

Hope for Children and Families

A resource manual of modular systemic Interventions

**Empowering frontline
practitioners to deliver evidence
based approaches**

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What is the Hope for Children and Families Programme?

The HfCF programme is an innovative resource developed by Child & Family Training (C&FT) and partners. It:

- is designed to **assist organizations make planned whole system changes to the delivery of children's services**, through adopting evidence based approaches
- is aimed at organizations and staff working with children and families to **support and enhance the quality of direct work**
- consists of resources for **assessment, analysis, planning, intervention and reviewing progress**
- is **relevant for all children and young people and their families**, including disabled children.

Seven Stages in Assessment, Analysis and Planning Intervention

Stage 1 Identification of harm and initial safeguarding

Consider the referral and aims of the assessment

Stage 2 Gather assessment information on the child's developmental needs, parenting capacity, and family and environmental factors

Collect information from available sources using an appropriate range of methods and approaches

Create a chronology of salient information

Stage 3 Establish the nature and level of impairment of the child's health and development

Organise information using the Assessment Framework and identify strengths and difficulties in all dimensions

Seven Stages in Assessment, Analysis and Planning Intervention

Stage 4 Analyse the patterns of harm and protection

Consider the chronology of salient information

Processes and impact

Stage 5 Child Protection Decision Making and Care Planning: The Safeguarding Analysis

Profile of harm and impairment of development

Predict the likely outlook for the child: the risks of re-abuse or likelihood of future harm (the systemic analysis)

Determine the prospects for successful intervention

Summary of safeguarding analysis

Stage 6 Develop a plan of intervention

Stage 7 Identify outcomes and measures for intervention

Research background

- **The approach to practice** is based on two elements
- **“Common practice elements”** that cut across many distinct specialist treatment protocols, specific clinical procedures and processes.
- 43 common elements were ‘distilled’ from 26 gold standard research studies on **‘preventing the recurrence of abusive and neglectful parenting, and the impairment of children’s health and development’** (Chorpita and Daleiden 2009 and Bentovim and Elliott 2014)

Research background

- The approach to practice is based on two elements
- “ ‘**Common factors**’ such as the personal and interpersonal components of all interventions independent of approach – systemic, CBT, or systemic:
- **Alliance, client motivation, therapist/helper/practitioner relationship** issues which are significantly responsible for effective intervention outcomes. (Wampold 2010)

Practice elements which emerged from distillation of the research

Random controlled studies were subject to a distillation of common elements relating to:

- physical abuse
- neglect and failure to thrive
- young people responsible for harmful sexual behaviour
- victims of sexual abuse
- exposure to violence and mental health issues
- promoting positive attachment.



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

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Practice elements which emerged from distillation of the research

Physical Abuse

Over 37 were identified: 15 were targeted at parents, 7 at the family and 15 at children.

Parents

- **Psychoeducation** about the harmful impacts of abuse
- Approaches to **manage oppositional behaviour**.

Children

- **Social skills training**, communication skills, relaxation, personal safety skills and problem solving.
- **Approaches to help children's development**, educational support, assertiveness training and anger management.

Family interventions I

- **Family therapy**, motivational interview to engage family and marital and individual treatment for caregivers.

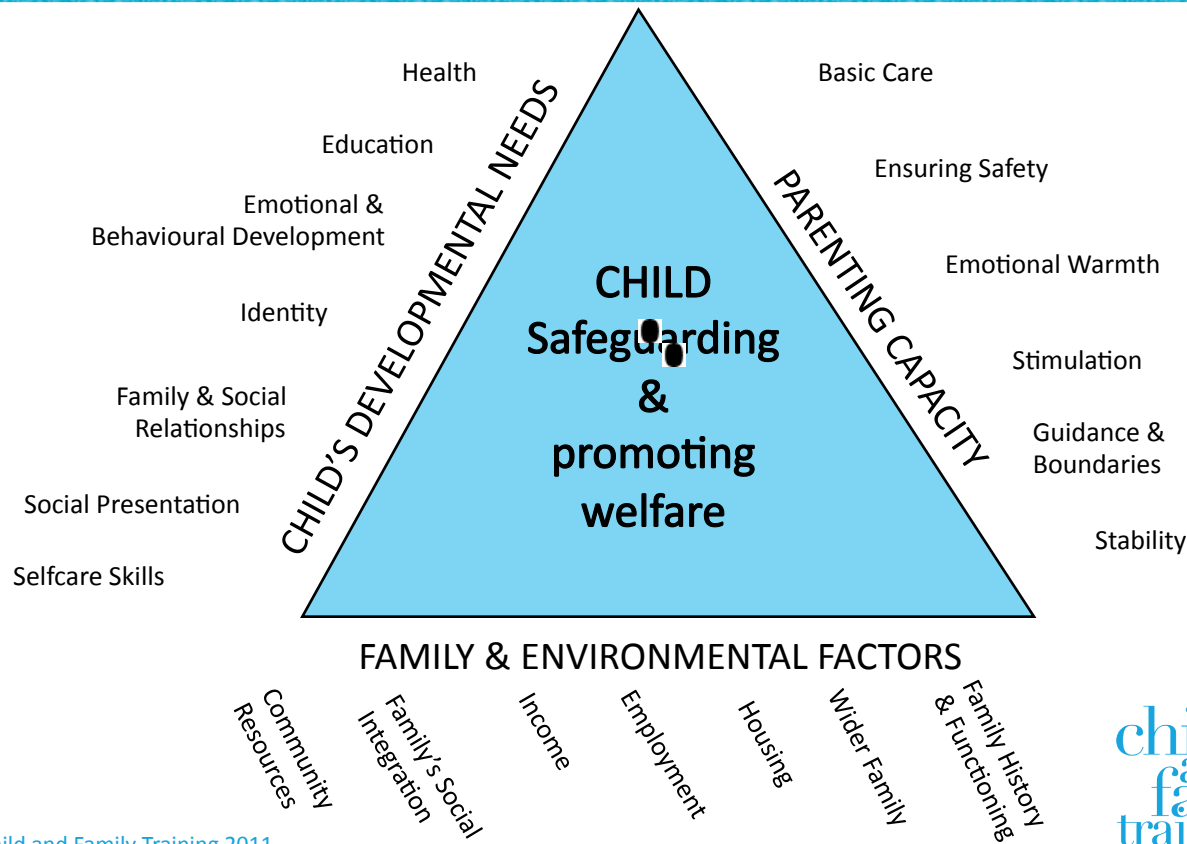
Integration to create the HfCF resource pack

Integration into an intervention resource pack for practitioners

- A group of experienced practitioners brought all this information together and integrated it with practice knowledge which has developed including our own work at Great Ormond street, the Faithfull Foundation, SWAAY, The Maudsley
- We used the UK Assessment framework as a base to describe strengths and difficulties in Parenting, factors which were associated with abusive parenting, and the impact on children's health and well being
- We then organised interventions 'around the assessment triangle' and made this the basis of the intervention ma

