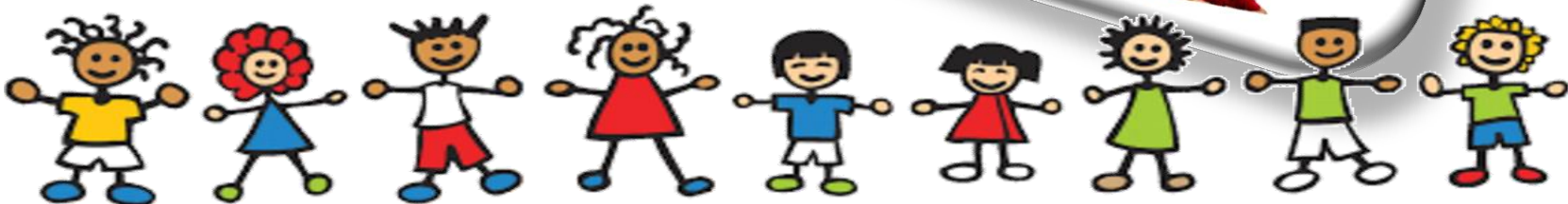
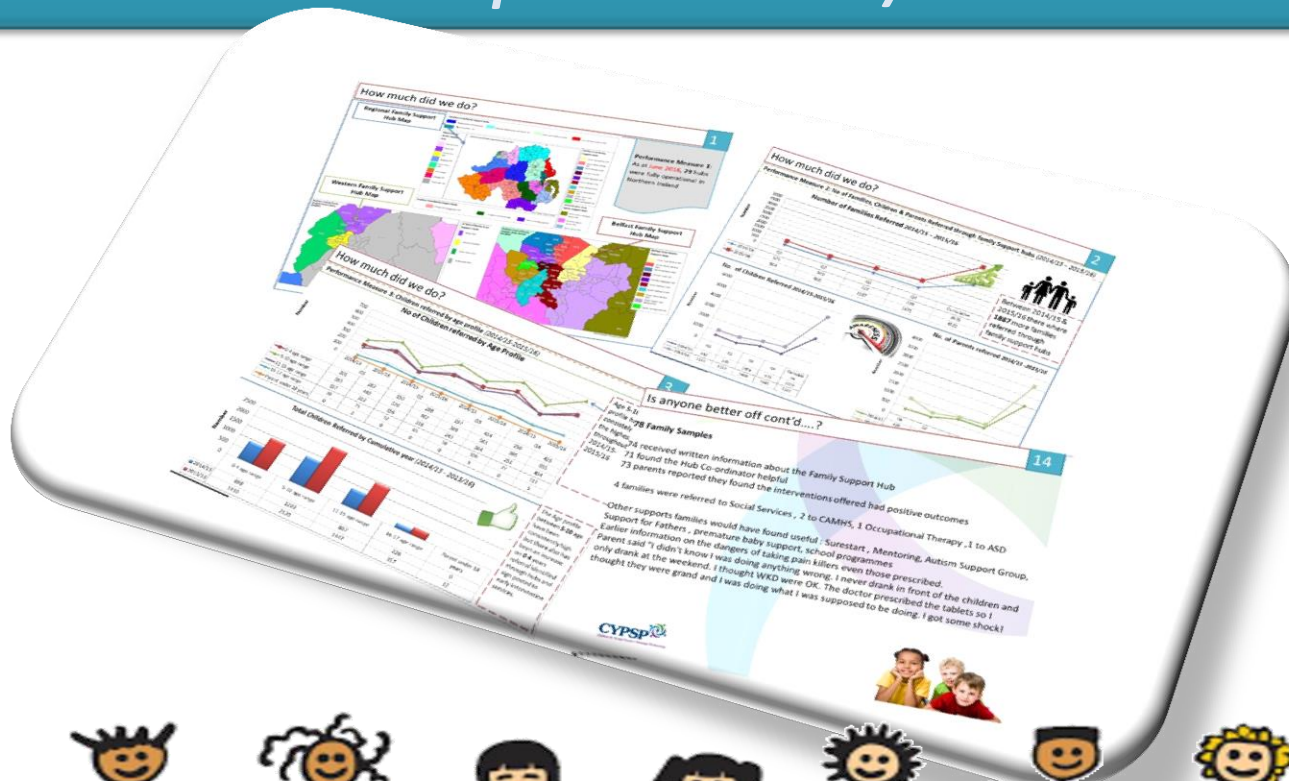


