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# **Interventions with established evidence of preventing, stopping or reducing the impact of child abuse and neglect and related risks**

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May 2022

## Introduction

The tables in this document are drawn from a review of interventions carried out by the Early Intervention Foundation (EIF) on behalf of the independent review of children's social care to support its recommendations on family help.

This work considered how to improve the lives of vulnerable children through a range of evidence-based activities, including those with established evidence of keeping maltreated children from going into care, as well as universal activities with evidence of preventing child abuse and neglect from happening in the first place.

It has identified a range of interventions with causal evidence of improving children's wellbeing within five tiers of child maltreatment risk – from universal interventions to those targeting cases at the edge of care – across five categories of vulnerability:

- problematic child behaviour
- family conflict
- parental mental health
- domestic abuse
- parental substance misuse.

The EIF report provides information on evidence-based interventions which might form part of a strengthened local offer of help for families, and is intended to help practitioners and policy-makers make evidence-based decisions in designing and delivering family help. While this review was conducted to support the ambitions of the independent review, its findings are relevant to all those engaged in working to improve support for vulnerable families at local and national level.

FIND OUT MORE ↗

**Final report of the Independent Review of Children's Social Care**  
[https://childrensocialcare.independent-review.uk/Final\\_report](https://childrensocialcare.independent-review.uk/Final_report)

## Applying the evidence

Evidence-based interventions are not a panacea. Nonetheless, there is now a strong case that when they are commissioned in response to a good understanding of local need, they strengthen the offer of support for families. There is clear evidence that making available a continuum of evidence-based family interventions that are able to target multiple levels of need can achieve measurable population-wide benefits.

We therefore recommend that commissioners use the information provided in this review to deepen their knowledge of the current evidence-base, and treat it as a basis for identifying and commissioning interventions that show good potential for supporting the vulnerable families in their communities.

Achieving the potential of these interventions would also require action by central government policy-makers to support effective implementation. The current pressures on local authorities are significant, and implementing evidence-based interventions to a high standard takes time and can be resource-intensive. Securing the scale-up of evidence-based approaches sufficient to achieve population-level improvements would require national government commitment and support to build capacity locally.

The full EIF report provides much more detail on these interventions shown to be effective and the evidence that underpins them.

FIND OUT MORE ↗

**What works to improve the lives of England's most vulnerable children:  
A review of interventions for a local family help offer**

[www.EIF.org.uk/report/what-works-to-improve-the-lives-of-englands-most-vulnerable-children-a-review-of-interventions-for-a-local-family-help-offer](http://www.EIF.org.uk/report/what-works-to-improve-the-lives-of-englands-most-vulnerable-children-a-review-of-interventions-for-a-local-family-help-offer)

## How do we know what works?

We assert that an intervention 'works' when it has positively impacted at least one of the relevant outcomes – in this case, reducing child maltreatment and associated risks – in at least one rigorously conducted evaluation.

The EIF evidence standards describe the level of confidence we have in an impact or effect through an assessment of its magnitude and duration.

- Level 3 recognises interventions with causal evidence of a short-term positive impact from at least one rigorous evaluation.
- Level 4 recognises interventions with causal evidence of a long-term positive impact through multiple rigorous evaluations.

The 59 interventions and activities identified in this review of interventions all have evidence consistent with EIF's level 3 and level 4 strength of evidence categories.

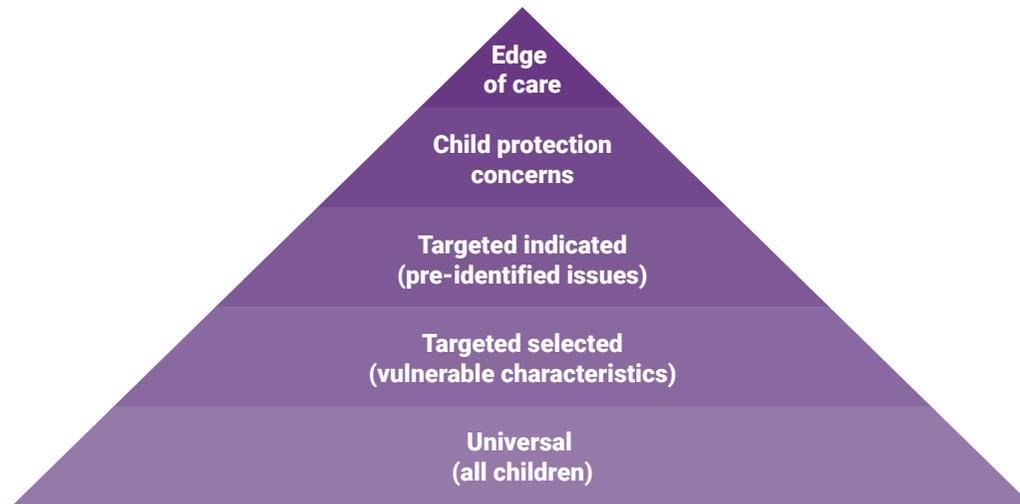
FIND OUT MORE ↗

**EIF evidence standards**

<https://Guidebook.EIF.org.uk/eif-evidence-standards>

# How do we understand need?

The EIF review which underpins these tables of interventions focused on five tiers of need, from the most broadly provided to the most targeted.\*



- 1. Universal** interventions are activities that are made available to all families in the entire population regardless of need. They are typically made available to address needs that are shared by all children (such as education) or to prevent problems from occurring in the first place.
- 2. Targeted selected** interventions are those offered to children or families based on demographic risks, such as low family income, single parenthood or adolescent parenthood. Although children growing up in these circumstances may not be experiencing any specific problems, they are at increased risk of experiencing child maltreatment and related problems in comparison to the general population. Interventions that target these risks have the potential to prevent child maltreatment and other serious problems from arising in these groups.
- 3. Targeted indicated** interventions are for children or families identified or assessed by practitioners as having a specific or diagnosed problem which requires intensive support to either stop it or keep it from getting worse. Examples of interventions falling within this category include treatments for pre-identified conditions that include diagnosed behavioural or mental health problems.
- 4. Child protection concerns** refers to interventions that were developed specifically for children who have been maltreated, or there is a significant risk of child maltreatment. These interventions are therefore offered to stop child maltreatment from re-occurring. In some cases, they may also provide an appropriate alternative to out-of-home care.
- 5. Edge of care** applies to a child who is at serious risk of becoming looked after because of concerns about the parents' capacity to care for them, or the child's behaviour is beyond the parents' control. These interventions have been specifically developed as an alternative to children going into care if the parents have been assessed as having sufficient capacity to benefit from the intervention and the risk of child harm has been judged as manageable.

\* Based on Hardiker, P., Exton, K. E. N., & Barker, M. (1991). The social policy contexts of prevention in child care. *British Journal of Social Work*, 21(4), 341–359.



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# Interventions table 1

## Interventions with evidence of improving a child's behaviour and reducing the risk of child physical and emotional abuse

Name	Description	Key features*	Evidence	Workforce
<b>Targeted selected</b>				
<b>Family Check-up for Children</b> <a href="#">FIND OUT MORE</a> <small>FAMILY CHECK-UP FOR CHILDREN ON THE EIF GUIDEBOOK</small>	<p>A strengths-based, family-centred intervention that provides parents with strategies for encouraging positive child behaviour and discouraging negative and aggressive child behaviour.</p> <p>The programme begins with a Family Check-up assessment which determines what parenting support is required. This package could include 1–15 sessions of the Everyday Parenting programme, depending on the severity of the family's problems. Family Check-Ups begin when the child is 2 years old and then continue annually until the child attends primary school.</p>	<p>Child age: 2–5 years</p> <p>Need: Selected</p> <p>Model: Group and individual</p> <p>Available in the UK? Yes</p> <p>Evaluated in the UK? Not known</p>	<p>Level 3 evidence of improved child behaviours, improved parent–child interactions and reduced maternal depression.</p>	<p>A social worker or clinical psychologist with QCF-7/8 level qualifications.</p>
<b>Family Nurse Partnership (FNP)</b> <a href="#">FIND OUT MORE</a> <small>FAMILY NURSE PARTNERSHIP ON THE EIF GUIDEBOOK</small>	<p>A preventative home-visiting intervention for first-time adolescent mothers and their children. The programme has three goals: (1) to improve pregnancy health and behaviours; (2) to improve child health and development by helping parents provide responsible and competent care; and (3) to improve the mother's economic self-sufficiency.</p> <p>Mothers enrol in the programme early in their pregnancy and receive visits from a family nurse on a weekly basis before, and for the first six weeks after the birth of their child. Visits then continue fortnightly until three months before the child's second birthday when visits become monthly in preparation for the programme ending. 64 visits in total are scheduled. During these visits, mothers learn about their young child's health and development, and receive support for their own wellbeing.</p>	<p>Child age: Antenatal to 2 years</p> <p>Need: Selected</p> <p>Model: Individual</p> <p>Available in the UK? Yes</p> <p>Evaluated in the UK? Yes</p>	<p>Level 4+ evidence of improving a variety of child and maternal outcomes from multiple RCTs conducted in North America, Europe and the UK. This includes reductions in child maltreatment, improved behavioural outcomes and improved school achievement, lasting into adolescence in some studies. UK evidence includes improved school achievement, but no evidence of reducing child maltreatment.</p>	<p>Nurses, midwives or health visitors trained in the FNP model.</p>
<b>ParentChild+</b> <a href="#">FIND OUT MORE</a> <small>PARENTCHILD+ ON THE EIF GUIDEBOOK</small>	<p>A preventive home-visiting intervention for low-income families. It aims to improve the home learning environment, as well as provide parents with strategies for managing their child's behaviour and supporting the child's social and emotional development. An early learning specialist visit families twice a week for a minimum of 23 weeks in two cycles. Families therefore receive a minimum of 92 home visits.</p>	<p>Child age: 2–3 years</p> <p>Need: Selected</p> <p>Model: Individual</p> <p>Available in the UK? No</p> <p>Evaluated in the UK? No</p>	<p>Level 3+ evidence showing improvements in children's cognitive ability, language development and self-regulation.</p>	<p>Early learning specialists, typically with QCF-3 level qualifications.</p>

\* Information on interventions as being available or evaluated in the UK is based on desk research at the time of publication, and may be subject to change. Please check with intervention providers for further detail on availability and past evaluations.

