

Therapeutic interventions for looked after children, young people and their caregivers

A modular approach: an introductory guide for
practitioners and managers

Dr Arnon Bentovim, Jenny Gray and Stephen Pizzey



Therapeutic interventions for looked after children, young people and their caregivers

Therapeutic interventions for looked after children, young people and their caregivers

A modular approach: 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, YO30 7XZ.

Cover design: Adrian Jefferies, Defining Design, www.definingdesign.co.uk

Publication development: William Baginsky, In edit, www.in-edit.co.uk

CFT221018HfCF-TI-LACintroguide

1.0 Hope for Children and Families Programme

Child and Family Training (C&FT) is a not-for-profit skills development and training organisation. It developed the *Hope for Children and Families* (HfCF) approach that aims to enhance effective work to promote the health, development and well-being of children, young people and families through building on strengths and overcoming difficulties using evidence-based resources. The development and production of practice resources (tools, instruments and practice guides) to support the key processes of assessment, analysis, decision-making, intervention, review and evaluation is an important feature of the HfCF approach.

2.0 The special needs of looked after children

Practitioners in social care, health, education and youth justice work with looked after children and young people in a variety of contexts. These children and young people have often suffered significant adversity, before being placed with foster carers, kinship carers, in residential or adoptive placements. When reviewing the range of children and young people identified as having suffered significant harm, those who became looked after are more likely to have been exposed to multi-type abuse, poly-victimisation and multiple adverse childhood events (ACEs) (Finkelhor *et al.*, 2007; Garcia *et al.*, 2017; Villodas *et al.*, 2016). They may have been exposed to:

- harsh, physically or sexually abusive, rejecting parenting
- violence and disruption
- insecure disorganised attachments,
- neglect or adversity e.g. family breakdown, death, loss or imprisonment of a parent or a parent suffering physical or mental illness and/or substance abuse.

As a result, looked after children are more likely to demonstrate high rates of *internalising disorders*, anxiety, depression, and traumatic symptoms, and *externalising disorders*, disruptive, anti-social or conduct behavioural problems, and high levels of distress and anger (Cecil *et al.*, 2017). They are more likely to show evidence of *complex post-traumatic stress disorder (CPSTD)* (WHO, 2012) which includes the core symptoms of PTSD i.e. re-experiencing, avoidance and hyperarousal, as well as heightened emotional reactivity and violent responses, negative views about the self and difficulties sustaining relationships.

The longer-term histories of looked after children may be characterised by ongoing emotional, traumatic responses, and associated challenging behaviours; placements may be unstable. There may be additional complicating factors depending on the nature of contact with birth families. They may come to the attention of education, health and youth justice services as a result of learning disabilities, anxious and depressed responses, self-harming and challenging behaviours. They may have extensive needs. Their caregivers (whether foster, kinship, adoptive or residential) need considerable support and resources to help these children and young people benefit from the stability and good quality care which they are offered. Placement in alternative care can transform the lives of children and young people who have been exposed to violence, abuse and neglect but significant resources need to be made available to achieve the goal of resilience and recovery.

3.0 The therapeutic challenge of looked after children and young people and their caregivers.

As a result of the complexity of the lives of looked after children, their therapeutic needs may be challenging. Child and adolescent mental health, social care and other types of services may be limited and unable to meet their needs. The recent NICE guideline, *Child abuse and neglect*, provides helpful guidance on which types of therapeutic interventions have been found to work with children and young people who have suffered various types of maltreatment at different stages of their development (National Institute for Health and Care Excellence, 2017).

They include the following:

- **Attachment-based interventions e.g. Attachment and bio-behavioural catch-up, and child-parent psychotherapy** for physically or emotionally abused or neglected children under 5 years, focusing on developing secure attachments;
- **SafeCare, Parent-child interaction therapy** for physical or emotional abuse or neglect for children up to the age of 12, to help caregivers promote positive behaviour through an intense engagement with caregivers and children;
- **Multi-systemic therapy for child abuse and neglect (MST – CAN)** for adolescents aged 10 to 17 to work with their challenging behaviour. This is a specialised resource requiring a team to be available continuously;
- **Trauma-focused cognitive behavioural therapy, Individual psychoanalytic therapy, group psychotherapeutic and psychoeducational sessions** for sexually abused children and young people where there is evidence of anxiety, sexualised behaviour or PTSD symptoms;
- The **KEEP approach** (based on the Oregon parenting programme) is to be considered for foster carers who are looking after abused and neglected children. This is a group-based programme, which aims to help foster carers promote positive behaviour.

These are helpful well-established approaches, but there is little guidance available on how to work with children and young people who have experienced **more than one** form of maltreatment and adversity, and are showing a complex set of emotional, traumatic and disruptive behaviours. There are fifteen different manualised approaches set out in the NICE guideline. Negotiating between these in order to find evidence-based ways for practitioners to support children, young people and caregivers is challenging. Training can be difficult to organise for organisations that have to decide which approach to choose from among differing theoretical perspectives.

