

Family Support Hubs in Northern Ireland

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Foreword

I am delighted as the Northern Ireland Trustee for SCIE to be asked to write the foreword to this report.

It provides a comprehensive overview of the development of Family Support Hubs. It is very timely as the last of the Family Support Hubs are now in place giving complete geographic coverage across Northern Ireland. This initiative has built on a number of developments which emerged across the region which were testing new ways of engaging and encouraging greater cross sectoral working to improve access to early intervention family support and were subsequently given a clear strategic direction by the CYPSP in the Children and Young Peoples Plan (2011-14). Close collaboration and co-operation across the community, voluntary and statutory sectors is a particular strength of the Hubs and ensures children, young people and families have access to a range of family support services in a timely, accessible and non-stigmatising way which is child-centred, needs – led and outcome focussed. Despite local differences in the delivery of Family Support Hubs the Regional Standards have ensured there is greater consistency and that reflective practice is embedded within the structure. Robust governance arrangements also ensure the interface between early intervention and statutory services is firmly in place. This report reflects the CYPSP commitment to supporting the shift in service provision to early intervention and to developing services on the basis of the evidence as well as keeping outcomes for children and families at the forefront of our thinking.

I welcome this report as it clearly demonstrates that the combination of strategic support and the high level of commitment by Hub Co-ordinators and service delivery partners have enabled the development of a family support network which works effectively for families in need of early intervention support.

The increasing numbers of families being referred to Hubs and the range of services, now totalling over 600, working together in local areas has changed the landscape of early intervention.

However there is still capacity for further development as the Family Support Hubs become more established and having secured on-going funding, the opportunity to do so now exists.

More importantly families have benefitted from having one point of contact, a Hub co-ordinator, who can signpost them to the relevant service/s and there are many examples of the responsiveness of co-ordinators and services assisting families in a creative and needs led way.

As one mum from an ethnic minority family who had to move home as the result of domestic violence commented “I was finding it really tough and I never imagined the support I received as a result of this referral. I feel much more able to cope during this tough time. I had tried to access support myself previously and wasn’t successful. I only had £4 left when a worker called so the food parcel was critical.” This mother through the Family Support Hub accessed Surestart, Women’s Aid, a Summer Scheme for 3 children, Furniture, and the Food Bank.

Collaborative responsive accessible services working together – the essence of Family Support Hubs.

Finally as SCIE Trustee I commend this report as a valuable contribution to the developing knowledge and understanding of what works in collaborative interagency networks for families and children in the early intervention family support arena.



Fionnuala McAndrew

SCIE Trustee

Key Messages

- There are currently 29 Family Support Hubs that provide complete geographic coverage, and enable families to access a wide range of early intervention services across Northern Ireland.
- There are commonalities between the structure and operations of the Hubs. However the model is not uniform and the uniqueness of Hubs reflects local contexts and needs. However all Hubs employ regional standards, with the overall aim of improving outcomes for children and families.
- The Hubs provide a collaborative interface across the statutory, voluntary and community sectors, and currently involves representation from approximately 664 statutory departments and non-statutory organisations. This approach to early intervention relies on good working relationships.
- Robust governance arrangements are in place to ensure accountability, and enhance the delivery of family support services.
- The work of the Hubs demonstrates a high level of commitment and good will from host organisations, Trusts, partner organisations, members, and a holistic approach to meeting the needs of families. Coordinators often 'go the extra mile' to help families in need.
- The operational practices of the Hubs ensure that support to families is accessible, timely and flexible and non-stigmatising.
- The Hub approach has provided a platform to refocus on the centrality of the voluntary and community sector in the delivery of early intervention services. The growing awareness of Hubs has encouraged families to seek help when issues emerge, and the operational practices of Hubs ensure that is accessible, timely and flexible and non-stigmatising.
- The process is underpinned by principles of choice, participation and respect. The ethos of the Hubs is that they are child-centred, flexible, needs-led and focussed on outcomes for families. Services are only delivered via the Hub when there is and informed consent and families engage voluntarily.
- The Hubs may encounter families that may be on the periphery of needing Level 3 social work (child protection) services. Therefore appropriate safeguarding processes are in place, and all Hubs have established links with Gateway Social Work teams. This is crucial to effective safeguarding processes.

- The Hubs provide a wide range of early intervention and family support services such as practical or more intensive support services for children, young people and their families.
- Hubs contribute to strategic needs assessment and locality planning, and are well placed to provide intelligence about the availability and gaps in services.
- The Hub approach helps to develop knowledge about services for families, promote partnership working and networking, and prevent duplication and wasting of resources.
- In the context of reduced public funding, a key consideration is that the Hub process is cost effective. Providing timely access to early support should prevent deterioration in families' circumstances, and reduce the need for more intensive and expensive intervention at a later stage in a child's life.
- Some Hubs experience challenges in meeting an increase in demand for services, managing expectations and facilitating partnership arrangements.
- The provision of Hubs throughout Northern Ireland has entailed substantial strategic support and investment from local organisations. However long-term funding is not secured, yet it is imperative if Hubs are to remain viable.
- It is important that the Hubs are able to build on progress made to date and that their remit is protected. They are an intrinsic part of the continuum of services for families and it would be difficult to imagine the structure and landscape of children's services without Family Support Hubs.

Introduction

The role of family support has been recognised internationally as being central to the continuum of services to children, young people and parents. However, historically child protection services have been heavily relied upon; with the consequence that families do not always receive the help they need at an earlier stage. This may result in families being drawn into a statutory system which they can perceive as both stigmatising and adversarial. International evidence consistently promotes the benefits of early intervention family support services in addressing family problems at an earlier stage, this being defined as either ‘early in the life of a child’, or ‘early onset of family difficulties’.

The voluntary and community sector has long been at the fore in providing local and accessible services for families, which complement the statutory remit of safeguarding children when necessary. However there is often a lack of joint working between statutory and non-statutory children’s services. Again the evidence base supports the assertion that early intervention services are best delivered in a collaborative and coordinated way, which allows for the sharing of expertise, makes the best use of existing resources and promotes ownership within communities. This is coupled with the recognition that families may need support from a range of agencies.

Policy and Strategic Context

More recently there has been a shift in policy drivers and actions at a local level to redress this imbalance with a refocusing on early intervention. This is outlined in the family support strategy *Families Matter* (DHSSPSNI, 2009) which highlighted the role of children centres as providing “a service Hub within the community for parents and providers of childcare services” (p32). The development of early intervention services also reflects the six high level outcomes for children, intrinsic to the Government’s 10 year strategy for children and young people in Northern Ireland *Our Children and Young People – Our Pledge* (OFMDFM, 2006). The development of the Hubs was also acknowledged as part of a strategic shift towards early intervention, as outlined in the Transforming Your Care review of health and social care in Northern Ireland (HSC, 2011).

The thinking behind the Hubs

The idea for developing Hubs emanated from a perception that early intervention services for families would be most effectively serviced by enhanced joint working between existing organisations. The development of Hubs was predicated on the following considerations:

- The need for enhanced coordination of services for children and families who are in need of support.
- A recognition that some families do not meet the threshold for statutory child protection, yet have a need for family support services.
- A recognition that some families may require support from more than one agency.
- The need for families to access support quickly and easily without having to undergo protracted and complex assessments which can create delay (and exacerbate waiting lists).
- The emphasis of the approach is on cross-sectoral partnerships, which rely on an alliance between the relevant stakeholders.
- A renewed focus on voluntary and community agencies in recognition of their expertise in supporting families.
- To embed and sustain the Hub approach as virtual organisations, drawing on existing provision, without creating new services. This should also address issues of duplication or wasting of resources.
- Recognition that there is no prescribed blueprint for the Hub approach. This flexible approach meant that Outcomes Groups in setting up new Hubs, could learn from the experiences of those already in existence, and ensure that Hubs were tailored to their local context.
- The term 'Hub' is loosely defined, but localised coordination is a central tenet of how Hubs should be constructed.
- The design of Hubs is also predicated on the distinct features of each locality that a Hub is situated in. This includes geography, population demographics, socio-economic and political context, as well as the availability and network of

services and interventions that support children and their families. As such *“there is no single Hub model which can be superimposed on any area”*. (CYPSP, 2011, p196) and Hubs have been developed in a way that makes sense locally.

- The thinking behind the approach was that it would be an easily recognised and non-stigmatised brand for localised family support

Definition and Purpose of Family Support Hubs

The CYPSP have identified the core attributes of a Family Support Hub as:

“A multi-agency network of statutory, voluntary and community organisations that either provide early intervention services or work with families who need early intervention services. The network accepts referrals of families who need early intervention family support and uses their knowledge of local service providers to signpost families with specific needs to appropriate services.

The purpose of a family support Hub is to improve:

- **Access** to early intervention family support services by matching the needs of referred families to family support providers;
- **Coordination** of early intervention family support services by creating a collaborative network of providers
- **Awareness** of family support services;

And to

- **Assess** the level of unmet need for early intervention family support services and informs the relevant Outcomes Groups.” (p45 CYPSP, 2011)

Hubs are a single and local point of contact that enables timely access to early intervention. However Hubs do not have a service development role nor do they directly provide services to families. They are a signposting and referral service which promote and coordinate an interagency response to support vulnerable families. In taking the initiative forward regionally, it was determined that each Hub should have an appointed lead agency which takes responsibility for the coordination and operations of the Hubs.

The development of Family Support Hubs

The origins of Family Support Hubs pre-date the Children and Young People's Strategic Partnership (CYPSP) Strategy. At this time, a number of Hubs were operating in the Western Trust area. At the same time work had commenced in both the Northern and the Southern Trusts (through the Family Support and Early Intervention Subgroups of the legacy Area Children and Young Peoples Committees), around how best to coordinate early intervention. In the South Eastern Trust a system of early intervention panels had been established. Recognising the capacity of an already established and integrated approach to early intervention, the ethos of Hubs was adopted by the CYPSP in 2011. Early intervention is a key strategic aim of the CYPSP. The development of Family Support Hubs across Northern Ireland is contained in the Children and Young People's Plan 2011-2014. It outlines the need for sharing of good practice across Hubs to ensure they are working consistently to agreed quality standards, with the overall aim of improving outcomes for children and families (CYPSP, 2011).

The CYPSP provided the mandate for the expansion of Hub provision, which was embedded within the framework of the Children's Services Planning process. Subsequently the provision of Family Support Hubs have become a signature project being developed under the NI Government's (OFMDFM) Delivering Social Change (DSC) Framework which is delivering a range of measures to tackle poverty and social exclusion. The DSC Project has provided additional investment to fund Hubs in Belfast, the Northern, Southern and Western Health and Social Care Trust areas. This signature project is supported by the CYPSP and is delivered through the 5 Outcomes Groups established by CYPSP.

Regional Coordination of Family Support Hubs

Responsibility for the Hubs was delegated to the five CYPSP Outcomes Groups (which are multi-agency partnerships focussing on planning for children and young people). The Outcomes Groups were tasked with developing the Hub network across Northern Ireland as a central feature of the whole multi-agency child and family support system. Other responsibilities included the introduction of quality

standards, and engaging the CYPSP research process to contribute to the evidence base for early intervention, and evaluate the impact of Family Support Hubs.

A Regional Family Support Hub Coordinator was appointed in March 2014 with a remit to ensure the establishment and sustainable development of the Hub network across Northern Ireland. The Regional Coordinator provides expert advice, and disseminates learning and best practice to all Hubs and Outcomes Groups in order to improve standards in Hub provision. While the Hubs may operate differently, there are common characteristics that have allowed for standardisation of some processes regionally. This work has enhanced governance arrangements and has also ensured all Hubs are adhering to international best practice standards. It has advanced the identity of Hubs as part of a wider regional network. A Hub evaluation system has been successfully introduced across all existing Hubs and generates data (submitted by the Hubs quarterly) for monitoring and evaluation purposes. The Hub Quality Assurance and Action Planning Tool

In consolidating and progressing the ways in which the Hubs operate, a Quality Assurance and Action Planning Tool has been implemented regionally. It is based on international evidence which identifies best practice of family support. The tool draws on the work of Pinkerton, Dolan and Canavan (2006) who reviewed effective models of family support interventions. The authors have identified ten core characteristics that family support providers should aspire to:

1. Working in partnership is an integral part of family support. Partnership includes children, families, professionals and communities.
2. Family Support interventions are needs-led and strive for the minimum intervention required.
3. Family support requires a clear focus on the wishes, feelings, safety and well-being of children.
4. Family support services reflect a strengths-based perspective that is mindful of resilience as a characteristic of many children and families' lives.

