

Assessment, Analysis and Intervention using The Hope for Children and Families Approaches

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The Process

(Pizzey, Bentovim, Cox, Bingley Miller & Tapp, 2016)

- Stage 1:** Consider the referral and aims of the assessment
- Stage 2:** Gather information on the child's developmental needs, parenting capacity and family and environmental factors
- Stage 3:** Organise information and organise it using the Assessment Framework and a chronology
- Stage 4:** Analyse the patterns of strengths and difficulties
- Stage 5:** Make judgements based on a systemic analysis
- Stage 6:** Make decisions and develop a plan of intervention
- Stage 7:** Implement the plan of intervention, monitor and review progress

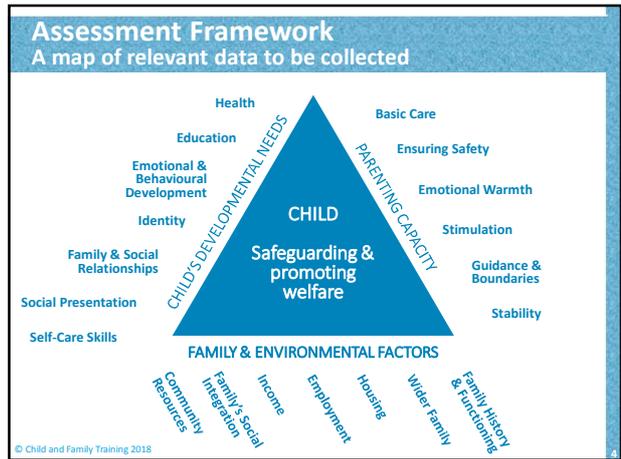
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Principles Underpinning The Assessment Framework

Assessments:

- are **child centred**;
- are **rooted in child development**;
- are **ecological** in their approach which means **the child must be understood within the context of their family** and this includes the:
 - role of economic disadvantage
 - role of friendship groups
 - impact of supportive families on parenting capacity; and
 - the main areas which need to be taken account of include:
 - child's developmental needs.**
 - parents or care giver's capacity to respond appropriately.**
 - wider family and environmental factors;**

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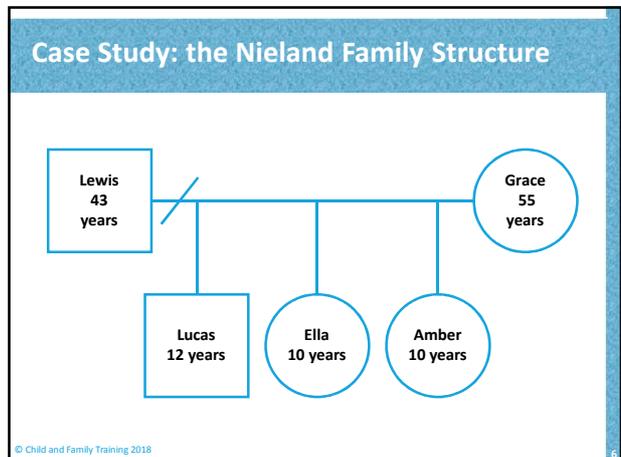


Working with the Assessment Framework

- The Assessment Framework provides a map for assessing the needs of children
- The Child's Developmental Needs Domain of the Assessment triangle maps **Strengths and Impairment** in Development
- The Parenting Capacity Domain is concerned with **Attributability**.
- Where there is no observable or measurable impairment, the Parenting Capacity and Family and Environmental Factors Domains are relevant to the **Likelihood** of Impairment.

Note that the nature of any impairments is also relevant to attributability e.g. Autism is genetic, Cerebral Palsy is congenital in most instances.

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

Referrals from Ella and Amber's School and GP:

- Ella who has Down's Syndrome is becoming distressed, aggressive and oppositional in lessons
- Grace has to be called into school more often to help calm Ella down
- Grace showing signs of depression and complaining of having no help

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Stage 2: Gather assessment information

The goals are to:

- Develop an understanding of the nature and level of a Ella's functioning
- Gain an understanding of factors affecting the Ella and her needs
- Develop partnerships
- Prepare for intervention if necessary

Good assessments use multiple sources of information. An assessment should not rely on one source of information.