Assessment Framework

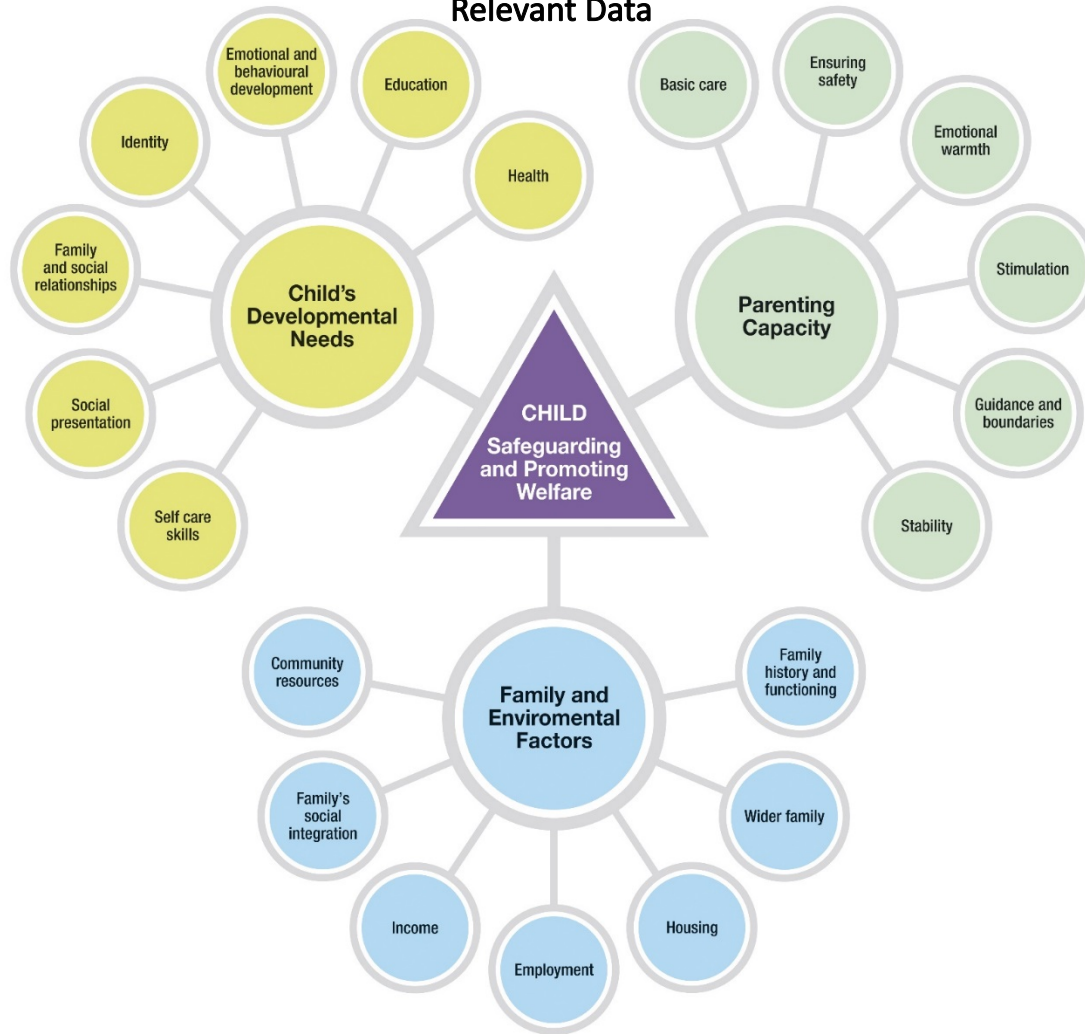
A map of relevant data to be collected

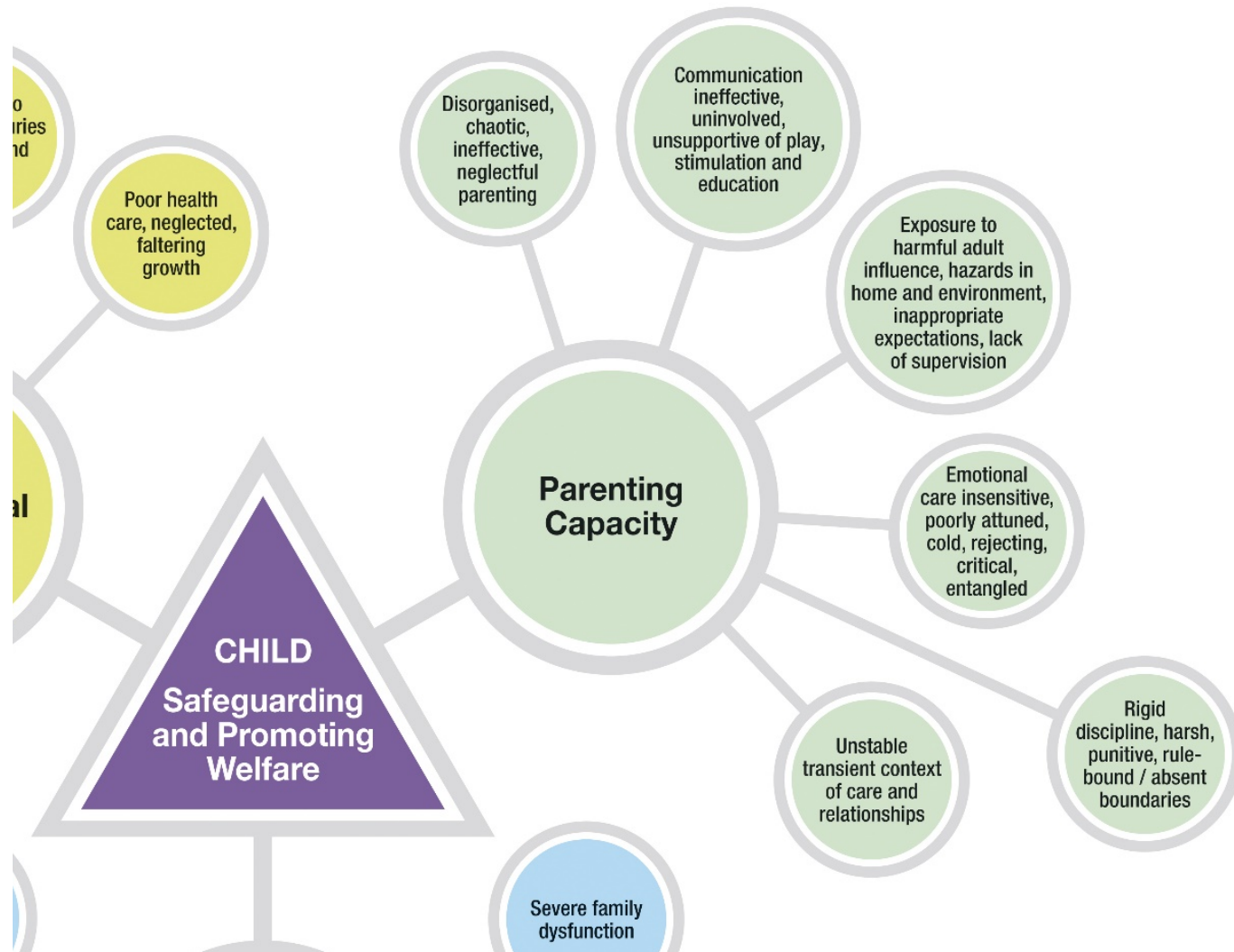


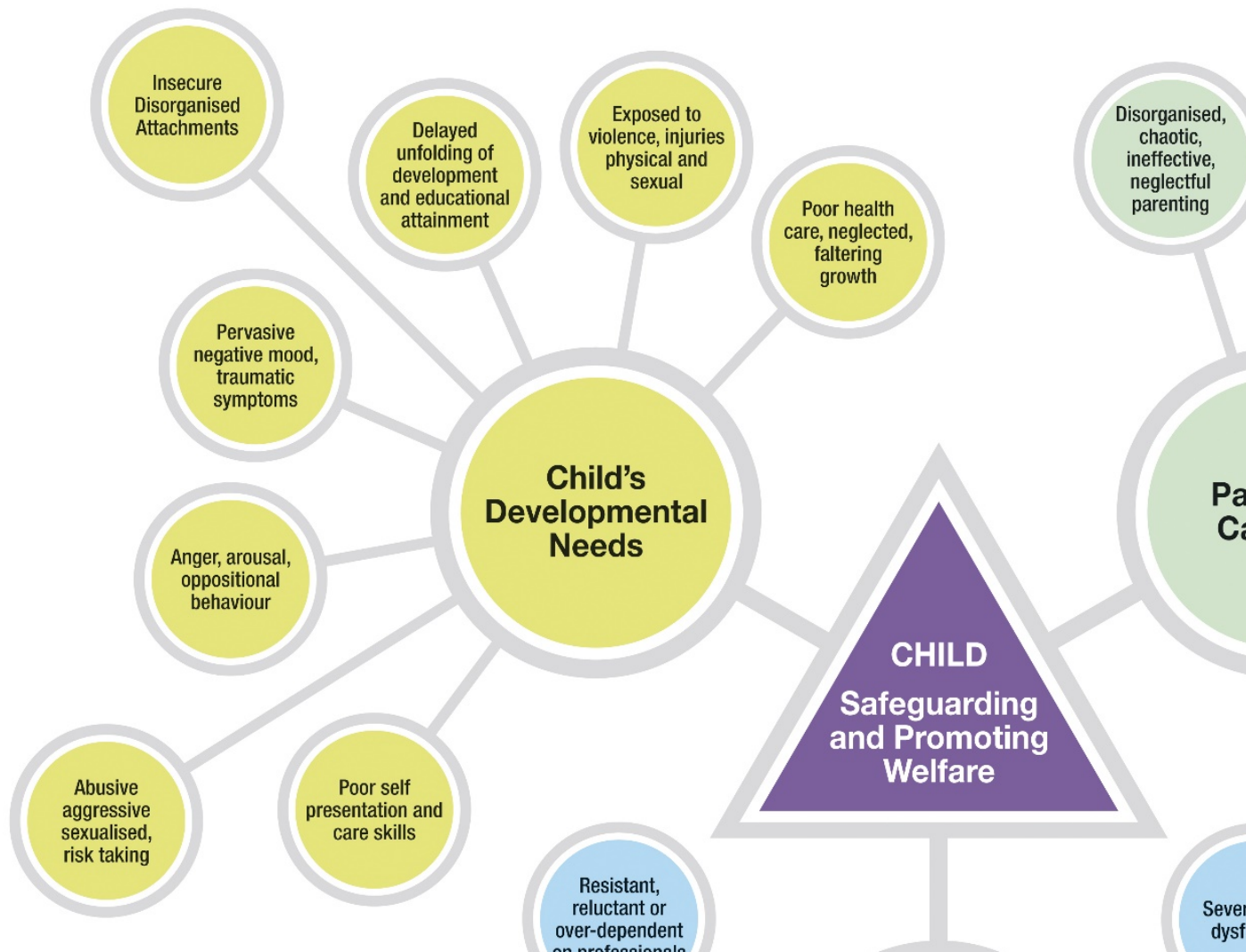
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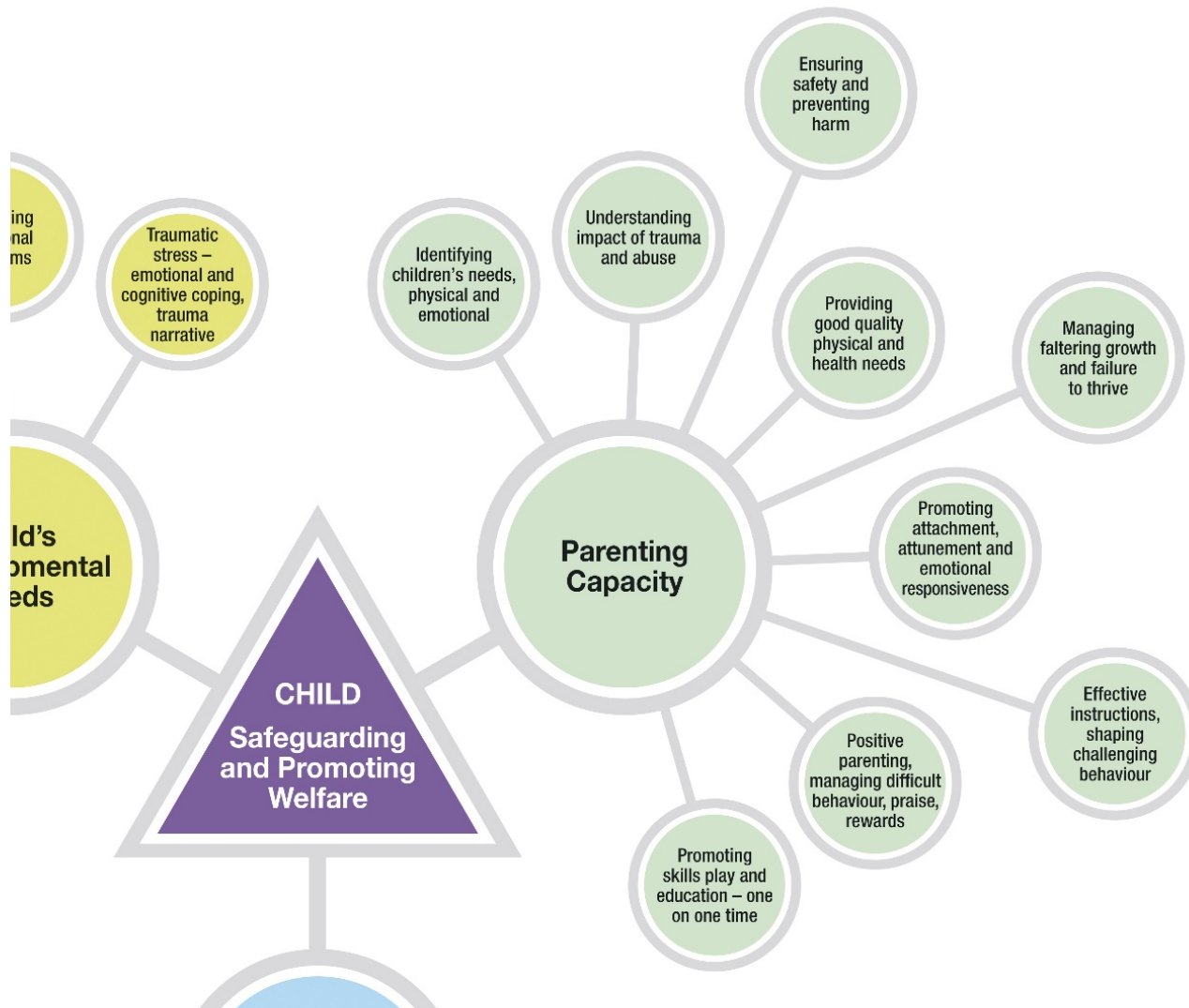
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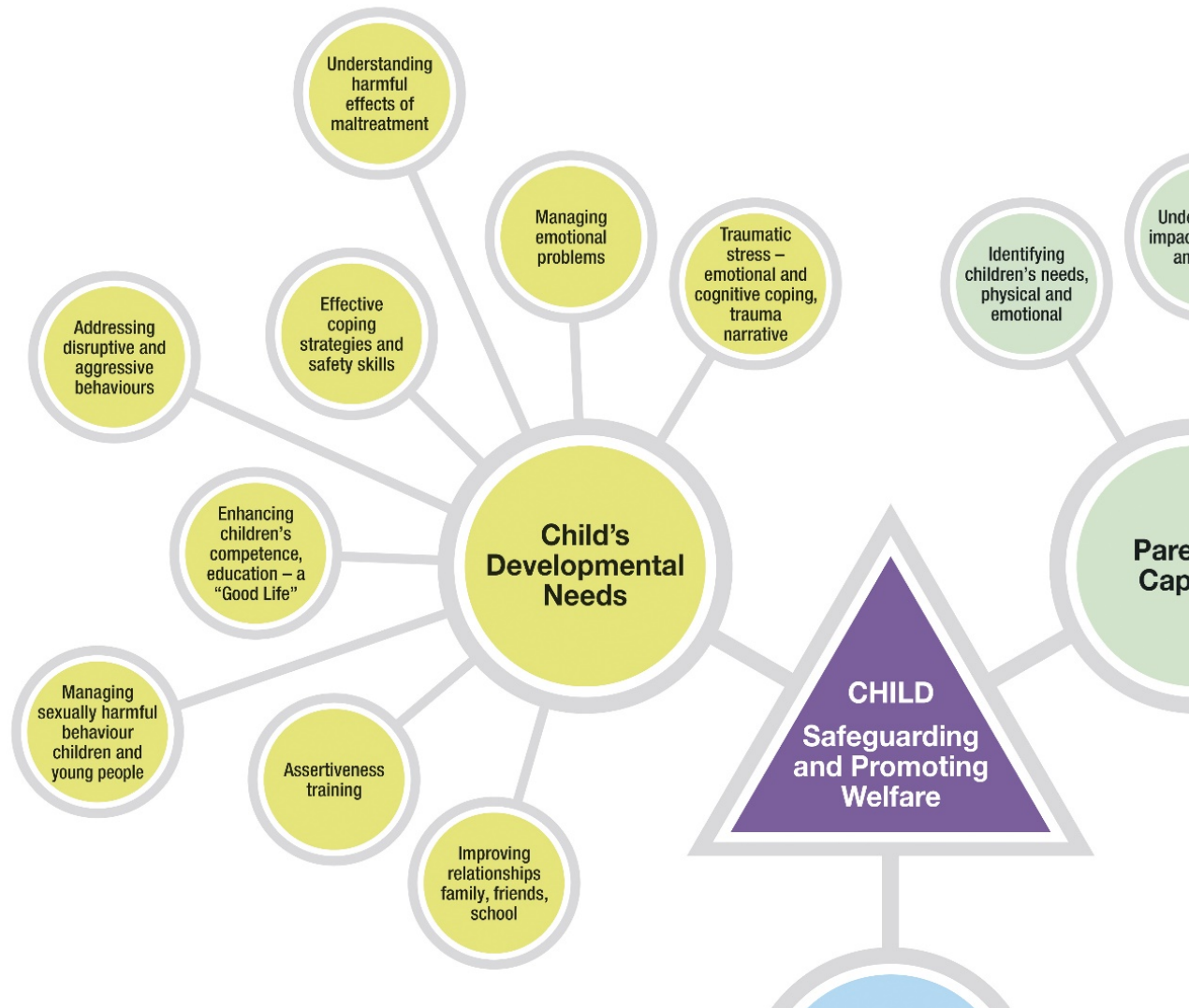
Relevant Data












Development of intervention approaches

‘The Hope for Children and Families Intervention Resource Pack’

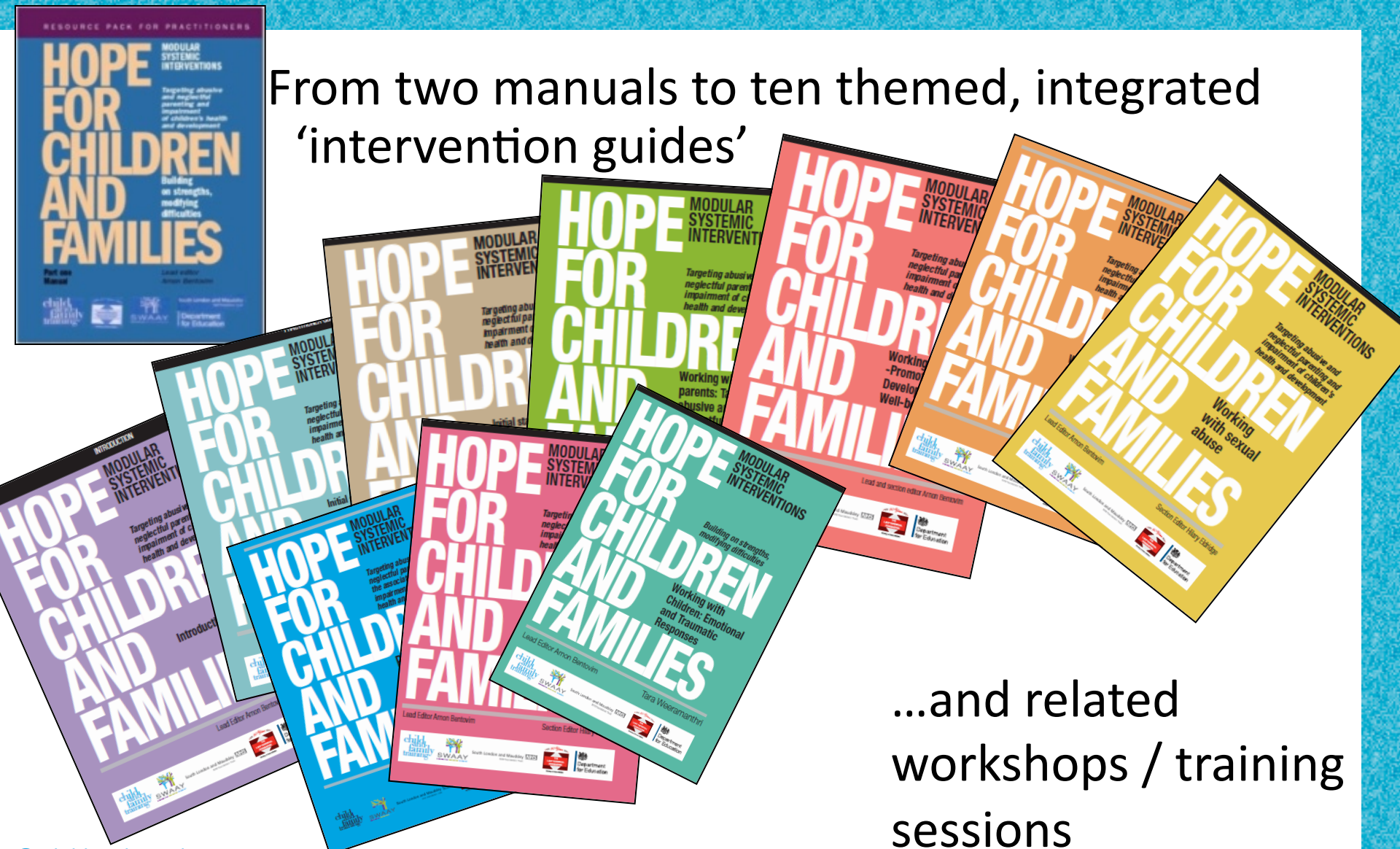
- This provides an accessible set of evidence-based approaches, resources and tools for direct work.
- The resources are available in hard copy and on line include:
 - **Practitioner briefings** – summarising theory and research, guidance and advice for intervention.
 - **Modules** that can be linked together in practitioner guides to plan and programme of work – ideas, approaches, outline for direct work sessions, scripts, hints and tips for effective intervention.
 - **Tools, instruments** and direct work resources.
 - **Training approaches** – work books, work shops, supervision of practice – 5 pilot sites

