



Cheshire  
Without Abuse  
Changing lives in Cheshire East

# CYP Interventions Outcomes 2013-2014

CYP Interventions Outcomes  
2013-2014

## Introduction

In 2011, Cheshire East Domestic Abuse Partnership undertook a mapping exercise of services that were available for children and young people affected by Domestic Abuse and quickly identified two key areas for development.

1) Services that were offering support to children affected by domestic abuse often only engaged with families where there had already been significant involvement from one of the statutory services. This left a significant gap in provision for children and young people who may be affected by domestic abuse but may not be already engaged with the local authority, often those who could have been supported at an earlier stage of intervention.

2) The support available for children and young people did not include wide community access to structured interventions that would enable children and young people to develop buffering skills to increase their resilience- in other words, halting the problem before it develops.

As a result, Cheshire Without Abuse was contracted to establish a service that would enable children and young people to access early support and intervention. This service was developed in partnership with a number of statutory and voluntary services across Cheshire East to ensure as wide a point of access as possible.

Delivering a project of this scale and nature involves the following complexities:

- Meeting the needs of families that are already engaging with statutory services as well as those that are not
- Managing a service that has a multi-referral pathway from a wide range of agencies
- Working with families to improve the safety of victims and children still residing with a perpetrator
- Establishing effective partnerships with both statutory and voluntary services to ensure potential beneficiaries have the best possible opportunity to access services.

Against a backdrop of ever increasing pressure on public services to deliver more with less, CWA has continued to provide a unique access point for all children and young people in Cheshire East to receive targeted intervention and support for issues related to relationship violence and abuse.

This report highlights the work that has been delivered by Cheshire Without Abuse in the last 12 months.

## Why is this work needed?

Domestic abuse continues to be a critical factor in the experience of many children and young people growing up in 'at risk' households. The Department of Health has estimated

that nearly 75% of all children on the 'at risk' register have witnessed or been exposed to Domestic Abuse (2002).

Being exposed to domestic abuse has been associated with the following potential effects on children:

- Behavioural, social, and emotional problems- higher levels of aggression, anger, hostility, oppositional behaviour, fear, anxiety, withdrawal, and depression; poor family, peer, social relationships; low self-esteem.
- Cognitive and attitudinal problems- lower cognitive functioning, poor school performance, limited conflict resolution, problem-solving skills, acceptance of violent behaviour and attitudes as the norm.
- Long-term quality of life problems- higher levels of adult depression, and other mental health issues, tolerance for and use of violence in adult relationships, substance misuse, and low attainment(11).

To halt these effects, it is critical both to interrupt the cycle of abuse by improving children and young people's resilience as well as offer support and recovery from the potential trauma of growing up in an abusive environment.

The **Resilience Building Programmes** (Changing Places and Acorns) provide a range of resources which are designed to promote protective factors for children and young people, such as improved self-esteem, cognitive skills, social skills, and decision-making. Uniquely, as this pathway is focused on improved coping and individual resilience, it is open to children and young people who are currently within a potentially traumatic environment (e.g. household with active Domestic Abuse issues). Resources can be tailored to the child or young person's level of need, ranging from general 'universal' prevention to more targeted and focused intervention on specific issues.

The **Trauma Recovery Programme** (Jigsaw) provides resources which can be used with children and young people who have been in a traumatic environment in the past from which they have been removed or that has been stabilised. This is in line with the therapeutic axiom that trauma recovery work must not be done with someone who is still experiencing trauma. This work focuses on the safe exploration and discussion of individual's past experiences, and where appropriate includes work with family members to support the child or young person moving forward in a positive direction and reducing the long-term impact of their negative experiences.

We have 13 skilled facilitators that offer a high quality service to deliver both resilience building and trauma recovery programmes during 2013 and 2014 and a team of 9 dedicated volunteers who have supported the children and young people during group or as 1-1 support for children who would struggle to continue attending a group without the support of a volunteer.

## Levels Of Provision

Over the last 12 months 11 Programmes have been delivered in total.

Of these, 5 were Acorns- Resilience group for 8-13 year olds; 4 were Jigsaw- Trauma Recovery for 8-14 year olds; and 2 were Changing Places- Resilience group for 14-19 year olds.

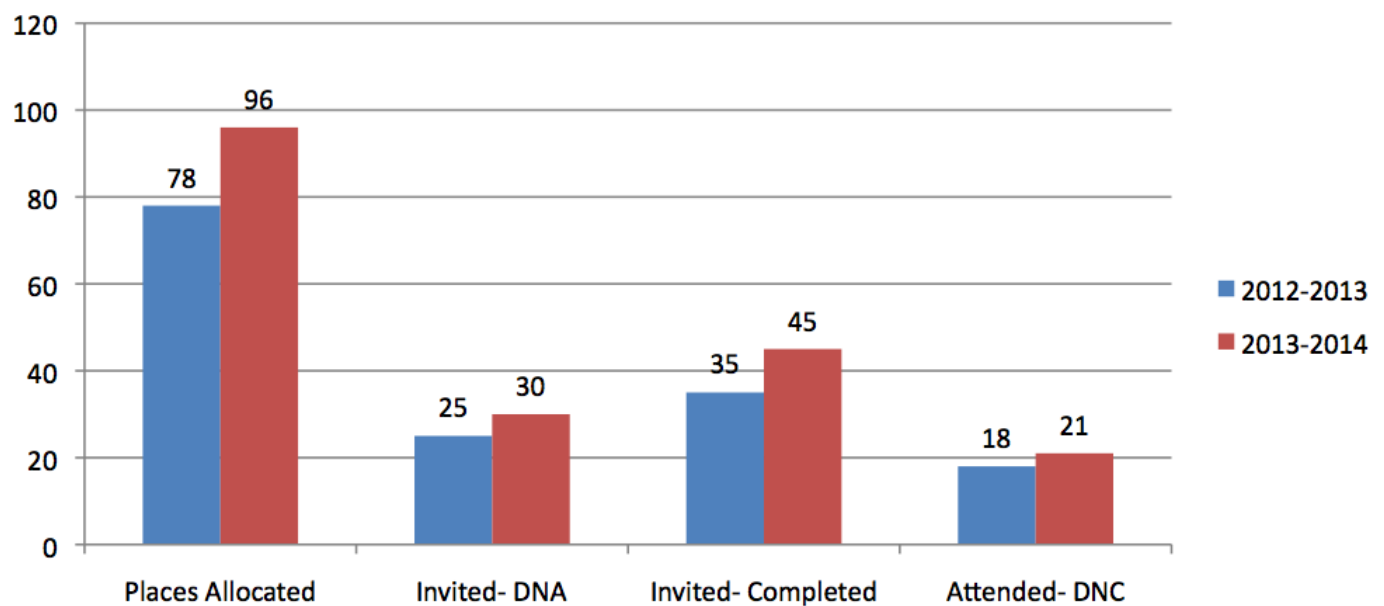
## 11 Group Work Programmes Delivered



There has been a 10% increase in the number of children allocated onto programmes from the previous year end. 96 Children have been allocated programmes in this 12 month period.

