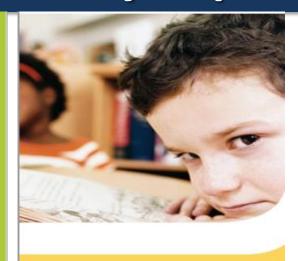
# Early Intervention Support Service Western Quarterly Report Card No 5



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 – 30th June 2017



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DELIVERING SOCIAL CHANGE

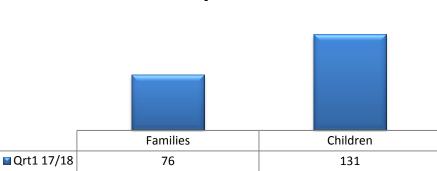




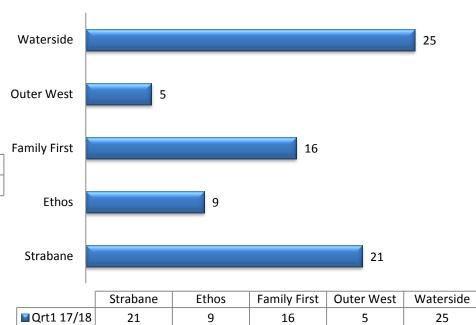
PM1- No of Families & Children Referred to EISS

### PM2a - No of Referrals by Family Support Hub Area (#76Families)

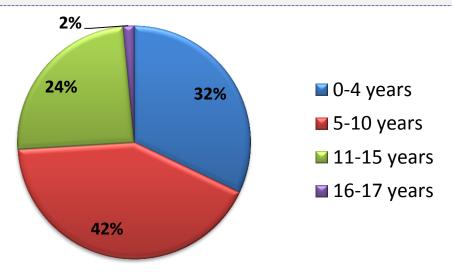
# Referrals by Families & Children



There are no targets for referrals to the EISS – targets set relate to the number of families supported. Approximately 14% of families referred to EISS did not progress in QRT 1 as a number of families did not meet the referral criteria; on this basis to meet targets for families supported by EISS family an average of 55 referrals are needed each quarter. It should be noted that some referrals received require support for more than one child within the family.

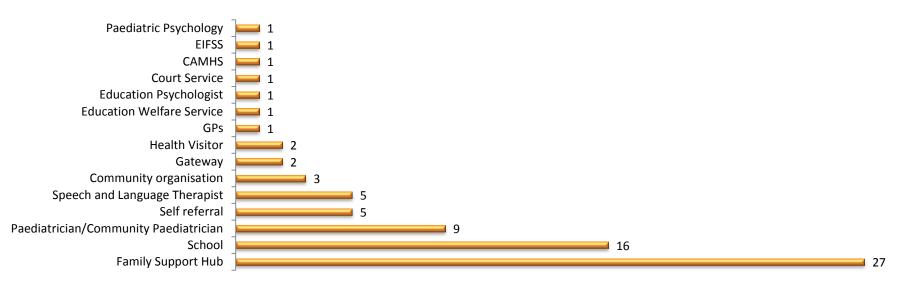


### PM2b- Referrals of Children and Young People by Age Range QTR 1 17/18 (#131Children & Young People\*)

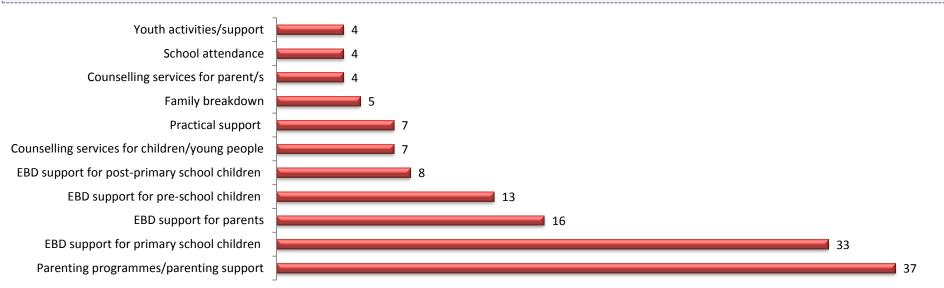


The EISS supports families with Children and Young People 0-18 years of age. Referrals by age range is comparative to the Family Support Hubs with referral rates highest for children between 5-10 years. This may partly be attributed to Sure Start providing support for children 0-4 years in many areas.

