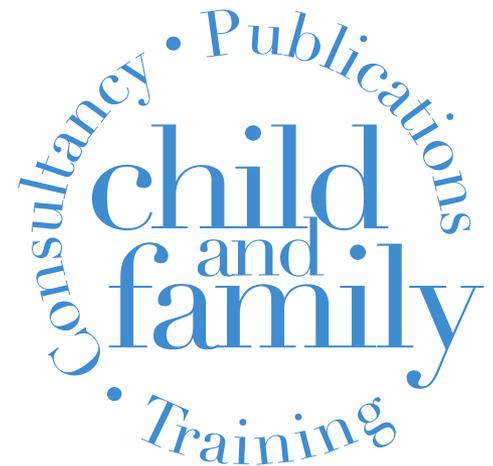


Hope for Children and Families Intervention Resources

Working with complex and multiple problems

Presentation at the ACAMH – Jack Tizard Memorial Lecture and Conference 2019

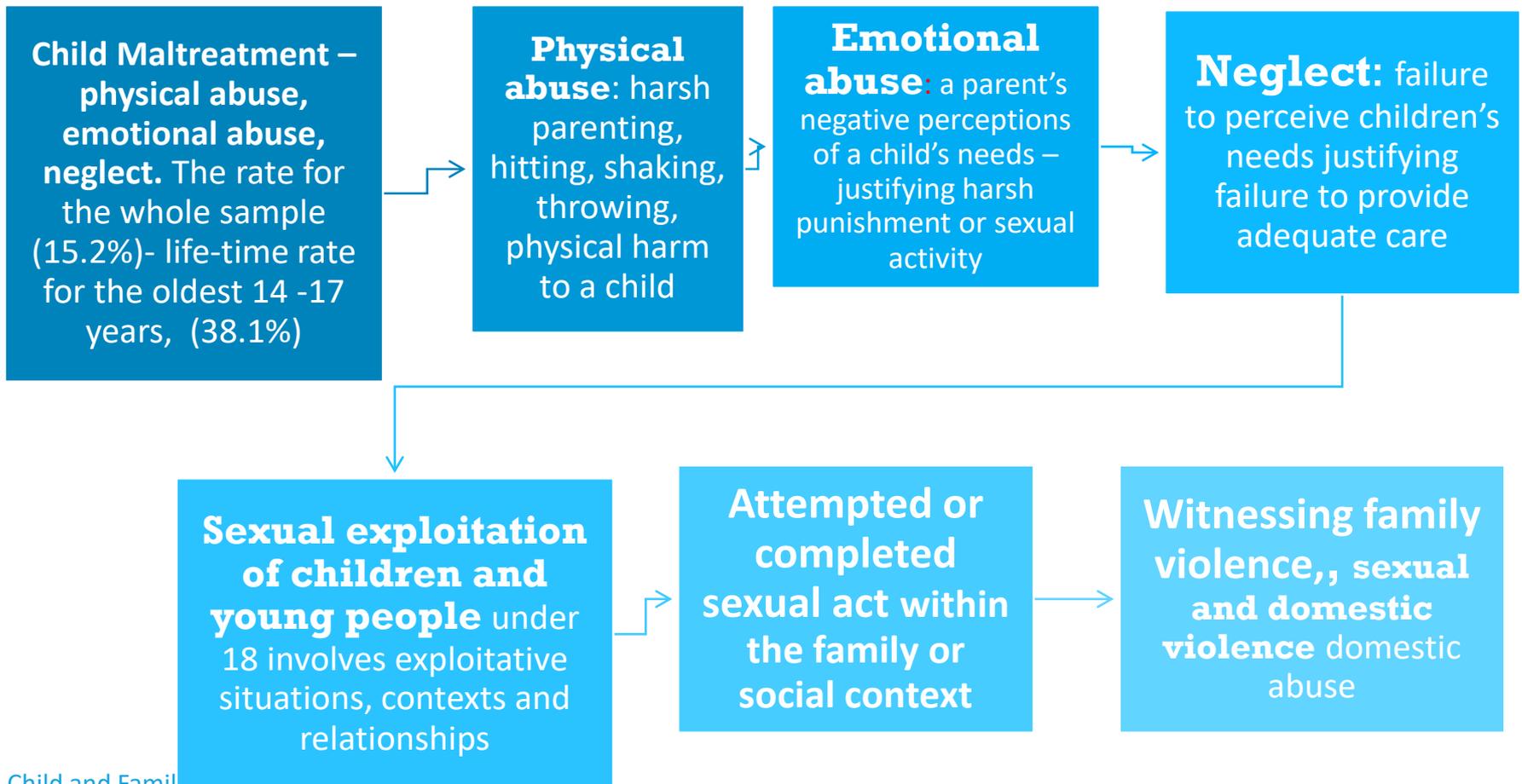
Arnon Bentovim
Child and Family UK



introduction

- Child and Family Training is a not for profit organisation developing and training evidence based approaches to assessment, analysis and intervention, across health, social care and education fields
- I will argue that children and young people presenting with complex and multiple problems are the rule rather than the exception
- Our approaches tend to focus on single disorders rather than the reality of the complexity we face every day
- I will describe a potential solution the development of a Modular approach to therapeutic work

Child Maltreatment – Rates (Radford 2011)



Adverse experiences in childhood ACEs – Young Minds -2018

Dislocation complex family breakdown, separation, divorce, being looked after, adopted or leaving care, being detained in a secure children's service, migration, asylum seeking

Death of parent, primary carer or sibling in childhood, involvement in an accident, acquiring an illness or surviving a natural disaster

Bullying, experiences of enduring discrimination, harassment, hate crime, prejudice resulting from homophobia, sexism, racism,

**Adult responsibilities
Caring for adults or siblings in the family and engaging in child labour.**

**Exposure to parental mental health, substance abuse or incarceration
exposure to variable states and inconsistent care.**

Polyvictimisation – Multi-part Maltreatment

An important issue as adversity does not occur singly



Polyvictimisation – Multi-Part Maltreatment

- **Finkelhor and colleagues (2007)** A National Survey - *Polyvictimisation or Multi-Type Maltreatment*. 7% reported more than 7 different forms of victimisation exposure to **interpersonal violence, disruption, and adversity**
- **Anger and aggression put them at risk of further victimisation, depression and anxiety.**
- **Herrenkohl & Herrenkohl's review (2009)** - polyvictimisation between **33-94% in different studies** –
- **Warmingham *et al.* (2019)** US sample of 674 low-income children: The largest class **chronic multi-type maltreatment (57%);**
- Cecil et al (2017) **older group of inner city youth in the UK –68%** experiencing **one or more forms of maltreatment.**
- The **number** of maltreatment types **predicted the severity of psychiatric symptoms**, in a linear fashion – **a cumulative effect**

Focus on Adverse Childhood Experiences

Hughes et al. (2017) a systemic review of **multiple Adverse Childhood Experiences on health. Four recorded ACEs increased risk for poor health outcomes**, sexual risk taking, mental ill health, and problematic alcohol use; and, interpersonal and self-directed violence.