Name	Description	Key features	Evidence	Workforce
<b>ParentCorps</b> <a href="#">FIND OUT MORE</a>  <small>PARENTCORPS ON THE EIF GUIDEBOOK</small>	<p>A group-based programme for families with a 4-year-old child living in disadvantaged, urban communities. It provides parents with strategies for supporting their child's social, emotional and self-regulatory skills in order to encourage healthy development and school success. The programme consists of 14 weekly two-hour sessions. Additional support can be provided if needed.</p>	<p>Child age: Age: 4 (reception) Need: Selected Model: Group Available in the UK? No Evaluated in the UK? No</p>	<p>Level 3 evidence of improving parenting behaviours, improving children's school achievement and reducing child behavioural problems.</p>	<p>Delivered by seven practitioners: one mental health practitioner (QCF 7/8), three preschool teachers (QCF 7/8) and three assistant teachers (QCF 6).</p>
<b>Parents as First Teachers (PAFT)</b> <a href="#">FIND OUT MORE</a>  <small>PARENTS AS FIRST TEACHERS ON THE EIF GUIDEBOOK</small>	<p>A home-visiting intervention for families with a child aged 3 or younger living deprived communities. During the visits, practitioners facilitate parent-child interaction through age-appropriate talk, play and reading activities. Practitioners also work with parents to develop strategies for managing behavioural issues and developmental concerns.</p>	<p>Child age: Birth to 3 years Need: Selected Model: Individual Available in the UK? Yes Evaluated in the UK? No</p>	<p>Level 3 evidence from studies conducted in the US and Switzerland showing improvements in children's behaviour, language and early learning.</p>	<p>PAFT has been successfully delivered by health visitors and teachers with QCF-4/5 level qualifications.</p>
<b>Strengthening Families 10 to 14 (SF 10-14)</b> <a href="#">FIND OUT MORE</a>  <small>STRENGTHENING FAMILIES 10 TO 14 ON THE EIF GUIDEBOOK</small>	<p>A family-based programme that seeks to prevent adolescent risks by giving parents and children strategies for improving communication and reducing peer pressure.</p> <p>The programme consists of seven weekly sessions lasting two hours each. During the programme, families learn how to communicate effectively as well as specific skills such as parental limit-setting and child resistance to peer pressure.</p>	<p>Child age: 10-14 years Need: Selected Model: Group Available in the UK? Not known Evaluated in the UK? Yes</p>	<p>Level 3 evidence of reductions in substance misuse, risky sexual behaviour and aggressive behaviour. The intervention also has evidence of improved school outcomes.</p>	<p>Delivered by three facilitators: lead facilitator should have at least QCF-4/5 level qualifications; two co-facilitators should have QCF 3 qualifications.</p>
<b>Triple P Online</b> <a href="#">FIND OUT MORE</a>  <small>TRIPLE P ONLINE ON THE EIF GUIDEBOOK</small>	<p>A web-based parenting intervention. The programme can be used as an early intervention strategy or as a more intensive programme for parents with children up to 12 years old with significant social, emotional or behavioural problems.</p> <p>Parents are given access to a website which enables them to work through modules sequentially. It is the equivalent of Level 4 Standard Triple P, which is the face-to-face version of the programme (described below).</p> <p>It includes eight modules that focus on positive parenting principles and supporting parents to integrate and generalise parenting strategies through parenting plans. A practitioner should be available to provide support alongside the self-directed online programme.</p>	<p>Child age: 0-12 years Need: Selected Model: Self-administered online Available in the UK? Yes Evaluated in the UK? No</p>	<p>Level 3 evidence of improving child behaviour, reducing parental stress and reducing parental symptoms of stress and anxiety.</p>	<p>One practitioner with QCF-4/5 level qualifications and previously trained in a Triple P programme, who provides support to parents completing the self-directed online programme.</p>

Name	Description	Key features	Evidence	Workforce
<b>Targeted indicated</b>				
<b>Empowering Parents, Empowering Communities</b> <a href="#">FIND OUT MORE</a> <small>EMPOWERING PARENTS, EMPOWERING COMMUNITIES ON THE EIF GUIDEBOOK</small>	<p>An intervention for disadvantaged families experiencing behavioural difficulties with a child between the ages of 2 and 11.</p> <p>Parents attend eight weekly two-hour sessions where they learn strategies for improving the quality of their interactions with their child, reducing negative child behaviour and increasing their efficacy and confidence in parenting. The sessions involve group discussions, demonstrations, role play and homework assignments.</p>	<p>Child age: 2–11 years            Need: Indicated            Model: Group            Available in the UK? Yes            Evaluated in the UK? Yes</p>	<p>Level 3 evidence of moderate reductions in coercive parenting behaviours, alongside small reductions in problematic child behaviours.</p>	<p>Parents who have completed the programme and EPEC training, with additional support and supervision from a social worker.</p>
<b>Helping the Non-Compliant Child</b> <a href="#">FIND OUT MORE</a> <small>HELPING THE NON-COMPLIANT CHILD ON THE EIF GUIDEBOOK</small>	<p>An intervention that helps parents to manage unwanted child behaviour.</p>	<p>Child age: 3–8 years            Need: Indicated            Model: Individual            Available in the UK?            Not known            Evaluated in the UK? No</p>	<p>Level 3 evidence of improving child behaviour, including children with a diagnosis of ADHD.</p>	<p>QCF-7/8 level clinical psychologists.</p>
<b>Hitkashrut</b> <a href="#">FIND OUT MORE</a> <small>HITKASHRUT ON THE EIF GUIDEBOOK</small>	<p>A parent training intervention aimed at reshaping parent–child interactions to reduce conduct problems. Interventions are delivered by two practitioners in 2.5-hour sessions for a period of two weeks.</p>	<p>Child age: 3–5 years            Need: Indicated            Model: Group            Available in the UK? No            Evaluated in the UK? No</p>	<p>Level 3 evidence of improved child behaviour, improved effortful control and reduced conduct problems. Additionally, parents reported improvements in their marital quality and parenting behaviours.</p>	<p>QCF-7/8 level clinical psychologists.</p>
<b>Incredible Years Preschool Basic</b> <a href="#">FIND OUT MORE</a> <small>INCREDIBLE YEARS PRESCHOOL BASIC ON THE EIF GUIDEBOOK</small>	<p>A group parenting programme where parents learn strategies for interacting positively with their child and discouraging unwanted behaviour through mediated video vignettes, problem-solving exercises and structured practice activities.</p>	<p>Child age: 3–6 years            Need: Indicated            Model: Group            Available in the UK? Yes            Evaluated in the UK? Yes</p>	<p>Level 4 evidence of reducing child behavioural problems, improving the quality of the parent–child relationship and child reading skills, lasting up to 10 years. This evidence includes multiple studies conducted in the UK. Some studies also show reductions in parental reports of depression.</p>	<p>Delivered by two IY co-leaders with QCF-7/8 level qualifications, who may be a psychologist, social worker, nurse or physician.</p>
<b>Incredible Years School Age Basic</b> <a href="#">FIND OUT MORE</a> <small>INCREDIBLE YEARS SCHOOL AGE BASIC ON THE EIF GUIDEBOOK</small>	<p>A group parenting programme that teaches effective parenting strategies for dealing with unwanted child behaviour through group discussion, role plays, video vignettes and homework.</p>	<p>Child age: 6–12 years            Need: Indicated            Model: Group            Available in the UK? Yes            Evaluated in the UK? Yes</p>	<p>Level 3+ evidence of reductions in conduct problems and ADHD symptoms.</p>	<p>Delivered by two IY co-leaders with QCF-7/8 level qualifications, who may be a psychologist, social worker, nurse or physician.</p>

Name	Description	Key features	Evidence	Workforce
<b>Resilience Triple P</b> <a href="#">FIND OUT MORE</a> <small>RESILIENCE TRIPLE P ON THE EIF GUIDEBOOK</small>	<p>A family intervention for children bullied by peers. It combines social and emotional skills training for children, with ‘facilitative parenting’ training for parents. Facilitative parenting includes warm and responsive parenting, direct instruction (e.g. coaching children to manage peer problems), and opportunities to help the child develop peer relationships (e.g. supporting friendships through playdates).</p>	<p>Child age: 6–12 years            Need: Indicated            Model: Group            Available in the UK?            Not known            Evaluated in the UK? No</p>	<p>Level 3 evidence of improvements in facilitative parenting, more peer acceptance and less victimisation of the child, and improved child behaviour.</p>	<p>Child and family mental health practitioners, or other school support professionals recommended to have at least QCF-4/5 level qualifications.</p>
<b>Triple P Discussion Groups (Level 3)</b> <a href="#">FIND OUT MORE</a> <small>TRIPLE P DISCUSSION GROUPS (LEVEL 3) ON THE EIF GUIDEBOOK</small>	<p>An intervention for parents with specific concerns about the behaviour of a child between the ages of 0 and 12.</p> <p>Parents attend one to four small group sessions lasting approximately two hours each. Topics covered during the sessions include managing child disobedience, developing good bedtime routines, and shopping with children.</p>	<p>Child age: 0–12 years            Need: Indicated            Model: Group            Available in the UK? Yes            Evaluated in the UK? No</p>	<p>Level 3+ evidence of reductions in disruptive child behaviours.</p>	<p>Practitioners can come from a range of professions (e.g. family support worker) but are recommended to have at least QCF-4/5 level qualifications.</p>
<b>Triple P Level 4: Group &amp; Standard</b> <a href="#">FIND OUT MORE</a> <small>TRIPLE P LEVEL 4 GROUP ON THE EIF GUIDEBOOK</small> <a href="#">FIND OUT MORE</a> <small>TRIPLE P LEVEL 4 STANDARD ON THE EIF GUIDEBOOK</small>	<p>An intervention for parents with specific concerns about a child’s behaviour. Parents attend five sessions over a period of eight weeks, as well as three individual telephone consultations lasting 15 to 30 minutes.</p> <p>During these sessions, parents learn 17 different strategies for improving their children’s competencies and discouraging unwanted child behaviour. The intervention can be delivered to parents individually or groups of up to 12 parents.</p>	<p>Child age: 0–12 years            Need: Indicated            Model: Individual or group            Available in the UK? Yes            Evaluated in the UK?            Not known</p>	<p>Level 3 evidence of significant reductions in coercive parenting behaviours and increasing parenting competence, as well as significant improvements in child behaviour, lasting for over three years.</p>	<p>QCF-7/8 level clinical psychologists or social workers.</p>
<b>Triple P Teen: Group &amp; Standard Level 4</b> <a href="#">FIND OUT MORE</a> <small>TRIPLE P TEEN GROUP ON THE EIF GUIDEBOOK</small> <a href="#">FIND OUT MORE</a> <small>TRIPLE P TEEN STANDARD ON THE EIF GUIDEBOOK</small>	<p>An intervention for parents who have concerns about their teenager’s development and behaviour. Parents attend 10 one-hour face-to-face sessions, where they learn practical strategies for how to manage their child’s problematic behaviour, promote healthy development, and improve the quality of the parent-child relationship. The programme can be delivered to groups of parents or parents individually.</p>	<p>Child age: 12–16 years            Need: Indicated            Model: Individual or group            Available in the UK? Yes            Evaluated in the UK? No</p>	<p>Level 3 evidence showing significant reductions in parent reports of child behavioural difficulties.</p>	<p>Delivered by a single Triple P practitioner from a range of professions (e.g., school counsellor, nurse) but recommended to hold QCF-4/5 level qualifications and to be supervised by a QCF-7/8 level practitioner.</p>