PM2c - No of Referrals through Referring Agencies QRT 117/18 (#76)



### PM2d— Main Reason for Referral Top 11 QRT 1 17/18 (#150)



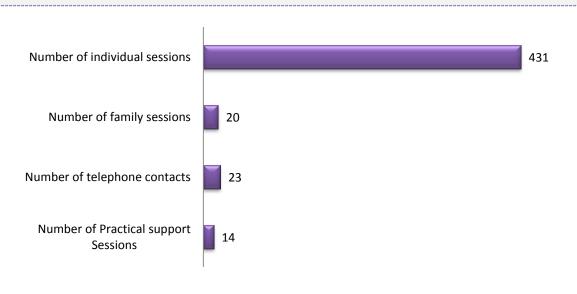
Parenting programmes/parenting support & emotional, behavioural difficulty are the primary reasons for referral which is comparative to reasons for referral to the Family Support Hubs. Families are generally referred for support in more than one area.

PM3- No of Families Offered, Accepted, Awaiting Outcomes & Declined (QRT 1 17/18 #76 referrals received)



It is noted that approximately 5% of families referred to WEISS in QRT1 did not progress as a number of families declined the offer of service or were inappropriate referrals. Families on the waiting list will receive a first visit within 4 weeks.

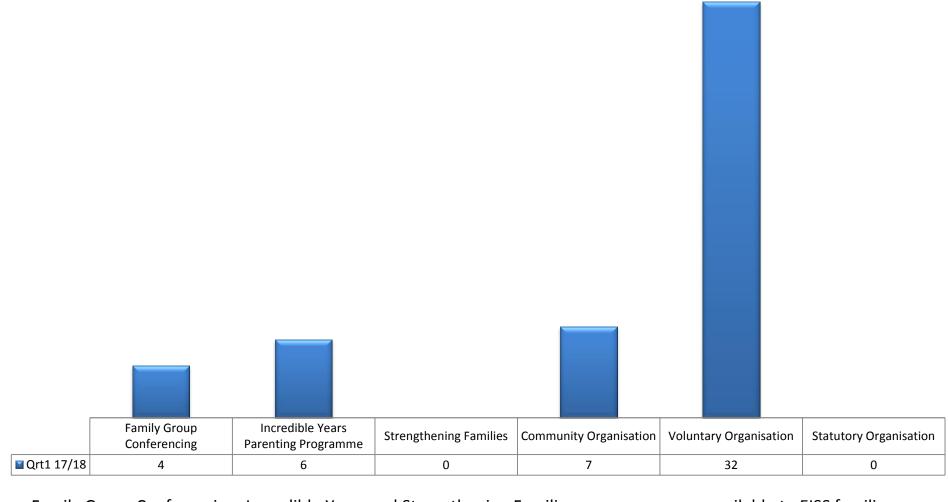
PM4 – Activities – based on 60 closed cases (QRT 1 17/18 #504) - Telephone Contacts, One to One Sessions, Family Sessions & Practical Support Sessions



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.

- Individual, family & practical support sessions are recorded as hourly sessions
- Telephone contacts are 30 minute sessions.

PM5- Number of Families signposted to other services QRT 1 17/18



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. In addition to these programmes a number of families require ongoing support following discharge from EISS these families are signposted to a range of community, voluntary, statutory & faith organisations.

# How well did Western EISS do it?

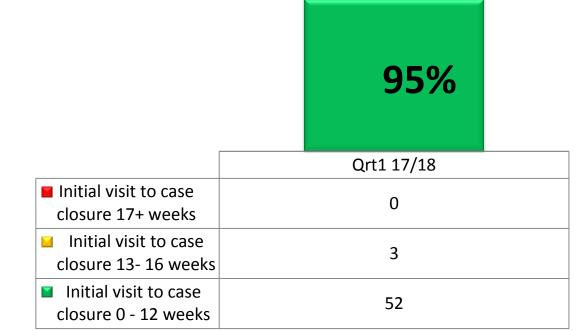
PM6— Length of time between Referral to First Contact based on 60 closed cases Qrt 1 17/18 (Target first contact within 1-10 working days)



### PM7 – Length of Intervention

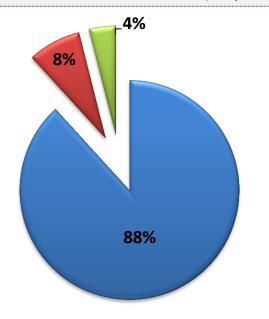
EISS provides support for a 12 week period; an extension up to 4 weeks is agreed with the EISS manager if required and the practitioner at a local level. An extension may be required for a number of reasons e.g. holidays, illness, cancelled or missed appointments. An extension of 17+ weeks is only agreed in exceptional circumstances. The average length of intervention will be calculated from Quarter 4 to inform resource planning for future service delivery.