Protective factors include childhood community resilience assets

Longitudinal studies e.g. the LONGSCAN (Flaherty *et al.*, 2013; Thompson *et al.*, 2012), demonstrated **a graded cumulative relationship between ACEs and any health problems**, and suicidal ideation particularly in adolescence. .

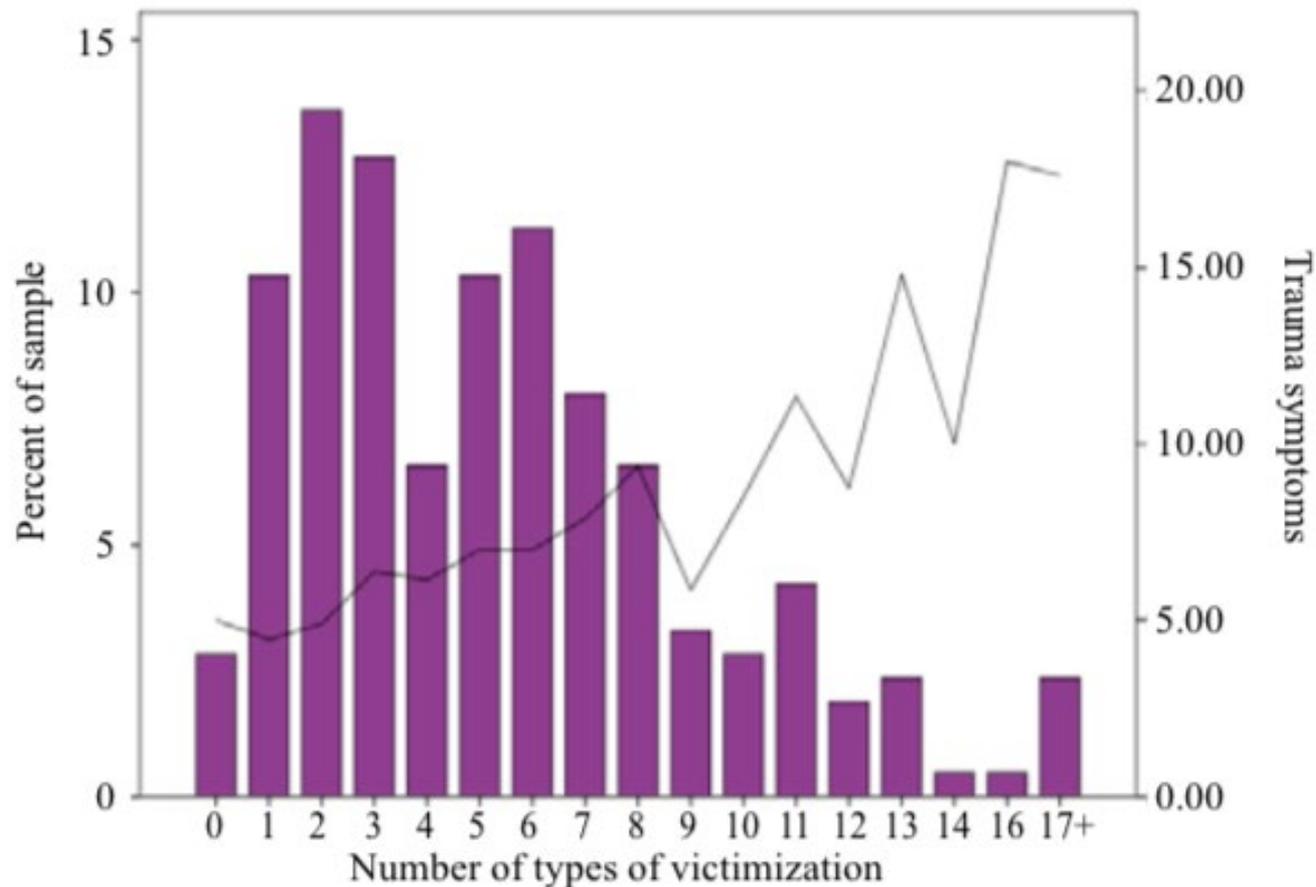
The co-occurrence of child maltreatment and ACEs (Brown *et al.*, 2019) Common patterns of adversity

- **Caregiver being treated violently**, associated with physical and emotional neglect

-**Parental mental health, or substance abuse**, associated with emotional abuse

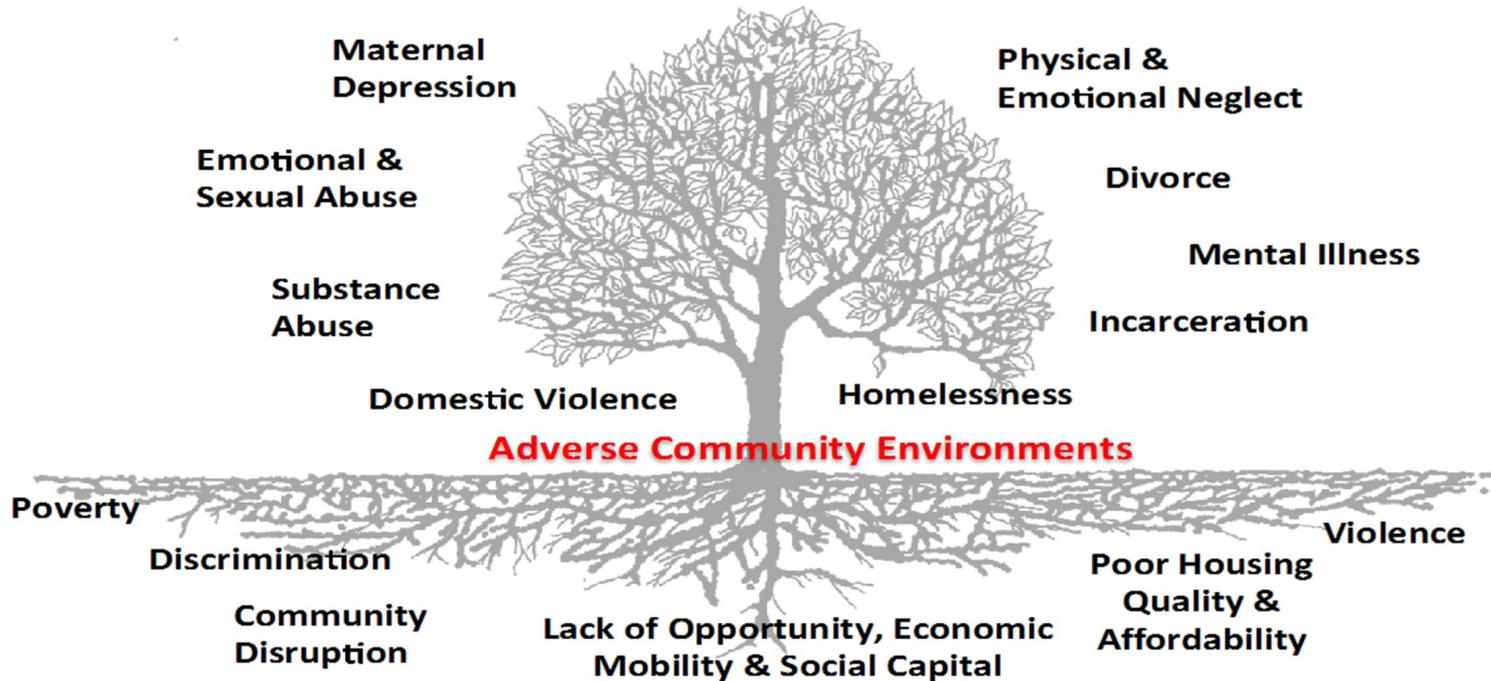
Frequency of psychosocial correlates of multiple victimisation – Babchisin and Romano 2014

