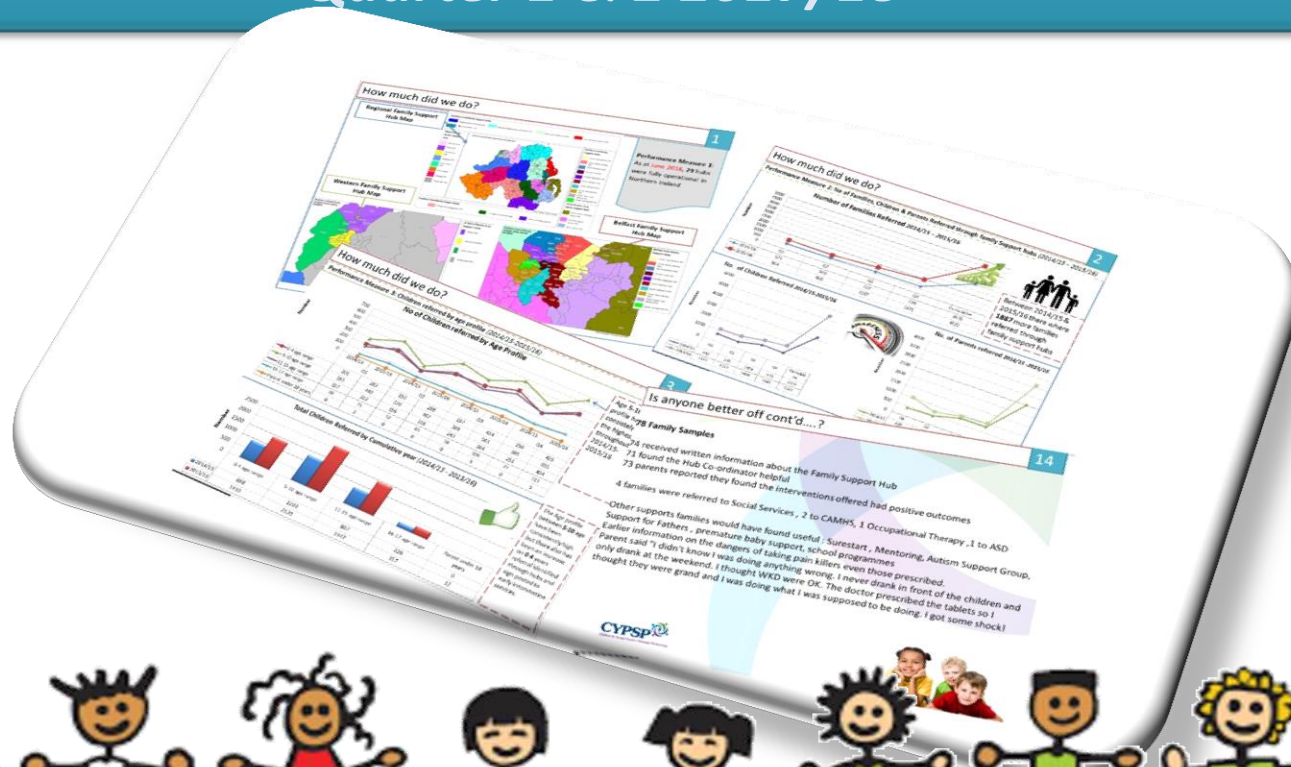


Family Support Hubs Report Card

Quarter 1 & 2 2017/18



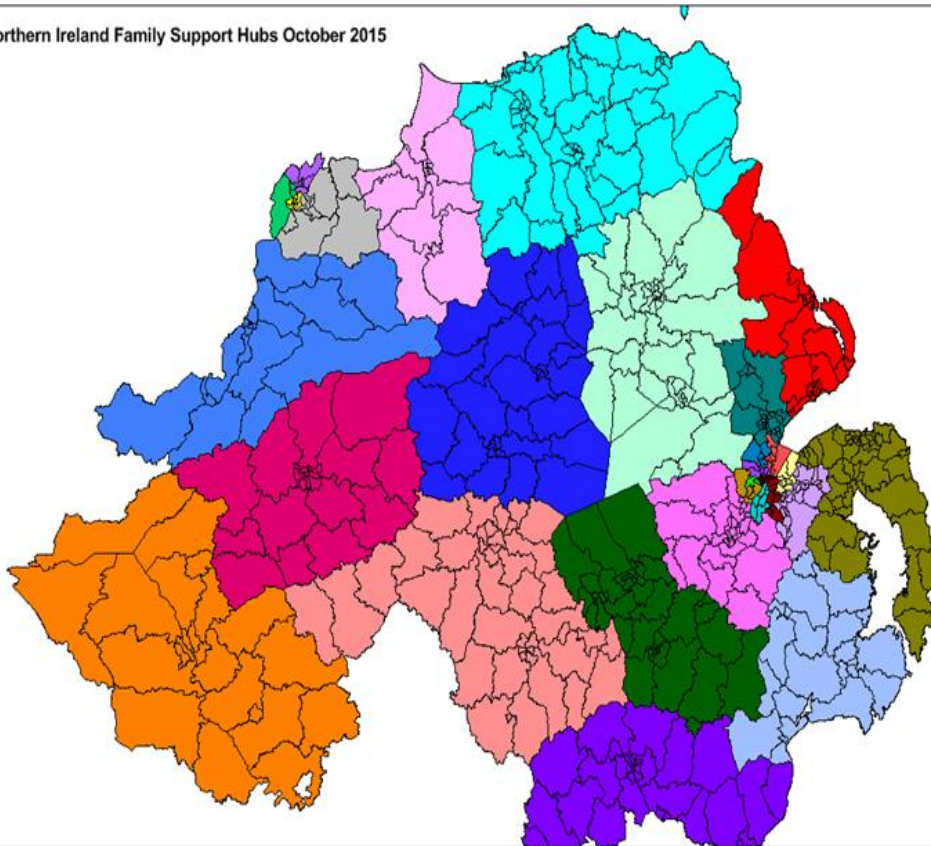
Northern Area Family Support Hubs

- Magherafelt and Cookstown
- Coleraine, Ballymoney and Moyle FSH
- Antrim and Ballymena FSH
- Larne & Carrick Sector FSH
- Newtownabbey FSH

