules include the following:

1) 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. A care, protection and intervention plan for each child needs to be established.

2) 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 regulate emotions and behaviour. Parents and children are encouraged to acknowledge the nature of abuse and neglect which 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.

3) Modules focused 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 led them to 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.

4) 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, develop helpful activities, and manage traumatic symptoms and, where appropriate, and anxiety and mood difficulties. Support from and sharing with a non-abusive carer is essential to targeting the range of responses associated with these impacts.

5) 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 adversities is the development of disruptive responses which maintain the pattern of abuse and neglect through enactment with siblings and peers. The support of a non-abusive carer is essential to support the practitioner, delivering modules which 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 re-enacting 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 under and over the age of 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.

6) 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 to be 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.

There are ‘flow charts’ to support practitioners to integrate modules, and approaches to record and measure change. In the future it will be essential to develop a relevant training approach both at general and specific levels, and to assess the value of an approach which brings together so many effective elements of practice.

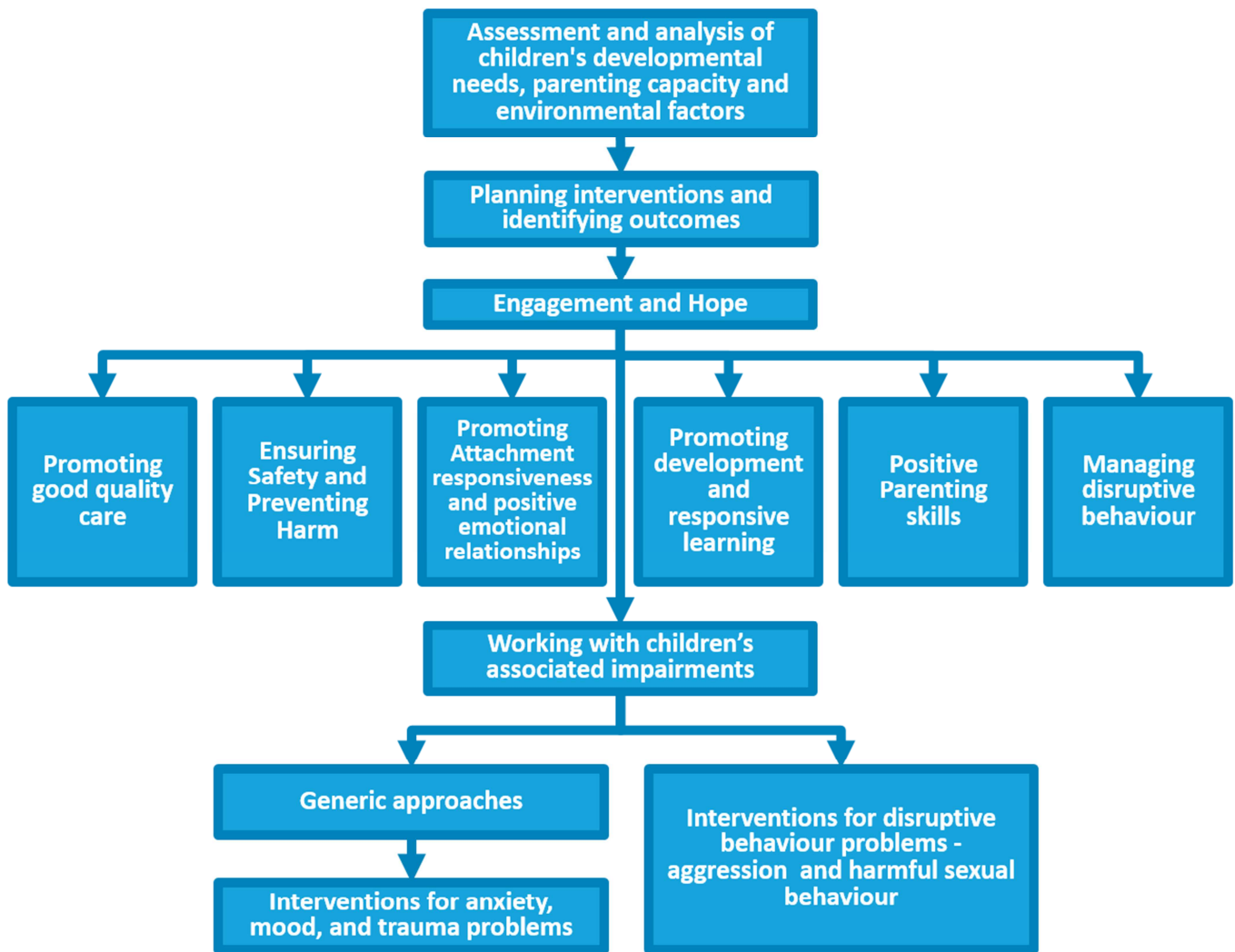


Figure 4

Flow Chart - Targeting abusive and neglectful parenting and associated impairment of children's health and development

Figure 4 demonstrates the process which has to be followed, as noted in the upper box where initially there needs to be assessment and analysis of children's developmental needs, parenting capacity, family and environmental factors.

This leads to planning interventions and identifying measurable outcomes.

Engagement and hope, the initial series of modules, engaging parents family and children, promoting hopefulness, goal setting and a discussion of how abusive parenting affects children's development.

Targeting abusive and neglectful parenting is achieved by selecting modules focused on providing good quality care, ensuring safety, emotional responsiveness, a positive learning environment, positive parenting, and managing disruptive behaviour.

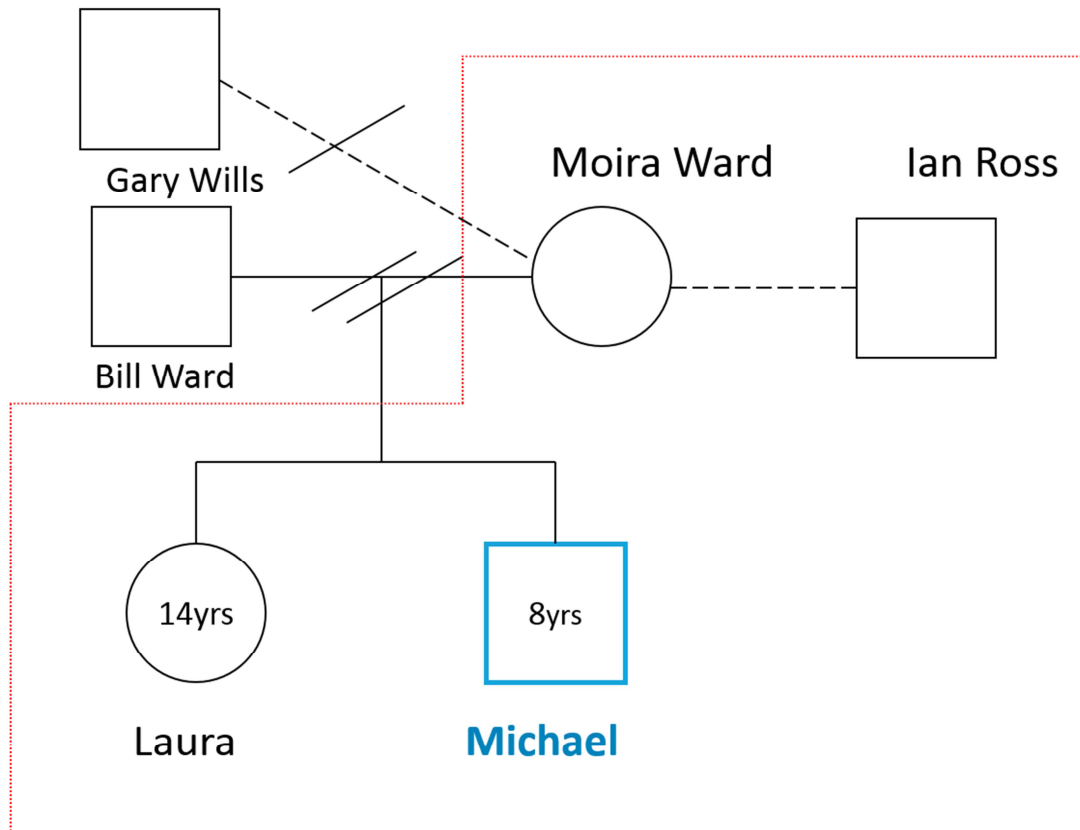
The associated impairment of children and young people is targeted through generic modules appropriate for all children and young people, and specific modules for significant internalising and externalising behaviour.