# SEHSCT Family Support Hubs Report Card

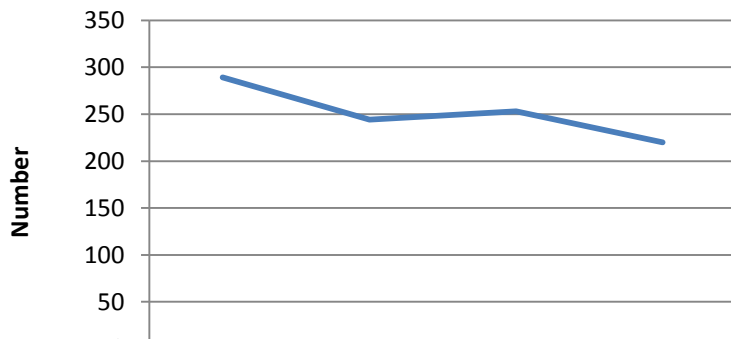
*Annual Report Card 2016/17*



# How much did we do?

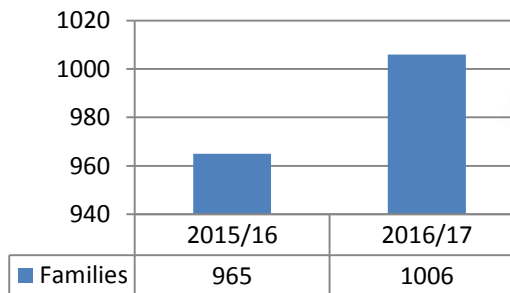
## Performance Measure 1: No of Families, Children & Parents Referred through Family Support Hubs - 2016/17

Number of Families Referred 2016/17



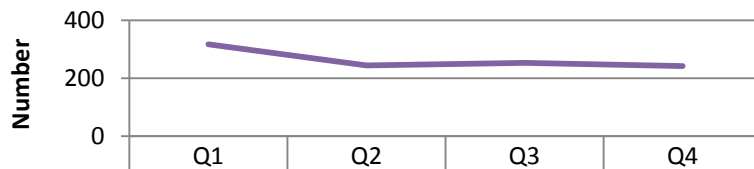
Quarter	Q1	Q2	Q3	Q4
Number of Families Referred	289	244	253	220

No. of Families Referred 2015/16 & 2016/17



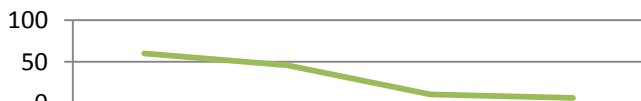
Since 2014/15 the number of families referred through family support hubs has increased year by year and now stands at **1006** in 2016/17.

No. of Children Referred 2016/17



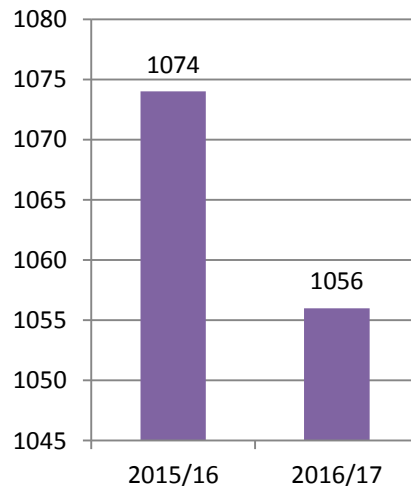
Quarter	Q1	Q2	Q3	Q4
Child / Children (C)	317	244	253	242