Western Area Family Support Hubs

- Dry Arch FSH
- Ethos FSH
- Family First FSH
- Strabane FSH
- Outer West FSH
- Fermanagh
- Omagh FSH
- Waterside FSH

Northern Ireland Family Support Hubs October 2015



Crown Copyright: Produced by CYPSP

Southern Area Family Support Hubs

- Armagh and Dungannon FSH
- Craigavon and Banbridge
- Newry and Mourne FSH

Belfast Area Family Support Hubs

- Inner East Belfast FSH
- Lower North Belfast FSH
- North Belfast II FSH
- Greater Falls FSH
- Greater Shankill FSH
- South Belfast I FSH
- South Belfast II FSH
- Outer West Belfast FSH
- Outer South East Belfast FSH
- Upper Springfield FSH

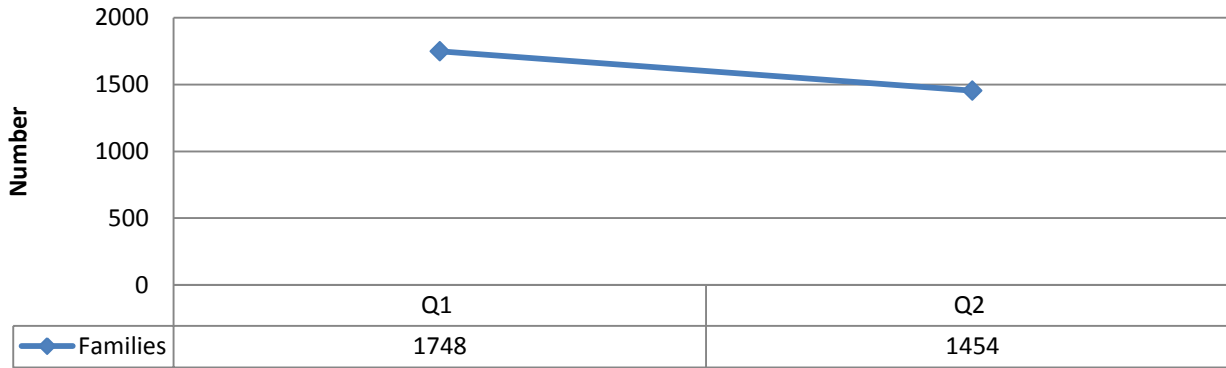
South Eastern Area Family Support Hubs

- North Down and Ards Sector FSH
- Greater Lisburn Sector FSH
- Down Sector FSH

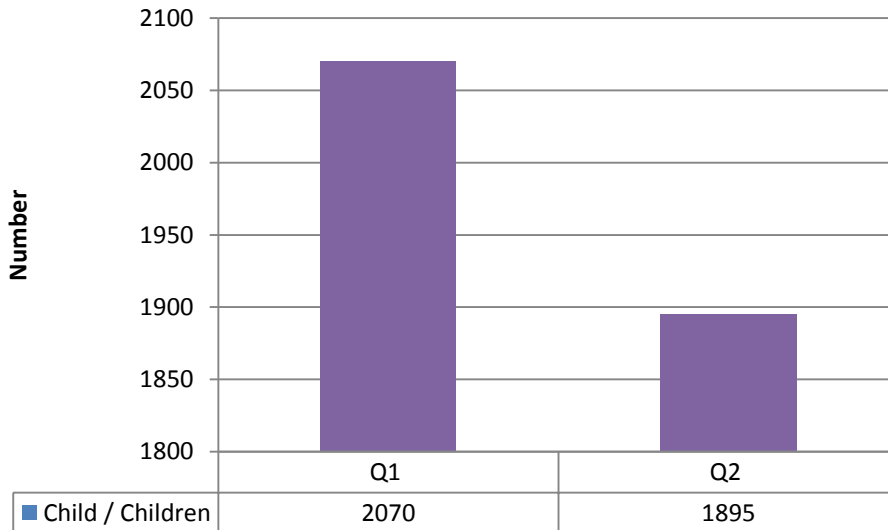
Performance Measure 1:
As at Sept 2017, 29 hubs were fully operational in Northern Ireland

Performance Measure 2: No of Families, Children & Parents Referred through Family Support Hubs – 2017/18

