Child maltreatment (abuse and/or neglect)

The scope of this JSNA covers children and young people aged 0-17 who have experienced abuse or neglect (including sexual, physical or emotional abuse). It includes children and young people who may be receiving Early Help, Child in Need or Child Protection services.

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Key Messages

What our analysis has shown:

We are **significantly over identifying children aged 0-2 years** by approximately 590 children.

We are **over identifying children and young people aged 3-11 years** by 1,281 children – double the expected rate.

We are **under identifying maltreatment in young people aged 12-17 years** by 103 young people.

There is geographical variation in identified need across areas; **Crewe, Macclesfield and Congleton have the highest proportion** of children on child in need or child protection plans. This could be due in part to socio-economic differences between town areas. As these three towns have areas with the highest levels of deprivation we would expect need to be higher in these areas.

**More children, young people and families will be receiving a service to prevent maltreatment than this analysis shows,** as it does not include the number of families receiving early help and prevention services.

What is working well:

Children and young people are **safe** in Cheshire East.

Children and young people **feel listened to**.

We have a **range of services in place** to support children, young people and their families across the continuum of need, and to intervene early to prevent problems from escalating.

We have **clear plans in place to improve the quality of our services** so we can improve outcomes for children, young people and families in the long term.

We monitor the outcomes children and young people achieve through feedback, performance monitoring and audit, and **we know ourselves well**; our strengths and areas for development.

We have **reviewed and revised our guidance on the thresholds of need** in January 2018.

What we will do:

We are **adopting Signs of Safety** as our way of working, which will support us to accurately assess and understand the risk and impact to children and young people at the front door to services and throughout the assessment and planning process.

We have **identified adolescent neglect** as a particular area where we are under identifying risk to young people, which we are addressing through our **Neglect Strategy**.

We will **improve data recording** of needs identified through the CAF/Signs of Wellbeing process and in consultations received by Cheshire East Consultation Service (ChECS).

We will continue to monitor how effectively and consistently **we apply our thresholds for support**.

Our **Emotionally Healthy Schools programme** will also support greater awareness and identification of the indicators of maltreatment in young people by schools and colleges, and greater awareness and support of mental health issues in young people.

We are **reviewing our support to 16 year olds who present as homeless** to explore if there were opportunities where we could have identified and intervened earlier.
How effective is the local area at identifying children and young people who are experiencing maltreatment?

In Cheshire East, there were 4,663 children and young people aged 0-17 years who were on a Child in Need (CIN) plan or Child Protection (CP) plan at any point in 2016-17. These plans are put in place when professionals in Cheshire East have identified that a child or young person is at risk of harm, so they represent where a need to protect children and young people has been identified. Children receiving early help services are not included in this analysis, as we do not categorise and collect data on the reasons that families are receiving early help support.

In 2011, the NSPCC published Radford et al.’s UK-wide study on child maltreatment, which estimates the prevalence of maltreatment of children and young people nationally. The study looked at children’s and young adults’ experiences of childhood maltreatment at home, in school and in the community. Interviews were conducted with parents and guardians of children and young people under 11 years of age, young people aged between 11-17, and young adults aged between 18-24.

The national rates of maltreatment from parents or guardians in the past year are on average 4 in every 100 children aged 0-17 years (Radford, et al., 2011). The rates of maltreatment are lower in younger children and higher in adolescents - the largest increase is seen between primary school age (3.1% of children) to secondary school age (6.3% of children).

The graph below shows the proportion of children on a CIN or CP plan in Cheshire East compared to the estimated prevalence of maltreatment based on Radford’s study. The green line shows the proportion of children and young people on a Child in Need or Child Protection Plan in Cheshire East during 2016-17. Children in care throughout 2016-17 have been excluded in this analysis as they should not be experiencing maltreatment while in care.

The blue line is based on Finkelhor’s methodology to estimate the expected rate of childhood neglect in the population (Finkelhor et al. 2005). Unlike the prevalence of maltreatment, rates of estimated child neglect remain stable across childhood – between 1.3 and 1.7%. Neglect is a form of maltreatment so would be included within the orange and green lines.