5. Family support promotes the view that effective interventions are those that strengthen informal support networks.
6. Family support is accessible and flexible in respect of location, timing, setting and changing needs, and can incorporate both child protection and out of home care.
7. Families are encouraged to self-refer, and multi-access referral paths will be facilitated.
8. Involvement of service users and providers in the planning, delivery and evaluation of family support services is promoted on an on-going basis.
9. Services aim to promote social inclusion, addressing issues around ethnicity, disability and rural/urban communities.
10. Measures of success are routinely built into provision so as to facilitate evaluation based on attention to the outcomes for service users and thereby facilitate on-going support for quality services based on best practice.

These characteristics are used to assess the impact and quality of early intervention structures and processes, by considering the ethos, objectives, principles and practices of the Family Support Hubs. It should be noted that one Hub had already worked to develop their Hub in accordance with the ten standards, prior to its inception as a framework employed regionally by all Hubs. CYPSP have further developed this approach into an innovative quality assurance and action planning tool which NUI Galway and TUSLA (the Child and Family Agency in the Republic of Ireland) have shown considerable interest in.

The Hubs have been using a self-assessment template to measure their activity against the ten standards, coupled with the development of an action plan. While it is a self-assessment process, the emphasis is not so much on the scoring attributed to Hubs, rather the focus is on driving improvements forward. A central feature of the process is ensuring that Hubs members collectively are involved in the audit and initiate the improvements identified. The action plan is reviewed at 6 month intervals, and the self-assessment rescored annually. This framework has provided a platform for meaningful discussions about how effective the Hubs are in delivering family support services according to the standards.

The contribution of Hubs to Children's Services

The planning framework for children's services in Northern Ireland is based upon the Hardiker Model (1991) which identifies four levels of need. Level 1 is mainstream services which support families at a universal level and those with occasional needs. Level 2 focusses on vulnerable children and families with additional needs. Level 3 is characterised by families experiencing serious and chronic problems, requiring statutory social work intervention to support children in need. Level 4 represents families that have broken down (either temporarily or permanently), with critical problems and high risk a feature of these families, often with children being placed in care. The purpose of Family Support Hubs is to target children and young people at Level 2. However it is recognised that families do not always sit neatly within the defined boundaries of particular levels, thus the Hubs have a crucial role alongside statutory social work to support families who sit on the periphery of child protection requirements. The Hubs have a significant function in working at this interface, and well established links between statutory and non-statutory services is crucial.

The CYPSP Action Plan 2011-2014 further highlights that:

"This approach has the potential to help alleviate the overload in statutory services at the point of intake. This can occur by ensuring that referral to statutory social services is not seen as the pathway to access family support services. This approach can support 'hard to reach' families who may be distrustful of statutory services." (p46)

The development of Hubs was deemed crucial in negating inappropriate referrals to Gateway Social Work Services. A regional analysis of Gateway teams highlighted that they were experiencing high levels of referrals. This led to increasing levels of assessing children who did not meet the threshold for statutory social work intervention, yet required family support provision. This demand contributed to capacity problems for Gateway services, and subsequently increases in unallocated cases and waiting lists. The analysis concluded that in excess of 50% of referrals to Gateway resulted in no further action subsequent to the assessment, and a significant amount of referrals were redirected to the voluntary and community sector for family support services.

Family Support Hubs and other initiatives

The Hubs are situated within, and compliment, a wider programme of health and social care policy developments. This includes locality planning which supports the work of the Hubs, to promote engagement with community organisations, to identify need, and provide a response to enhance service provision with local populations of children and families. The CYPSP have worked to align the Family Support Hubs with the new region wide Early Intervention Support Service being piloted in 5 areas under the Early Intervention Transformation Programme (EITP). The EITP is part of the Delivering Social Change Signature Programme. It has received investment of £35 million (from five NI government departments, OFMDFM and Atlantic Philanthropies) for a four year period and is being led by the Public Health Agency. The aim of the EITP is to improve outcomes for children and young people across NI by embedding early intervention approaches, and transforming mainstream services to deliver long term improvements through three work streams. The Family Support Hubs sit within the scope of Work Stream 2, and although the EITP does not currently fund Hub provision, the Hubs are one mechanism through which parenting programmes and the Early Intervention Service can be accessed. The Transforming Your Care programme of reform is also keeping a watching brief on the role of Hubs in providing early intervention.

Work is underway by the five Local Commissioning Groups to establish Primary Mental Health Hubs (alternatively known as Emotional Health and Wellbeing Hubs) within the five Trust areas of Northern Ireland. These Hubs provide talking therapies for adults with mental health issues and can be accessed via GP referral only. While the focus is on adults, these Hubs will work with some adults who are parents. The impact of parental mental health on families is well documented therefore collaboration with the Family Support Hubs is important.

Primary Mental Health Hubs are in the early stages of development and the CYPSP is working to align Family Support Hubs with them. Four Primary Mental Health Hubs have been established in Belfast, and others are under development in each of the Trust areas. As the Primary Mental Health Hubs are a new initiative it is too early to comment on the impact of this service, or its relationship to the Family Support Hubs. However tentative indications suggest that both types of Hubs will have broadly

similar operating processes. Although Family Support Hubs have an established mental health presence primarily in terms of Child and Adolescent Mental Health Service (CAMHS), the dual provision of Hubs has the potential to further the 'Think Family' agenda, with the potential for cross-referral or indeed further integration of the two approaches.

Regional Review of Family Support Hubs

The Social Care Institute for Excellence was commissioned by the Health and Social Care Board to collate information on Hub provision across Northern Ireland; which has not been previously documented. The aims of this project are to analyse:

- The development of Family Support Hubs.
- The approaches, processes and pathways used by Family Support Hubs.
- The benefits of and challenges for Family Support Hubs.
- The interface between Family Support Hubs and statutory Child Protection Social Work.

The project methodology involved a range of data collection activities that included:

- Attendance at a range of Hub steering group meetings, coordinators forum meetings hosted by Trusts, and regional steering group meetings.
- Review of a range of individual Hub documentation which included terms of reference, operational guidance, referral and review/evaluation forms, partnership agreements, information sharing protocols, child protection procedures and other relevant policies and procedures.
- Interviews with staff who were responsible for the coordination of the Hubs. Of the 23 Hubs that were operational at that time, the majority (20) were able to participate in the review. This included: all Hubs in the Northern Trust area (five), the Southern Trust area (three), and the South-Eastern Trust area (three); six in the Western Trust area; and three from the five operating at the time in the Belfast Trust area, (which also had a further five in development).
- This project has been overseen by the CYPSP/ HSCB and the Regional Coordinator for Family Support Hubs, who met throughout the duration of the project to provide advice and feedback on the review process and written reports.
- This review disaggregates the component parts of the Hubs to explore how they operate.

Development of the Family Support Hubs

The provision of some Hubs in the Western Area pre-date the inception of Hubs within the CYPSP programme. The subsequent implementation of Hubs across Northern Ireland have, to a degree, evolved organically drawing on the learning from those already in operation. As a result the Hubs were developed at different times and in different ways, but in part have been informed by regional initiatives. The setting up of Hubs was characterised by pilot initiatives, supported by activity undertaken by a group of relevant stakeholders and facilitated by the HSC Trusts. The Western, Southern, Northern and South-Eastern area Hubs were developed between 2009- 2013 and are well established.

Although housed within the CYPSP Outcomes Groups to oversee the development of Hubs, strategically there has been a restrained approach to defining what attributes of the Hub approach should be universal across the region, and those elements that should remain flexible and independent in accordance with local contexts. The Hubs have emerged in different ways with no universal organisational form, although some are similar to others. This reflects the differences in the sequence, locations and structures surrounding individual Hub development. In consideration of the strategic and operational factors that have influenced Hub development, discrete models cannot be identified from the existing provision, although there are shared core characteristics. Apart from the Western area Hubs where local differences have emerged, the Hubs operate in the same way within their respective Trust areas, employing the same procedures which are outlined in operational guidance. The Family Support Hubs vary in size, design and membership. They are configured in accordance with existing networks and service delivery patterns, and the geographical coverage of the Hubs is predicated on current or legacy arrangements. The following is a brief overview of the approaches used by the Hubs in each Trust area:

Western- the first Hubs were set up in the Western area during 2009 and linked to family centres, but they have since evolved to be an entity in their own right. There are currently eight Hubs in operation. The remaining provision was established by 2013. Therefore a range of approaches are employed to reflect the individual areas these serve. Some have family support workers attached to the Hubs. All the Hubs

have Service Level Agreements (SLA) with the Trust either specifically with regard to the Hub function or as part of a larger Family Support contract, with the exception of the Outer West Hub which is funded by DSD. However this Hub also adheres to the standards and processes agreed around all the other Hubs.

South Eastern- three Hubs evolved from the Trust's Family Support Panels (established in 2009) but became known as Hubs in 2012. The Hubs are aligned to legacy Trust areas, and they are the only Hubs hosted by a Trust. They use the same approach, supported by one coordinator, with Sector Managers chairing Hub meetings. Additional family support workers and parenting programmes, provided by the Trust, Action for Children and Barnardo's, are affiliated with the Hubs.

Northern- five Hubs were set up between September 2011 and March 2013. The Hubs were developed around geographies that were a natural fit for local communities (some are based on former District Council Areas). The Hub lead organisation is Action for Children which has a Service Level Agreement with the Northern Trust. There is one coordinator for the five Hubs which employ the same approach and processes. Two family support workers are also employed to support the coordinator in undertaking Hub work, including initial contact and assessment of families and will provide support where an immediate response is required

Southern- three Hubs were developed during 2012. Although three different providers host the Hubs (SPACE-NI, Barnardo's Young People's Project and NIACRO CAPS), they work collaboratively to employ the same approach in their respective localities. The lead organisations have Service Level Agreements with the Southern Trust.

Belfast- The development of ten Hubs in Belfast is a relatively new initiative, with the Trust's Early Intervention Support Team undertaking a phased programme to develop the Hubs during 2014-2015. Therefore the Belfast Trust was able to consider the constitution of other established Hubs and adopted a community-driven approach which are linked to Neighbourhood Renewal Areas (similar to the Ethos Hub in Derry/Londonderry). All the Hubs in Belfast follow the same processes and

guidance. The lead organisations are commissioned from the community and voluntary sector and have Service Level Agreements with the Belfast Trust.

Geographical coverage of the Family Support Hubs

There are currently 29 Family Support Hubs in operation across Northern Ireland, (as can be seen in the three maps in Appendix 1). The Hubs provide complete geographic coverage, enabling children and their families to access early intervention services across Northern Ireland. The initiative to ensure the provision of Hubs throughout Northern Ireland has entailed substantial strategic investment.

Profile of local areas

Trust area/ Hub	Children aged 0-17	Neighbourhood Renewal Areas
Northern	109,320	
Antrim & Ballymena	28,032	Ballymena, Crumlin
Coleraine, Ballymoney & Moyle	24,438	Coleraine East, Churchlands
Larne & Carrick	15,876	
Magherafelt & Cookstown	21,369	
Newtownabbey	19,605	Ballyclare, Rathcoole
Belfast	75,814	
Inner East Belfast	9,814	Inner East Belfast
Greater Falls	3,871	Greater Falls
Lower North Belfast	7,944	Inner North
Outer and Central North	8357	Ardoyne, Ligoniel, Upper Ardoyne, Ballysillan
Shankill	4,062	Greater Shankill
South Belfast 1	7,107	Inner South
Upper Springfield	3,113	Upper Springfield, Whiterock
Outer South and East	17,756	Tullycarnet
Outer West	6,611	Andersonstown, Lenadoon
South 2	5,527	South West
Southern	91,941	
Armagh & Dungannon	30,056	Armagh, Coalisland, Dungannon
Craigavon & Banbridge	35,312	Brownlow, Lurgan, Portadown
Newry & Mourne	26,573	North West Newry
South East	80,986	
Down Sector	17,119	Downpatrick
Greater Lisburn Sector	30,156	Colin
North Down & Ards Sector	33,711	Bangor
Western	72,304	
Fermanagh	14,974	Enniskillen
Ethos	7,583	Outer North
Outer West	4,010	Outer West
Family First	3,826	Triax, Cityside
Dry Arch	8,275	Limavady
Omagh	13,339	Omagh
Strabane	13,007	Strabane
Waterside	11,300	Waterside

Some city based Hubs are closely aligned to Neighbourhood Renewal Areas, with smaller populations of children that are more densely situated. However the scope and coverage of many of the Hubs are much greater than NRAs. Of the Hubs that cover wider rural and urban geographical areas, most contain one to three Neighbourhood Renewal Areas (NRA); only two Hubs do not. Some Hubs are servicing large rural areas, coupled with larger populations of children and families that are dispersed more thinly across their localities.