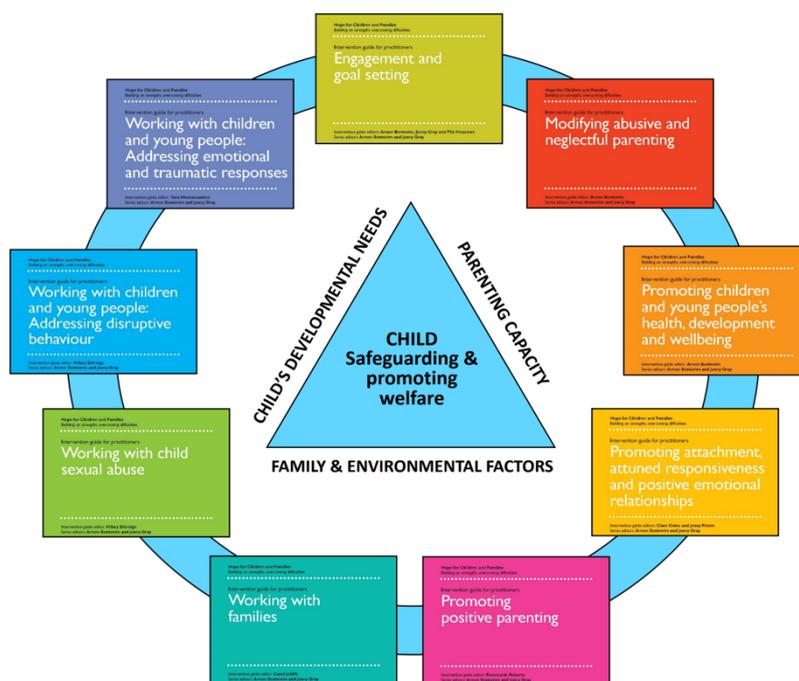
Practitioners working with looked children and young people and their caregivers who are at various levels of experience and training need to have an effective approach which can be trained widely. This is so that the many children and young people who are being looked after as a result of abuse and neglect can be helped with an effective, evidence-based, trauma-informed approach for the wide range of difficulties that they have experienced and which can have long term effects on their health and well-being.

4.0 A solution: the development of a multi-focal approach

A solution is the development of a **multi-focal approach** that can address multiple forms of abuse and neglect and the impact they have on children and young people. This capitalises on the benefits of the manualised approaches advocated by NICE, whilst affording greater flexibility to meet the complex needs of children, young people and their families. Chorpita and Weisz's (2009) original **Modular Approach to Children with Anxiety, Depression, Trauma**

and Conduct (MATCH – ADTC) is a highly effective treatment for common mental health problems of children and young people. Children and young people who have experienced extensive abuse and neglect are particularly vulnerable to responding with mental health difficulties. The modular approach is more effective than practitioners trying to integrate a variety of treatment approaches to meet the often-complex needs of children they are working with (Chorpita *et al.*, 2017).

The Hope for Children and Families Intervention Resources have incorporated **common elements-therapeutic procedures** described in the MATCH-ADTC approach. In addition, common elements have been distilled from the approaches recommended by NICE and other evidence-based approaches which have been shown to be effective. These elements are targeted at parents/caregivers, children, young people and families. They aim to *engage and motivate; provide psycho-education for carers, children and young people about the harmful impact of maltreatment they have suffered; understand the historical and current stressful origins of abusive responses and their impact; manage the impact through managing emotional responses and establishing a trauma narrative; promote positive emotionally responsive parenting and secure attachments; manage challenging, disruptive and sexually and physically harmful responses; promote the resilience of children and young people through developing coping strategies, ways of feeling good, and managing anxiety, depression and anger; and improve relationships*. These elements have been integrated into modules, and a set of intervention guides structured around the *Assessment Framework* domains and dimensions (Department of Health *et al.*, 2000).



Each guide focuses on a relevant theme. It includes briefing modules, a step-by-step guide to delivering an evidence-based intervention, scripts, guidance notes, activities, handouts for parents and worksheets. Practitioners can choose approaches which fit with the specific needs of the children and families they are working with.

The HfCF approach equips practitioners to work with a range of situations at different levels of complexity. Practitioners can be trained in one approach – through a series of workshops and coaching sessions – designed with their organisation to be relevant to their working context. This approach can be adapted and applied to a wide range of circumstances.

5.0 Introduction to the intervention guides for practitioners

Nine intervention guides for practitioners have been designed to meet the common patterns of parenting stresses or difficulties, including abusive and neglectful parenting, and the associated impairment of children and young people's health and development (Bentovim and Gray (eds), 2016; 2017)

The guides include modules that are aimed directly at modifying abusive and neglectful parenting. They also include modules that are directly relevant to foster, adoptive, kinship or residential caregivers e.g. modules aimed at promoting development, safety, emotional responsiveness and secure attachments, promoting positive parenting approaches to managing challenging behaviour, and helping children manage anxiety, depression and traumatic responses.