The graph indicates an over-identification of children younger than 11 years old and an under-identification of those aged 11 and older in Cheshire East.

Child maltreatment is defined as: all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power (Butchart, Putney, Furniss, and Kahane, 2006).

Maltreatment JSNA (page 3 of 16)
Geographical variations

The map shows the number of children and young people on a CIN or CP plan in 2016-17, therefore those children and young people who are believed to be at risk of harm resulting from maltreatment. The table below shows the difference between the recorded and expected numbers of children and young people who are maltreated. In the table, the blue shading shows lower than expected numbers (dark blue are significantly lower), yellow shading shows that the local numbers are higher than expected numbers (darker yellow/orange are significantly higher).

Poynton, Eastern Cheshire Rural, South Cheshire Rural and Wilmslow have the lowest numbers of children on child in need or child protection plans, when compared with the expected numbers of maltreatment.

Crewe, Macclesfield and Congleton have the largest over identification of children on child in need or child protection plans, when compared with the expected numbers. However, expected numbers are not adjusted for socio-economic differences and maltreatment increases as household income and social class decrease. Areas of Crewe, Macclesfield and Congleton have high levels of deprivation so we would expect to see more need in these areas.

<table>
<thead>
<tr>
<th>Town Area Name</th>
<th>Proportion of children living in each who are on a CIN or CP plan in Cheshire East 2016-17</th>
<th>Gap between children and young people on a CIN or CP in Cheshire East and the expected cases of maltreatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-2</td>
<td>3-11</td>
</tr>
<tr>
<td>Alager</td>
<td>3.1%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Congleton</td>
<td>7.0%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Crewe</td>
<td>9.7%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Eastern Cheshire Rural</td>
<td>4.0%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Knutsford</td>
<td>4.5%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Macclesfield</td>
<td>8.3%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Middlewich</td>
<td>3.5%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Nantwich</td>
<td>4.7%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Poynton</td>
<td>1.7%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Sandbach</td>
<td>4.4%</td>
<td>6.2%</td>
</tr>
<tr>
<td>South Cheshire Rural</td>
<td>3.0%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Wilmslow</td>
<td>2.4%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Totals</td>
<td>6.1%</td>
<td>6.4%</td>
</tr>
</tbody>
</table>

The table below shows the difference between the recorded and expected numbers of maltreatment. In the table, the blue shading shows lower than expected numbers (dark blue are significantly lower), yellow shading shows that the local numbers are higher than expected numbers (darker yellow/orange are significantly higher).

The data shows the differences between what research suggests we would expect the levels of child maltreatment to be and the number of cases open to Children’s Social Care.

Some children and young people experiencing or at risk from low levels of maltreatment will be receiving a service from our early help and prevention services, and so will not be included within the number of cases open to Children’s Social Care.

We need to improve data recording of needs identified through the Common Assessment Framework (CAF)/ Signs of Wellbeing process and in consultations received by Cheshire East Consultation Service (ChECS) to enable these cases to be included in the analysis.
Variations by age

The comparison with Radford (2011) suggests that we are significantly over identifying children aged 0-2 years by 590 children (551.8% higher than expected). The number of children on a CIN or CP plan aged 0-2 years in Cheshire East in 2016-17 was 4.5 times greater than the national rate.

There is considerable variation by town. Suggested over identification was greatest in Crewe (886.2% higher), Macclesfield (752.9% higher) and Congleton (637.8% higher) (see the graph below). This equates to an additional 448 cases in these towns alone. The difference in geographical identification may be due in part to socio-economic differences between town areas; areas of Crewe, Macclesfield and Congleton have high levels of deprivation so we would expect to see more need in these areas.