Hub Host Organisations

The table below outlines the lead organisations that are commissioned to host the Hubs. They provide an administrative base, and activity includes the provision of key coordination and communication, and a central point for referral to the Hubs.

Hub	Lead Organisation	Sector	Funder
Western Area			
Ethos	Greater Shantallow Area Partnership	C	DSC
Outer West	Dunluce Family Centre Ltd	C	DSD
Waterside	Action for Children	V	WH SCT DSD
Omagh	Action for Children	V	WH SCT
Fermanagh	Action for Children	V	WH SCT
Strabane	Barnardos	V	DSC
Dry Arch	Dry Arch Centre	C	DSC
Family First	Creggan Healthy Living Centre	C	DSC
Northern Area			
Larne & Carrickfergus	Action for Children	V	DSC
Antrim & Ballymena	Action for Children	V	DSC
Cookstown & Magherafelt	Action for Children	V	DSC
Ballymoney, Coleraine & Moyle	Action for Children	V	DSC
Newtownabbey	Action for Children	V	DSC
South-Eastern Area			
North Down & Ards Sector	South Eastern Trust	S	SE Trust
Down Sector	South Eastern Trust	S	SE Trust
Greater Lisburn Sector	South Eastern Trust	S	SE Trust
Southern Area			
	NIACRO (CAPS)	V	DSC

Craigavon & Banbridge			
Newry	SPACE- NI	C	DSC
Armagh & Dungannon	Barnardos (YPP)	V	DSC
Belfast Area			
Greater Shankill	Greater Shankill Area Partnership	C	DSC/ Outcomes Group
South Belfast 1	Lower Ormeau Residents Action Group	C	DSC/ Outcomes Group
Inner East Belfast	N.I Alternatives (East Belfast Alternatives)	C	DSC/ Outcomes Group
Greater Falls	Blackie River Community Group	C	DSC/ Outcomes Group
Lower North Belfast	Ashton Community Trust	C	DSC/ Outcomes Group
Outer and Central North	The Vine Centre	C	DSC/ Outcomes Group
Upper Springfield/ Whiterock	Whiterock Children's Centre	C	DSC/ Outcomes Group
Outer South and East	Barnardos N.I.	V	DSC/Outcomes Group
South 2	Windsor Women's Centre	C	DSC/ Outcomes Group
Outer West	Community Restorative Justice Ireland	C	DSC/ Outcomes Group

(C= community, V= voluntary, S= statutory, DSD= Department for Social Development, DSC= Delivering Social Change, WHSCT= Western Trust)

Some observations about the lead role of Hubs:

- The Hubs in Northern, Southern, Belfast and Western areas are all led by voluntary or community sector organisations. Three hubs are hosted by the South Eastern Trust.

- Regionally Action for Children hosts the largest number of Hubs; three in the Western area, and the five Northern area Hubs.

Funding arrangements

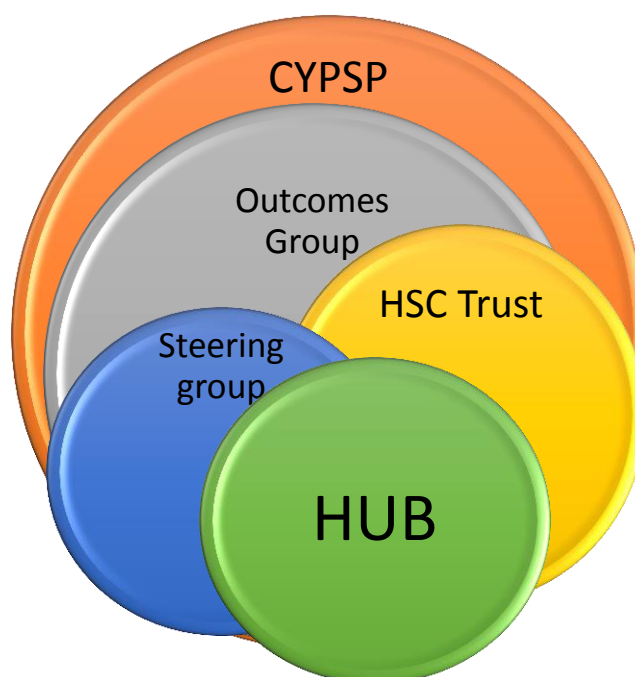
The first Hubs were funded by Health and Social Care organisations. The funding to create a Northern Ireland wide network of Hubs came as a result of the designation of Hubs as a Delivering Social Change (DSC) Signature Project (OFMDFM). The DSC funding comes to an end in March 2016. The expectation was that DSC Signature Projects would be mainstreamed following the initial period of DSC investment. With the exception of The South Eastern Trust which hosts three Hubs internally, the other Hubs are funded from various external sources, primarily from Delivering Social Change (OFMDFM), from funding provided under Families Matter, or from the CYPSP via the Outcomes Groups (3 in Belfast only). One Hub is funded by the Department for Social Development. The funding is subsequently administered via Service Level Agreements with the Health and Social Care Trusts with the exception of the DSD funding. Primarily, the funding covers the Hub coordinators' posts. Some of the Hubs have secured additional funding to directly employ staff (such as family support workers). However the majority do not directly support families, but refer on to other existing support organisations. In responding to resourcing essential material items, some of the Hubs have access to funding from social services to purchase one-off items for families in need. At the time of writing The Northern, Belfast and Western Hubs are currently funded until at least July 2016, and the Southern Hubs funded until September 2016. The South Eastern Hubs are funded by the South Eastern Trust.

Awareness of the Hubs in local communities

In order to establish the Hubs within their respective localities a wide range of dissemination activity has been undertaken. Most Hubs had launch events when they became fully operational, and invited a range of stakeholders and interested parties. The coordinators also delivered information sessions and presentations to a range of organisations and professional groups, such as local schools, Health Visiting, GPs, Community Paediatrics, Gateway teams, Family Intervention Services, and Children and Adult Disability Services. The role of the Hubs as part of the continuum of children's services is also embedded within the Trusts and is advertised on Trust websites, the CYPSP website and listed on the NI Family Support Database. Hub providers have also developed leaflets for families which explain what the Hubs do and how they can be contacted. Leaflets are distributed in the local areas, and available in GP surgeries. The Southern area Hubs have also reproduced their leaflet for families in Portuguese, Tetum and Polish, to improve access from BME families living in the area. Other examples of activity which has helped to raise the profile of the Hubs include presenting the Hub at local events or on social media. The branding of Hubs is an important way of enhancing the Hubs as non-stigmatised signposting services with a central point of contact. Developing awareness of the Hubs has helped to promote the Hub pathway as the default option for family support, rather than referring families to Gateway, and to embed the Hubs alongside existing provision.

Governance arrangements

The review highlighted a range of governance activity facilitated by commissioning arrangements that underpin the Hubs' operations, and provides links between the relevant governing bodies:



Hub steering groups

All Hubs have a Hub Steering Group (or similarly named provision) either at Trust level (in the case of the Northern, Southern and South Eastern) or at an individual Hub level. They are either chaired by senior personnel from the Trusts' Children's Services or the host organisation, and usually meet on a quarterly basis. Membership of the steering groups includes a range of providers including the Hub host organisation, Trust personnel, and members or stakeholders from the voluntary and community sector. The steering groups review Hub developments, and consider regional initiatives in Family Support Hub provision across Northern Ireland. In addition to reporting to the steering groups, reports are completed for internal and external monitoring purposes; and in accordance with the requirements of Service Level Agreements. In Trust areas where each Hub is coordinated by a different agency (Western, Southern and Belfast) Hub Coordinators' Fora have been established, where the coordinators come together on a regular basis to share ideas

and expertise, and collaborate on developing initiatives and procedures. The Belfast Trust also has an internal stakeholder group comprising senior staff from Gateway, Family Support Teams and CAMHS. They have also provided free training on child protection, risk assessment and the designated officer role to Hub members. This supports organisations that may not have access to larger corporate resources such as small community based organisations.

Policies and protocols

The ethos of partnership working is core to the effective inter-agency working of the Hubs, therefore members must sign up to Partnership Agreements and Information Sharing Protocols which have been developed locally by the lead agencies and Hubs statutory partners. These documents outline the requirements that applying organisations must adhere to, in terms of having appropriate child protection and data protection protocols in place. This provides a checklist to ensure that organisations' policies and procedures meet the minimum governance requirements stipulated. Applying members are also requested to outline the types of services that they provide, so that the coordinating agency has an overview of the scale of various types of family support provisions. In some instances, support has been provided to those organisations that would merit being a member of a Hub, (in terms of the services they provide to families), to help develop governance requirements as a prerequisite to joining a Hub. The membership of Hubs in the Southern and South Eastern Trusts is predicated on having an existing Service Level Agreement with the respective Trust and this incorporates existing governance arrangements. All member organisations must adhere to Hub protocols regarding information sharing, data protection, confidentiality, consent and duty to disclose. The Hubs have access to regional operational guidance which outline the processes about the referral pathways for families, communication with the family and information sharing protocols.

Service Level Agreements

In the commissioning of Hubs, Service Level Agreements are in place with Trusts which outline the monitoring and governance arrangements in the procurement of a

Hub. As some organisations host more than one Hub, they have consistent operational models in their localities.

Links to Outcomes Groups

All of the Hubs have established links with the CYPSP Outcomes Groups and Locality Planning Groups. The Regional Co-ordinator provides updates on Northern Ireland wide developments at the Outcomes Groups and Hub coordinators provide regular updates on Hub activity at the locality planning level. This includes information about referrals, eligibility criteria, waiting lists geographical coverage of services in their areas; and demand for, and supply of, family support services. The feedback from Hubs highlights gaps in services and unmet need, and this intelligence from early intervention providers contributes to local planning activity. Some coordinators and Hub members also attend these planning meetings and a variety of other fora, to promote the role of the Hubs and to keep abreast of current issues. Although there is a diverse range of services represented on the Hubs, a shortage of some types of services have been identified and these can be specific to the local context and populations in respective Hub areas, or a regional gap in provision. Some Hubs are located in areas that are Neighbourhood Renewal Areas (NRAs) and have attracted investment to support social and economic regeneration activity. However other Hubs cover a range of urban and rural areas, which are not characterised as suffering from high levels of deprivation and poverty, in accordance with the poverty indices used to identify NRAs. As the population is dispersed more thinly in these districts, clusters of deprivation are not always immediately apparent, however many families are experiencing real hardship.

The responses obtained in this review have illuminated gaps in certain types of services. While these may be unique to certain localities, there is a general consensus that services for children with Autism Spectrum Disorder are lacking (particularly for children who have yet to receive a diagnosis). Other examples included, services for particular age groups of children and young people (such as younger adolescents and children in the 5-10 age range, as well as families of children 0-4 years residing outside Sure Start wards), social activities, and access to services in rural areas. Hubs situated in urban (city) areas appear to have access to

a larger and more diverse range of services, with many regional services based in Belfast.

Links with the CYPSP

The Hub hosts also meet regularly with the CYPSP Regional Family Support Hub Coordinator through various for a, and when necessary on an individual basis to provide updates on activity and share developments. The Hubs implement the Hub Quality Assurance and Action Planning Tool, introduced by the CYPSP for all Hubs. Hubs members have developed action plans (which are reviewed regularly). These are aligned to the 10 standards contained within the framework and this tool has been very helpful in reaching greater levels of consistency across all the Hubs in Northern Ireland.