Figure 1
Lifetime Victimization Exposure and Trauma Symptoms



The Pair of ACEs

Adverse Childhood Experiences



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011



This work is licensed under the CC-BY-NC-SA 4.0 License. To view a copy of the license, visit <https://creativecommons.org/licenses/by-nc-sa/4.0/>. Noncommercial use of this material is allowed, including modification, with attribution to the license holder: Building Community Resilience, Redstone Global Center for Prevention and Wellness, Milken Institute School of Public Health, George Washington University. Visit go.gwu.edu/BCR for the original work.

Intervention

Interventions for maltreatment

There is a extensive research on interventions for maltreatment -- across the age-range. Macdonald et al., (2016) identified 198 studies including 62 trials, the majority for single forms of maltreatment.

They noted many children had multiple forms of maltreatment, Trauma Focused CBT reduced traumatic symptomology and was also helpful in reducing associated anxiety and depression.

However, there was limited availability of interventions to deal with the complex difficulties associated with common multiple ACEs. (Bentovim, Vizard & Gray, 2018).

Interventions for ACEs

Bellis (2018) -Asset-Based Community Development (ABCD)
-support cultural connectedness and friendship networks
aiming to enable residents to overcome the challenges they
face.

Multi –agency interventions around adversity, trauma, and
resiliency are widely advocated (Pachter et al 2017)



Random Control Trials, children under five years of age - parental
mental health - fewer parent alcohol, substance abuse or domestic
violence.

Multicomponent medium- to high-intensity interventions
professional home visitors parenting education or mental health
counselling- (Marie-Mitchell and Kostolansky, 2019)



it is not at all clear that we have evidence-based
interventions for high ACE scores, and certainly the
protocols for packaging such information into a rigorous
intervention are still in the early stages of development
(*Finkelhor et al 2018*)

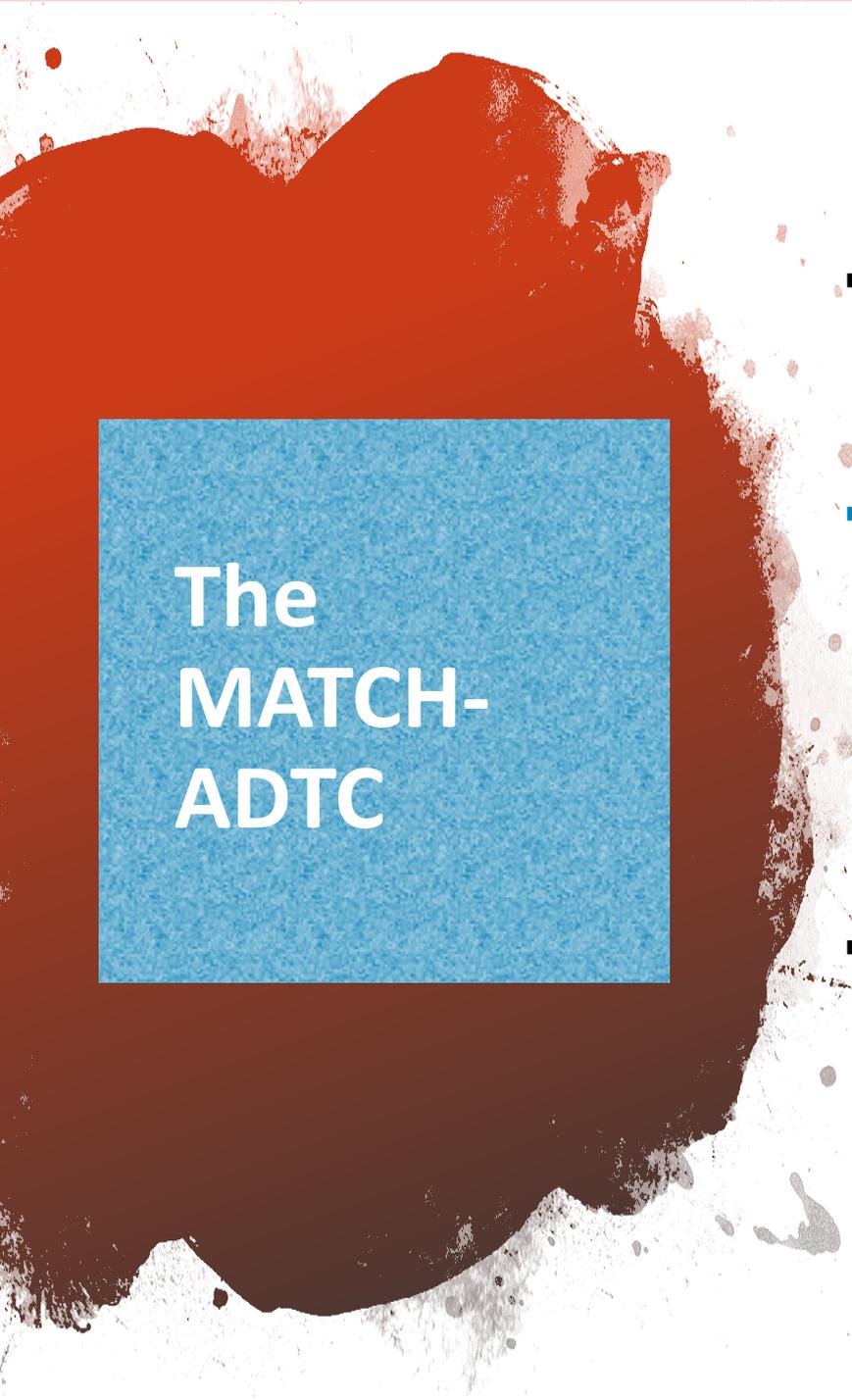
Introducing a solution –Modular approaches

