

# Best Practice Toolkit





# Best Practice Toolkit





This publication has been produced with the financial support of the Daphne Programme of the European Union. The contents of this publication are the sole responsibility of the Action for Change partnership and can in no way be taken to reflect the views of the European Commission.

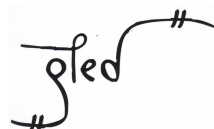
In partnership with:



c e s i e  
the world is only one creature



City of Westminster

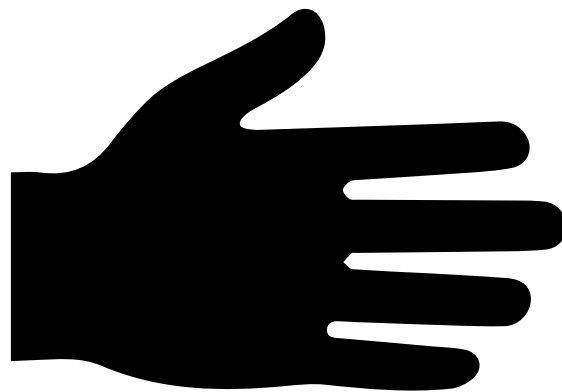


**L&W** LEARNING AND  
WORK INSTITUTE

# Contents

<b>Introduction</b> _____	<b>1</b>
<b>Common approaches</b> _____	<b>4</b>
<b>Tools</b> _____	<b>11</b>
<b>Integrative Psychotherapy</b> _____	<b>13</b>
<b>CBT and REBT</b> _____	<b>16</b>
<b>Video Interaction Guidance</b> _____	<b>19</b>
<b>SafeLives Risk Assessment</b> _____	<b>22</b>
<b>Motivational Interviewing</b> _____	<b>25</b>
<b>Solution-focused Therapy</b> _____	<b>27</b>
<b>Group Work</b> _____	<b>29</b>
<b>Storytelling</b> _____	<b>32</b>
<b>Discovering Life Situations</b> _____	<b>35</b>
<b>Addiction Psychology</b> _____	<b>38</b>
<b>Systemic Therapy</b> _____	<b>41</b>
<b>The Three Windows</b> _____	<b>44</b>
<b>In and Out</b> _____	<b>46</b>
<b>Social Theatre</b> _____	<b>48</b>
<b>Mindfulness</b> _____	<b>50</b>
<b>Case Studies</b> _____	<b>52</b>
<b>An Example of a Delivery Model</b> _____	<b>57</b>

# Introduction





## What is Action for Change?

'Action for Change' was a Daphne-funded project sponsored by the European Commission. It was a two-year project that commenced in January 2015 and aimed to improve outcomes for survivors of domestic abuse who have had their children taken in to care. The programme ran across four different countries in Europe: Italy, Romania, Hungary and the United Kingdom.

The programme sought to advance knowledge and understanding of service models that effectively address the needs of women who have had or are at risk of having their children removed from their care because of domestic abuse and/or associated factors, such as substance misuse and mental health. A common feature among all the models that were piloted was the interlinking of support services to address the often multiple and complex needs of (predominantly) women exposed to domestic abuse. Through delivery of multifaceted support which directly addressed the underlying needs and risk factors associated with having a child removed into care, the pilots broke often entrenched behaviour that drove the removal of a child into protective care. It is believed that failing to assertively break such behaviours, perpetuates and possibly even amplifies the cycle of risk-associated behaviour, significantly increasing the likelihood of having a subsequent child placed into care. As well as the tragic consequences for both the parent and child(ren), there are major economic and social consequences for both local communities and nation states.

The Action for Change project has been robustly evaluated at both the local and transnational level. Based on the research and evaluation, this Best Practice Toolkit seeks to draw together the common approaches used to support the client group, and

highlight the methodologies that were key in making the pilot effective.



## What is this toolkit?

The aims of this Best Practice Toolkit are to demonstrate the approaches and methodologies that can be implemented across Europe to support people affected by domestic violence, who have had or are at risk of having their children removed from their care. The interventions outlined in this toolkit have been selected because these activities were delivered in the pilot projects, and were raised as good practice during: the pilot project evaluations, transnational workshops, local steering groups and the Women's Shadow Board meetings.

It has been designed as an accessible document that can be used by practitioners and managers when establishing a service for a client group for whom provision is currently lacking. The Action for Change project has demonstrated that the interventions within this toolkit can be effective to engage clients, address their needs and create positive change and stability in their lives. Therefore, we recommend that such activities are considered when new services are being designed and developed.

It is also hoped that project outputs, including this toolkit, will be able to raise awareness of this client group and their complex needs more generally.



# Common Approaches



This section outlines the common approaches that can be identified across the four Action for Change pilots that were delivered in Hungary, Italy, Romania and the United Kingdom. As well as describing the common approaches used, it provides examples of how such approaches were implemented and outlines why they have been considered effective.



## **Intensive and personalised support**

A common approach that was successfully utilised across the four countries was intensive and personalised support. Intensive support involves multi-disciplinary teams supporting individuals extensively and regularly to help them overcome a range of needs that they may have. Personalised support refers to support that is adapted to meet the needs of clients to ensure that it is suitable and to increase the likelihood of effectiveness.

Delivering intensive and personalised support was necessary for the client group because they had a range of complex needs that required long-term support to overcome. All four pilots offered holistic support; addressing participant needs in relation to the trauma of domestic violence and the loss associated with having children removed or the risk of this occurring, as well as providing advice or signposting in relation to wider needs such as housing, health, employment and financial issues. Clients recognised that this made the project unique. They had previously interacted with services that dealt with their needs in silos or services that addressed their needs in the short-term, for example with financial aid, without working to identify the underlying causes and create sustainable change.

Tailoring the support to their needs meant that it could be flexible and adapt to changing circumstances, factors that were appreciated by clients. Support was often sequenced based on an individual's immediate needs, so the timing and type of support offered was selected based on individual circumstances. Thus, it could become more frequent and intensive if clients were experiencing a crisis, which meant that they felt less isolated. The pilots also worked to address clients' long-term goals linked to employment or education opportunities, housing and their parenting abilities. Therefore, clients were supported to lead increasingly stable and independent lives.