There has been a small increase in the number of referrals being made to the community programmes in the past 12 months.

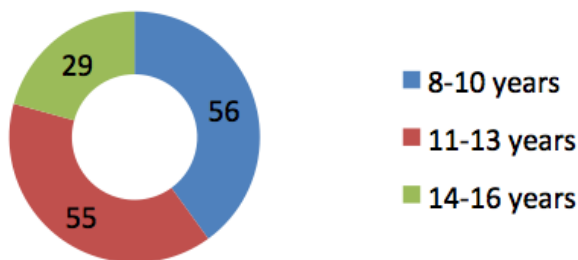
## Referral Outcomes



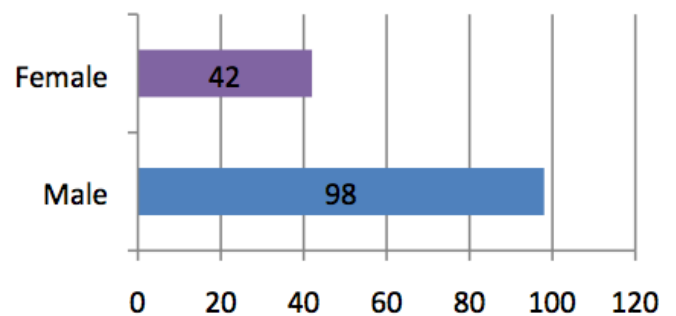
## Referral Profile

We have received 140 referrals from April 2013- April 2014. The majority of these are for children age 13 and under (75%) and approximately 2/3rds of referrals are for boys. Our service is aimed at preventative intervention, to take place before the problem behaviour becomes established. This is significant given the fact we are targeting 'Child to Parent' violence and 'Relationship' violence in particular. CPV in particular is much more common in boys (in particular toward mothers- 67%) and tends to be reported to the police for young people at age 14-16 (48%) Condry & Miles, 2013, Oxford University.

### Referrals By Age

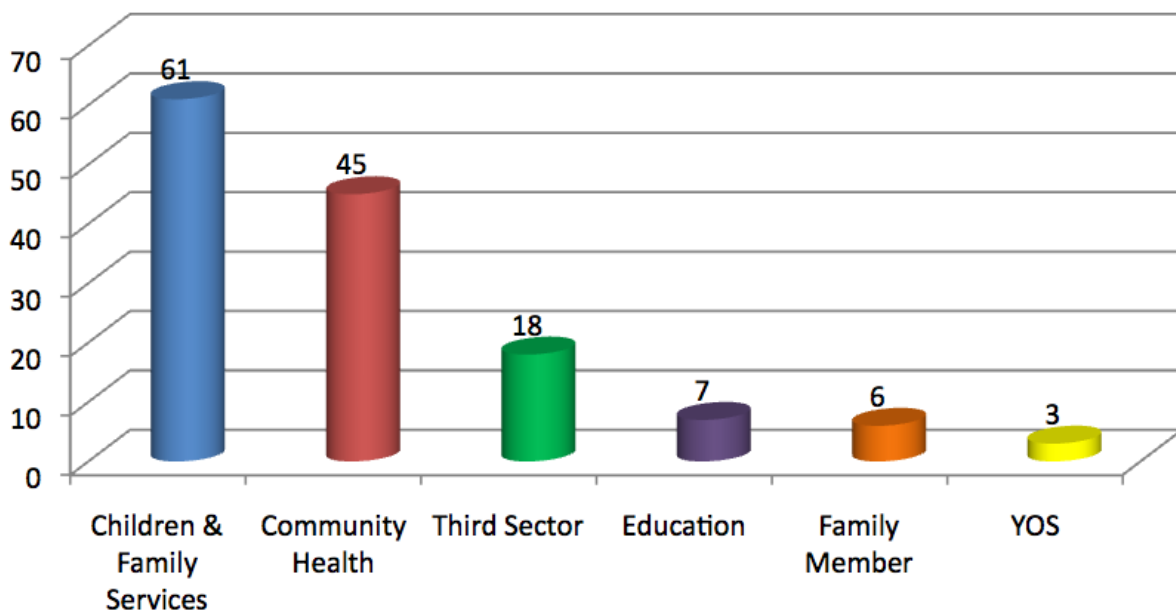


### Gender



The vast majority of these have been via Cheshire East Family Support Services (45%) or the Health Service (30%). It should also be noted that a large number of health referrals have come from one very dedicated knowledgeable paediatrician who has made 23 referrals to the Crewe based team. This does demonstrate the potential referral base that is present in the community if more professionals were engaged at the same level and were consistently reviewing cases for suitability and need for the service.

### Referrals By Agency (Total - 140)

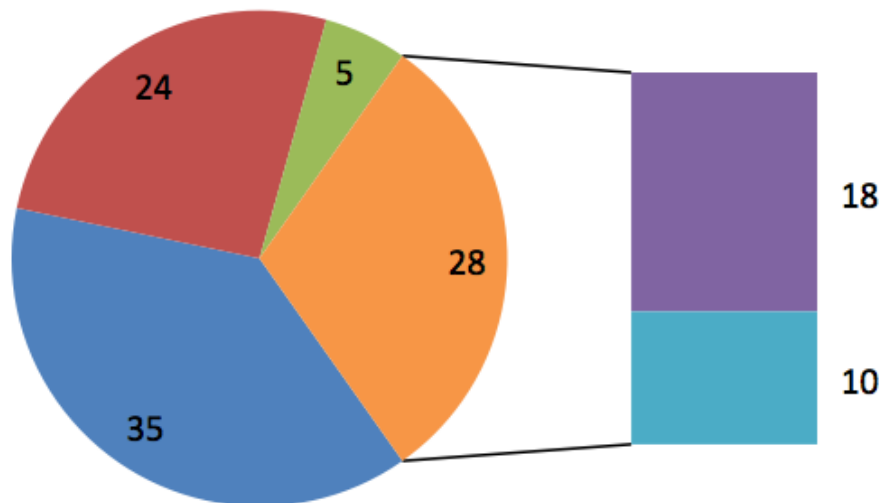


There is a clear population of children and young people identified within Children and Family Service caseloads who require intervention support. This is perhaps unsurprising as domestic abuse is a significant factor in (%) of cases engaged with Social Care services within Cheshire East.

In fact, when you examine the safeguarding status of our referral population this link becomes even more apparent. 62% of cases we are engaged with (referral, assessment, delivery) are at CAF level or above. 30% are on CP or CIN plans at the point of referral.