The Solution -a modular common practice elements approach

- **A modular common practice element treatment approach** is a treatment design based on the **selection of therapeutic strategies** to address specific presenting problems from an **empirically derived bank**. (Chorpita & Daleiden, 2009)
- **Common practice elements** are therapeutic procedures derived from single-focal treatment manuals including approaches which may be theoretically very different (Chorpita & Daleiden, 2009).
- Practice elements **embedded in evidence-based treatments** have been identified from more than **1,000 randomized control** trials and catalogued into an online searchable database (PracticeWise, 2018) classifying the common functions, processes, and elements across evidence-based programs – the **Managing and Adapting Practice (MAP system)**.

MAP vs MATCH Practices



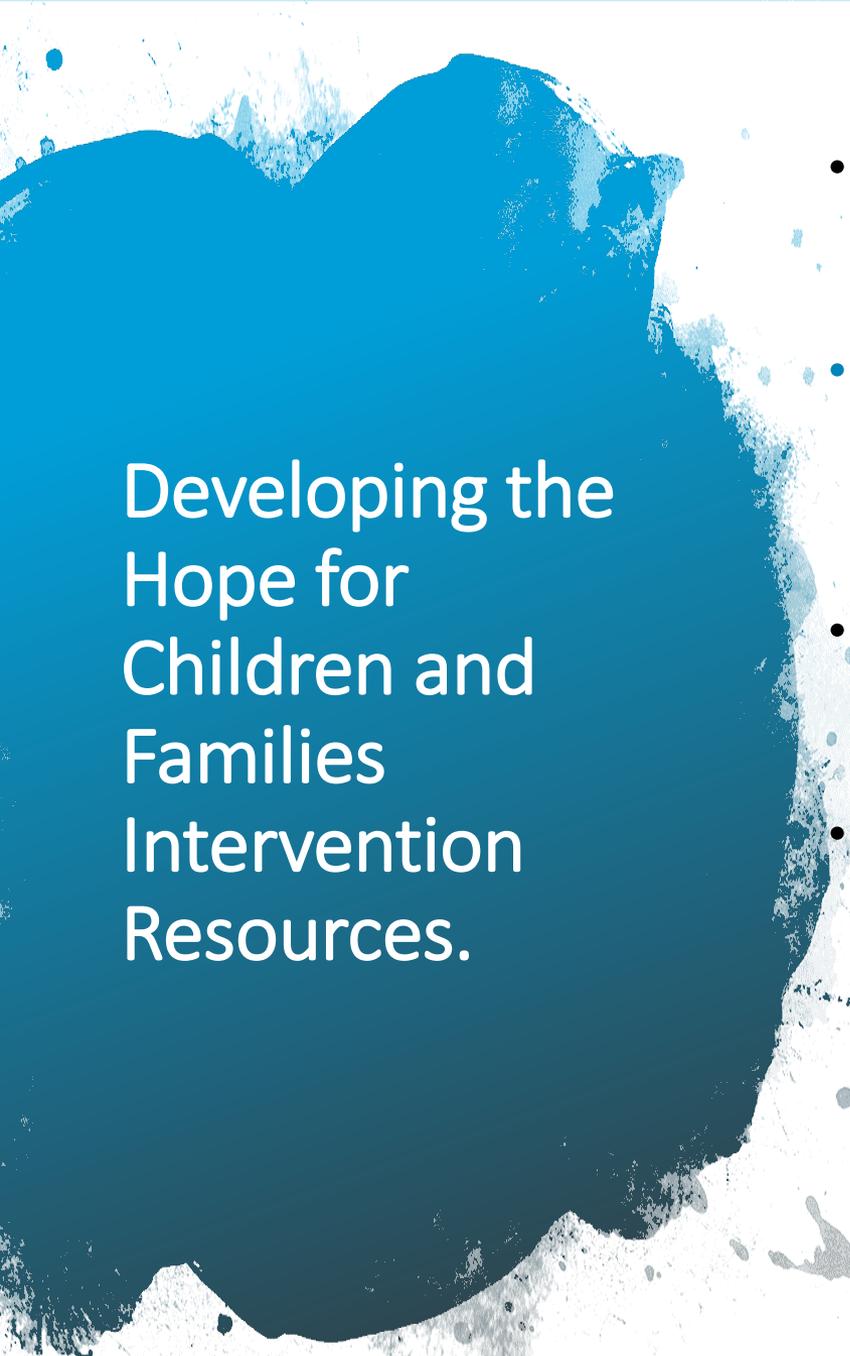


The MATCH- ADTC

- Chorpita and Weisz (2009) **MATCH -ADTC (Modular Approach to Therapy for Children with Anxiety, Depression, Trauma and Conduct),**
- **A multi-disorder intervention system** that incorporated **treatment procedures (elements) and treatment logic (coordination)** corresponding to four successful evidence-based interventions for **childhood anxiety, depression, and conduct problems, and trauma** - modifications allows the system to operate as a **single protocol.**
- The MATCH approach **out-performed focal treatment manuals** for anxiety, depression and disruptive conduct and was superior on clinical out- comes and functional outcomes (Weisz et al 2012, Chorpita et al., 2013 and 2017).

MATCH to HfCF Practices





Developing the Hope for Children and Families Intervention Resources.