No. of Parents Referred 2016/17

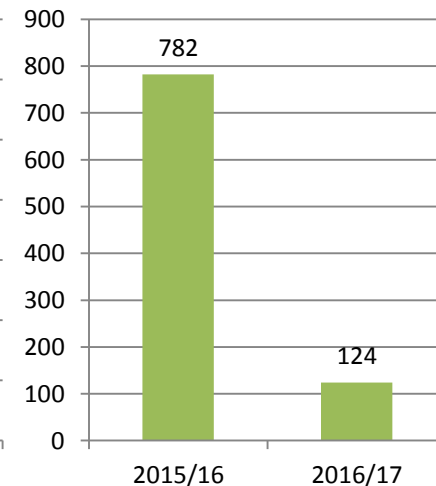


Quarter	Q1	Q2	Q3	Q4
Parent / Parents (P)	60	46	11	7

No. of Children Referred 2015/16 & 2016/17

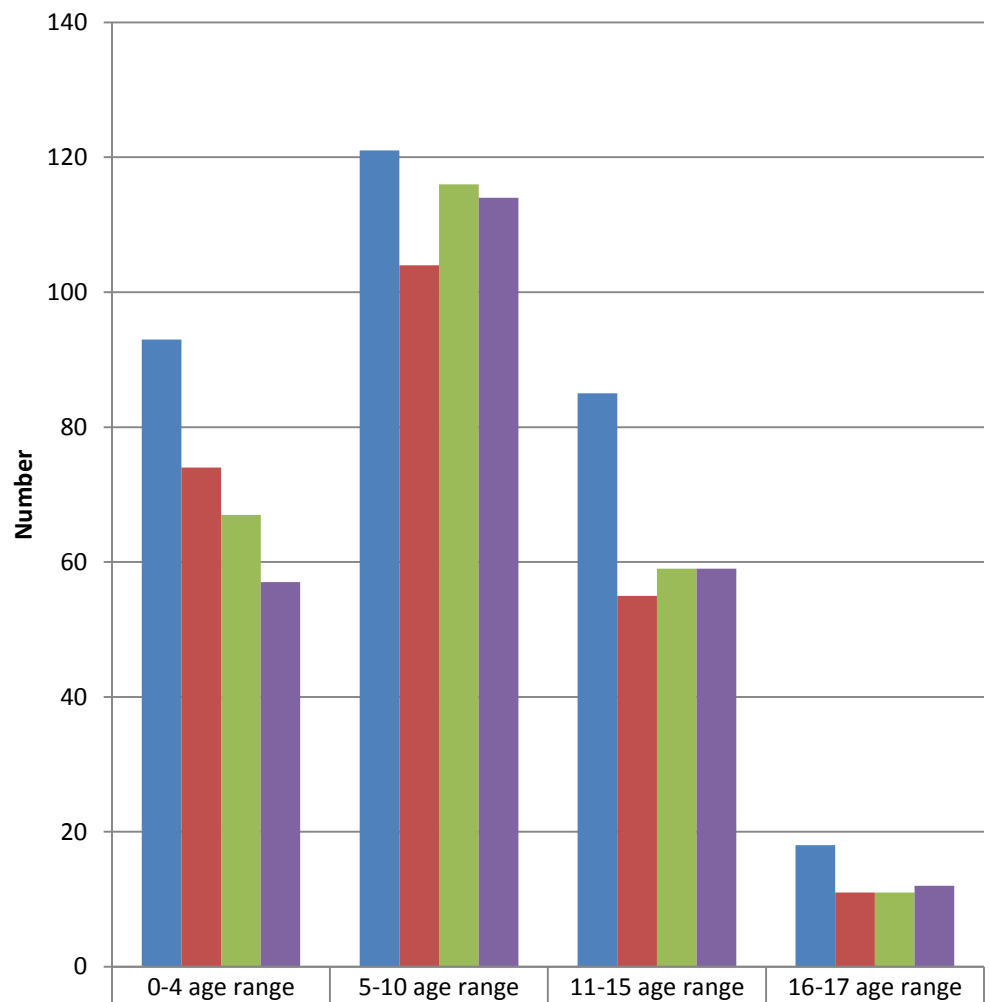


No. of Parents Referred 2015/16 & 2016/17



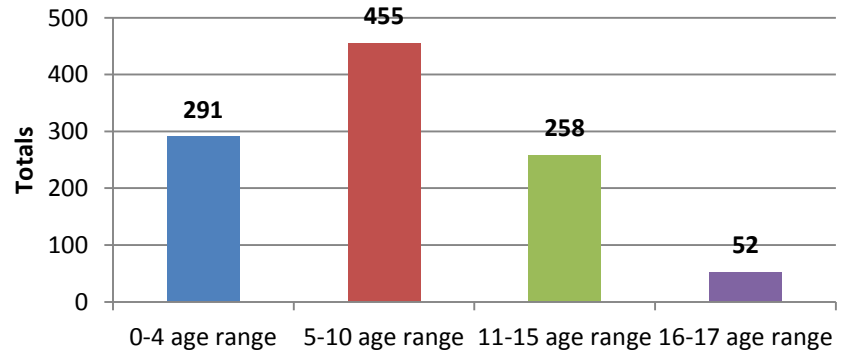
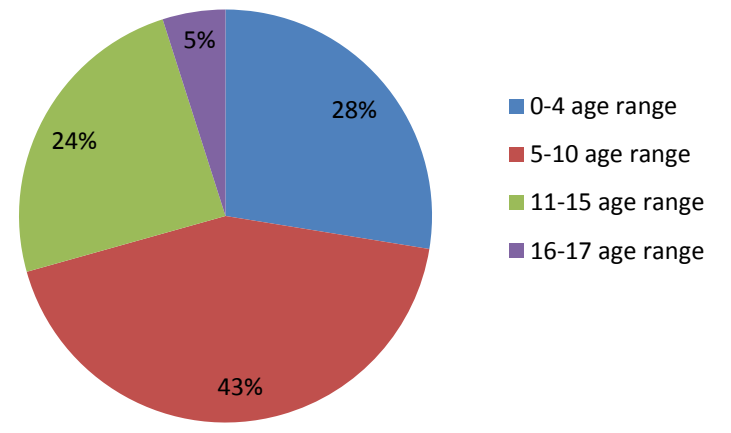
# How much did we do cont'd...?