Structure of the modules and practitioner guides

- **Practitioner briefing** –summarises, theory, research and the approach being followed
- **Content and materials** by type – for parents, children, and practitioners – **relevant steps**
- **Suggested scripts** 
- **Guidance notes** for practitioners to support direct work
- **Activities**
- **Practice/role plays** and coaching
- **Handouts** for parents
- **Worksheets**

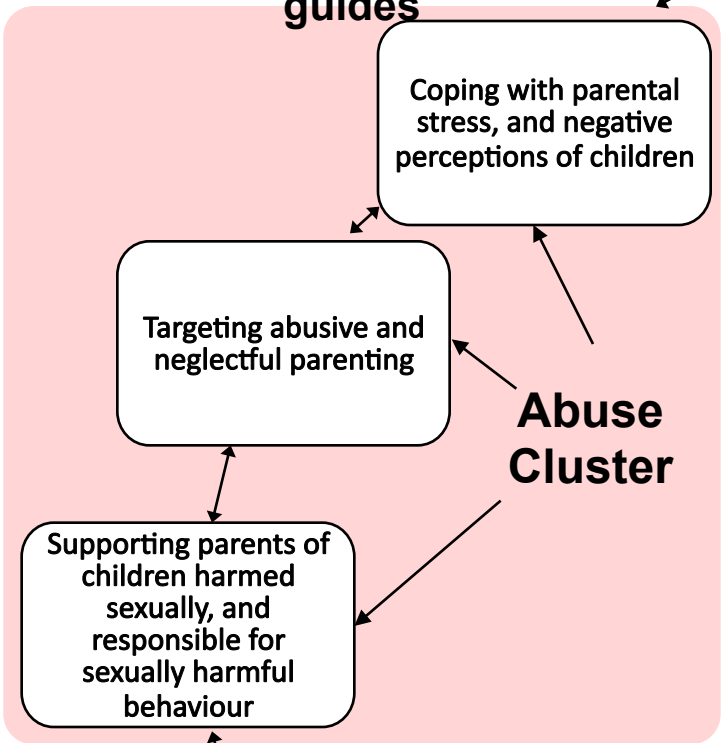
Developments during the pilot project

From two manuals to ten themed, integrated 'intervention guides'

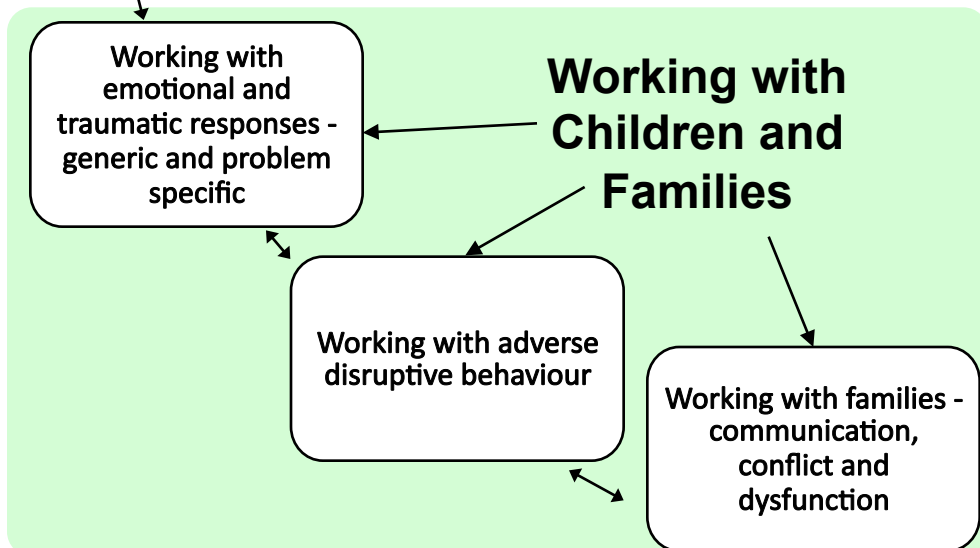
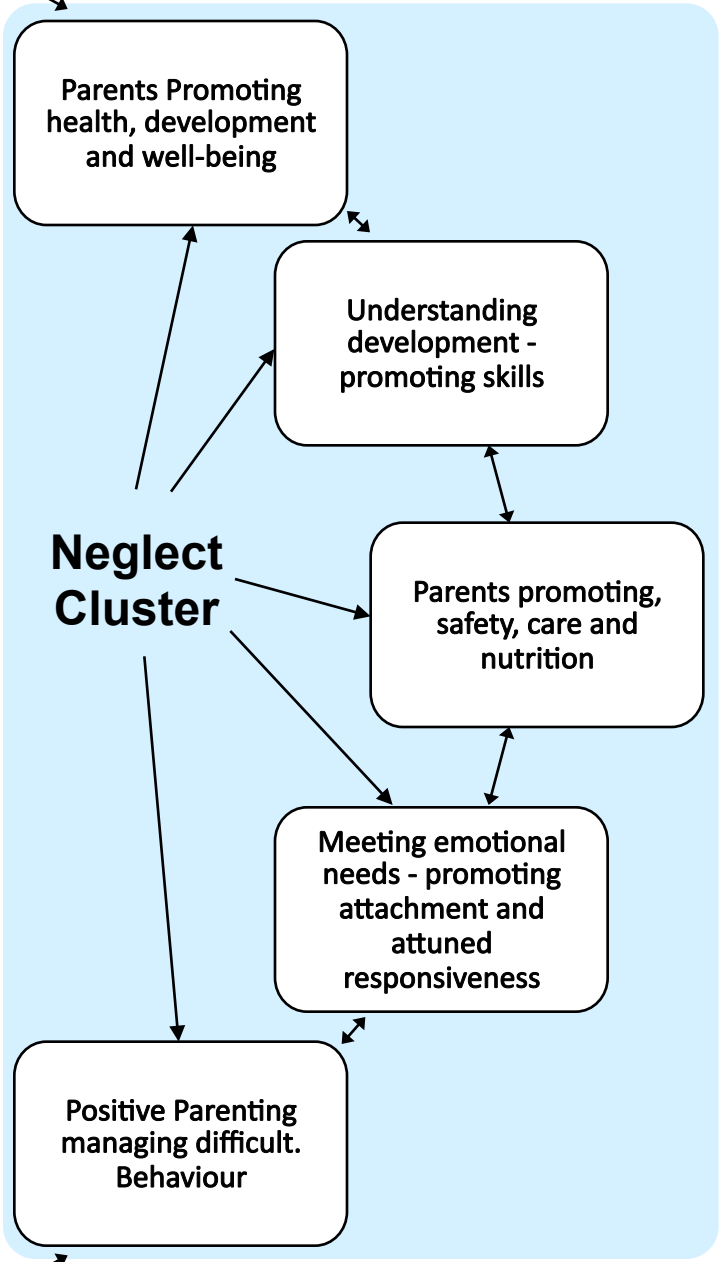


...and related workshops / training sessions

Training themes and Practitioner guides



Initial Stages - Establishing a profile for intervention engagement and goals



HOPE FOR CHILDREN AND FAMILIES

Modules

The screenshot shows a digital course interface. At the top, there are two main sections: 'Initial stages of work: Engagement and hope' and 'Working with parents: Targeting abusive and neglectful parenting', both with checkmarks. Below these are navigation buttons for 'H Handout', 'PN Practitioner Notes', 'R Record', and 'W Worksheet'. A 'HIDE SIDEBAR' button is on the left, and a 'NEXT' button is on the right. The main content area is divided into three rows, each with a vertical progress indicator on the left. The first row is highlighted in yellow and contains '1.0 Developing a capacity to identify and understand children's needs, physical and emotional' and '1.1 Developing a capacity to identify and understand children's physical and emotional needs'. The second row is highlighted in blue and contains '1.1 Developing a capacity to identify and understand children's physical and emotional needs' and '1.1 Developing a capacity to identify and understand children's physical and emotional needs'. The third row is highlighted in light green and contains '2.0 Parents coping with stress and the link with abusive and neglectful parenting, and coping with negative perceptions of children' and '2.1 Parents coping with stress and the link with abusive and neglectful parenting'. Each row lists specific resources or activities, such as 'What seems to influence children's development', 'Developmental chart', 'Child development: Birth to 10 years', 'The developing brain', 'Children's developmental needs and how to promote them', 'The HOME Inventory interview', 'Recent life events questionnaire', and 'Adult wellbeing scale'.