Monitoring activity

Hub coordinators document the activities of the Hub. This includes a breakdown of referrals, family compositions, reasons for referrals, services requested and allocated, and outcomes of engagement with families. This is collated monthly and shared at Hub Steering Group meetings, and with the Trusts in accordance with requirements of Service Level Agreements. The CYPSP/HSCB require Hub co-ordinators to complete quarterly returns which are then collated into report cards. The CYPSP Information Team collate this information and produce Report Cards regionally on a quarterly basis and per Trust area annually. This outcomes based accountability format is used by the Outcomes Groups and at a regional level.

The Role of Hub Coordinators

The review examined the role and responsibilities of coordinators and found core commonalities in their jobs roles. Some coordinators are employed to undertake Hub related activity (one to two days per week) alongside other work, while others (employed up to a full-time basis) work solely as Hub coordinators. With the exception of the Northern and South Eastern Hubs, the remainder of coordinators work with one Hub each. Some Hub coordinators manage family support staff attached to the Hubs. Some coordinators chair Hub meetings, while others do not. The role can range from coordinators who have no or little engagement with families liaising mainly with referrers, to those who undertake face-to-face assessment work with families. Self-referrals to Hubs impact on the level of engagement with families directly. Some coordinators have administrative support. Most coordinators have experience of working with families and some are experienced social workers. The following are indicators of the responsibilities of coordinators:

Referral and Hub meeting activity

- Screen referrals to ensure they meet the relevant criteria and that families have given informed consent.
- Administration of referrals (this includes managing incoming referrals, liaising with referrers, records management and actions associated with passing referrals to other providers).
- Contact families (phone or face-to-face) to obtain informed consent, advise them of the Hub process and undertake assessment of need (particularly if self-referred).*
- Chair Hub meetings.*
- Follow up actions from meetings, liaise with service providers, families and referrers, and manage follow up information regarding allocated cases.
- Liaise with social work services to ensure effective safeguarding of families, particularly for those at the Level 2-3 interface (as part of the Step Up Step Down Protocol).
- Monitor and review work undertaken through Hub mechanisms.

- Offer telephone advice to agencies wanting to directly access a family support service in the area.
- Administrative functions such as organising Hub meetings, planning agenda, preparing papers, collating minutes and distribution of papers to members.
- Line manage family support workers.*

Hub development activity

- Provide leadership to the Hub and be a key point of contact.
- Recruitment, maintenance and review of Hub membership which requires knowledge of service provision evolving locally.
- Establishment, maintenance and review of Hub operations and protocols and strategic direction.
- Networking to promote the Hub to within existing provision and the locality.

Governance activity and regional work

- Adhere to accountability and monitoring requirements internally and externally.
- Monitor, evaluate and report Hub activity to steering group, Trust and CYPSP.
- Attend or report to Outcomes Groups and Locality Planning Groups.
- Represent the FSH by attending other forums and partnerships.*

*Not undertaken by all coordinators

Membership of Hubs

The details regarding the range of organisations affiliated (either defined as members or partner organisations) was available for 26 Hubs, as the remaining three Hubs were still developing their membership at this time. Membership was defined as either those organisations that attend Hub meetings or are agencies that the Hubs refer families to, in order to access services.

As the Hubs are inter-agency constitutions their membership reflects a diverse range of services involved in the provision of early intervention services. This includes a wide array of family support provision such as parenting programmes and support, early years services (nurseries, pre-school, day care, and crèches), youth work, youth clubs and afterschool provision, counselling, behaviour management, adult education, food banks, debt management, therapeutic services, and specialist provision in response to issues such as suicide, drug and alcohol misuse, and mental health. Membership of the Hubs is voluntary. Each Hub has a unique set of members that is determined by the availability of service providers in local areas. However in some Hubs, membership is restricted to agencies that have existing contracts with Trusts. Although the Hubs do not provide services directly, some have services that are attached to the Hubs (such as family support workers and parenting programmes), that are usually provided by the lead organisation. In addition some Hubs will request support from providers that are not Hub members.

Member organisations operate independently from the Hubs; they have their own funding, management, governance arrangements, and facilities. In the multi-agency context, individual services provide valuable expertise and services to respond to the needs of families. However the supply of services is limited to the capacity, resources and eligibility criteria of member organisations, and they cannot be expected to deliver beyond this. However some voluntary and community based organisations are flexible and creative in responding to cases of unmet need, and this has been illustrated in the review process. The participation of members involves attending regular Hub meetings, sharing information about the services they provide and working collaboratively. As providers of early intervention services they receive

referrals from the Hub, provide services to children/families, and feedback outcomes for families to Hub coordinators.

For the purposes of this review non-statutory organisations were categorised as being voluntary, community or faith sectors. It was difficult to completely distinguish between these categories, as there is no universal definition; in the literature these groups are usually combined into one sector. However it was decided that it could be useful to consider the breakdown of each constituent sub-group as distinct from each other. Therefore a working definition (primarily based on anecdotal information), had to be created for the purposes of this review and comprised of the following:

- Generally organisations were defined by the terminology used by themselves.
- Voluntary organisations are those which have the following attributes- registered charities which are available in more than one part of the province (often having regional coverage) or those which provide a specialist therapeutic service.
- Community groups usually refer to organisations that are located in one particular area and are not replicated throughout a town, city or region.
- Faith sector organisations are those which are provided by religious organisations.
- Some organisations did not fall discretely into either the community or voluntary definition, so a determination had to be made to assign these organisations into one category only. As such the results are not absolute, however they do provide a sense of the range of family support provision per sector.

	Statutory	Voluntary	Community	Faith	Core	Total
Western						
Shantallow	8	14	6		N/A	28
Outer West	4	8	7		N/A	19
Waterside	6	11	5		20	22
Omagh	12	13	1		20	26
Fermanagh	12	15	4		25	31
Strabane	7	6	1		12	14
Dry Arch	17	9	10		N/A	36
South-Eastern						
Down	7	3	2		All	12
Greater Lisburn	7	3	3		All	13
North Down & Ards	6	8			All	14
Northern						
Magherafelt & Cookstown	6	21		3	16	30
Larne & Carrickfergus	6	21		1	15	28
Newtownabbey	8	21		2	15	31
Ballymoney, Coleraine & Moyle	6	23	2	4	18	35
Ballymena & Antrim	6	21		3	17	30
Southern						
Armagh & Dungannon	6	6	3		All	15
Craigavon & Banbridge	6	6			All	12
Newry	5	7	3		All	15
Belfast						
South Belfast 1	8	14	21	1	17	44

Inner East	6	13	14	4	22	37
Shankill	5	8	11	1	10	25
Greater Falls	3	18	17		19	38
Lower North Belfast	5	14	26		18	45
Outer West FSH	6	7	9		16	22
Outer South & East Belfast FSH	6	12	6		11	24
CASA (South Belfast 2)	6	6	5	1	12	18
Total:	180	308	156	20	364	664
Percentage:	27%	46%	23%			

As can be seen in the table above, the Family Support Hub mechanism in operation across Northern Ireland involves the participation of some 664 organisations (or individual teams within the Trusts). This represents a significant and wide range of individual providers and family support organisations located across Northern Ireland that are engaged with the Hubs. Further analysis indicates that:

- The statutory sector represents just under one third of members-27%. Between 4 and 17 statutory sector organisations (or departments within Trusts) are represented on each of the Hubs, with an average of 7 members per Hub. The Greater Fall Hub has the lowest number (3), and the Dry Arch Hub has the largest number of statutory representatives (17).
- Just under half (46%) of Hub members/partners are from the voluntary sector, which has a presence on all of the Hubs. This membership ranges from 3 to 23 agencies represented on individual Hubs, with an average of 12 members per Hub. The Down and Greater Lisburn Hubs have the lowest proportion (although they also are amongst the Hubs with the smallest membership), and the Northern Hubs have the largest number of voluntary representatives with Ballymoney, Coleraine and Moyle Hub having 23 voluntary sector members.

- There is wider variation in community sector membership; overall 23% of services are drawn from this sector. Just over three-quarters of Hubs (77% n=20), have representation from the community sector, ranging from 1 community member of the Omagh Hub, to 21 community organisations represented on the South Belfast 1 Hub. Hubs that are led by a community sector organisation have higher levels of community representation. The Belfast Hubs have the highest levels of community membership followed by some Hubs in the Western area (primarily located in the city of Derry/Londonderry). This would also suggest that community organisations are more widespread in the two largest cities (and outlying areas) in Northern Ireland.
- Just over one-third of Hubs (35% n=9), have between 1 and 4 members that are faith organisations, and these are members of the Northern and Belfast Hubs.
- The non-statutory sector (voluntary, community and faith sectors combined) constitute nearly three-quarters of Hub members/partners - 73%.
- There is variation in the use of core and associate members (as defined in the regional Draft Hub Handbook). The Hubs in the Southern area and the South Eastern area have only core members. Three Hubs in the Western area (Shantallow, Outer West and Dry Arch) do not distinguish between core and associate members. Of the remaining Western area Hubs, the vast majority of organisations are core members. Of the majority of Hubs that distinguish between core and associate membership, just over half of organisations are defined as core members- 55%.
- The Southern and South Eastern Hubs have the smallest membership of core members. The Belfast and Northern Hubs have the largest membership, and they also have more associate members.
- For some Hubs this is not a definitive list, as other agencies can be approached if a need arises, however they are not categorised as members.

- Some Hubs' core membership comprise only of organisations that have existing Service Level Agreements with Trusts.
- There is a wide range of organisations from across the voluntary, community and statutory sector represented on all Hubs. Within the statutory sector Gateway Social Work, Health Visiting, CAMHS, and Education Welfare are well established on the Hubs. Some Hubs also have members from Youth Services, PSNI and Councils. In recognition that voluntary and community agencies are central to the provision of family support they constitute the majority of members, and represent a diverse and comprehensive range of services for children, young people and parents.

Operational processes of the Hubs

Referrals

Statistical information from CYPSP indicates that many of the Hubs are seeing an increase in referrals for a widening range of sources. Referral to the Hubs are usually made by professionals working in a statutory service or community/voluntary sector organisation. To date some Hubs are receiving more self-referrals; and this has been reflected mainly in urban based Hubs; perhaps due to having more visibility in smaller geographical areas.

Each Hub has a referral form which is completed by the referrer. It requests information on the family characteristics, the issues prompting the referral and intervention sought from a Hub. Further information is sought on the family's involvement with other services, and whether children are known to be on the Child Protection Register. As the participation of families is voluntary, referrals can only be received with informed consent to the sharing of information. Consent from families is usually obtained by the referrer, although in cases of self-referral this may be obtained by a coordinator. As the emphasis is on voluntary participation, families can opt out of the process at any time. Depending on individual Hub protocols, referrals are either submitted electronically or via post; the latter is deemed necessary where Hubs require written consent in advance. The coordinators acknowledge acceptance of the referral, and on occasion may request further information about a family's circumstances.

Hub coordinators screen the referrals to determine that they are appropriate for presentation to the Hub. The Hubs generally refer to the eligibility criteria that are outlined in the Draft Regional Family Support Hub Handbook (CYPSP, 2014):

- Families in need of Hardiker Tier 2 family support services as set out in the Northern Ireland Family Support Model.
- Families not meeting the criteria for a statutory social work intervention.
- Families will not have a social worker, or if they have, a decision has been made to close the case as the family are considered no longer to be in need

of a statutory social work service. The one exception to this rule is families of children with a disability who have a social worker but are requesting support for another aspect of family's needs, in this instance it is understood a referral may be accepted by a Hub and assessed on a case by case basis.

If a referral raises child protection concerns, the coordinator will liaise with the designated Gateway link. Where it has been determined that a family should be referred to social services some Hubs place the responsibility back with the referrer to make contact with the Gateway Service, while others may make the referral themselves. However the "Step Up" Protocol may be employed, and this is explained later in this report (Interface with Gateway Social Work).

