Introduction to the Hope for Children and Families Intervention Resources

An introductory guide for practitioners and managers

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October 2018
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 the 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 ‘household 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 household 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 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.
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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**

![Assessment Framework Diagram]

**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
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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 health 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?
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**DIFFICULTIES**

- Substitute care poorly managed
- Independence unsupported
- Conflictual or violent disruptive of child care and daily life
- Child’s sense of identity, belonging
- Couple relationships unconfiding, fearful, anxious, depressed across lifespan
- Management of change disorganised
- Employment
- Income managed ineffectively
- Transient, unstable or isolated
- Pseudo-Traumatic symptoms
- Poor self-care skills
- Physical and mental health
- Effects of age, stage of development, impairment or special needs
- Substance abuse
- Violent and/or neglectful care
- Family and community over involved
- Child not protected from impact
- Unresolved trauma/abuse
- Physical and mental health
- Educational and post-educational progress
- Restricted, inattentive, oppositional
- Exposed to harm, violence
- Exposed to hazardous situations
- Uninsured – physical and sexual

**STRENGTHS**

- Able to make choices
- Appropriate and sensitive sexuality
- Gender identity secure
- Family and Social Relationships
  - Relationships – secure, collaborative
  - Warmth, empathy and atunement
  - Understanding and valuing of child
  - Promoting independence
- Ensuring Safety
  - No abusive/harmful parenting
  - Protected from risky individuals and hazards
  - Age-appropriate expectations
  - Children protected from impact of adult mental health problems, substance misuse or domestic violence
- Emotional Warmth
  - Responsive, consistent caring
  - Positive and nurturing
  - Child’s sense of identity, belonging
- Basic Care
  - Effective and organised
  - Adaptable and responsive care
  - Parents work well together
- Community Resources
  - Resources and services available and thresholds accessible
  - Services inclusive

**The Child**

- Secure sense of self and belonging
- Confident
- Assertive

**Parenting Capacity**

- Coordination of educational progress
- Resilient, inattentive, oppositional
- Unified, co-ordinated, collaborative
- Managed positively
- Therapeutic relationship
- Parental support

**Family and Environmental Factors**

- Resources and services – limited availability and thresholds high
- Services and community agencies exclusive and uncollaborative
- Family and community over involved
- Child not protected from impact
- Unorganized
- Employment

**Wider Family**

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

**Family History and Functioning**

- Parent’s childhood protected
- Any trauma resolved
- Adult functioning – fulfills potential
- Physical and mental health – managed
- Drugs and alcohol use – managed

**Managing special educational needs**

- Effective and collaborative
- Supervision adequate
- Respondents communicate and are responsive and collaborative
- Family cooperates and works with professionals

**Housing**

- Unstable housing, multiple moves
- Homelessness or neglected
- Unstable for age, stage of development, impairment or special needs of children

**Difficulties**

- Poor self-care skills
- Physical and mental health
- Educational and post-educational progress
- Restricted, inattentive, oppositional
- Exposed to harm, violence
- Exposed to hazardous situations
- Uninsured – physical and sexual

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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

### Addressing disruptive behaviour
- Enhancing competence: 'The Good Life'
- Coping with disruptive behaviour
- Assertiveness training
- Positive relationships family and friends

### Addressing emotional and traumatic responses
- Developing a child-centred approach
- Psych. ed. effects of maltreatment
- Safety planning
- Coping skills
- Relaxing and calming
- Describing and monitoring feelings
- Activity selection
- Problem solving
- Working with anxiety problems
- Working with mood problems
- Working with trauma
- Maintenance and building resilience

### Engagement and goal setting
- Engaging children, parents and families:
- Promoting hopefulness
- Goal setting
- Safety, management plan
- No violence agreement

### Modifying abusive and neglectful parenting
- Managing Parental Stress and link with abusive and neglectful care
- Transform negative perceptions, positive responses
- Clarifying, sharing, reconciling, apologising

### Promoting health, development and wellbeing
- Psych. ed. identify and understand children's physical and emotional needs
- Promoting: Children's early and later age-appropriate development
- Promoting Safety and preventing harm
- Providing good quality basic care
- Providing good nutrition

### Promoting attachment, attuned responsiveness
- Psych. Ed. Secure and insecure attachments, identifying attachment behaviours
- Promoting secure attachments younger children
- Older Children, increase positive attention—One on—one time
- Adolescents, understand changing attachments, encourage positive emotional responsiveness

### Working with sexual abuse
- Safety and care for children and young people abused in the family
- Parents/carers support work with children responsible for harmful sexual behaviours
- Working with younger and older children displaying harmful sexual behaviours

### Working with families
- Healthy, family communication and problem-solving skills
- Managing conflict and dysfunction in family life
- Support networking

### Promoting positive parenting
- Understanding children's difficult behaviour
- Praise and positive attention
- The use of attention and ignoring
- Giving effective instructions
- Rewards
- Shaping challenging behaviour—'Taming Mr Tamper'
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.

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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.
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**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 practitioner 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.
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References


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