## Outreach models

Another common approach was the use of outreach models. Outreach support comprises of staff being mobile and delivering the support in locations where those in need are, or can easily access, as opposed to being stationary at one location. It is used to try and engage harder to reach clients who may not have access to services without such flexibility.

Two different types of outreach models were implemented during the Action for Change project. The first was a peripatetic outreach model whereby caseworkers could meet clients at their homes, in the community, or at the caseworkers' offices. The second was a hub and spoke model whereby support was delivered in shelters or refuges. In some cases, providing support through an outreach model enabled clients to fit the support around their busy lives and meet their caseworker in a location of their preference. In addition, both models increased access to the support by removing barriers such as limited time and transportation costs.

An important consideration of future support should be the location of outreach support. The pilot project research found examples of sessions being delivered in public places, such as cafés, where the clients expressed discomfort with discussing emotional and personal subject matters. Frustrations were also expressed when sessions were interrupted. Therefore, although numerous individuals benefited from the support being delivered in convenient and non-threatening locations, some would have been reassured by a more formal or traditional setting. For example, one practitioner explained that it was necessary to deliver the support for one individual in the organisation's offices because they needed clear boundaries enabling them to focus on the discussion and activities in hand.



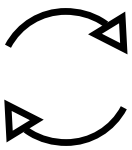
## User-involvement

User-involvement in support services describes a participatory approach whereby individuals are actively involved in the design and delivery of services aimed at supporting their current or previous needs. The Action for Change project aimed to create a user-voice within the pilots to achieve this, so that women who had previously experienced domestic abuse could help to shape the project.

There was a clear user-voice within each of the pilots, facilitated through the creation of a Women's Shadow Board (WSB) in each country. The WSB involved at least two women who had previously experienced domestic abuse and were involved in the project delivery and evaluation as part of a paid work experience placement. Members participated in a range of activities such as attending local meetings about the project, giving feedback on the research materials, producing resources, and raising awareness of the issues of domestic abuse and care removals. Members of the

WSB reported feeling empowered and finding their voice because of their involvement.

The WSB members' involvement helped shape how knowledge and awareness of services available to parents (who have had their children removed) could be increased and made more acceptable for parents going through similar experiences to members of the WSB. Therefore, they added their voice to aspects of the pilot and evaluation design, ensuring suitability and effectiveness.



## **Persistent engagement**

A persistent engagement strategy requires staff to be determined to try and encourage individuals who would benefit from the support to get involved. Regular attempts at contact following a referral are sometimes necessary before an individual decides that they want to take part.

As the delivery models across all four pilots were driven by participant needs (user-led) as opposed to organisational needs and targets (service-led); engagement was entirely voluntary and clients had the option to disengage if they did not think that the support was suitable, factors that staff believed were essential to the success of the project. However, this also presented challenges to engaging clients, which meant that persistence was key: numerous attempts to contact potential clients proved to be an important engagement strategy across the pilots.

When individuals were unsure about getting involved, staff demonstrated their availability to help and gradually build up trust. Sometimes the timing of the intervention was unsuitable, so the

ongoing attempts to contact clients enabled them to engage when they felt ready.



## Value-neutral

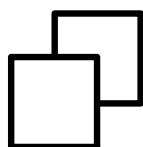
Value-neutral is a term used to describe the absence of assumptions. Hence, if support is value-neutral, staff will not judge the individuals that they support and instead will try to understand them.

Clients in each of the pilot countries were grateful that the support was value neutral; their caseworkers did not judge them on their past or present struggles. In comparison to previous services that they had interacted with, clients felt that the staff supporting them saw things from their perspective and understood them. Likewise, clients also appreciated receiving non-judgemental advice and guidance from their peers during the group support when they discussed their concerns and struggles.

Some clients initially reported feeling ashamed of their past or their struggles with caring for their children, but with the project's support they came to feel valued and aware of their self-worth. For example, one client explained that she felt like an individual with "dignity again" who deserved to be "loved and understood", and another felt as though she could now raise her son "without the judgement of society."

Furthermore, because of the value-neutral approach of staff delivering the support, clients felt that their voices could be heard and solutions for their problems could be found. Key to this was the level of trust that was established between staff

and clients. This meant that clients were willing to listen to advice given to them and importantly were more willing to engage with wider support services; as they were referred by someone whom they felt genuinely cared about their wellbeing.



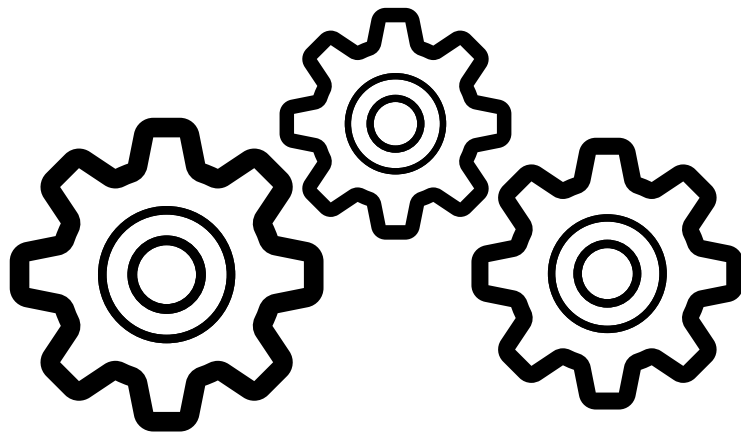
## Familiarity

Linked to the previous approach, there was an element of familiarity in terms of who delivered the support. In all but one pilot, clients were allocated a case-worker who they saw regularly. In Italy, a staff member on the project was also the psychologist at one of the refuges where the group-sessions were held, so clients were familiar with a member of the project team.

This familiarity meant that clients could build a trusting relationship with their caseworker and/or project staff who they accustomed to over time. When one client's case worker left the project, a new practitioner was selected who had previously supported them on another programme. This proved beneficial in terms of providing them with consistency in their support journey.