Name	Description	Key features	Evidence	Workforce
<b>Child protection concerns</b>				
<b>Child First</b> <a href="#">FIND OUT MORE</a>  <small>CHILD-FIRST ON THE EIF GUIDEBOOK</small>	A 12-month home visiting intervention combining Child-Parent Psychotherapy with other forms of social support to reduce the risk of child maltreatment in vulnerable families with young children.	Child age: 6–36 months Need: Indicated Model: Individual home visiting Available in the UK? No Evaluated in the UK? No	Level 3 evidence of four-fold reductions in child behavioural problems and a two-fold reduction in reports of child maltreatment at a three-year follow-up. Also, a three-fold reduction in parenting stress and four-fold reduction in symptoms of psychopathology at a 12-month follow-up.	Delivered by one clinician with QCF-7/8 level qualifications and one care coordinator with QCF-6 level qualifications.
<b>Child-Parent Psychotherapy (CPP)</b> <a href="#">FIND OUT MORE</a>  <small>CHILD-PARENT PSYCHOTHERAPY ON THE EIF GUIDEBOOK</small>	A therapeutic intervention targeting mothers and preschool children who may have experienced trauma or abuse (such as domestic abuse) or are otherwise at risk of behavioural and emotional problems.	Child age: 3–6 years Need: Indicated Model: Individual parent/child therapy Available in the UK? No Evaluated in the UK? No	Level 3+ evidence of small to moderate improvements in child behaviour. Parent benefits include reductions in trauma-symptoms and symptoms of depression.	QCF-7/8 level clinical psychologist or social worker.
<b>GenerationPMTO</b> <a href="#">FIND OUT MORE</a>  <small>GENERATIONPMTO ON THE EIF GUIDEBOOK</small>	An intervention that teaches parents effective family management skills to reduce antisocial and problematic child behaviour. Promoting school success is also a factor that is woven into the programme throughout relevant components. The length of GenerationPMTO is determined by each family's needs. The number of sessions provided in parent groups ranges from six to 14; in clinical samples the mean number of individual treatment sessions is 25.	Child age: 3–18 years Need: Indicated Model: Group or individual Available in the UK? No Evaluated in the UK? No	Level 4 evidence of improving a wide variety of child outcomes, including reductions in antisocial behaviour.	Qualified GenerationPMTO practitioners with a minimum of QCF-6 level qualifications, preferably QCF-7/8.
<b>Parent-Child Interaction Therapy</b> <a href="#">FIND OUT MORE</a>  <small>PARENT-CHILD INTERACTION THERAPY ON THE BLUEPRINTS REGISTRY</small>	An intervention delivered in two phases: child-directed interaction (CDI), which resembles traditional play therapy, and parent-directed interaction (PDI), which resembles clinical behaviour therapy. Parents must achieve mastery in the first phase to proceed to the second.	Child age: 3–12 years Need: Indicated Model: Group Available in the UK? No Evaluated in the UK? No	Level 4 evidence of improving children's behavioural outcomes in a range of populations.	Clinical psychologists or social workers with QCF-7/8 level qualifications.

Name	Description	Key features	Evidence	Workforce
<b>Pathways Triple P (Level 5)</b> <a href="#">FIND OUT MORE</a> <small>PATHWAYS TRIPLE P (LEVEL 5) ON THE EIF GUIDEBOOK</small>	An intervention for parents who have difficulty regulating their emotions and are considered at risk of physically or emotionally harming their children. It aims to improve children's mental health and wellbeing, prevent maltreatment, and prevent crime, violence and antisocial behaviour.	Child age: 0–16 years Need: Indicated Model: Individual Available in the UK? Yes Evaluated in the UK? No	Level 3+ evidence of significant reductions in children's internalising behaviours and improved self-reported quality of life. Evidence of reductions in child maltreatment risk in terms of parents' blame and intentional attribution of children's misbehaviour, as well as reductions in unrealistic expectations of child behaviour.	A practitioner who has at least QCF-4/5 qualifications and experience of working with parents at high risk of physically maltreating their children. It is expected that this individual will be supervised by a clinical psychologist or social worker with QCF-7/8 level qualifications.
<b>Edge of care</b>				
<b>Functional Family Therapy</b> <a href="#">FIND OUT MORE</a> <small>FUNCTIONAL FAMILY THERAPY ON THE EIF GUIDEBOOK</small>	A therapeutic intervention for young people involved in serious antisocial behaviour and/or substance misuse, and their parents. Participants are taught behavioural strategies and skills including listening skills, anger management and parental supervision techniques to replace maladaptive behaviours (i.e. antisocial behaviour and substance abuse).	Child age: 10–18 years Need: Edge of care Model: Individual and family therapy Available in the UK? Yes Evaluated in the UK? Yes	Level 3+ evidence from multiple studies of reducing substance misuse in teenagers. However, these benefits were not replicated in the only UK trial.	Clinical psychologists or social workers with QCF-7/8 level qualifications.
<b>Multidimensional Family Therapy</b> <a href="#">FIND OUT MORE</a> <small>MULTIDIMENSIONAL FAMILY THERAPY ON THE EIF GUIDEBOOK</small>	An intervention primarily for adolescents who have substance misuse, behavioural, delinquency, mental health, educational/school, family mental health problems or disorders.	Child age: 13–17 years Need: Edge of care Model: Family therapy Available in the UK? No Evaluated in the UK? No	Level 4 evidence of reductions in externalising symptoms and cannabis dependence at a nine-month follow-up. At 12 months, decreases in substance misuse were maintained. At 18 months, reductions were observed in externalising behaviours and felony arrests.	MFT therapist with QCF-7/8 level qualifications.
<b>Multisystemic Therapy</b> <a href="#">FIND OUT MORE</a> <small>MULTISYSTEMIC THERAPY ON THE EIF GUIDEBOOK</small>	An intervention for families with a young person aged 12–17 who is at risk of going into care due to serious antisocial and/or offending behaviour.	Child age: 12–17 years Need: Edge of care Model: Individual and family therapy Available in the UK? Yes Evaluated in the UK? Yes	Level 4+ evidence from multiple, internationally conducted studies, including a US evaluation demonstrating reduced youth offending, antisocial behaviour and psychiatric symptomology, including findings involving 14- and 22-year follow-ups. MST has UK evidence consistent with these findings, although its most recent UK evaluation could not confirm that MST was superior to standard youth justice practice.	MST therapist/practitioner with QCF-6 level qualifications.

Name	Description	Key features	Evidence	Workforce
<b>Multisystemic Therapy for Child Abuse and Neglect (MST-CAN)</b> <a href="#">FIND OUT MORE ↗</a> <small>MULTISYSTEMIC THERAPY FOR CHILD ABUSE AND NEGLECT ON THE EIF GUIDEBOOK</small>	<p>An intensive treatment for families who have recently been reported to child protection services. A key aim is to help families assume greater responsibility for their behaviours and actively work to resolve serious family issues.</p>	<p>Child age: 6–17 years            Need: Edge of care            Model: Individual &amp; family therapy            Available in the UK? Yes            Evaluated in the UK? No</p>	<p>Level 3 evidence of reduced neglect, psychological aggression, minor and severe assault, non-violent discipline, symptoms of PTSD, dissociative symptoms, internalising symptoms and total behaviour problems and increased placement stability post-intervention.</p>	<p>Delivered jointly by a social worker/psychologist and key worker.</p>
<b>Multisystemic Therapy for Problem Sexual Behaviour</b> <a href="#">FIND OUT MORE ↗</a> <small>MULTISYSTEMIC THERAPY FOR PROBLEM SEXUAL BEHAVIOUR ON THE EIF GUIDEBOOK</small>	<p>A programme for families with a young person aged 10–17.5 years who has committed a sexual offence or demonstrated problematic sexual behaviour.</p> <p>MST-PSB is delivered by a therapist who works individually with the young person and family in their home, for an average of 6–9 months.</p> <p>Therapy sessions typically last between 50 minutes and 2 hours. The frequency of the sessions vary depending on the needs of the family and the stage of the treatment, usually ranging from three a week to daily.</p> <p>Intervention strategies include family discussions, role play, structural family therapy, safety planning, and sexual education.</p>	<p>Child age: 10–17 years            Need: Edge of care            Model: Individual &amp; family therapy            Available in the UK? Yes            Evaluated in the UK? No</p>	<p>Level 4 evidence of supporting children’s mental health and wellbeing, and reduced arrests for sexual misconduct and nonsexual crimes. Improvements in school and employment opportunities were also observed.</p>	<p>MST-PSB therapist with QCF-7/8 level qualifications.</p>
<b>Treatment Foster Care Oregon Adolescence (TFCO-A)</b> <a href="#">FIND OUT MORE ↗</a> <small>TREATMENT FOSTER CARE OREGON ADOLESCENCE ON THE EIF GUIDEBOOK</small>	<p>A programme for young people displaying delinquent behaviour in foster placements or residential placements. These young people are placed in a ‘treatment foster family’ trained in the TFCO-A model with the aim of improving a young person’s social, emotional and relational skills, and thereby reducing the incidence of more challenging and antisocial behaviours.</p>	<p>Child age: 12–18 years            Need: Edge of care            Model: Individual &amp; family therapy            Available in the UK? Yes            Evaluated in the UK? Yes</p>	<p>Level 3+ evidence of reductions in running away from placements and the number of days incarcerated, as well as reduced delinquent behaviour and reduced rates of criminal referrals during the period from placement to one year post-placement.</p>	<p>Social worker with QCF-7/8 level qualifications.</p>