## 62% Of Cases At CAF Level & Above (57 / 92 Cases)

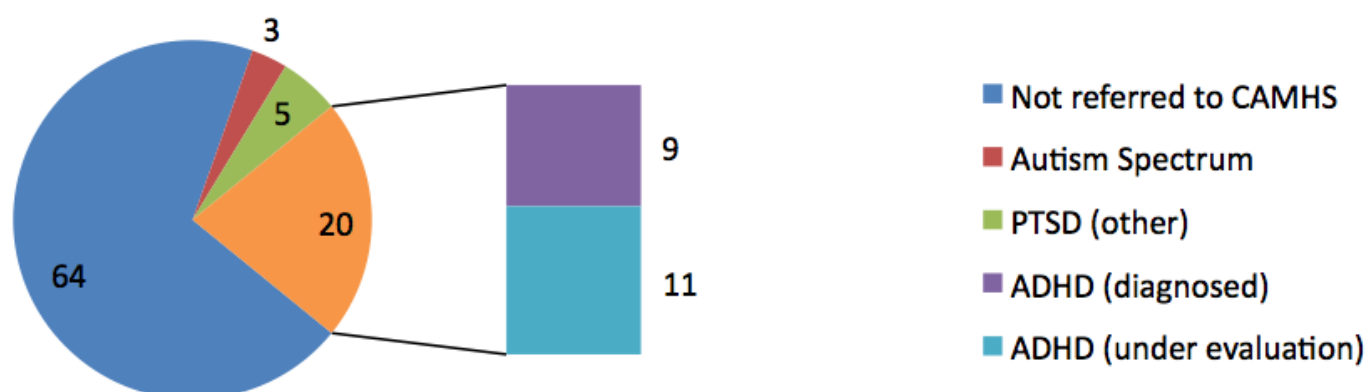
■ Below CAF ■ CAF ■ Previous Social Care ■ Child Protection Plan ■ Child in Need Plan



Our partnership with CEFS serves a critical role in addressing issues when they are identified and attempting to resolve them before they elevate to critical levels. Our interventions provide a structured, measureable way forward to directly improve the emotional well-being of children and young people exposed to domestic abuse.

Our second largest referral partner is community health services, including community paediatricians (23), GP's (3), and CAMHS(5). We would hope to encourage greater numbers of referrals from these areas as our population profile indicates that 30% of referrals are undergoing or have additional mental health or educational psychological needs.

## 30% Of Cases Have Clinical Mental Health Needs (28 / 92 Cases)



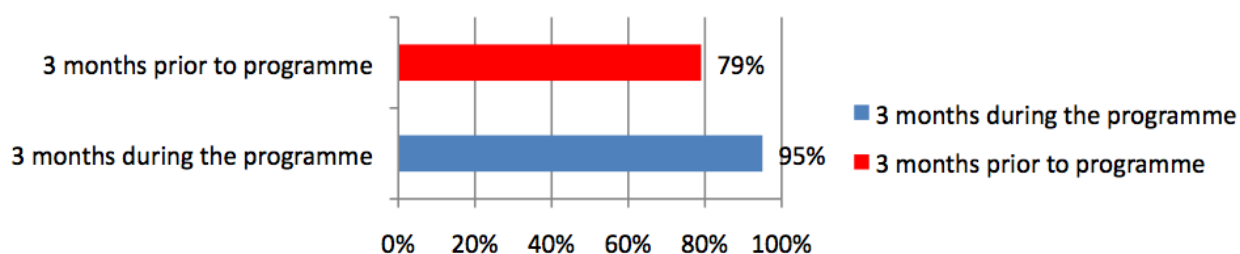
We are keen to encourage greater referral and partnership delivery with education which is relatively low at present. We would also seek more significant links with education in relation to data monitoring and outcome information. This kind of information is critical to measuring the impact of the interventions directly on children's educational attainment and behaviour within school.

Research has demonstrated that struggling with mental health issues and emotional difficulties has a significant impact on children/young people's ability to learn and achieve their potential (HM Government, 2011 "No health without mental health: a cross-government mental health outcomes strategy for people of all ages").

## Outcomes For Children & Young People- (Previous Evaluation)

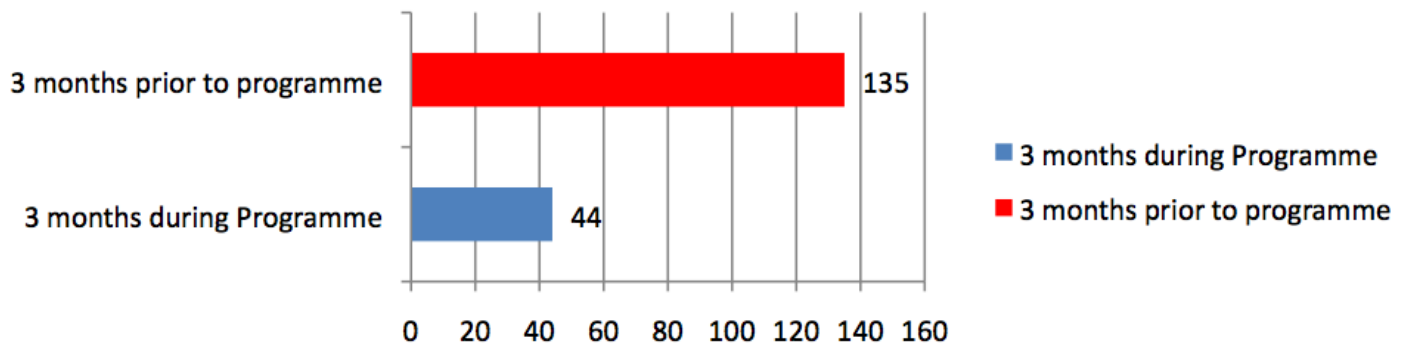
A snapshot evaluation of young people who completed the interventions within schools in 2009 revealed the following significant positive outcomes for those young people who completed the programme:

### Attendance (n = 32)



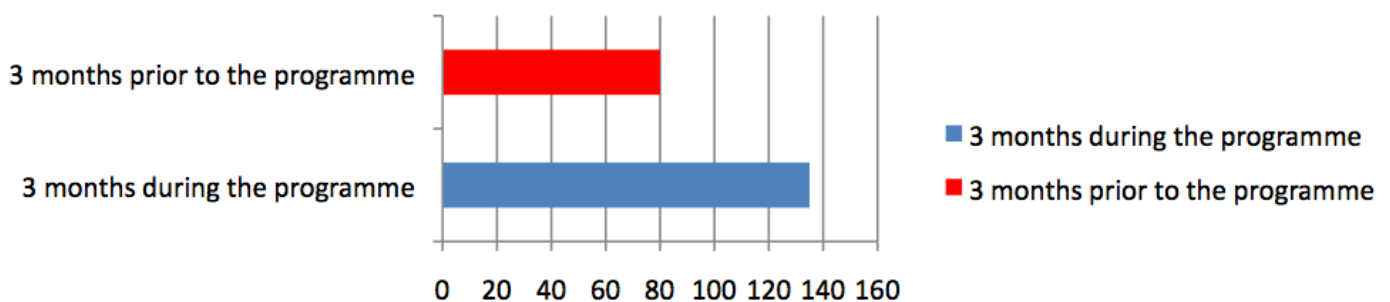
Attendance improved from 79% pre programme to 95% during the programme. Out of 32 young people it was a significant issue pre-programme for 14 of them, and all but one showed improved attendance during the programme period.