The choice and sequences of modules is dictated by the context – e.g. whether families are together, or whether there has been a separation for protection purposes.

Case History

To illustrate the way the HfCF approach can be used, one of the Child and Family Training Family and Home assessment video families will be used as an example. These were based on families we worked with, with roles taken by actors.

The Ward Family (Figure 5)



Moira Ward and Ian Ross have got together over the last 12 months. This followed Moira's separation from her former partner, Gary Wills who made a relationship with one of her friends. She has two children by a former husband, Bill, Laura aged 14 and Michael aged 8. The children are not in contact with their father. Ian separated from his wife, and he sees his son on a monthly basis. The family is a white English family, Ian works in the building industry, Moira is currently at home.

The school have referred Michael because of concerns about a recent marked change in his appearance and behaviour, he has become anxious, distracted and has difficulty concentrating, is persistently late, has a neglected appearance and is often hungry when he gets to school, whereas in the previous term he was bright, cheerful and smartly turned out. An assessment using the Home Inventory, an initial assessment of parenting revealed significant concerns regarding Michael's experience of care, the emotional climate was one of restrictiveness and punitiveness. Michael stated he had been hit by Ian.

Ian had a very different idea about what was to be expected of the children compared to Moira's laissez faire attitude. There was now considerable conflict as Moira was attempting to comply with Ian's views. She had moved away from her former home because of stress at the breakup of her former relationship. Michael was seen in a negative light by Ian because of a significant difference between Michael and Ian's own 'sports loving' son whom he only saw on a monthly basis. There was a significant degree of neglect of care, an absence of appropriate food and clothing and there were concerns that Michael's weight seemed to be

going down and he was expected to fend for himself. The use of a series of questionnaires indicated that Michael was really very unhappy, he described himself as feeling lonely in the playground, not able to assert himself, and was bored because he had no-one to play with.

Because of the recent onset of very concerning problems in terms of school attendance, and evidence of neglect, a **family assessment** was carried out and it was revealed that there was a highly unhappy climate in the family. Laura, Michael's older sister clashed a good deal with Ian over the expectations he brought into the family. She also revealed that there had been violence between Ian and Moira in a context where both were drinking heavily. Moira demanded that he leave the family, Ian stated that he had literally had to beg to return to the family. Laura also revealed that her mother had been drinking heavily as a stress management device, triggered by having to mediate between Ian's expectations and the children's feelings as articulated forcefully by Laura, and by Michael through withdrawal and unhappiness.

The interview schedule for the family history revealed that Moira had a controlling father, she had witnessed violence to her mother who had died when she was 8 years of age, indicating a significant loss of a nurturing figure, experiencing a rejecting step-mother. She had left school early, had a series of violent relationships and had periods of quite heavy drinking. There had been a volatile relationship with the father of Laura and Michael, domestic violence and drinking, again stress related. However she had generally speaking managed to protect the children from her drinking using extended family members who could be supportive at those times.

Ian is the unfavoured sibling, his father was in the Army, he was a strict disciplinarian, and there was a good deal of punishment again following drinking sessions. He had convictions for assaults relating to drinking. His relationship with his wife followed a violent episode and he only saw his 10-year-old son once a month. He worked well and was a good provider, although there were concerns about misuse of funds through Moira's alcohol consumption.

When Michael was seen alone he indicated his significant distress at the separation from Gary, mother's former partner, and he indicated his extensive fear in relationship to Ian, Ian had kicked him when he kept missing the ball in football. He had also been hit when a letter had come from school stating that he was not attending regularly or in time.

Some weeks later there was a further incident, Michael was found wandering the streets late at night, Laura had left home after an argument, Michael had bruising on his legs and back where Ian had hit him, his mother Moira was drinking more heavily. He was accommodated in a foster home and a Protection Conference was called.