## Performance Measure 2: Children Referred by Age Profile 2016/17



	0-4 age range	5-10 age range	11-15 age range	16-17 age range
Q1	93	121	85	18
Q2	74	104	55	11
Q3	67	116	59	11
Q4	57	114	59	12

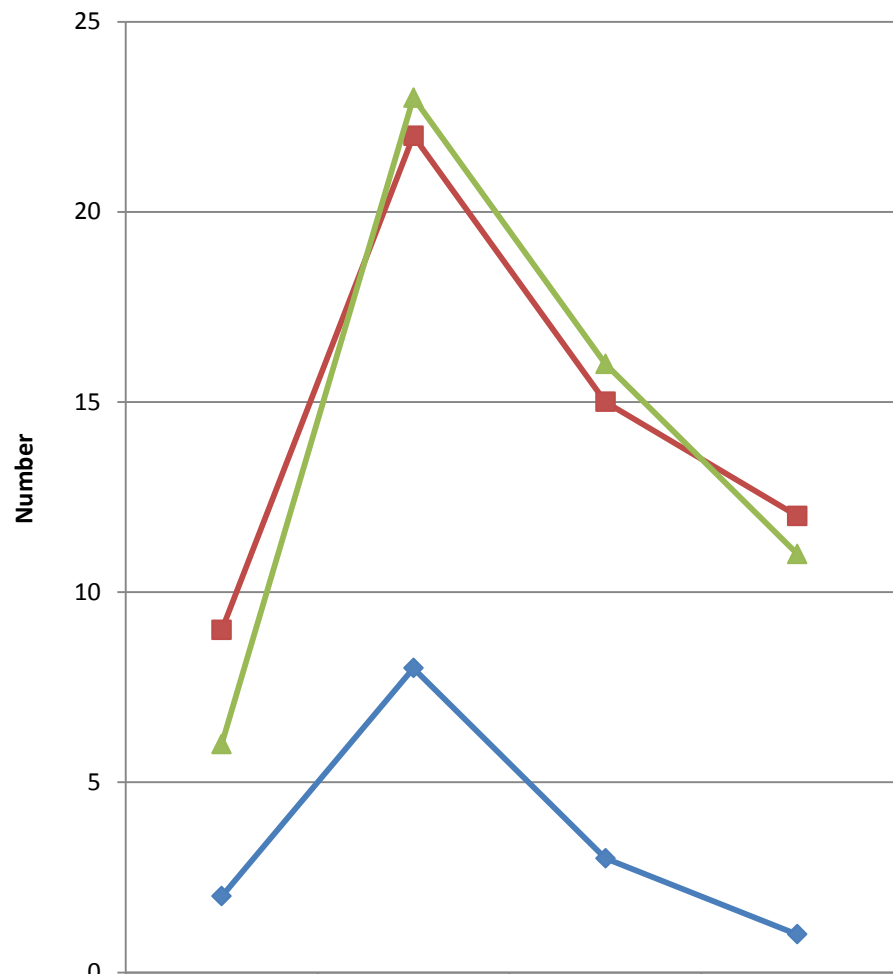
% Children Referred by Age Group



Age **5-10** profile has consistently been the highest throughout 2016/17 within SEHSCT, however referrals for the **0-4** age group has decreased and the older age range **11-15** age group increased in referrals from 2015/16.

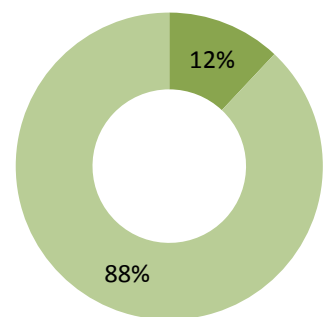
# How much did we do cont'd....?

## Performance Measure 3: Children with a Disability Referred -2016/17

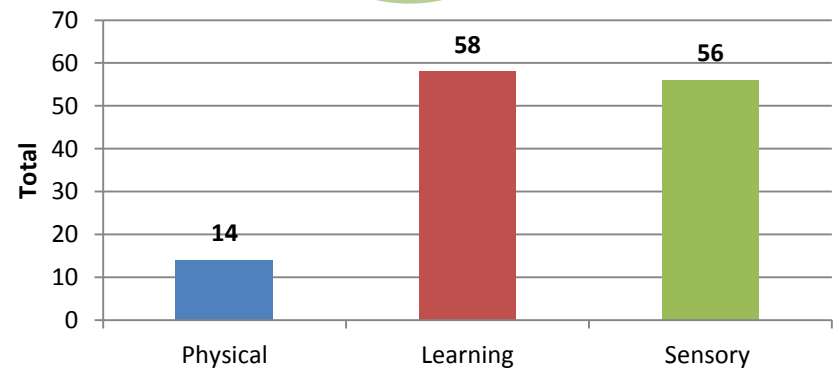


	Q1	Q2	Q3	Q4
Physical	2	8	3	1
Learning	9	22	15	12
Sensory	6	23	16	11

### Children Referred with a Disability 2016/17



Children with a Disability = 128  
**(12%)** of the Total Children Referred = 1056 has a Disability.

