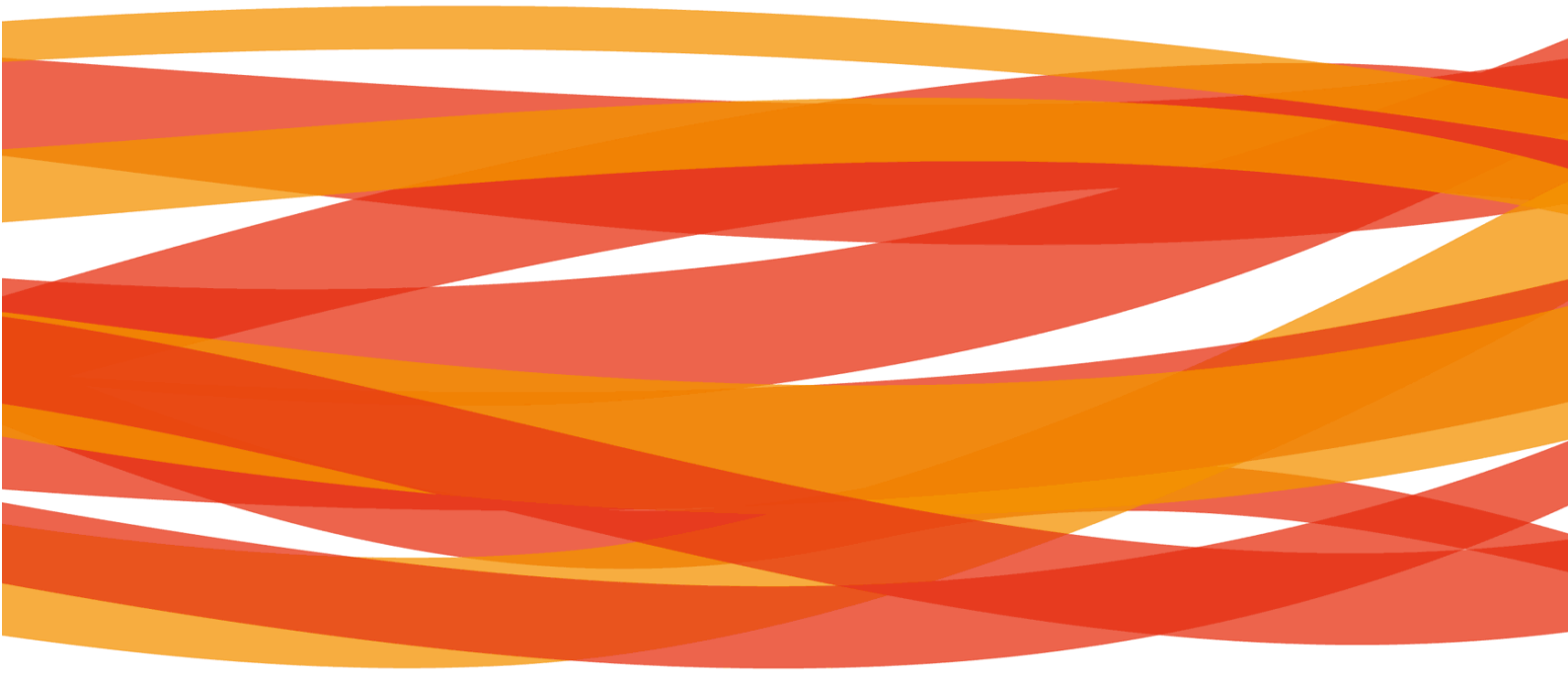
child and family training

Introduction to the Hope for Children and Families Intervention Resources

An introductory guide for practitioners and managers

Dr Arnon Bentovim, Jenny Gray and Stephen Pizzey

October 2018



Introduction to the Hope for Children and Families Intervention Resources – V.2.

An introductory guide for practitioners and managers

Published by Child and Family Training, 2018

Child and Family Training, PO Box 723, York, YO30 7WS
Email: info@childandfamilytraining.org.uk
Website: www.childandfamilytraining.org.uk

© 2018 Child and Family Training

The authors have asserted their moral rights in accordance with the Copyright, Designs and Patents Act 1988 to be identified as the authors of this work.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without fee or prior permission.

Child and Family Training is a not-for-profit organisation working to promote evidence-based assessments and interventions with children and families.

Child and Family Training Ltd Directors: Dr Arnon Bentovim, Fay Berry, David Glasgow, Phil Heasman, Carol Jolliffe and Stephen Pizzey. Registered in England and Wales. Company number: 7978935.

Registered Office: 54 Bootham, York, Y030 7XZ.

Cover design: Adrian Jefferies, Defining Design, www.definingdesign.co.uk
Publication development: William Baginsky, In edit, www.in-edit.co.uk

CFT23.10.18HfCF-TI-A&Nintroguide

Introduction to the Hope for Children and Family Intervention Resources

What the *Hope for Children and Family* intervention resources are and sets out to do

The Hope for Children and Family (HfCF) intervention resources consists of a set of resources for practitioners who work with children and families to support and enhance the quality of their direct work. It is an innovative resource developed by Child & Family Training (C&FT) and partners, part of a programme designed to make planned whole-system changes to the delivery of children's services. It does this by providing an accessible set of evidence-based approaches, and resources and tools for assessment, planning, analysis, intervention and measuring outcomes when working with children and families. The resources are intended to empower practitioners, children, young people and their families when working together – promoting strengths and addressing difficulties. Successful change is evidenced through the improved safety and wellbeing of children and young people.