## Interventions table 2

# Interventions with evidence of reducing family conflict and improving the co-parenting relationship

Name	Description	Key features*	Evidence	Workforce
<b>Universal</b>				
<b>Family Foundations</b> <a href="#">FIND OUT MORE</a> <small>FAMILY FOUNDATIONS ON THE EIF GUIDEBOOK</small>	<p>A group-based programme for couples expecting their first child. Couples learn strategies for enhancing communication, resolving conflict and sharing of childcare duties.</p>	<p>Child age: Perinatal            Need: Universal            Model: Group            Available in the UK? Yes            Evaluated in the UK? No</p>	<p>Level 4 evidence of medium improvements in infant soothability, reductions in maternal symptoms of depression and anxiety and large improvements in co-parenting behaviours and relationship. Notably, these improvements include less self-reported interparental physical violence and parent-child psychological and physical violence six-months following intervention completion. There is also evidence linking the intervention to improved child behavioural outcomes, as rated by their teachers, at age three and age seven.</p>	<p>Practitioners trained in the programme model with at least QCF-6 level qualifications or higher.</p>
<b>Schoolchildren &amp; their Families (Parents as Partners)</b> <a href="#">FIND OUT MORE</a> <small>SCHOOLCHILDREN &amp; THEIR FAMILIES ON THE EIF GUIDEBOOK</small>	<p>A group-based programme for couples with a child entering primary school. Six couples attend 16 sessions of two hours' duration where they learn strategies for managing their child's behaviour and improving their co-parenting practices.</p>	<p>Child age: Entry to kindergarten/reception            Need: Universal            Model: Group            Available in the UK? Yes            Evaluated in the UK? Yes</p>	<p>Level 3 evidence of improved parenting behaviours, parental mood, and child behaviour, as well as reductions in marital conflict immediately after intervention completion. Improvements in couple communication and satisfaction and some child behaviours were observed at a 10-year follow-up.</p>	<p>Two practitioners trained in the Schoolchildren and their Families' model with QCF-7/8 level qualifications.</p>
<b>Targeted selected</b>				
<b>Family Check-up for Children</b> <a href="#">FIND OUT MORE</a> <small>FAMILY CHECK-UP FOR CHILDREN ON THE EIF GUIDEBOOK</small>	<p>The Family Check-up (FCU) for Children is a strengths-based, family-centred intervention that provides parents with strategies for encouraging positive child behaviour and discouraging negative and aggressive child behaviour.</p> <p>The programme begins with a Family Check-up assessment that determines what parenting support is required. This package could include 1–15 sessions of the Everyday Parenting programme, depending on the severity of the families' problems. Family Check-Ups begin when the child is 2 years old and then continue annually until the child attends primary school.</p>	<p>Child age: 2–5 years            Need: Selected            Model: Group &amp; Individual            Available in the UK? Yes            Evaluated in the UK? No</p>	<p>Level 3 evidence of improved child behaviours, improved parent-child interactions and reduced maternal depression.</p>	<p>A social worker or clinical psychologist with QCF-7/8 level qualifications.</p>

\* Information on interventions as being available or evaluated in the UK is based on desk research at the time of publication, and may be subject to change. Please check with intervention providers for further detail on availability and past evaluations.

Name	Description	Key features	Evidence	Workforce
<b>Targeted indicated</b>				
<b>Enhanced Triple P</b> <a href="#">FIND OUT MORE</a> <small>ENHANCED TRIPLE-P ON THE EIF GUIDEBOOK</small>	<p>The Standard Triple P model with three additional modules to additionally address family problems involving partner conflict, stress and parental mental health issues. Three modules target specific concerns. Parents can do one, two or three of the modules, which work on partner relationships and communication, personal coping strategies for high stress situations and other positive parenting practice.</p>	<p>Child age: 1–5 years            Need: Indicated            Model: Individual or group            Available in the UK? Yes            Evaluated in the UK? No</p>	<p>Level 3 evidence of significant reductions in coercive parenting behaviours and increasing parenting competence, as well as significant improvements in child behaviour, lasting for over three years</p>	<p>Clinical psychologists.</p>
<b>Incredible Years Preschool BASIC and ADVANCE</b> <a href="#">FIND OUT MORE</a> <small>INCREDIBLE YEARS PRESCHOOL BASIC AND ADVANCE ON THE EIF GUIDEBOOK</small>	<p>Incredible Years ADVANCE is an add-on programme to the Incredible Years Preschool BASIC programme, teaching parents strategies for improving interparental communication, emotion regulation, and problem-solving as a means for supporting their child's development.</p>	<p>Child age: 3–6 years            Need: Indicated            Model: Group            Available in the UK? Yes            Evaluated in the UK? No</p>	<p>Incredible Years Preschool BASIC has Level 4 evidence from multiple studies showing short-term improvements in children's behaviour and parental mood. There is no specific evidence of BASIC combined with ADVANCED of improving the quality of the co-parenting relationship.</p>	<p>Delivered by two IY co-leaders with QCF-7/8 level qualifications, who may be a psychologist, social worker, nurse or physician.</p>
<i>For separating parents</i>				
<b>New Beginnings Programme for Divorced and Separating Parents</b> <a href="#">FIND OUT MORE</a> <small>NEW BEGINNINGS PROGRAMME ON THE EIF GUIDEBOOK</small>	<p>An intervention that provides separating parents with strategies for improving positive family communication and effective discipline when parents are separated. Parents are also taught anger-management skills to reduce children's exposure to conflict.</p>	<p>Child age: 3–18 years            Need: Targeted            Model: Groups of mothers &amp; fathers separately            Available in the UK? No            Evaluated in the UK? No</p>	<p>Level 4 evidence of long-term reductions in child behavioural and mental health problems.</p>	<p>Practitioners with QCF-7/8 level qualifications.</p>
<b>Triple P Family Transitions</b> <a href="#">FIND OUT MORE</a> <small>TRIPLE P FAMILY TRANSITIONS ON THE EIF GUIDEBOOK</small>	<p>Family Transitions Triple P (FTTP) Level 5 is for parents who are separating. It aims to improve child and family outcomes by: (1) providing parents with skills for managing and coping with the transition through separation or divorce; (2) improving parents' competence and confidence in raising children; (3) reducing parents' level of emotional distress; (4) improving parents' communication about co-parenting issues; (5) reducing the use of coercive and punitive methods of disciplining children; and (6) improving the parent-child relationship.</p> <p>Family Transitions is delivered in conjunction with Level 4 Standard Triple P, to families individually or in groups. It exists as five sessions that are offered in addition to the Standard model.</p>	<p>Child age: 1–17 years            Need: Targeted            Model: Group or individual            Available in the UK? Yes            Evaluated in the UK? No</p>	<p>Level 3 evidence of significant reductions in child behaviour problems and coercive parenting behaviours in the first year and improved parental mood and co-parenting skills at the one-year follow-up.</p>	<p>Practitioners with QCF-7/8 level qualifications.</p>

## Interventions table 3

# Interventions with evidence of reducing parental mental health problems and supporting children's development

Name	Description	Key features*	Evidence	Workforce
<b>Universal</b>				
<b>Perinatal mental health screening</b> <a href="#">FIND OUT MORE ↗</a> <small>NICE GUIDANCE (CG192): 1.5 RECOGNISING MENTAL HEALTH PROBLEMS IN PREGNANCY AND THE POSTNATAL PERIOD AND REFERRAL</small>	Routine screening of mothers for mental health problems throughout pregnancy and the postpartum period.	Child age: All ages, but particularly during the perinatal period Need: Universal Model: Screening Available in the UK? Yes Evaluated in the UK? No	Consistent evidence from multiple systematic reviews showing between a 2% and 9% reduction in the risk of depression at follow-up (3-5 months) after receiving screening for depression, with or without additional treatment components, compared with usual care. A 34% reduction in remission in depression symptoms when screening leads to referral of CBT.	Midwives and other practitioners involved in delivering perinatal care
<b>Targeted selected</b>				
<b>Family Nurse Partnership (FNP)</b> <a href="#">FIND OUT MORE ↗</a> <small>FAMILY NURSE PARTNERSHIP ON THE EIF GUIDEBOOK</small>	<p>A preventative home-visiting intervention for first-time adolescent mothers and their children. The programme has three goals: (1) to improve pregnancy health and behaviours; (2) to improve child health and development by helping parents provide responsible and competent care; and (3) to improve the mother's economic self-sufficiency.</p> <p>Mothers enrol in the programme early in their pregnancy and receive visits from a family nurse on a weekly basis before, and for the first six weeks after the birth of their child. Visits then continue fortnightly until three months before the child's second birthday when visits become monthly in preparation for the programme ending. 64 visits in total are scheduled. During these visits, mothers learn about their young child's health and development, and receive support for their own wellbeing.</p>	Child age: Antenatal to 2 years Need: Selected Model: Home-visiting Available in the UK? Yes Evaluated in the UK? Yes	Level 4 evidence of improving a variety of child and maternal outcomes from multiple RCTs conducted in North America, Europe and the UK. This includes evidence of improving maternal self-esteem in two studies, but no specific evidence of preventing or reducing maternal mental health problems.	Nurses, midwives or health visitors trained in the FNP model.

\* Information on interventions as being available or evaluated in the UK is based on desk research at the time of publication, and may be subject to change. Please check with intervention providers for further detail on availability and past evaluations.