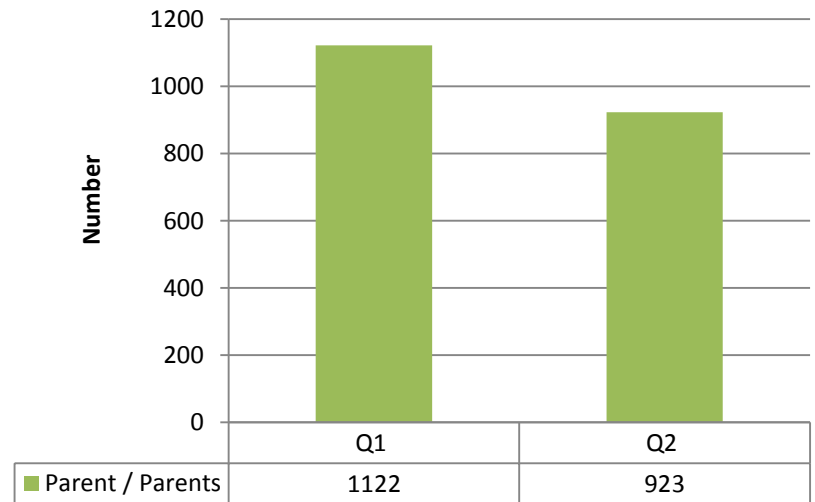
Number of Families Referred



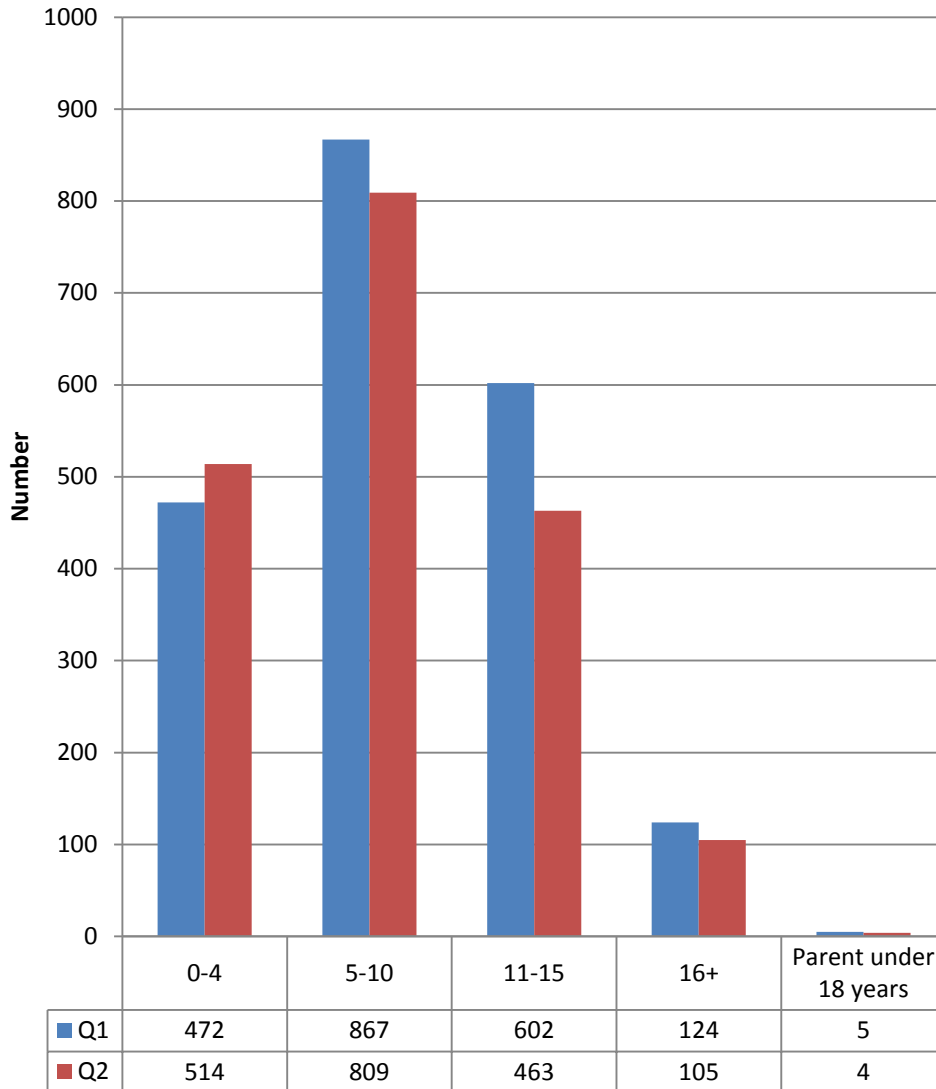
Number of Children Referred



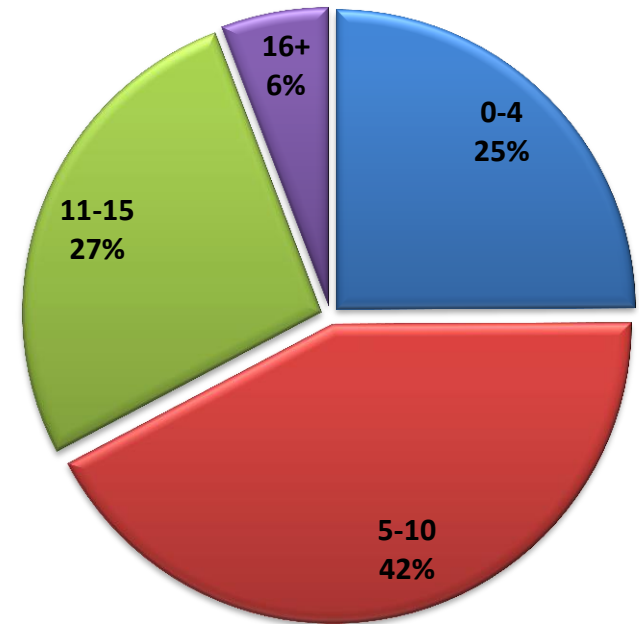
Number of Parents Referred



Performance Measure 3: Children referred by age profile - 2017/18



Age Profile Q1 & Q2



5-10 years has consistently been the highest age group for referral.

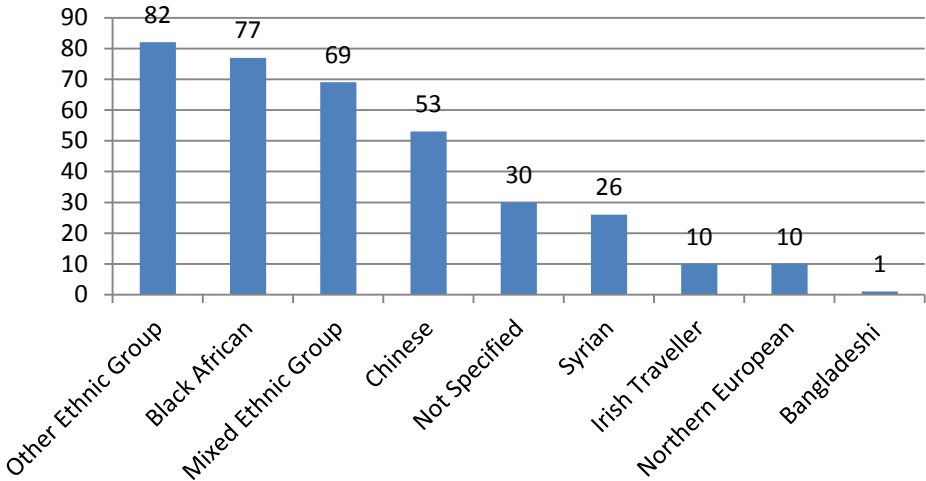
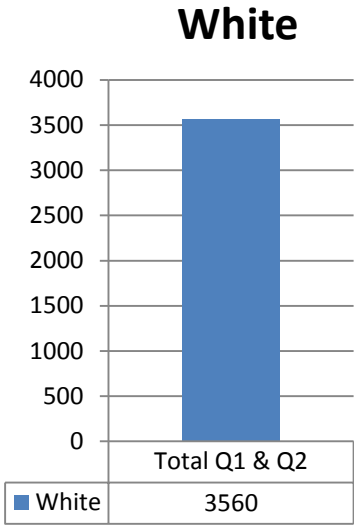
How much did we do cont'd....?