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Stage 2: Gather assessment information - Introduction to the HOME Inventory (Caldwell & Bradley, 2003; Cox et al, 2008)

The HOME Inventory is a standardised assessment of parenting and the quality of a child's home environment.

- The HOME uses a combination of direct observation along with an hour-long semi-structured interview with the main carer and the child
- Each inventory assesses key areas of the child's environment and parenting.
- There are a set of scales with clear definitions providing measures



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Stage 2: Gather assessment information - The HOME Inventories

There are four HOME inventories for children:

- 0 - 3 years
- 3 - 6 years
- 6 - 10 years
- 10 - 14 years

There are two Child Care HOME inventories for children:

- 0 - 3 years
- 3 - 6 years

There are twelve Disability Adapted HOME inventories for children:

- 0 - 3 years
- 3 - 6 years
- 6 - 10 years



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Stage 2: Gather assessment information - the UK Interview Approach (Cox et al 2009)

Aim to obtain Child's experiences, actions and responses of others by:

- getting detailed descriptions of events and behaviours "yesterday" not a "typical" day
- using requests for detailed descriptions
- focusing on what actually happened not what usually happens e.g. "what did he do?" not "what does he do?"

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Stage 2: Gather assessment information

- Watch 10 minute video of a Middle Childhood (6-10) HOME Assessment of Ella Nieland years 10 months with all the family present
- Take full notes of what you observe and what is reported

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Stage 2: Gather assessment information - the Family Pack of Questionnaires and Scales
(Cox & Bentovim, 2000)

- Strengths and Difficulties Questionnaires
- Parenting Daily Hassles Scale
- Home Conditions Scale
- Adult Wellbeing Scale
- Adolescent Wellbeing Scale
- Recent Life Events Questionnaires
- Family Activity Scale
- Alcohol Scale

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Stage 2: Gather assessment information – Questionnaires and Scales

Questionnaires and Scales have fixed wording and scoring thus:

- Scores provide guidance
- Can only be relied on if the interviewer finds out the meaning of the responses

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Stage 2: Gather assessment information – Recent Life Events Questionnaire
(Brugha et al, 1985)

- It focuses on recent life events (i.e. those occurring the last 12 months) but could be used over a longer time-scale
- Respondents are asked to identify which of the events still affects them
- It is intended to assist in the compilation of a social history
- Shown to reveal new information in known cases

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Stage 2: Gather assessment information – Recent Life Events Questionnaire
(Brugha et al, 1985)

- Watch a video of the Recent Life Events Questionnaire being used with Grace Nieland
- Take full notes of what you observe and what is reported

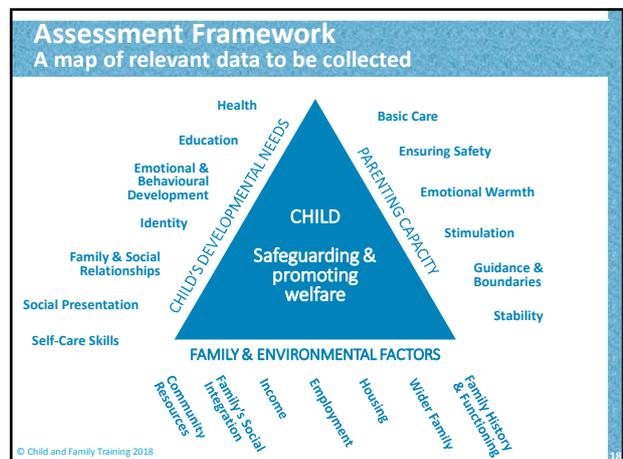
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Stage 3: Organise the information

Ensure that data (information) is placed in the appropriate dimension and domain by recording:

- Into the Child’s Developmental Needs domain enter things that Ella says, does, and is reported and observed to do
- Into the Parenting Capacity domain enter things that Grace says, does, and is reported and observed to do
- Information about family history, parental mental health, relationships (including Amber and Lucas) and physical and social context in the Family and Environmental Factors domain

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Stage 3: Organise the information

In pairs please review the pre-completed Assessment Framework regarding Ella

Check:

- Is there anything you want to add?
- What is not yet known which it is important to know?

