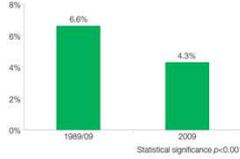


The challenge of eradicating child Neglect

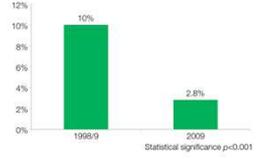
Arnon Bentovim
Child and Family Training

1

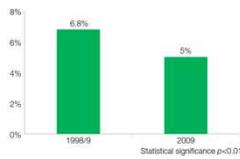
Beaten up or hit



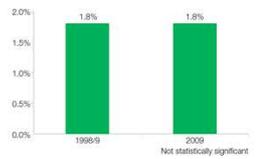
Regular physical maltreatment



Sexual acts under 16

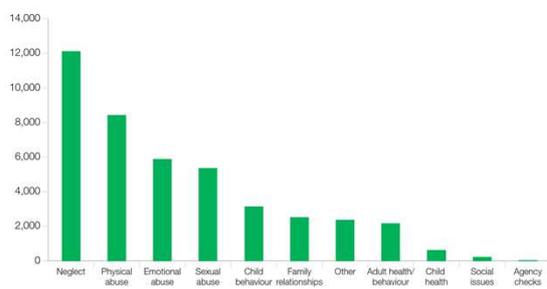


Neglect



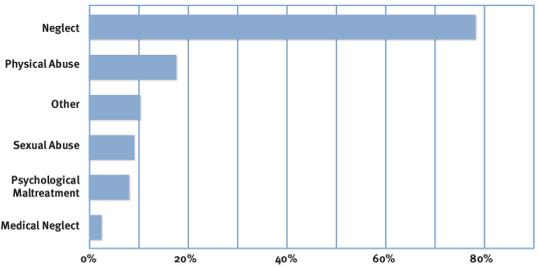
2

Reasons for contacting the helpline in 2011/12



3

Neglect is the Most Prevalent Form of Child Maltreatment



Harvard Science of Neglect 2012

4

Levels of prevention

- Primary Prevention/Universal Services
- Secondary Prevention/Targeted Services
- Tertiary Prevention/Specialist Services

5

Framework for intervention

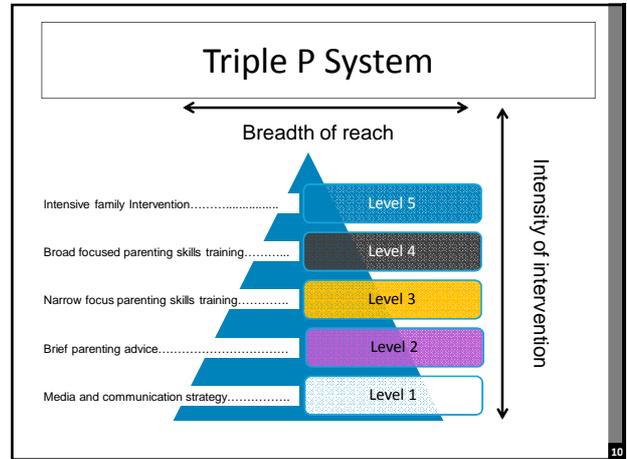
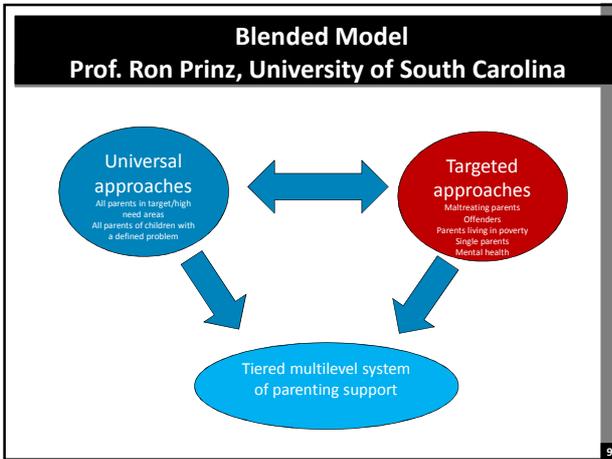
From: MacMillan HL, Wathen CN, Barlow J, Fergusson DM, Leventhal JM, Taussig HN. Interventions to prevent child maltreatment and associated impairment. Lancet 2009;373:250-266.