Guiding principles

The HfCF programme has been developed both to prevent and to address t**he harmful impact of Child Maltreatment, and Adverse Childhood Experiences -ACEs**. This includes modifying –**Direct harmful effects** – through the various forms of '**child maltreatment,'** associated with abusive and neglectful parenting, and **Indirect harmful effects** through **'house-hold dysfunction'** particularly exposure to domestic violence, household disruption through divorce, mental health and substance abuse. Work is directed at parents and the family to modify and mitigate ACEs, and to improve parenting and child -care, and with the associated impairment of children and young people's health and development, to help manage harmful traumatic impact, and develop coping and resilience

These resources are underpinned by knowledge of the most effective evidence-based forms of intervention to prevent or address child physical, emotional and sexual abuse, neglect and exposure to violence, and the impact of house-hold dysfunction. They draw on the most up-to-date evidence of the impact on children and young people that is associated with being exposed to harmful parenting and household dysfunction, therefore, address children and young people's anxiety, depression, trauma and/or conduct problems, including sexualised behaviour. The approach is also informed by the known personal and interpersonal components of intervention – alliance, client motivation and practitioner factors – which are common to all interventions. These components contribute to treatment outcomes to a significant extent by establishing a sense of hopefulness – a significant factor in recovery.

Each intervention guide is informed by a broad review of the literature on the distinct specialist treatment protocols (systemic, cognitive behavioural and dynamic). From this review, the 'common practice' elements that characterise the approach were distilled, and the main steps of that practice approach set out with guidance on how to carry them out. The various steps are integrated into the modules, and in turn the modules are integrated into the set of intervention guides for practitioners. Each guide presents a consistent, step-by-step approach to intervention bringing together effective practice that can be used by a wide range of practitioners working in different contexts

The Assessment Framework (AF) triangle provides a map for gathering and organising information gathered when working with children and families. It has been utilised to formulate the interventions set out in the intervention guides

The process of using the HfCF Intervention Resources

A seven-stage model of assessment, analysis, planning and reviewing interventions in child wellbeing and safeguarding contexts forms the basis of the process:

Stage 1 Consider the referral and the aims of the assessment

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

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

Stage 4 Analyse the patterns of strengths and difficulties

Stage 5 Decision making: the systemic analysis

Stage 6 Develop and implement a plan of intervention

Stage 7 Identify outcomes and measures for assessing change, and review outcomes.

Each stage will be considered in turn.

Stage 1. Consider the referral and the aims of the assessment

Stage 1 involves:

- considering whether the child is at immediate risk of suffering harm
- reviewing the referral information
- establishing the focus and aims of the assessment.

Throughout the assessment process it is important to consider the safety of the child. If there is no immediate concern about the child's safety, the next step is to review the information provided at the time of referral and establish the focus and aims of the assessment. The aims need to be directed to concerns about the child and their health and development, parenting capacity and family and environmental factors. Although, the HfCF intervention approach commences after stage 1 has been completed, it is important to remember that assessment and intervention are inter-related. In effect an assessment is the beginning of an intervention.

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

Stage 2 involves:

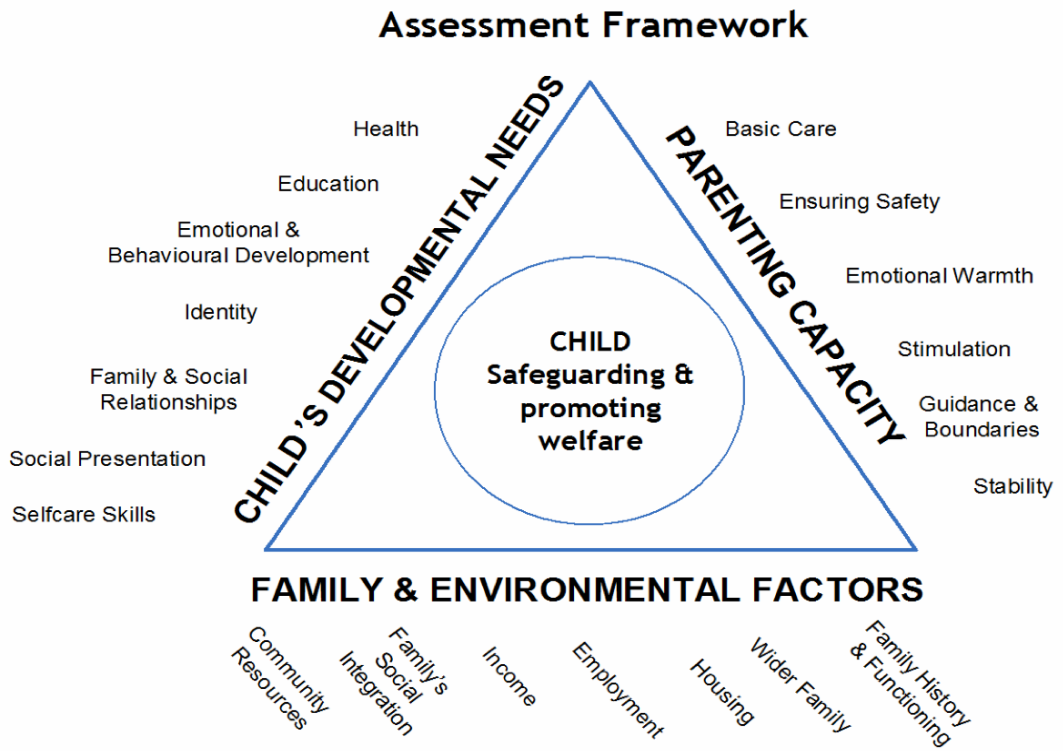
- collecting information from all available sources using an appropriate range of methods and approaches
- creating a chronology of salient information.