The average length of intervention in Qrt1 for closed cases was 11 weeks.



### How well did Western EISS do it?

PM8 - Outcome of Intervention QTR 1 17/18 (based on closed cases #60)



- Total Families successfully completing intervention (#45)
- Families disengaged from service/moved out of area (#4)
- Families escalated to Gateway (#2)

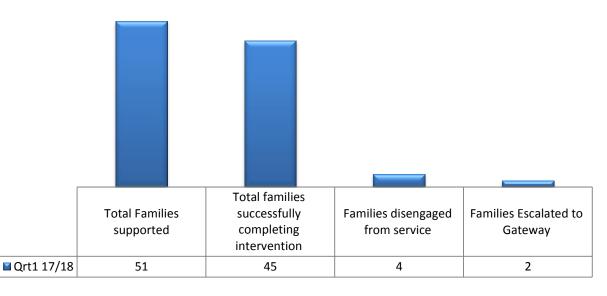
There were 60 closed cases in QRT 1 a number of families (#9 = 15%) did not go on to receive the EISS as when contacted by the EISS they did not wish to receive the service for various reasons

- Family circumstances had changed the service was no longer required.
- Alternative supports had been accessed.

# Families Supported Qrt 1 17/18

A total of 210 families have been supported by the Western EISS between 01/08/15 & 30/06/17.

An average of 48 families are required to be supported each quarter to meet the target of 385 families within the duration of the contract.



# How well did Western EISS do it?

### **Service User Feedback**

- 42 parent/carer user satisfaction forms were issued 40 (95%) were completed 90% rated the service as excellent &
   10% rated the service as very good.
- 15 child/young person user satisfaction forms were issued 15 (100%) were completed 93% of children/young people rated the service as excellent & 7% rated the service as very good.

"Really informative, supportive and a good check in on making developments with my family."

"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."

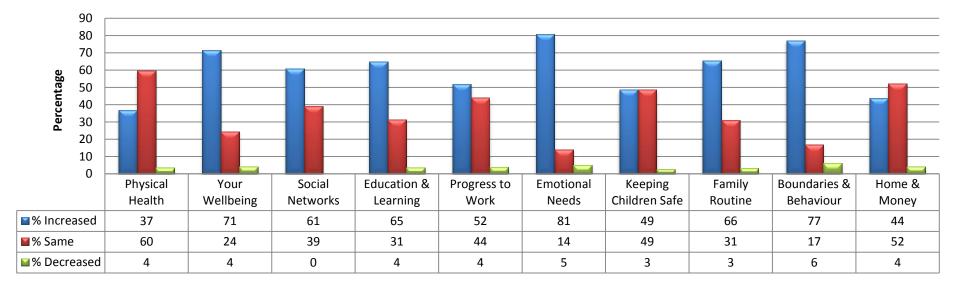
"This service was invaluable. The support worker recognised my specific needs almost straight away and enabled me to work through them. I'm in a much stronger frame of mind with a much more positive outlook for my family's future."

"It enabled me to have a different view and look at the changes I can make."

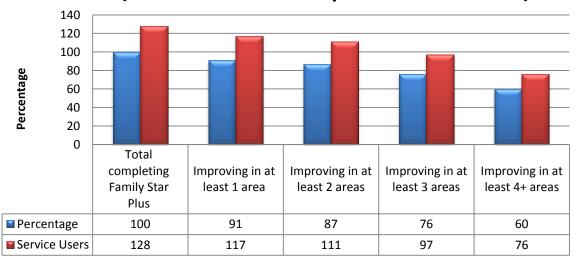
# **Western EISS - Is anyone better off?**