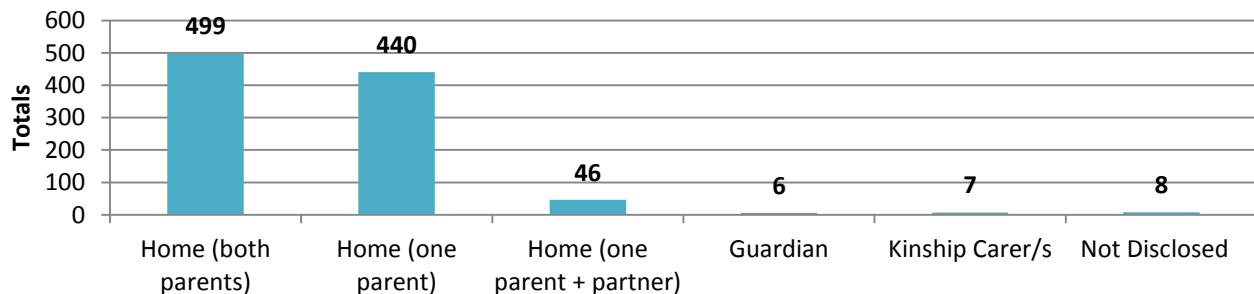
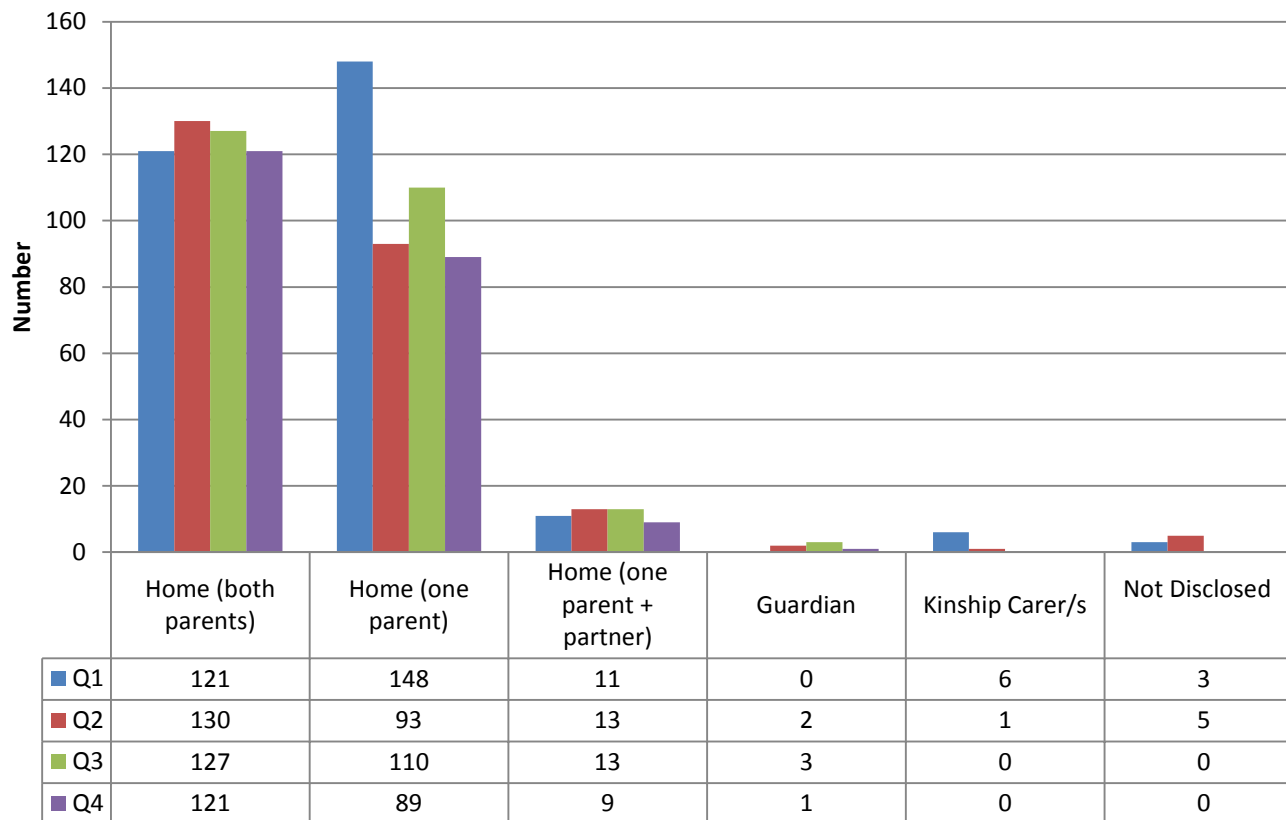


In 2016/17, Children with a **Learning Disability** had the highest number of referrals in the disability category throughout the South Eastern area, closely followed by **Sensory Disability**.