A range of standardized, evidence-based assessment tools and approaches have been developed to support practitioners to make a full assessment of the child's developmental needs, parenting capacity, and family and environmental factors, to inform their analysis and planning of interventions.

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

Stage 3 involves: - organising information using the Assessment Framework and identifying strengths and difficulties in all dimensions

The Assessment Framework



Stage 4. Analyse the patterns of strengths and difficulties

Stage 4 involves:

- considering the chronology of salient information
- generating hypotheses or theories about which processes (i.e. the pattern of influences of one item of information over others) may be affecting the child's health and development.

The HfCF intervention resources have been developed to work with the profile of strengths (protective and resilience factors) and difficulties (risk and harm factors) that has been identified

from the assessment and analysis. The following are examples of questions to address when generating hypotheses or theories about how individual items of information in each of the dimension headings are having an impact on each other both within and across the three domains (child's developmental needs, parental capacity, family and environmental factors):

- How the child's strengths and difficulties are having an impact on each other?
- How the child has an impact on the parents and their capacity to parent e.g. on a parent's mental health?
- How parenting strengths and difficulties are affecting each other?
- How the parenting being provided for the child is affecting his or her health and development both in terms of resilience and protective factors, and risk and harm?
- How family and environmental factors are impacting on parenting capacity and/or the child's heath and development directly?

The chronology of impairments or improvements in the child's health and development, the timing of events and/or changes, for example, arrival of a stepfather, onset of bed wetting can also inform hypotheses. It is important to consider what processes may have brought about these difficulties or strengths and/or what may be maintaining them. This understanding can help predict what might happen in the future.

It is also important to look at the severity of any negative process and/or the weight of any positive process i.e.

- What are the ways in which individual factors seem to be having the biggest effect on the child's health and development, or on processes that in turn affect it?
- What are the greatest protective processes, which might help mitigate against any difficulties?

STRENGTHS

Health
- Experienced good physical health care pre- and post-birth
- Physical growth and development – thriving
- Has been protected from harm
- Takes exercise

Education
- Satisfactory unfolding of cognitive, language and motor skills
- Achieving educational progress
- Focusing and able to learn
- Managing special educational needs
- Development has been supported

Emotional and Behavioural Development
- Emotional regulation – calmness
- Attachment secure, organised
- Generally positive mood
- Behaviour collaborative
- Empathic responsiveness

Identity
- Secure sense of self and belonging
- Confident
- Assertive
- Able to make choices
- Age-appropriate sexuality
- Gender identity secure

Family and Social Relationships
- Relationships – secure and collaborative
- Compliant
- Thoughtful, considerate, empathic
- Confiding
- Sociable – sustained friendships
- Appropriate social wariness

Social Presentation
- Awareness and capacity to present self positively
- Attention to pride in appearance
- Cultural attitudes – tolerant and respectful
- Impairments and discrimination managed positively

Self-care Skills
- Self-sufficiency appropriate to age and stage of development
- Competent problem solving
- Personal safety managed

Basic Care
- Effective and organised
- Adaptable and responsive care
- Parents work well together
- Appropriate family and community involvement

Ensuring Safety
- No abusive/harmful parenting
- Protected from risky individuals and hazards
- Age-appropriate expectations
- Supervision adequate
- Children protected from impact of adult mental health problems, substance misuse or domestic violence

Emotional Warmth
- Responsive, consistent caregiving
- Warmth, empathy and attunement
- Understanding and valuing of child
- Promoting independence
- Not possessive

Stimulation
- Promoting learning and social development
- Communication, play and providing challenge
- Promotes external activities

Guidance and Boundaries
- Successful management of conflict
- Guidance appropriate
- Boundaries and rules – established and maintained
- Appropriate use of sanctions and rewards
- Use of punishments – mild

Stability
- Stable family network
- Promotes lifespan attachments
- Change and stress adequately managed
- Child's sense of identity, belonging and responsibility promoted

Community Resources
- Resources and services available and thresholds accessible
- Services inclusive
- Family uses services and community agencies
- Professionals communicate and are responsive and collaborative
- Family cooperates and works with professionals

Family's Social Integration
- Wider community – family integrated
- Peer and friendship network in place and used
- Diversity accepted and respected
- Discrimination managed

Income
- Resources managed effectively
- Adequate income
- Priority given to needs of children

Employment
- Available and taken up
- Supports family life
- Substitute care available
- Work by young people – given appropriate responsibility

Housing
- Stability in housing
- Well maintained
- Suitable for age, stage of development, impairments or children's special needs

Wider Family
- Communicates and is supportive
- Provides practical and emotional support at times of change or stress
- Protects from risky individuals