- **Two intervention guides** are focused on direct work with children and young people. *Working with children and young people: Addressing emotional and traumatic responses* and *Working with children and young people: Addressing disruptive behaviour*. They are relevant to children and young people who have been exposed to various forms of maltreatment and adversity. The chosen modules relevant to the needs of the child or young person are delivered by a practitioner working in partnership with a supportive parent figure/caregiver who can continue to work on the therapeutic process e.g. to encourage the completion of a Trauma Narrative or practice a coping strategy.
- **Three intervention guides** are focused on parenting includes *Promoting positive parenting; Promoting attachment, attuned responsiveness, and positive emotional relationships* and *Promoting children and young people's health, development and wellbeing*. They provide a broad range of modules to help foster, adoptive, kinship or residential caregivers in meeting the often-complex range of needs of looked after children who have suffered considerable neglect and abuse. Although the focus is on parenting, the modules often include direct work with parents and children together to directly manage or promote positive and responsive behaviours.
- **One intervention guide** is focused on *Working with Families*. This guide helps the practitioner work with caregivers and children together to promote communication and manage the conflict and difficulties that are part of the process of achieving stability and resilience.
- **Two intervention guides** are more specifically focused on working with children and young people who have suffered sexual abuse, or are displaying sexually harmful behaviour, *Working with child sexual abuse* and *Modifying abusive and neglectful parenting*. Children and young people are often reported as revealing a history of sexual abuse when they are in the safety of alternative care, or they may display harmful sexual behaviour. Practitioners are helped to support caregivers to provide a safe environment and to modify children and young people's responses through direct work. The guide on *Modifying abusive and neglectful parenting* has less relevance to caregivers, but there are helpful modules on understanding the impact of abuse and neglect and modifying sources of stress which can be evoked by caring for highly stressed children and young people.

Although distinct types of abuse are described in the intervention guides, in practice there are invariably differing combinations of abusive and neglectful parenting. For example, emotional abuse is associated with the attribution and perception of a parent that a child is deserving of punishment, harsh parenting or sexual action; neglect is associated with the failure of the parent to perceive children's physical, emotional or health needs.

When working with a child and family, following a thorough assessment, the practitioner needs to establish the profile of strengths and difficulties in the child/young persons’ health and development, and the parenting capacity of the caregivers.

An analysis is then undertaken regarding any impairments of the child’s health and development/harm using the *Assessment Framework* model (the profile of harm). Intervention modules need to be selected that relate to this profile in order to intervene to meet the identified needs of the child, young person and caregiver, establish a management and safety plan.

Generally, the practitioner needs to choose modules that:

- engage effectively with children and carers
- provide psycho-education to help children and parents, understand the impact of harmful processes and their origins which have had an impact on their children’s health and development
- address the emotional, traumatic and disruptive responses associated with the experiences of the child or young person
- promote secure attachments, positive parenting, good quality emotional and physical care, protection, and the resilience of children and young people.

6.0 Summary of the contents of the intervention guides for practitioners

Engagement and Goal Setting

The aim of these modules is to engage with children and their caregivers, establish a profile for intervention, goal setting, intervening and measuring progress. The two modules on engagement and goal setting provide a set of steps, associated scripts and worksheets to engage children and caregiver, and help the practitioner to set collaborative goals in light of the analysis, establish a plan of intervention, promote a sense of hopefulness, establish how progress is to be monitored and measured and describe the consequences of success or failure.

INTERVENTION GUIDES FOR PRACTITIONERS	MODULES
<p><i>Engagement and goal setting</i></p> <p>This intervention guide describes the concepts and structure underpinning the Hope for Children and Families (HfCF) approach and introduces the initial stages of engagement and goal setting as applied to the practitioner’s own case.</p> <p>Before commencing a programme of intervention for a child and family it is essential to carry out a thorough assessment and analysis, establishing a profile for intervention.</p>	<p><i>‘Engaging children, parents and families: Promoting hopefulness’</i> [ES-M1] begins with an initial meeting, involving the children and family: an orientation by the referring professional briefing the practitioner on concerns, strengths and difficulties, and a discussion of the practitioner’s understanding of the children and family’s challenges and the strengths and difficulties with which they will be working. It suggests how the practitioner can provide information to the child and family about why it may be helpful to work with the practitioner. It sets the scene for a specific discussion on goals, and how the practitioner will assess and monitor outcomes and feed this information back to the referrer.</p>

<p>A seven-stage model of assessment, analysis, planning and reviewing interventions in child wellbeing and safeguarding contexts forms the basis of the process:</p> <p>Stage 1: Consider the referral and the aims of the assessment</p> <p>Stage 2: Gather assessment information on the child’s developmental needs, parenting capacity, and family and environmental factors</p> <p>Stage 3: Organise the information using the Assessment Framework and a chronology</p> <p>Stage 4: Analyse the patterns of strengths and difficulties</p> <p>Stage 5: Make judgements based on a systemic analysis</p> <p>Stage 6: Make decisions and develop a plan of intervention</p> <p>Stage 7: Implement the plan of intervention, monitor and review progress.</p> <p>The Case Specific Case Record (CSIR) is designed to assist practitioners using the ‘Hope for Children and Families’ resources to think carefully about and to structure their work with a child, young person, parent or carer and then to record information relevant to each of the seven stages of involvement.</p>	<p>‘Goal setting’ [ES-M2] assists in the process of establishing collaborative goals by exploring the children’s, parents’ and professionals’ views about goals that have arisen from the assessment, child protection or care plan (if in place), and from previous discussions. A child and family agreement is developed, together with a family safety plan and a management plan acknowledging how progress on achieving the goals will be measured, and the consequences of not reaching them.</p> <p>The Case-specific information record is available at www.candft.org.uk/engagement and can be downloaded for use with each case.</p> <ul style="list-style-type: none"> • Strengths and difficulties are described, a baseline systemic analysis constructed to consider processes and their impact on the child’s health and development without intervention. • The likely response to intervention is considered, based on the parents’ capacity to respond to their children’s needs. • A focus for intervention can then be established using the contents of the intervention guides and the library of modules. • A plan and a framework for reviewing goals, goals to be achieved, tools to measure change and progress are agreed with the children and family.
---	---