However, an issue raised with such familiarity in Italy was that clients struggled to make the distinction between Action for Change services and the regular services of the "Anti-Violence centre" where the project was run. Therefore, to avoid confusion in the future, organisations should consider how to keep the support separate and unique from other services so that clients can recognise the difference.

# Tools







## What is this section about?

This section contains a range of tools/interventions that can be utilised to support this client group. It includes evidence-based interventions, outlining what each intervention is, why it is recommended and how it can be used to enable practitioners and managers to decipher which tools are most appropriate for their clients.

The tools discussed have been used in the Action for Change project across Italy, Hungary, Romania and the United Kingdom. Some of the tools, such as Cognitive Behavioural Therapy, are evidence-based interventions, whilst others were developed by social workers from the pilot partner organisations.



## Questions?

The majority of the tools are evidence-based and information on these are widely available online. If you would like to know more about the recently developed tools ('In and Out', 'The Three Windows', 'Discovering Life Situations' and 'Storytelling'), please email us at [actionforchange@rbkc.gov.uk](mailto:actionforchange@rbkc.gov.uk).

# **Integrative Psychotherapy**





## What is it?

Integrative Psychotherapy combines different elements of various psychotherapies that addresses a person at the affective, behavioural, cognitive, and physiological levels of functioning as well as social and spiritual aspects of life. Human psychology can be understood through a number of theories, all of which provide value. The different approaches provide an insight into human behaviour and other functions such as cognition and emotion. The aim of Integrative Psychotherapy is to facilitate wholeness such that the quality of the person's being and functioning in the intrapsychic, interpersonal and socio-political space is maximised with due regard for each individual's own personal limits and external constraints.



## Why would you recommend it?

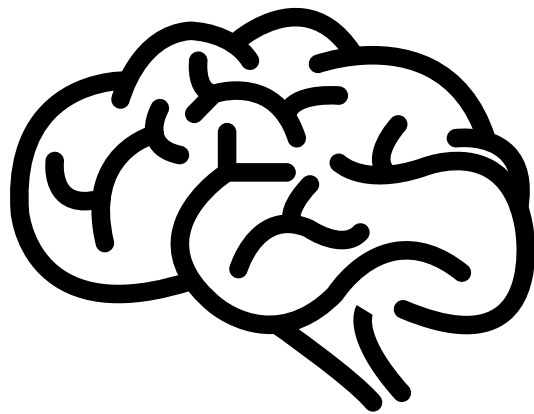
Integrative Psychotherapy helps fit the intervention based on the client's current issues and previous concerns for removal. It looks at cognitive, behavioural and physiological aspects within the client. It takes a holistic approach and analyses several aspects of the client's life including personal and family life. This tool helps clients function as individuals and as part of a family system. It is flexible and focuses on the whole of an individual. The integration of different approaches allows therapy to be tailored to meet a variety of needs and concerns. It can be particularly beneficial for those who want to overcome negative patterns of behaviour caused by anxieties, fears, phobias or any other mental health issue that is greatly impacting life satisfaction (i.e. addictions, depression, past and current trauma, bereavement and low self-esteem).



## How do you use it?

Practitioners need to have a strong and trusting relationship with the client. Support should begin from the cognitive and practical components to build the relationship and look at deeper issues. Practitioners that are trained in more than one discipline are able to use this tool. The key approaches are Psychodynamic, Cognitive Behavioural Therapy, and Systemic Family Therapy.

# **Cognitive Behavioural Therapy & Rational Emotive Behavioural Therapy**





## What is it?

Cognitive Behavioural Therapy (CBT) is the most clinically evaluated psychological therapy and is generally regarded as one of the most effective treatments for anxiety. CBT is used to treat anxiety and depression as well as being an effective tool for a number of other mental and physical health conditions. CBT aims to help individuals manage their problems by changing their way of thinking and behaviour. The practitioner will work with the birth parent to identify the set of negative thoughts, feelings and behaviours and use skills and strategies that can be applied to help them cope. CBT can be used through group work or in self-help groups. Rational Emotive Behavioural Therapy (REBT) is a traditional comprehensive psychotherapy which is philosophical and empirical based. This tool helps to resolve emotional issues and overcome emotions, thereby enabling individuals to lead happier and more fulfilling lives. This tool works on the theory that the way people think and behave has a major impact on how they respond to difficulties in life.



## Why would you recommend it?

CBT focuses on the problems faced by the individual and can bring cognitive and behavioural changes in a short period of time in order to empower the clients to move on with their lives. CBT requires more independent effort from the individual and the birth parent relies less on the practitioner. Clients are taught rational self-counselling skills which gives them the confidence they will continue to do well. It works well when clients are working towards specific goals and is very instructive. REBT helps clients

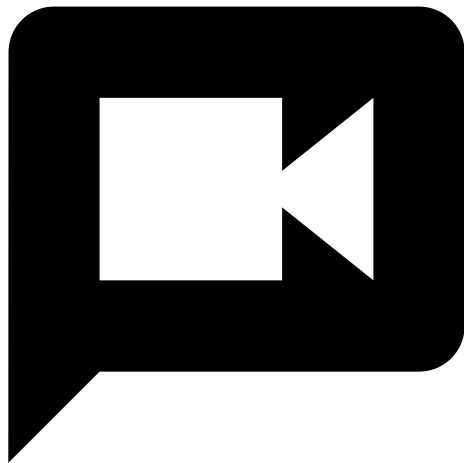
to build high frustration tolerance and have the ability to be more rational about their experience of removals in order to implement change.



## How do you use it?

Cognitive Behavioural Therapy and Rational Emotive Behavioural Therapy are highly structured tools which involve the practitioner and the birth parent collaborating on treatment goals that are specific, measurable, achievable, realistic, and time limited. The overall treatment per condition can be very effective as short term therapy. The practitioner can help the birth parent plan how to change unhelpful thoughts and behaviours, as well as teach the birth parents how to apply the skills that they have been developing during their sessions in their daily life. This can help the birth parent manage their problems and prevents them having a negative impact on their life.