Family History and Functioning
- Parents' childhood protected
- Any trauma resolved
- Adult functioning – fulfils potential
- Physical and mental health – managed
- Drugs and alcohol use – managed
- Adequate functioning and reasonable health
- Anti-social behaviour – transient
- Couple relationships – supportive, confiding, conflicts resolved
- Family organisation – structured, functional

The Child

Health
- Experienced poor physical health care pre- and post-birth
- Suffered illness and/or disability
- Physical growth delayed – impairment/disability
- Physical care – neglected; wetting, soiling
- Exposed to harm, violence
- Sustained injuries – physical and sexual

Education
- Delayed unfolding of cognitive, language and motor skills
- Failure of educational progress
- Restless, inattentive, oppositional
- Bullied, socially excluded
- Development has been unsupported

Emotional and Behavioural Development
- Emotional regulation – arousal, irritability
- Attachment – disorganisation
- Pervasive negative mood
- Traumatic symptoms
- Concentration/attention difficulties
- Fearful, anxious, depressed
- Angry, oppositional, threatening
- Lacks empathy, is callous/unemotional

Identity
- Negative or uncertain sense of self and belonging
- Passive, over-assertive, bullying
- Sexuality and gender identity development – delayed, precocious

Family and Social Relationships
- Relationships – clinging, avoidant, parental
- Conflictual, controlling, hostile
- Inconsiderate, abusive, sexualised
- Unconfiding, secretive
- Isolated, unsociable, transient friendships

Social Presentation
- No awareness or capacity to present self positively
- Neglected appearance
- Intolerant, discriminating
- Unable to manage impairments or discrimination

Self-care Skills
- Poor self-care skills
- Pseudo-independent or over-reliant, helpless
- Ineffective problem solving
- Fearful or risk taking

Parenting Capacity

Basic Care
- Disorganised, ineffective and/or chaotic
- Unadaptable, unresponsive, rigid and/or neglectful care
- Family and community over-involved, dependent or isolated

Ensuring Safety
- Abusive and/or harmful parenting
- Exposed to hazards in the home/environment
- Inappropriate expectations
- Lack of supervision or inconsistent and unreliable
- Children not protected from impact of adult mental health problems, substance misuse or domestic violence

Emotional Warmth
- Unresponsive caregiving
- Insensitive, cold, rejecting, critical
- Lack of understanding and valuing of child
- Blaming, attacking, belittling
- Independence unsupported
- Possessive, entangled

Stimulation
- Lack of interest and involvement in learning and social development
- Poor, ineffective communication; ignoring and undermining
- Community activities unsupported

Guidance and Boundaries
- Failure to manage conflict; escalating or constant battles
- Inappropriate guidance
- Boundaries and rules – confused, enmeshed, absent or rigid
- Arbitrary, absent or inconsistent rules, sanctions and rewards
- Harsh/unjustified use of punishments

Stability
- Transient, unstable or isolated family network
- Lifespan attachments unsupported
- Management of change disorganised and stressful
- Child's sense of identity, belonging and responsibility unsupported

Family and Environmental Factors

Community Resources
- Resources and services – limited availability and thresholds high
- Services and community agencies exclusive and uncollaborative
- Family resistant; reluctant response to services
- Family over-dependent or does not cooperate, rejects, is conflictual, is hostile towards professionals

Family's Social Integration
- Wider community – family isolated or rejected
- Peer and friendship network disrupted
- Diversity rejected and family intolerant
- Discrimination and prejudice not managed

Income
- Inadequate or inconsistent income and resources
- Income managed ineffectively
- Priority given to adult needs