Working with children and young people

Two intervention guides consider work with children and young people:

- ***Working with children and young people: Addressing emotional and traumatic responses***
- ***Working with children and young people: Addressing disruptive behaviour***

These are the core guides working with children and young people who have been exposed to abusive and neglectful parenting.

The traumatic responses associated with abuse, neglect and through complex neuro-biological processes have an extensive impact on children’s development, physical and mental health. An overlapping set of emotional and traumatic responses result. These need to be responded to through use of a range of modules that help practitioners work with parents and carers to develop children and young people’s generic skills to manage their emotions, find safety and develop problem solving abilities. Specific anxiety, mood, traumatic responses, and disruptive behaviour need to be addressed once basic coping skills have been mastered.

INTERVENTION GUIDES FOR PRACTITIONERS	MODULES
<p><i>Working with children and young people: Addressing emotional and traumatic responses</i></p> <p>This guide describes work with children and young people to address the emotional, behavioural and developmental impairments associated with being exposed to abusive and neglectful parenting.</p> <p>The focus is on working collaboratively with the child after an assessment process has been completed, and the profile of the child's needs established.</p> <p>Most of the modules are generic and useful for children affected by abuse or neglect. Generally, they should be worked through in the order presented. These generic modules aim to provide the child with a toolkit of skills to help them manage their feelings, thoughts and behaviours. They are also useful to the practitioner in building relationships with children and helping engage them.</p> <p>There are three specific modules on</p>	<p><i>'Developing a child-centred approach'</i> [WR-M1] begins with the process of getting to know the child, building a relationship, conveying interest in the child and hope for the future, an understanding of how children feel and acknowledging the child's strengths and presenting difficulties and ends with establishing the child's goals as a result of the intervention.</p> <p><i>'Psychoeducational intervention on the effects of maltreatment'</i> [WR-M2] is concerned with helping children gain an understanding of how they have been affected by maltreatment, correcting any misattributions or misperceptions, and developing a coherent story of what happened and why, which allows them to have a positive sense of self.</p> <p><i>'Safety planning'</i> [WR-M3] focuses on increasing the child's ability to maintain personal safety when there are known risks in the environment, understanding how to maintain their personal safety and developing, understanding and following a safety plan</p> <p><i>'Coping skills'</i> [WR-M4] helps children identify their usual ways of coping with stressors and provides them with suggested ways of coping more effectively.</p> <p><i>'Relaxing and calming'</i> [WR-M5] introduces the idea that staying calm and relaxing are good ways to affect the way we feel – especially when stressed out and tense. It demonstrates what relaxation feels like to children who have difficulty relaxing, increasing their awareness about their own tension so that relaxation skills can be applied at the proper time, and teaching the child to relax in certain situations (e.g. bedtime).</p> <p><i>'Describing and monitoring feelings'</i> [WR-M6] helps the child to describe, measure, and monitor their feelings to get a better appreciation of how feelings can be affected by different events in positive and negative directions.</p> <p><i>'Activity selection'</i> [WR-M7] helps the child learn about the connection between things we do and how we feel, and the link between positive activities and feeling good. The child is helped to identify activities they can do to improve their mood and schedule activities which make them feel good.</p> <p><i>'Problem solving'</i> [WR-M8] helps the child learn steps for effective problem solving, knowing how to generate ideas and possible solutions, apply these problem-solving skills to real life problems, and enable them to develop a greater sense of urgency and mastery in their life.</p> <p><i>'Working with anxiety problems: Helping children who experience excessive anxiety'</i> [WR-M9] helps children to understand what anxiety is and learn to differentiate between normal anxiety in situations of danger and excessive anxiety, and to identify situations that make them anxious and the way they respond. The child learns it is possible to reduce feelings of anxiety by changing how they respond to situations and understands how interventions can help.</p> <p><i>'Working with mood problems: Helping children who present with persistent low mood or with depression'</i> [WR-M10] helps children understand more about mood problems and depression, that</p>

