

# Early Intervention Support Service

## Regional Quarterly Report Card No 5

# EISS

**The Early Intervention  
Support Service  
for families with children  
between  
0 and 18 years old**



### **WHAT IS THE EARLY INTERVENTION SUPPORT SERVICE?**

The Early Intervention Transformation Programme (EITP) is delivered as part of the Delivering Social Change agenda in partnership with Atlantic Philanthropies. It represents a new joined up working and funding across five Government Departments to drive through initiatives which will have a significant impact on outcomes for families with children 0-18 years old. As part of EITP a new Early Intervention Support Service (EISS) is being established in five areas across Northern Ireland. The aim of the EISS is to support families when difficulties arise before they need involvement with statutory services. The EISS will deliver and coordinate person centred, evidence based, early intervention for families with children 0-18 years old within Tier 2 of the Hardiker Model.

Data presented- 01 April 2017 – 30<sup>th</sup> June 2017



**Northern Ireland  
Executive**

[www.northernireland.gov.uk](http://www.northernireland.gov.uk)

**DELIVERING SOCIAL CHANGE**

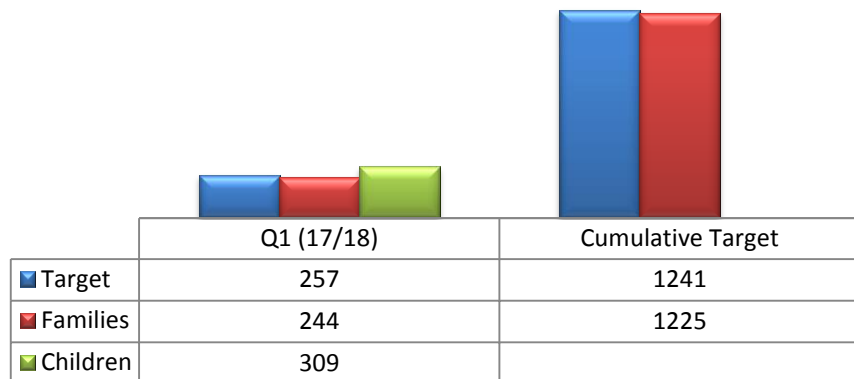


**Early Intervention  
Transformation Programme**

*The*  
**ATLANTIC**  
*Philanthropies*

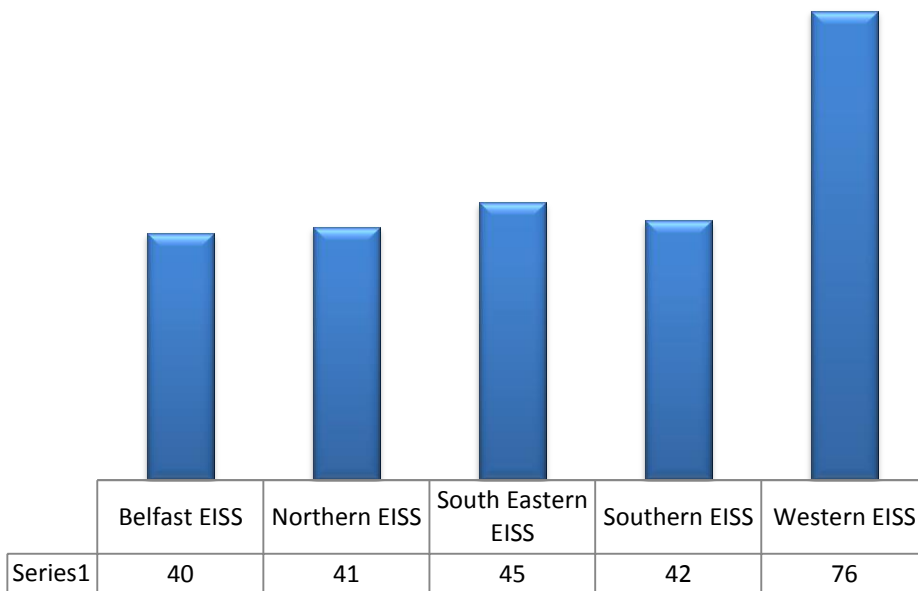
# How much did Regional EISS do?

## PM1- No of Families & Children Referred to EISS QRT1 17/18

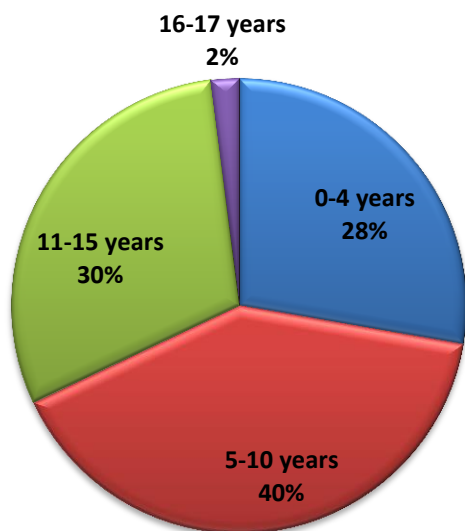


There are no targets for referrals to the EISS – targets set relate to the number of families supported. Approximately 15% of families referred to EISS do not progress as a number of families decline the offer of service or do not meet the referral criteria; on this basis to meet targets for families supported by EISS approximately 246 referrals are each quarter to meet the target for families supported.