## Behavioural Incidents (n = 32)



There were 91 fewer behavioural incidents within school in the 3 months during the programme compared to the 3 months prior. This has massive implications for staff resources and the additional stress and disruption to other pupils.

## Achievement Points (n = 32)



Pupils improved their academic performance by 11 points on average during the programme period. Teachers reported improved concentration and engagement in lessons and improved confidence after completing the programme.

We are hoping to improve data sharing with education teams in order to track these outcomes for all participants and are negotiating with the SCIE team a structured way to collect this information for all future referrals.

## Outcomes For 2013-2014

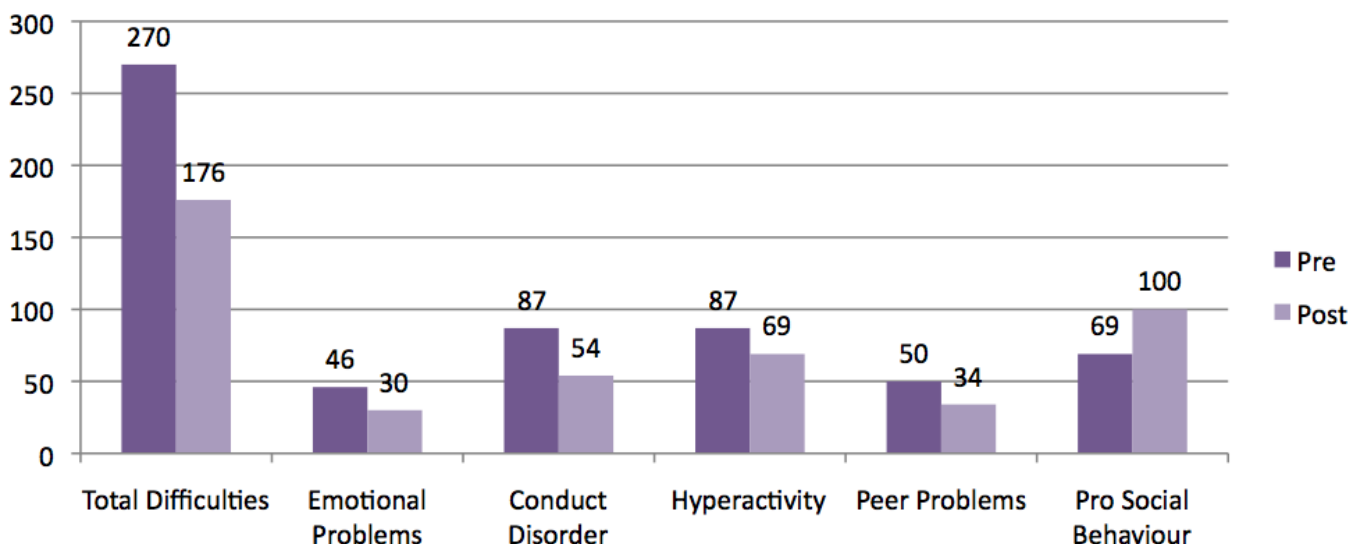
Parental consent is already obtained to allow us to collect outcome information on each child attending the interventions with us. We administer structured questionnaires at the start and end of each programme to evaluate impact on a range of issues. The questionnaires include:

- Goodman's Strengths and Difficulties Questionnaire (all programmes)
- Evaluates outcomes based on parent/teacher/ self- evaluation of difficulties across the following areas: Hyperactivity, Peer Problems, Emotional Difficulties, and Conduct issues. It also evaluates levels of Pro-social Behaviour.
- Mating Effort Scale (Changing Places only)
- Evaluates attitudes toward sexual competition (high levels have been found to be highly correlated with future relationship violence whereas low levels are associated with more nurturing views of relationships)
- Relationships at Home and School
- Self-report of how happy C/YP feel with their relationships at home, at school and with friends, including how much conflict they have and how angry or upset they feel.

## Changing Places & Acorns

All children and young people who completed the programmes in 2013-2014 showed improvement in at least one area. The most significant improvements were in reducing conduct issues and improving levels of pro-social behaviour.

### Total Sample results for Strengths and Difficulties- Pre and Post Programme



*Very shy / didn't want to talk.  
Had problems which I thought I  
couldn't cope with.*

## Pro-social Behaviour

There is a significant increase in in pro social behaviour post programme for all participants. 100% of those who were in the disruptive band prior to the programme moved to borderline or functional bands after intervention. There is also no evidence of negative 'contamination' where young people's behaviour is negatively influenced as a result of exposure to problematic anti-social peer groups, often a concern in C/YP groups. C/YP in the normal category pre programme remained and improved rather than being influenced by C/YP with more significant issues who were part of the same group.

## Emotional Problems

There was a tremendous amount of variation across the group in terms of emotional problems reported. 3 young people began the group already in the functional category and remained there post programme. However, 3 more participants moved into the functional range post-programme- meaning that by the end 2/3rds of the group were in the functional band. One participant remained in the high band and would benefit from significant post-group follow-up as whilst the group opened up his current issues, it was not in-depth enough to resolve them.

*Over the last three months (whilst attending the course), Jason is more polite and helpful but also more angry I have found..... (Dad of Jason-age 10 attending Acorns)*

## Hyperactivity

There were mixed results for the group regarding hyperactivity. All but one participant in the disruptive category showed a reduction in hyperactivity- but in most cases this reduction was marginal. Again, apart from the one participant who displayed a small increase post programme there is no evidence that children in the functional category were negatively influenced by the group. The group does not target hyperactivity specifically and this may be an area for future development work to improve impact.

## Peer Problems

The majority of participants began the programme in the disruptive band for peer problems. Of these, most showed reductions in peer problems, whilst 2 remained the same. It should be noted that the 2 who remained the same were just one point over borderline levels. Those participants who began the course in the normal or disruptive band, all improved or stayed the same apart from one who showed a minor increase in peer problems post programme.

Where would I be if I had not come to acorns?



I think I would be still arguing with my two sisters and my little brother.

Also, I would still be hardly talking to my mum.



### Conduct Issues

The results indicate that for all but one participant there was a reduction in conduct problems. It should be noted that this participant had the highest difficulty ratings across all areas. All other participants showed a reduction, with one participant showing a significant reduction from disruptive to normal and another from disruptive to borderline.