<p>anxiety, mood and trauma problems. These should be selected on the basis of the problem the child is experiencing.</p> <p>There is also an optional module on social skills if the child has difficulty with peer relationships.</p>	<p>individuals can control their mood and feelings by changing how they act and think – to be optimistic about their situation and the likelihood of improving, and motivated and interested in participating in this improvement process.</p> <p>‘Working with trauma problems: Helping children who experience traumatic responses’ [WR-M11] includes the following: Psychoeducation, parenting skills, relaxation, affect expression and modulation, constructing a trauma narrative, cognitive coping and processing, mastery of trauma reminders, and enhancing safety and parent-child settings.</p> <p>‘Developing positive relationships with family and friends’ [WR-M12] introduces the importance of being positive in our interactions with others, teaches the child verbal and non-verbal social behaviours, provides the opportunity to practice new social skills and encourages the child to practice their new skills with others.</p> <p>‘Maintenance and building resilience’ [WR-M13] reviews progress with the child and considers how it can be maintained, anticipating future challenges and how to address them.</p>
<p>Working with children and young people: Addressing disruptive behaviour</p> <p>This guide focuses on working with children and young people who are showing disruptive behaviour problems. These are some of the commonest responses to abuse and neglect.</p>	<p>‘Education, talent and the “Good Life” [WB-M1] helps children and young people recognise their ability to decide the personal characteristics and behaviours that they wish to form part of their future; assists them in identifying positive goals for the future so that they can work towards achieving a ‘Good Life’; enables them to identify and recognise the strengths and skills that they have to help them achieve their goals; and, encourages them to identify obstacles preventing them from achieving these goals and individuals in their lives who could form part of their positive supportive network.</p> <p>‘Young people coping with disruptive behaviour’ [WB-M2] introduces a cognitive behavioural model to help children and young people understand their angry thoughts and feelings and analyse what happened to trigger their behavior, the behaviour itself and the consequences. It helps children and young people to understand the internal and external triggers which lead to the angry feelings and substitute other responses as an alternative to anger. It also provides parents with techniques to support their children when they are using these new, alternative responses to anger.</p> <p>‘Assertiveness training’ [WB-M3] provides an alternative to aggressive behavior and helps in the development of pro-social behaviour. It enables children and young people to learn how to express needs or intentions appropriately, countering aggressive patterns of interaction by providing a substitute, using socially appropriate strategies to express feelings, stand up for themselves and disagree with others, and practise these in situations in which assertive strategies would be appropriate.</p> <p>‘Developing positive relationships with family and friends’ [WB-M4] addresses self-presentation and developing relationships with friends and families, and social skills. It introduces the importance of the child or young person being positive in their interactions with others, teaching them verbal and non-verbal social behaviours and supporting them to practice these new social skills with others. This is part of the ‘Good Lives’ process.</p>

Promoting the development of children and young people through supportive parenting responses

Three intervention guides consider work with parents in addressing different areas of parenting which are helpful in promoting children’s health and well-being.

- **Promoting positive parenting**
- **Promoting children and young people’s health, development and wellbeing**
- **Promoting attachment, attuned responsiveness and positive emotional relationships**

These are guides that focus on helping parents to develop skills in positive parenting, promoting more secure attachments through one on one activities, and helping them to promote their children’s play, language and educational attainments.

The parenting approaches are relevant for foster, adoptive, kinship and residential carers working with children and young people who have suffered significant adversity, abuse and neglect.

The content of the guide on **Modifying abusive and neglectful parenting** is described. Although not directly relevant for carers, it has useful information on understanding the impact of toxic stress, and managing parental stress. Given that many children in alternative care are in contact with family members who may have been abusive, it is helpful to be aware of the processes of work for parents to modify abusive and neglectful patterns, which may be relevant for the care of looked after children

GUIDES FOR PRACTITIONERS	MODULES
<p>Promoting positive parenting</p> <p>This guide includes six modules that focus on helping parents understand the factors that lead children to behave in a disruptive fashion, to misbehave, and to find ways to turn this around.</p> <p>The aim is to understand factors associated with the development and maintenance of negative behaviour and to introduce a number of different approaches to improve the behaviour through positive approaches.</p>	<p>‘Understanding children’s difficult behaviour’ [PP-M1] focuses on understanding the causes of difficult behaviour, factors which contribute to it, how these factors link to the family and caregiver; understanding the situational context; and the importance of consistency and difficulties in maintaining it.</p> <p>‘Praise and positive attention’ [PP-M2] addresses the value of praise; the concept that behavioural responses (positive or negative) are reinforced through attention; and that praise is a tool which increases behaviours which are most desired.</p> <p>‘The use of attention and ignoring’ [PP-M3] describes ways in which unwanted behaviours are sometimes inadvertently rewarded through the child gaining attention; how to withdraw attention from mildly inappropriate behavior – e.g. complaining, whining, reassurance seeking – whilst increasing attention for more appropriate alternatives; and helping parents to feel comfortable about using these skills.</p> <p>‘Giving effective instructions’ [PP-M4] addresses the value of giving effective instructions to children; the risk of ineffective instructions leading to a cycle of conflict; and provides opportunities to practise.</p> <p>‘Rewards’ [PP-M5] explains the value of using rewards to manage children’s behaviour and describes ways of using different rewards systems.</p> <p>‘Shaping challenging behaviour’ [PP-M6] describes using the following: reward systems to shape challenging behaviour;</p>