## PM2a – No of Referrals by EISS Area QRT 1 17/18 (#244 families)



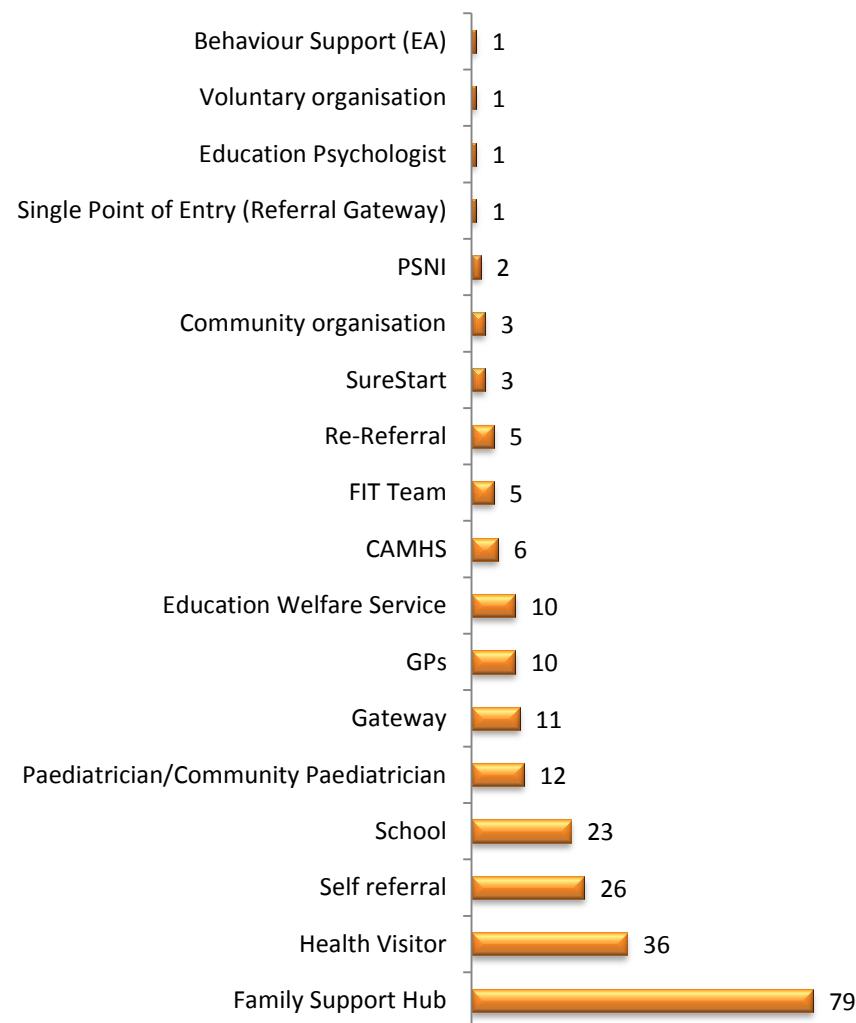
## PM2b- Referrals of Children and Young People by Age Range QTR 1 17/18 (#244 Children & Young People)



The EISS supports families with Children and Young People 0-18 years of age. Referrals by age range is comparative to the Family Support Hubs with referral rates highest for children between 5-10 years. This may partly be attributed to Sure Start providing support for children 0-4 years in many areas.

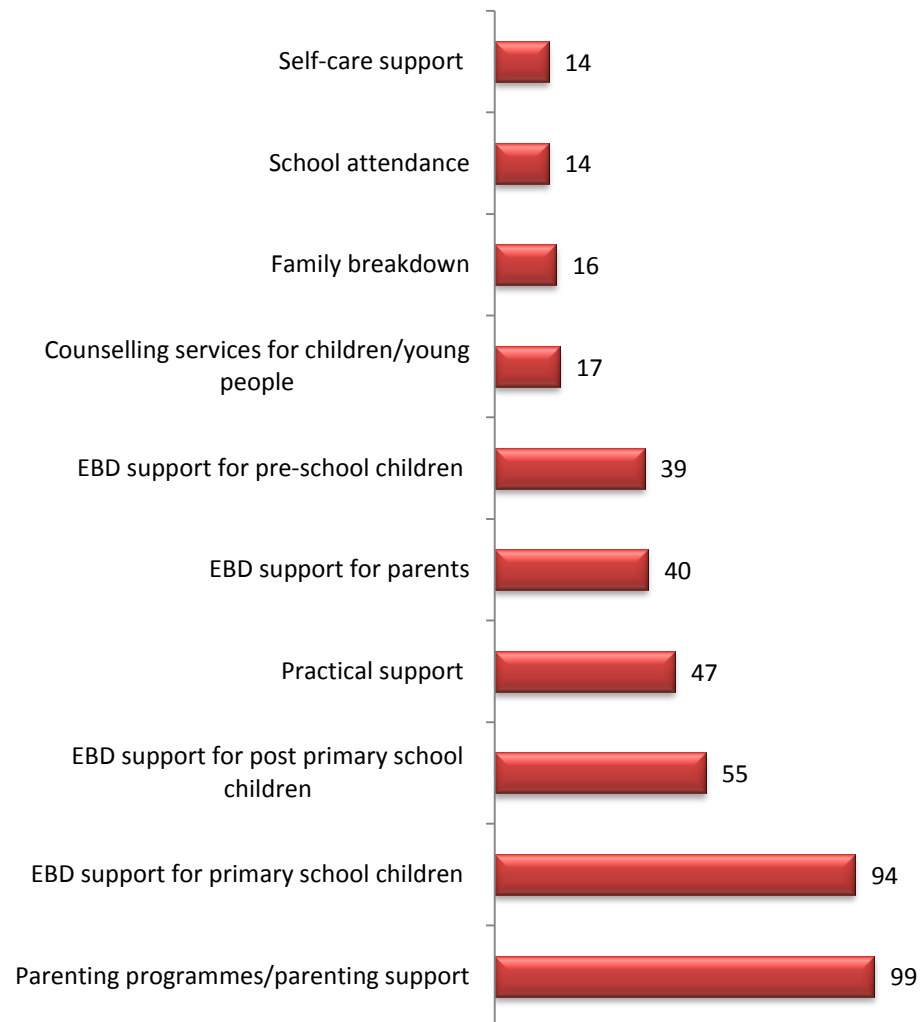
# How much did Regional EISS do?

**PM2c - No of referrals through Referring Agencies QRT 1 17/18 (#244)**



The majority of referrals are currently from Family Support Hubs, it is envisaged as the profile of the EISS develops there will be an increase in direct referrals from agencies to the EISS with a reduction in referrals from FSH; referral trends will be monitored quarterly.