Initial stages of work: Engagement and hope ✓

Working with parents: Targeting abusive and neglectful parenting ✓

H Handout PN Practitioner Notes R Record W Worksheet

HIDE SIDEBAR NEXT

1.0 Developing a capacity to identify and understand children's needs, physical and emotional

1.1 Developing a capacity to identify and understand children's physical and emotional needs

1.1 Developing a capacity to identify and understand children's physical and emotional needs

2.0 Parents coping with stress and the link with abusive and neglectful parenting, and coping with negative perceptions of children

2.1 Parents coping with stress and the link with abusive and neglectful parenting

- [What seems to influence children's development](#) H
- [Developmental chart](#) H
- [Child development: Birth to 10 years](#) H
- [The developing brain](#) H (see support materials for the module How abusive and neglectful parenting affects children's development, emotional and physical: Psychoeducation, earlier in this section)
- [Children's developmental needs and how to promote them](#) H
- The HOME Inventory interview (available in the Childcare decision making training resource book)
- [Recent life events questionnaire](#) H
- [Adult wellbeing scale](#) H (see Cox and Bentovim (2000) for scoring details and further information)

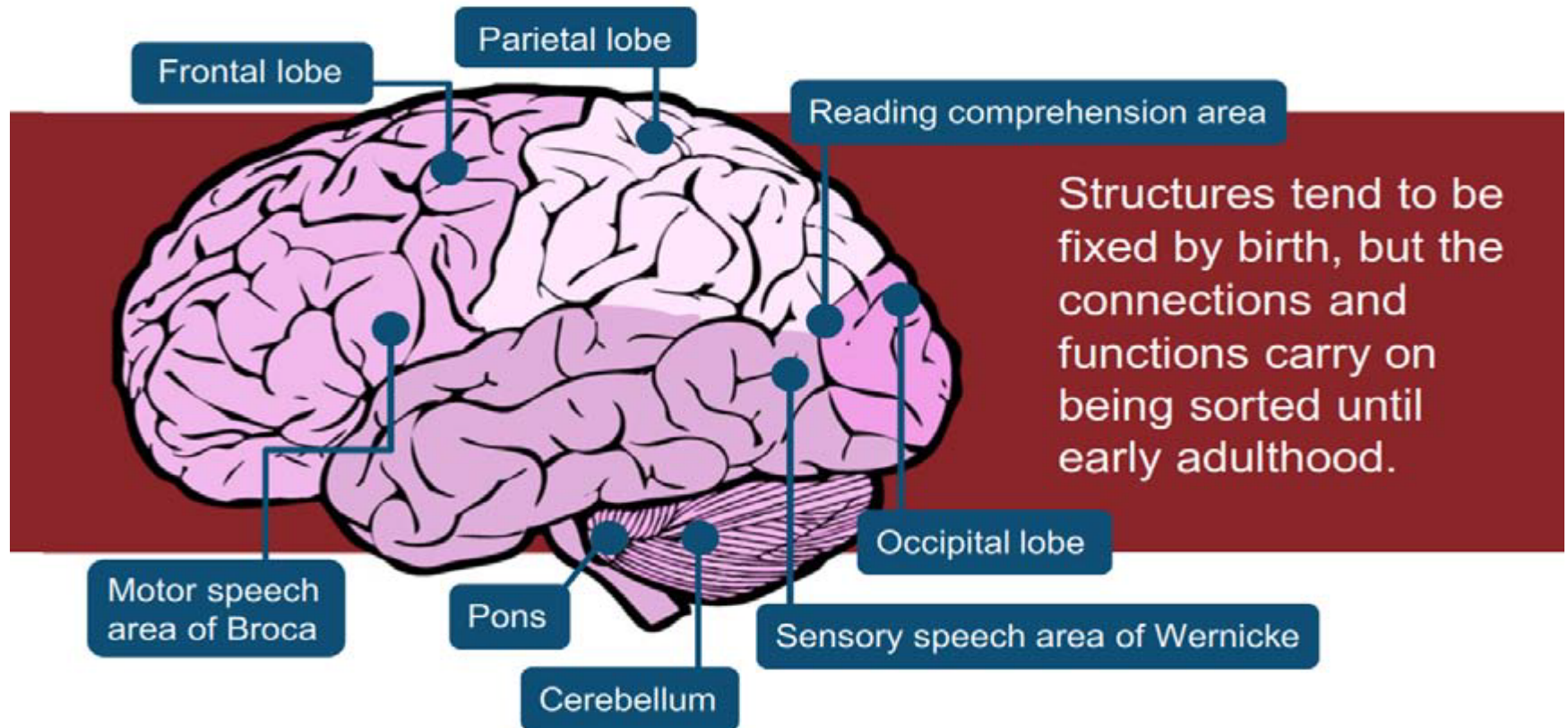
Aenean eu leo quam. Pellentesque ornare sem lacinia quam venenatis vestibulum. Integer posuere erat a ante venenatis dapibus posuere velit aliquet. Etiam porta sem malesuada magna mollis euismod. Integer posuere erat a ante venenatis dapibus posuere velit aliquet. Nullam quis risus eget urna mollis ornare vel eu leo. Vestibulum id ligula porta felis euismod semper.

How abusive and neglectful parenting affects children's development, emotional and physical

- Importance of developmental issues, and the impact of abuse and neglect.
- Building blocks of the brain is determined by genetic influences, but brain architecture responds to experiences through childhood and to young adult life
- Diagram indicates main areas are set at birth, but 'connections' are sorted out during developments
- Exposure to abuse and neglect causes major stress, which in turn affects functions, and long-standing impacts

The Developing Brain

Neurobiology



What are the possible effects of the impact of abusive & neglectful parenting on children's presentations?

Children can:

- get injured or hurt, and can sometimes seem to be accident prone
- get into fights, be oppositional, seem to be depressed, withdrawn and unhappy
- be very defensive and refuse to talk about what has happened
- seem to be very tense, suffer from reminders, flashbacks, distress
- seem to be very low, almost to invite punishment, thinking they are really bad, failing to achieve, their development seeming to stand still
- be quite sexual or convinced they have some sort of illness.

The role of stress – positive toxic stress evoked?

1. The role of abusive and neglectful parenting as harmful stressors causing impairment to a child's health and development is widely recognised.
2. There can be '**positive stress**', which is linked to 'mastery' in specific situations of fear, strangers, monsters and the dark. –associated with short lived physiological responses, and buffered through social support of attachment figures. Relevant skills promote mastery and maturity. Exposure to reasonable stress is growth promoting
3. When children are exposed to traumatic experiences-this is now described as '**toxic stress**'

Examples of 'toxic stress'

- Thinking of the examples of children and young people presenting with the impact of abusive and harmful behaviour – could participants discuss the sort of 'toxic stress' children and young people in their experience have been exposed to
- What makes abusive and neglectful parenting 'toxic?'

How is toxic stress defined

- **Toxic stress** occurs in the context of extreme, prolonged and unpredictable stress during vulnerable periods of development, associated with vigorous and chronic activation of the biological response to stress leading to detrimental consequences for physical and mental health.
- When **younger children** are exposed to enduring experiences of physical abuse/emotional abuse/witness D.V

When is toxic stress evoked?

1. **Neglect** is an absence of emotional care - young children need emotional and physical support from sensitive caregivers to buffer intense and enduring responses to even minor stressors.
2. When children are exposed to traumatic experiences-there is a **pairing of the biological response to stress within the context in which it has occurred** (fear acquisition)in contexts that bear even minimal resemblance to the original traumatic experience (i.e. fear conditioning)

What is the impact of Toxic Stress?

Fear and Anxiety Affect the Brain Architecture of Learning and Memory

PREFRONTAL CORTEX

Center of executive functions; regulates thought, emotions, and actions. Especially vulnerable to elevation of brain chemicals caused by stress. Matures later in childhood.

AMYGDALA

Triggers emotional responses; detects whether a stimulus is threatening. Elevated cortisol levels caused by stress can affect activity. Matures in early years of life.

HIPPOCAMPUS

Center of short-term memory; connects emotion of fear to the context in which the threatening event occurs. Elevated cortisol levels caused by stress can affect growth and performance. Matures in early years of life.