Assessment of need

It is from this point on in the Hub processes that different practices emerge. In some Hubs there is no contact between the coordinator and families, and the allocation of a service is based on the information contained in the referral form. In these cases, the Hub acts as a conduit between the referrer and service provider. Therefore the first contact with a family following referral to the Hub will come from the service provider. Further assessment work is undertaken by the organisation the family is referred or signposted to. This method is also used in cases where the service response is clearly identified.

In other instances, some coordinators use their discretion to decide whether and how best to engage with families; whether to do so themselves or go back via the referrer. Where coordinators engage with families directly this may be done via phone or a home visit. Some coordinators may undertake varying degrees of assessment with the family to ascertain their needs, (particularly with families who self-refer), before making a decision on signposting to appropriate services. In some cases the referral information may be incomplete, or may conceal further difficulties, which may only become apparent in discussions with families themselves. Therefore the coordinator can check if a family's needs are concurrent with what is outlined on a referral form. Some coordinators will contact the family to discuss the referral, seek additional information about their needs, and ascertain families' views regarding services that may be available through the Hub. Several coordinators routinely

undertake home visits with all families referred to their Hubs to undertake an assessment of need.

Referral decision making and service allocation

Decision making regarding service allocation is undertaken in a range of ways. A response can be offered either directly from a member of the Hub or referrers can be signposted to another agency that may be better placed to offer assistance. This is determined by the way in which particular Hubs operate and also the nature of the referral. Some Hubs routinely process referrals via a Referral Allocation meeting held monthly, while in other Hubs decisions to allocate services are undertaken by the coordinators. These processes are now discussed:

Hub Meetings

Some Hubs host monthly referral meetings to discuss referrals and identify the relevant supports for individual families, which regularly involve a combination of services. Prior to these Hub meetings the coordinator sends out a list of referrals to be discussed; only demographic information is included in an encrypted email, so personal details about families are only discussed at the meetings. Hub meetings are attended by core members. It may not be feasible or necessary for associate members to be present at all Hub meetings. They may be limited in their geographical coverage, staff availability or scope of services they provide, however they can accept referrals, without attending meetings. Some Hubs also have regular meetings (two to four times a year) to include associate members, so that they can be included in discussions and updated on the Hub's work.

At the meeting there is a defined agenda, which includes updates on allocated referrals from previous months. Some Hubs also invite the referrers to the meeting to present the case to the Hub. The referrals are discussed and members can make an offer to support the family. If families are already known to a Hub member, they can provide additional input to the meeting, which can inform the decisions made by the group. The collective expertise of Hubs enables families to access appropriate support, and this is beneficial in circumstances when the referrer is not sure what

services are available, which services might be best able to meet a family's needs, or if more than one form of support or intervention is required from more than one agency. Some Hubs invite referrers to present the case at Hub meetings, to avail of the collective nature and expertise provided by Hub members.

The timing of Hub meetings should not cause delay in a family availing of support. Therefore some Hubs have arrangements whereby the Hub can refer a family to a service in the intervening period between the monthly meetings, if needs are clearly identified. This may be necessary in certain circumstances, where an imminent response is necessary or a specific service is requested. Although early intervention does not necessitate a crisis response in the same way that child protection concerns might, nonetheless there are circumstances in which families have immediate needs that would be compromised by waiting to provide a response subject to a forthcoming Hub meeting. Examples include families in need of material items (food, bedding, heating), or difficulties as a result of bereavement, hospitalisation, or terminal illness. If a family requires a "straightforward" and singular response, and a service is clearly identified and available, the Hub coordinator may advise the referrer to contact the relevant service provider directly. This response enables continuity between Hub meetings, with the coordinator responding to fluid situations. In these instances, the family will be mentioned at the monthly meetings in case additional information is available from other Hub members.

In other Hubs the process is different in that the coordinator is responsible for processing referrals and identifying a potential service. However this depends on there being a good assessment and details provided from the referral with clearly identified need, otherwise the coordinator will undertake some assessment work. However in more complex cases, they can request an input from other members into the decision making process about matching needs to the most appropriate service(s). These Hubs usually have monthly meetings however the objectives of these differ in that there is no allocation of referrals at these meetings. Members are provided with an overview of Hub activity, such as the breakdown of cases received by the Hub, services requested and accepted, and outcomes (where interventions

have been completed). Anonymised discussions about some families may be used to illustrate activity. Some Hubs also provide updates on Hub developments, training and new programmes or initiatives, and progress of the Hub Quality Assurance and Action Planning Tool. Associate members may attend at their discretion, as they may not have capacity to attend monthly.

Interventions and services

The Hubs work proactively to help families` access appropriate family support services in a timely manner. Generally they have a 4 week/ 1 month turnaround. If a family's needs are clearly identified, coordinators aim to ensure that families are contacted and have a service put in place during this time. However in some instances, referrals may be deferred if additional information is required or if there are difficulties in securing the relevant interventions. There also have been isolated reports where a Hub cannot provide support requested because a service is not available.

Information about the referral is sent to the accepting organisation(s), who subsequently commence working to support the family. The duration of services offered is determined by the provider. Some interventions and programmes are time-limited (such as the Strengthening Families programme which runs for 8 weeks), while others are not.

As part of the support offer to families, the Hubs can also signpost referrers to other external services (that are not affiliated to the Hubs), which may be identified via the Family Support NI website. This may include specialised services or regional services that are not attached to any one Hub. However signposting to 'external' services are not monitored by the Hubs, other than to include them in the list of services referred to and to request that they inform the Hub co-ordinator of the outcome of the intervention.

Monitoring outcomes

The Hubs collate information about the uptake and completion of services provided via the Hub mechanism. This is collated either by the service provider or the

coordinator and there is some variation in the level of monitoring, and the types of forms used. For example some Hubs complete a First Review Form to ascertain whether the family has engaged with an agency, one month after referral to a service.

All Hubs undertake final evaluation activity when service providers notify the Hubs that interventions are completed, or services are no longer required by families. Data is collected on the nature of referrals, family compositions, services requested/allocated, whether families engaged with the service, and outcomes for families. Should a family be re-referred back to a Hub, these monitoring arrangements enables the Hubs to consider previous engagement. This review process simultaneously generates data for accountability and quality assurance purposes.

The review found some variation in monitoring activity which is due to a number of factors. Some of the lead organisations are commissioned to deliver family support services of which the Hubs are only one element. Therefore the procurement arrangements will determine the type of monitoring activity undertaken. Additionally some Hubs had already introduced particular monitoring arrangements which were in place prior to the regional development of Hubs. However all Hubs complete the quarterly returns for CYPSP which includes two examples of families who have been referred through a Hub.

Interface with Gateway Social Work

The Hub is not an alternative to existing child protection arrangements; rather it is designed to complement statutory services for children and their families. All Hubs have a designated social worker from the Gateway social work team, who in most instances attends Hub meetings. The role of the social worker is to provide advice and support for the safeguarding role of the Hub, ensuring that child protection concerns are identified and responded to. They provide a key link between family support and statutory child protection intervention. The Gateway link facilitates access to the Hub for families referred to statutory social work services that do not meet the threshold for intervention. In addition they can identify families that are presented to the Hubs, but should have involvement from the statutory system. The collective nature of Hubs with representation from Gateway/Duty team promotes the sifting of risk, to determine that referrals are appropriate to the Hub's functions.

A draft "Step Up Step Down" Protocol has been developed and considered by the five Trusts. The purpose of this protocol is to promote and strengthen safeguarding of vulnerable children and young people along the continuum of need that reflects the Northern Ireland Family Support Model (Hardiker). This process has three key parts in terms of the relationship between and across the Hubs, Gateway services and Family Support Intervention Teams:

Part 1: Step Down from Gateway to the Family Support Hub

Part 2: Step Up from Family Support Hub to Gateway

Part 3: Step Down from Family Intervention Services to Family Support Hub-

In summary the Hubs can accept families referred from the Family Intervention Service and Gateway only when the social work intervention is terminated and the case closed (this excludes children's disability and CAMHS who can refer to the Hubs). In essence the "Step Up Step Down" protocol puts procedures in place to effectively manage families on the interface between Level 2 and Level 3 to ensure there is no overlap between the work of Hubs and statutory social work.

Families do not always fit neatly within the required definition of Level 2 family support; therefore effective interface arrangements between Hubs and social work service are crucial. This helps to ensure, as far as possible, that the referrals are appropriate to the Hub. The protocol is particularly useful in cases where the circumstances are intricate, and enables the Hubs to have recourse to a clear and safe process. The aim is to have a regionally agreed protocol, however the current position is that four Trusts (Western, Northern, Southern and South Eastern), have agreed in principle to adopting the protocol, subject to final confirmation from relevant Trust stakeholders. Belfast Trust is currently reviewing the Protocol and are undertaking a consultation process which will be completed by March 2016.

Benefits of the family support Hubs

Supporting families

Uptake & demand for early intervention services demonstrates that the Hubs are an important mechanism for signposting families to the appropriate Level 2 support (tier 2 of the Hardiker framework). The Hubs provide a comprehensive and collective response to families, and can signpost to a varied network of services that can be generic or specialist in nature. Hubs also contribute to the efficient use of resources available by connecting, for example, regionally funded services into local communities. Organisations regularly request the assistance of the regional coordinator to help them to advertise the range of services they can offer to Hub local hubs.

Accessible & timely intervention- Families can access support quickly and when most needed via the Hubs'. The Hub process can enable a swift response from services, which can help to prevent delay and possible deterioration of family problems. The Hubs have been creative in their joint approach to provide solutions to support families, who would otherwise have remained on waiting lists for services.

Non-stigmatising services- The majority of Hubs are led by the voluntary and community sector, which promotes them as a non-stigmatised and accessible brand of family support. There is a sense that being a non-statutory led service, promotes trust and 'buy in' from families and other organisations. It provides a route for families that avoids the stigma attached to Social Services, although the child protection mandate is transparent. Families may be more open with non-statutory providers about the problems they are experiencing, which can lead to a more transparent identification of need. Marketing of the Hubs by 'word of mouth' has also been a helpful way of raising the profile of Hubs. Anecdotally it has been reported that this is a factor which has contributed to a rise in self-referrals to Hubs.

Multiple service response- the Hubs can signpost to a range of supports and ensure they are in place at the same time. In the event that a family requires more than one form of intervention, discussions enables service providers to consider (in consultation with the family) whether it is in the family's interests to put services in place simultaneously or concurrently. This helps ensure that families are not overwhelmed by interventions; they do not have to attend lots of appointments with different organisations, and prevents duplication.

Flexible and responsive solutions to geographical boundaries- A Hub may receive a referral about a family who resides just outside the boundary of their catchment area. The coordinator can liaise with a neighbouring Hub that covers the area where the family lives. Families may live on the boundary between two Hubs and can avail of services across neighbouring Hubs. In addition, the boundaries and eligibility criteria for a service may result in families not being able to access a particular service; so having a range of options from different providers gives more scope to getting families the right type of help. This helps to ensure that families do not 'fall between the gaps' and promotes a flexible response to need. The Hubs are as flexible as the boundaries of member organisations permits, geographical or otherwise, (such as referral criteria, age group etc). One Hub reported that occasionally clients may present from outside their catchment area, specifically because it provides them with anonymity and privacy.

Building capacity, confidence and resilience- the Hubs are well placed to support parents in difficulty, particularly when they lack confidence to approach organisations or seek help themselves. Working relationships established between families and staff affiliated through the Hub can empower and build the capacity of parents to ask for further help if required.

Supporting referrers

A simplified access route- Prior to the inception of the Hubs, some professionals did not know where to refer to (other than to Gateway Teams) when a family needed

support. There was often a reluctance to refer to social work services, resulting in families not getting the help they needed. The collaborative nature of the Hubs provides referrers with a single and simple point of access to a range of services. The Hubs have seen an increase in referrals over the past year and there is a sense that referrers are becoming more confident about the ability of Hubs to identify the right type of support a family requires.

Knowledge of services – families often do not meet the threshold for support provided via Social Services Gateway Teams. Some may have been signposted to a relevant organisation but this approach was piecemeal and dependent largely on the knowledge of the individual social worker or team. There is greater likelihood of families getting a relevant and timely response via the Hubs. In addition social work services can make use of the Hubs, allowing social workers to invest their time with families who meet the criteria for Level 3 interventions.