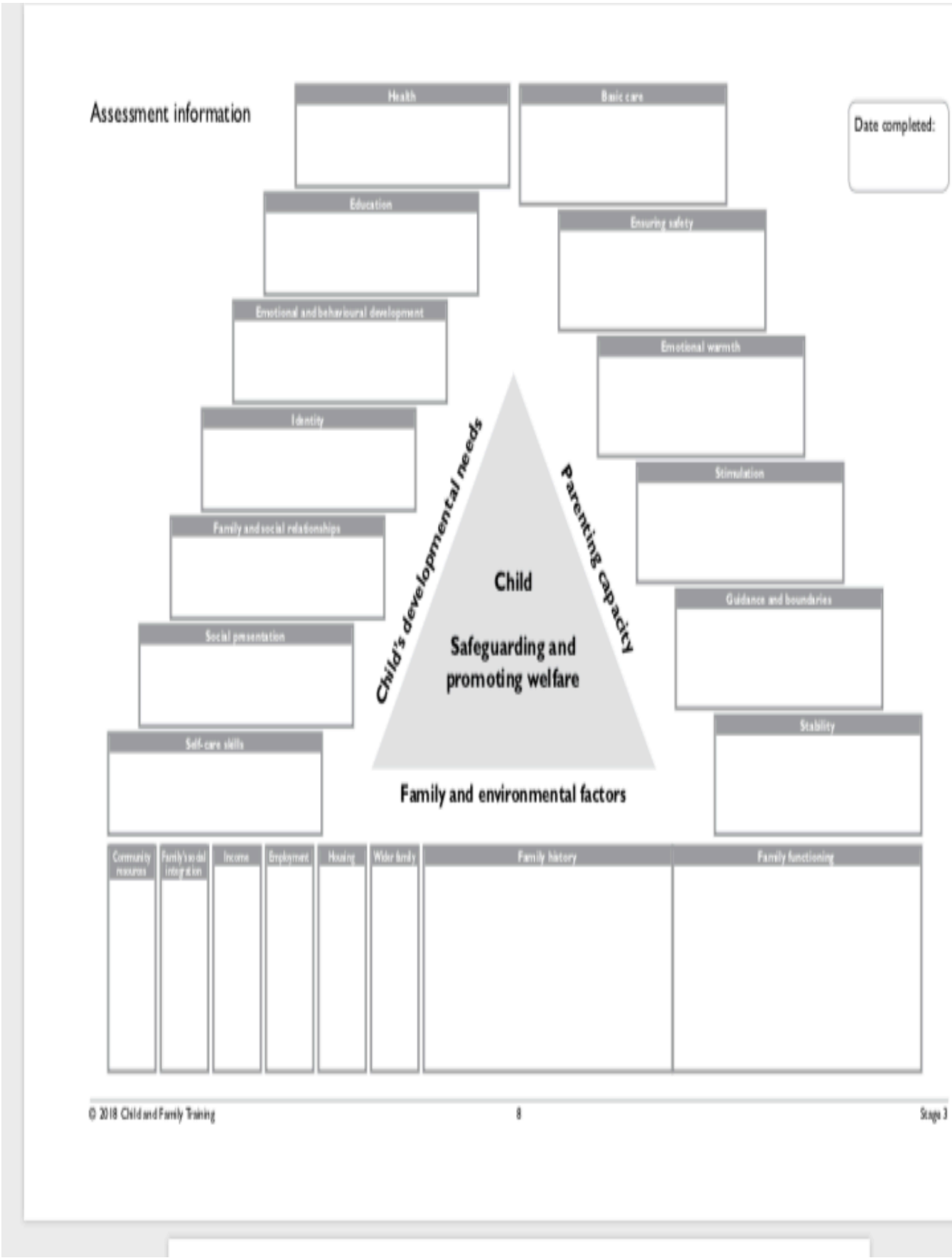
Employment
- Unavailable/transient
- Hours/pattern of employment disrupt(s) child care and daily life
- Focused on adult needs
- Substitute care poorly managed

Housing
- Unstable housing, multiple moves
- Poorly maintained or neglected
- Unsuitable for age, stage of development, impairment or special needs of children

Wider Family
- Ignores
- Interferes, controlling or abusive
- Fails to provide practical and emotional support at times of change or stress
- Exposure to risky individuals

Family History and Functioning
- Parents' childhood – exposed to violence, disruption and abuse
- Unresolved trauma/abuse
- Adult functioning – underperforming, entangled with the past
- Physical and mental health has continuing negative impact on functioning
- Drugs and alcohol – long-standing addiction
- Anti-social behaviour – extensive across lifespan
- Couple relationships unconfiding, conflictual or violent
- Family organisation chaotic and/or dysfunctional