<table>
<thead>
<tr>
<th>Number of children and young people in Cheshire East on a Child in Need or Child Protection Plan 2016-17</th>
<th>0-2 years</th>
<th>3-11 years</th>
<th>12-17 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Predicted numbers of children and young people experiencing maltreatment in Cheshire East (with 95% Confidence Interval)</td>
<td>131 (130-132)</td>
<td>1,211 (1,205-1,217)</td>
<td>1,553 (1,546-1,561)</td>
</tr>
<tr>
<td>Gap between observed and Expected</td>
<td>590 children (551.8% higher than expected)</td>
<td>1,281 children (205.7% higher than expected)</td>
<td>-103 children (6.6% lower than expected)</td>
</tr>
</tbody>
</table>

Whilst the number of children and young people receiving support from Children’s Social Care is overall higher than the number expected based on this analysis, the rate of Cheshire East’s CIN per 10,000 children is comparable with our statistical neighbours who will have a similar socioeconomic makeup to that of Cheshire East (CIN Census 2017). It is also lower than the averages seen across the Northwest and England as a whole (CIN Census 2017).

The percentage of assessments completed by Children’s Social Care that result in the individual being assessed as not to be in need of Social Care is 40.4% (1,386) (CIN Census 2017). It is important to note that a proportion of this work will be appropriate to ensure risks are explored, and some of this work will include short term interventions during the assessment time period. It does however also suggest we are over-identifying need for some of these children and young people.

To ensure that we offer families the right support at the right time, and that Children’s Social Care services are not involved in families lives causing unnecessary stress when this support could be offered at a lower level, we need to better understand whether we are effectively applying our thresholds for support.

Cheshire East is adopting Signs of Safety as our way of working, which will support us to accurately assess and understand the risk and impact to children and young people at the front door to services and throughout the assessment and planning process. As we adopt Signs of Safety, we will continue to monitor our referrals, re-referrals and assessments that result in no further action, as well as auditing cases to monitor the quality of case work and decision making to ensure that we are supporting children and young people with the right service at the right time.
Variations by age

This analysis also suggests that we are **over identifying children and young people aged 3-11 years by 1,281 children** – double the expected rate (205.7% higher than expected), particularly in Crewe (338.1%), Congleton (274.6%) and Macclesfield (256.1%) (see the graph on the right). For these three town this equates to an additional 1,124 open cases.

This analysis also suggests that we are **under identifying maltreatment in young people aged 12-17 years by 103 young people** (6.6% lower than expected). There is considerable variation by town. Under identification was greatest in Poynton (33.8% lower), South Cheshire CCG rural (46.6% lower) and Eastern Cheshire CCG Rural (59.0% lower). This equates to 223 potentially unidentified young people in these three towns alone. Due to over identification in some areas, the total number of young people predicted to have a need in Cheshire East is 103. Some of these young people may be in receipt of early help services.

The expected rates of maltreatment from parents or guardians in the past year are on average 4 in every 100 children aged 0-17 years (Radford, et al., 2011). The rates of maltreatment are lower in younger children and higher in adolescents - the largest increase is seen between primary school age (3.1% of children) to secondary school age (6.3% of children).

Children aged 12-17 years experience 70% higher rates of emotional abuse and a threefold increase in physical violence from a parent or guardian, when compared with children aged 3-11 years (Radford, et al., 2011).

The rates of expected neglect are consistent across the age range in contrast to the increase in rates of all maltreatment from parents or guardians from age 12. Children aged 12-17 years experience 70% higher rates of emotional abuse and a threefold increase in physical violence perpetrated by a parent or guardian, when compared with children aged 3-11 years (Radford, et al., 2011).

We have identified adolescent neglect as a particular area where we are under identifying risk to young people, which we are addressing through our Neglect Strategy.

Our Emotionally Healthy Schools programme will also support greater awareness and identification of the indicators of maltreatment in young people by schools and colleges, and greater awareness and support of mental health issues in young people.

We are reviewing our support to 16 year olds who present as homeless to explore if there were opportunities were we could have identified and intervened earlier.
Abuse and/or neglect is more likely to occur:

- When there is domestic tension in the home
- When there is parental alcoholism
- If either parent had mental health problems
- The child does not get on with their mother
- The child does not get on with their father
- There is family contact with prison/probation services
- There is family contact with children’s department/charity

<table>
<thead>
<tr>
<th>Physical abuse and ethnicity</th>
<th>Psychological or emotional abuse and household income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical care</td>
<td></td>
</tr>
</tbody>
</table>

Research indicates that there are a variety of factors that if present influence child maltreatment.