	<p>consequences and sanctions; time out; an externalising approach to manage behaviour (“Defeating Temper”); and solution-focused approaches.</p>
<p>Promoting children’s and young people’s health, development and wellbeing</p> <p>The guide presents parents with information about children’s development, including how the brain develops.</p> <p>It is intended to help parents understand how children develop at different stages throughout their childhood, as well as help them to understand their parenting role, and be able to respond to their children’s needs, and promote their health, development and wellbeing, throughout each stage of childhood.</p>	<p>‘Developing a capacity to identify and understand children’s physical and emotional needs’ [PW-M1] begins by helping to ascertain the parents’ concerns and their knowledge about child development in general, and then discussing factors that influence children’s development, and how these factors may have affected their children. It helps parents identify the particular challenges of each stage of development and consider what types of parenting best helps children at each of these stages.</p> <p>‘Promoting early development’ [PW-M2] and ‘Promoting later development’ [PW-M3] provides parents with approaches to foster their children’s early and later development. They help parents/caregivers develop the capacity to promote age-appropriate development throughout children’s lives by providing specific support to develop their speech, language and communication skills. They give parents direct experience of facilitating their child’s development, and of how to promote this in the home.</p> <p>‘Ensuring safety and preventing harm’ [PW-M4] involves reviewing with the parents the child’s history of accidental and non-accidental harm and discussing safety precautions; reviewing the safety of the child’s environment (internal and external); and helping the parents deal with hazards both in the home and external to it.</p> <p>‘Providing good quality basic care’ [PW- M5] establishes a profile of the pattern of care and the home conditions. It creates a clear picture of the pattern of the children’s care over a 24-hour period before agreeing goals with the parents to improve the quality of their care, and then initiating a plan of intervention and assessing its effectiveness.</p> <p>‘Nutritional care: Weight faltering and failure to thrive’ [PW-M6] supports families to improve their children’s feeding, increasing their calorie intake where necessary. It facilitates discussions about the possibility of addressing weight faltering and failure to thrive as part of an approach to dealing with a general picture of neglect, or alternatively its links with pronounced food refusal or highly stressful mealtimes when there may be ‘highly aversive’, emotionally abusive interactions.</p>
<p>Promoting attachment, attuned responsiveness and positive emotional relationships</p> <p>This guide stresses the importance of the secure attachment; explains the nature</p>	<p>‘Promoting attachment, attuned responsiveness and positive emotional relationships: Younger children’ [PR-M1] focuses on helping parents understand what attachment is; identify attachment behaviour; understand the balance of the need for security and the need to explore; and intervene when ‘disorganised’ attachments have occurred.</p>

<p>of secure and insecure attachments; and helps practitioners to identify the nature of the attachment between the parents and infant, growing child and adolescent; understand the factors which have led to insecure or disorganised attachment responses; and help to modify these responses.</p>	<p><i>'Promoting attachment, responsiveness and positive relating with older children: One-on-one time'</i> [PR-M2] helps parents understand the way attachments develop for older children; observe their older children and comment on their activities, play and achievement, increasing the amount of positive attention, and see that reinforcing positive behaviour is an excellent way of managing behaviour and supporting the process.</p> <p><i>'Promoting attachment, attuned responsiveness and positive emotional relationships with adolescents'</i> [PR-M3] focuses on helping parents understand the way attachments develop during adolescence; observe their responses and understand how apparently challenging behaviour can represent attachment needs; and support them to increase the amount of positive attention.</p>
<p><i>Modifying abusive and neglectful parenting</i></p> <p>This guide is intended to support work with parents who have been responsible for physically, sexually or emotionally abusive actions towards their children, have seriously neglected their care, or have exposed their children to domestic violence.</p> <p>Although the focus is on direct work with parents, the presence of children and young people may be key to the process. They can communicate about their experiences and trigger discussions about the impact of these events on them.</p>	<p><i>'How abusive and neglectful parenting affects children's emotional and physical development: Psychoeducation'</i> [MP-M1] helps parents recognise the harmful impact on their children, the way in which toxic stress has an impact on the child's developing brain and assists parents to take responsibility for their abusive actions.</p> <p><i>'Parents coping with stress and the link with abusive and neglectful parenting'</i> [MP-M2] addresses how stress arises and affects parents' behaviour and capacity to provide good quality care. It focuses on the factors (e.g. children's temperaments, parents' personal health and relationships, parental responses to family of origin issues and environmental stressors) that can increase parental stress and provides practical ways of managing stress.</p> <p><i>'Helping parents cope with negative perceptions of their children'</i> [MP-M3] helps parents discuss the consequences of being in a stressful situation and the negative consequences, and their thoughts, feelings and actions associated with this stress. It then enables them to identify and challenge these thoughts and change their perception of their children's behavior.</p> <p><i>'Clarifying, sharing and reconciling the impact of abusive and neglectful parenting'</i> [MP-M4] enables parents to construct a timeline of episodes of abusive and neglectful parenting and take responsibility for the associated harmful impact. It assists in setting up a forum for the discussion of abusive events where appropriate responsibility is taken and apologies are made, before planning a future that is protective, nurturing and stable.</p>

Working with families

One intervention guide considers work with families: Working with the family as a group, and in various combinations is an essential skill for practitioners. The **Working with families** guide helps practitioners to engage with carers and children together to facilitate parent-child communication, and to work to interrupt and find alternatives to conflict within the family, and between the parents, and community.