Systemic Analysis

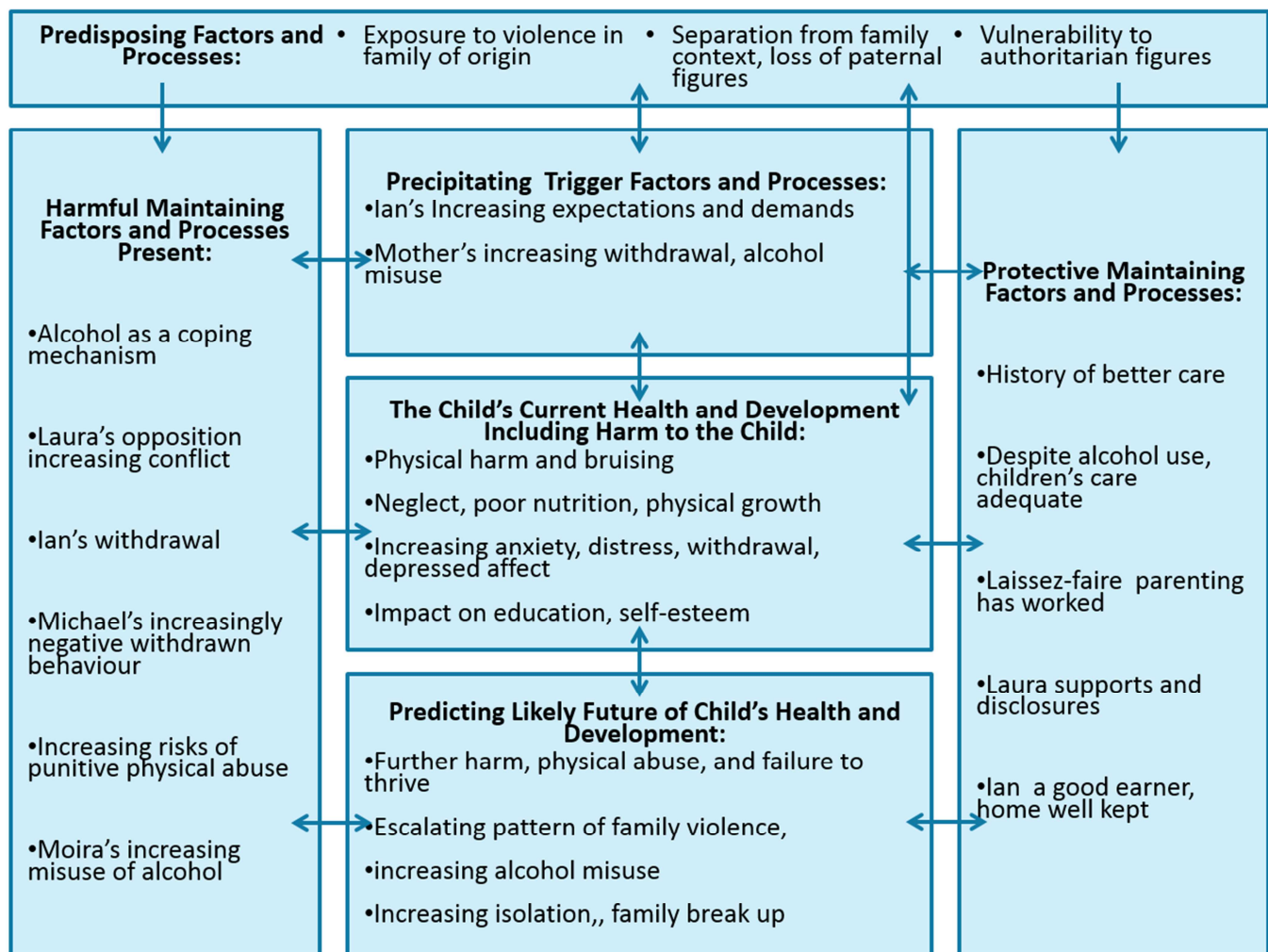


Figure 6 indicates that the systemic analysis of the information shows the predisposing factors in the family- exposure to violence in the family of origin, separation from the family context and loss of paternal figures, and a vulnerability to authoritarian figures.

Precipitating trigger factors and processes were Ian's increasing expectations and demands, and Moira's increasing withdrawal and alcohol misuse.

The result was physical harm and bruising, neglect, poor nutrition, poor physical growth, increasing anxiety, distress and withdrawal, depressed affect with a significant impact on education and self-esteem.

Further harm, physical abuse and failure to thrive is predicted, an escalating pattern of family violence has been observed, increasing alcohol misuse and increasing isolation and family breakdown.