6

Sources of data

7

8



- ### Significant effects of Triple P
- Triple P counties showed:
1. Lower rates of child out-of-home (foster care) placements
 2. Lower rates of hospital-treated maltreatment injuries
 3. Slowed growth of substantiated maltreatment

No Shortage of Evidence



Chorpita et al. (2011) identified 395 evidence-based protocols in a recent review of over 750 non-pharmacological treatments tested in controlled clinical trials

A STATEWIDE TRIAL OF THE SAFECARE HOME-BASED SERVICES MODEL WITH PARENTS IN CHILD PROTECTED SERVICES

Chaffin, Hecht, Bard, Silovsky and Beasley
Paediatrics 2012: 129; 509

13

Introduction

- Home based programmes serve thousands of families in the US Child Protective Services System.
- Neglect, the dominant maltreatment type in CPS – 78%.
- Little intervention science devoted to neglect.
- Neglect recidivism is high and difficult to lower.
- Home base neglect services yield discouraging findings, evidence for effectiveness weak.
- Safe Care Model – Project 12 WAYS is a home-based treatment of parents in CPS for child neglect.
- Based on structural behavioural skills training programme.

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Introduction

- Focuses on concrete care giving, household management, parenting skills.
- Research to date since 1979 suggests a promising model.
- Not tested in its scaled up field implementation until current study.
- Direct practice observation and in -vivo coaching potentially a helpful strategy compared to standard supervision.
- Current study tested SC versus home-based services as usual -SAU.
- Compared coached versus uncoached quality control strategies.

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Treatments

- Services were comparable between SC and SAU.
- Commonalities, home-based format, service duration 6 months.
- Weekly visit.
- Minimum workforce qualifications.
- Reporting, use of assessment tools and support funding.
- Training, basic elements motivational interviewing, domestic violence, safety planning skills.
- Emergency funds available.

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Safe Care

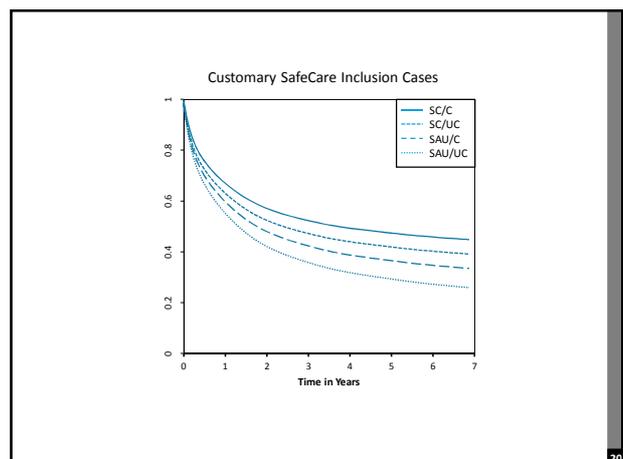
- A structured behavioural skills training.
- Parent/child or parent/infant interaction,
- Basic care giving structure, parenting routines.
- Home safety.
- Child health.
- Provided as a component of a broader home visiting service.
- Training in workshops – life skills and role play, direct observed sessions, regular clinical supervision plus coaching.
- Inclusion – preschool aged child, no untreated substance use disorder.

Safe Care

- Children up to 12 were served in addition.
- SAU same type and dose of service, comparable goals. Less structured, more discussion orientated manner.
- Coaching structured as distinct from regular supervision.