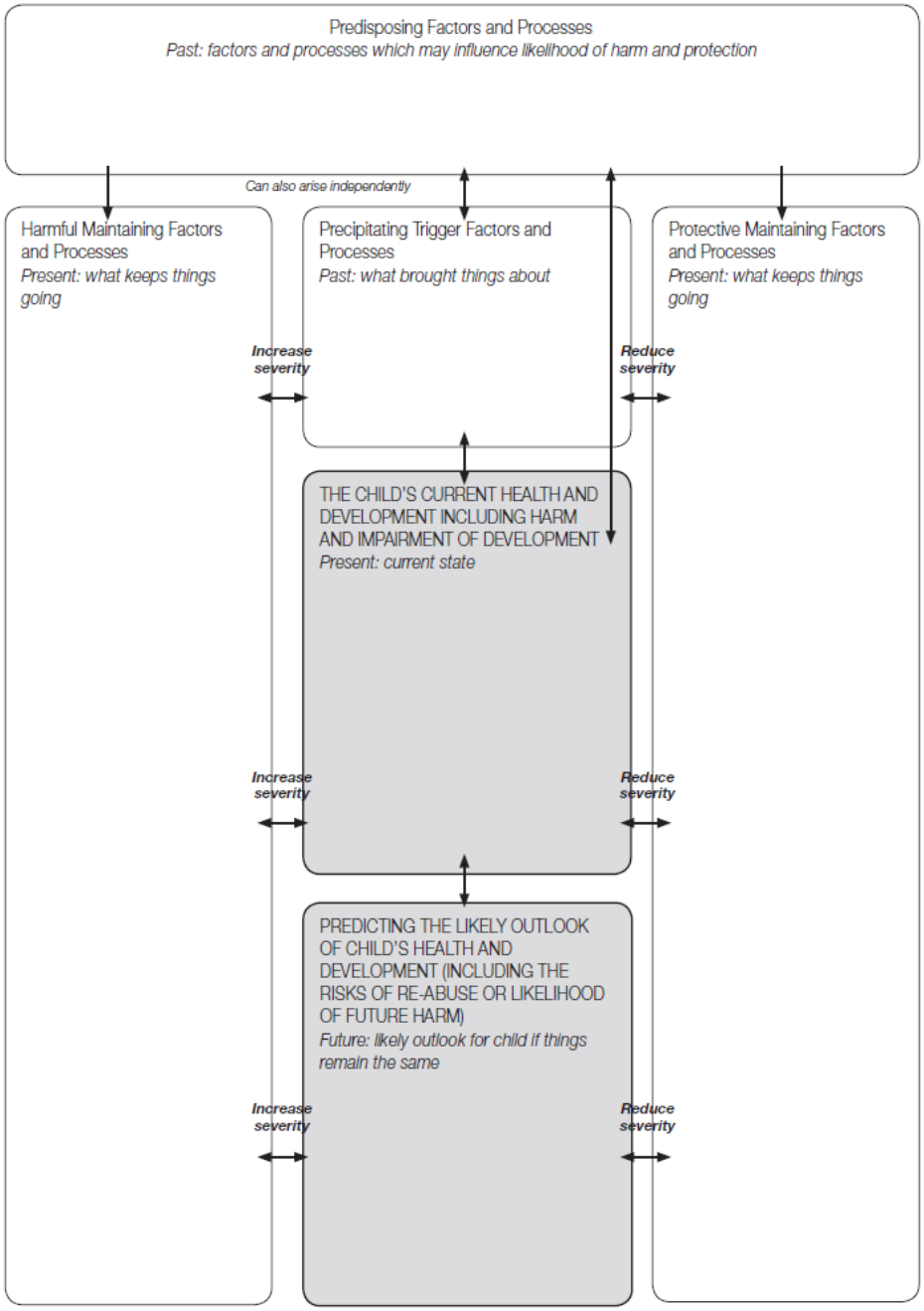
DIFFICULTIES


Assessment information
Date completed:
Health
Basic care
Education
Ensuring safety
Emotional and behavioural development
Emotional warmth
Identity
Stimulation
Family and social relationships
Guidance and boundaries
Social presentation
Stability
Self-care skills
Child's developmental needs
Parenting capacity
Child
Safeguarding and promoting welfare
Family and environmental factors
Community resources
Family's social integration
Income
Employment
Housing
Wider family
Family history
Family functioning
© 2018 Child and Family Training
8
Stage 3

Stage 5. Decision making: the systemic analysis

Stage 5 involves:

- preparing a profile of impairment of the child's health and development, including (where relevant) any harm
- predicting the likely outlook for the child if nothing changes (the systemic analysis). Where there are concerns about a child's safety, this includes the risks of re-abuse or likelihood of future harm
- determining the prospects for successful intervention



Baseline assessment of the likelihood to change

Hopeful prognosis for change
Child subject of moderate abuse and harmful impact
Good possibility of change within child's timeframe
Reasonable degree of responsibility taken by parents/caregivers
Reasonable flexibility of relationships
Reasonable balance of family strengths and difficulties
Potential for individual change with facilities and resources available
Not too negative an attitude to professionals

Doubtful prognosis for achieving change
Uncertainty about whether change can be achieved or not within the child's timeframe
Uncertainty about the degree of responsibility taken
Uncertainty about the prospect for collaborative work

Poor prognosis for change
Child subject of serious abuse and harmful impact
Failure of parents/caregivers to take responsibility
Considerable family difficulties with few strengths
Severe parental pathology, personality disorder or level of addiction which implies changes cannot be made in child's developmental timeframe
Resources unavailable to intervene given severity of situation
Negative attitude to professionals