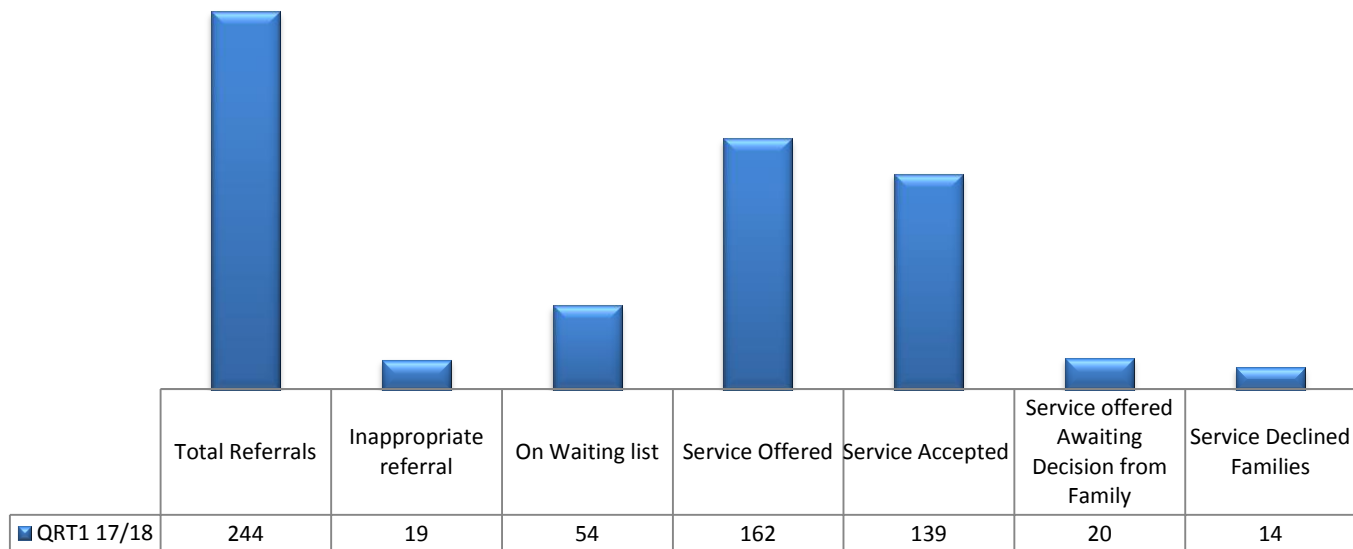
**PM2d– Main Reason for referral Top 10 QRT 117/18 (#435)**



Parenting Support & emotional, behavioural difficulty are the primary reasons for referral which is comparative to reasons for referral to the Family Support Hubs. A number of families are referred for practical support – service providers report that when assessed the needs of families are often more complex requiring therapeutic interventions as opposed to practical support.

# How much did Regional EISS do?

## PM3- No of Families Offered, Accepted, Awaiting Outcomes & Declined (QRT 1 17/18 #244 referrals received)

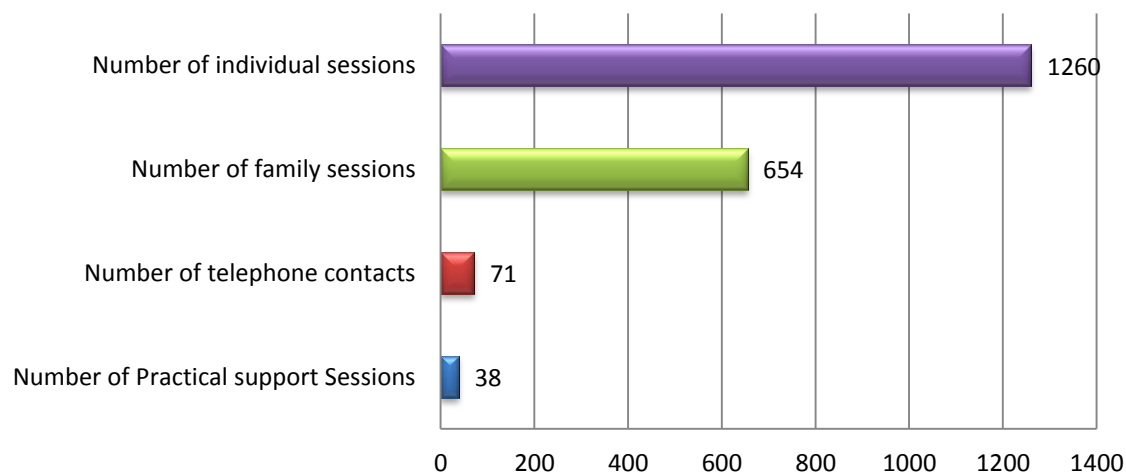


It is noted that on average each quarter approximately 17% of referrals received will not receive the service as the referral is either inappropriate or the family decline the offer of the service.

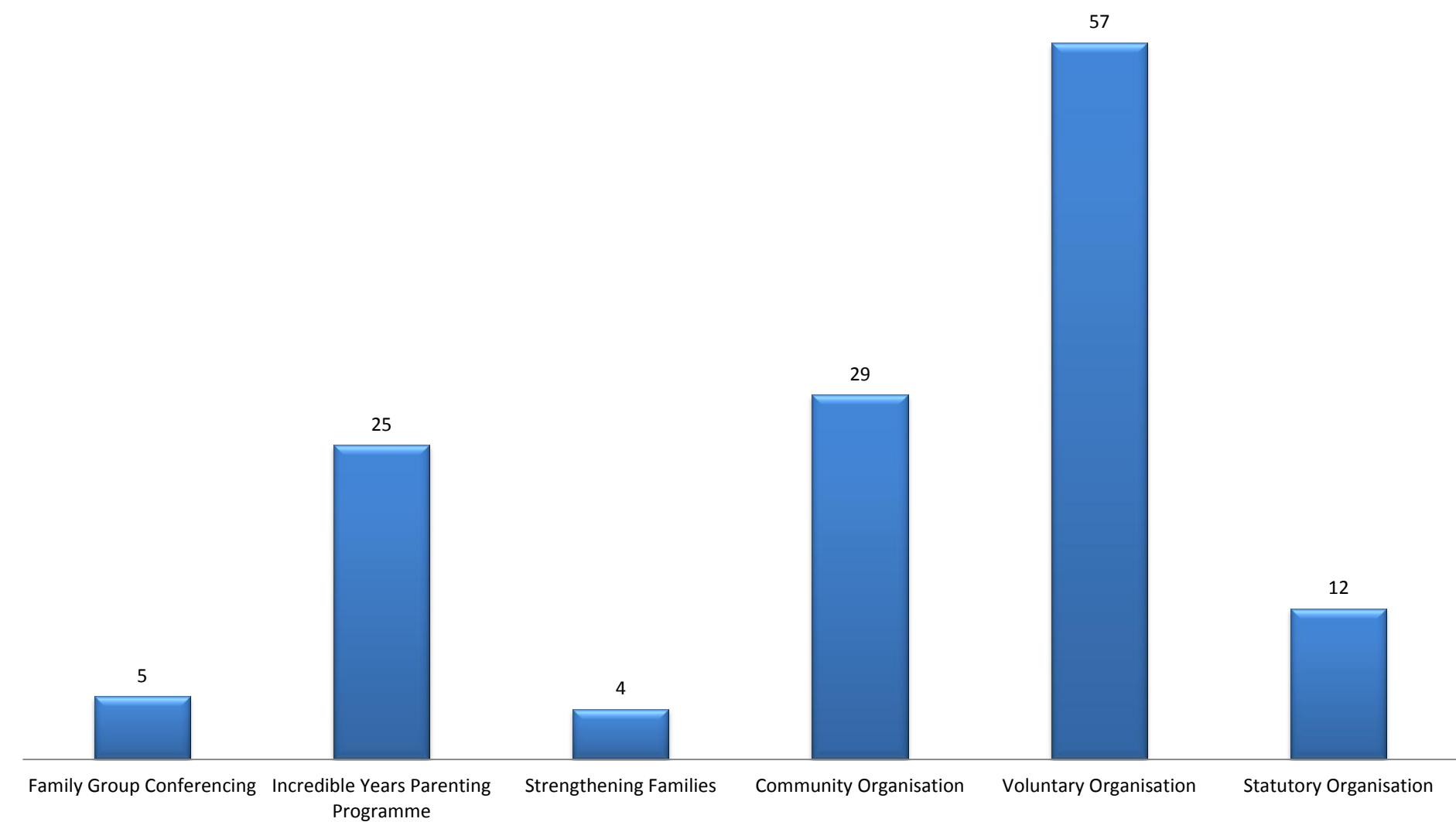
Families on a waiting list will receive a first visit within 4 weeks.