Results

- Data compared to similar services and agencies before implementing SC in 2003.
- Samples in research similar.
- Main effect in favour of SC was found better for pre-school less for older children.
- Also in favour of coaching.
- Compliance was high in both SC (89%) and SAU (87%).
- Treatment compliers in general lower recidivism but did not affect treatment effects.



child and family training **DfE Initiative: Improving outcomes for children, young people and families**

Child and Family Training (C&FT):

- provides training on evidence based assessment tools for social workers and allied professionals
- is part of DfE's *Improving Outcomes Children, Young People and Families Initiative*

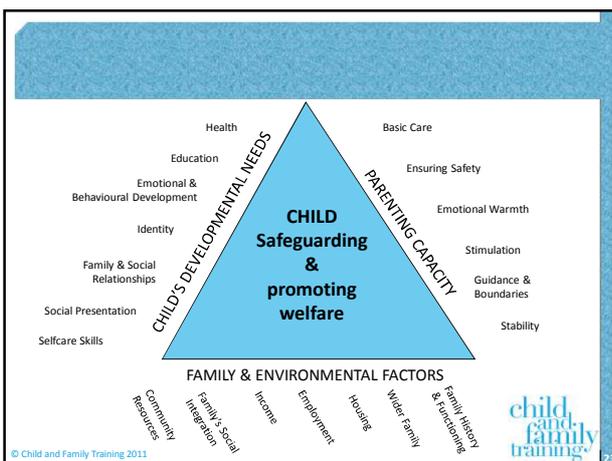
21

child and family training **DfE funded Child & Family Training project on training in child protection**

The aims of the project are:

- to increase use of robust evidence-based tools for assessment, analysis and interventions more likely to protect children
- to improve front-line child protection practice, and cascade training through 'Agency based trainers'
- to increase sustainability of training, learning and support for child protection practitioners

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- Stage 1** Identification of harm and initial safeguarding
- Stage 2** Making a full assessment and creating comprehensive chronology
- Stage 3** Establishing the nature and level of harm and harmful effects
- Stage 4** Safeguarding Analysis
- Stage 5** Child Protection Decision Making and Care Planning
- Stage 6** Developing a plan of intervention
- Stage 7** Identifying outcomes and measures
- child and family training**
- © Child and Family Training 2011
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DfE-funded - C&FT National Training Programme courses:

- Assessing Parenting and the Family Life of Children
- Assessing Families in Complex Child Care Cases
- Communicating with Children using the In My Shoes Interview
- Child Protection Decision Making – the Saaf
- Using the Attachment Style Interview in Child Care
- ‘Hope for Children and Families’ Targeting abusive and neglectful parenting and impairments of health and development

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In summary:

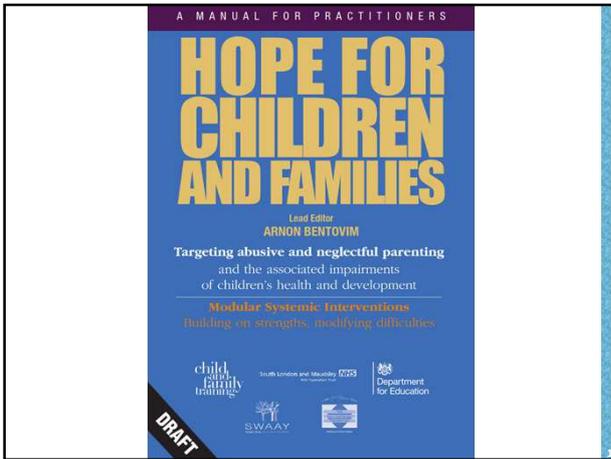
▪**Eradicating neglect** requires a **public health approach**, with interventions at primary, secondary and tertiary levels

▪These interventions should be informed by the **wealth of evidence available** and updated with new research findings

▪A **common elements approach** to training provides a digestible way of equipping all professionals to work together using effective interventions

▪**Political commitment to policy making using these approaches** is necessary to support professionals' ongoing work to develop systems to eradicate neglect

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INTRODUCTION

- Acknowledgements

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INTRODUCTION

- Acknowledgements

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INTRODUCTION

- Child maltreatment is not a disorder as such, but a context in which children and young people are exposed to abusive or neglectful parenting.
- The aim of intervention to prevent the recurrence of child maltreatment, and to promote recovery from associated impairment of health and development.
- HfCF is part of an overall approach to
 - evidence-based assessments of parenting and family life,
 - the analysis of the impact of harm to the child,
 - the risks of future harm and the
 - prospects for intervention.