Access to collective expertise- Referrers can make use of established links amongst the Hub members and the combined expertise of family support in local communities. The Hub can identify solutions to family problems that referring agents may not have considered. In addition the combined information about families that can emerge during discussions, can lead to better decision-making and referral to the most appropriate services.

The coordinator's role

Oversight of the process- the coordinators have oversight of all family support services that are Hub members/partners. Coordinators can process referrals that require a prompt response and identify solutions. They can liaise (via phone or email) with particular members to get a service in place, that may be detrimental for a family (for example- in the event of hospitalisation of parent, end of life care, grief counselling for a child in the aftermath of a parent's death), therefore responding to need in the quickest possible way. The coordination role also ensures that referrals are processed, and there is effective communication with relevant parties (referrer, family and service provider).

Managing partnerships- Facilitating inter-agency co-operation and collaboration is an important function of the Hub coordination role. It requires well developed people management skills, as there can be a lot of pressure in bringing different agencies together. Coordinators need to ensure that members contribute and are accountable to the Hub as per partnership agreements. This is important in light of the fact that it requires cooperation, goodwill and a time commitment on behalf of members; for which there is no financial investment. Therefore sustaining input from members is a significant task.

Partnership & inter agency working

A unified aim- The Hub approach is a collaborative way of working and has helped to shape the vision of family support as a combined and inter-agency effort. This enables organisations and professionals from different sectors to work together with a common goal of helping families. This puts the focus on families rather than organisational needs, and makes better use of resources. Good working relationships are illustrated by members who are committed and active within the Hubs.

Shared decision making- Hubs that employ the monthly referral allocation meeting system can share expertise to agree a plan of action. This is particularly helpful when there is a need for:

- A fuller consideration of families' problems and needs.
- Prioritisation of responses to multiple needs within families.
- Negotiating timely response from services.
- Mitigating against duplication of service input.
- Scheduling of interventions to ensure families are not overwhelmed by agency involvement. Although if deemed suitable, multiple supports can be put in place simultaneously.
- Identification and prioritisation of key issues

- A particular service which has a waiting list. Other providers can work collectively and creatively to generate an alternative response.

Inclusion- Small agencies or those that are located in rural locations may have limited networking opportunities and can feel isolated from other services. Being members of Hubs promotes engagement between organisations, and a sense of belonging to a wider network. This can help these organisations to feel supported and included in their locality. The Hub mechanisms helps to disseminate the activities of isolated services, and this helps to promote uptake thus making better use of their resources. In some areas, these member organisations can access training and development for their staff.

Networking- the Hubs provide opportunities for formal and informal networking and relationship building. Members can brief fellow members on local developments and issues. Hub meetings are a platform and welcoming space for new members to publicise the work they do to a wide audience (and reduces the need for individual visits around the sector). In one Hub the venue of the meetings are rotated around members' premises, where they can showcase their work; and alternating the venue helps to develop participation. Some areas have a Hub Coordinators' Forum, and these provide a shared learning environment for Hub development and a way to keep up to date about the work of neighbouring Hubs.

Enhanced collective understanding of local services- the Hubs have been able to raise awareness about the services provided by each member organisation, so there is a better understanding of the collective provision of family support provision represented on Hubs.

In June 2015 CYPSP conducted an online survey of organisations connected to the Family Support Hubs. The Interagency Questionnaire was created using Survey Monkey software and the information collated online. The survey was sent to approximately 410 service providers, of which 180 responded (44%). The aim of this survey was to ascertain the views of Projects and Services associated with Family

Support Hubs in a local area, specifically to gain a better understanding of the impact of Family Support Hubs, and of the interagency co-operation and collaboration that had emanated from it. When asked a series of questions the results were as follows.

- Has there been an increased focus on early intervention in your local area? 92.5% responded positively.
- Has there been an increased use of all the resources available in your area? 83.1% responded positively.
- Has there been increased demands on your own agency? 54.7% responded positively.
- Has the Hub helped to identify service gaps in your local area? 89.8% responded positively.
- Has there been increased demand on your service to support interagency co-operation and collaboration? 57.4% responded positively.
- Has being a member of a Hub increased your knowledge and understanding of other workers roles? 94.2% responded positively.
- Has it increased your knowledge of availability of services in your area? 92.75% responded positively.
- Has there been increased co-operation and collaboration across organisations in your local area? 91.3% responded positively.
- Has it provided families with a more holistic approach to meeting their needs? 92% responded positively.

The results clearly demonstrate the way in which organisations have embraced this model of working and despite the additional workload it creates they have seen very significant both for themselves and the families referred.

Improved links with the statutory sector- Different agencies are coming together via the Hubs, which is improving engagement and breaking down barriers between the statutory and community/voluntary sector. The Hubs have reported that there are improved collaborations with services such as health visiting, speech and language therapy, autism service, and education welfare. There are reported benefits of the developed interface between CAMHS in Hubs, enabling the Hubs to address mental

health issues (although there is some work to be done to strengthen this interface with some Hubs). Beyond the formal processes Hub coordinators report that they have particularly good relationships with their designated Gateway social workers, with coordinators knowing they can 'lift the phone' if they have any queries. Social workers are also better informed about the extent of services provided in their area by the community and voluntary sector.

Early intervention & prevention

Complementing child protection services- The Hubs are designed to augment and support children's services, including the Gateway Social Work Service in responding to identified need. The Hubs provide services in a non-stigmatising way, and are means through which early intervention can be targeted at families before difficulties become more entrenched and difficult to resolve. By intervening early they can help to mitigate against potential safeguarding issues.

Additional safeguarding filter- The relationships with statutory social work services enables Hubs to refer to Gateway if safeguarding issues arise within families. The Hub referral process screens out families who do not meet the criteria for Level 2 family support services. They can also identify those families that meet the threshold for statutory social work intervention. This is facilitated through good working relationships and links to Gateway Social Work Services.

The social work presence on Hubs- This enhances the safeguarding practices of the Hubs and builds in a risk management process for referrals which may straddle the Level 2 (family support) or Level 3 (statutory social work) interface. It helps the Hubs to distinguish appropriate and inappropriate referrals for both Gateway and Hubs, and mitigates against the caveats at that interface, to ensure the service responses are proportionate to need and risk (in as far as presenting issues can identify the level of intervention required).

Preventing inappropriate referrals to Gateway for assessment of need- There may be a high volume of referrals to Gateway services for assessment. This may result in waiting lists which restrict families from accessing timely assistance. This may also be exacerbated by receipt of inappropriate referrals for assessment, which ultimately do not meet the Gateway thresholds. The Hubs are well placed to divert Level 2 referrals from Gateway which allow families to get support in place more promptly.

Governance arrangements

Regional protocols - regional developments over the past year have enhanced the consistency and transparency of operational practices (while allowing for individual scope of Hubs). The monitoring process promotes accountability and provides evidence about the impact of Hubs.

Partnership agreements- documents have been produced which outline the expectations and requirements that members must adhere to. This puts some controls and governance arrangements in place, that member organisations have appropriate and robust policies and procedures in place in respect of child protection and adult safeguarding, data protection, confidentiality and consent etc. Given the inter-agency scope of Hubs this provides assurances that the sharing of information is proportionate, and families' details remain confidential. A further unintended benefit of partnership agreements is that it requires organisations to review their internal policies and procedures.

Policies and procedures- help to ensure good operational workings of Hubs. This includes a range of guidance such as flow charts for managing referrals; defined roles and responsibilities of relevant personnel; monitoring, evaluation and reporting activity as part of accountability requirements for funding; regional quarterly returns; and contacts with Trusts.

Contributing to strategic needs assessment and locality planning

Identifying and responding to unmet need- there are strong links between the Hubs and Locality Planning and Outcomes Groups. Issues and gaps in service provision are communicated from the Hubs to wider planning infrastructures. This enables localities to consider the development or commissioning of services to respond to local need. Additionally in the spirit of community development, Hub members can use their own capacity to change, amend or establish new types of interventions that may have previously been under developed or resourced. One example of a service generated via the Hub is the Oasis food bank in the Shankill.

The changing landscape of family support services- The interagency scope of Hubs means that members/partners can be updated on the evolution of local provision in the voluntary and community sector. This is important in light of funding availability where existing services may close down and new ones can be set up. This also impacts on the constituents of Hub membership, and ultimately the types and scale of services available to families. The collaborative nature of Hubs can harness the community to respond collectively to local need and provide a vehicle for building community capacity.

The Hubs have been instrumental in, (although not directly responsible for) highlighting areas where services are lacking and provide a greater understanding of wider geographic areas in terms of service design and availability. This has drawn attention to how Hubs and affiliated services are able to meet the needs of all families across the locality that they service. This helps to identify areas where there is lack of community infrastructure, and provides opportunities for services to be drawn into those areas, so the Hubs are shaping services or attracting services to areas that may have previously been overlooked. Furthermore the Hubs have highlighted the need to examine how eligibility criteria for services impacts on accessibility for families. For example some families may not be able to use Sure Start services because they reside outside the catchment area. Families living in

privately rented accommodation are also restricted from using services located in areas of housing that have been identified as socially deprived.

Cost effectiveness

Upstream cost effectiveness- The Hubs enable families to get the help they need at the earliest opportunity, before their difficulties become more serious. In the context of reduced public funding, a key consideration is that the Hub process itself is cost effective, both in enabling better early intervention with a consequent reduction in the demand for more costly specialist services. Thus early support should prevent deterioration in families' circumstances and reduce the need for more intensive and expensive intervention at a later stage in a child's life.

Resource management- The Hubs facilitate sharing of information about family support services which are spread across a range of organisations and all sectors. This helps to prevent unnecessary wasting of resources, and is a more streamlined way for families to get the right support, rather than having to negotiate a myriad of services which can be challenging, and may not result in getting the right help at the right time. There are many family support projects funded from different sources. The multi-agency discussion ensures the most appropriate service is directed to the family who require it.

Challenges for the family support Hubs

Monitoring outcomes- documentation and recording

Tracking referrals after allocation- There are challenges in tracking referrals and obtaining feedback after a family has been referred on to an agency. This is primarily because Hubs provide a signposting function, with system outcomes improving knowledge of services and access to them, rather than direct service delivery. Therefore as each service provider around the Hub will have their own monitoring arrangements in place, for the funder of their service, it is often difficult for them to respond, and at times may seem unnecessarily burdensome to ask them to complete additional returns specifically for the Hub. It can also be burdensome for coordinators to have to pursue organisations and know when to do so. It is also challenging to track cases that are put on a waiting list, particularly when a period of time has lapsed from the Hub meeting. It is also arduous to monitor cases where organisations do not proactively contact the coordinator to provide an update on the outcome of the intervention. In some Hubs there are more clearly defined arrangements in place, and in others there are plans to stress that the responsibility to communicate with coordinators and referrers lies firmly with Hub members.

Identifying outcomes- as families are referred to other services it can be difficult for the coordinator to record the outcome. In terms of outcomes for families, it has been suggested that there should be softer outcomes, (although harder to measure), as sometimes these are more important to families. Personal quotes and service user feedback are useful for that.

Sustainability

Sustainability of Hubs – the current economic climate has affected the confidence of Hubs in remaining viable after the current round of funding ends in March 2016. It can also be difficult for Hub members to provide continuity when there is uncertainty

regarding financing of organisations, particularly when approaching the end of a financial year or the end of a service level agreement.

Funding of member organisations- the viability of Hubs is also dependent on the existence of family support organisations. If further cuts are made to services this will impact on the ability of the Hubs to deliver early intervention. For example the Draft Budget indicates a £1million cut to Sure Start which equates to a 4% cut across the region. As Sure Start services are Hub members this this will have a significant impact on the early years provision delivered by Hubs. This cut also has the potential to have a knock on effect, on other existing services.