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Stage 4: Analyse the patterns of strengths and difficulties

- What is central is whether there is impairment or likelihood of impairment of the **child's development**.
- Difficulties/impairments in Parenting or broader Family and Environment **may or may not** be producing impairments in the child's development.

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Stage 4: Analyse the patterns of strengths and difficulties – principles underlying analysis

In analysing the organised information consideration should be given to:

- **Processes** – the pattern of influences and
- **Impact** – the weight/effect of factors/processes

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Stage 4: Analyse the patterns of strengths and difficulties - processes affecting child's development

Child's strengths in health and development

- What are child's strengths in health and development - and **how have they been brought about?**

Child's impairments in health and development

- What are child's impairments in health and development - and **why have they occurred?**

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Stage 4: Analyse the patterns of strengths and difficulties - processes

Distinguish:

- What has brought things about from the **past**
- What keeps things going in the **present**

both of which

- Can help to predict what's likely to happen in the **future** if things carry on as they are

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Stage 4: Analyse the patterns of strengths and difficulties - impact

The two key elements of Impact are:

- **Severity of difficulty:** *the weight of a negative factor or process*
- **Magnitude of strength:** *the weight of a positive factor or process*

Thus once the processes have been analysed consider:

- What processes are having the **biggest negative effect** on the child's health and development
- Which are the **greatest protective** processes?

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Stage 4: Analyse the patterns of strengths and difficulties - summary

In general:

- the more dimensions of domains that show difficulty;
- the more frequently those difficulties are manifest;
- the longer the difficulties have existed;
- the less the difficulties are modifiable;

then the greater the severity of the problem

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Stage 4: Analyse the patterns of strengths and difficulties

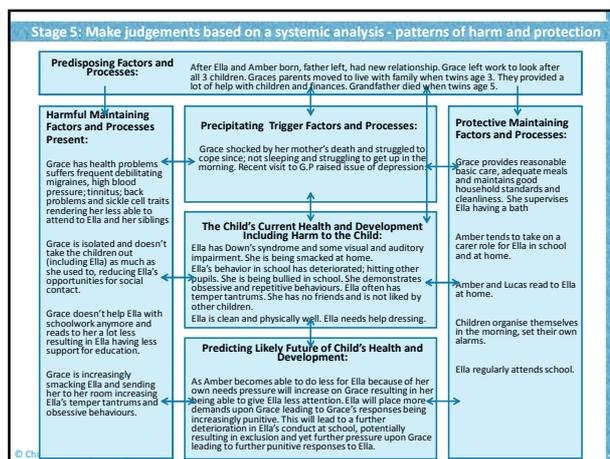
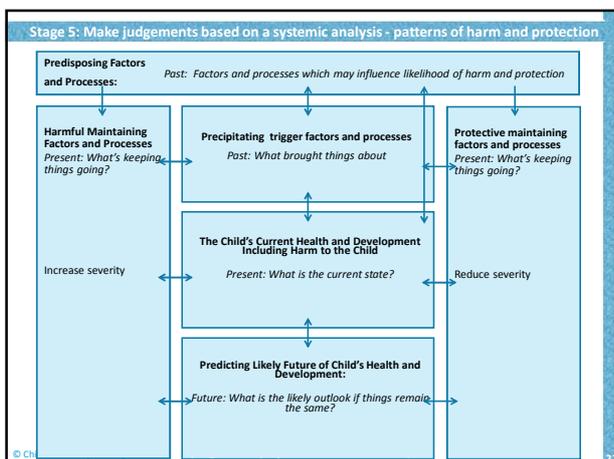
Child's strengths in health and development

- What are Ella's **strengths** in health and development?

Child's impairments in health and development

- What are Ella's **impairments** in health and development?