## PM4 – Activities – based on closed cases #249 QRT 1 17/18 (Telephone Contacts, One to One, Family Sessions & Practical Support Sessions)

Families are assigned a key worker each whole time equivalent worker holds a case load of between 10 – 15 families the key worker provides support to the family for a period of approximately 12 weeks. Individual & family sessions are provided using a range of therapeutic interventions including motivational interviewing, Solihull Approach and Solution Focused Brief Intervention Therapy. Practical support is also provided when required for a small number of families.

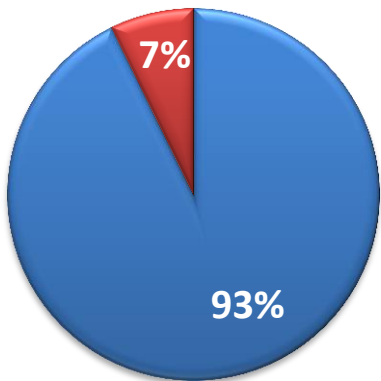


PM5- Number of Families signposted to other services QRT1 17/18 #132 (based on closed cases #249)



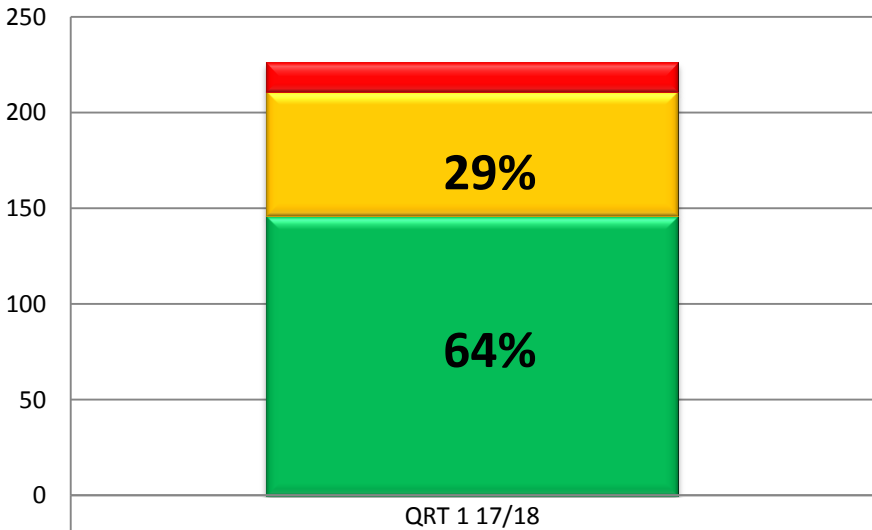
Family Group Conferencing; Incredible Years and Strengthening Families programmes are available to EISS families as additional support for families who are thought that would benefit from these interventions approximately 29% of families in QRT 4 were referred to these programmes .

PM6– Length of time between Referral to First Contact QRT 1 17/18 (Target first contact within 1-10 working days) based on #249 closed cases



- Referral to first contact 1-10 Working Days achieved
- Referral to first contact 10 days +

PM7 – Length of Intervention QRT 1 17/18 based on #249 closed cases



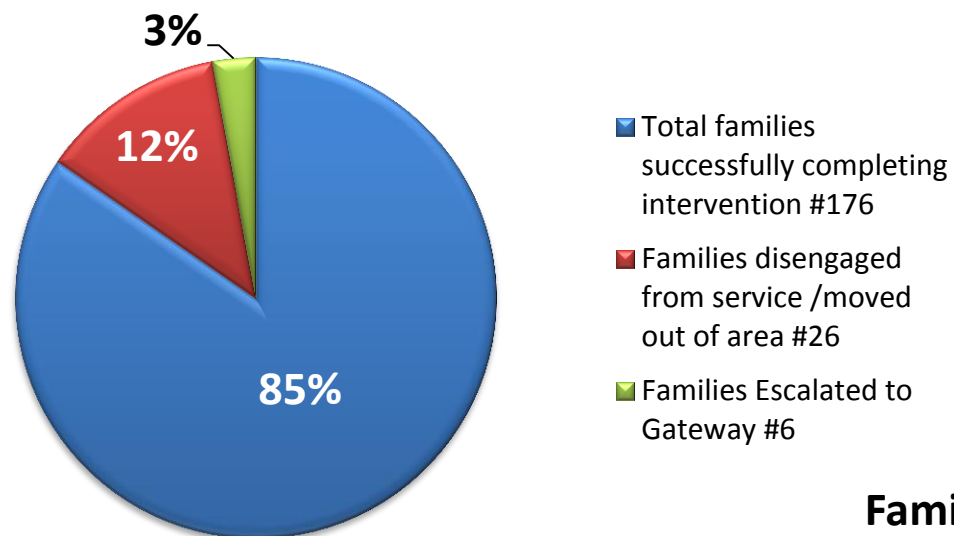
■ Initial visit to case closure 17+ weeks	15
■ Initial visit to case closure 13- 16 weeks	65
■ Initial visit to case closure 0 - 12 weeks	146

EISS provides support for a 12 week period; an extension up to 4 weeks is agreed with the EISS manager if required and the practitioner at a local level. An extension may be required for a number of reasons e.g. holidays, illness, cancelled or missed appointments. An extension of 17+ weeks is only agreed in exceptional circumstances. The average length of intervention in Quarter 1 17/18 was 12.4 weeks.