# **Video Interaction Guidance**







## What is it?

Video Interaction Guidance (VIG) is a tool that practitioners use to develop communication within relationships using video clips of realistic situations. The aim of this is to give the birth parents an opportunity to reflect on their interactions, highlight what is positive and actively provide support to make changes in areas that the client feels is needed for a better future in their relationships with others.



## Why would you recommend it?

This approach encourages birth parents and empowers them to build on the positive interactions they have with their existing children in order to prepare them for any children they may have in the future. It takes a coaching relationship rather than student-teacher relationship, therefore it is collaborative and empowering.

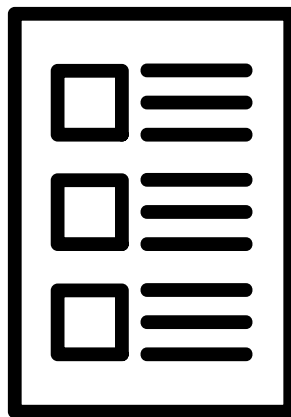
This tool focuses on strengths and potential rather than any negatives. Birth parents can analyse their positive activities when things were going “better than usual” by taking a step back and looking at themselves on screen. This can empower the parent to make informed decisions about more difficult situations. The tool can also change the way the birth parents view themselves, provide support and build parenting skills.



## How do you use it?

The practitioner and the birth parent will meet to negotiate specific targets or goals based on what they want to change. This helps to keep the clients engaged with the process. Adult-child interactions are then filmed and edited, to produce a short film that focuses on the positive aspects. Following this, the videos are then reviewed by looking at the successful moments particularly when the parent has responded in an attuned way to the child's action using a mix of verbal and non-verbal responses. Both parent and practitioner reflect on which actions are contributing towards the achievement of their goals, acknowledge successes and make further goals for change. The tool can be used individually, in pairs or in groups.

# SafeLives Risk Assessment





## What is it?

The SafeLives Risk Assessment is a well-established, tried and tested tool that is used to make an accurate and quick assessment of the risk of domestic abuse. This allows individuals to get the right help as soon as possible. The tool analyses the risk of domestic abuse, stalking and 'honour' based violence. The tool is based on research about the indicators of high-risk domestic abuse.



## Why would you recommend it?

There are numerous benefits to using this tool which enables the professional to build a picture of the abuse, and to analyse the associated risks to better support the client. The professional is able to use the tool in conjunction with the clients' needs to help them develop an individual safety and support plan for risk management. Even if the SafeLives risk indicator checklist is not directly used, the knowledge of what the tool covers can help a practitioner to identify domestic abuse and associated risks which can lead to raising awareness of it with the client and other professionals and help shape the clients' risk management plan.

The tool can also be used to help the client to understand different types of domestic abuse by explaining that domestic abuse takes on many different forms and that is why there are questions on topics such as finances and harassment. The tool also helps the professional to determine if the abuse is current and allows them to focus on the client and their safety, thus enabling the client to support their children. When discussing the abuse with other professionals, it can be used to shed light when

advocating for the client as it is a recognised tool that can help benchmark what constitutes domestic abuse.



## How do you use it?

The risk checklist can be used to assess all intimate partner relationships including LGBT, in addition to 'honour'-based violence and family violence. The tool is mainly intended for use by professionals in domestic violence and other mainstream services. There are a series of simple questions which allow the practitioner to identify the risk a victim is facing. A high score would mean a victim is at risk of murder and or serious injury, thereby needing urgent help. The victim should get help from a specialist domestic violence professional who would liaise and advocate on behalf of the victim to other agencies to keep the victim safe (if the person is in the UK then the specialist professional would be an Independent Domestic Violence Advisor or IDVA) to plan on how to keep the victim safe.

# Motivational Interviewing





## What is it?

Motivational Interviewing (MI) is a counselling approach that works by enabling and engaging intrinsic motivation within an individual in order to change behaviour. This tool is goal focused and client centred. MI attempts to help raise the client's awareness of problems, risks and consequences that they may face as a result of their behaviour, thereby eliciting motivation for change through planning.



## Why would you recommend it?

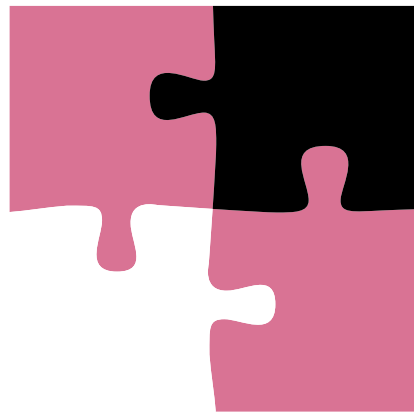
The motivation to change comes from within the client and is not forced by others. It is up to the birth parent to understand and resolve their ambivalence. This is particularly beneficial as persuasion from others is not usually effective. The practitioner is only there to direct the client. The relationship between the practitioner and the client is collaborative and more akin to a partnership rather than an expert/client relationship.



## How do you use it?

The following four basic interaction skills should be employed by the practitioner: able to ask open ended questions, provide affirmations, have the ability of reflective listening and provide summary statements to the client. All of these skills are used to focus on a variety of topics ranging from looking back into the past, a specific day, looking forward and the importance of change. Lastly, the four general processes used in MI is engaging, focusing, evoking and planning.

# **Solution-focused Therapy**







## What is it?

Solution-focused Therapy is goal oriented, concentrates on the future and focuses on solutions rather than the problems faced by the client. The therapy looks at the client's current resources and their hopes for the future to help them plan, look forward, and use their own ability to achieve their goals and targets. The therapy is founded and formed on the following seven philosophies: change is both constant and certain, emphasise on what is changeable and possible, clients must want to change, clients are the experts and outline their own goals, clients have resources and their own strengths to solve and overcome their problems, therapy is short-term, and lastly, focus on the future - history is not essential.