Demand & capacity

Workload and expectations- Some coordinators have reported there is a growing expectation of the coordinators having a 'catch all' role The workload can be onerous in terms of managing service requirements and demands, alongside additionally undertaking meetings and assessments with families, and effectively acting as a conduit between the referrer, family, and Hub members. It is not the place of Hubs to 'police' the family support system to make sure that services fulfil their obligations. With a finite resource, the challenge remains to ensure that Hubs do not become a 'dumping ground', and equally that they do not become a "victim of their own success". However the Step Up Step Down protocol, when finalised and effectively employed, should put some measures in place to ensure the Hubs are not inundated with referrals, and prevents the premature shifting of cases from Family Intervention Services to Hubs. As Hubs are primarily focussed on early intervention it is imperative that they are protected from dealing with more complex work, and they should not become a catch all safety net. Otherwise there are potential risks to coordinators and Hub services who may be left to monitor cases that have had social work involvement.

Increasing referrals- Most Hubs have reported that they are seeing an increase in referrals, and an increase in complex cases. This has created a dilemma where it may be counter-productive to promote Hubs in the context of financial deficits. While

the Hubs want to encourage more referrals, there are competing demands between what can be delivered against rising referral rates.

Undocumented activity- Capturing the information and planning around the complex cases does not reflect the scale of planning activity undertaken by the coordinator. The recording process does not reflect or capture the time spent on making recommendations to referrers. Signposting away from the Hub can also be resource intensive.

Supply of services & limited resources

It is important that the capacity and limitations of organisations are recognised as well as their ability (particularly those in the community and voluntary sector) to be flexible and responsive to need. There may also be a challenge in managing expectations and indeed enthusiasm of organisations, who in an effort to respond, may offer services beyond their capacity.

Limited resources- While the Hubs may have a good range of members this can be mitigated by services lack of capacity. There are gaps in some types of provision, such as autism services generally across NI, and some areas have deficits in certain types of services or those for particular age groups of children.

Thresholds and waiting lists- Availability of and access to family support services can be compromised by waiting lists, funding arrangements and gaps in provision, so this can impact on the deliverables of the Hubs. Families are advised by the coordinator if a provider has a waiting list, but not how long the waiting list is. Sometimes agencies do not disclose the length of their waiting lists (this may reflect a demand for the service but paradoxically can prevent incoming referrals). Work has been undertaken to prevent delay for families who may rebound between services, such as CAMHS and other similar services. The CAMHS Tier 2 Service has assisted in improving this interface and work is on-going in a number of Trust

areas to address this issue. However there are also some on-going problems with accessing CAMHS via Hubs.

Rural issues- Anecdotally it has been suggested that lack of services and waiting lists may be a bigger problem for rural areas, (as urban areas are more inclined to have a wider range of services and therefore more choice). Regional services are not well resourced in rural areas, which is further compounded by lack of transport.

The role of Hub members/partners

Ownership and participation- It is important to keep members on board and ensure the focus is on the needs of families and not the needs of member organisations. Some organisations are not able to attend all Hubs meetings but are broadly supportive of the Hub approach and accept referrals from Hubs. There needs to be a fair and transparent process regarding the selection of organisations that are members. Shared representation from family support providers ensures better connectedness and strengthens inter-agency working.

Conclusion

This review has highlighted that there has been a substantial amount of time, investment and involvement from individuals and organisations in setting up and establishing Family Support Hubs. As expected the review found differences in attributes of the Hub approach used, across and within the different Outcomes group areas. The work of the Regional Coordinator for Family Support Hubs has been instrumental in raising the profile of the Hubs, supporting the development and implementation of standardised processes, and enabling Hubs by introducing evidence-based standards to support further development.

The review has found that the Hub approach demonstrates real partnership working and strengthens access for families in obtaining timely early intervention. However in the spirit of partnership it is recognised that it is a challenging environment within which to operate, nonetheless the Hubs have enabled service providers to have their services well used. It has encouraged organisations to work collaboratively to use their combined resources more effectively. This is paramount in the context of limited budgets and efficiency savings. The Hub approach has also given recognition to, and provided a platform to refocus on the centrality of the voluntary and community sector in the delivery of early intervention services. The Hubs are best placed in the voluntary and community sector which is perceived by families to be non-stigmatising, accessible and responsive to their needs. The growing awareness of Hubs has encouraged families to seek help when issues emerge, because they regard them as separate and removed from statutory services.

The review also highlighted that the Hub methodology has improved relationships between the respective sectors. It has depended on developing community capacity, provided an appreciation for the pressures placed on the statutory system, and elevated the voluntary and community providers as experts in delivering family support services. The position of the Hubs within the overall system of children's services is crucial. While early intervention cannot sit apart from child protection, this means that there will be some proximity between the two systems. Tensions between early intervention and the competing mandate of statutory child protection is

well documented, therefore it is imperative that the remit of the Hubs is monitored to ensure that the Hub approach is not consumed by the pressures within statutory social work services. A complimentary and protected relationship will be in the longer term interests of families, by providing a continuum of support, and protect the interests and appropriate use of the Hubs and statutory social work services.

There needs to be a continuation of strategic support for the Hubs. In light of recent early intervention initiatives, it is important that Hubs are sustained, viable and embedded as part of that landscape. There also needs to be a continuing emphasis on driving improvements forward regionally, to ensure that the Hubs' Best Practice Standards are promoted, and to contribute to international evidence on early intervention family support services.

Governance arrangements are appropriate with suitable structures in place to monitor the activity of the Hubs. It is important that they continue to be effective and proportionate. Accountability via quality assurance and monitoring processes, alongside regional consistency of certain attributes (that provide reassurance of safe and working practices) are essential. Nonetheless there has been flexibility in allowing the Hubs to evolve in ways that are fitting for local contexts. It is important that creativity and diversity in the Hub approaches is not unnecessarily curtailed. It is also important that Hubs continue to iron out any issues to ensure they are operating effectively; in a manner that protects the flexibility and agility of Hubs and ultimately works in a way that is best for families.

The Hubs differ in size; both in terms of the scale of member organisations and the populations of children served in each locality. Some Hubs are covering extensive and rural geographical areas, with large populations of children. The review also illustrated the difficulties experienced by families living in rural areas in accessing support. Other Hubs have more condensed coverage of urban city areas with smaller yet more densely contained populations of children, often in tandem with investment via the Neighbourhood Renewal Partnerships. While the impact of deprivation on families is acknowledged as being highly significant, families

experience other difficulties (such as bereavement, mental health etc) which are not predicated on where they live and what resources they have access to. Not everyone who is experiencing poverty lives in the most densely populated and urban areas, and so rural poverty and deprivation needs to be taken account of as well. In the more densely populated areas that have been well recognised as having high levels of poverty, it would also be a reasonable expectation that more services would be required and in tandem, more early intervention.

The review found that Hub coordinators are genuinely committed to support families and often go the extra mile. Some are undertaking additional work, particular in respect of assessment work with families (for example with self-referrals). Some coordinators are undertaking duties that are additional to others and there appears to be varying degrees of responsibility. The role is multi-faceted and is crucial to the successful maintenance of Hubs. It also reflects the environment and organisation in which coordinators work, and their capacity to undertake or delegate tasks as appropriate.

It is important that roles and responsibilities are commensurate with experience, qualifications and expertise of coordinators to ensure that the role is protected in terms of expectation, capacity, ability and level of accountability. This is particularly important when dealing with cases that may be on the periphery of statutory social work (Hardiker Level 3) so that coordinators are not vulnerable. It is acknowledged that coordinators have strong links with Gateway and some coordinators themselves are qualified social workers with experience in children's services. It is also important that coordinators have access to a safeguarding lead within their respective organisations.

Membership of the Hubs is diverse and involves a wide range of family support services, which is indicative of the different types of family support services available. The review found different mechanisms for selecting members. There was

also evidence where some coordinators have worked extremely hard to develop relationships with providers, and get members on board particularly in rural areas.

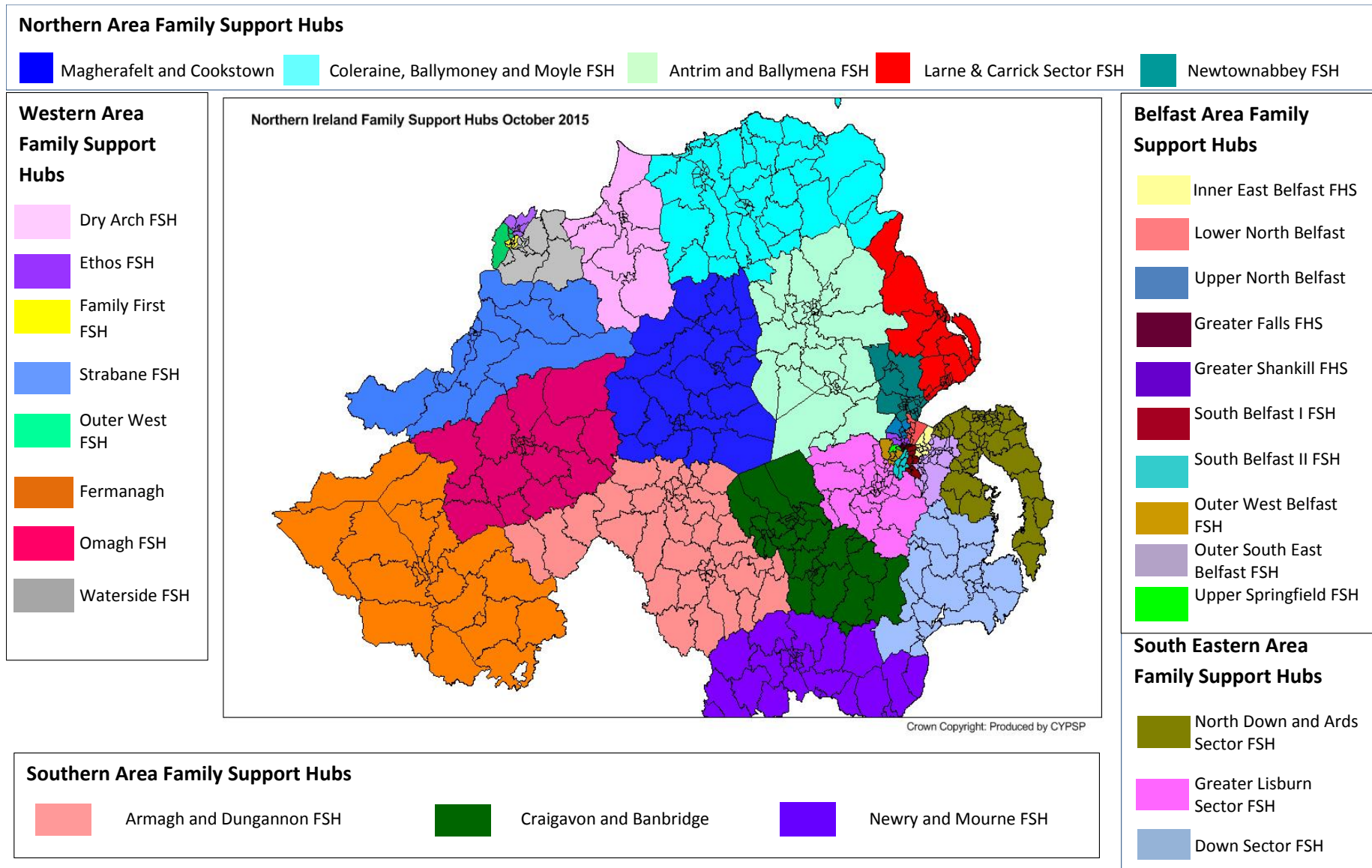
The difference in the size of Hub membership may reflect what is available in particular localities, and those that have either volunteered or been invited to become members of Hubs. The review was not able to consider the proportion of family support services in a particular locality that are currently members of Hubs. However there is a general acknowledgement that Hubs are an important reference point to be connected to, for those providing early intervention services. Some Hubs have small numbers of members, which does not reflect the total availability of services in localities. This is because members must have SLAs with a statutory organisation. Criteria for inclusion in a Hub should be transparent Hubs should make every effort to be inclusive. In managing partnership arrangements, it is imperative that the size and constitution of Hubs reflect a needs-led rather than resources-led approach. Nonetheless, the results of the regional survey of Hub members were significant in reporting that organisations found there were much higher degrees of coordination and collaboration than they had previously experienced, and this was as a result of being part of a Hub network in their area. They also highlighted that families benefitted from a more holistic approach to their needs.