Harmful maintaining factors were alcohol use as a coping mechanism, Laura's opposition and increasing conflict, Ian's withdrawal and Michael's increasingly negative withdrawn behaviour. Protective factors were a history of better care and despite alcohol use in the past, children's care being adequate, Laura was supportive through disclosures and Ian is a good earner and the home is well kept.

It was evident that this was a context where there was significant risk. The family's attitudes to concerns expressed by professionals indicated there was a degree of doubt about achieving change, uncertainty whether change could be achieved or not within Michael's timeframe. It was uncertain whether Ian could take responsibility for his punitive action, Moira for her neglect and alcohol misuse, and there was uncertainty about the potential for collaborative work. Laura was independent and far more able to protect herself, for example going to stay with a friend.

So the questions are:

What collaborative goals would need to be established in the engagement phase, considering there is a degree of doubt present?

Which modules from the Parenting and Family areas are most likely to assist the parents and what sequence would be most effective?

Which modules from Working with Children and Young People would be most effective to assist Laura and Michael?

Which measures would help assess the effectiveness of intervention?

What is the likelihood of achieving sufficient change within the child's timeframe?

Initial Stages of Work

1. Engagement and Hope

The initial phase is to motivate Moira and Ian to demonstrate that they are able to provide better quality care for Michael and Laura. The practitioner offering to work with the family needs to meet with family and the Child Protection Team, to clarify the nature of concerns, and to establish a supportive approach. The challenges the parents have had to face would need to be recognised, the significant changes in the family over the last 12 months, painful separations, establishing themselves in a new environment, being isolated, affected by stress and withdrawal, with a risk of repeating problems in the past. The aim would be to establish a team around the child which would include the practitioner, foster carers looking after Michael, the family caring for Laura and to create a protection, care and intervention plan, including a commitment to avoid violence – between parents, or to children.

2. Establishing Collaborative Goals

Collaborative goals require a commitment from the parents and children to work with the practitioner with the following goals :

That Michael and Laura would be able to return home safely to Moira and Ian.

That the care of the home and the children would be satisfactory, and that concerns such as growth or failure to attend school or any neglect in the home would be addressed successfully.

That Ian and Moira needed to acknowledge and take responsibility for the extensiveness of harm to the children, the impact of exposure to violence, confused expectations, punitiveness and to acknowledge and to address the harmful role of alcohol.

That the team would help Ian and Moira find alternatives to punitive care, and other means to cope with stress than to use alcohol, linking with the specialist practitioners for alcohol services to assist Moira in achieving abstinence. At an appropriate time harmful actions would need to be acknowledged to Michael and Laura.

To ensure that Michael was protected, that he would be helped cope with the inappropriately punitive responses that he had suffered from Ian, to recover from traumatic symptoms and depressed affect, to support his school attendance and help him achieve his potential.

To improve emotional responsiveness and relationships with the family and to enable them to function to their potential rather than the increasing anger and disruption affecting all in different ways.

3. Psychoeducation about the impact of harm

The third module associated with Engagement and Hope is to provide Psychoeducation about the impact of abuse, using a Socratic, reflective and circular questioning approach. The aim is to help the parents consider the responses of Michael and Laura, and to understand them as a response to the family context of abusive action, to establish which responses the parents had noted, how they explained them, and help the parents understand the impact on immature children and young people and the effect on brain functioning. The parents would need to think about the issue of responsibility for violence, whether Ian had the courage to acknowledge that his discipline was punitive and harmful and that Moira's retreat to alcohol misuse led to increasing neglect. Socratic, and reflective questioning helps the client arrive at more accurate and helpful thoughts, examining the basis of thinking, challenging and using a variety of ways of finding an alternative approach, for example as to why Michael was withdrawn, fearful and Laura angry and challenging.