## Why would you recommend it?

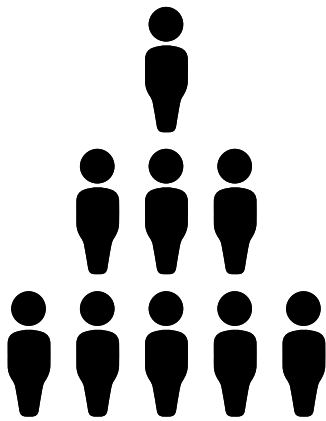
Solution-focused Therapy has been successful in supporting change for a wide range of clients from families, couples and children. It is a versatile tool that can help with a variety of issues including communication problems, drug and alcohol abuse, stress and anxiety, and relationship difficulties amongst others. Clients who want to achieve change and are goal oriented are more responsive to this therapy. Research has shown that clients accessing Solution-focused Therapy versus other available services consistently did better than the control group.



## How do you use it?

The following are examples of techniques used by practitioners for this tool: looking for previous solutions that clients have used to solve similar problems, looking for exceptions when a similar problem was avoided due to something else that happens spontaneously, asking present and future-focused questions so clients can concentrate on how they would like their life to be, validating what the clients are doing well through compliments, encouraging clients to increase the activities that work well, helping clients outline and plan immediate and realistic steps to change using the 'miracle question', and using 'coping questions' to understand the client's resilience and determination.

# Group Work





## What is it?

Group work is a tool which can help birth parents improve their social functioning and cope effectively with personal, group or community problems. This method allows clients to work together in groups to help each other as well as influence and change problems. Social work in groups can address several needs including major life transitions, improving social relationships, coping with feelings of loss and others.



## Why would you recommend it?

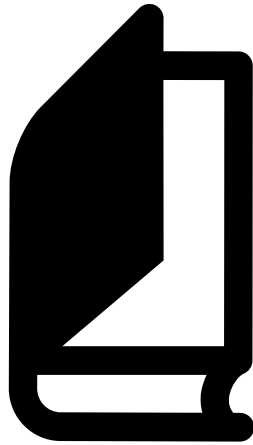
Working in groups allows individuals to develop complex and large scale activities. Group work can provide an environment for socialisation, education, forming relationships and people can find help and support. It can allow complex problems and situations to be broken down into digestible and easily achieved steps for change. Within a group, clients are likely to receive diverse perspectives on any issue and develop different approaches to an issue. Working with others also means that birth parents can find support amongst peers and encouragement for change.



## How do you use it?

There are a number of factors for the practitioner to consider when setting up a group. This includes the size of the group and assigning the right combination of clients. It is also essential for the practitioner to understand the 4 dimensions of group dynamics in order for this tool to work effectively. They are: communication and interaction patterns, cohesion, social integration and influence, and group culture.

# Storytelling





## What is it?

A story can inspire and empower – especially women who are victims of domestic abuse. Stories can capture imaginations, illustrate ideas, and inspire in a way that no other tool can do. Storytelling can be used when working with both adults and children. There are two main benefits of using this tool – firstly, it can be used on clients who are having difficulties discussing their domestic abuse experience or to help them find a way out of their current situation. Secondly, it can also be used to focus on ideas (especially solutions) and changes. Storytelling is particularly useful as it can lead domestic abuse victims into exploring their options, thinking of a solution, finding motivation, and eventually taking actions that will bring about change.



## Why would you recommend it?

The client may find it easier to discuss their domestic abuse experience through a story that they created. A story, in its simplest form, is a connection of cause and effect. The act of telling a story activates different parts of the brain, which means it has the potential to change the way the client thinks, acts, and feels. It has the power to break down barriers and bring about change, as well as form the foundation of an entire intervention and support process.



## How do you use it?

All kinds of stories can be created. You may adapt the models used in communications and teaching; for example, “Who I Am” stories usually explain that a victim of domestic abuse is a person - not a victim. These stories are essentials in order for the victims to trust themselves. “Why I Am Here” stories, on the other hand, put emphasis on understanding the role of support services, and “Vision” stories aim to inspire positivity and encourage optimism.

Before deciding to use this tool, a social worker or specialist must work out the needs of the client, as storytelling can be tailored to individual (or group) needs. This tool can be used to induce an empathetic understanding which allows the client to learn about their goals, accomplishments, failures, motivations, values, or history. It can also be used to replace suspicion with trust. Moreover, the stories can be used to show how a change in someone’s behaviour or perspective can lead to meaningful results, and hard work and sacrifice will be worth the effort.

In summary, storytelling can be used to inspire clients to overcome frustrations and challenges that come with change in order to achieve their goal(s).

# **Discovering Life Situations**







## What is it?

This tool consists of a questionnaire to identify forms of abuse, which can either be used by the specialist in early intervention or be self-administered. The main goal is to help the client to identify different forms of abuse that the victim was or is exposed to. Often in reality, victims cannot identify or correlate abusive behaviour with the perpetrator's actions (as described using these questions). Additionally, forms of abuse (e.g. emotional abuse) are commonly considered as "normal" due to previous experience and the cultural context in which the victim grew up.



## Why would you recommend it?

From the victim's point of view, answering these questions can help them identify some behaviours as being aggressive. This allows them to reflect at the frequency of the abuse and its consequences. From the specialist's point of view, the tool helps to acknowledge abusive behaviours that the victim is or was exposed to, in addition to opening a discussion on the victim's current situation and their relationship with the perpetrator. It can draw attention towards the evolution of the couple's relationship, thus creating projections of the short, medium, and long-term consequences of continued abuse. Additionally, data collected from the questionnaire can support future decisions and possible exit strategies from the abusive relationship. It can help the victim identify any emotional attachment to the perpetrator or the degree of personal and social autonomy. Therefore, the tool may be used to help in intervention planning (e.g. leaving home strategies, increasing children safety, risk reduction).