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INTRODUCTION

- HfCF approach provides an evidence-based approach to testing the capacity of parents to modify abusive and neglectful parenting, and to reverse the child's impairments.
- HfCF is designed for use by a wide range of practitioners, provides building blocks and a tool kit for developing foundation skills in intervention.
- HfCF adopts a modular system, each module providing a stepwise approach to delivering an evidence-based intervention.



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CORE PRINCIPLES UNDERPINNING HfCF

Need to motivate and support parents who have often suffered significant disadvantage and adversity to address abusive and neglectful parenting and the harmful impacts.

- Modular systemic interventions integrate a variety of practice elements distilled from 40 papers of evidence based research on effective outcomes of abusive and neglectful parenting.
- The Common Practice Elements Framework (Barth et al 2011) describes generic components cutting across many distinct treatment protocols, identifying specific clinical procedures common to evidence based practices



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CORE PRINCIPLES UNDERPINNING HfCF

- It is systemic because of the need to take a broad view of the interlinking parent, child, family and community factors, assessing the profile of harm, risk of future harm and prospects for change
- There is a need for a multi-disciplinary support/supervision team around the child, and the practitioner
- An approach is provided that fits each of the main forms of abuse and associated impairment, adapted to meet a variety multiple forms of maltreatment, fitting the individual child and family.



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THE DEVELOPMENT OF THE HfCF

- A common factors framework –Duncan - personal and interpersonal components of intervention – alliance, client motivation, therapist factors are responsible for treatment outcomes to a significant extent.



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Seven Stages in Assessment, Analysis and Planning Interventions

- Stage 1** Identification of harm and initial safeguarding
- Stage 2** Making a full assessment and creating comprehensive chronology
- Stage 3** Establishing the nature and level of harm and harmful effects
- Stage 4** Safeguarding Analysis
- Stage 5** Child Protection Decision Making and Care Planning
- Stage 6** Developing a plan of intervention
- Stage 7** Identifying outcomes and measures



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INDICATIONS and CONTRAINDICATIONS

Indications:

- Specific risk to an unborn child – current parental difficulties, previous harm
- Evidence of abusive and neglectful parenting, potential or actual impairment
- Children where there is evidence of impairment of health and development –at home or alternative care,
- Family Intervention Teams working with multiple problems
- Parents with physical, mental health or substance abuse difficulties,



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INDICATIONS and CONTRAINDICATIONS

Contraindications:

- Some abusive and neglectful parenting, e.g. serious sexual abuse requires specialist levels of intervention.
- Some children with serious self-harming, aggression and serious sexually harmful behaviour
- Severity of adult, individual and family problems adult mental health, substance abuse and domestic violence and family conflict
- Consultation to manage the boundary of what practitioners can tackle and what needs to be referred to specialist referral.
- Multi-agency planning is a crucial part of safeguarding work.



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DEVELOPMENT OF THE HfCF APPROACH

- Evidence based interventions analysed for common elements using the Chorpita approach.
- Integrated into a set of modules using a variety of helpful approaches to deliver effective practice elements, including:
 - Modules from MATCH -ADTC addressing anxiety, depression, trauma and conduct.
 - Parent/child interaction therapy modifying patterns of coercive interaction.
 - Alternatives for families –physical abuse combining CBT and systemic approach



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DEVELOPMENT OF THE HfCF APPROACH

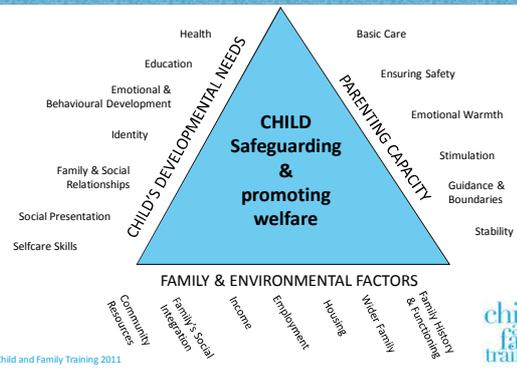
- Multi-systemic therapy integrates a number of different approaches
- Trauma-focussed CBT,
- The Project SafeCare approach, tackling neglect
- Improving parent/child interaction and attachment using the Circle of Security
- A variety of approaches to modifying disruptive behaviour, e.g. CBT and MST.
- In practice there are always combinations of abuse and neglect, and combinations of approaches