Name	Description	Key features	Evidence	Workforce
<b>Targeted indicated</b>				
<b>Antidepressants and other pharmaceutical treatments for treating various psychological disorders</b>	A variety of medications are available for the treatment of depression, anxiety and various forms of psychoses. All must be prescribed by a GP or similarly qualified medical doctor. Not all drugs are appropriate for pregnant or lactating mothers, so particular care must be provided for patients with these characteristics.	Target group: Adults Need: Indicated Model: Pharmaceutical treatment Available in the UK? Yes Evaluated in the UK? Yes	Level 4 evidence of improving the negative symptoms associated with a variety of diagnosed mental health problems.	GP or psychiatrist.
<b>Cognitive behavioural therapy (CBT) (for mental health)</b> <a href="#">FIND OUT MORE ↗</a> NICE GUIDANCE (CG90): TREATMENT FOR MILD TO MODERATE DEPRESSION	<p>A well-evidenced therapeutic technique typically offered to adults experiencing mild to moderate symptoms of depression or anxiety. Adults are taught cognitive strategies for breaking down problems and worries into smaller components to minimise feelings of helplessness and hopelessness and increase a sense of efficacy.</p> <p>Common CBT strategies include methods for managing their moods and intrusive thoughts, relaxation techniques, and strategies for reframing negative situations. The length of CBT can vary, depending on the length of the problem, although most versions are of short duration. Some can also be self-administered, depending on the severity of the mental health problem.</p>	Target group: Adults Need: Indicated Model: Individual therapy Available in the UK? Yes Evaluated in the UK? No	Consistent evidence from multiple systematic reviews showing reductions in symptoms of depression and anxiety are reported in adults, with studies also showing improvements in child mental wellbeing.	Originally developed to be delivered by clinical psychologists, but clinicians with lower qualifications have now successfully administered it and some versions can be self-administered.
<b>Incredible Years Preschool Basic</b> <a href="#">FIND OUT MORE ↗</a> INCREDIBLE YEARS PRESCHOOL BASIC ON THE EIF GUIDEBOOK	A group parenting programme where parents learn strategies for interacting positively with their child and discouraging unwanted behaviour through mediated video vignettes, problem-solving exercises and structured practice activities.	Child age: 3–6 years Need: Indicated Model: Group Available in the UK? Yes Evaluated in the UK? Yes	Level 4 evidence of reducing child behavioural problems, improving the quality of the parent/child relationship and child reading skills, lasting up to ten years. Additionally, on UK study shows reductions in symptoms of depression, as reported by clinically depressed mothers participating in a UK trial.	Delivered by two IY co-leaders with QCF-7/8 qualifications who may be a psychologist, social worker, nurse or physician.
<b>Interpersonal therapy</b> <a href="#">FIND OUT MORE ↗</a> NICE GUIDANCE (CG90): DEPRESSION IN ADULTS: RECOGNITION AND MANAGEMENT	IPT provides adults with strategies for improving their relationships with others and managing difficult life events. Hour-long therapeutic sessions take place every one or two weeks, involving between 10 and 20 sessions.	Target group: Adults Need: Indicated Model: Individual therapy Available in the UK? Yes Evaluated in the UK? Yes	Level 3 short-term evidence of improving maternal mood. The treatment effect may be enhanced if combined with antidepressants.	Traditionally delivered by clinical psychologists but has been shown to be effective when delivered by other health professionals.

Name	Description	Key features	Evidence	Workforce
<b>Psychodynamic therapy</b> <a href="#">FIND OUT MORE</a> <small>NICE GUIDANCE (CG90): DEPRESSION IN ADULTS: RECOGNITION AND MANAGEMENT</small>	Psychodynamic therapy makes use of Freudian principles to help individuals consider how episodes occurring in their past may be negatively impacting their current moods and behaviour. Traditional psychodynamic therapy may involve multiple sessions during the week, lasting for a year or longer, although shorter versions also exist.	Target group: Adults Need: Indicated Model: Individual therapy Available in the UK? Yes Evaluated in the UK? Yes	Level 4 evidence, comparable to CBT, of reducing problematic mental health symptoms. There is also evidence suggesting that psychodynamic therapy is superior to CBT or other short therapies in reducing rates of remission, when delivered to individuals over longer periods of time.	Clinical psychologists.
<b>Child protection concerns</b>				
<b>Child First</b> <a href="#">FIND OUT MORE</a> <small>CHILD-FIRST ON THE EIF GUIDEBOOK</small>	A 12-month home visiting intervention combining Child-Parent Psychotherapy with other forms of social support to reduce the risk of child maltreatment in vulnerable families with young children.	Child age: 6–36 months Need: Indicated Model: Individual home visiting Available in the UK? No Evaluated in the UK? No	Level 3 evidence of four-fold reductions in child behavioural problems and a two-fold reduction in reports of child maltreatment at a three-year follow-up. Also, a three-fold reduction in parenting stress and four-fold reduction in symptoms of psychopathology at a 12-month follow-up.	Delivered by one clinician with QCF-7/8 level qualifications and one care coordinator with QCF-6 level qualifications.
<b>Child-Parent Psychotherapy (CPP)</b> <a href="#">FIND OUT MORE</a> <small>CHILD-PARENT PSYCHOTHERAPY ON THE EIF GUIDEBOOK</small>	A therapeutic intervention targeting mothers and preschool children who may have experienced trauma or abuse (such as domestic abuse) or are otherwise at risk of behavioural and emotional problems.	Child age: 3–6 years Need: Indicated Model: Individual parent/child therapy Available in the UK? No Evaluated in the UK? No	Level 3+ evidence of improving child behaviour (depending on the study). Parent benefits include reductions in trauma-symptoms and symptoms of depression.	QCF-7/8 level clinical psychologist or social worker.
<b>Infant-Parent Psychotherapy</b> <a href="#">FIND OUT MORE</a> <small>INFANT-PARENT PSYCHOTHERAPY ON THE EIF GUIDEBOOK</small>	A modification of child-parent psychotherapy for at-risk mothers with an infant.	Child age: 0–24 months Need: Indicated Model: Individual parent/child therapy Available in the UK? No Evaluated in the UK? No	Level 3+ evidence of increasing infant attachment security and improving maternal sensitivity.	QCF-7/8 level clinical psychologist or social worker.
<b>Edge of care</b>				
<b>Multisystemic Therapy for Child Abuse and Neglect (MST-CAN)</b> <a href="#">FIND OUT MORE</a> <small>MULTISYSTEMIC THERAPY FOR CHILD ABUSE AND NEGLECT ON THE EIF GUIDEBOOK</small>	An intensive treatment for families who have recently been reported to child protection services. A key aim of the intervention is to help families assume greater responsibility for their behaviours and actively work to resolve serious family issues.	Child age: 6–17 years Need: Edge of care Model: Individual & family therapy Available in the UK? Yes Evaluated in the UK? No	Level 3 evidence of reduced neglect, psychological aggression, minor and severe assault, non-violent discipline, symptoms of PTSD, dissociative symptoms, internalising symptoms, total behaviour problems and increased placement stability post-intervention.	Delivered jointly by a social worker/psychologist and key worker.

## Interventions table 4

# Interventions with evidence of preventing domestic abuse, reducing its re-occurrence and treating abuse-related trauma

Name	Description	Key features*	Evidence	Workforce
<b>Universal prevention</b>				
<b>Dating Matters</b> <a href="#">FIND OUT MORE</a> <small>NIOLON, P. H. ET AL. (2019) AN RCT OF DATING MATTERS... AMERICAN JOURNAL OF PREVENTIVE MEDICINE, 57(1), 13–23</small>	<p>A school-based intervention teaching 11–14-year-olds healthy relationship skills before they start dating. It also provides advice on stopping behaviours that increase the risk of dating violence, including substance misuse and sexual risk-taking.</p>	<p>Child age: 11–14 years            Need: Universal            Model: School            Available in the UK? No            Evaluated in the UK? No</p>	<p>The equivalent of level 3 evidence showing significant reductions in teen dating violence perpetration, victimisation, and negative conflict resolution strategies.</p>	<p>Teachers/pupils/ computer.</p>
<b>Family Foundations</b> <a href="#">FIND OUT MORE</a> <small>FAMILY FOUNDATIONS ON THE EIF GUIDEBOOK</small>	<p>A group-based programme for couples expecting their first child. Couples learn strategies for enhancing communication, resolving conflict and sharing of childcare duties.</p>	<p>Child age: Perinatal            Need: Universal            Model: Group            Available in the UK? Yes            Evaluated in the UK? No</p>	<p>Level 4 evidence of reduced parental reports of conflict and violence, as reported by both parents on the Conflict Tactics Scale, prior to their first child's birth and at the child's first birthday. <i>Individuals participating in Family Foundations are ineligible if domestic abuse is present, but participation in the intervention may provide a preventative effect.</i></p>	<p>Practitioners trained in the programme model with at least QCF-6 level qualifications or higher. In this context, both male and female healthcare providers.</p>
<b>Me &amp; You</b> <a href="#">FIND OUT MORE</a> <small>PESKIN, M. F. ET AL. (2019) ADOLESCENT DATING VIOLENCE PREVENTION PROGRAM FOR EARLY ADOLESCENTS... AMERICAN JOURNAL OF PUBLIC HEALTH, 109(10), 1419–1428</small>	<p>A whole-school approach for school pupils between the ages of 11 and 12 to promoting healthy relationships and address unhealthy relationship behaviour (emotional, physical, sexual, cyber). It combines direct work to pupils with group with advice offered to parents.</p> <p>The student component comprises 12 25-minute sessions. The parent component comprises three parent–child take-home activities and two parent newsletters. The whole-school component comprises a two-day teacher training and one school newsletter (delivered during lesson one).</p>	<p>Child age: 11–12 years            Need: Universal            Model: School            Available in the UK? No            Evaluated in the UK? No</p>	<p>The equivalent of level 3 evidence of reduced rates of dating violence perpetration. This included reductions in physical DV perpetration, psychological DV perpetration, threatening DV perpetration and victimisation, and sexual DV victimisation.</p>	<p>Teachers/pupils/ computer.</p>
<b>Safe Dates</b> <a href="#">FIND OUT MORE</a> <small>SAFE DATES ON THE BLUEPRINTS REGISTRY</small>	<p>A 10-session dating abuse prevention programme to raise students' awareness of what constitutes healthy and abusive dating relationships, as well as the causes and consequences of dating abuse.</p>	<p>Child age: 12–14 years            Need: Universal            Model: School            Available in the UK? No            Evaluated in the UK? No</p>	<p>The equivalent of level 3 evidence showing significant reductions (56–92%) in self-reported physical, serious physical, and sexual dating violence perpetration and victimisation.</p>	<p>Teachers/pupils.</p>

\* Information on interventions as being available or evaluated in the UK is based on desk research at the time of publication, and may be subject to change. Please check with intervention providers for further detail on availability and past evaluations.