It should be noted that 18 (8%) Of families did not receive an initial visit from the EISS as when contacted by the EISS they did not wish to avail of the EISS.

# How well did Regional EISS do it?

**PM8 – Outcome of Intervention QTR 1 17/18** (based on closed cases #249)

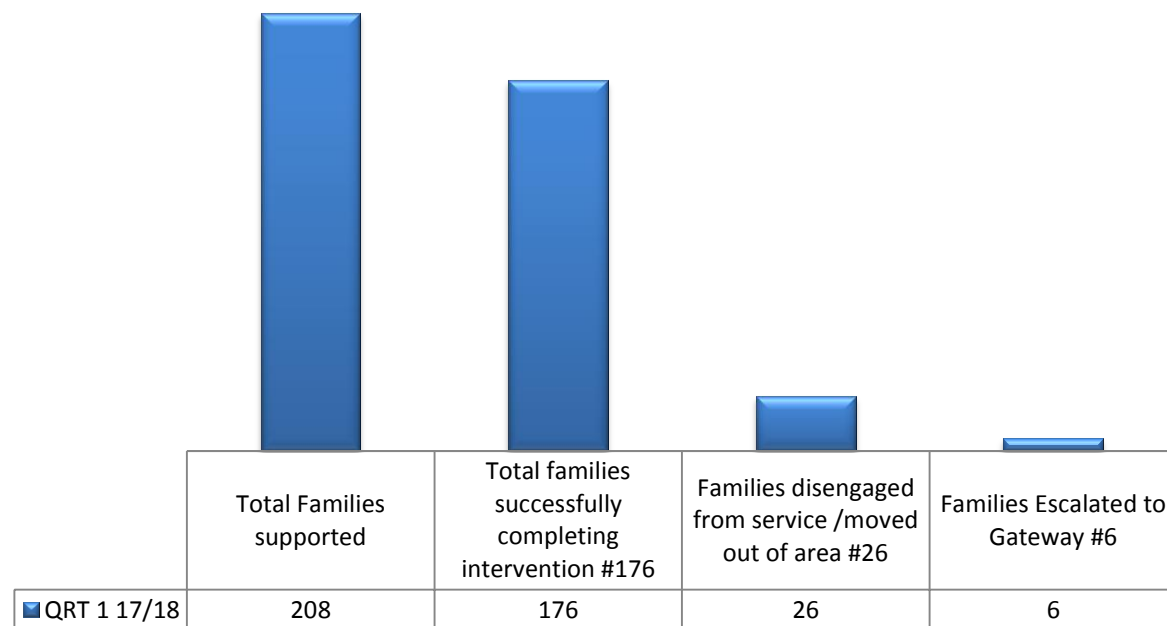


There were 249 closed cases in QTR 1; 18 families (8%) did not go on to receive the EISS as when contacted by the EISS they did not wish to receive the service for various reasons

- Family circumstances had changed the service was no longer required.
- Alternative supports had been accessed.
- Telephone advice given was sufficient without requiring a direct intervention from a project worker for a number of families that had self referred to the EISS.

## Families Supported QTR 1 17/18

The target number of contacts for the duration of the EISS is 1,925 the EISS has supported 1,117 families between 1/8/15 & 30/6/17. Approximately 242 families need to be supported each quarter to ensure targets are achieved. A number of EISS have employed additional staff to help ensure targets are met.



# How well did Regional EISS do it?

PM9 - % of families satisfied / very satisfied with the service QTR 1 based on #249 closed cases

- 198 parent/carer user satisfaction forms were issued; 145 (73%) were completed 88% of families rated the service as excellent & 12% rated the service as very good.
- 86 child/young person user satisfaction forms were issued; 80 (93%) were completed 75% of children/young people rated the service as excellent; 21% rated the service as very good & 4% rated the service as fair.

"At home things have gotten better with me and my mum."

Quote from Young Person

"This service has helped me a lot. I understand my daughter's behaviour and have learned new ways to manage this and my responses are now different."

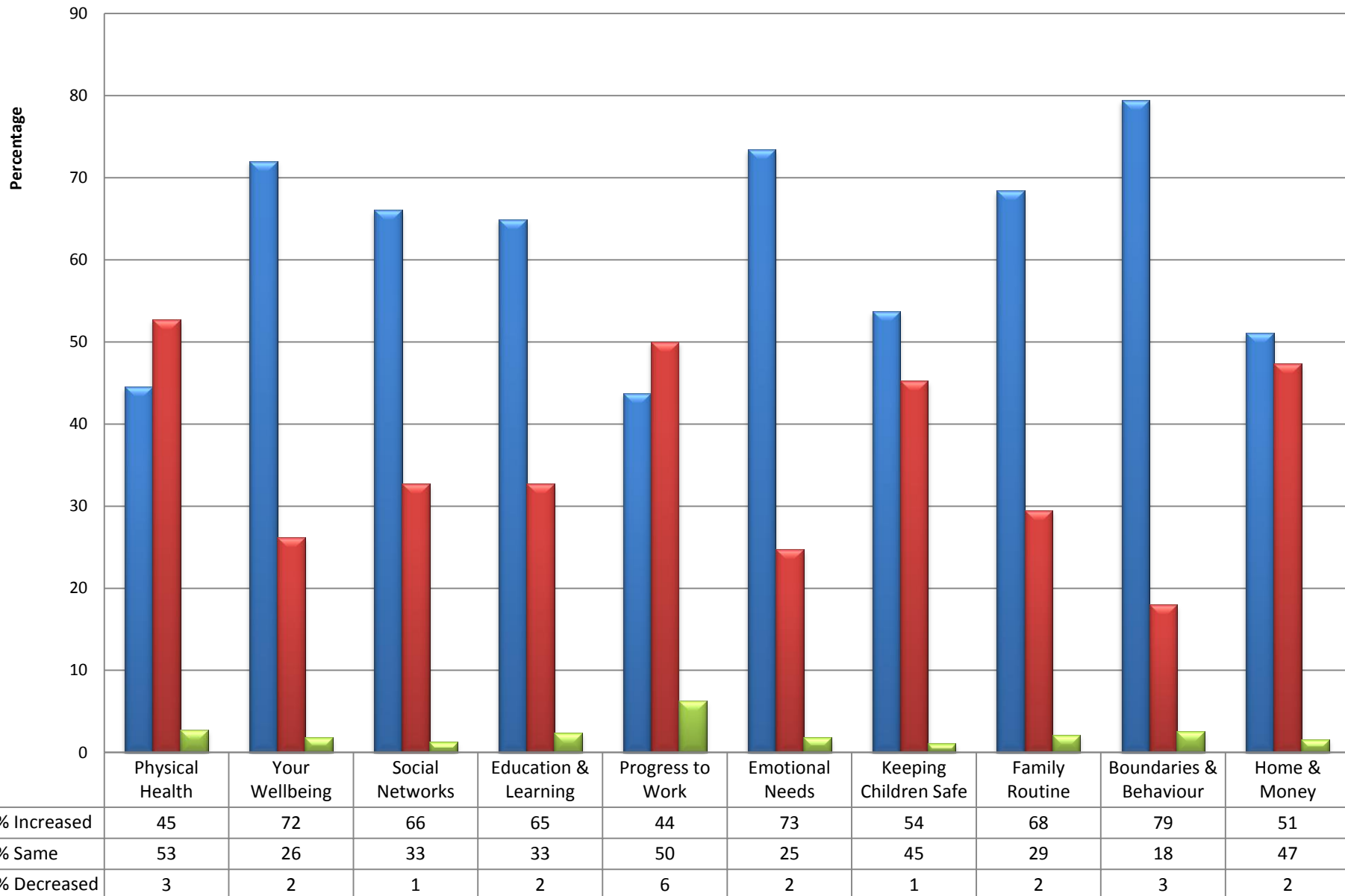
This was extremely helpful for myself and my daughter. Lovely mentor, so down to earth, reliable and friendly. Fantastic service.(parent)