# How much did we do? cont'd

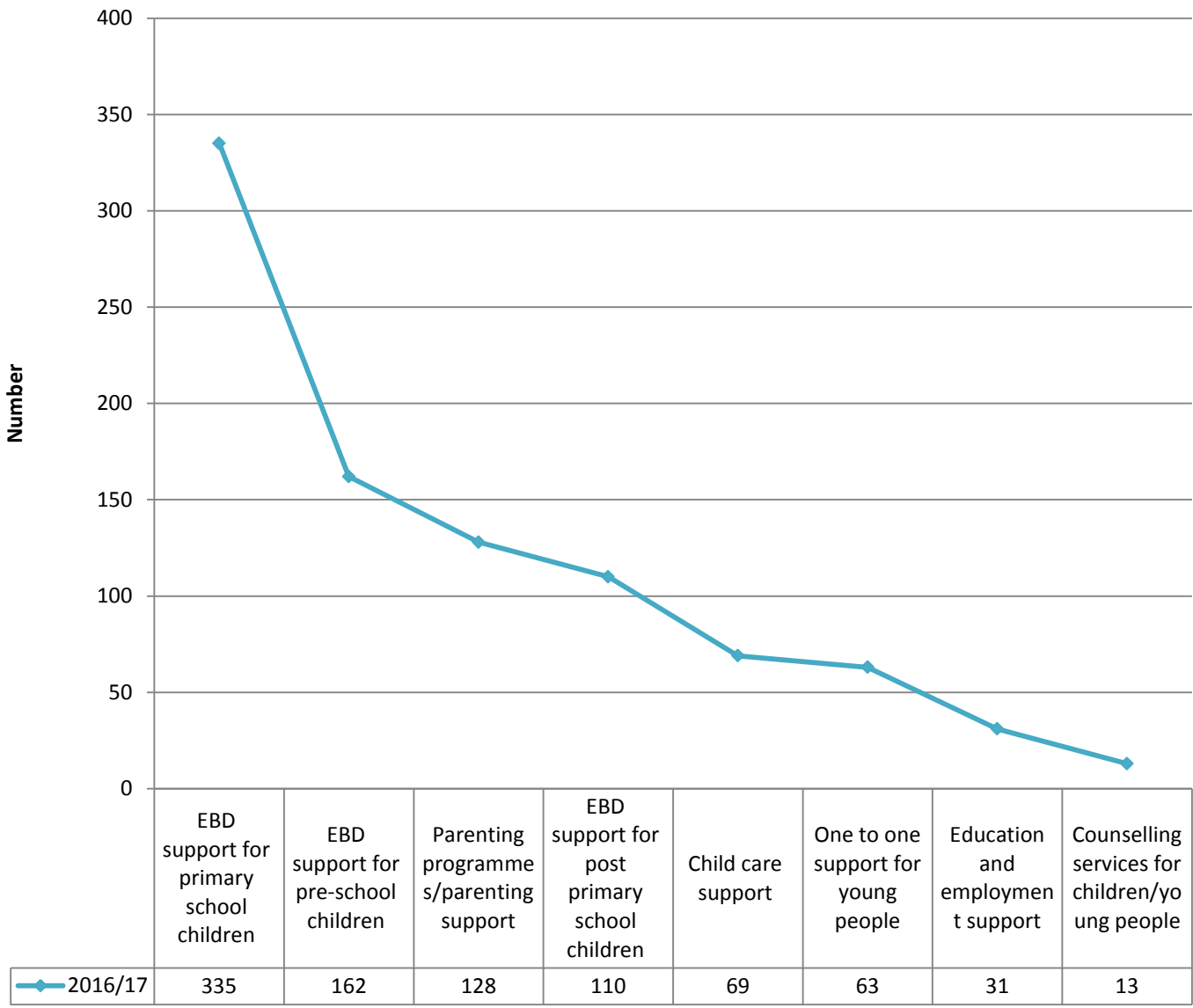
## Performance Measure 4: Household Composition - 2016/17



Home (both parents) is the largest household composition (**499**) as it was in 2015/16, with Home (one parent) the second household composition with **440**. There has been a small increase in the number of Guardians from 0 in 2015/16 to **6** in 2016/17 and Kinship Carers have increased from 6 to **7** in 2016/17.