Name	Description	Key features	Evidence	Workforce
<b>Schoolchildren &amp; their Families (Parents as Partners)</b> <a href="#">FIND OUT MORE ↗</a> <small>SCHOOLCHILDREN &amp; THEIR FAMILIES ON THE EIF GUIDEBOOK</small>	<p>A group-based programme for couples with a child entering primary school. Six couples attend 16 sessions of two hours' duration where they learn strategies for managing their child's behaviour and improving their co-parenting practices.</p>	<p>Child age: Entry to kindergarten/reception            Need: Universal            Model: Group            Available in the UK? Yes            Evaluated in the UK? Not known</p>	<p>Level 3 evidence of improved parenting behaviours, parental couple communication and satisfaction. <i>Individuals participating in Schoolchildren and their Families are ineligible if domestic abuse is present, but participation in the intervention may provide a preventative effect.</i></p>	<p>Two practitioners trained in the Schoolchildren and their Families' model with QCF-7/8 level qualifications.</p>
<b>Screening for domestic abuse</b> <a href="#">FIND OUT MORE ↗</a> <small>FELTNER, C. ET AL. (2018). SCREENING FOR INTIMATE PARTNER VIOLENCE, ELDER ABUSE, AND ABUSE OF VULNERABLE ADULTS... JAMA, 320(16), 1688–1701</small>	<p>Universal screening for domestic abuse during the mother's pregnancy, leading to evidence-based treatments. Studies suggest screening may be particularly useful in preventing domestic abuse during pregnancy when conducted anonymously via a tablet during routine pregnancy check-ups.</p>	<p>Child age: Antenatal            Need: Universal            Model: Screening            Available in the UK? No            Evaluated in the UK? No</p>	<p>Consistent evidence from multiple systematic reviews showing between 60 and 96% sensitivity and specificity in identifying domestic abuse during a mother's pregnancy.</p>	<p>Health providers.</p>
<b>Targeted selected</b>				
<b>Family Nurse Partnership (FNP)</b> <a href="#">FIND OUT MORE ↗</a> <small>FAMILY NURSE PARTNERSHIP ON THE EIF GUIDEBOOK</small>	<p>A preventative home-visiting intervention for first-time adolescent mothers and their children. The programme has three goals: (1) to improve pregnancy health and behaviours; (2) to improve child health and development by helping parents provide responsible and competent care; and (3) to improve the mother's economic self-sufficiency.</p> <p>Mothers enrol in the programme early in their pregnancy and receive visits from a family nurse on a weekly basis before, and for the first six weeks after the birth of their child. Visits then continue fortnightly until three months before the child's second birthday when visits become monthly in preparation for the programme ending. 64 visits in total are scheduled. During these visits, mothers learn about their young child's health and development, and receive support for their own wellbeing.</p>	<p>Child age: Antenatal to 2 years            Need: Selected            Model: Home-visiting            Available in the UK? Yes            Evaluated in the UK? Yes</p>	<p>Level 4 evidence of reducing mothers' involvement in violent relationships during the course of the intervention and in long-term follow-ups – although these benefits were not observed in the most recent UK trial.</p>	<p>Nurses, midwives or health visitors trained in the FNP model.</p>

Name	Description	Key features	Evidence	Workforce
<b>Targeted indicated</b>				
<b>Antenatal 'empowerment' advice for mothers identified at risk of domestic abuse during pregnancy</b> <a href="#">FIND OUT MORE ↗</a> <small>KIELY, M. ET AL. (2010). AN INTEGRATED INTERVENTION TO REDUCE INTIMATE PARTNER VIOLENCE... OBSTETRICS AND GYNECOLOGY, 115(2-1), 273.</small>	<p>Mothers identified as experiencing domestic abuse through antenatal screening are offered 'empowerment' advice involving recognising abuse/coercion in relationships and developing a safety plan.</p>	<p>Child age: Perinatal            Need: Indicated            Model: Individual            Available in the UK? No            Evaluated in the UK? No</p>	<p>The equivalent of level 3 evidence of improved birth outcomes and reducing the likelihood of mothers' involvement in violent relationships.</p>	<p>Clinical psychologists.</p>
<b>Cognitive behavioural therapy (CBT) (for victims/survivors)</b> <a href="#">FIND OUT MORE ↗</a> <small>NICE GUIDANCE (CG90): TREATMENT FOR MILD TO MODERATE DEPRESSION</small>	<p>A well-evidenced therapeutic technique typically offered to adults experiencing mild to moderate symptoms of depression or anxiety. Adults are taught cognitive strategies for breaking down problems and worries into smaller components to minimise feelings of helplessness and hopelessness and increase a sense of efficacy.</p> <p>Common CBT strategies include methods for managing their moods and intrusive thoughts, relaxation techniques, and strategies for reframing negative situations. The length of CBT can vary, depending on the length of the problem, although most versions are of short duration. Some can also be self-administered, depending on the severity of the mental health problem.</p>	<p>Target group: Adults            Need: Indicated            Model: Individual therapy            Available in the UK? Not known            Evaluated in the UK? Not known</p>	<p>Consistent evidence from multiple systematic reviews showing reductions in symptoms of depression, anxiety and trauma in mothers who have been exposed to domestic abuse.</p>	<p>Clinical psychologists.</p>
<b>Incredible Years Preschool Basic</b> <a href="#">FIND OUT MORE ↗</a> <small>INCREDIBLE YEARS PRESCHOOL BASIC ON THE EIF GUIDEBOOK</small>	<p>A group parenting programme where parents learn strategies for interacting positively with their child and discouraging unwanted behaviour through mediated video vignettes, problem-solving exercises and structured practice activities.</p>	<p>Child age: 3–6 years            Need: Indicated            Model: Group            Available in the UK? Yes            Evaluated in the UK? Yes</p>	<p>Level 3 evidence of improving child behavioural outcomes when offered to mothers exposed to domestic abuse.</p>	<p>Delivered by two IY co-leaders with QCF-7/8 level qualifications, who may be a psychologist, social worker, nurse or physician.</p>

Name	Description	Key features	Evidence	Workforce
<b>Child protection concerns</b>				
<b>Child First</b> <a href="#">FIND OUT MORE</a> <small>CHILD-FIRST ON THE EIF GUIDEBOOK</small>	A 12-month home visiting intervention combining Child-Parent Psychotherapy with other forms of social support to reduce the risk of child maltreatment in vulnerable families with young children.	Child age: 6–36 months Need: Indicated Model: Individual home visiting Available in the UK? No Evaluated in the UK? No	Level 3 evidence of four-fold reductions in child behavioural problems and a two-fold reduction in reports of child maltreatment at a three-year follow-up. Also, a three-fold reduction in parenting stress and four-fold reduction in symptoms of psychopathology at a 12-month follow-up.	Delivered by one clinician with QCF-7/8 level qualifications and one care coordinator with QCF-6 level qualifications.
<b>Child-Parent Psychotherapy (CPP)</b> <a href="#">FIND OUT MORE</a> <small>CHILD-PARENT PSYCHOTHERAPY ON THE EIF GUIDEBOOK</small>	A therapeutic intervention targeting mothers and preschool children who may have experienced trauma or abuse (such as domestic abuse) or are otherwise at risk of behavioural and emotional problems.	Child age: 3–6 years Need: Indicated Model: Individual parent/child therapy Available in the UK? No Evaluated in the UK? No	Level 3+ evidence of small to moderate improvements in child behaviour (depending on the study). Parent benefits include reductions in trauma-symptoms and symptoms of depression.	QCF-7/8 level clinical psychologist or social worker.
<b>GenerationPMTO</b> <a href="#">FIND OUT MORE</a> <small>GENERATIONPMTO ON THE EIF GUIDEBOOK</small>	An intervention that teaches parents effective family management skills to reduce antisocial and problematic child behaviour. Promoting school success is also a factor that is woven into the programme throughout relevant components. The length of GenerationPMTO is determined by each family's needs. The number of sessions provided in parent groups ranges from six to 14; in clinical samples the mean number of individual treatment sessions is 25.	Child age: 3–18 years Need: Indicated Model: Group or individual Available in the UK? No Evaluated in the UK? No	Level 4 evidence of improving a wide variety of child outcomes, including reductions in antisocial behaviour, and reduced symptoms of trauma in parents and children.	Qualified GenerationPMTO practitioners with a minimum of QCF-6 level qualifications, preferably QCF-7/8.
<b>Parent-Child Interaction Therapy</b> <a href="#">FIND OUT MORE</a> <small>PARENT-CHILD INTERACTION THERAPY ON THE BLUEPRINTS REGISTRY</small>	An intervention delivered in two phases: child-directed interaction (CDI), which resembles traditional play therapy, and parent-directed interaction (PDI), which resembles clinical behaviour therapy. Parents must achieve mastery in the first phase to proceed to the second.	Child age: 3–12 years Need: Indicated Model: Group Available in the UK? No Evaluated in the UK? No	Level 4 evidence of improving children's behavioural outcomes. This evidence includes studies conducted with highly vulnerable populations, including mothers living in homeless shelters.	Clinical psychologists or social workers with QCF-7/8 level qualifications.
<b>Project Support</b> <a href="#">FIND OUT MORE</a> <small>JOURILES, E. N. ET AL. (2009). REDUCING CONDUCT PROBLEMS AMONG CHILDREN EXPOSED TO INTIMATE PARTNER VIOLENCE... JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY, 77(4), 705.</small>	Combines parent management training with therapeutic support to mothers. It is delivered by QCF 7/8-level therapists via 90-minute sessions occurring once a week for an average period of 20 weeks over an eight-month period.	Child age: 4–9 years Need: Indicated Model: Individual Available in the UK? No Evaluated in the UK? No	Level 3 evidence of reduced child behavioural problems and reduced contact with domestic abuse perpetrators.	Trained therapists with QCF-7/8 level qualifications.