It is also of note that all participants are in the disruptive to Q of L band for conduct problems, which indicates this may be a reliable predictor for the referral base for the programmes. We would seek to improve the impact in this area further as it seems to be the area most disruptive to the lives of young people accessing the programme.

Where would I be if I didn't go to acorns.



Without acorns.....

Falling out with family



Sad

upset all the time.

## Case Study

Matthew (Age 9 years)

Matthew was referred to the Children's intervention Service by Community Paediatrics, as he was displaying behavioural problems at home. Matthew was frequently having arguments with family members and had difficulties in expressing himself. He was aware that this was starting to become an issue and wanted things to change. Matthew was looking for alternatives way to express himself and to control his temper at home. Matthew was ready to undertake some therapeutic work in order to address these issues. After initial assessment, it was evident that he would benefit from the ACORNS programme. This is a preventative 16 session programme aimed at reducing the chances of children using aggression or violence to resolve problems.

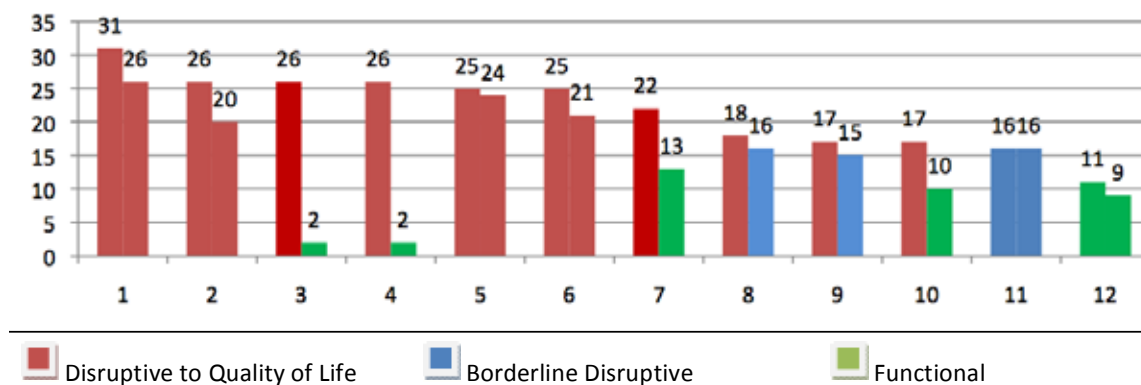
In total Matthew attended 15 out of the 16 sessions, and he fully engaged in each session, taking part in activities set.

He had the support of his Mum who was clearly committed in helping her son reach his potential and change his behaviour so that he was able to deal with his emotions in a positive way. Mum would bring Matthew to each session and collect him afterwards. This was often not the case for other children attending the programme, as they were often required to make their own way to and from the programme each week.

As the programme progressed Matthew would report less and less conflicts at home. It was evident that he was becoming increasingly self confident and more respectful of his individual family members. Facilitators would regular check in with Mum to see from her perspective things had changed, and she readily acknowledged they had and changed for the better. Mum also reported less arguments and anger outbursts from Matthew within the home environment. On the final session of the programme, the children were taken bowling as a reward for their participation in the group. Mum thanked Staff for support given to Matthew and for the positive impact that this had had on home life.

## Strengths & Difficulties Results Overall By Participant

### Total Difficulties Reported - Pre To Post Measures



The vast majority of children and young people attending (75%) had difficulties at a level that was disruptive to their quality of life when completing the pre group questionnaire

57% of the C/YP in the pre group disruptive band moved to the borderline or functional category post group. A third of the sample group made significant changes moving from the disruptive band to the functional band post group.

A third of the C/YP who remained in the disruptive levels showed improvements but remained in the disruptive band. Those young people who remained in the disruptive band were all near the top end of the scale when they commenced the programme.

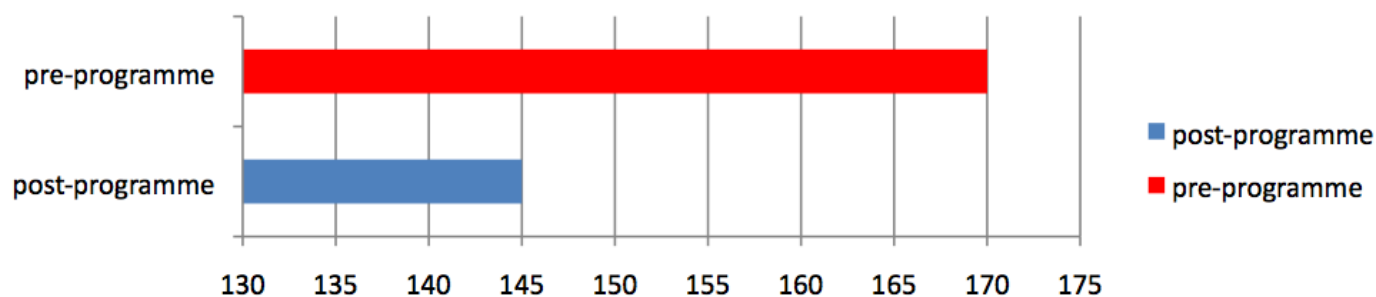
This demonstrates that for children and young people experiencing higher levels of difficulties the interventions alone may not be sufficient support. They all began to show signs of progress but this could be improved and extended by more extensive follow up support to continue the positive momentum started by attending the programme.

## Other measures

Anti-social behaviour has strong correlations with a disruptive school environment, delinquent peer groups, early drug and alcohol use, negative relationship with parents, and 'delinquent personality' traits (e.g. impulsivity, risk-taking, low empathy) (HO Report: Young people, crime and antisocial behaviour, Hayward and Sharp, 2005).

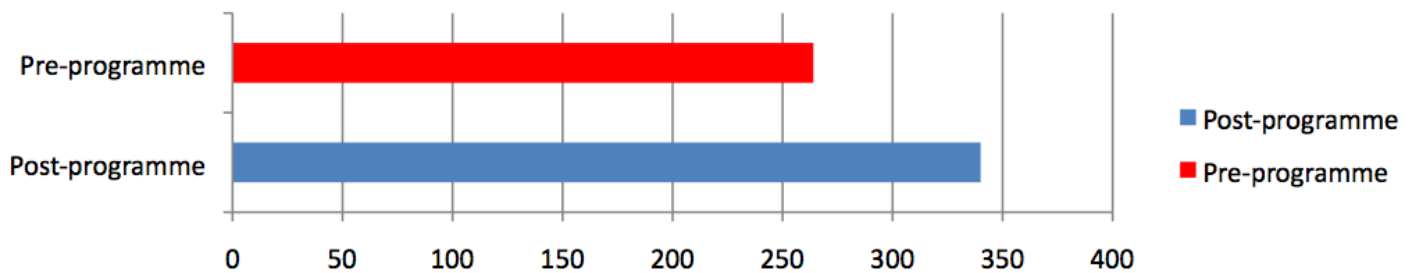
Protective factors include social competence, intelligence, high self-esteem, outgoing temperament, strong sibling/ peer relationships, and supportive relationships with other adults.