# How much did we do? cont'd

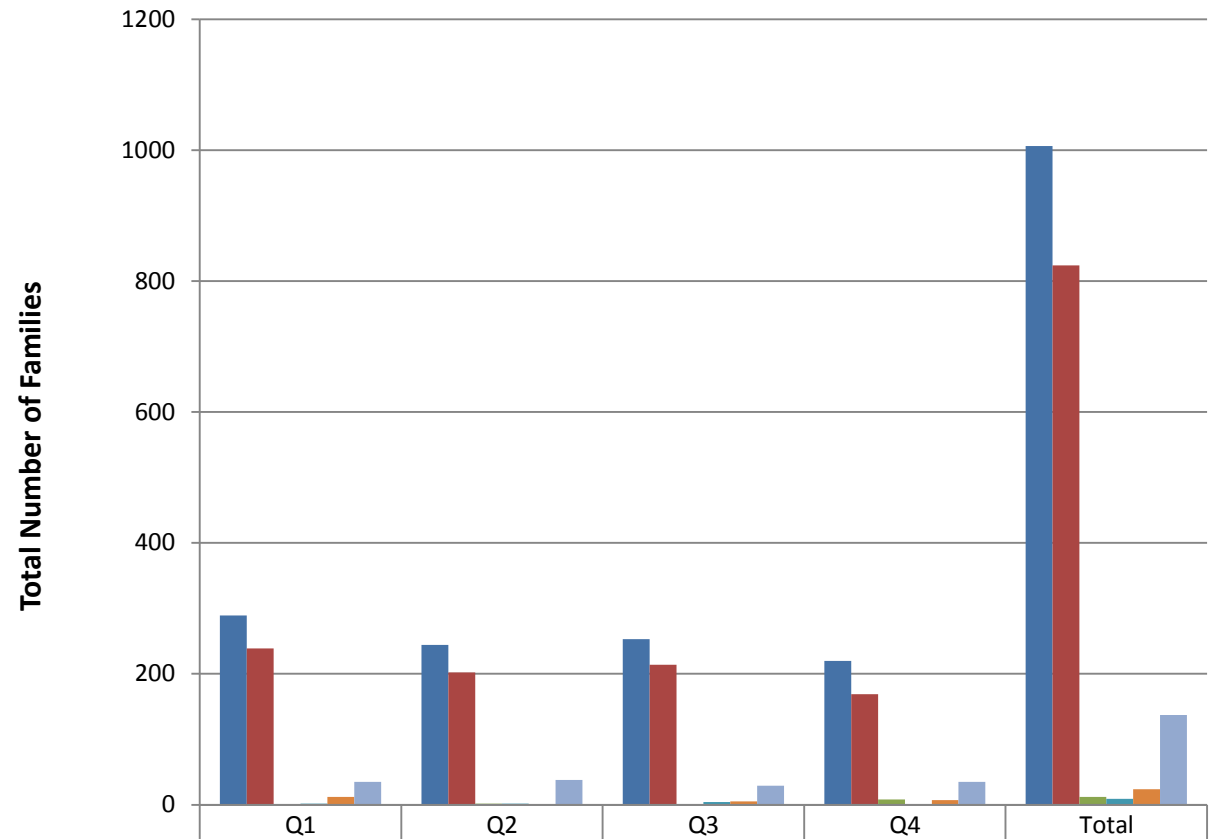
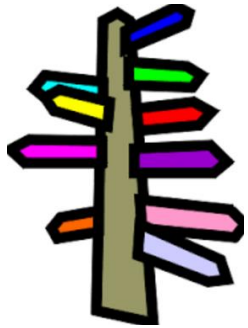
## Performance Measure 5: Main Presenting Reasons for Referral - 2016/17



In 2016/17 Emotional Behaviour Difficulty (EBD) for primary school children was the main reason for referrals at **335**, the same as in 2015/16. This was followed by EBD support for pre-school children. Parenting Programmes/ Parenting Support has doubled in 2016/17 to **128** compared to 61 in 2015/16 and EBD support for post-primary school children has stayed the same.

# How well did we do it?

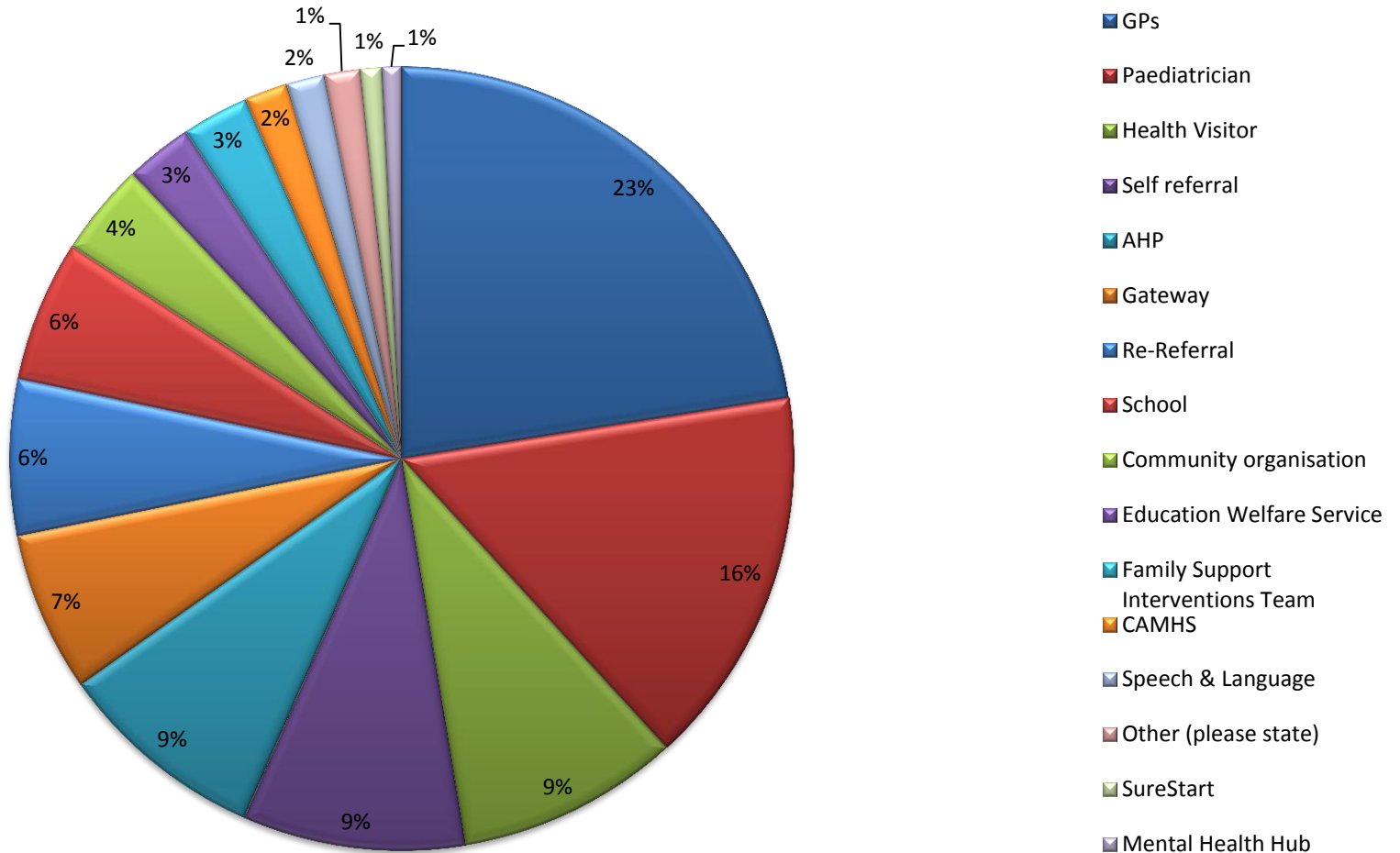
## Performance Measure 6: Families Referred that were Accepted & Signposted, Above Tier 2 or Other Reasons for Outcome of Referral -2016/17