INTERVENTION GUIDES FOR PRACTITIONERS	MODULES
<p><i>Working with families</i></p> <p>This guide helps practitioners work with families to manage conflict and dysfunction in family life associated with abuse and neglect.</p> <p>The goal is to help the practitioner promote a sufficiently stable family environment to enable children to develop and maintain organised attachments to caregivers to provide a ‘secure base’.</p> <p>By establishing a network of stable family and social contexts, a secure identity within family, cultural and social contexts can be fostered, despite stressful and potentially destabilising events.</p>	<p><i>‘Promoting healthy family functioning, family communication and problem-solving skills’</i> [WF-M1] focuses on setting up family meetings, facilitating more positive parent-child communication, and creating a “communication hierarchy” so that difficult topics can be addressed, and teaching and practicing communication skills to improve positive relationships amongst family members.</p> <p><i>‘Helpful techniques to manage conflict and dysfunction in family life’</i> [WF-M2] focuses on helping the carers understand the origins of conflict arising within it or between the practitioner and protection agency, describing practice skills to deal with conflict, and establishing the nature of the issues that are causing conflict and developing a problem-solving strategy. Techniques including solution focused approaches, are described to work with the family as a whole, and with parental couples in conflict, exposing children and young people to violence.</p> <p><i>‘Support networking for families’</i> [WF-M3] is aimed at identifying current sources of informal and formal support, helping promote relationships between carers and a potential supportive network, and helping the family develop sources of support, both formal and informal.</p>

Working with child sexual abuse

One intervention guide **Working with child sexual abuse** considers work with children and young people who have been abused sexually and with their parents/caregivers, and with those who are responsible for or who display harmful sexual behaviour. Working with child sexual abuse is challenging for practitioners. Given the emerging burden of child sexual abuse and sexual exploitation it is essential that practitioners develop skills to support children and young people who have been exposed to sexual abuse and demonstrate sexually harmful behaviour, often in association with other forms of maltreatment and adversity, and to support their parents. Two key areas of work are described below.

INTERVENTION GUIDES FOR PRACTITIONERS	MODULES
<p><i>Working with child sexual abuse</i></p> <p>This guide focuses on two key areas:</p>	<p><i>‘Promoting safety for children and young people who have been harmed sexually in the family or by a trusted member of the community’</i> [WA-M1] aims to empower protective carers with knowledge, tools and hope to play an active part in their child’s recovery and future protection; understand what child sexual abuse</p>

<p>1) Working to enhance the resilience of children and young people who have been sexually abused by a family member or by a trusted member of the community,</p> <p>2) Working with children and young people responsible for or who have displayed harmful sexual behaviours and with their parents and caregivers.</p> <p>Promoting safety for these children and young people, and supporting and empowering protective parents to promote the child's recovery and psychological wellbeing,</p>	<p>is, what motivates individuals to engage in sexually abusive behaviour and 'grooming'; understand the child's perspective; and help parents to protect children.</p> <p><i>'Working with parents and carers to support work with children and young people responsible for harmful sexual behaviours'</i> [WA-M2] helps practitioners support parents/carers appreciate the categories, origins and function of harmful sexual behaviour, what is age-appropriate and the therapeutic work required. The module helps practitioners decide what approaches are helpful; identify specific roles of parents/carers in their family situation; identify the nature, circumstances and context of the child/young person's behaviour and develop an understanding of what constitutes harmful sexual behaviour. In addition, the module supports practitioners in proposing interventions tailored to the particular needs of the child or young person and ways in which parents/carers can support those interventions.</p> <p><i>'Working with younger children who have displayed harmful sexual behaviours'</i> [WA-M3] helps practitioners work collaboratively with children and their parents/carers to change inappropriate behaviours and help children to learn positive ways of managing their sexuality, practicing basic simple rules about sexual behaviour and physical boundaries.</p> <p><i>'Working with older children and young people who have displayed harmful sexual behaviours'</i> [WA-M4] helps practitioners working collaboratively with older children and young people and their parents/carers to enhance protective factors and help young people develop their sexuality appropriately, be open and communicate positively about sexual matters, developing age-appropriate sexual knowledge and understanding of what is OK and not OK. The module also supports development of a family safety plan.</p>
---	--