Performance Measure 4

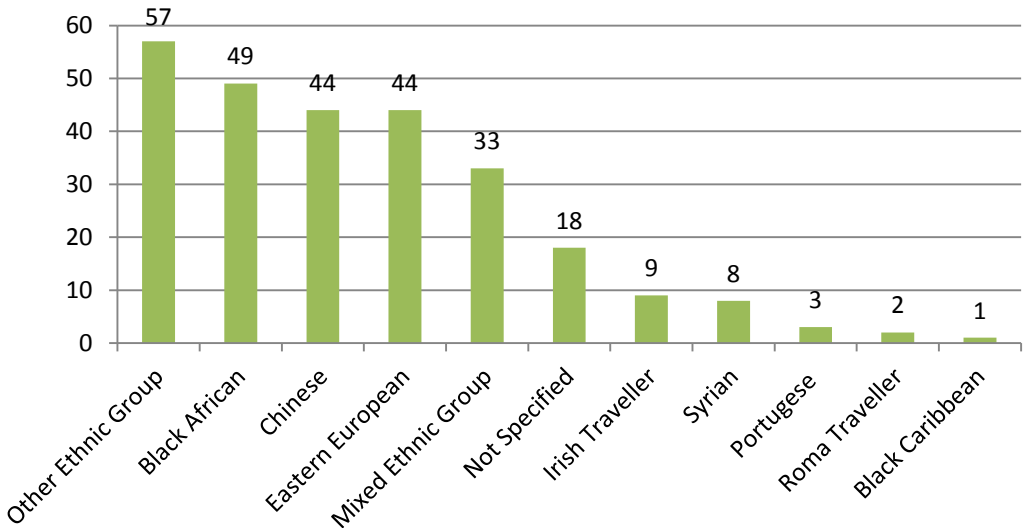
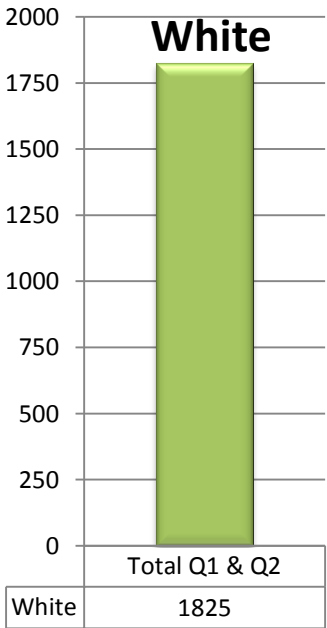
Referrals by Ethnic Background for Children and Parents referred through Family Support Hub's.

(Note: 'White' has the higher number of referrals for both Child/ren and Parents and are presented on separate scales as shown in these charts.)

Child/Children referrals by ethnic background – Q1 & Q2

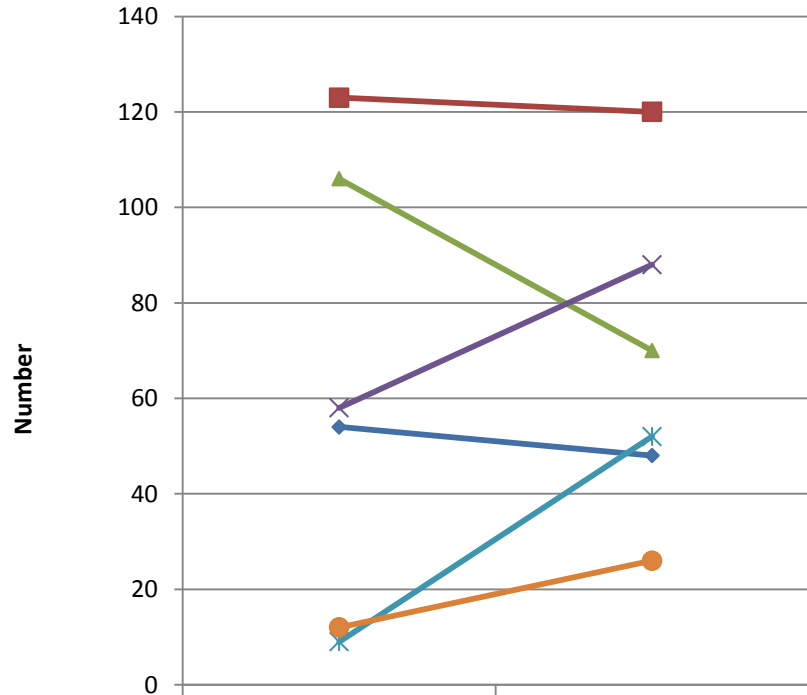


Parent/Parents referrals by ethnic background – Q1 & Q2

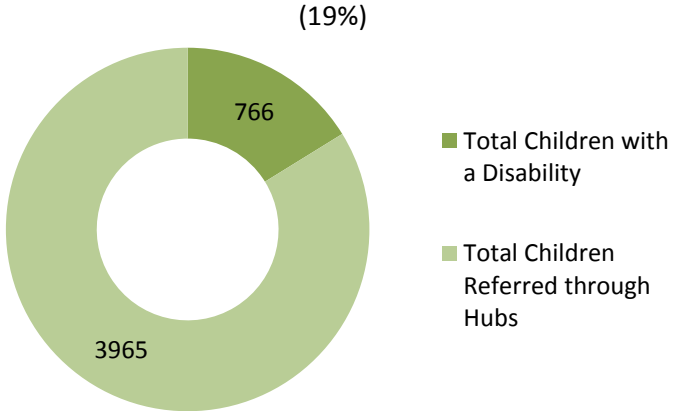


How much did we do cont'd....?