What are the risk factors for neglect?
Commonly identified risk factors in neglect are:

<table>
<thead>
<tr>
<th>Child risk factors</th>
<th>Parental risk factors</th>
<th>Wider Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability</td>
<td>Drug and alcohol (substance misuse)</td>
<td>Unemployment</td>
</tr>
<tr>
<td>Behaviour problems</td>
<td>Poor mental health, especially maternal mental health difficulties</td>
<td>Poverty</td>
</tr>
<tr>
<td>Chronic ill health</td>
<td>Domestic abuse</td>
<td>Poor social support</td>
</tr>
<tr>
<td></td>
<td>Lack of experience of positive parenting in childhood</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parents’ own exposure to maltreatment</td>
<td></td>
</tr>
</tbody>
</table>

What are the risk factors for child maltreatment?

For more information on the prevalence of these risk factors in our population in Cheshire East please see our other JSNA pages.
The Impact of Trafficking on Children

Trafficked and exploited children are not only deprived of their rights to health and freedom from exploitation and abuse - they are usually also deprived of their right to an education, family life and the life opportunities this brings. Once children have been trafficked and exploited, some examples of what they are vulnerable to are:

- Physical Abuse and Neglect
  - Inappropriate chastisement, not receiving routine and emergency medical attention (partly through a lack of care about their welfare and partly because of the need for secrecy surrounding their circumstances);
  - Children who are being sexually exploited and abused are open to the risks of sexually transmitted infections, including HIV/AIDS; and for girls there is the risk of early pregnancy and possible damage to their reproductive health;
  - Some trafficked children are subdued with drugs, which they then become dependent on. They are then effectively trapped within the cycle of exploitation, continuing to work in return for a supply of drugs.

- Psychological Harm
  - Children can be isolated from the local community in the UK by being kept away from school and because they cannot speak English;
  - Trafficked and exploited children are living in fear both of the adults who have control of them and of the discovery of their illegal immigration status;
  - Victims lose their trust in all adults;
  - Trafficked and exploited children will all suffer some degree of mental health issues which could take the form of post-traumatic stress relating to their sense of powerlessness and the degree of violence they experienced at the hands of their traffickers, which can be extreme;
  - Many trafficked and exploited children develop dependant relationships with their abuser.
Early Help Services that prevent maltreatment of children and young people

Levels of Need in Cheshire East
We have four levels of need in Cheshire East which are on a continuum as part of a graduated response to need (as shown in the diagram on the left). This recognises that children and young people’s need will change and be different over time. For more information on the thresholds and support at each of these levels please see our Guidance on the Thresholds of Need.

Early Help and Prevention Services
Cheshire East has a range of early help and prevention services to support families at the earliest opportunity to prevent problems from becoming more serious:

The Parenting Journey
The ‘Parenting Journey’ is our universal offer of parenting support from pre-birth to starting school. Based on best practice and research, it is delivered by Family Support Workers, the Health Visiting Service and the Early Years and Childcare Team, supporting every child to have the best possible start in life. The parenting journey contains 12 stops which are points of contact between families and professionals. Each stop on the journey is an early help indicator and an opportunity to identify children and families who may need additional support as early as possible.

Signs of Wellbeing
Signs of Wellbeing is our shared assessment and planning framework which is used across the partnership in Cheshire East for early help and prevention intervention. Signs of Wellbeing aims to make sure assessments and plans are created together with children, young people and their parents/carers.

Cheshire East Family Service (CEFS)
The Cheshire East Family Service is a 0-19 service which operates across the entire continuum of need, although the focus is on prevention and support. CEFS operate Children’s Centres and Family Centres throughout Cheshire East and a Children’s Centre Outreach Team to better serve our rural communities. Our Children and Family Centres offer a range of groups and programmes centred on developing children’s language and communication skills, together with a range parenting groups and learning opportunities.

Family Service Workers within CEFS act as lead professionals, undertaking assessments and planned interventions using Signs of Wellbeing. This service is currently being redesigned. In the new design, Early Years, Prevention and Children’s Centres will become one integrated service.