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Stage 6: Make decisions and develop a plan of intervention

- Develop a **plan of intervention likely** to achieve sufficient change within the child's developmental timeframe
- Decide on **sequence of interventions** in order to best meet the child and family's needs
- Identify **outcomes** related to hypotheses
- Identify **measures for assessing whether change** has been achieved for each planned outcome

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Stage 6: Make decisions and develop a plan of intervention -hypotheses and intervention

- Analysis of Pattern and Impact of Processes undertaken in stages 4 and 5 leads to hypotheses about Interventions to promote the child's development
- Interventions may be directed to any dimension in any domain

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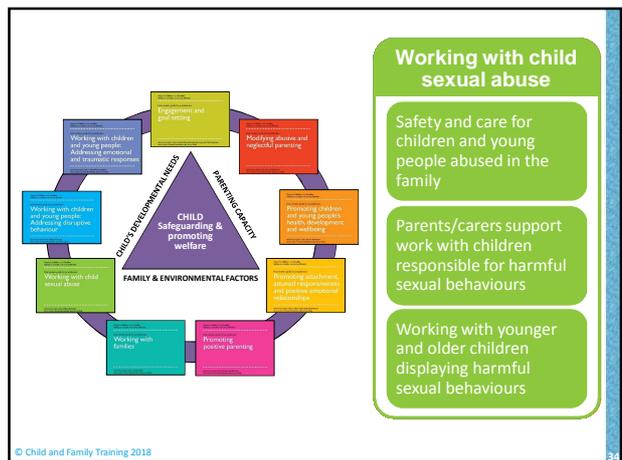


Research background to the Intervention Resources

- **Common practice elements** are distilled which cut across many distinct specialist treatment protocols, procedures and processes – systemic, dynamic, CBT.
- **Common factors** such as the personal and interpersonal components of all interventions which engender hopefulness independent of approach – systemic, CBT, or dynamic.

Structure of the modules and practitioner guides

- **Intervention guides for practitioners:** summarises, theory, research and the approach being followed
- **Content and materials by type** – for parents, children, and practitioners – **relevant steps**
- **Suggested scripts**
- **Guidance notes** for practitioners to support direct work
- **Activities**
- **Practice/role plays** and coaching
- **Handouts** for parents
- **Worksheets**



Library of Modules

❖ **Supporting children, young people and their carers (Two Guides)**

Generic modules

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

Problem specific modules

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

Supporting children, young people to address adverse disruptive behaviour

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

❖ **Initial stages of work (Two Guides)**

- Engaging families, parents and children:
- Goal setting

❖ **Working with parents (Four Guides)**

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

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

Modifying abusive and neglectful parenting:

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

Promoting attachment, attuned responsiveness and positive relationships:

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

Promoting development of skills:

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

Promoting Positive parenting

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

Which modules would you choose?

- Which modules would be most relevant to Ella and the Nieland family
- What are the priorities for work with the parents, child and family
- What are the goals which would indicate a good outcome
- What measures would you use to assess change

Children with disabilities

- What are the problems associated with having a disabled child, inherent developmental delays or disabilities, or delays and neglectful parenting?.
- Such children are likely to score far lower on developmental charts and achievements than a sibling, or children of a similar age in educational or play groups.
- This in turn has its own impact on the parent, whether the parent was responsible for the delay or disability or not.
- **Discuss in pairs what responses parents might have**

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Responses to a child with disability

- Some parents find it impossible to accept the presence of a delay, blaming the professional's judgement.
- Some parents find it impossible to accept that specialist help may be necessary
- Alternatively, some develop a critical attitude towards the child, and perceive the child as lazy or stubborn, which in turn can lead to an abusive, negative cycle.
- Triggering of 'mourning' loss of the expected 'perfect' child – process of finding the lost child

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Summary of research on intervention – Fonagy et al 2016 – What works

- There is strong evidence - with a high degree of consistency - across multiple mediator analyses - that **improvement in positive parenting**, rather than **reductions in harsh or negative parenting**, is the key factor mediating change in **child behaviour** problem behaviour, even in the context of multiple, multiagency trials.
- This does not mean that harsh parenting does not have negative consequences; rather, an increase in positive parenting is (at least in these families) a "rate limiting factor" It is likely that **reduction in coercive interactions is a necessary but not sufficient condition for improvement**, whereas positive parenting is a necessary change

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Parenting Daily Hassles Scale (Crnic & Greenberg, 1990; Crnic & Booth 1991)