Name	Description	Key features	Evidence	Workforce
<b>Trauma-focussed CBT</b> <a href="#">FIND OUT MORE ↗</a> <small>TRAUMA-FOCUSED CBT ON THE EIF GUIDEBOOK</small>	Individuals learn cognitive strategies for managing negative emotions and beliefs stemming from highly distressing and/or abusive experiences.	Child age: 3–18 years Need: Indicated Model: Individual Available in the UK? Yes Evaluated in the UK? No	Level 3 evidence from multiple studies suggesting reductions moderate to strong reductions in symptoms of PTSD, anxiety and depression.	Mental health professional with QCF-7/8 level qualifications.
<b>Edge of care</b>				
<b>Functional Family Therapy</b> <a href="#">FIND OUT MORE ↗</a> <small>FUNCTIONAL FAMILY THERAPY ON THE EIF GUIDEBOOK</small>	A therapeutic intervention for young people involved in serious antisocial behaviour and/or substance misuse, and their parents. Participants are taught behavioural strategies and skills including listening skills, anger management and parental supervision techniques to replace maladaptive behaviours (i.e. antisocial behaviour and substance abuse).	Child age: 10–18 years Need: Edge of care Model: Individual & family therapy Available in the UK? Yes Evaluated in the UK? Yes	Level 3+ evidence from multiple studies of reducing substance misuse in teenagers. However, these benefits were not replicated in the only UK trial.	Clinical psychologists or social workers with QCF-7/8 level qualifications.
<b>Multisystemic Therapy</b> <a href="#">FIND OUT MORE ↗</a> <small>MULTISYSTEMIC THERAPY ON THE EIF GUIDEBOOK</small>	An intervention for families with a young person aged 12–17 who is at risk of going into care due to serious antisocial and/or offending behaviour.	Child age: 12–17 years Need: Edge of care Model: Individual & family therapy Available in the UK? Yes Evaluated in the UK? Yes	Level 4+ evidence from multiple, internationally conducted studies, including a US evaluation demonstrating reduced youth offending, antisocial behaviour and psychiatric symptomology, including findings involving 14- and 22-year follow-ups. MST has UK evidence consistent with these findings, although its most recent UK evaluation could not confirm that MST was superior to standard youth justice practice.	MST therapist/practitioner with QCF-6 level qualifications.
<b>Multisystemic Therapy for Child Abuse and Neglect (MST-CAN)</b> <a href="#">FIND OUT MORE ↗</a> <small>MULTISYSTEMIC THERAPY FOR CHILD ABUSE AND NEGLECT ON THE EIF GUIDEBOOK</small>	An intensive treatment for families who have recently been reported to child protection services. A key aim of the intervention is to help families assume greater responsibility for their behaviours and actively work to resolve serious family issues.	Child age: 6–17 years Need: Edge of care Model: Individual & family therapy Available in the UK? Yes Evaluated in the UK? No	Level 3 evidence of reduced neglect, psychological aggression, minor and severe assault, non-violent discipline, symptoms of PTSD, dissociative symptoms, internalising symptoms, total behaviour problems and increased placement stability post-intervention.	Delivered jointly by a social worker/psychologist and key worker.
<b>Treatment Foster Care Oregon Adolescence (TFCO-A)</b> <a href="#">FIND OUT MORE ↗</a> <small>TREATMENT FOSTER CARE OREGON ADOLESCENCE ON THE EIF GUIDEBOOK</small>	A programme for young people displaying delinquent behaviour in foster placements or residential placements. These young people are placed in a 'treatment foster family' trained in the TFCO-A model with the aim of improving a young person's social, emotional and relational skills, and thereby reducing the incidence of more challenging and antisocial behaviours.	Child age: 12–18 years Need: Edge of care Model: Individual & family therapy Available in the UK? Yes Evaluated in the UK? Yes	Level 3+ evidence of reductions in running away from placements and the number of days incarcerated, as well as reduced delinquent behaviour and reduced rates of criminal referrals during the period from placement to one year post-placement.	Social worker with QCF-7/8 level qualifications.

## Interventions table 5

# Interventions with evidence of preventing and treating parental substance misuse and improving child outcomes

Name	Description	Key features*	Evidence	Workforce
<b>Universal prevention</b>				
<b>Screening and advice during pregnancy</b> <a href="#">FIND OUT MORE ↗</a> <small>NICE GUIDANCE (CG192): ANTENATAL AND POSTNATAL MENTAL HEALTH: CLINICAL MANAGEMENT AND SERVICE GUIDANCE</small> <a href="#">FIND OUT MORE ↗</a> <small>NICE GUIDANCE (CG115): ALCOHOL-USE DISORDERS: DIAGNOSIS, ASSESSMENT AND MANAGEMENT OF HARMFUL DRINKING (HIGH-RISK DRINKING) AND ALCOHOL DEPENDENCE</small>	<p>Universal screening for substance misuse with the AUDIT-C during a mother's pregnancy, leading to evidence-based treatments and detoxification when necessary.</p> <p>Current NICE guidelines recommend that pregnant mothers be asked about their alcohol and substance use on a regular basis and advised not to drink. Practitioners are also encouraged to use the AUDIT-C to screen for problematic alcohol use if it is suspected.</p>	<p>Child age: All ages            Need: Universal            Model: Screening            Available in the UK? Yes            Evaluated in the UK?            Not known</p>	<p>The equivalent of level 3 evidence of reducing problematic alcohol use in the general population, and increasing total abstinence during pregnancy among non-misusing mothers. Promising evidence of reducing foetal alcohol syndrome in mothers where there is a known risk.</p>	<p>Healthcare providers.</p>
<b>Taxation and minimum unit pricing of alcohol</b> <a href="#">FIND OUT MORE ↗</a> <small>BONIFACE, S. ET AL. (2017). EVIDENCE FOR THE EFFECTIVENESS OF MINIMUM PRICING OF ALCOHOL... BMJ OPEN, 7(5), E013497</small>	<p>Taxes and laws aimed at limiting alcohol and cigarette consumption by increasing its cost.</p>	<p>Child age: All ages            Need: Universal            Model: Taxation &amp; pricing strategies            Available in the UK? Yes            Evaluated in the UK?            Not known</p>	<p>Consistent evidence from multiple systematic reviews showing that taxation reduces alcohol consumption in casual users and heavy drinkers.</p>	<p>National policies.</p>

\* Information on interventions as being available or evaluated in the UK is based on desk research at the time of publication, and may be subject to change. Please check with intervention providers for further detail on availability and past evaluations.

Name	Description	Key features	Evidence	Workforce
<b>Targeted selected</b>				
<b>Reducing alcohol outlet density at the neighbourhood level</b> <a href="#">FIND OUT MORE ↗</a> <small>CAMPBELL, C. A. ET AL. (2009). THE EFFECTIVENESS OF LIMITING ALCOHOL OUTLET DENSITY... AMERICAN JOURNAL OF PREVENTIVE MEDICINE, 37(6), 556–569</small>	Restrictions on alcohol outlet density in residential neighbourhoods with high levels of domestic abuse, child abuse and neglect.	Child age: All ages Need: Selected Model: Off-license availability Available in the UK? Not known Evaluated in the UK? Not known	Consistent evidence from multiple systematic reviews showing reductions in child maltreatment after restrictions are introduced.	Local policies based on community data.
<b>Targeted indicated</b>				
<i>Adult treatments</i>				
<b>Cognitive behavioural therapy (CBT) (for substance misuse)</b> <a href="#">FIND OUT MORE ↗</a> <small>NICE GUIDANCE (CG115): ALCOHOL-USE DISORDERS: DIAGNOSIS, ASSESSMENT AND MANAGEMENT OF HARMFUL DRINKING (HIGH-RISK DRINKING) AND ALCOHOL DEPENDENCE</small>	Cognitive-behaviour therapy for substance misuse helps to manage cravings as well as negative moods and emotions leading to substance misuse.	Target group: Adults Need: Indicated Model: Individual therapy Available in the UK? Yes Evaluated in the UK? Not known	Consistent evidence from multiple systematic reviews showing reductions in substance misuse, although recent evidence suggests this may not be as strong as 12-step programmes	Originally developed to be delivered by a clinical psychologist, but clinicians with lower qualifications have now successfully administered it and some versions can be self-administered.
<b>Detoxification</b> <a href="#">FIND OUT MORE ↗</a> <small>NICE GUIDANCE (CG115): ALCOHOL-USE DISORDERS: DIAGNOSIS, ASSESSMENT AND MANAGEMENT OF HARMFUL DRINKING (HIGH-RISK DRINKING) AND ALCOHOL DEPENDENCE</small>	In-patient care to reduce alcohol/opiate intake to reduce life-threatening withdrawal symptoms.	Target group: Addicted adolescents and adults Need: Indicated Model: In-patient care Available in the UK? Yes Evaluated in the UK? Not known	Consistent evidence from multiple systematic reviews of reducing alcohol/substance misuse in the short-term; less effective as a long-term solution for reducing relapse.	Healthcare providers/ substance misuse specialists.

Name	Description	Key features	Evidence	Workforce
<b>Pharmaceutical treatments</b> <a href="#">FIND OUT MORE ↗</a> <small>NICE GUIDANCE (CG115): ALCOHOL-USE DISORDERS: DIAGNOSIS, ASSESSMENT AND MANAGEMENT OF HARMFUL DRINKING (HIGH-RISK DRINKING) AND ALCOHOL DEPENDENCE</small>	Drugs that either reduce substance misuse cravings, limit the effects of alcohol or cause gastrointestinal illness when alcohol is used.	Target group: 18+ Need: Indicated Model: Prescription Available in the UK? Yes Evaluated in the UK? Not known	Growing RCT and systematic review evidence showing that pharmaceutical treatments are highly effective for some individuals.	GP or psychiatrist.
<b>Twelve-step facilitated interventions (TSFIs)</b> <a href="#">FIND OUT MORE ↗</a> <small>KELLY, J. F. ET AL. (2020). ALCOHOLICS ANONYMOUS AND OTHER 12-STEP PROGRAMS FOR ALCOHOL USE DISORDER. COCHRANE DATABASE OF SYSTEMATIC REVIEWS, (3)</small>	Individuals attend group sessions as needed (potentially daily) and are assigned a mentor to work through 12 steps aimed at achieving total abstinence from alcohol and other substances.	Target group: Addicted adults Need: Indicated Model: Group based with individual support Available in the UK? Yes Evaluated in the UK? Not known	Robust evidence from several recent RCTs, summarised in a recent Cochrane review.	Healthcare combined with voluntary support.
<b>TSFIs combined with motivational interviewing</b> <a href="#">FIND OUT MORE ↗</a> <small>KELLY, J. F. ET AL. (2020). ALCOHOLICS ANONYMOUS AND OTHER 12-STEP PROGRAMS FOR ALCOHOL USE DISORDER. COCHRANE DATABASE OF SYSTEMATIC REVIEWS, (3)</small>  <a href="#">FIND OUT MORE ↗</a> <small>MOTIVATIONAL INTERVIEWING ON THE TITLE IV-E PREVENTION SERVICES CLEARINGHOUSE</small>	Motivational interviewing is combined with 12-step treatments to increase motivation and attendance.	Target group: Addicted adults Need: Indicated Model: Individual Available in the UK? Yes Evaluated in the UK? Not known	Consistent evidence from multiple systematic reviews showing that motivational interviewing increases retention and adherence in 12-step programmes. The evidence for motivational interviewing is in combination with other treatments, so is not a standalone treatment.	Specialist trained healthcare providers or keyworkers.