Emotionally Healthy Schools
The Emotionally Healthy Schools programme aims to help schools and colleges support their pupils to be emotionally and mentally healthy. The programme is a partnership between schools, health and the voluntary sector. The support for schools and colleges includes resources, tools and training, advice, support, and sharing best practice.

Youth Support Service
The Youth Support Service is for young people aged 13-19 years (or up to 25 years for young people with a special educational need and/or disability). This service offers both universal and targeted youth work, focused support for children and young people who are not in education, employment or training (NEET), support to young people who have an Education Health and Care Plan (EHCP), and transitional planning for targeted young people preparing for adulthood (PfA).

Family Focus
Family Focus is the Cheshire East response to the national Troubled Families programme, which supports families with more complex needs that meet certain criteria around education/crime and anti-social behaviour/domestic abuse/health/unemployment and children and young people who need help. The Signs of Wellbeing process is used to help to identify and monitor progress towards improved outcomes.

Cheshire East Prevention Team
The Prevention Team offers specialist one to one early intervention for young people and families to reduce the risk of anti-social, offending and other risk taking behaviour within the community.

Commissioned Early Help Emotional Health and Wellbeing Services
Cheshire East commissions emotional health and well being services including counselling from Visyon, Just Drop In, South Cheshire CLASP and Xenzone.
Specialist Services that prevent maltreatment and protect children and young people

Specialist Services
Cheshire East has a range of specialist support services to support families and protect children and young people from harm:

<table>
<thead>
<tr>
<th>Children’s Social Care</th>
<th>FACT22 (Families Achieving Change Together)</th>
</tr>
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<tbody>
<tr>
<td>Some children/young people are ‘in need’ because they have complex, acute or long-term needs or are in need of protection because they are suffering, or likely to suffer significant harm. Additionally, they may be children/young people with very significant disabilities which contribute to a level of complexity necessitating a specialist Social Work Assessment. These children and young people will receive an assessment from a social worker within Children’s Social Care which will determine what support they need. Support for children, young people and families is agreed as part of their CIN or CP plan.</td>
<td></td>
</tr>
<tr>
<td>FACT22 was launched by Catch22 and Cheshire East Council in 2015. Joint funded by the Department for Education’s Innovation Programme and Cheshire East, it tested a new staffing and delivery model to support Children in Need. FACT22 aims to tackle the underlying causes of concerns with CIN through the delivery of tailored and intensive support for children, young people and families, and achieve positive sustainable outcomes for families.</td>
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<table>
<thead>
<tr>
<th>Family Nurse Partnership</th>
<th>Advocacy and Independent Visiting Service</th>
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<tbody>
<tr>
<td>The Family Nurse Partnership offers an intensive and structured support to young first time mothers up until their children have reached the age of two.</td>
<td>Cheshire East commissions The Children’s Society to provide our Advocacy and Independent Visiting Service for children and young people on CP plans, in care, care leavers and children and young people with a disability. This service empowers children and young people to make their views heard and make sure they are involved in decisions that affect them. Advocates provide independent and confidential information, advice, representation and support when independent or specific advocacy is needed. Children and young people can choose to have an independent visitor to befriend them. This is a volunteer who will get to know the child or young person by taking them out and doing activities together. The independent visitor is someone who is committed to developing a relationship with the child or young person based on trust and friendship.</td>
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<table>
<thead>
<tr>
<th>@ct Team</th>
<th>Cheshire East Domestic Abuse Hub (CEDAH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The @ct Team provides short term intensive support to children and families that are in crisis. @ct aims to support families to stay together. The team supports children and young people aged between 10 and 18 years that are on a CIN or CP plan. @ct also provides support to foster placements where the placement could be at risk of breakdown, and supports children and young people’s transition between placements.</td>
<td>Cheshire East Domestic Abuse Hub (CEDAH) is a single point of contact, information, consultation, referral, triage and case allocation for families affected by domestic abuse and those who support them. It is the pathway to specialist services for adults who harm or are harmed and for children and young people affected by domestic abuse.</td>
</tr>
</tbody>
</table>
### Impact of our Services – What children, young people, parents and carers tell us