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Assessment Framework

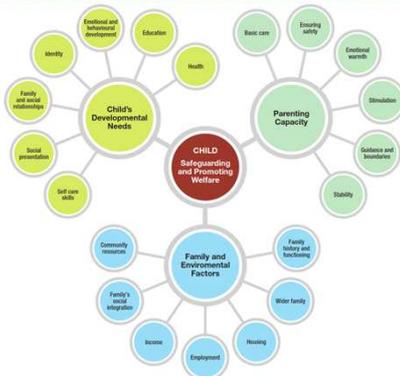
A map of relevant data to be collected



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ASSESSMENT FRAMEWORK – A MAP OF RELEVANT DATA TO BE COLLECTED

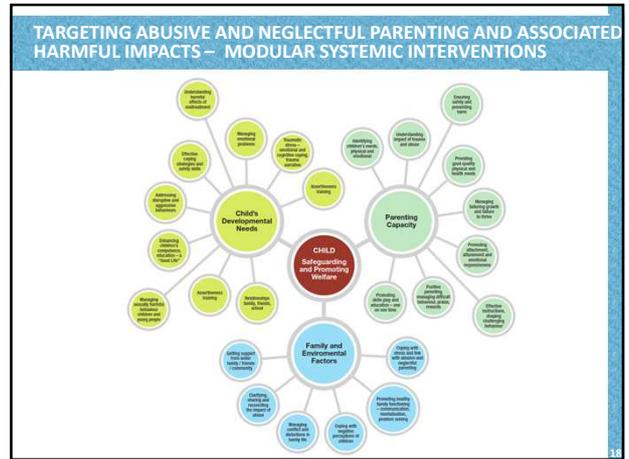
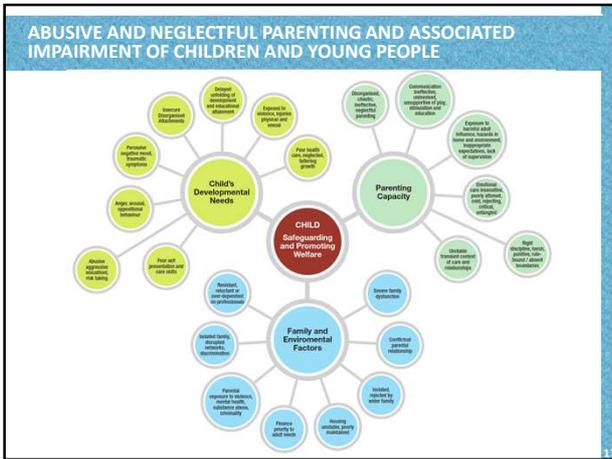


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PARENTAL STRENGTHS AND CHILDREN'S RESILIENCE



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DESCRIPTION OF A MODULE OF INTERVENTION

Each module includes:

- The goals.
- A briefing for the practitioners.
- The step-by-step approach to achieve goals.
- Materials to support the development of therapeutic work.
- Tools to assess the success of intervention for the child.
- Guidance on the skills required to deliver the module and how the modules can be integrated.

INITIAL STAGES OF WORK: ENGAGEMENT AND HOPE

How abusive and neglectful parenting affects children's development, emotional and physical; psycho-education

The module considers:

- The sorts of harmful impacts children experience.
- Responses parents have noticed and how they have explained them.
- Responses and impairments in children that need to be tackled.
- The impact on the developing brain.
- The issue of responsibility for violence.

**BREIFING MODULE FOR PRACTITIONERS
INITIAL STAGES OF WORK: ENGAGEMENT AND HOPE**

Discussion of the role of stress, positive stress Linked to the development of mastery of stress in specific situations, moderate short-lived activation.