Name	Description	Key features	Evidence	Workforce
<i>Treatments for parents and families</i>				
<b>Behavioural couples therapy for alcohol and substance misuse</b> <a href="#">FIND OUT MORE</a>  <small>NICE GUIDANCE (CG115): ALCOHOL-USE DISORDERS: DIAGNOSIS, ASSESSMENT AND MANAGEMENT OF HARMFUL DRINKING (HIGH-RISK DRINKING) AND ALCOHOL DEPENDENCE</small>	<p>Behavioural couples therapy is only suitable if the couple is in a cohabitating relationship and only one partner has a substance misuse problem.</p> <p>Couples attend 12 to 20 weekly sessions where they learn strategies for improving communication and reducing conflict. A key element is that the non-misusing partner learns how to reinforce non-misusing behaviours. Behavioural couples can be combined with the Helping the Non-Compliant Child parenting intervention (see interventions table 1).</p>	<p>Child age: All ages            Need: Indicated            Model: Couples therapy            Available in the UK? Not known            Evaluated in the UK? No</p>	<p>Level 3 evidence of long-term reductions in substance misuse and related problems, improved couple communication and satisfaction. Improvements in child wellbeing and behaviour when the programme is combined with parenting intervention.</p>	<p>Clinical psychologists or social workers with a substance misuse specialty.</p>
<b>Child First</b> <a href="#">FIND OUT MORE</a>  <small>CHILD-FIRST ON THE EIF GUIDEBOOK</small>	<p>A 12-month home visiting intervention combining Child-Parent Psychotherapy with other forms of social support to reduce the risk of child maltreatment in vulnerable families with young children.</p>	<p>Child age: 6–36 months            Need: Indicated            Model: Individual home visiting            Available in the UK? No            Evaluated in the UK? No</p>	<p>Child First does not have specific evidence of reducing substance misusing behaviours. It has level 3 evidence of four-fold reductions in child behavioural problems and a two-fold reduction in reports of child maltreatment at a three-year follow-up. Also, a three-fold reduction in parenting stress and four-fold reduction in symptoms of psychopathology at a 12-month follow-up.</p>	<p>Delivered by one clinician with QCF-7/8 level qualifications and one care coordinator with QCF-6 level qualifications.</p>
<b>Families Facing the Future (FFF)</b> <a href="#">FIND OUT MORE</a>  <small>FAMILIES FACING THE FUTURE ON THE TITLE IV-E PREVENTION SERVICES CLEARINGHOUSE</small>	<p>Aims to serve families with one or more parents receiving methadone treatment who have children or young adolescents. To begin the programme, families attend a five-hour group retreat that focuses on family goal-setting. Then, parent(s) attend 90-minute group sessions twice a week for 16 weeks (a total of 32 sessions). Children attend 12 of these sessions with their parent(s). Families also receive approximately two hours of in-home case management per week.</p>	<p>Child age: All ages            Need: Indicated            Model: Group and individual therapy combined with methadone treatment            Available in the UK? Yes            Evaluated in the UK? Yes</p>	<p>Level 3 evidence of reducing parental substance misusing behaviours. Impact on child wellbeing is less well established.</p>	<p>Case managers must have a master's degree as well as training in chemical dependency and parenting.</p>
<b>Parents Under Pressure (PUP)</b> <a href="#">FIND OUT MORE</a>  <small>BARLOW, J. ET AL. (2019). A RANDOMIZED CONTROLLED TRIAL AND ECONOMIC EVALUATION OF THE PARENTS UNDER PRESSURE PROGRAM FOR PARENTS IN SUBSTANCE ABUSE TREATMENT. DRUG AND ALCOHOL DEPENDENCE, 194, 184–194</small>	<p>Parents with a diagnosed substance misuse problem attend a 12-module programme aimed at reducing their substance misusing behaviours and improving parenting practices.</p>	<p>Child age: Up to 30 months            Need: Indicated            Model: Individual therapy combined with methadone treatment            Available in the UK? Yes            Evaluated in the UK? Yes</p>	<p>Evidence from two RCTs showing reductions in child abuse potential and substance misusing behaviours.</p>	<p>Methadone treatment overseen by a medical doctor combined with therapy provided by a clinical psychologist/social worker.</p>

Name	Description	Key features	Evidence	Workforce
<b>Edge of care</b>				
<b>Multisystemic Therapy – Building Stronger Families (MST-BSF)</b>	MST-BSF is a new version of the original MST model combining the MST treatment with Reinforced Treatment for substance misuse, as well as any additional detoxification support required for individual family members. The MST clinician is expected to fully integrate all forms of care so that family issues and substance misuse issues are treated simultaneously.	Child age: 6–17 years Need: Edge of care Model: Individual and family therapy Available in the UK? Yes Evaluated in the UK? No	Level 3 evidence of reducing parent self-reported alcohol and opiate use, and of improving child-reported neglectful parenting.	MST therapist/practitioner with QCF-6 level qualifications.
<a href="#">FIND OUT MORE</a>	SCHAEFFER, C. M. ET AL. (2021). MULTISYSTEMIC THERAPY-BUILDING STRONGER FAMILIES (MST-BSF); SUBSTANCE MISUSE, CHILD NEGLECT, AND PARENTING OUTCOMES FROM AN 18-MONTH RANDOMIZED EFFECTIVENESS TRIAL. CHILD ABUSE & NEGLECT, 122, 105379			

## Summary table

# Interventions with established evidence of preventing, stopping or reducing the impact of child abuse and neglect and related risks

Level of need	Behaviour management	Family conflict	Parental mental health	Domestic abuse	Parental substance misuse
<b>Universal</b>		<ul style="list-style-type: none"> <li>Family Foundations</li> <li>Schoolchildren &amp; their Families</li> </ul>	<ul style="list-style-type: none"> <li>Perinatal mental health screening</li> </ul>	<ul style="list-style-type: none"> <li>Dating Matters</li> <li>Family Foundations</li> <li>Me &amp; You</li> <li>Safe Dates</li> <li>Schoolchildren &amp; their Families</li> <li>Screening for domestic abuse</li> </ul>	<ul style="list-style-type: none"> <li>Screening and advice during pregnancy</li> <li>Taxation and minimum unit pricing of alcohol</li> </ul>
<b>Targeted selected</b>	<ul style="list-style-type: none"> <li>Family Check-up for Children</li> <li>Family Nurse Partnership</li> <li>ParentChild+</li> <li>ParentCorps</li> <li>Parents as First Teachers</li> <li>Strengthening Families 10–14</li> <li>Triple P Online</li> </ul>	<ul style="list-style-type: none"> <li>Family Check-up for Children</li> </ul>	<ul style="list-style-type: none"> <li>Family Nurse Partnership</li> </ul>	<ul style="list-style-type: none"> <li>Family Nurse Partnership</li> </ul>	<ul style="list-style-type: none"> <li>Reducing alcohol outlet density at the neighbourhood level</li> </ul>
<b>Targeted indicated</b>	<ul style="list-style-type: none"> <li>Empowering Parents, Empowering Communities</li> <li>Helping the Non-Compliant Child</li> <li>Hitkashrut</li> <li>Incredible Years Preschool Basic</li> <li>Incredible Years School Age Basic</li> <li>Resilience Triple P</li> <li>Triple P Discussion Groups</li> <li>Triple P Level 4: Group &amp; Standard</li> <li>Triple P Teen: Group &amp; Standard Level 4</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced Triple P</li> <li>Incredible Years Preschool BASIC and ADVANCE</li> </ul> <p><i>For separating parents</i></p> <ul style="list-style-type: none"> <li>New Beginnings</li> <li>Triple P Transitions</li> </ul>	<ul style="list-style-type: none"> <li>Antidepressants and other pharmaceutical treatments for treating various psychological disorders</li> <li>Cognitive behavioural therapy (for mental health)</li> <li>Incredible Years Preschool Basic</li> <li>Interpersonal Therapy</li> <li>Psychodynamic Therapy</li> </ul>	<ul style="list-style-type: none"> <li>Antenatal ‘empowerment’ advice for mothers identified at risk of domestic abuse during pregnancy</li> <li>Cognitive behavioural therapy (for victims/survivors)</li> <li>Incredible Years Preschool Basic</li> </ul>	<p><i>Adult treatments</i></p> <ul style="list-style-type: none"> <li>Cognitive behavioural therapy (for substance misuse)</li> <li>Detoxification</li> <li>Pharmaceutical treatments</li> <li>Twelve-step facilitated interventions (TSFIs)</li> <li>TSFIs combined with motivational interviewing</li> </ul> <p><i>For parents and families</i></p> <ul style="list-style-type: none"> <li>Behavioural couples therapy for alcohol and substance misuse</li> <li>Child First</li> <li>Families Facing the Future</li> <li>Parents Under Pressure</li> </ul>

Level of need	Behaviour management	Family conflict	Parental mental health	Domestic abuse	Parental substance misuse
<b>Child protection concerns</b>	<ul style="list-style-type: none"> <li>• Child First</li> <li>• Child-Parent Psychotherapy</li> <li>• GenerationPMTO</li> <li>• Parent-Child Interaction Therapy</li> <li>• Pathways Triple P (Level 5)</li> </ul>		<ul style="list-style-type: none"> <li>• Child First</li> <li>• Child-Parent Psychotherapy</li> <li>• Infant-Parent Psychotherapy</li> </ul>	<ul style="list-style-type: none"> <li>• Child First</li> <li>• Child-Parent Psychotherapy</li> <li>• GenerationPMTO</li> <li>• Parent-Child Interaction Therapy</li> <li>• Project Support</li> <li>• Trauma-focussed CBT</li> </ul>	
<b>Edge of care</b>	<ul style="list-style-type: none"> <li>• Functional Family Therapy</li> <li>• Multidimensional Family Therapy</li> <li>• Multisystemic Therapy</li> <li>• Multisystemic Therapy for Child Abuse and Neglect</li> <li>• Multisystemic Therapy for Problem Sexual Behaviour</li> <li>• Treatment Foster Care Oregon-Adolescent</li> </ul>		<ul style="list-style-type: none"> <li>• Multisystemic Therapy for Child Abuse and Neglect</li> </ul>	<ul style="list-style-type: none"> <li>• Functional Family Therapy</li> <li>• Multisystemic Therapy</li> <li>• Multisystemic Therapy Child Abuse and Neglect</li> <li>• Treatment Foster Care Oregon-Adolescent</li> </ul>	<ul style="list-style-type: none"> <li>• Multisystemic Family Therapy – Building Stronger Families</li> </ul>