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Northern Family Support Hubs Strategic Analysis Report 2025/26

Integrating Family Support Hub and Outcomes Monitoring Evidence

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Produced by the Children's Services Planning Team

Executive Summary

This analysis combines Family Support Hub referral data with Outcome Monitoring indicators to provide a deeper understanding of demand, need and future planning implications within the Northern Outcomes Group area.

Northern Family Support Hubs supported 1,636 families during 2025/26, an increase of 98 families from the previous year. Referral patterns indicate growing demand associated with emotional and behavioural difficulties, counselling, parenting support and neurodevelopmental needs. Outcome Monitoring evidence demonstrates increasing autism diagnoses, rising Disability Living Allowance claims, increasing Special Educational Needs statements and ongoing CAMHS waiting list pressures. Together, these findings suggest that Northern Family Support Hubs are increasingly responding to complex emotional, developmental and educational needs.

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Understanding Demand

Family referrals increased from 1,538 to 1,636 families during 2025/26. Children referred increased from 1,860 to 1,945 while parents referred increased from 1,005 to 1,059. This increase has occurred despite longer-term demographic projections showing a 14.8% reduction in the Northern child population by 2043 and a 21.6% decline in births since 2018. This suggests that need is becoming more visible and increasingly complex rather than simply reflecting population growth.

Emotional Wellbeing and Mental Health are Major Drivers of Demand

The largest presenting need was Emotional Behavioural Difficulty (EBD) support for school-aged children (926 referrals), followed by counselling for children and young people (604 referrals). Parenting support (391 referrals) and emotional support for children (235 referrals) were also significant areas of demand. Outcome Monitoring evidence reinforces these findings. Northern Trust recorded the highest CAMHS waiting list in Northern Ireland in March 2024 (611 children waiting). While hospital admissions relating to self-harm and alcohol have reduced, emotional wellbeing pressures across the region continue to remain significant. Unmet need information further demonstrates gaps in counselling, emotional support, school attendance support and EBD interventions across several Hub areas.

Neurodevelopmental Need is Emerging as a Major Driver

Children with disabilities accounted for 563 referrals (29% of children referred), while a further 295 children were awaiting assessment. Autism was the most common identified disability (307 children) followed by ADHD/ADD (119 children). Children awaiting assessment represented over 15% of all children referred. The wider Outcomes Monitoring evidence highlights the same emerging trend. Northern Trust recorded the highest number of new autism diagnoses in Northern Ireland (986 diagnoses in 2023/24). Disability Living Allowance claims for children have risen steadily and now stand at 93.8 per 1,000 children, above the Northern Ireland average. Educational indicators also show continued growth in Special Educational Needs statements across primary and post-primary schools. Together these indicators suggest Family Support Hubs are becoming increasingly important within the neurodevelopmental support pathway, particularly for children awaiting assessment and diagnosis.

Financial Hardship Remains an Important Context

Financial support referrals totalled 127 during 2025/26. Although financial assistance is not the dominant presenting issue within Northern Hubs, economic pressures continue to provide an important context for family wellbeing. Regional monitoring identifies continuing levels of child poverty, static Universal Credit dependence and slight decrease in Free School Meal eligibility across Northern Trust. These wider socioeconomic pressures are likely to interact with emotional wellbeing concerns, parenting stress and family resilience.

Referral Pathways and Help-Seeking Behaviour

GPs and nurses remained the largest referral source (19%), closely followed by self-referrals (19%) and schools (17%). Referral activity from healthcare professionals, schools and self-referring families demonstrates a broad community awareness of Family Support Hubs. The prominence of self-referrals may indicate families are seeking support earlier, before issues escalate to statutory intervention thresholds. This reflects positive accessibility and increasing recognition of Family Support Hubs as an early intervention service.

Disability, Education and Early Identification

The largest age group referred was children aged 5-10 years (41%), followed closely by those aged 11-15 years. These age patterns align with the period when educational, behavioural and neurodevelopmental difficulties often become more apparent within school settings. Outcome Monitoring data shows substantial increases in statements of Special Educational Need in both primary and post-primary education and continuing concerns around school attendance. This suggests schools remain critical partners in the identification of emerging need and referral into Family Support Hubs.

Family Circumstances and Vulnerability

The largest household group referred was children living with both parents (758), closely followed by one-parent households (722). This suggests demand is spread across a wide range of family structures rather than concentrated within a single family type. This reflects wider evidence that emotional, behavioural and developmental challenges affect families across different household compositions and socioeconomic circumstances.

Inclusion and Accessibility

Referrals from minority ethnic families remain comparatively low, although children and parents from diverse ethnic backgrounds were represented. White European families formed the largest minority ethnic group accessing services. Five interpreter requests were recorded during the year. Outcome Monitoring evidence demonstrates continuing migration into Northern Ireland and growing population diversity. While interpreter demand remains relatively low, ensuring culturally responsive and accessible services will remain increasingly important.

Implications for Future Planning

Future planning should focus on: Strengthening support pathways for children awaiting neurodevelopmental assessment, expanding emotional wellbeing, counselling and mentoring services. Increasing EBD support programmes for children and young people. Supporting school attendance and early intervention within educational settings. Using unmet need intelligence to inform commissioning priorities. Strengthening parenting support and family resilience programmes. Recognising Family Support Hubs as an important component of early intervention and neurodevelopmental pathways.

Points for Discussion

- What additional support can be provided for children awaiting autism and ADHD assessment?
- How should unmet demand for counselling and EBD services influence commissioning decisions?
- Are current emotional wellbeing services sufficient to meet increasing levels of demand?
- How can schools and Family Support Hubs work more effectively together to address attendance and behavioural concerns?
- What early intervention approaches could reduce pressure on CAMHS and statutory services?

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CONCLUSION

Northern Family Support Hubs are increasingly operating within a landscape shaped by emotional wellbeing challenges, neurodevelopmental need and educational pressures. Referral patterns demonstrate substantial demand for emotional and behavioural support, counselling and parenting interventions. Outcome Monitoring evidence shows similar trends through rising autism diagnoses, increasing disability prevalence, SEN growth and ongoing CAMHS pressures. Future planning should therefore continue to prioritise integrated, preventative and early intervention approaches that support children and families before difficulties escalate.

Data Sources:
Northern Family Support Hub Report Card 25/26
Outcome Monitoring Report 25/25

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