- The scale aims to assess 20 potential parenting 'daily' hassles experienced by adults caring for children in terms of their:
 - Frequency and intensity
 - Impact (challenging behaviour and parenting tasks)
 - Used in a wide variety of research studies concerned with children and families – particularly families with young children
 - Parents or care givers generally like filling it out because it touches on many aspects of being a **parent that are important to them**

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Procedure for Administering Questionnaires

- Introduce the Questionnaire/Scale.
- Explain procedure for completing the Questionnaire/Scale
- Leave respondent to complete without interruption.
- If a respondent asks for clarification about a word or question ask them what they think it means. If they have misunderstood it provide guidance.
- Discuss response to individual items to find the meaning

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Interview using Questionnaires

Ensure you:

- Get detailed descriptions of "actual" and not "typical" events and behaviours i.e. "could you tell me the last time this happened?"
- Use requests for detailed descriptions i.e. "what did that involve?" or "could you tell me a bit more about that please"
- Focus on what actually happened not what usually happened e.g. "what **did** he do?" not "what **does** he do?"
- The follow up with questions about how the respondent thinks and feels about such incidents

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Practice interviewing using Questionnaires

In groups of three select who will be the two workers and Grace

- a worker introduces the Parenting Daily Hassles scale to Grace
- Grace and the workers read Grace's completed scale
- the social workers take it in turns to ask Grace for more information about her answers to some of the items

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Parenting Daily Hassles Scale (Crnic & Greenberg, 1990; Crnic & Booth 1991)

Grace's scores regarding caring for Ella:

- **Frequency and intensity**
- Frequency - 59 out of a maximum of 80
- Intensity/hassle score (caregivers subjective appraisal of how much these events hassle them – 76 out of a maximum of 100)
- **Impact (challenging behaviour and parenting tasks)**
- Challenging behaviour as seen by parent in child – 25 out of a maximum of 35
- Parenting tasks seen as difficult – 31 out of a maximum of 40

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Dealing with negative perceptions of children

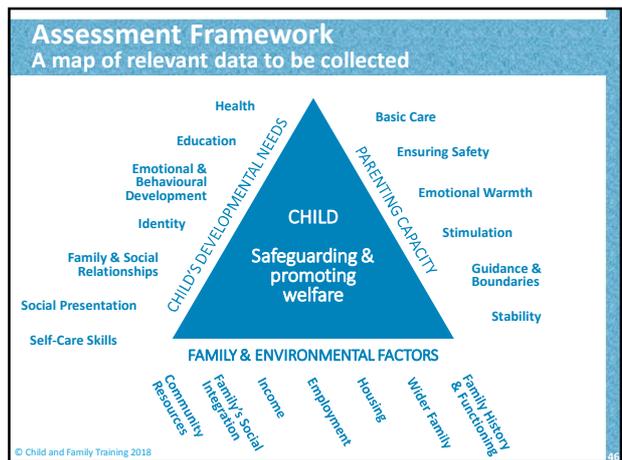
Focuses on specific events which have had a harmful impact

Factors which lead parents to consider children deserve punishment, rejection, justifying sexual attention

Impacts on parent's thoughts feelings and behaviour

Handout: Helping parents cope with negative perceptions of their children. Working with parents: Targeting abusive and neglectful parenting. How does stress in parents lead to harm of children? Assessments, such as the Parenting daily hassles scale, help focus parents on factors which lead to negative perceptions of their children – e.g. as deserving punishment; believing that they are behaving in a way that justifies sexual interest and attention; the child responds in ways that make the parent feel that the child has an illness which needs investigating or the child needs hospitalising; or the child deserves to be rejected or shouted at. To access this sort of process it is helpful to begin to explore with parents what it is about their children that has led them to feel and behave in ways which have been judged to be abusive, even though they as parents feel absolutely justified. Exploring factors which lead to stress and therefore negative perceptions of their children is a helpful way to begin to

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Stage 7: Implement the plan of intervention, monitor and review progress

- Undertake **baseline assessments** using identified measures for assessing change
- Undertake **planned interventions**
- **Monitor** child's safety, health and development and progress
- **Repeat** identified measures for assessing change
- **Review** whether there is evidence of the goals of intervention being achieved and child's developmental needs being met

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Review of Learning

- Surprises
- Learnings
- Satisfactions
- Dissatisfactions
- Discoveries

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