- The MATCH-ADTC paradigm was adapted to develop the modular '**Hope for Children and Families Intervention Resources**', *HfCF*.
- **47 common practice elements from 22 Evidence based RCT's** were identified utilizing the MAP system, to prevent the harmful effects of child maltreatment
- They were categorized as focusing on children, parents and the family as a whole, and organised around the **assessment framework**
- The HfCF intervention resources have a **broader target set and/or more diverse outcomes than focal treatments**. They accommodate the nearly **limitless presentations** of children and young people, and their families living in contexts of stress and adversity

Examples of Common Practice Elements With children and young people

Psychoeducation and Abuse specific

- Impact of abuse,
- Creating a trauma narrative of stressful traumatic events,
- Managing and exposing traumatic thoughts, feelings
- Manage harmful angry & sexualised behaviour

Generic interventions

- Communication, Safety skills
- Relaxation, Problem-solving. Relationship building. Social Skills Talent/Skill Building
- Self-Reward/Self-Praise
- Self-Monitoring
- Assertiveness

Examples of Common Practice Elements With parents

Parenting Interventions

Psychoeducation

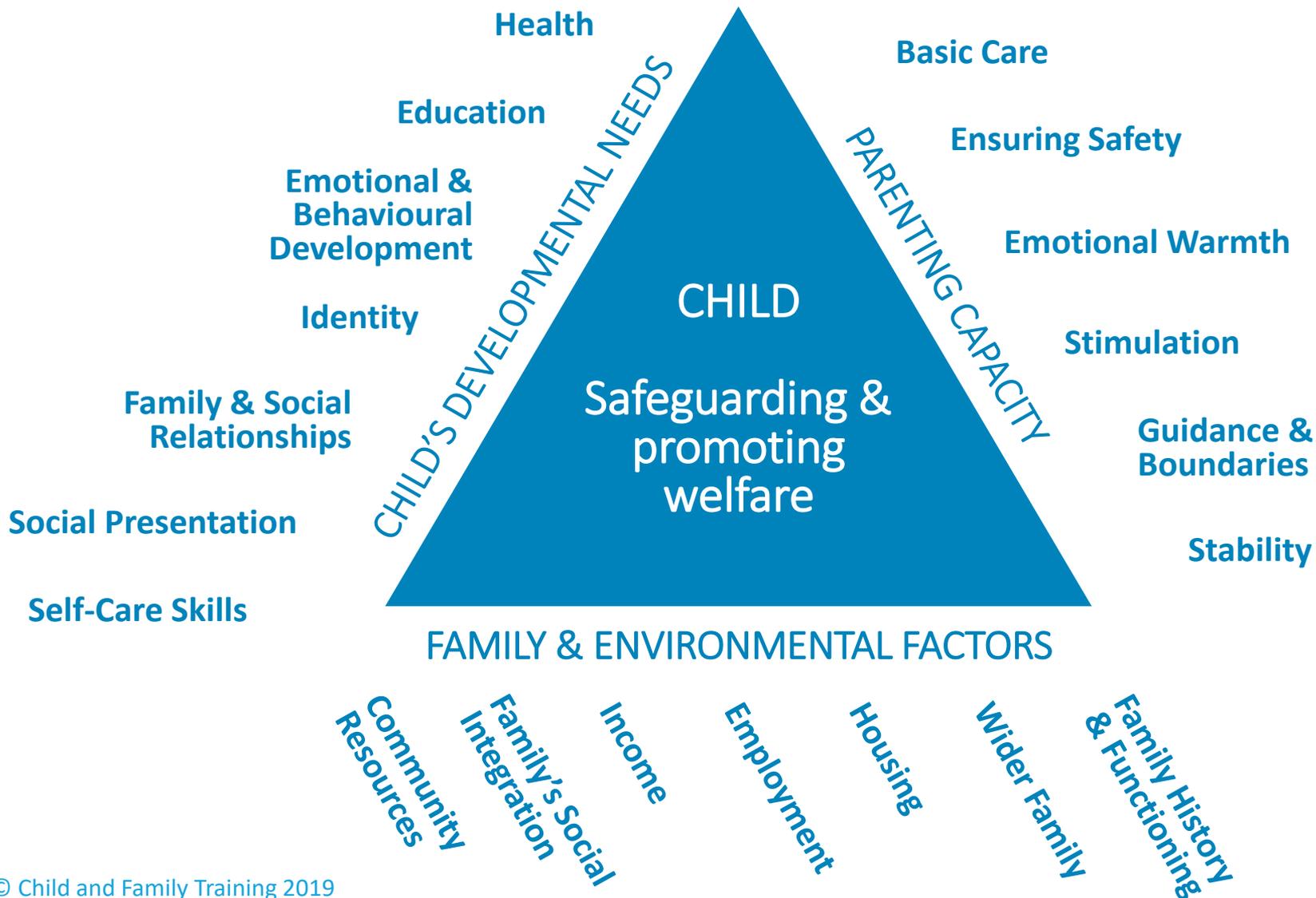
- Impact of abuse, exposure to violence, mental health difficulties,
- Severe neglect on children's development
- Individual Therapy with the caregiver

Promoting Positive Parenting

- Praising positive parenting behaviour
- Promoting secure attachments, safety and good care
- Managing feeding problems, children's behaviour, rewards, praise, commands
- Time Out

Assessment Framework

A map of relevant data to be collected



Library of Modules

❖ Supporting children, young people and their carers

Generic modules

- Developing a child-centred approach
- Psycho-education about the effects of maltreatment
- Safety Planning
- Coping Skills
- Relaxing and calming
- Describing and monitoring feelings
- Activity selection
- Problem solving

Problem specific modules

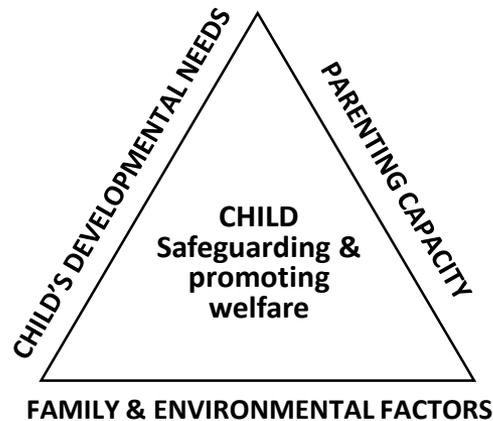
- Working with anxiety problems
- Working with mood problems
- Working with trauma problems
- Developing positive relationships with family and friends
- Maintenance and building resilience

Supporting children, young people to address adverse disruptive behaviour

- Enhancing children's competence: 'The Good Life'
- Coping with disruptive behaviour
- Assertiveness training
- Developing positive relationships with family and friends

❖ Initial stages of work

- Engaging families, parents and children
- Goal setting



❖ Family and community relationships

- Promoting healthy family functioning, family communication and problem-solving skills
- Managing conflict and dysfunction in family life
- Support networking for families

❖ Working with child sexual abuse

- Working with children who have displayed harmful sexual behaviours and their parents/carers
- Working with children harmed sexually