## MES



In particular, participants showed a marked reduction in beliefs associated with a risk of future violence (Mating Effort Scale) and an improvement in attitudes toward relationships that are committed and nurturing, rather than aggressive and sexually competitive.

## Happiness With Relationships At Home & School



Participants also reported feeling happier at school and at home and having less conflict with family members and friends post-programme.

## Improvements To The Service- 2013-2014

Parenting work implemented to support all programmes

Embedding learning across multiple contexts is a critical factor to long-term behaviour change. With this in mind, we have implemented supportive sessions for parents to run alongside all interventions.

Changing Places and Acorns now include a minimum of 4 parent contacts offered throughout the course including workshops on specific content such as: Managing conflict and anger with your child and Communicating with your child.

### Parent's comments









'I have picked up a few ideas from the parent group sessions'

'Cody's teacher has noticed a significant change, not shouting out as much, listening more and generally much calmer'

'I just want to thank you for helping'

'The different styles of parenting has helped me to think about my own behaviour and is really useful to refer to'

## Example Exercise from Parenting Workshop 3:

DIFFERENT STYLES OF PARENTING:			BLENDED TYPES:
	<b>LION</b> Being in-charge, child sees you as 'the boss', you give them clear rules and expectations- and clear consequences		<b>LION/MONKEY</b> 'Firm but kind'; clear boundaries and discipline, respect for feelings; is interested in their child's views and opinions; plays and spends time together with their child
	<b>T-REX</b> 'Scary' or aggressive behaviours, using threats or 'losing it' with the child- shouting/ swearing/ hitting in anger, child is afraid of parent		<b>LION/ T-REX</b> Imposes rules through fear, may use pain or physical punishment to 'teach children a lesson', wants the child to behave without question or challenge, 'because I said so'
	<b>MOUSE</b> Child has taken on the dominant role in the household; they are setting their own rules around curfew, school, eating, sleeping; parent may describe them as 'wild' or 'out of control' or may wash their hands of responsibility/ be disinterested		<b>T-REX/ MOUSE</b> Passive-aggressive, using sarcasm when speaking to child, guilt-trips- 'you've ruined my life', 'Look what you made me do', undermining confidence- underlying message is 'I'm just putting up with you, I don't really like you'
	<b>MONKEY</b> Relationship is based on friendship and teamwork, parent will teach lessons by example, 'I will help you clean up your toys, you help me clean up the kitchen/ make tea'		<b>MOUSE/MONKEY</b> Parent/ child boundaries are blurry; the relationship is more like 'mates'; Parent may rely on the child to be more like an adult- confiding in them, or sharing pressures/ worries; they may allow age-inappropriate movies/ video-games

'Which animal do you think your child will say you are most like?'

## Jigsaw

'Every day see's our relationship growing stronger' parent's comment from Jigsaw review

### Evaluation and Assessment Measures

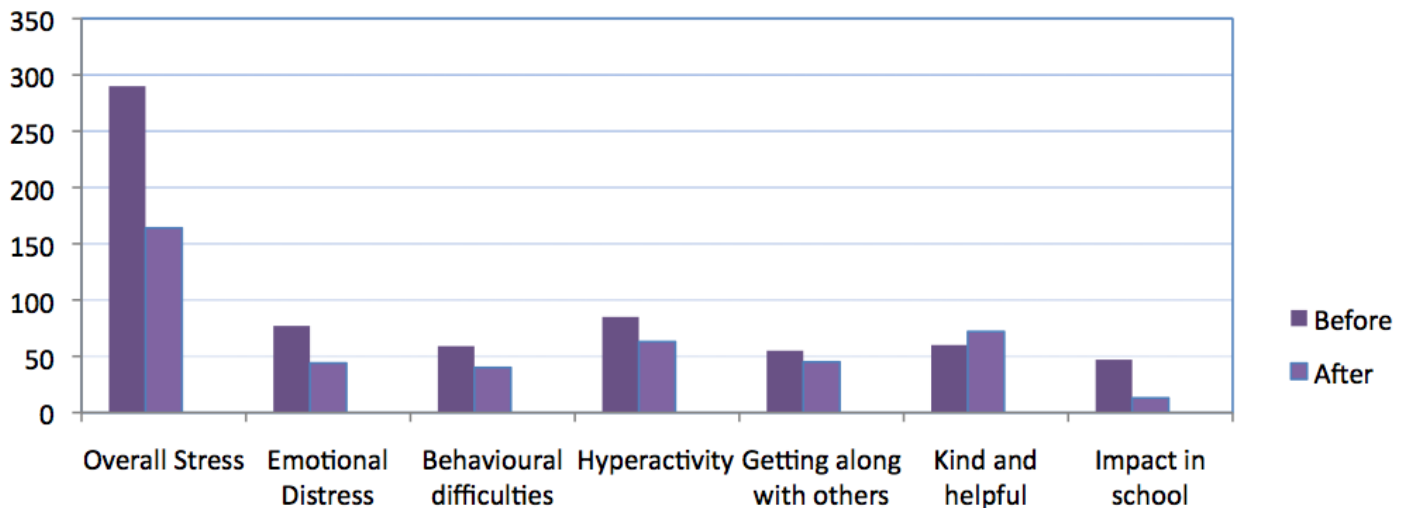
Evaluations for the Programmes includes completion of Strengths and Difficulties Questionnaire, pre and post group work, some participants completed mid term reviews and all participants completed post group evaluations. Strengths and difficulties questionnaires covered 7 areas:

- Overall stress
- Emotional distress
- Behavioural difficulties
- Hyperactivity
- Concern in school
- Getting along with others

- Kind and helpful behaviour

We have looked at the pre score and post scores from the completed data collected and recorded below the overall outcomes for concern or positive reduction of concern once a child has completed the group.

## Recorded Outcomes For Jigsaw



All children showed an improvement in more than one area. Jigsaw focus is on emotional recovery for children who have been affected by domestic abuse. We can see in the table above significant improvements to the child's overall distress post programme and a small shift in emotional well being.

One child did show increased overall stress and emotional distress post programme. Final evaluation identified difficulties and other factors impacting on the child and family as a result a CAF was opened to look at a multi agency support for the child and family.

Mid term and final review evaluations were completed on a 1-1. The evaluations focused on understanding for the child of the trauma they have experienced their feelings around attending the group and being part of a group, who to talk to about worries and relationships between parent and child at the end of the programme.