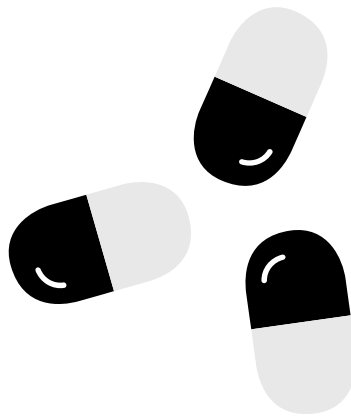


## How do you use it?

This tool can be used at the beginning of an intervention, for example, during the initial evaluation of the case. Though the questionnaire can be self-administered, it is recommended that the specialist assists the victim in order to clarify any misunderstandings (e.g. words, expressions, situations) and provide emotional support. In some circumstances, the questions can also be reformulated or exemplified by the specialist while preserving the original meaning.

The main benefit of self-administering this tool is that it allows the respondent to identify specific behaviours within the relationship and reflect on the violent or abusive aspects of those behaviours. However, people who respond to this questionnaire may find some of the questions are too personal and may not be prepared to share their answers with the case worker. In such a situation, the person assisting the client must ensure the confidentiality of the process and of the matters to which the person is not ready to answer or discuss. They may also reiterate to the client that they can choose to come back to those topics anytime during the intervention.

# Addiction Psychology





## What is the tool?

Addiction Psychology uses various psychological disciplines (e.g. clinical) and research findings to diagnose, evaluate, treat, and support clients dealing with addiction. This method promotes behaviours that build emotional resilience and wellness to tackle mental and emotional issues. Since there are many facets to addiction, every case is unique and thus there is no single treatment programme that can be used for all types of addiction.



## Why would you recommend it?

Addiction can cause disarray in many aspects of the addict's life. The uniqueness of every addiction case suggests that effective treatment programmes must incorporate many components to address each factor of the addiction. Addiction treatment must not only help the client stop their addiction, but also help them maintain an addiction-free lifestyle and become a productive and functioning individual in the family, at work, and in their community. It is important to remember that addiction alters the structure and function of the brain, so it may take the brain circuit months, or even years, to recover even after the addiction has stopped. This explains why addicts are at risk for relapse even after long periods of abstinence. Research also suggests that most addicted individuals need at least 3 months treatment to significantly reduce or stop their addiction, and treatment of more than 3 months has a greater success rate.

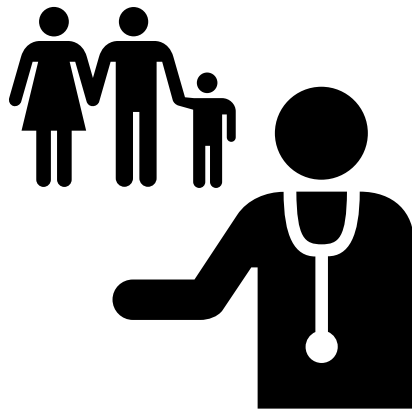


## How do you use the tool?

The level of care needed for a client is decided by the specialist (and with the patient when possible). The level of care may fluctuate as it is likely that the client will take steps forward and backward throughout the programme. Common methods are:

- Detoxification and Medically Managed Withdrawal
- Long-term Residential
- Short-term Residential
- Outpatient-treatment Programs
- Individualised Drug Counseling
- Group Counseling
- Intensive Outpatient Program

# Systemic Therapy





## What is it?

Systemic Therapy stems from family therapy, a therapeutic adaptation of a larger interdisciplinary field known as systems theory. Systems theory studies the complexities present in nature, science, society, and it aims to investigate and describe any group of objects that work together to produce a result. A complex system could be a single organism such as a microbe, a plant, or a single human. It could also be a collection of larger organisms, such as a family.



## Why would you recommend it?

Through Systemic Therapy, various issues can be explored – from pain and upset caused by stressful and/or traumatic life events (e.g. divorce, illness or death of a loved one), parent-child conflict, and school-related problems. Other specific conditions such as ADHD, eating disorders, addictions, depression, and any other conditions that may be having a damaging effect on family life can also be addressed during systemic therapy.

By evaluating these problems and providing support, systemic therapy can help families and individuals to better understand how their family functions, identify strengths and weaknesses within the family system, set goals and devise strategies to resolve problems, develop their communication skills, and make the entire family unit stronger.

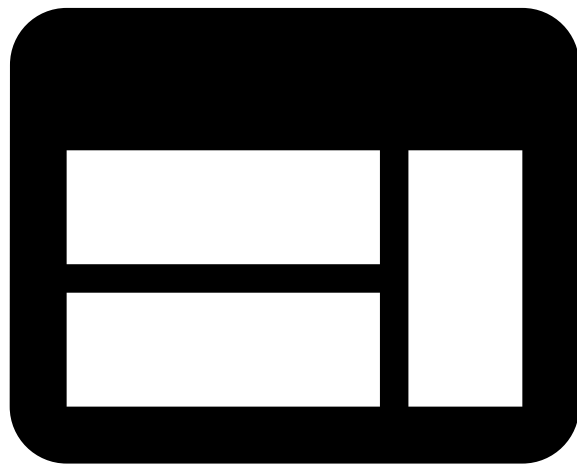


## How do you use it?

Systemic Therapy typically consists of sessions in which individuals and their loved ones will be brought together with a family therapist to discuss the issues that are affecting their relationships. These sessions (as well as the family therapy techniques used) will be adapted according to the therapy goals, the ages, needs, resources and preferences of the individuals involved. For example, sessions that involve children may include drawing and play exercises to help them express their emotions more creatively and in an engaging manner. The therapy may also borrow from other approaches (e.g. systems theory) that integrates behaviour patterns and human experience of individuals as part of a group or family. Other models of family therapy include experiential, cognitive-behavioural and psychodynamic approaches. All of these methodologies are designed to help families and loved ones overcome problems that affect their relationships and grow a deeper sense of connection to one another.



# The Three Windows





## What is it?

It is an ice-breaking activity that aims to give participants the chance to express their needs and expectations about the intervention, as well as raise issues or questions they may have. It gives the social worker or specialist the opportunity to recognise the needs, fears, hopes, and expectations of the client(s). This allows them to adapt the topic of each meeting.