Performance Measure 4: Children with a disability referred -2017/18



	Q1	Q2
Physical	54	48
Learning	123	120
Sensory	106	70
Autism (including Asperger Syndrome)	58	88
ADHD/ADD	9	52
Other (e.g.Acquired Brain Injury)	12	26

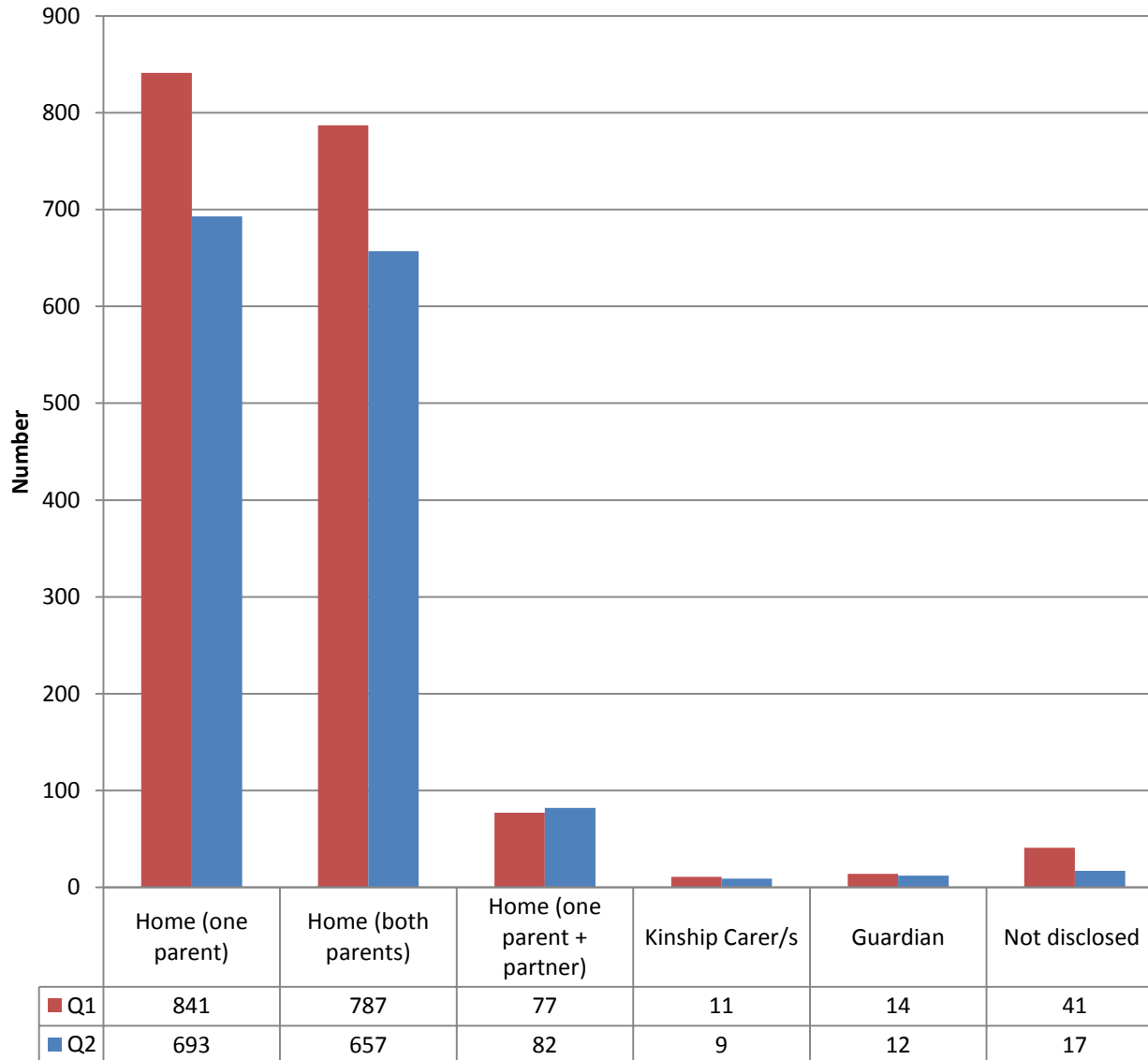


Children with a **learning disability** had the highest number of disability referrals .



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

Performance Measure 5: Household Composition -2017/18



At present from 1st April to 30th September 2017 the highest group of families referred are **One Parent Families** with **1534** in Q1 and Q2. **Home with both parents** is 1444 and **One Parent + Partner** totals at 159. The household composition for **Kinship Carers** is **20** and **Guardians** **28**, with 58 not disclosed.