- For the second year running 100% of the children post group reported that they did know who to go to for help with any worries after completing the programme
- With improved parent support pre and post group 95% felt confident and supported to share the 'Talking to my mum' pack together.
- 80% of parents reported that the group had helped to improve their relationship with their child

- 69% of children were offered services post group to continue recovery from the list of agencies below
- 1-1 specialist support from Cheshire Without Abuse
- 1-1 specialist support from Barnardo's.
- 1-1 counselling with Visyon
- Cheshire East family support services
- Education learning mentor support
- CAF
- Acorns programme
- Jigsaw is a therapeutic recovery programme and does not focus on behaviour change, interestingly over 50% of the parents felt that they had seen an improvement in their child's behaviour. The remaining reported that their child's behaviour had stayed the same and only 2% felt that their child's had deteriorated.

In 2012-2013 we had children who were living with their non abusing parent who was in some cases their father or children living with Grandparents. 50% of one group were living with a carer who was not their mum as a result they were able to connect from being with other children in similar situations. Facilitators had new challenges they recognised this spending time to make changes to the programme and materials to reflect the needs of the group and bespoke individual support.

## Case study

Charlie (Age 10 years)

Charlie was referred by the school as they felt that his disruptive behaviour in school stemmed from the trauma that he had experienced between the ages of 2 years and 8 years when he had lived with his mum and her abusive partner. Charlie had witnessed some terrible physical and verbal abuse towards his mum and at times had been forced to hide in his room for long hours.

His father became aware of the abuse after charges were made by the police to mum's partner for other illegal behaviours including guns and dangerous weapons. It was decided that at 8 years Charlie should move area to live with his Dad.

Charlie's Dad felt that once Charlie was away from this environment he would be safe and that everything would be more settled. He was alarmed and very worried when two years on Charlie was still having difficulty with his behaviour at home and at school.

Charlie started the Jigsaw programme he quickly made friends and settled into the group. He took comfort from knowing others had also lived in homes where there had been domestic abuse. Support was given Charlie's Dad during the programme to help improve communication for both of them. Staff adapted a book especially from 'Talking to my Mum' to 'Talking to my Dad' to help open up some conversations. Charlie really enjoyed being able to talk to his Dad about things that were bothering him and his Dad realised that this was exactly what Charlie needed to do.

At the evaluation Charlie's Dad said thank you for helping put my family back together. He reported that things were improved at home and at school. He said that they were enjoying spending time together doing fun things.

Charlie said 'It's good I don't have to talk to my Dad just about school or his work we can talk about lots of other things'

## Jigsaw Programme Family Group Case Study

One of the community facilitators was allocated a family to support social care with the CIN Plan. The age range of the children was between 6 and 15 when allocated but the development age was around 3 and 8, with the four eldest children having educational statements to supported learning in School.

Through observation and discussions, there was information to suggest that Dad has experienced a rather unhealthy relationship with the children's Mother and there had been episodes of both physical and emotional abuse. The impact this had on the children was not known at the time. The children really struggled to express themselves appropriately and would shout over each other until they felt they were being heard. They would not hesitate to smack/punch/kick one another or physically attack Dad when wanting their own way.

They would express extreme behaviours of control and could not seem to allow each other to do or say anything independently.

The facilitator contacted the coordinator to discuss the case and obtain suggestions for conducting a Jigsaw Programme for the individual siblings as I was unsure how they would integrate into group surroundings.

It was agreed that the level of understanding would be a challenge for all five children if they were integrated into a group of children of their own age and this could impede in the outcomes for the other children. We decided to split the two eldest siblings from the younger siblings and ran two groups to accommodate all five children. This worked well as we have been able to adapt the programme to the age and learning capabilities of all the children.

Improvements recognised are the eldest children A and D now travel in the same taxi to School, whereas they couldn't before the programme because of the high level risk, due to

challenging behaviour between the two of them.

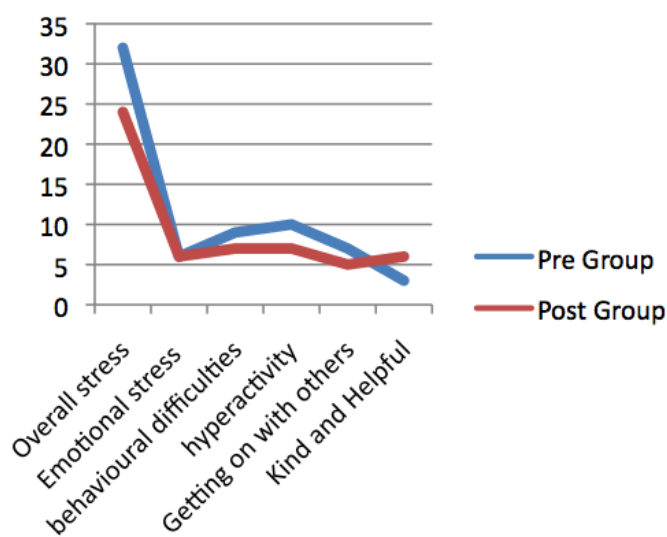
Child M struggled to cope with the group and was regularly disruptive and controlling during the programme so she was given a choice. She chose not to engage and this was respected by the facilitators even though it was clear that she was struggling emotionally to cope with the trauma she has experienced as a result of domestic abuse in the home. After making the decision she changed her mind and wanted to come back to the group although it had been made clear that this would not be an option; some 1-1 nurture work was completed with her and as a result she is now looking forward to coming onto the community programme.

Since Jigsaw began, the children are more aware of what acceptable behaviour is and what it is not. There has been a significant drop of reported violent incidents within the home and from school.

The children will talk about experiences and how certain issues made them feel, frightened, angry etc. We discuss this and the children will look reflectively on how they dealt with certain events and maybe how they could have dealt with them differently for a more positive outcome.

The plan has been reduced from a CIN and is now managed by the CAF process.

Individual results of strengths and difficulties questionnaires for bespoke family group intervention.



## CHART 1 Female age 11 Child D

### Chart 1

Overall stress levels reduced post programme, no change in emotional stress which would indicate that D may benefit from some 1-1 counselling .

Behaviour and getting on with others improved although this group does not target behaviour change;

We can see post group an improvement in behaviour towards others and this is noticeable particularly towards siblings and Dad

### CHART 2 Female age 15 Child B

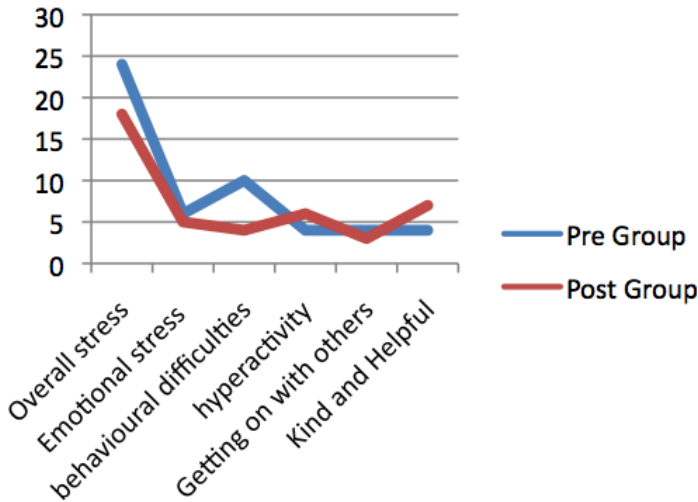


Chart 2

Results were mixed for child B. Again we can see improvements to overall stress and a small reduction to emotional stress. Being kind and helpful to others improved and this was again noticeable in the home towards family members.