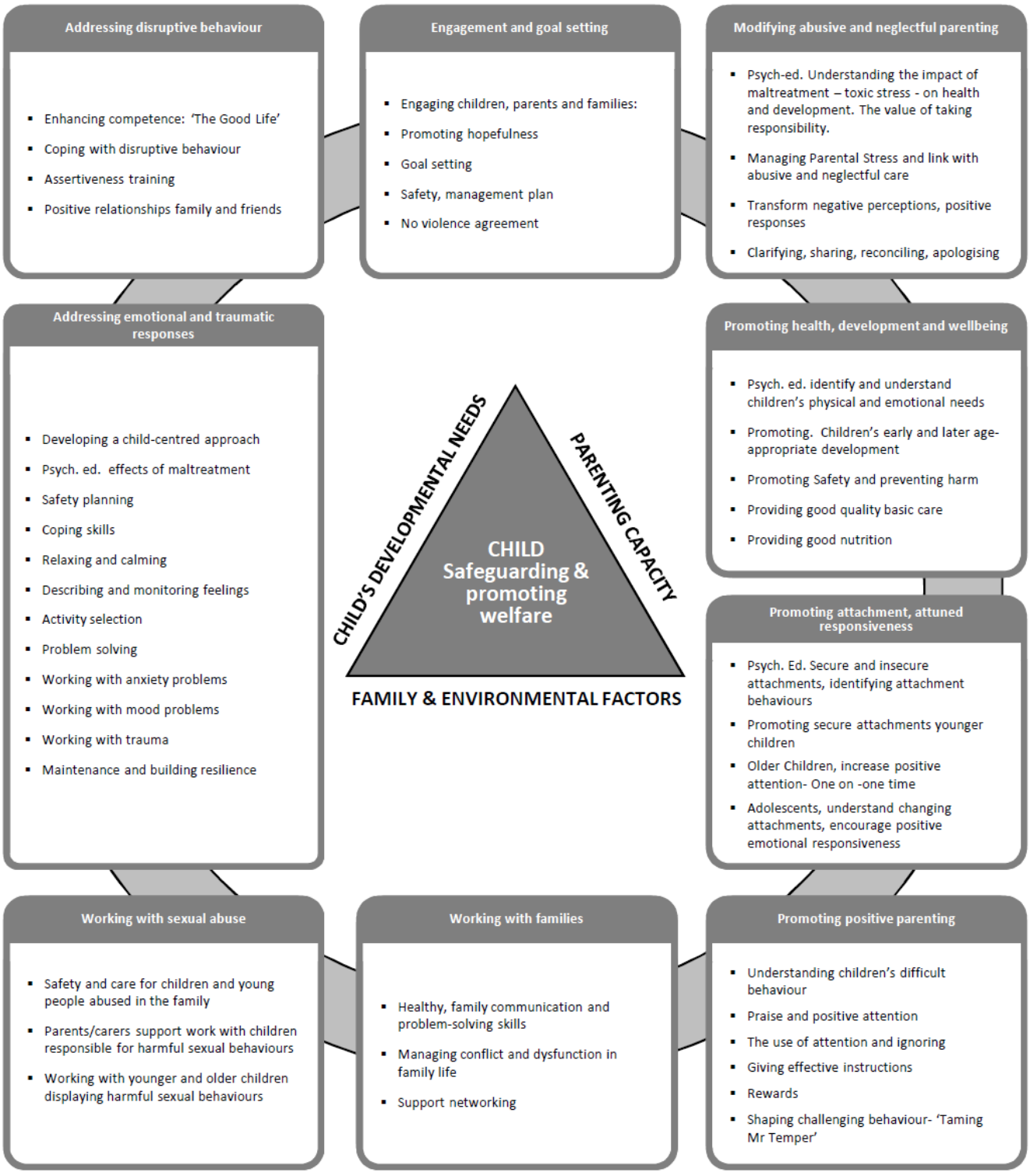
Stage 6. Develop and implement a plan of intervention

Stage 6 involves:

- developing a plan of intervention that considers the likelihood of achieving sufficient change within the child's developmental timeframe
- deciding what the sequence/order of interventions should be in order to best meet the child and family's needs
- identifying how it will be known if the child's health and development has improved and whether this improvement is related to the intervention(s)
- undertaking interventions with the child and family in accordance with the plan.

Analysis of patterns of impairment/harm and protection and the impact of processes leads to hypotheses about interventions to promote the child's health and development. For example, targeting a mother's excessive alcohol use is linked to poor basic care, is expected to bring about an improvement in the standard of hygiene in the home and diet.

Potential Areas for Intervention



Stage 7. Identify outcomes and measures for assessing change, and review outcomes

Stage 7 involves:

- establishing outcomes related to your hypotheses about how the interventions are expected
    - to improve the child's health and development
    - to have an impact on the factors and processes considered to be influencing the child's developmental needs
- identifying measures for assessing whether change has been achieved for each outcome
- reviewing whether there is evidence of the goals of intervention being achieved and overall, whether the child's developmental needs are being met.

Hope for Children and Families Intervention Resources

Guides and Modules

Engagement and goal setting

This guide introduces a seven-stage model of assessment, analysis, planning and reviewing interventions in child wellbeing and safeguarding contexts that underpins the Hope for Children and Families(HFCF) Intervention Resources:

- **to gather relevant information** about children's needs, parenting capacities, family and environmental contexts;
- **to engage children, parents and families,** promoting hopefulness by acknowledging strengths and overcome difficulties; ensuring a child's safety, establishing a team around the child
- **to establish collaborative goals** by exploring the goals of the children and parents, and integrating them to bring about the desired change.

Modifying abusive and neglectful parenting

This guide addresses abusive and neglectful parenting associated with negative perceptions of children used to justify harsh parenting and the humiliation associated with sexual and emotional abuse. It supports the practitioner to:

- **understand how abusive and neglectful parenting affects children's emotional and physical development**
- **deliver a psychoeducation programme***,* how parents explain harmful impacts; providing an account of toxic stress
- **explore parental stress and the link with abusive and neglectful parenting** – how stress affects parents' thinking, behaviour and capacity to provide good quality care,
- **help parents understand and cope with negative perceptions of their children**
- **clarify, share and reconcile the impact of abusive and neglectful parenting**.

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

This guide helps parents understand their children's needs and stages of development, meet their safety and physical care needs, and promote their health, development and well-being.

- **identify and understand children's physical and emotional needs** by understanding that the brain develops in response to experiences throughout childhood,
- **promote early and late development**, such as language, motor skills, vision and fine movements, social behaviour and play
- **ensure safety and prevent harm** by establishing safety precautions in the home and community
- **provide good quality care** establishing collaborative goals and how to achieve them
- **provide adequate nutritional care** manage weight faltering and failure to thrive.

Promoting attachment, attuned responsiveness and positive emotional relationships – Clare Gates and Jenny Peters

The guide addresses attachment difficulties, including parents' own attachment dynamics

- **younger children**, balance the child's need for both security and exploration, and address disorganised attachment responses
- **older children** using one-on-one time
- **adolescents**, so that parents understand the way attachments develop during adolescence, how to provide a positive emotional charge for young people.