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

Performance Measure 6: Main Presenting Reasons for Referral - 2017/18

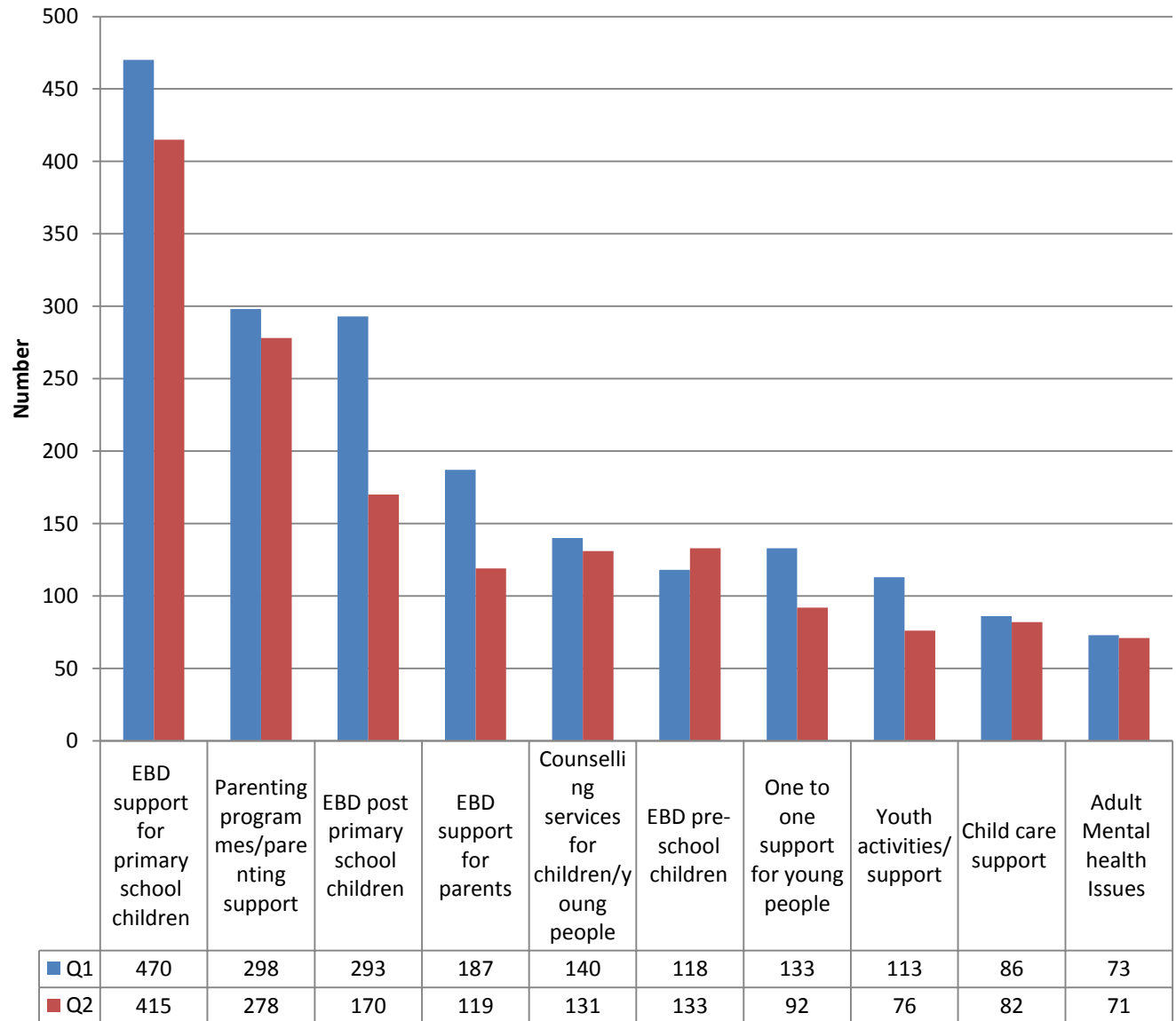
Reasons for Referral:

Consistently Emotional behavioural support for primary school age children has been the main presenting reason for referral. At present there has been 885 children referred for EBD support for primary school age children .

Requests for parenting programmes /support at present for Q1 and Q2 totals at 576.

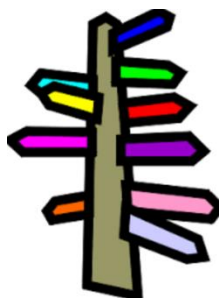
In Q1 and Q2 there has also been a growth in the number of post primary children referred for emotional behavioural support, with 463 referred.

As hubs become established in local communities greater numbers of referrals are being presented for Counselling services for children/young people.



How well did we do it?

Performance Measure 7: Families Referred that were Accepted & Signposted, Referred to Gateway or not accepted for Other Reasons



Total Number of Families

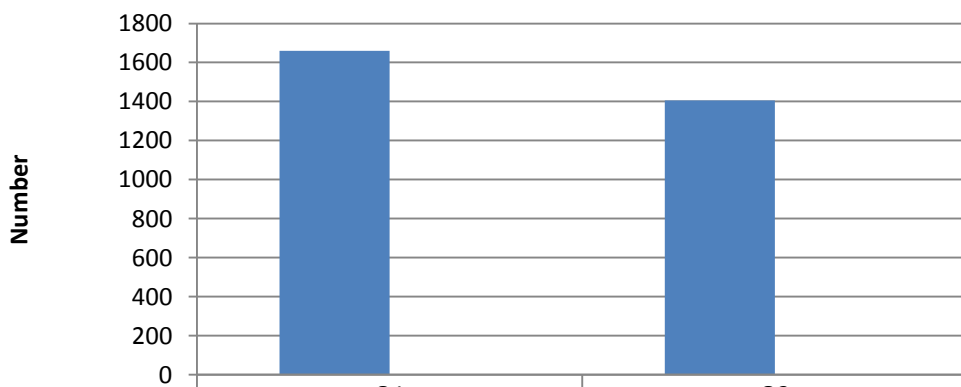
2000
1750
1500
1250
1000
750
500
250
0

Families Referred that were "Accepted & Signposted"
(Q1 & Q2)



	Q1	Q2
Families Referred	1748	1454
Accepted and Signposted	1458	1206
Signposted but family did not engage	68	62
Above Tier 2 (Inappropriate Referral)	114	75
Further Information Required	113	117
Unable to meet needs of referred family)	18	10

Performance Measure 8: Referral processed : Outcome 4 weeks & 5-8 weeks achieved / Not Achieved



	Q1	Q2
Achieved	1660	1405
Not Achieved	3	0

The vast majority of referrals to Hubs were processed within 4 weeks. A further significant number within 5- 8 weeks and of the remaining referrals only **3** exceeded the maximum 8 weeks timescale. This ensures families receive a timely response to their immediate needs from the Hub Co-ordinator.