❖ Working with parents

Promoting children and young people's health, development and wellbeing

- Identify and understand children's physical and emotional needs
- Promoting children's early and later development
- Ensuring safety and preventing harm
- Providing good quality basic care
- Nutritional care and attention to faltering weight

Modifying abusive and neglectful parenting:

- Psycho-education
- Coping with stress and the link with abusive and neglectful parenting
- Coping with negative perceptions of their children
- Clarifying, sharing and reconciling the impact of abusive and neglectful parenting

Promoting attachment, attuned responsiveness and positive relationships

- with younger children
- with older children – one-on-one time
- with adolescents

Promoting development of skills

- Promoting development early and later – play, communication, stimulation

Promoting Positive parenting

- Understanding children's difficult behaviour
- Praise and positive attention
- Attention and ignoring
- Giving effective instructions
- Rewards
- Shaping challenging behaviour

Components of the guides

Each module includes:

- **Practitioner briefings** summarising theory, research, and approach
- **Content and materials** focusing on children, young people, parents, or families.
- **Relevant steps** to achieve an evidence-based goal, and the particular focus
- **Suggested scripts** for working with children, parents and families, to help practitioners understand the aim of the module and practitioners find their own voices and approaches
- **Guidance notes** - understanding the background to the particular steps
- **Activities** supported by worksheets to help achieve a particular planned outcome
- **Practice – role plays** and **coaching approaches** reinforce learning
- **Handouts for parents** to remind them of particular approaches outlined
- **Worksheets** for children and parents to negotiate the various steps.

The stages of work

The Stages of work

Stage 1

Considers the nature of the problems identified ensure immediate health needs have been met, and basic care and safety have been established.

Stage 2

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

Stage 3:

Organise the information using the **Assessment Framework** and establish a chronology of significant events

Stage 4:

Analyse the patterns and profile of strengths and difficulties including risks and protective factors within the family context

Stage 5:

Systemic analysis about the protection and therapeutic needs of the child, and the capacity of the family to meet them

Stage 6

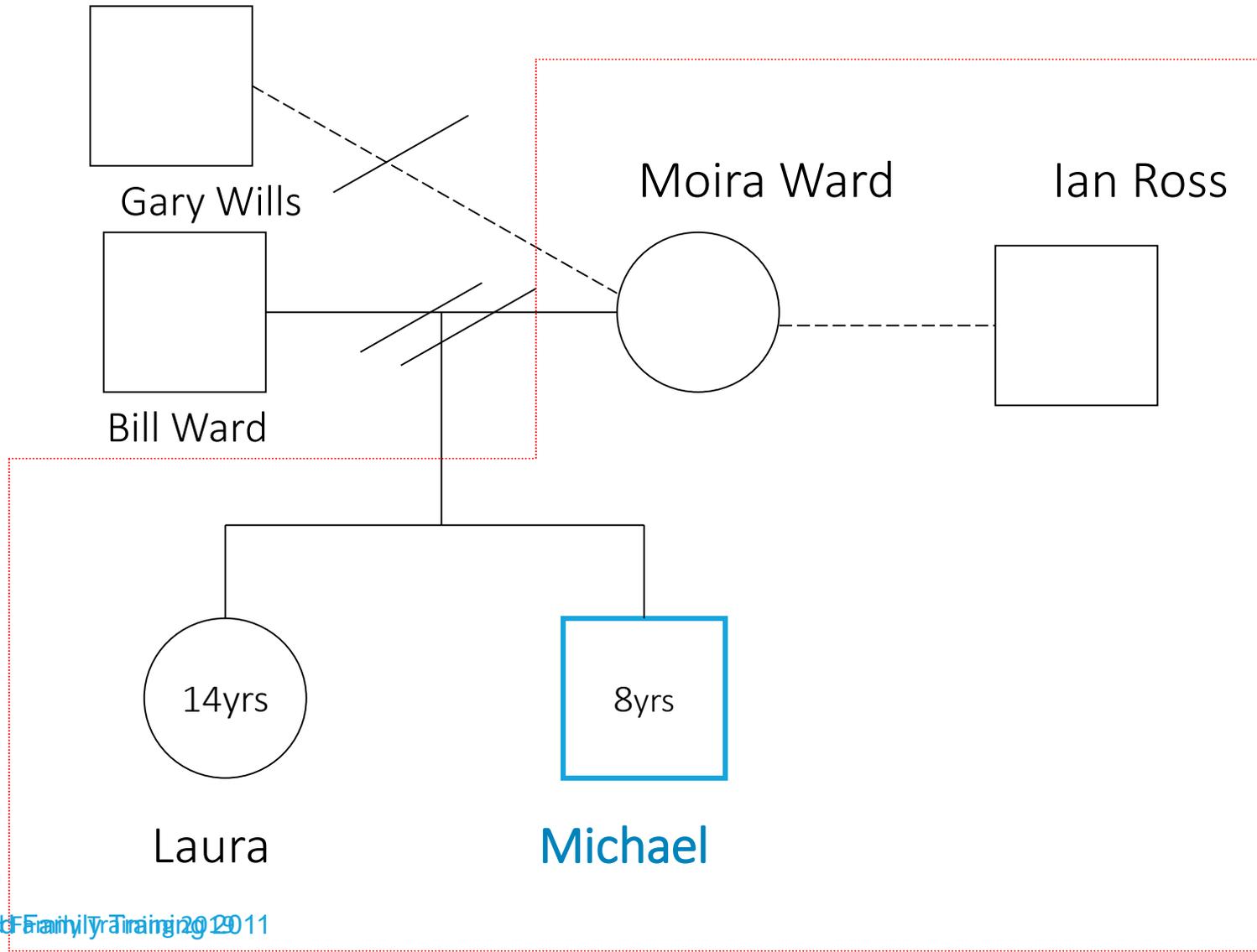
Make decisions and develop a plan of intervention.