References and relevant reading

- 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. 2015. Burdens and consequences of child maltreatment. In Bentovim, A. and Gray, J. (eds). *Eradicating Child Maltreatment*. London: Jessica Kingsley Publishers; pp. 17-50.
- Bentovim, A. and Elliott, I. 2014. Targeting Abusive Parenting and the Associated Impairment of Children. *Journal of Clinical Child & Adolescent Psychology*. Available <http://www.tandfonline.com/loi/hcap20>
<http://www.tandfonline.com/loi/hcap20><http://www.tandfonline.com/loi/hc>.
- Bentovim, A. and Gray, J. (eds). 2016; 2017. *Hope for Children and Families: Building on Strengths, Overcoming Difficulties*. York: Child and Family Training.
- Bentovim, A., Gray, J., Heasman, P. and Pizzey, S. 2017. *Engagement and goal setting*. In A. Bentovim and J. Gray (eds) *Hope for Children and Families: Building on Strengths, Overcoming Difficulties*. York: Child and Family Training.
- Bentovim, A. 2017. *Modifying abusive and neglectful parenting*. In A. Bentovim and J. Gray (eds) *Hope for Children and Families: Building on Strengths, Overcoming Difficulties*. York: Child and Family Training.
- Bentovim, A. 2017. *Promoting children and young people's health, development and wellbeing*. In A. Bentovim and J. Gray (eds) *Hope for Children and Families: Building on Strengths, Overcoming Difficulties*. York: Child and Family Training.
- Cecil, CAM., Viding, E., Fearon, P., Glaser D, and McCrory, EJ. 2017. Disentangling the mental health of childhood abuse and neglect. *Child Abuse and Neglect* **63**: 106-119.
- Chorpita, BF. and Weisz, JR. 2009. *Modular Approach to Children with Anxiety, Depression, Trauma and Conduct Match-ADTC*. Satellite Beach FL: PracticewiseLCC.
- Cox, A. and Bentovim, A. 2000. *The Family Pack of Questionnaires and Scales*. London: The Stationery Office.
- Cox, A., Pizzey, S. and Walker, S. 2009. *The HOME Inventory: A Guide for Practitioners – The UK Approach*. York: Child and Family Training.
- Department of Health, Department for Education and Employment, Home Office. 2000. *The Framework for the Assessment of Children in Need and their Families*. London: The Stationery Office.
- Eldridge, H. 2017. *Working with children and young people: Addressing disruptive behaviour*. In A. Bentovim and J. Gray (eds) *Hope for Children and Families: Building on Strengths, Overcoming Difficulties*. York: Child and Family Training.
- Eldridge, H. 2016. *Working with child sexual abuse*. In A. Bentovim and J. Gray (eds) *Hope for Children and Families: Building on Strengths, Overcoming Difficulties*. York: Child and Family Training.
- Finkelhor D, Omrod RK, Turner HA. 2007. Poly-victimisation: A neglected component in child victimization. *Child Abuse and Neglect* **31**: 7-26.
- Garcia, AR., Greeson, JKP., Thompson, A., DeNard, C. and Gupta, M. 2017. Adverse childhood experiences among youth reported to child welfare: results from the national survey of child & adolescent wellbeing. *Child Abuse and Neglect* **70**: 292-302.
- Gates, C. and Peters, J. 2017. *Promoting attachment, attuned responsiveness and positive emotional relationships*. In A. Bentovim and J. Gray (eds) *Hope for Children and Families: Building on Strengths, Overcoming Difficulties*. York: Child and Family Training.

- Herrenkohl, R.C. and Herrenkohl, T.I. 2009. Assessing a child's experience of multiple maltreatment types: Some unfinished business. *Journal of Family Violence* **24**: 485 – 496.
- Jolliffe, C. 2016. *Working with families*. In A. Bentovim and J. Gray (eds) *Hope for Children and Families: Building on Strengths, Overcoming Difficulties*. York: Child and Family Training.
- Marchette LK, Weisz JR. 2017. Practitioner Review: Empirical evolution of youth psychotherapy toward transdiagnostic approaches. *Journal of Child Psychology and Psychiatry* **58** (9): 970-984.
- McCrary E, Gerin MI, Viding E. 2017. Child Maltreatment. Latent vulnerability, and the shift to preventative psychiatry – the contribution of functional brain imaging. *Journal of Child psychology, and Psychiatry* **58**: 338-357.
- National Institute for Health and Care Excellence. 2017. *NICE guideline. Child abuse and neglect*. London.
- Pizzey, S., Bentovim, A., Cox, A., Bingley Miller, L. and Tapp, S. 2016. *The Safeguarding Children Assessment and Analysis Framework*. York: Child and Family Training.
- Roberts, R. 2016. *Promoting positive parenting*. In A. Bentovim and J. Gray (eds) *Hope for Children and Families: Building on Strengths, Overcoming Difficulties*. York: Child and Family Training.
- Villodas, M.T., Cromer K.D. et al. 2016. Unstable child welfare placements, early physical and mental health, role of adverse childhood experiences and PTSD. *Child Abuse and Neglect* **62**, 76-88 .
- Weeramanthri, T. 2016. *Working with children and young people: Addressing emotional and traumatic responses*. In A. Bentovim and J. Gray (eds) *Hope for Children and Families: Building on Strengths, Overcoming Difficulties*. York: Child and Family Training.
- WHO. 2012. *ICD-11 content form for mental and behavioural disorders submitted by working group on stress-related disorders*. Retrieved from <http://apps.who.int/classifications/icd11/browse/f/en>