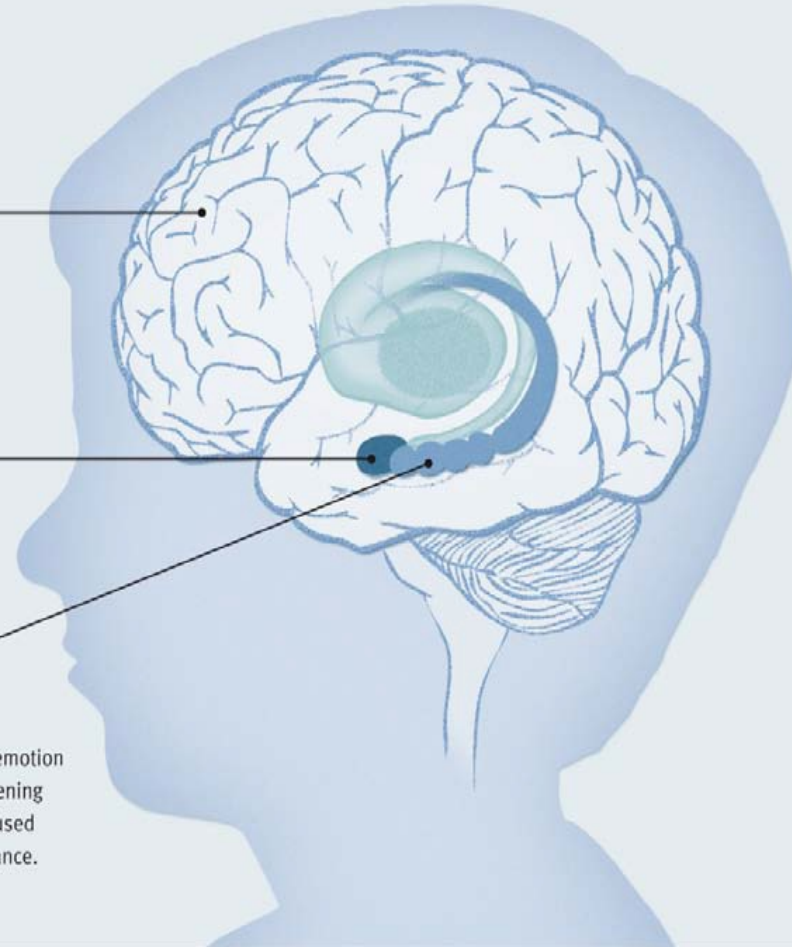


ILLUSTRATION BY BETSY HAYES

Why is being exposed to abuse harmful even if children can't remember it?

- Although very young children under 3 yrs do not remember, their experiences are registered in their biological system, their brain.
- We learn the 'language' of words and emotions from our parents, and these become embedded in insecure disorganised attachment relationships
- An unsafe, unpredictable family environment will teach them that they are in constant danger of being harmed, even when they are safe. It will then be difficult for those children to build relationships and become confident in their abilities.
- This puts these children at high risk of developing anxiety and depression and to react with anger and oppositional behaviour.

How can the impact of toxic stress be reversed? What helps children to develop their capacities?

- **Safe, stimulating, and predictable** to provide children with adequate time and motivation to engage in learning,
- **Responsive-** learning occurs in the context of play and through interpersonal interactions, disorganised attachments can be helped to become secure
- **Developmentally sensitive-** in that it provides children with challenges appropriate to their abilities

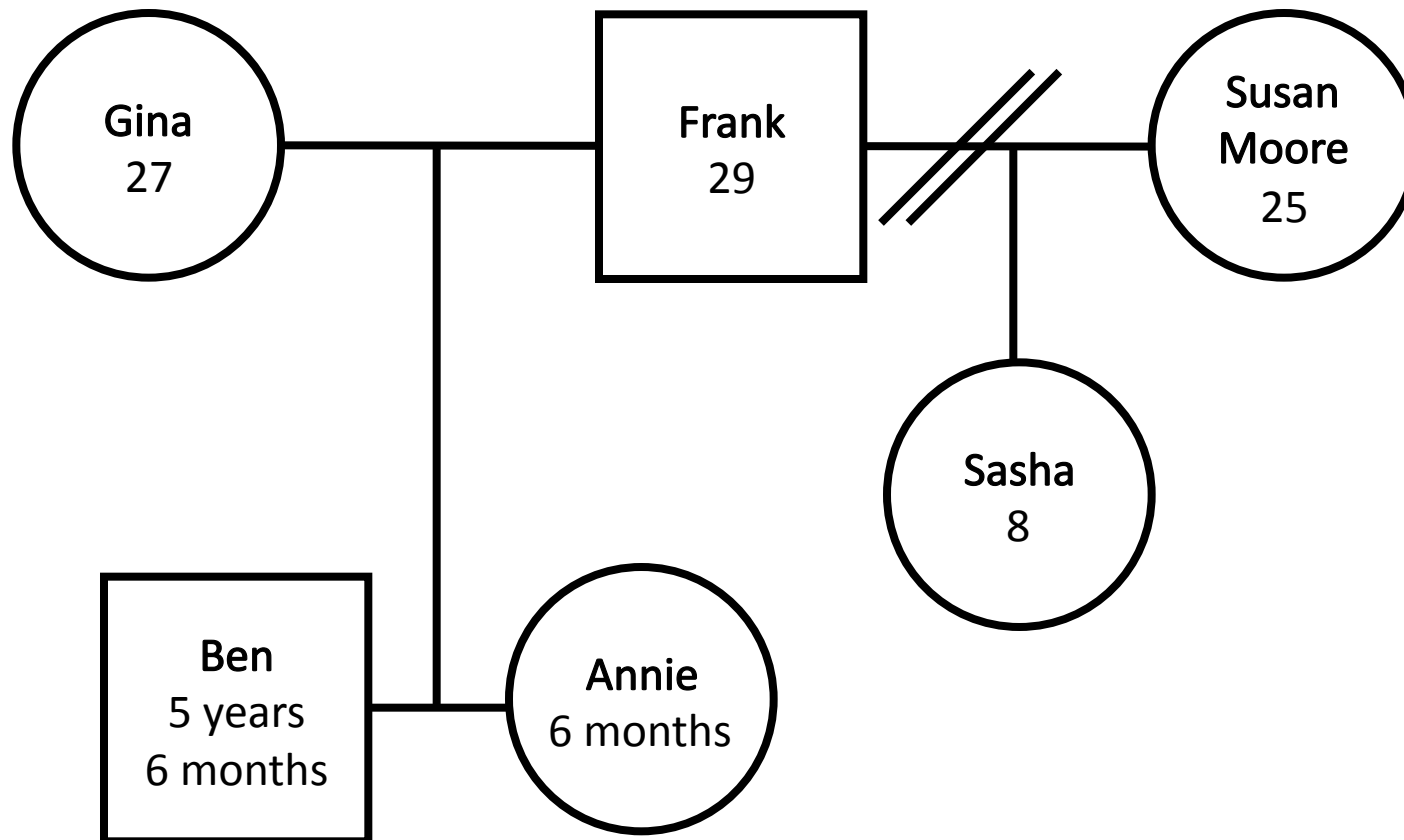
How does a good environment help?

- If the environment is right, children can more easily develop good **executive functions**- this is like being able to switch programmes on a TV controller.
- These **executive functions** help children understand and follow rules and instructions, maintain attention during their preferred activities, and avoid inappropriate responses- going over the top with anger or excitement.
- **Executive functions** can also help children regulate, control, and manage their emotions

Steps to recovery

- Our research on the key practice elements used in ‘Gold Standard’ shows that **‘Psycho-education’** – giving information to inform parents about the harmful nature of exposure to abuse and neglect is used extensively
- Other key element is helping parents understand and **manage their own stress** more effectively – links with angry punitive, rejecting responses
- Addressing **negative perceptions of children** which justify abuse and neglect
- Other modules focus on improving the **‘environment of care’** promoting safety, good quality care, improving attachments, helping children directly
- Importance of **reconciliation, taking responsibility, apologies – restorative justice**