Stage 7

Implement the plan of intervention, monitor and review

Stage 1 and 2: Making a full assessment

Case Study: Ward Family



Stage 1 and 2: Making a full assessment

Case Study: Ward Referral

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
- He is persistently late, has a neglected appearance and is often hungry when he gets to school
- Last term he was bright, cheerful and smartly turned out

Identify strengths and difficulties around the Assessment Framework

- Observe a section of the **Family Assessment**, and the **Home Assessment**
- **Strengths** – protective and resilience factors
- **Difficulties** – risk and harm factors
- View 3 video clips



Wards – Profile of Strengths and Difficulties

Child's Developmental Needs

Health

- Recent evidence of neglect, poor growth, poor care
- Exposure to domestic violence and alcohol misuse
- History of better care

Education

- Recent Limited support of education
- Poor school attendance and progress

Emotional & Behavioural Development

- Withdrawn, fearful, anxious and depressed, sense of loss

Identity

- Alienated, isolated and confused

Family and Social Relationships

- Subject of criticism, disqualification and excessive punishment
- Sister supportive, but attachments with Mother undermined, fearful and intimidated by Ian
- Not seen as acceptable to Step-father

Social Presentation

- Withdrawn, friendless

Self Care Skills

- Expected to care for self
- Limited self-care skills

DEVELOPMENTAL NEEDS

PARENTING CAPACITY

Family and Environmental

Family History and functioning

- History of exposure to paternal role models, violence to control
- Maternal – loss of Mother at key stage, use of alcohol as a coping mechanism
- Domestic violence and separations
- Disrupted family relationships

Wider Family

- Separated from wider family, isolated

Housing

- Good care of the home, well maintained

Employment

- Good employment history

Income

- Some financial priority to adult needs

Family's Social Integration

- Isolated family moved to avoid 'memories'
- Disrupted networks

Community Resources

- Community agencies have been avoided
- Poor attendance, and later drew concerns
- Sister Laura drew attention of to Conflict, Domestic Violence, Alcohol Misuse, and harsh, punishment

Parenting Capacity

Basic Care

- Poor provision of basic care
- Care disorganised, ineffective, neglectful
- Disagreements about Michael's care needs
- History of reasonable care despite M's Alcohol misuse

Ensuring Safety

- Exposure to Domestic Violence, Alcohol Misuse, and punitive responses
- Inappropriate expectation
- Failure of supervision

Emotional Care

- Insensitive, inconsistent attunement, disrupted undermined attachments
- Rejection and lack of understanding
- History of maternal warmth, and by previous partners

Stimulation

- Failure to support education
- Criticised and blamed for not meeting expectations

Guidance and Boundaries

- Rigid boundaries, inconsistent rules, harshness and neglect

Stability

- History of disrupted relationships
- Escalating family conflict. Increasing risk of couple conflict

FAMILY

FACTORS

Adverse Childhood Experiences- (Brown et al 2019)

<i>Physical neglect; failure to supervise or provide for the child</i>	Yes
<i>Emotional neglect: caregiver unable to express affection or love for the child due to personal problems</i>	Yes
<i>Physical abuse: severe assault or physical abuse such as shaking or hitting</i>	Yes
<i>Sexual abuse; child experienced sexual abuse or forced sex</i>	No
<i>Emotional abuse: -caregiver engaged in psychological aggression towards the child such as threatening</i>	Yes
<i>Caregiver treated violently: Domestic violence of an adult in the home including slapping hitting or kicking</i>	Yes
<i>Caregiver substance-abuse: active alcohol and drug abuse by a caregiver</i>	Yes
<i>Caregiver mental illness : serious mental illness or elevated mental health symptoms</i>	No
<i>Caregiver divorce/family separation : child's parent(s) deceased, separated or divorced or child was abandoned or placed in out of home care</i>	Yes
<i>Caregiver incarceration caregiver spent time in prison or is currently in the jail or detention centre =</i>	No

Stage 5: Likelihood of Future harm, and prospects for change

Stage Analysis of likelihood of future harm if family situation remains unchanged

- A systemic framework which looks at pre-disposing, precipitating, protective and risk factors

Ward Family Systemic Framework

Predisposing Factors and Processes

- Exposure to violence in family of origin
- Separation from family context, loss of paternal figures
- Vulnerability to authoritarian figures

Harmful Maintaining Factors and

- Alcohol as a coping mechanism
- Laura's opposition increasing conflict
- Ian's withdrawal
- Michael's increasingly negative withdrawn behaviour
- Increasing risks of punitive physical abuse
- Moira's increasing misuse of alcohol

Precipitating Trigger Factors and

- Ian's Increasing expectations and demands
- Mother's increasing withdrawal, alcohol misuse

The Child's Current Health and Development Including Harm to the Child

- Physical harm and bruising
- Neglect, poor nutrition, physical growth
- Increasing anxiety, distress, withdrawal, depressed affect
- Impact on education, self-esteem

Predicting Likely Future of Child's Health and Development

- Further harm, physical abuse, and failure to thrive
- Escalating pattern of family violence
- Increasing alcohol misuse
- Increasing isolation, family break up

Protective Maintaining Factors and

- History of better care
- Despite alcohol use, children's care adequate
- Laissez-faire parenting has worked
- Laura supports and discloses family difficulties
- Ian a good earner, home well kept

Stages 6 and 7 developing an intervention approach, defining outcomes

- **Initial stage is Creating collaborative goals**
 - Michael and Laura to be able to return to their parents
 - Ensuring care of the home and children is satisfactory,
 - To acknowledge the extensiveness of harm to the children, the role of punitiveness, violence and neglect, and the role of alcohol
 - To find alternatives to punitive care, and use of alcohol to cope with stress
 - Protection, recovery from traumatic symptoms for Michael, school attendance satisfactory development
 - Improved emotional responsiveness, and relationships

- **Addressing emotional and traumatic responses**
- **Generic skills** –manage the impact of maltreatment & violence, reduce self-blame, safety plan, coping skills, relaxing and calming, improve social skills, peer relationships, positive mood, problem solving
- **Work with traumatic responses** a trauma narrative of direct harmful experiences and those witnessed, coping with avoidance, traumatic memories, sleep routines and develop a sense of mastery, recovery and resilience.



Work with the family –

- **Promote healthy family functioning** through facilitating parent-child **communication**,
- **Developing effective approaches to manage conflict and dysfunction**, interrupt conflict cycles between the couple, and with children, creating a context for acceptance, reconciliation

Engagement and Goal Setting –

- **Engaging children, parents and the family** promoting hopefulness, establishing a safety, management and non-violence agreement.
- **Establishing collaborative goals**, criteria for Michael and Laura to return home, addressing harsh neglectful parenting, violent means of control, and escalating alcohol misuse

Work on Parenting –

Modifying abusive and neglectful parenting

Understand how abusive and neglectful parenting affects emotional and physical development, taking responsibility for harmful impact of exposure to violence, harsh parenting, inappropriate expectations, alcohol misuse.