The service was easy to talk to and made me feel comfortable talking to them.(child)

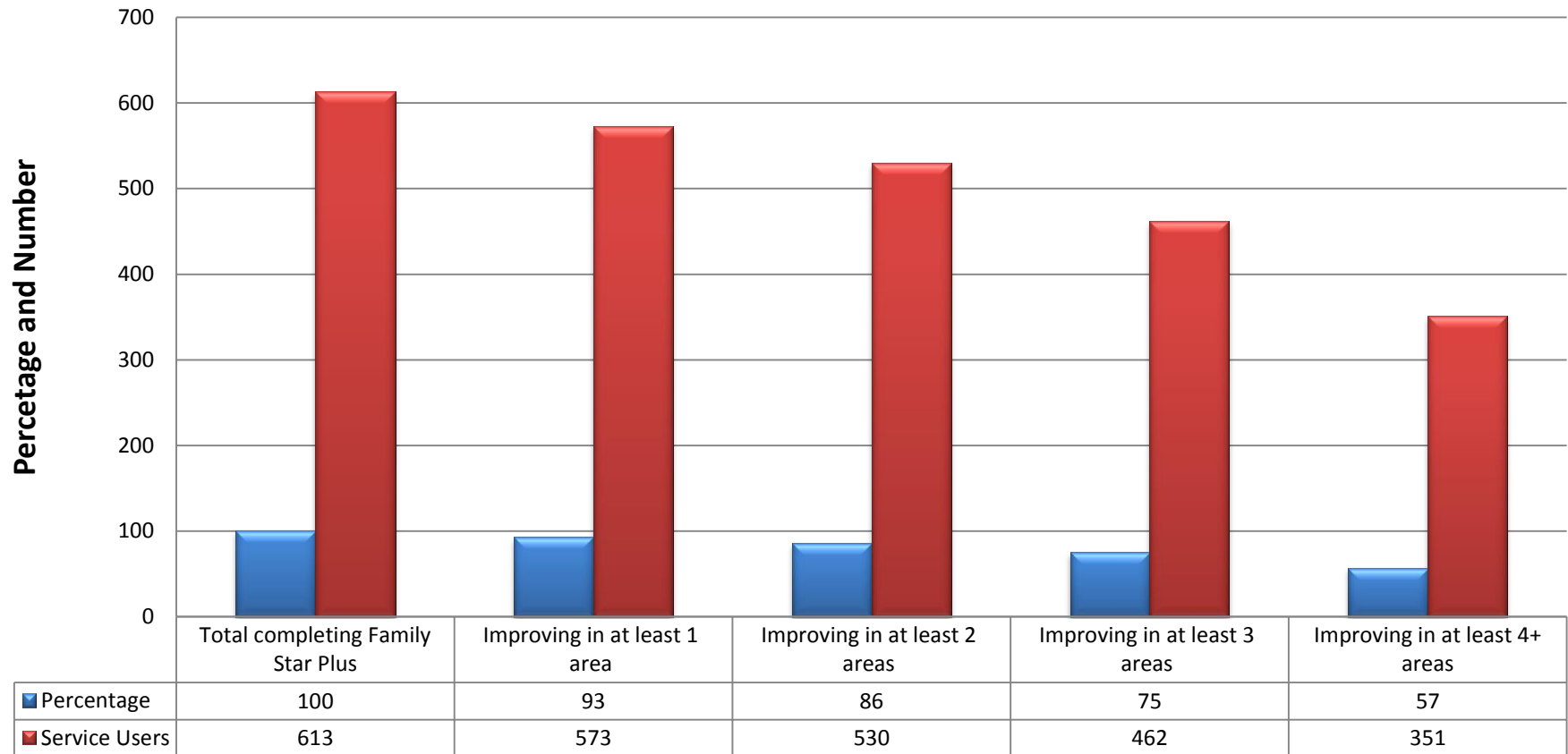
"This is a super service and it has helped me and my family through a very difficult time...thank you."  
(Mum of 3)