Working with Parents Targeting Abusive and Neglectful Parenting

Providing good quality basic care

Given that both Michael and Laura are living separately, it is important to begin to work with parents and children separately. Parenting modules include a module which helps parents **to develop a capacity to identify and understand children's physical and emotional needs**, factors which influence children's development and how children might have been affected, what are the appropriate expectations given Michael and Laura's age and developmental stage using developmental charts and a variety of ways of attempting to help them understand the children's responses. Because of the concern about the quality of care being provided to Michael, it would be essential that Moira and Ian be helped to provide better quality of care. This module achieves this goal by establishing a profile of the patterns of care and home conditions, gaining a clear picture of the pattern of care over a 24 hour period, deciding on goals to improve the quality of care, and initiate a plan of intervention and assessing effectiveness. The process is to help Moira and Ian think about adequate basic care, including adequate clothing, nutritional care, stimulation, promoting development, education, providing adequate boundaries. It is essential to establish what improvements are required, to establish what are the obstacles and hassles to providing adequate care, and establish a collaborative context of better care. An essential obstacle Moira needs to overcome is her use of alcohol as a way of managing stress. The isolation of the family is a further factor and the module on **support networking** may be relevant to create a more supportive community network.

Ensuring safety and preventing harm

A second key area of intervention is to ensure a context of safety and prevent future harm. This module requires a review of harmful events in the home and environment, including exposure to harmful influences relating to Moira's alcohol misuse, and Ian's punitive responses, and exposure to violence between the couple. A key to help ensure safety is the module - **Parents Coping with Stress and the Link with Abusive and Neglectful Parenting**. This module considers the way that stress can arise and affects parents' behaviour and capacities to provide good quality care. Factors are examined which play a part in increasing parenting stress, children's temperament, for example significant difference between Michael's gentle temperament and Ian's son's physical sporting style. Factors which affect the parent as an adult including personal health and relationships, losses, separations which of course have played such an important role for both Moira and Ian, conflict between parents about expectations, views of what is appropriate for children, particular situations. Parental responses to family of origin, stress both past and present are important given that both Ian and Moira had a past history of punitive paternal figures and exposure to violence and a heavy drinking culture. The fact that Moira had an absent protective figure herself meant that she has considerable difficulties in managing to protect the children against Ian's significant demands. Coping with stress includes seeking assistance from mental health, alcohol and substance misuse practitioners. The module introduces some basic CBT approaches to look at situations, behaviour and consequences and how to interrupt the cycle which leads to stress, and introduces relaxation techniques. Closely linked to stress management and abusive parenting is the module **helping parents cope with negative perceptions of their children**. Ian's perception of the differences between Michael and his son means that he becomes angry and punitive at what he perceives to be Michael's failures, expectations of an 8-year-old's independence, clash with Moira's more laissez faire perceptions. These need to be explored using CBT approaches to identify challenging thoughts and practice differences is related.

3 Working with the Children's Emotional and Traumatic Responses

In parallel to work with parents which would be helpful to complete before the return of the children, there are a series of generic modules which are helpful for all children aged 6 years and upwards who have experienced maltreatment. These include:

Psychoeducation on the effects of maltreatment to help Michael understand the impact of neglect and exposure to conflict between his parents and help him correct any misattributions or misperceptions that it was his fault, and helping him develop a coherent story of what happened and why, taking him through the process from Moira and Ian's conflict, his mother's drinking, Ian's demands and expectations and his own responses. It would be important to help him with **managing personal safety** when there are risks in the environment, particularly when he is going to school, or when playing out. He needs to develop a plan to ensure that he is safe in the present and future and to learn how to follow the safety plan. Given that Laura was also going out late, it is important to help her think about the risks that she may be taking.

Modules focusing on **coping skills** to recognise and manage the difficult emotions in adaptive rather than maladaptive ways, to help manage Michael's withdrawal, his introverted responses and to help him find a repertoire of more appropriate coping skills. **Relaxing and calming** is a helpful module, managing uncomfortable feelings, self-calming and positive imagery.

Describing and monitoring feelings so he can understand factors affecting him and how they can be influenced. A feeling thermometer is helpful, learning the CBT process of

thinking, feeling and doing to describe his own and other's feelings. **Activities to manage low mood, assertiveness skills, problem solving and social skills training** may also be valuable.

If Michael shows persistent anxiety, mood difficulties or specific traumatic symptoms, modules describe approaches to **anxiety, depressed mood** or such as **trauma focused work** can be utilised. Work with traumatic symptoms include psychoeducation on traumatic responses, managing feeling states, creating a trauma narrative, stressing that remembering on purpose in a safe environment lowers distress, allowing the trauma to become part of the past. The role of a supportive parental figure is essential to successful completion of such work.