**Feedback from children and young people, parents and carers**

Through our audits and work with families affected by abuse and/or neglect, children, young people, parents and carers have told us they want the following:
- To be listened to
- To be included in their plans and understand what the concerns are and why they need a plan
- For professionals to be clear with them about what is going to or could happen

As part of the Practice Audits of Child in Need and Child Protection Plans, children, young people, parents and carers are contacted and asked about their experience of being on a plan. On the whole, young people have been positive about the intervention, have said that they can talk to their Social Workers.

Parents and carers have had less positive experiences, and have reported that they need more clarity on what is expected of them from the plan, how they can contribute to the plan and the rationale for decisions. The number of changes in Social Workers was also highlighted as an issue as this makes it difficult for families to understand the process and form a relationship with the Social Worker.

### Improving our Services in respond to feedback from children, young people, parents and carers

Cheshire East is adopting Signs of Safety as our way of working which will support us to complete assessments and plans *together with* children, young people, and to communicate more clearly about the issues professionals are concerned about and what they need to see to be satisfied that the child/young person will be safe and well.

### Identifying Neglect

Children and young people were consulted as part of the development of the Cheshire East Neglect Strategy. Young people who have not experienced neglect have told us that they don’t understand the term neglect and would not necessarily know what to look for in a friend who was suffering neglect. To support greater recognition of neglect from children and young people, the neglect campaign was coproduced with children and young people.

<table>
<thead>
<tr>
<th>What children and young people say is working well:</th>
<th>What parents and carers say is working well:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- They understand the reasons social workers are involved with them and their family</td>
<td>- They have a good working relationship with the social worker</td>
</tr>
<tr>
<td>- They value the relationship with their worker and like seeing them regularly</td>
<td>- They feel included in making plans</td>
</tr>
<tr>
<td>- They feel listened to</td>
<td>- They feel listened to</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What need to change:</th>
<th>What needs to change:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Some children and young people were not sure what the plans for them were</td>
<td>- Some parents/carers were not clear about why social workers were involved, especially where there had been a change in worker</td>
</tr>
</tbody>
</table>

*“I feel involved in making decisions about my life. If I knew someone else who needed to have a social worker I would tell them not to worry”*

Young person

*“I have always known why the social worker was involved with my family, I have been very lucky that the two social workers I have had have both been great and sort of clicked with me”*

Parent
Impact of our Services – What our audits and performance information tell us

The Local Safeguarding Children Board (LSCB) has a robust process for understanding the impact of our multi-agency practice on children and their families in Cheshire East, and working collaboratively to improve it. This includes the learning from multi-agency audits, reflective reviews, single agency audits with multi-agency implications, and serious case reviews.

Findings from LSCB Audits - What’s working well:
• Children within the child protection system in Cheshire East are effectively safeguarded.
• The response to identified risk is prompt and appropriate.
• The risks to children are understood across the agencies who work with them.
• Changes to the style of case conference in line with Signs of Safety is supporting effective practice. Chairs are professional and give plenty of opportunity for challenge.
• Multi-agency meetings are well attended by the involved agency representatives.
• Agencies communicate well between meetings to share information appropriately.
• When there was progress in a case this was clearly evidenced in Core Groups, Conferences and Assessments
• Where professionals formed good relationships with parents, progress was reported as consistent and sustained.
• Where there was consistency of agency representatives, plans showed good and timely progress
• The secondment of agencies into Local Authority services in particular, from health and police, is having a positive impact on multi-agency working.

Areas for development:
• Meaningful multi-agency engagement and ownership of planning and outcomes; this is variable, and there is too much reliance on Children’s Social Care as the ‘experts’
• Rigorously evidencing change for children and young people; there is too much reliance on self-reporting from parents to evidence change.
• It is not always recognised that the ‘health economy’ is vast and fractured and made up of a number of different organisations; practitioners/managers need to be sure who is working with a family, include all relevant health professionals and not assume involving one brings information or expertise from the others.
• Robust step down to CAF/ Signs of Wellbeing; child protection social history does not always effectively inform assessment and planning.
• Effectiveness of multi-agency core group/CIN meetings, ensuring that there is shared responsibility across agencies, that the impact on outcomes is effectively reviewed, and ensuring families understand the reasons for involvement and the expectations as part of the plan.
• There is not always confidence in assessing the cognitive abilities of parents and how this may need to alter the delivery of services and interventions and how learning is established as sustained change.