## Overall Family Star Plus (Cumulative from 1 Apr 16 #613 Families)



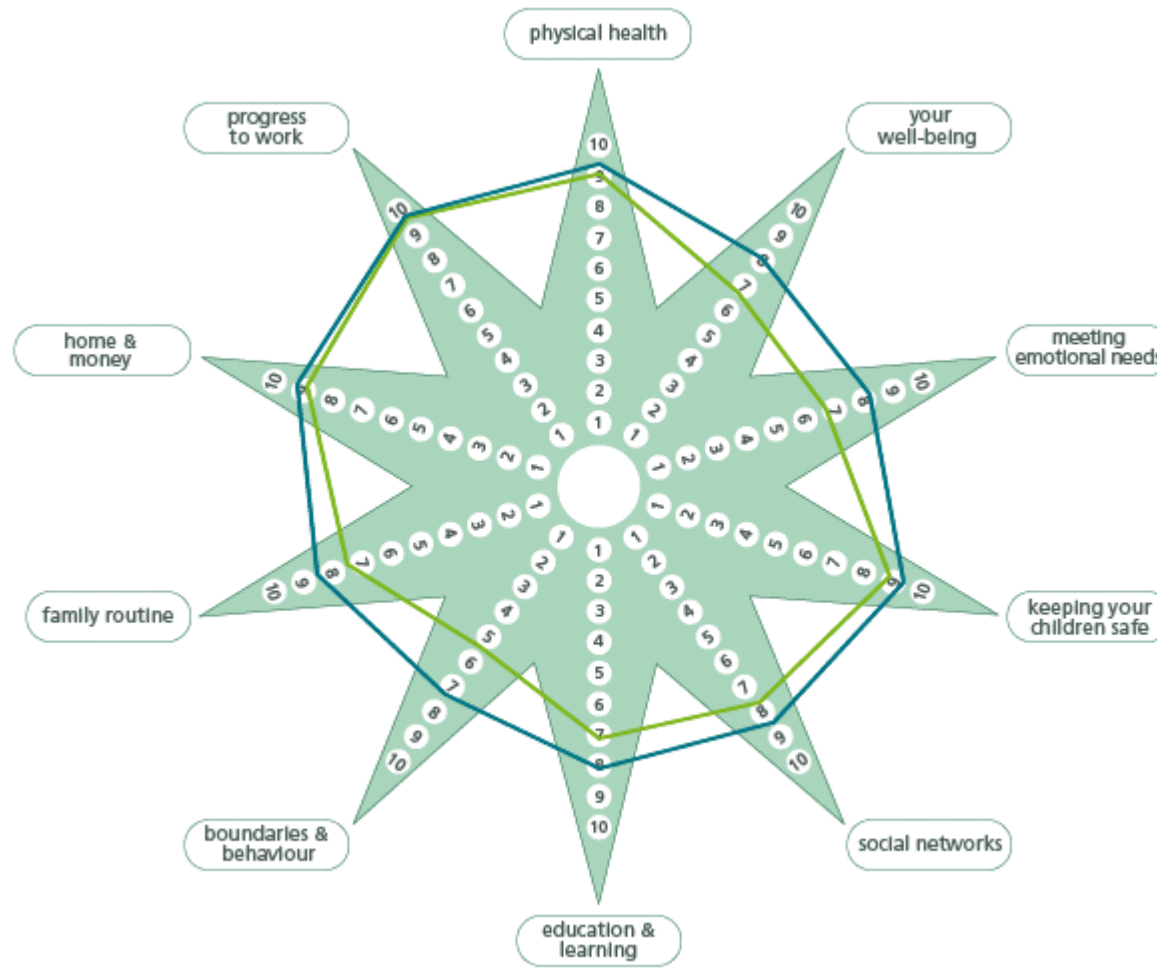
## How many service users improved (cumulative from 1 Apr 16 #613 families)



The Family Star Plus focuses on ten core areas that have been found to be critical in enabling children and young people to thrive. Project workers agree with families which areas they want to focus on. Interventions would generally be focused on a maximum of three areas.

# Regional EISS - Is anyone better off?

PM 14 Cumulative based on Family Star Plus #626families



Data on the Star shows an average of the scores across all areas. A “big” increase or decrease is defined as more than one point up or down the area.

First Score

Last Score

This star shows the average first and last scores for families included in this report; report downloaded 25<sup>th</sup> September 2017.

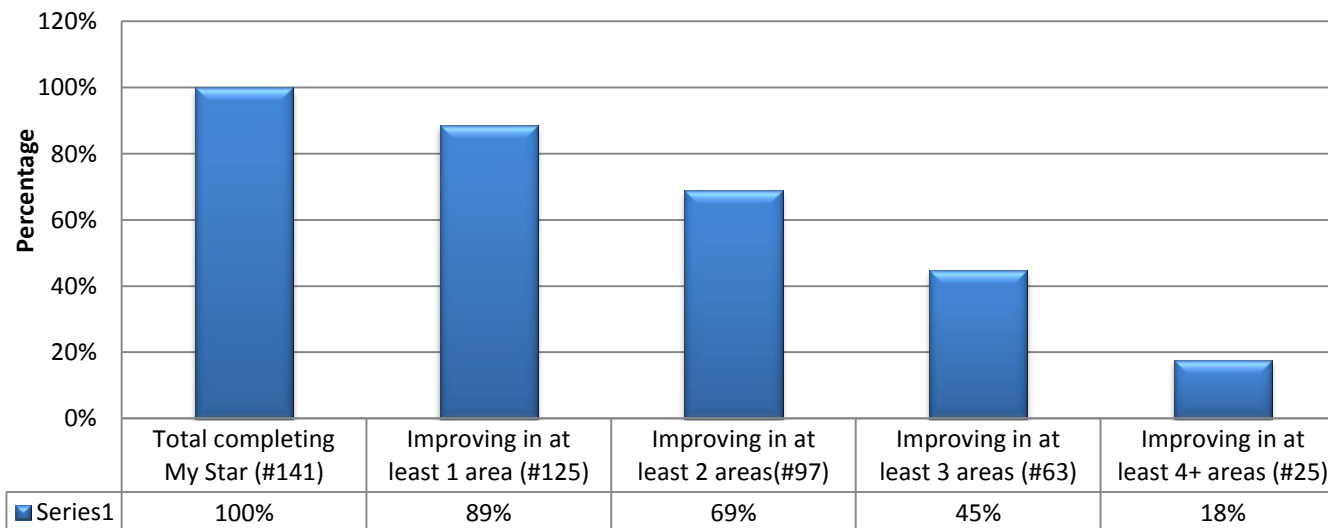
## PM 15 Cumulative based on closed cases #141 Outcomes for Children and Young People