PM 14 Cumulative based on closed cases #93 Outcomes for Families

## Overall Family Star Plus (Cumulative from 1 Apr 16 #128 Families)



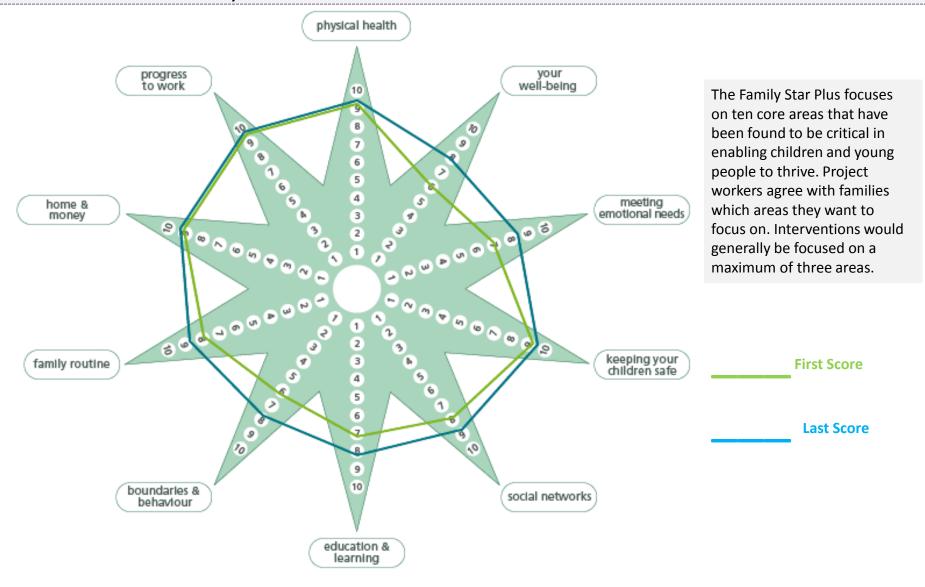
# How Many Service Users Improved (Cumulative from 1 Apr 16 #128 Families)



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.

# **Western EISS - Is anyone better off?**

### PM 14 Cumulative based on Family Star Plus #155 Families



This table shows the average first and last scores for families included in this report; report downloaded 14<sup>TH</sup> September 2017

### Case Study Western Early Intervention Support Service

### Request for service

Mum J (36), Dad L (38), son C (5). Referral was made by Primary School for:

- \*C suffered from extreme anxiety and nervousness. A very quiet boy who did not interact with peers
- \*Support for parents to help them understand and deal with C's feelings and behaviours

### Assessment with Family using Family Star Plus

Your Wellbeing: Mum's emotional wellbeing was 'stuck'; she recognised that she was focusing her energy on others and that her physical health was impacting her emotional health.

Education and Learning: Parents were concerned that C was missing out on reaching his full potential; he missed a lot of school due to sickness.

Family Routine: Parents reported a good routine but shared that they do everything for C, e.g. dress him, feed him etc.

Meeting Emotional Needs: Mum was not aware how to positively reinforce a message to her son.

### Intervention

Weekly home visits took place at parent's home at a time and day that were most suitable for their home life. The work involved:

- \*Helping parents to understand the emotional needs of their son using the Solihull Approach by helping them realise how to increase his confidence in school.
- \*Building parent's confidence using Solution Focused Brief Therapy to enable them to let their son become independent.
- \*Role modelling how to facilitate C becoming more independent and able to do things by himself.
- \*Liaising with school to demonstrate how they could best reward C for interacting with his peers and speaking out loud in class.

### Outcomes

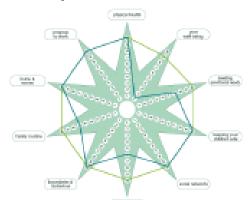
Your Wellbeing: Mum recognised the importance of looking after her physical and mental health.

Education and Learning: Parents ability to encourage C to become more independent had a huge impact on his interactions in school and enabled him to build good relationships with peers and teaching staff.

Family Routine: Parents were able to implement and maintain a routine that incorporates C completing activities for himself.

Meeting Emotional Needs: By parents encouraging C to become more independent he now believe in himself more.

Family Star Plus	First Star Score	Final Star Score
Your wellbeing	1	9
Education & Learning	6	10
Family Routine	7	10
Meeting emotional needs	7	10



### Service User Feedback

Both parents rated the service as excellent and stated "We found the service extremely beneficial. Great advice on ways to try new things".