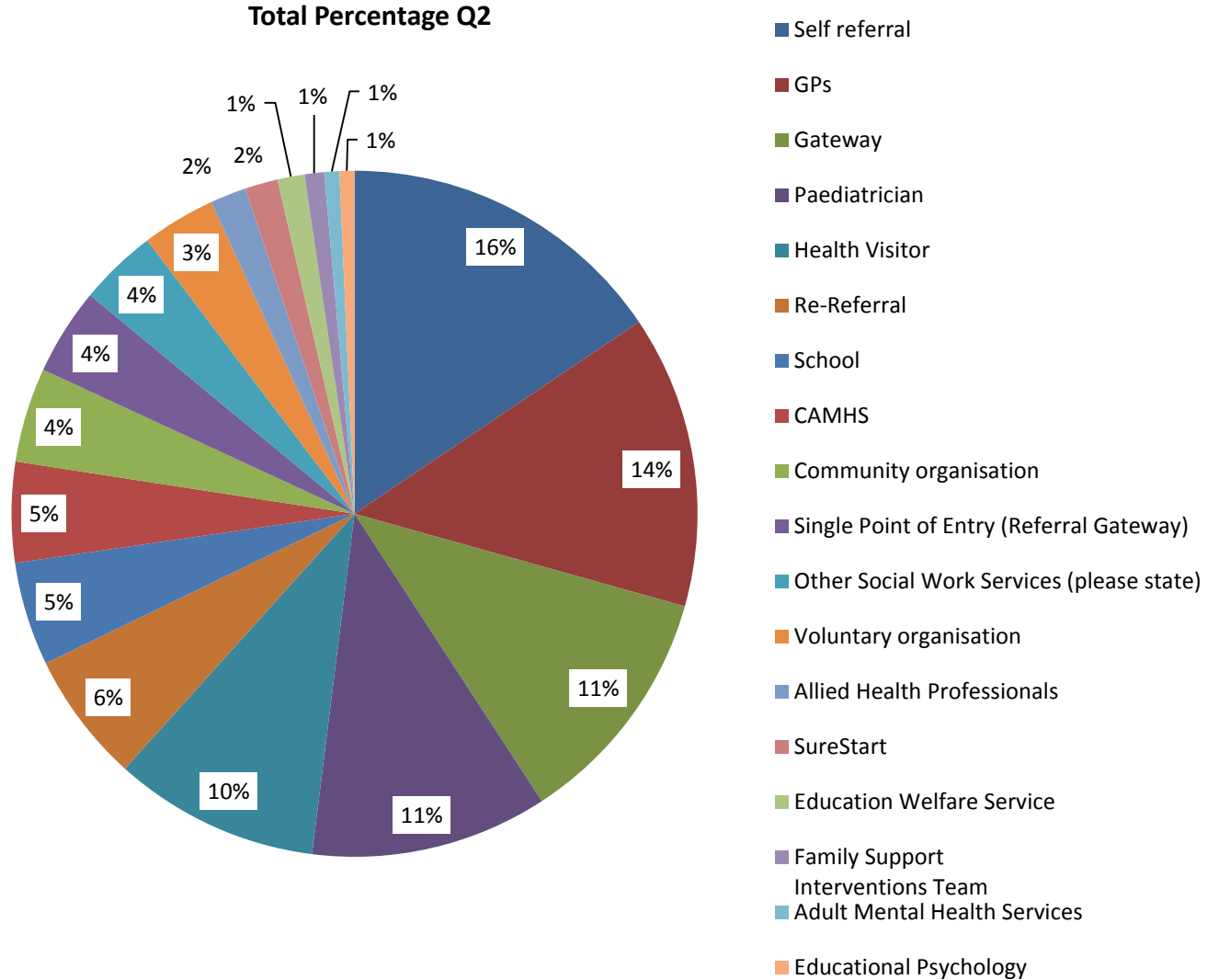
How well did we do it cont'd.....?

Performance Measure 8: Total Percentage of Referrals by Referral Agency – Q2 2017/18