Promoting positive parenting

The guide enables practitioners to support parents reinforce their children's desired behaviour and shape challenging behaviour using a range of strategies, by helping parents to:

- **understand the causes of difficult behaviour** factors which contribute to challenging behaviour
- **use praise and positive attention** to increase behaviours which are most desired
- **use attention and ignoring** to withdraw attention from mild, inappropriate behaviour,
- **give effective instructions** avoid reinforcing a cycle of conflict
- **provide appropriate rewards** to achieve a successful outcome
- **shape challenging behaviour** using strategies, time out, externalising (e.g. 'Defeating Temper') and solution-focused approaches.

Working with children and young people: Addressing emotional and traumatic responses

Children and young people exposed to abusive and neglectful parenting show high levels of anxiety and fear, or display aggressive or sexualised responses. A toolkit of generic and specific skills helps the practioner to help the child or young person manage their feelings, thoughts and problems of anxiety, mood and trauma.

- **develop a child-centred approach**
- **psycho-education on the effects of maltreatment**
- **devise a safety plan**, maintain personal safety
- **develop coping skills**, managing difficult emotions
- **relax and self-calm**
- **describe and monitor their feelings**, how affected by events
- **select activities which have a positive effect on mood**,
- **develop problem-solving skills**, applying them to real problems
- **working with children who experience traumatic responses** psychoeducation engagement, constructing a trauma narrative, cognitive coping, processing, mastery, safety, recovery and resilience.
- **address anxiety problems**, how to differentiate between normal anxiety in situations of danger and excessive anxiety
- **address mood problems**, learning how mood can be controlled **maintain improvement and build resilience**.

.

Working with children and young people: Addressing disruptive behaviour

Increasing risk of externalising (i.e. disruptive/anti-social behaviour in children and young people who have been exposed to maltreatment as they approach adolescence).

- **enhance their competence by developing a 'Good Life'**, to achieve their primary goals in socially acceptable ways
- **address disruptive behaviour**, to manage anger, reduce disruptive, verbally aggressive and impulsive behaviour
- **assert themselves in more appropriate ways**, practicing everyday situations
- **develop positive relationships with family and friends**, learning new social skills.

Working with families

Promote resilience within the family despite potentially stressful and destabilising events. It supports practitioners to:

- **promote healthy family functioning** setting up family meetings and facilitating positive parent–child communications
- **develop effective approaches to manage conflict and dysfunction in family life** understand the origins of conflict arising within the family use solution-focused approaches to address conflict
- **develop support networking for families**, to identify and promote informal and formal sources of support.

Working with child sexual abuse

The approach includes ways of empowering protective parents with knowledge and tools to plan an active part in their children's recovery and future protection by understanding what sexual abuse is and protecting children from potentially harmful contexts. The guide supports the practitioner in their work with:

- **parents and carers to promote the safety of children and young people who have been harmed sexually in the family or by a trusted member of the community**
- **parents and carers where their child has been responsible for harmful sexual behaviour**, including about categories, origins and functions of harmful sexual behaviour,
- **children under 12 who have displayed harmful sexual behaviour**, to change inappropriate behaviours, and with children to learn positive ways of managing their sexuality
- **adolescents (aged 12+) who have displayed harmful sexual behaviour**, enhance protective factors, age-appropriate sexual knowledge what is OK and not OK, stay safe in the future.

References

Bentovim A and Gray J (2016) *Hope for Children and Families -Intervention guides for practitioners – Building on strengths, overcoming difficulties* York: Child and Family Training

Bentovim A and Gray J (2015) *Eradicating Child Maltreatment- Evidence-Based Approaches to prevention and Intervention across Services* London Jessica Kingsley

Bentovim A. and Bingley Miller L. (2001) *The Family Assessment: Assessment of Family Competence, Strengths and Difficulties.* York: Child and Family Training.

Bentovim A., Cox A., Bingley Miller L. and Pizzey S. (2009) *Safeguarding Children Living with Trauma and Family Violence: A Guide to Evidence-Based Assessment, Analysis and Planning Interventions*. London: Jessica Kingsley.

Bentovim A., and Elliott I. (2014) Hope for Children and Families: Targeting Abusive Parenting and the Associated Impairment of Children. *Journal of Clinical Child & Adolescent Psychology* 43(2), 270–285.

Calam R et al 'Assessment and therapy with children: can computers help?' *Child Clinical Psychology and Psychiatry* 5, 3, 329–343.

Caldwell, B.M. and Bradley, R.H. (2003) *HOME Inventory: Administration Manual Comprehensive Edition.* Little Rock, AR: University of Arkansas for Medical Sciences.

Cox, A. and Bentovim, A. (2000) *The Family Pack of Questionnaires and Scales.* London: Cox, A., Pizzey, S. and Walker, S. (2009) *The HOME Inventory: A Guide for Practitioners – The UK Approach.* York: Child and Family Training

Pizzey S., Bentovim A., Cox A., Bingley Miller L. and Tapp S. (2015) *The Safeguarding Children Assessment and Analysis Framework.* York: Child and Family Training

For further information

Arnon Bentovim

arnon.bentovim@childandfamilytraining.org.uk

Anne Guerri

Finance and Administration Manager

Child and Family Training

Tel. 01904 624775

anne.guerri@childandfamilytraining.org.uk

child and family training

www.childandfamilytraining.org.uk