4. Working with Families, clarifying, sharing and reconciling the impact of abusive and neglectful parenting.

This is an important module since it is to be hoped that Ian in his work on coping with stress, managing conflict, looking at alternatives to punitive parenting may come to appreciate his response to Michael. Similarly Moira may need to appreciate that the impact of alcohol misuse has meant that there has been significant neglect and inappropriate expectation. The process of **clarifying, sharing and reconciling the impact of abuse and neglect** is a helpful way of bringing families together to help them forge a new identity and a new future for themselves, maximising their potential. It is helpful for family members to construct a timeline of episodes of abusive and neglectful parenting they would wish to clarify, share and take responsibility for. It would be necessary to work with Michael, Laura, Moira and Ian about their experiences, the harmful impacts and developmental consequences being understood. A family meeting for the children, supportive caretakers and those responsible for abusive action needs to be convened to take responsibility, to apologise, to answer questions and consider the future. Laura's role in drawing attention to the violence and her mother's drinking would need to be positively connoted. A broader appropriate discussion of abusive events and traumatic loss may be appropriate for all members of the family, sharing, planning future protection, care and support.

Given the way in which Ian, Moira and Laura get into conflict resulting in Michael's withdrawal, introducing **helpful techniques to manage conflict and dysfunction** provides a helpful approach to deal with difficulties within the family in addition to the individual work on stress responses. There are a series of practice skills necessary to deal with conflict during the work, understanding the feelings of all family members, establishing the importance of listening, hearing, responding, and emphasising the damaging effects of anger, conflict and dismissal. Related to this is a further module on **developing family communication**, which introduces a model of discussing difficult topics and problem solving.

5. Positive Parenting – Managing Difficult Behaviour

Moira's laissez faire parenting means that she has had relatively few problems in managing Michael and Laura. She was able to provide good enough care in the past when her drinking was more contained, the children's development was fostered well enough. With Ian's very different approach there has been a good deal of open opposition by Laura, refusal to comply on Michael's part and withdrawal. It would be helpful if Ian was willing to consider a positive **parenting approach to managing difficult behaviour**, rather than use angry, punitive, fierce, threatening responses. Participating in direct- parent interaction work, he and Moira would have to learn the importance of **praise**, the use of **positive attention and**

ignoring, giving **effective non-punitive instructions** and the use of rewards in **managing challenging or difficult behaviour**. These approaches rely on promoting parent –child interactions, through role playing, tasks and homework.

6. Promoting Attachment, Responsiveness and Positive emotional relationships

In any ‘re-constituted family’, the issue of managing attachments and emotional relationships can be challenging. In the Ward family there have been extensive disruptions, disorganisation and de-stabilisation of relationships, separations for both Moira and Ian from their respective partners, for the children from their father, and a partner who provided positive emotional responses. There are risks of Moira’s secure bond with the children being undermined, and any possibility of a positive emotional relationship with Ian being frustrated. The module **promoting attachment, responsiveness and positive emotional relationships** reviews the development of attachments, and approaches to promoting attachments in older children. This includes tackling the avoidance and distance between Michael and Ian through a ‘**one on one approach.**’ This is an inter-active approach which encourages a parent to observe, to learn to comment positively, and be encouraging about a child’s activities. This helps to boost Michael’s self-esteem, and promote the making of an emotional bond.

7. Conclusions – Promoting Stability and Resilience

In working to prevent the recurrence of maltreatment by parents and the associated impairment of children’s health and development, it is helpful to have a set of modules available which can fit with the needs of the family. The construction of the Hope for Children and Families intervention resource pack including the set of modules and working documents and techniques will help practitioners to be able to access ways to meet the often complex needs of parents responsible for abusive and neglectful parenting, and the associated impairment of children and young people. It would be essential to have clear criteria for success or failure, and well established approaches to measuring what has been achieved. The overall aim is to promote stability in the family, and a variety of approaches to find alternatives to abuse, or neglect, to transform hopes for a brighter future for children subject to abusive and neglectful care to a resilient reality.

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Child and Family Training is a not for profit organisation working to promote evidence based assessment, tools, analysis and interventions with children and families.