What our performance information tells us:
The number of repeat referrals to Children’s Social Care within 12 months has increased (from 21.9% in 2015-16 to 25.3% in 2016-17). This suggests that our plans are not always resulting in long lasting changes for children, young people and families. Our statistical neighbours have also shown a similar increase from 20.8% to 26.9%, although nationally the repeat referral rate has slightly reduced from 22.3% to 21.9%.

The total number of referrals and social work assessments that result in no further action has slightly increased from 37.2% in 2015-16 to 41.8% in 2016-17. Of the 3,432 referrals, 1,386 (40.6%) were assessed by Children’s Social Care and then found to need no further action from social care, which indicates that further work is needed within the front door to fully understand the concerns and risk to children and young people to avoid services being involved with families unnecessarily.
Improving outcomes for children: Our LSCB Priorities

To improve outcomes for children and young people in Cheshire East, and address our areas for development as shown through our multi-agency audits, the Local Safeguarding Children Board (LSCB)’s Business Plan Priorities for 2017-18 are to:

1. Implement the Neglect Strategy
2. Improve the effectiveness of multi-agency child protection/child in need planning
3. Oversee delivery and engagement with the Early Help Strategy
4. Strengthen our response to Complex Safeguarding and Safeguarding vulnerable groups

Our Early Help Strategy

Our Early Help Strategy sets out the ambition of all the partners in Cheshire East to ‘get it right’ for children, their families and carers by providing support and early help that enables children to thrive within their family environment and improve their long term outcome and goals. The Strategy has six priorities:

1. **The LSCB has the right infrastructure to support the development of early help services.** This includes re-establishing the CAF/Signs of Wellbeing Support Team, who will support all agencies to deliver good quality Signs of Wellbeing assessments, Early Help Champions across agencies, and developing agency-specific action plans for improving each agency’s early help service.

2. **Children and families get the right service at the right time: all partners understand safeguarding thresholds and referral pathways.** This includes the launch of the new thresholds document, review of the early help services and referral pathways, and review of the step up and step down procedures. Cheshire East Council is restructuring the Cheshire East Family Service to ensure that we can offer intensive targeted support to families; enabling them to address issues before they become more serious and develop solutions that work for them in the long term.

3. **Families’ needs are understood and addressed: early help assessments are undertaken appropriately, and where required, these lead to strong, holistic multi-agency plans.** This includes the adoption of Signs of Safety as our way of working in early help.

4. **We understand the quality of our services and act on this to improve outcomes for children.** This includes the development of multi-agency CAF/Signs of Wellbeing audits, a multi-agency early help performance scorecard, and regular reporting of audits and performance to LSCB multi-agency groups.

5. **We understand the needs of children and families in Cheshire East, and we have the right range of services to meet these.** This includes a review of the range of programmes and interventions available in Cheshire East, and development of a joint commissioning plan for early help.

6. **Our workforce is equipped with knowledge and skills to achieve improved outcomes for children.** This includes a review of the CAF/Signs of Wellbeing training offer, developing a communication strategy for communicating new tools and best practice, and a website for practitioners with resources and tools to support direct work with families.
Adopting Signs of Safety in Cheshire East

Cheshire East is adopting Signs of Safety as our way of working with families because this will support us to achieve the type of service that children, young people, parents and carers have told us they want. We want to always put children and young people first and foremost in everything that we do. Best practice is child-focused, solution-orientated, and respectful and inclusive of families, and this is what we want to achieve through adopting Signs of Safety.

Signs of Safety is now widely recognised internationally as the leading approach to child protection casework.