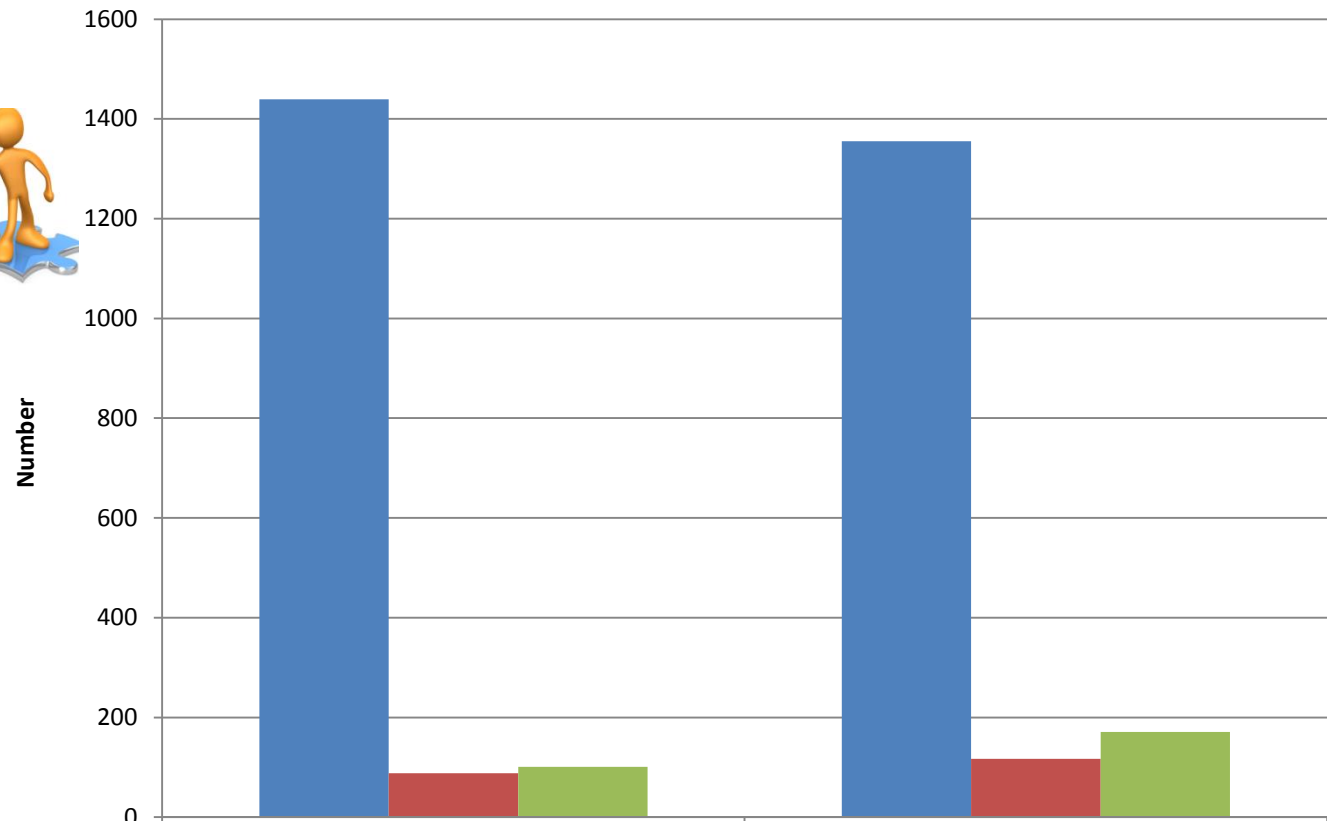
In Q2 Self-referrals were the key referrer at **16%**, which was also the top referring agency in Q1 at 18% for 2017/18.

Referrals to GP's are **14%**, again similar to Q1 at 12%.

Gateway and Paediatricians referrals are the same at **11%** with Health Visitors referrals are **10%** in Q2.



Performance Measure 9: Number of Parents / Children referred who did and who did not take up the service offer



	Q1	Q2
■ Number of children/ parent referred on who took up the service offer	1439	1355
■ Number of children/ parent referred on who did not take up the service offer	88	117
■ Not Known	101	171

How well did we do it cont'd.....

Performance Measure 10: 10 Standards 93% Fully Implemented 7% Partially Implemented - Q1 & Q2 2017/18

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

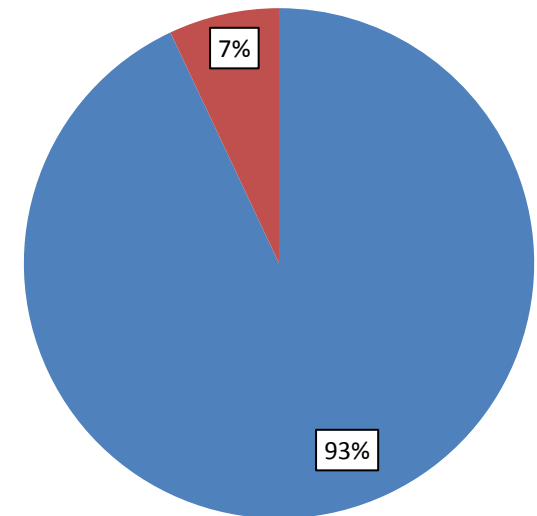
Standard 8. INVOLVEMENT OF SERVICE USERS AND PROVIDERS IN THE
PLANNING, DELIVERY AND EVALUATION of family support services in practised
on an on-going basis

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

Hub Standards

■ Fully Implemented ■ Partially Implemented



All Hubs are expected to administer the self assessment tool based on the 10 Standards and to develop an Action Plan which is reviewed on a 6 monthly basis.

Case Study 1

“I was introduced to the Family Support Hub by my son’s paediatric consultant. My son was born with a rare genetic disorder. I am a single parent and was struggling to find services in the community to help .

I work full time so knowing what I was entitled to was very difficult as the online information is not always helpful and as my son`s disability has many conditions I found myself not aligned to one charity for support or help.

The Family Support Hub staff gave me confidence to know I was not the only one in the community struggling. Had the family hub not found me a service which really supported my child I was going to have to go part time in work, which would have caused a real financial strain on the home. I also received 36 free hours of childcare, which is just amazing. I have also been assigned a person to help me fill out my DLA forms which I was struggling with. More than anything it has given me comfort to know I am not alone when trying to access services. I have a great network of consultants for my son`s physical problems but this is only part of him and I have always been isolated when it comes to help on the social side – but not anymore now I have help and confidence in the family hub.”

A lone parent



Case Study 2

“I would like to thank you from the Family Support Hubs and your support workers for all you have done for my daughter and my family.

When I was searching for much needed help, I had people recommending your services and when I did some research I was very happy about what I was reading and hearing for myself I felt like this is just what I had been looking for. After going through the process and then being allocated a support worker to help with my daughter's needs I felt that it was working well and my daughter who doesn't always engage well with people because of social anxiety was making a connection.

The support we received was excellent and was really in line with my daughter's struggles in life and helped her a lot over the period of time the support worker was with us.

I feel we need more services like this to help people like myself and my family in the same situations.”

(Parent)



Case Study 3

A mother was referred to the Family Support Hub by the Gateway Team. She requested parenting support and it subsequently transpired she was concerned that her child had been adversely affected by domestic abuse and was showing signs of anxiety. The child attended Women's Aid Helping Hands Course and the mother reported a "marked improvement" in her child's mental health. She knows she can contact Women's Aid if she needs further help and advice.

Hub Co-ordinator