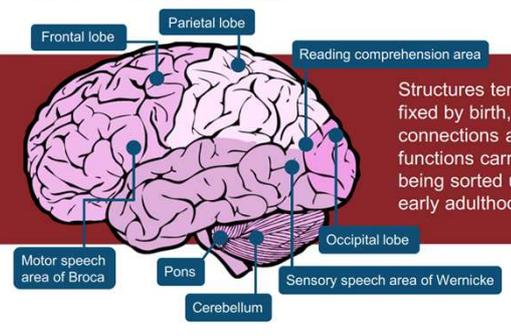
Discussion of the role of stress, toxic stress Toxic stress occurs in the context of extreme prolonged and unpredictable stress, chronic activation of biological response to stress, detrimental consequences for mental and physical health

When is toxic stress evoked The need for emotional and physical support to buffer intense and enduring responses.

Children exhibit the same biological responses even when not threatened.

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Neurobiology



Structures tend to be fixed by birth, but the connections and functions carry on being sorted until early adulthood.

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Persistent Stress Changes Brain Architecture

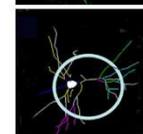
Normal



Typical neuron—many connections



Toxic stress



Damaged neuron—fewer connections



Prefrontal Cortex and Hippocampus

Sources: Radley et al. (2004)
Bock et al. (2005)

Source: Center on the developing child Harvard University, CA Nelson 2000

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MAIN STEPS

Whether parents think a child has been affected by harm they have experienced

Suggested script

- Describing the many different ways children can be harmed
- What ways do they think their child has been harmed?
- Differences in theirs and other's perceptions.
- Differences within the family.
- Professionals and court.
- Pointing out research indicates children remember more than parents do, what about their children.
- Discuss ways in which children can be harmed, does it apply to your children.
- Handout listing common ways in which children can get hurt, do they apply.
- Other people's concerns.

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MAIN STEPS

Is love enough?

Suggested script

- Is a safe environment and responsive individuals sufficient? Do they need special help in addition?
- Is it helpful if children are still in danger?
- We have ways of trying to help children overcome fears and gain confidence.
- Is it helpful for parents to acknowledge harm children have experienced? Will that help them take a more responsive role?



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Generic Module

Working with children: Emotional and traumatic responses

Psycho educational intervention on the effects on maltreatment

The module considers:

- Helping the child gain an understanding of how they have been affected by maltreatment.
- Exploring the fact that responses may have been understandable in the circumstances at the time, but may be unhelpful now.
- Helping the child create any misattributions or misperceptions create a coherent story of their experiences and a positive sense of self.

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Module

Working with Families – Promoting healthy family functioning

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

The module considers:

- All family members to construct a timeline of episodes of abusive and neglectful parenting to clarify, take responsibility for.
- Take into account associated harmful impact and associated harmful consequences.
- Provide a context where a family meeting can be convened with children, supportive caretaker and those responsible for abusive actions to be able to take responsibility and plan a safe future

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The Green Family

Family Tree:

- Father, Jack, aged 48
- Mother, Lesley, aged 41
- Presentation to professionals through prolonged failure of children's school attendance, increasing neglected appearance, and sexualised behaviour
- Charlie, aged 13, poor school attendance, neglected appearance, taking parental responsibility for younger children, intense sexual activity with Sarah and siblings revealed.
- David, aged 10, poor school attendance, neglected appearance, frozen rigid child, immature, delayed language, made to participate in sexualised activity, intense closeness with mother.

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The Green Family

- Sarah, aged 8, neglected appearance, and behaviour highly sexualised, behaving inappropriately with other children, yet most competent.
- John, aged 4, neglected appearance, holds a doll continuously, poor language development, extreme oppositional behaviour, involved in sexual activities
- Parents-Longstanding conflict, criticism, resentment Father increasing time out of the home, mother depressed, unable to cope, lack of support, retreats to bed, leaves care to Charlie
- Atmosphere of neglect, poor care, poor boundaries, hopelessness, children fending for themselves.
- Unsafe impoverished, chaotic, unhappy environment, unresolved arguments and conflicts

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Systemic Analysis

- **Predisposing factors**, early stability maintained by mother's family supporting family functioning and care.
- **Professional intervention** has helped maintain family organisation, supplementing parental failures
- **Precipitating factors** – increasing parental separation, conflict re family intervention, lack of parents' working together, father's absence, mother overwhelmed depressive symptoms. Isolation and absence of social support.