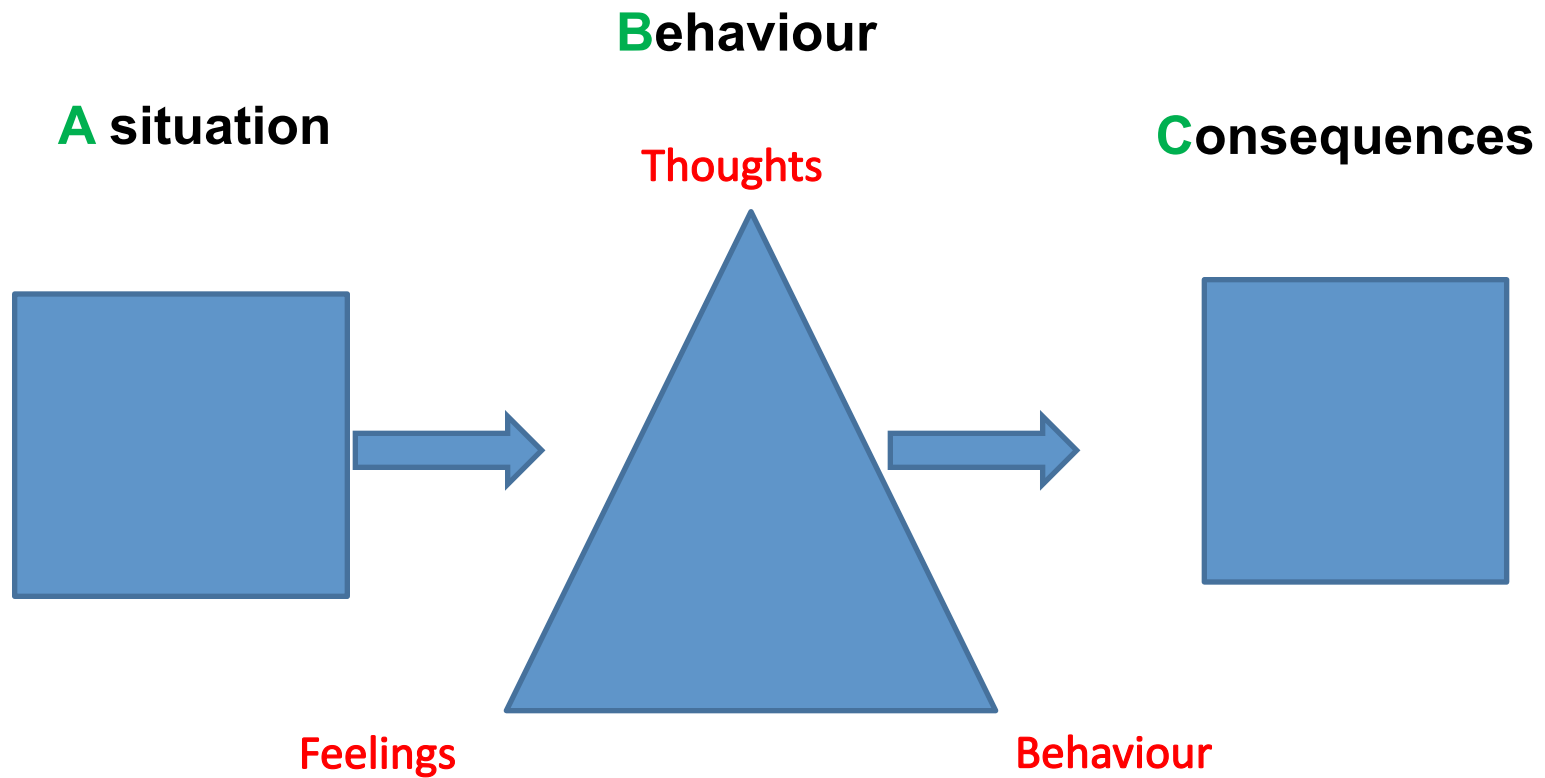
Case Study: Ben Bradshaw



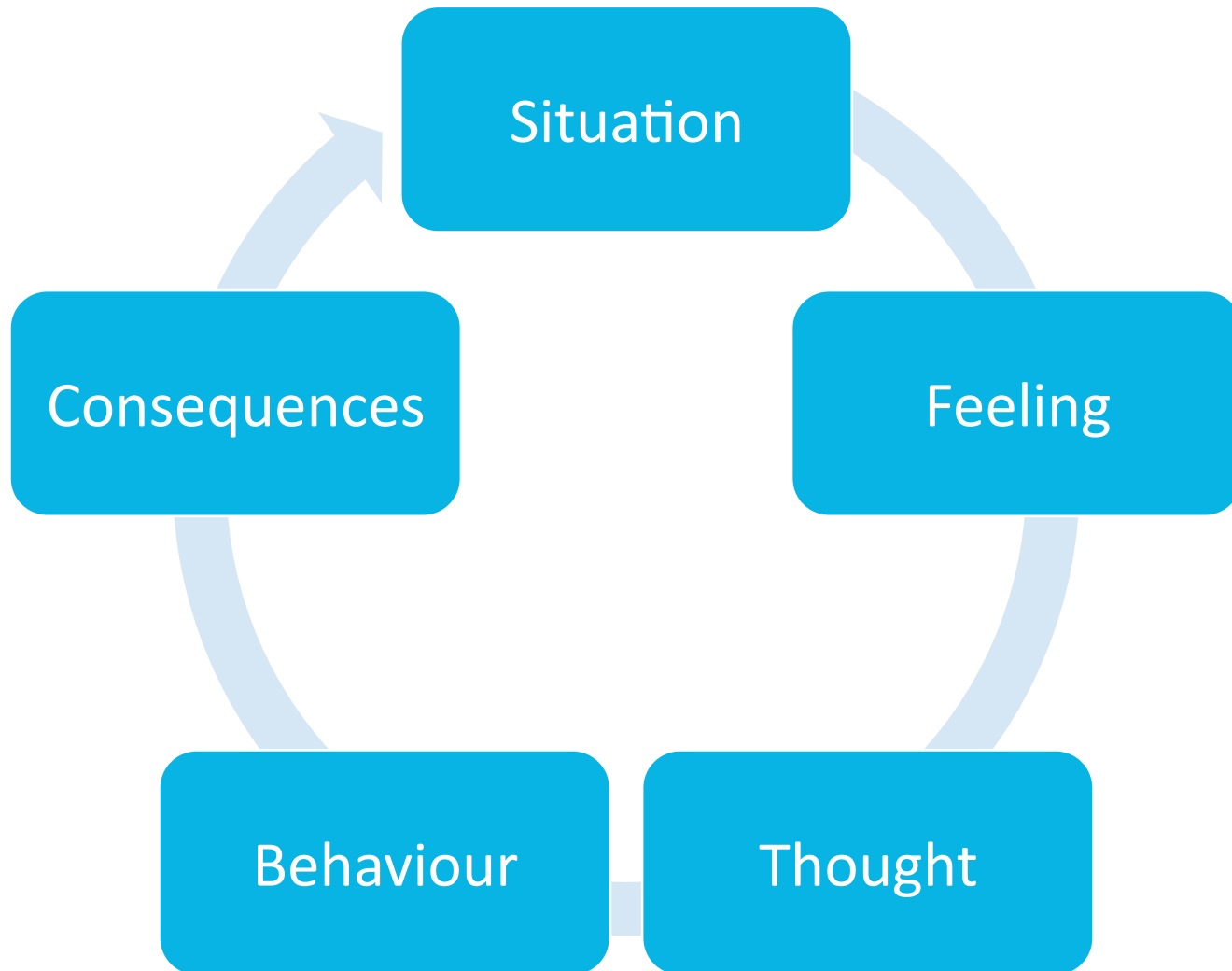
Parenting strengths and difficulties task

- Watching DVD clips of a family assessment.
- Home assessment of Ben Bradshaw, aged 5 years 6 months and his parents.
- Focus in particular on both parents Gina, Frank and Ben and Annie on thoughts, feelings, responses and consequences which resulted in potentially harmful actions

Parental/carer stress



Cycle of situations, feelings, thoughts, behaviour and consequences



Feed back observations

- Feed back from the perspectives of each participant
- Discussion of the interaction of these cycles
- What is the risk?

Safeguarding analysis

- **During the following assessment –**
- **An episode** of inappropriate manhandling by Gina – Gina became angry as Ben had trashed his bedroom, she grabs him, pulls him upstairs – at the top of the stairs he struggled to break free fell down the stairs, Frank heard the shouting, sore ribs, insists on taking him to the Doctor. Fractured rib, and two old fractures on x-ray, rib and collar bone –aged 3 and 4 –no record
- Agree to Ben being placed temporarily and for them to work with the practitioner to address concerns-

Health

- Distressed, poor weight gain, active, frequent minor accidents, fractured elbow, dislocated shoulder aged 2.
- Satisfactory growth and unfolding development.

Education

- Bright, reads and writes, broad vocabulary, good imagination, some restlessness.

Emotional and Behavioural Development

- Oppositional to M from aged 2, increased since Annie's birth, intense anger, aggressive play, grabs objects, ignores, lashes out,
- Compliant with father, follows instructions, warm response, seeking reassurance.

Identity

- Assertive and self-aware but his mother thinks he's bad, wants to go into a home.

Family and social relationships

- Close to father, frightened of mother -she is always angry with him, frightens other children

Social presentation

- Well dressed, good standard of personal hygiene, can be compliant and respond appropriately.

Self care skills

- Independent, self-care adequate.



Family History

- M troubled adolescence truanting, aggression to staff, exclusion from school – running away from home, extensive drug use in mid-teens. Terminations overdoses, convictions to fund drug habit.
- F middle of 2 brothers, occasional unhappy conflictual relationship with former partner, poor contact with daughter.
- M depressed after birth of Ben, relieved when expecting a girl. F increasing time outside the home.

Family Functioning

- Relationship 6 years, M dominant, F passive, M. over-protects Annie, excludes F, not collaborative.

Wider Family

- No contact with MGF, rare contact with MGM. Regular contact with PGP

Housing

- Clean, well maintained, comfortable.

Employment

- Frank works full-time.

Income

- Generally sufficient income and child benefit.

Family Social Integration

- Attends mothers and baby groups, knows mothers, neighbours. F has friends in neighbourhood.

Community Resources

- Parenting classes declined, Social Services involved short-term.

Basic Care

- F concerned about Ben's injuries, and M's supervision Good quality basic care.

Ensuring Safety

- Dislocated shoulder when Ben pulled away from an electric fire.
- Reports of locking Ben in his room for an hour

Emotional Warmth

- F warm tone and physical responses. M rejects Ben, critical, harsh, a bad child, absent praise or warmth. F defuses conflict

Stimulation

- F takes Ben out, involved in learning, M lets him watch TV.

Guidance and Boundaries

- M finds Ben's behaviour increasingly difficult, smacks openly, lectures, restrains, defiant, inviting punishment, justifying anger and rejection. F rescues Ben,

Stability

- Parents separated for 2 days.

- Oppositional to M increased since Annie's birth, aggressive

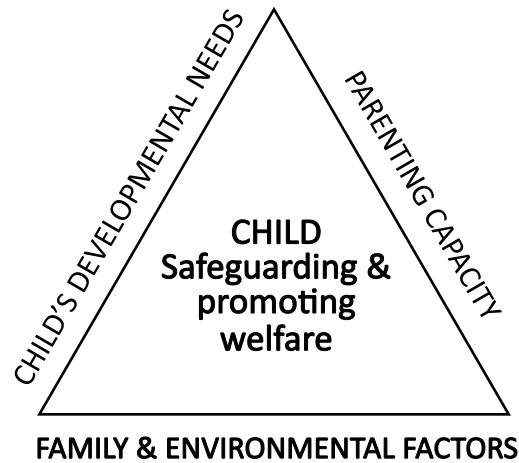
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Family and social relns

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Family History

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Emotional Warmth

- F warm tone and physical responses.

M rejects

Ben, critical, harsh, a bad child, absent praise or

warmth. F defuses conflict

- Triangulated

Future outlook for health and development

Saaf assessment

Overall prospect for successful intervention.