Parental stress and link with abusive and neglectful parenting. Addressing and managing sources stressful life events for the parents which trigger violence, and alcohol abuse, Finding alternatives for harsh parenting, establish a safe environment, apologise and reconcile

Promoting Health, Development and Well-being

Identifying and understand children's physical and emotional needs age appropriate care needs, support for education,

*provide good quality care, working with mother to establish, good quality care, nutrition
ensure safety in the home and community,*

Promoting Positive Parenting

*Understand behavioural responses
Value of praise, positive attention, and provide appropriate rewards and effective guidance for both children.*

Promote attachment and attuned responsiveness, positive emotional relationships

Building up positive relationships through use of one- one time particularly with Ian and Michael

Training and Implementation

- **Piloting with practitioners** in different settings, demonstrated the value and utility of the intervention guides (Gray, 2015; Roberts, 2017).
- **Training workshops and coaching sessions** attuned to the practitioner's role and context helps them construct a programme of **assessment, analysis and intervention** to meet the specific, assessed needs of the children and families including those who have complex problems.
- The HfCF provide a **trans-diagnostic, modular approach** across different types of children's services provision (e.g. social care, health, education and young offender services), at all stages of the therapeutic process, from early prevention to established disorders, including children in foster care, residential or adoptive placements.

Acknowledgements

- The initial development of this work by AB and IE was made possible by a grant from the Department for Education to Child and Family Training UK (a not for profit organisation) and the Lucy Faithfull Foundation UK.
- We gratefully acknowledge the contribution of the writing group, and the support of their organisations including South London and Maudsley NHS Foundation Trust, the Faithfull Foundation, and Child and Family Training, who worked to make the manual accessible for practitioners, and the support of Professor Bruce Chorpita, UCLA and Eric Daleiden - PracticeWise
- The overall editors of the guides are AB and Jenny Gray , and we acknowledge the role of the editors of the particular guides

Discussion

Contact details

arnon.bentovim@childandfamilytraining.org.uk

Key References 1

- Babchishin L.K, and Romano E. 2014. *Evaluating the Frequency, Co-occurrence and Psycho-social Correlates of Childhood Multiple Victimisation*. Canadian Journal of Community mental Health 33 47-65
- Bentovim, A., & Elliott, I. (2014). Targeting Abusive Parenting and the Associated Impairment of Children. *Journal of Clinical Child & Adolescent Psychology*.
- Bellis MA, Hughes K, Ford K, Hardcastle KA, Sharp CA, Wood S, Homolova L, Davies A. 2018. Adverse childhood experiences and sources of childhood resilience: a retrospective study of their combined relationships with child health and educational attendance. *BMC Public Health* **18**: 792
- Bentovim A and Gray J (2015) *Eradicating Child maltreatment* London JKP
- Brown, S. Rienks, S. McCrae, J.S., Watamura S.E., (2019) The co-occurrence of adverse childhood experiences among children investigated for child maltreatment: A latent class analysis. *Child Abuse and Neglect* 87. 18 -27.
- Bentovim, A., & Gray, J. (Eds.). (2016). *Hope for Children and Families Intervention Resources*. York: Child and Family Training.
- Cecil C.A.M., Viding, E., Fearon, P., Glaser, D., & McCrory, E. J. (2017). Disentangling the mental health of childhood abuse and neglect. *Child Abuse and Neglect*, 63, 106-119.
- Chorpita, B.F., & Weisz, J.R. (2009). *Modular Approach to Children with Anxiety, Depression, Trauma and Conduct Match-ADTC*. Satellite Beach FL: PracticewiseLCC
- Chorpita BF , Park AL, Ward AM, Levy MC, Cromley T Chiu AW, Letamendi AM, Tsai KH, Krull JL (2017) Child STEPs in California: A cluster randomized effectiveness trial comparing modular treatment with community implemented treatment for youth with anxiety, depression, conduct problems, or traumatic stress . . *Consult Clin Psychol*.Jan;85(1):13-25. doi: 10.1037/ccp0000133. Epub 2016 Aug 22

Key References 2

- Department of Health, Department for Education and Employment and Home Office. (2000). *The Framework for the Assessment of Children in Need and their Families*. London: The Stationery Office.
- Egeland B. (2009) Taking stock of emotional maltreatment, and developmental Psychopathology Child Abuse and Neglect 33. 22 - 26
- Felitti V.J. Anda R.J et al (1998) Child Abuse and Household dysfunction and adverse health impact ACE Am J Preventitive Med. 14 245-258
- Finkelhor, D., Omrod, R.K, & Turner, H.A. (2007). Polyvictimisation: a neglected component in child Abuse and Neglect. *Child Abuse and Neglect* 31, 7-26.
- Finkelhor D. 2018. Screening for Adverse Childhood Experiences (ACEs) Cautions and Suggestions. *Child Abuse and Neglect* 85: 174 -179.
- Fonagy P., Cottrell D et al (2015) *What works for Whom* - Second edition London and New York, Guildford
- Fonagy P (2018) Complex PTSD conference – Anna Freud conference

Key References 3

- Macdonald G., Livingstone, N., Hanratty, J., McCartan, C., Cotmore, R., Cary, M., ... & Churchill, R. (2016). The effectiveness, acceptability and cost-effectiveness of psychosocial interventions for maltreated children and adolescents: an evidence synthesis. *Health Technology Assessment*, 20(69), 1-508.
- Marchette L.K., & Weisz, J.R. (2017). Empirical Evolution of youth psychotherapy towards transdiagnostic approaches. *Journal of Child Psychology and Psychiatry*, 58, 970-984.
- Marie-Mitchell A, Kostolansky R. 2019. A Systematic Review of Trials to Improve Child Outcomes Associated With Adverse Childhood Experiences *American Journal of Preventive Medicine* pii: S0749-3797(19)30031-5. DOI: 10.1016/j.amepre.2018.11.030
- National Institute for Health and Care Excellence. (2017). *NICE guideline. Child abuse and Neglect*. London: Author.
- Pachter L, Lieberman L, Bloom S, Fein JA. 2017. Developing a Community-Wide Initiative to Address Childhood Adversity and Toxic Stress: A Case Study of The

Philadelphia ACE Task Force *Academic Pediatrics* 17(7), S130–S135

Key References 4

- Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett C., Horwat N., and Collishaw S. (2011) *Child abuse and neglect in the UK Today*. London: NSPCC
- Teicher MH, Samson J.A., Anderson C.M., Ohasi K., (2016) The effects of childhood maltreatment on brain structure, function and connectivity *Nature* doi 10.1038/nrn.111 published on line 19 Sep 2016
- .Warmingham, J.M., Handley, E.M., Rogosh F.A., Manly, J.T, Cicchetti, D. (2019) Identifying maltreatment sub-groups with patterns of maltreatment sub-type and chronicity: A latent class analysis approach. *Child abuse and neglect* 87 28-39
- Young Minds (2018) Addressing Adversity, prioritising adversity and trauma informed care for children and young people - London