## Why would you recommend it?

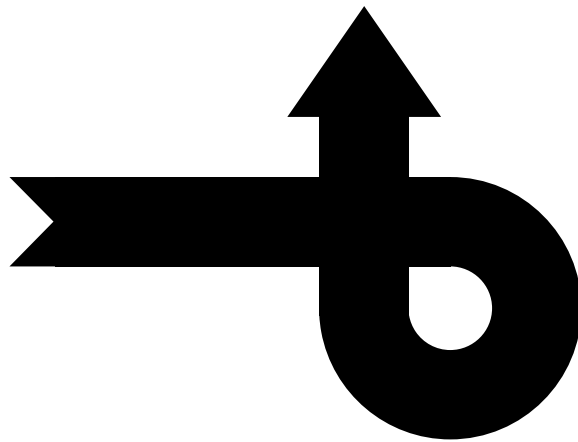
This tool is particularly useful to allow participants to express themselves in a safe way, especially if they are having difficulties discussing their fears and hopes verbally. By writing their answers down, they have more time to think and reflect. This can make them more comfortable in sharing their opinions or experience than answering verbally.



## How do you use it?

The social worker or specialist shall provide post-it notes and three posters. The first poster is titled 'Hope', the second 'Expectations', and the last one 'Fears'. The trainer then asks the clients to reflect and write responses to the three main headings on their post-it notes. The client will then stick their answers on the appropriate posters. Note that this activity may be repeated at the start of every meeting.

# In and Out





## What is it?

This tool can help clients to reflect and discuss the needs of their children. It can increase their awareness of the psycho-emotional sphere of children. A psycho-emotional sphere is the combination of a person's emotional characteristics, personality, behaviour, and interests that influences why a person behaves a certain way.



## Why would you recommend it?

It is very important to understand why a child behaves a certain way, as their actions may impact the wellbeing of both the child and their parents. Using this tool, a better understanding of the client's children can be achieved. This can then lead to a discussion between the client and the specialist on the most appropriate way to respond to the behaviour and needs of the child.



## How do you use it?

The social worker or specialist shall provide an A4 or A5 sheet per client with a human profile printed on it. The client is then invited to write the visible characteristics of their child (e.g. physical traits, behaviour) outside of the profile, and their internal state and personality inside the profile (e.g. emotions, dreams, preference, needs).

# Social Theatre





## What is it?

The Action for Change take on Social Theatre consists of a drama workshop which aims to create a new expressive product similar to the commonly known "social theatre". Social theatre is a combination of theatre and social work. It allows the creation of an artistic performance based on real-life experiences, integrating different points of view. In addition, it provides an opportunity to manage conflicts by turning them into opportunities and learning experiences.



## Why would you recommend it?

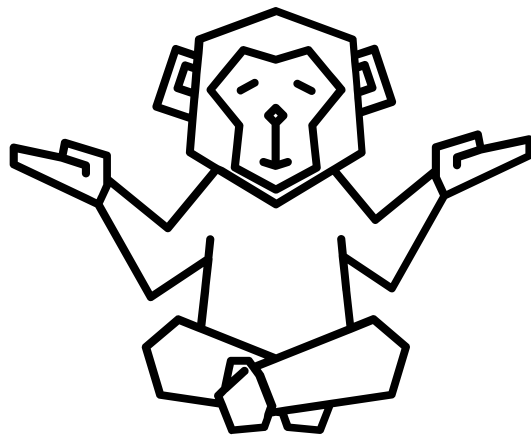
This tool can incorporate different points of view and due to its accessibility, it can reach out to a wide range of audiences. It allows actors from different social backgrounds, who often work in the same domain with different perspectives, to find a common space for discussion. The different backgrounds of the theatre team involved can create a genuine communicative tension which reflects true relationship dynamics.



## How do you use it?

In Italy, the drama workshop team engaged in the co-construction of a drama product centred around the theme of gender violence and "assisted violence". The Italian pilot project used this tool to translate the content of the women's real life experiences into drama.

# Mindfulness





## What is it?

Being mindful means being aware of our thoughts, feelings, bodily sensations, and the surrounding environment on a moment-by-moment basis. Mindfulness involves acceptance. This means we must be non-judgemental towards our thoughts and feelings, without believing that there is a 'right' or 'wrong' way to think or feel in any given moment. When practising mindfulness, we tune in to our present thoughts rather than the past or present. Mindfulness-Based Stress Reduction (MBSR) is a great way to learn mindfulness due to the live interaction and group support that it provides.



## Why would you recommend it?

Numerous studies have shown that practising mindfulness – even if only for a couple of weeks – can result in a wide range of benefits (e.g. physical, psychological, and social). The benefits of practising mindfulness are extensive – it is good for your bodies, minds, and brains. It reduces stress and, as shown by at least one study, it may be as good as antidepressants in fighting depression and preventing relapse. Mindfulness has also been found to increase the grey matter density in our brain that is related to learning, memory, emotion regulation, and empathy. It also helps improve attention skills, which can make you more focus. Studies also found that parents who practice mindfulness report being happier with their relationship with their children. Moreover, their children were found to have better social skills.





## How do you use it?

Mindfulness can be learnt in different ways. The main method is through formal meditation. Other ways include incorporating aspects of meditation in your daily life, for example by paying close attention to your breathing (especially when you are feeling extremely low, upset, angry, or anxious), really noticing what you are sensing (e.g. sights, sounds, smells) which you would usually ignore, and be aware of your body's physical sensations (e.g. the way your feet hit the pavement when you walk, the way you sit on the train).

# Case Studies





## Case studies from the pilot projects

This section draws from the research findings to provide examples of where the best practice tools/interventions were well received and effective. Although clients did not necessarily recognise that the support they were receiving included Integrative Psychotherapy, for example, they identified elements of the interventions when explaining how they thought that the support had enabled them to achieve soft and hard outcomes.

### Integrative Psychotherapy

One element of integrative psychotherapy that was recognised as important was the review of goals and assessment. This enabled staff to become aware of the changing support needs that clients had and allowed them to tailor the support accordingly.