While there was broad consensus in how the Hubs operate, (with nuances about specific tasks) two functions in the process emerged with distinctively different practices; initial engagement (and use of assessment processes) with families and the use of the Hub meetings. It would be useful to compare the benefits of each approach and the barriers which prevent greater information sharing.

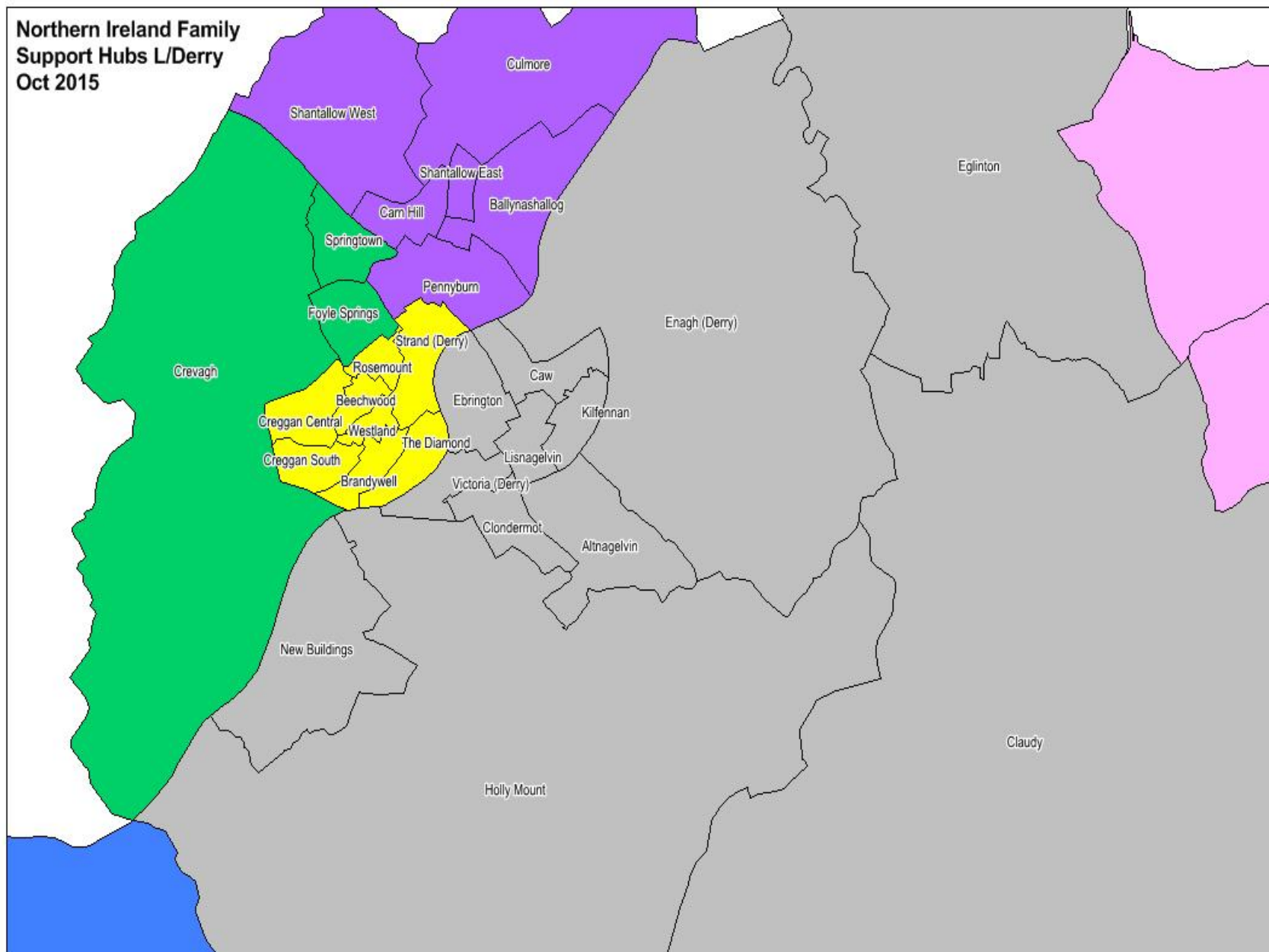
There is no other model in existence in Northern Ireland which has collectively brought together over 664 family support providers under one approach. It is an innovative design which has relied heavily upon the good will and receptiveness of organisations to get involved and work together. It illustrates a commitment to putting

the needs of families at the fore. Three case studies are provided at Appendix 2 which provide examples of how the Hubs have put services in place to support families. As a method of accessing family support intervention, it has the potential to contribute to the international evidence base about what works well in family support. However to do so, an evaluation (which has been outlined in strategic documents) would be a useful and insightful initiative. It would help to generate a wide support base for early intervention, and specifically help to cement the role of the Hubs in particular. However the litmus test about Hub effectiveness should come from the perspective of, and outcomes for, families themselves. In the interim it is difficult to imagine the structure and landscape of children's services without the Family Support Hubs.

Appendix 1 – Maps of Family Support Hubs in Northern Ireland



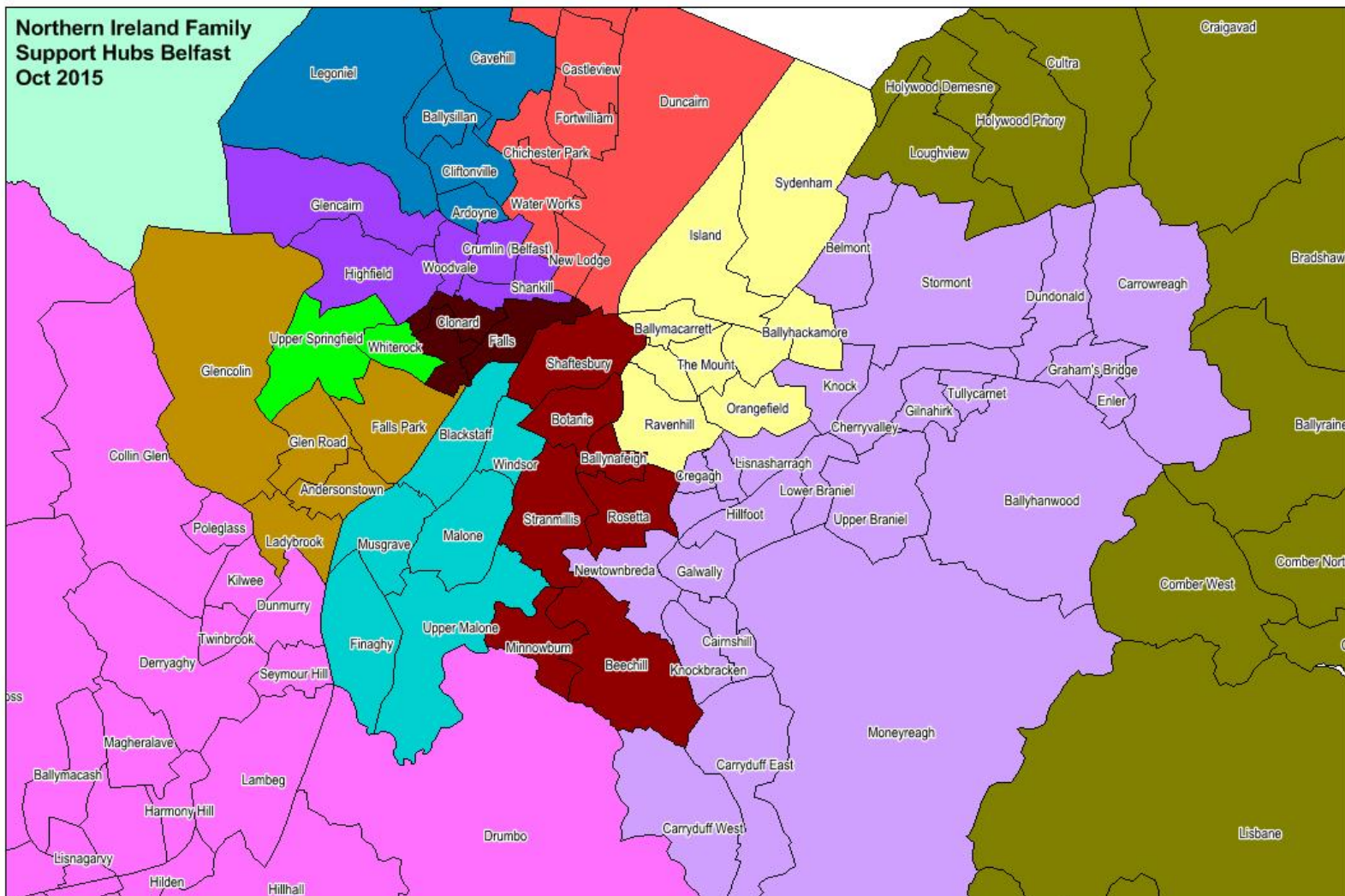
**Northern Ireland Family
Support Hubs L/Derry
Oct 2015**



**L/ Derry Family
Area Support Hubs**

- Ethos FSH
- Family First FSH
- Outer West FSH
- Waterside FSH

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Appendix 2 – case studies

Case study 1

This family referred themselves to Social Services Gateway Team who decided they were a more appropriate referral to the local Family Support Hub.

A family with both parents and 4 children; one child is over 18 years and has left home, and there are one teenager (aged 13) and two younger siblings (aged 8 and 6 years) still living there. They have no family support nearby as they recently moved into the area. The mother requested help as she said the family were at `breaking point` due to the 13 year old`s aggressive behaviour at home and difficulties at school. The young person had come to the attention of the police for engaging in anti-social behaviour, and had also been referred to the Child and Adolescent Mental Health Services (CAMHS). The mother asked for advice about parenting a teenager including boundaries, communication and setting rules in the home. The young person was assessed as having anger management issues and low self-esteem and presented as being unhappy and depressed.

The referral was accepted by the Family Support Hub, which connected the family with a service that specialises in working with young people and their parents. They worked closely with the family over a relatively short period of time (6 months).

During this time staff provided support on an individual basis to the young person to help them to make safer choices, choose positive friendships and set goals for the future. The parents were helped to understand teenage behaviours and communicate more sensitively and openly. Family sessions were also carried out with them to encourage better relationships.

The outcome of the work with the family meant the young person`s behaviour at school improved significantly, there was better communication in the home and there was no contact with the police. The young person did not need to attend CAMHS as there had been a significant improvement in her well-being. The parents reported a much calmer and happier family environment.

Case study 2

A referral was made from Health Visiting to the Family Support Hub.

The mother has a disabled 10 year old child (who requires attention during the night), and two younger children aged 8 and 2 years. She was feeling under considerable stress, as her husband works full time and her family do not live nearby.

Working collaboratively The Family Support Hub were able to secure a place on a Sure Start programme for two year olds for the youngest child, and an after schools place for the 8 year old. In addition, agencies with specialist knowledge in benefits and grants to families of disabled children agreed to make contact, and to link the parents into other potential supports from parents in similar difficulties in their area.

Outcome - the mother was less exhausted as she was able to get some sleep in the mornings knowing her children were all being cared for, and was therefore better able to cope when they came home. The family were able to get a new washing machine through a grant scheme, and emotional support was provided by other families who understood her situation first hand.

Case study 3

This referral came to the Family Support Hub through a local community centre where the mum presented asking for help. The family comprised a mum with three children aged 11, 8 and 3 years. After a telephone conversation between the Hub co-ordinator and the mum, she gave consent for her anonymised details to be shared at the monthly Hub meeting, to enable the identification of appropriate services for the family. These included:

- The eldest child attended a programme in the Community Centre aimed specifically at young people at transition stage in school.
- The 8 year old was referred to an arts programme that was age appropriate.
- The mum availed of a local Sure Start programme for family support provision for herself and her 3 year old. The mum also engaged with a debt advice agency that carried out a full benefits check for her and advised her about

money management. The mum's anxiety was addressed through a local project for relaxation and stress management.

The mum later contacted the Hub co-ordinator to ask her to thank all the Hub members for helping her family with such care, and she reported that the impact of the services were life-changing, as every member of the family had benefitted. She added that she would recommend the Hub to other members of her wider family.

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