### My Star - Regional Cumulative from Apr 1 2016 #141 Children and Young People



### How many Service Users Improved

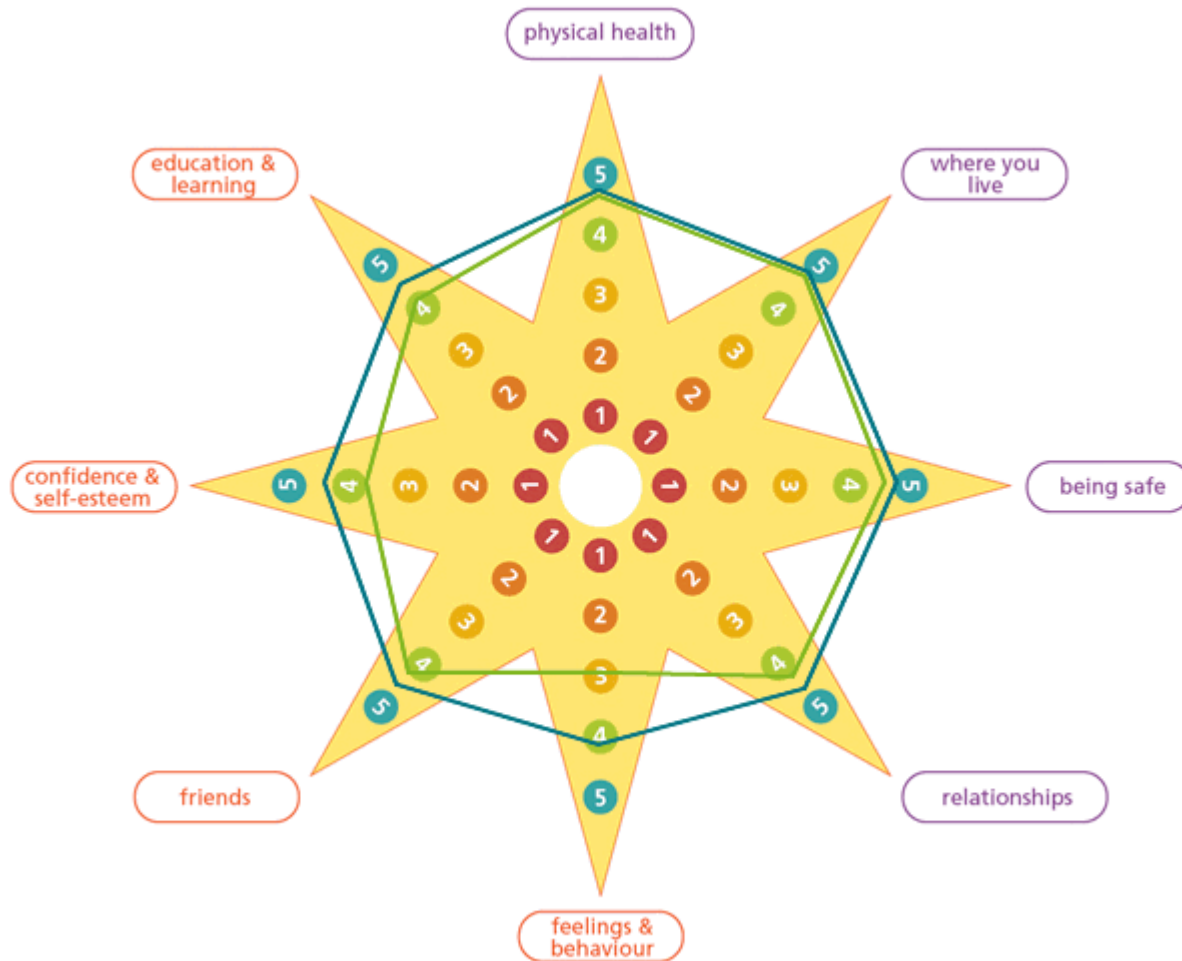
#### My Star - Northern Cumulative from Apr 1 2016 #141 Children and Young People



My Star focuses on eight core areas that have been found to be critical in enabling children and young people to thrive. Project workers agree with the child/young person what areas they want to focus on. Interventions would generally be focused on a maximum of three areas.

# Regional EISS - Is anyone better off?

PM 15 Cumulative based on My Star #179 children & young people



Data on the Star shows an average of the scores across all areas. A “big” increase or decrease is defined as more than one point up or down the area.

First Score  
Last Score

This star shows the average first and last scores for families included in this report; report downloaded 25<sup>th</sup> September 2017.

## Case Study: Northern Early Intervention Support Service June 2017

**Request for service:** To help C with his stress and find better ways of coping, help for mum to deal with his behaviour

### Case Profile

C is a 10year old boy diagnosed with ASD who was referred by Paediatric ASD Service. He has a great deal of worry and anxiety. He thinks his brain tells him to do things and then he is sorry. He thinks he is bad and deserves being punished. He will hit himself in the head to try and stop his thoughts. He has very black and white thinking. He cannot deal with anything that has to do with death. He constantly worries about everything.. C's mum is very stressed and feels hopeless about supporting him, school is also having trouble coping. His teacher reported that. He runs out of the class regularly and needs 1:1 to help him cope. He has just had his classroom assistant support go to full time to assist with his needs.

### Assessment with Family using Family Star Plus

- **Your Well-being:** Mum is very stressed with C's behaviour and his outbursts around his irrational fears.
- **Meeting Emotional Needs:** Mum was unsure how to help C at times of his distress and negative self-talk.
- **Education & Learning:** Mum is concerned about his transition into secondary school.
- **Boundaries & Behaviour:** Mum did not know what to do about his behaviour and felt very hopeless.

### Intervention:

Intervention was completed with both mum and C together. Began with education about Anxiety, how it affects the body and brain. Used story book, video and websites to explain the effects of anxiety and calm down strategies. Used CBT approach to explore the effects of thoughts/feelings and behaviour and challenge irrational thinking. Solihull approach used with mum regarding her own stress and the affects this has on her ability to help C. Further support for C around phobia of death and sign posted support for ABA therapy. Finally mum was able to begin to develop a plan for exploring school options for C and who to contact regarding how he would be supported. At closure, mum was much more relaxed and able to see how her stress effected C's stress. C was much more able to contain his worries and quickly calm down if he became upset.

### Outcomes

- **Your Well-being:** Mum felt much better and now has resources that she can utilise if she wants continue individual support.
- **Meeting Emotional Needs:** both mum and C have a much better understanding of anxiety and strategies to cope.
- **Education & Learning:** School has reported a positive change in C's behaviour since the intervention started.
- **Boundaries & Behaviour:** C's outbursts and anxiety have lessened.

#### Family Star Plus

	First Star Score	Final Star Score
Your Well-being	2	8
Meeting emotional need	4	9
Education & learning	3	8
Boundaries & Behaviour	2	9

#### Service User Feedback

C said "He feels fine just the way he is now"

Mum reported that having someone to talk and be there for support was very helpful.

She said she is more optimistic.