- Ben has suffered physical, emotional harm, broken ribs.
- Strengths in several areas.
- Ben articulate, clear wanting his mother to stop smacking him.
- Gina blames Ben, does not understand her role.
- Gina acknowledges she needs help with Ben's behaviour,-
- Choose which modules to work with

Which guides and modules would you choose

- Guides and modules document provide descriptors of the guides and module
- Which guides and modules would be most relevant to the Bradshaw family
- What are the priorities for work with the parents, child and family
- What are the goals which would indicate a good outcome

Psychoeducation: how abusive and neglectful parenting affects children's development emotional and physical

Basic Principles

- To address whether parents feel Ben has been affected by harm he has experienced.
- To discuss his behaviour and responses and indicate they could be related to being exposed to harmful experiences, even when young.

Parents coping with stress and the link with abusive and neglectful parenting

This module focuses on stress as a key factor linking with abusive and neglectful parenting and the impairment of children.

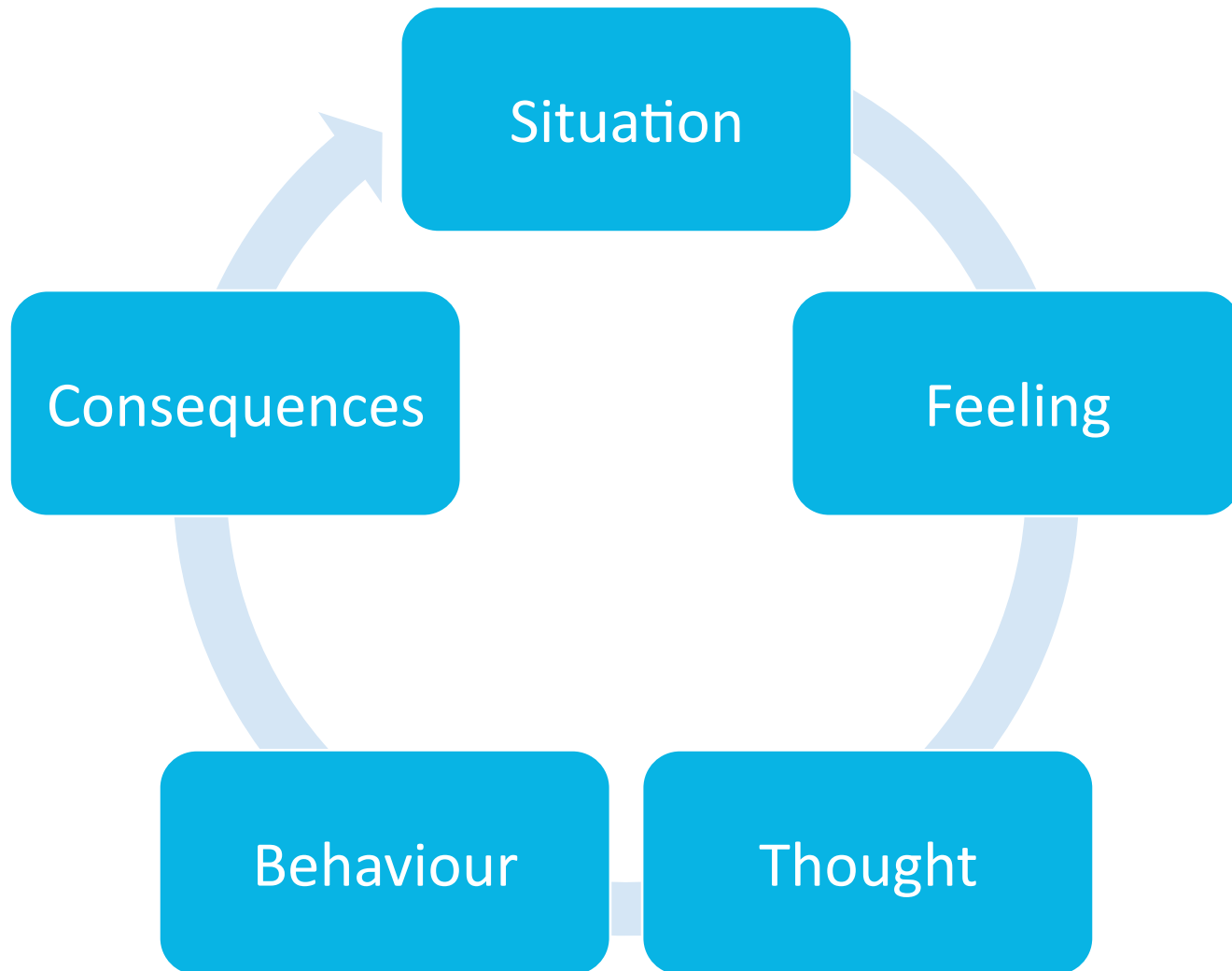
- Using stress as a way to speak about the way abusive and neglectful actions can arise. A way of introducing a factor which is inherent for all parenting and which can be modified.
- Using CBT principles to manage stress and understand it is key to this module.

Overview of modules - continuing

Parents coping with stress and the link with abusive and neglectful parenting

- Activity – discussing the model of stress –**toxic stress**
- Focussing on children's temperament.
- Exploring situational stressors.
- Parental reaction to family of origin issues.
- Managing stress.

Cycle of situations, feelings, thoughts, behaviour and consequences



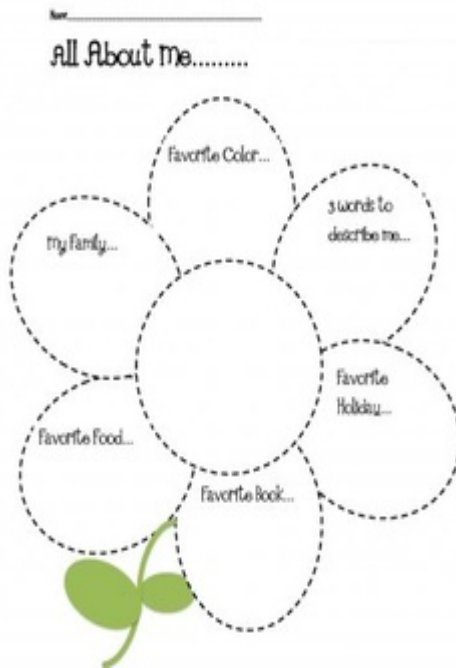
Parental reaction to family of origin issues

- View the video clips of Frank and Gina's childhood.
- Discussion about how the abusive processes might be re-framed in a way which could help resolution

Other relevant themes

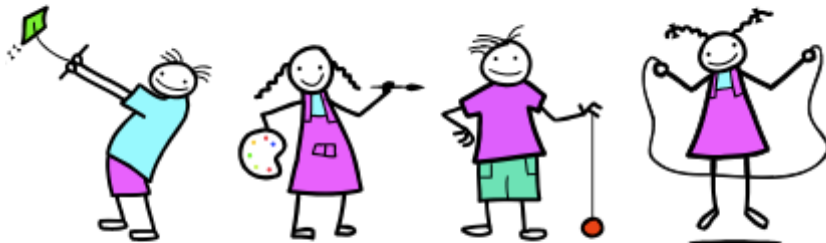
- **Modules from other themes** need to be linked together to create an intervention that fits the needs of the particular family. This includes choosing modules from other key themes:
 - Providing good quality care and safety.
 - Promoting safety within the home and environment.
 - Promoting secure attachment, attunement and positive emotional care.
 - Positive parenting
 - Addressing abusive and neglectful parenting,
 - generic interventions for children improving safety, managing feelings, coping skills, problem solving and building resilience.

Building a picture of the child's life and building a rapport with the child



- Get to know the young person- All about me/ my galaxy/ my world/ my life as an advert/ life as a song/ a rap
- Ask them their areas of interest/ hobbies/ favourite things e.g. animal/ food/ hobby/ TV program/ subject at school/ time of year/ sport etc.
- Bring humour/ playfulness/ a sense that you are really interested in getting to know them- what makes them tick/ what makes them sparkle?

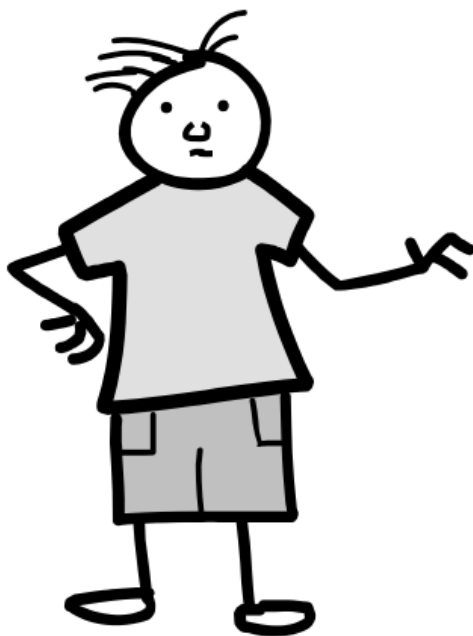
Ten Things I Can Do to Feel Good!



1. _____
2. _____

Body Map

Where do you feel anxious feelings?



Five S-T-E-P-S to Problem Solving

S

Say what the problem is.

T

Think of solutions.

1. _____
2. _____
3. _____
4. _____

E

Examine each solution you listed above. What good & bad things might happen if you did each one?

GOOD	BAD
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

P

Pick one and try it out. Which one are you going to try?

S

See if it worked. If it worked, great! If it did not work, then go back to your list of solutions and try another one.

Identifying feeling states

Clarifying, sharing and reconciling the impact of abusive and neglectful parenting

- This is an important module which can bring together work with parents and children individually to address abusive and neglectful parenting.
- Relieving the child of responsibility, parents taking responsibility and developing an approach for the future which will be safer.

Messages for practitioners

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

Staff feedback