	Q1	Q2	Q3	Q4	Total
Families Referred	289	244	253	220	1006
Accepted and Signposted	239	202	214	169	824
Signposted but family did not engage	1	2	1	8	12
Above Tier 2 (Inappropriate Referral)	2	2	4	1	9
Further Information requested	12	0	5	7	24
Unable to meet needs of referred family	35	38	29	35	137

# How well did we do it? cont'd

## Performance Measure 8: Total Percentage of Referrals by Referral Agency -2016/17



The largest referrer in 2016/17 was from GPs having increased from 18% to 23%. Paediatrician has dropped from 18% in 2015/16 to 16% and Health Visitor has dropped from 21% to 9% in 2016/17. Self-referrals and Allied Health Professionals are also 9%.



# How well did we do it? cont'd

## Performance Measure 10: 10 Standards Fully Implemented - 2016/17

**Standard 1.** Working in PARTNERSHIP is an integral part of Family Support.  
Partnership includes children, families, professionals and communities

**Standard 2.** Family Support Interventions are NEEDS LED  
(and provide the minimum intervention required)

**Standard 3.** Family Support requires a clear focus on the WISHES, FEELINGS, SAFETY AND WELL-BEING OF CHILDREN

**Standard 4.** Family Support services reflect a STRENGTHS BASED perspective,  
which is mindful of resilience as a characteristic of many children and families lives

**Standard 5.** 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

**Standard 6.** Family Support promotes the view that effective interventions are those that  
STRENGTHEN INFORMAL SUPPORT NETWORKS

**Standard 7.** Families are encouraged to self-refer and MULTI-AGENCY REFERRAL PATHS  
are facilitated

**Standard 8.** INVOLVEMENT OF SERVICE USERS AND PROVIDERS IN THE PLANNING,  
DELIVERY AND EVALUATION of family support services in practised on an on-going basis

**Standard 9.** Services aim to PROMOTE SOCIAL INCLUSION and address  
issues around ethnicity, disability and urban/rural communities

**Standard 10.** MEASURES OF SUCCESS are built into services to demonstrate that  
interventions result in improved outcomes for service users, and facilitate quality assurance and best practice

All Hubs within the SE Trust have implemented the 10 standards and are working on action plans to improve the delivery of Hubs in each of the areas.



## Family Samples

### Family A:

Mum stated that she was “at her wit’s end”. She had been at the GP several times and was feeling that she was not heard. The process of engaging with Hub meant that someone was out quickly and things began to move. Mum reports she is “very grateful” for the support she received. She feels the process was “efficient and effective”, she described the team as ‘on the ball’ and ‘very supportive’. (Mother of a 14 year old with a mild learning disability)

### Family B:

“We were at the point of feeling very desperate. The process of the Hub has worked well. When children are very small there is a better network of support from peers at Parent and Toddler groups, etc. As they get older there is no network of parents around. This would be very useful. We are very happy with service and process.” (Parents of a 9 year old with challenging behaviour)

### Family C:

Mother of 3 young children who was referred by her GP requested help with creating routines and structure in the home. She later reported she was “Very happy with the help and was always kept informed and reminded of meetings” and was also receiving therapy for herself.