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Profile of Harm

- Significant sexually abusive behaviour, sexualised responses and traumatic symptoms, all children organised to be part of sexualised responses.
- Privation, neglect, lack of boundaries, appropriate care, disorganisation, failure to attend school, oppositional responses, developmental failure, care, presentation, stormy emotional insecure attachment responses.
- **Maintaining factors** – failure of parents working together, longstanding conflict, grievance, separation, lack of intimacy, withdrawal of family support.
- Mother's lack of capacity to organise family life, or satisfactory care, hopelessness, helplessness.

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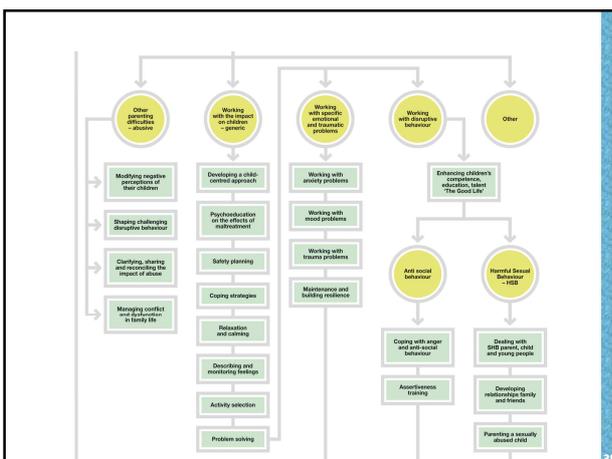
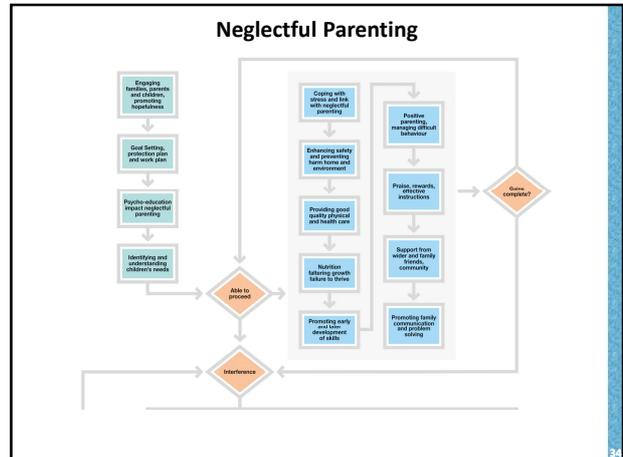
Profile of Harm

- **Protective factors** – Sarah's capacity to evoke positive responses from her mother, competency, interest in education, learning and relationships.
- Growth of all children satisfactory.
- Willingness to seek help by mother and wish to provide for care, acknowledging her failure and awareness of Charlie's abusive behaviour.
- Father maintained work, phases of support by wider family. Limited acknowledgement of significant failure of care.

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Saaf analysis Conclusions

- Overall Level of Harm – High Level of Risk
- Overall Levels of Risk of re-abuse, likelihood of future harm - High levels of risk
- Overall prospects for Successful Intervention – poor prospects for Charlie and David, moderate prospects for Sarah and David with mother if father excluded
- Trial of intervention of the younger children with Mother, Father living separately – agreed by the family and the court



The Session Planner (Clinical Event Structure)

Process Guide

| Before Session | During Session | After Session |
|---|--|--|
| <ul style="list-style-type: none"> Remind client and obtain commitment Review dashboard to assess progress and practice history Review notes on previously assigned homework Identify next practice(s) that will be the focus Review the Practice Guide(s) Establish session plan and choose rehearsal activity Check in with supervisor if needed | <p>Opening</p> <ul style="list-style-type: none"> Check In, Identify a Strength Review Earlier Skills/Homework Set Agenda <p>Working</p> <ul style="list-style-type: none"> Advise, Instruct, Or Guide Rehearse Repeat <p>Closing</p> <ul style="list-style-type: none"> Review Assign Homework Reward | <ul style="list-style-type: none"> Record progress ratings and practice(s) performed Review Practice Guide(s) to determine if any steps were missed that should be covered next time Note any homework that was assigned Note any new stressors or obstacles Check in with supervisor if needed |

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