Some behaviour difficulties highlighted which indicates that child B would benefit from a referral to the Acorns programme.

### CHART 3 Female age 8 years Child F

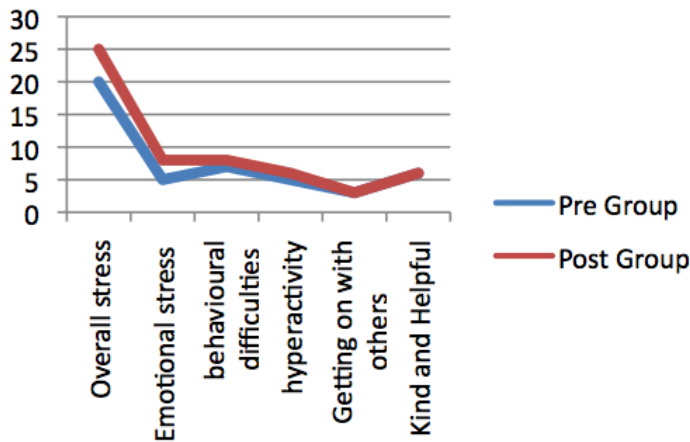


Chart 3

We know that child F has visual impairment disabilities. Her family have protected her and at times this has made it difficult for her to develop her own identity and independence. Her stress levels may be increased as the parent that child F was dependant on in the home is no longer living in the home. The results indicate that child F would benefit from some 1-1 support around understanding emotions.

## CHART 4 Male age 6 years Child G

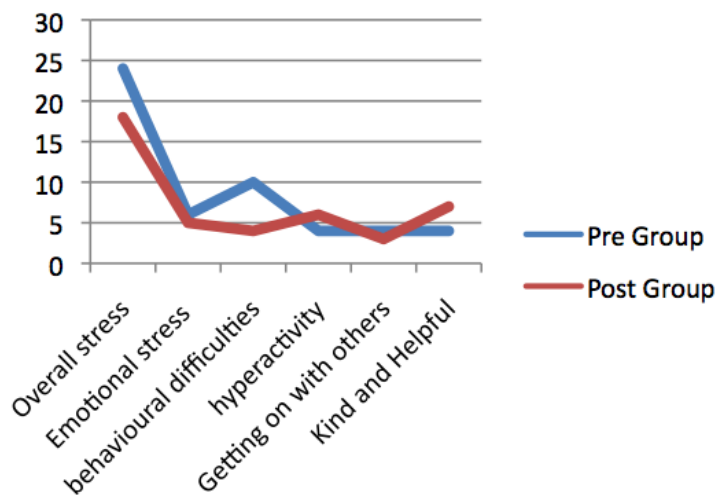


Chart 4

Child G showed a big reduction post group in overall stress, emotional stress saw a small improvement.

Facilitators noticed a big shift in emotional warmth and affection towards the parent that was not evident pre group.

This can be built on using the hand book 'Talking to my Dad' that was adapted for the family from the 'Talking to my Mum handout'

## Training

7 trained Facilitators completed training with the NSPCC to enhance the delivery of Jigsaw incorporating a parent element.

In February 2014 across Cheshire East we trained 8 more facilitators from Cheshire East Family Service, Cheshire Without Abuse and from Education.

Our partnership with Barnado's as a delivery partner continues we are now firmly established in the North of South areas of Cheshire East.

Coordination of Children and Young People's Locality Based Interventions in Cheshire East

The contract to deliver services specifies the following key outcomes

- Children and young people feel better about themselves
- Children and young people are and feel safer
- Children and young people have increased confidence that they can access help when they experience difficulty
- School attendance and behaviour is improved
- Stakeholder agencies are identified and knowledgeable about programme availability, suitability and referral pathways

## Achievements In 2013-2014

- Increased referrals have meant that focus has been on assessments and identifying the need for provision across the locality.
- Recruitment of facilitators, assessment of venues and planning for programmes remains a priority of the work that takes place throughout delivery of the contract
- Provision has been extended to offer additional parenting sessions alongside the C/YP group sessions and improved parent support through materials and mentor support
- 15 Cheshire East staff trained in Cheshire East to facilitate Acorns and Jigsaw programmes.
- Bespoke programmes for a family group and for 3 children to do bespoke 1-1 interventions when they were assessed as unsuitable for group work.

## Outputs

- 13 facilitators have been successfully delivering across the locality from Cheshire East family service, CWA, Arch and Barnardo's domestic abuse services.
- 9 dedicated volunteers have supported the facilitators with group work
- 11 Programmes have been delivered in total.
- Of these, 4 were Jigsaw programmes, 5 Acorns and 2 were Changing Places
- Additional programme support has been made available to 3 children and young people
- 45 Children have completed programmes.

## Recommendations

Screening assessments need to be completed earlier (within 14 days) to identify referrals that are not appropriate for service or that may need motivational work prior to being allocated onto programmes. This will help to improve waiting times and ensure child/young person is ready to engage. Children identified as not appropriate can be referred to other services earlier. Non engagement or drop out numbers may also see a reduction.

This report highlights the gaps in the monitoring data collected. Improved links with education is necessary to allow us to see the whole impact the programmes have for the children or young people and allow us to measure school attendance and any improvements in behaviour in school.

Provision for 1-1 work has been very low and waiting times longer recommendations that may improve the service is to focus on referral pathways with Cheshire East consultation service (CHECS) to allow for children and young people to be allocated 1-1 programme work when it is most required through partnership working.

Staff training is essential to ensure that the service continues to offer a high quality provision for children and young people across the locality.



# Cheshire Without Abuse

Changing lives in Cheshire East

**Telephone:** 01270 250391

**Fax:** 01270 501 076

**Email:** [info@cheshirewithoutabuse.org.uk](mailto:info@cheshirewithoutabuse.org.uk)

**Web:** [www.cheshirewithoutabuse.org.uk](http://www.cheshirewithoutabuse.org.uk)

**Postal Address:** P O Box 158, Crewe, CW1 4FB

**Registered Charity Number:** 508087

## SUPPORT FROM



LOTTERY FUNDED



24 Hour Helpline 01270 250390