The research also demonstrated examples of exit-planning. For example, one client had begun to attend support groups with a national mental health service. They were enjoying these, and it was hoped that as Action for Change gradually withdrew support, the client would continue to engage with this service and other community support.

### Group Work

Across all the pilots, where clients did attend group-sessions, they appreciated the non-judgemental environment and were grateful of the advice they received from people who had been through similar situations. Moreover, the varied characteristics of individuals who attended group sessions were, in many cases, identified as beneficial

by clients: they covered a range of ages, were at different points in their journeys, and had children of different ages.

This variety was reported as being useful in supporting the “sharing” component of the group sessions, as it brought a range of views to the group and enabled comparison of different situations. Outcomes linked to group work included clients feeling that this put their situation into perspective and that the guidance from other parents improved their relationship with their children.

The evaluation demonstrated that the timing of the group work should be considered, as there were examples of clients finding the sessions intimidating when this was their first interaction with the service.

## Storytelling

The stories used by the practitioner in Romania aimed to change clients’ perspectives on previous negative situations and to break down the barriers associated with discussing complex and emotional issues or sharing past experiences.

Action for Change clients reported that they could connect with some of the characters of the stories they heard with some of their personal experiences, and could better understand how they felt in a certain situation. One participant explained that she experienced the power of this tool when she made a connection between some of her actions and the conflicts she was having with her teenage daughter.

Clients also said that they felt listened to and understood, and that they finally could open-up and talk about their problems.

Consequently, they felt more positive after taking part in storytelling exercises.

## Systemic Therapy

Improving the relationship with their children was a common aim of clients on the Action for Change programme, and an outcome identified from the research was that clients had increased their self-awareness as parents because they could better recognise their children's needs.

For example, one client struggled to interact with their daughter, so the practitioner would discuss different activities that they could take part in when the client did get contact. Thus, the client felt as though they had a "better idea of being a good parent."

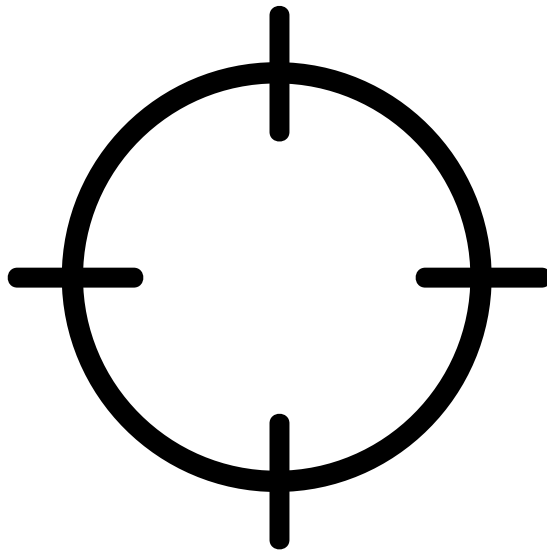
Some clients also recognised positive changes in their children's behaviour and attitude, which they attributed to their involvement in the project as it allowed them to concentrate on their role as parents and increased their self-confidence.

## Solution-focused Therapy

Action for Change clients reported being more able to deal with certain situations and more able to identify and use appropriate resources effectively to overcome the difficulties they faced. This had given them self-confidence and courage for the future.

Goal-setting was an element of the support that several clients linked to increased motivation, as this made individuals feel inspired to take steps to overcome the challenges they faced.

# **An Example of a Delivery Model**





## What is it?

The following is an outline of a delivery model that combines the common approaches and makes use of the evidence-based interventions that have been recommended in this toolkit.

It offers a tailor made service to birth parents. It involves high and intensive levels of engagements, trust building with clients, positive activities centred around the birth parent's interests, and developing a support network with parents in similar circumstances.

The principles of this intervention include:

- Establishing a good relationship as soon as possible is crucial to engagement with birth parents
- The support work must be client-led for this intervention to be successful
- To establish effective engagement, the practitioner needs to understand the birth parent's narrative of their experience of care proceedings. It is equally important for the practitioner to have access to the assessments carried out by social services in order to have a holistic understanding of the concerns that led to the removal of the child
- Support is planned around the priorities and issues that the clients face at that point in time. Practitioners will therefore need to have comprehensive understanding and knowledge of the care proceedings process

- To establish a positive relationship, practitioners also look at the client's interests and hobbies and then formulate bespoke interventions. These tend to be therapeutic, creative and activity-based
- Once the relationship has been established and trust has been built between the practitioner and the birth parent, issues around the removal of the previous child are organically addressed. Practitioners use a range of therapeutic approaches specific to the needs of the client



## Why would you recommend it?

Research shows that a flexible and bespoke approach is an effective method to engage with vulnerable groups that exhibit multi-layered and complex issues. This approach allows the client to lead the intervention and focus on their priorities. Given that the approach is creative, it offers greater success in building a trusting relationship between the practitioner and birth parents which heightens the engagement.



## When is the best time to use it?

As the interventions and approaches are tailor-made to the needs of each client, the tools are used as and when appropriate. Practitioners should consult with colleagues and managers to identify the best approach based upon the needs of the client. The practitioner also needs to have an understanding of the tool itself in order to apply it effectively.



# The different stages of this model:

## 1. Contact

- Session 1
- Offer clarity around support
- Carefully manage expectations

## 2. Establish relationship

- Sessions 2-4 with allocated worker
- Understanding the narrative
- Having access to assessments that led to previous removals and history of family dynamics
- Knowledge of client's care proceedings journey

## 3. Engagement

- Completing comprehensive assessments that include planning of the interventions offered
- Intensive 1-2-1 sessions with allocated worker and group work with other birth parents
- Review of goals and assessment every 3 months

## 4. Exit planning

- As clients achieve goals and become more independent, they are encouraged to use community based services
- 1-2-1 work is less intensive and less frequent
- Peer support and group work is encouraged as and when appropriate

## 5. Post tracking

- Clients are encouraged to attend "leavers' group"
- Clients receive check-in phone calls at regular intervals

You may not reproduce or commercially exploit part or all of the contents of this publication in any form except with our express written permission.