We believe that using Signs of Safety will support us to deliver high quality practice, and through working together in partnership with families we will be able to achieve strong and sustainable outcomes for children, young people and their families, and empower our families and our professionals.

We are adopting Signs of Safety across the partnership and the continuum of need. This will help us achieve our LSCB priority 2 – to improve the effectiveness of multi-agency child in need and child protection planning, and priority 3 in our Early Help Strategy – families needs are understood and addressed.

Through adopting Signs of Safety, we aim to achieve:

• The very best outcomes for children, young people and families
• Child-focused services that put the needs of children and young people first
• Inclusive practice – families are supported to develop their own solutions leading to empowered families and sustainable outcomes
• Empowered professionals – professionals across the partnership feel confident in having difficult conversations with families, are supported in their decision making, and see the impact of their work on families, leading to robust partnership working and increased job satisfaction and strong recruitment and retention

As a result of using Signs of Safety, and delivering high quality practice in partnership with families, we will expect to see:

• fewer re-referrals, as we support families to be more resilient, and develop their own solutions, which are tested and shown to be sustainable within the family and their support network
• more children safely remaining with their families
• the right children coming into care

Where Signs of Safety has been adopted by other local authorities it has been welcomed by families. Families have reported that (often for the first time) they are clear about what services expect from them. Families particularly like that their views and strengths are acknowledged as well as their weaknesses understood.

For more information about our adoption of Signs of Safety, please see our webpage on the LSCB website and our Signs of Safety Strategy.
Tackling Neglect

Neglect remains the most common form of child abuse across the UK and is usually the most common reason for a child being subject to a Child Protection plan. Numbers of recorded cruelty and neglect offences in England and Northern Ireland are now the highest they have been for a decade.

Whilst the harm resulting from neglect can be especially damaging in the first 18 months of life, it has a cumulative impact across childhood and into adolescence.

The authors of the Lancet review state that “there is mounting evidence that the consequences of childhood neglect can be as damaging – or perhaps even more damaging – to a child than physical or sexual abuse” (Gilbert, et al., 2009). The earlier that neglect is detected and appropriate interventions occur in a child’s life, the greater the benefit to the child, their family and society. Ongoing care of child victims and support for their families can help to reduce reoccurrence of maltreatment and lessen its consequences (World Health Organisation, 2016).

Definition of Neglect

Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse. Once born, neglect may involve a parent/carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

Impact of the Neglect Strategy

In 2017-18:

- The percentage of Children on a CP plan for neglect for more than 12 months has reduced from 22% in 2016-17 to 7%, thus indicating more effective interventions are being delivered more quickly.
- The percentage of children made subject of a CP plan for a second or subsequent time for neglect has reduced from 67% in 2016-17 to 39%.
- The use of the graded care profile, a tool to assess the level of neglect, increased from less than 10% in 2016-17 to over 60%.

Since the neglect strategy was launched in 2017, over 600 staff across the partnership have been trained in the use of the graded care profile. This is a testament to the strategic commitment of the partner agencies and a very good indication of the priority that neglect is afforded by frontline staff.

The neglect strategy and campaign has been short listed for several national awards.
What we don’t know but would like to know...
We need to improve data recording of needs identified through the Common Assessment Framework (CAF)/Signs of Wellbeing process and in consultations received by Cheshire East Consultation Service (ChECS) to enable these cases to be included in the analysis.

What we will do to improve:
We are adopting Signs of Safety as our way of working, which will support us to accurately assess and understand the risk and impact to children and young people at the front door to services and throughout the assessment and planning process.
We have identified adolescent neglect as a particular area where we are under identifying risk to young people, which we are addressing through our Neglect Strategy.
We will improve data recording of needs identified through the CAF/Signs of Wellbeing process and in consultations received by Cheshire East Consultation Service (ChECS). We will continue to monitor how effectively and consistently we apply our thresholds for support.
Our Emotionally Healthy Schools programme will also support greater awareness and identification of the indicators of maltreatment in young people by schools and colleges, and greater awareness and support of mental health issues in young people.
We are reviewing our support to 16 year olds who present as homeless to explore if there were opportunities where we could have identified and intervened earlier.

References