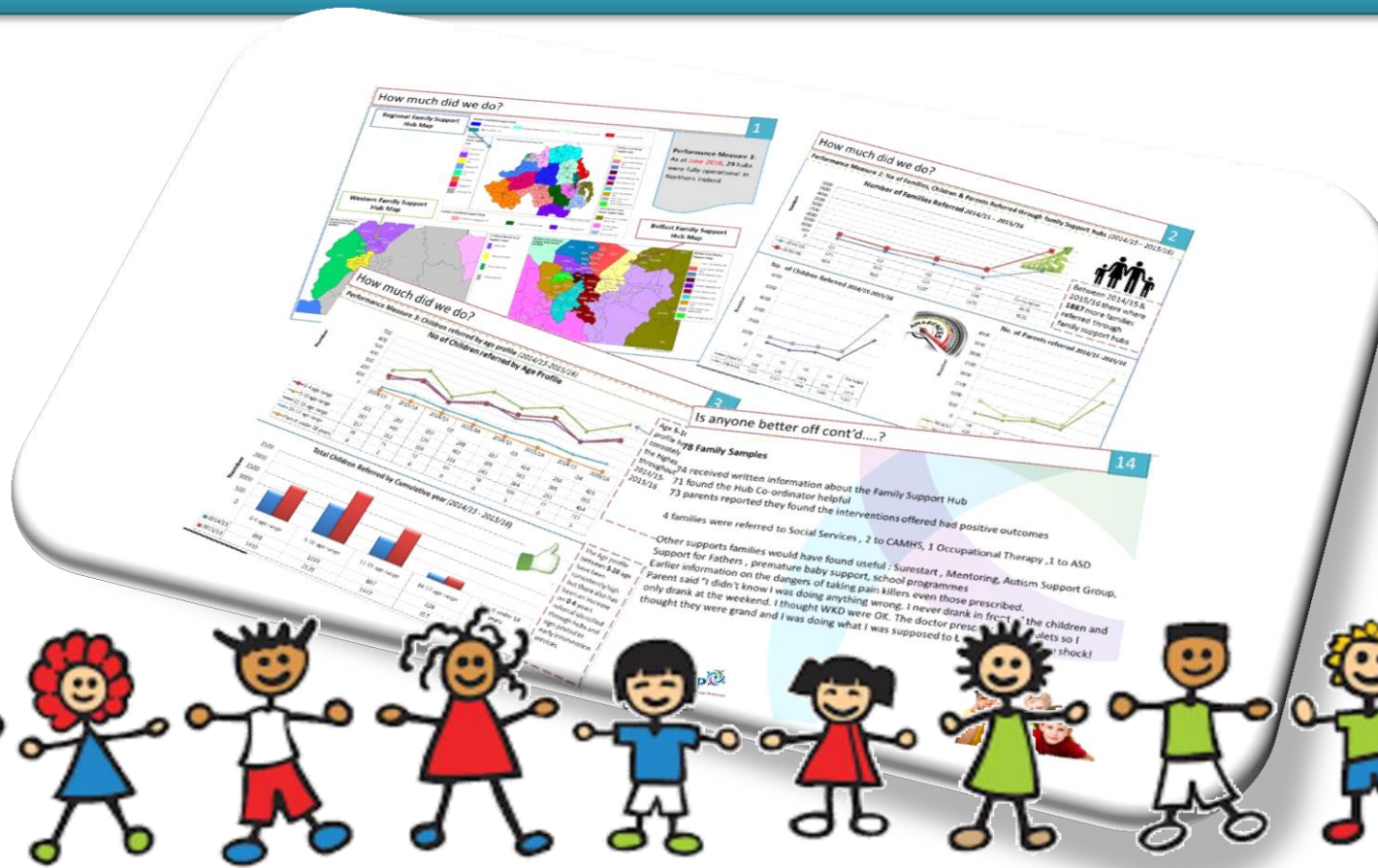


# Family Support Hubs Report Card

## Annual Report Card 2018/19



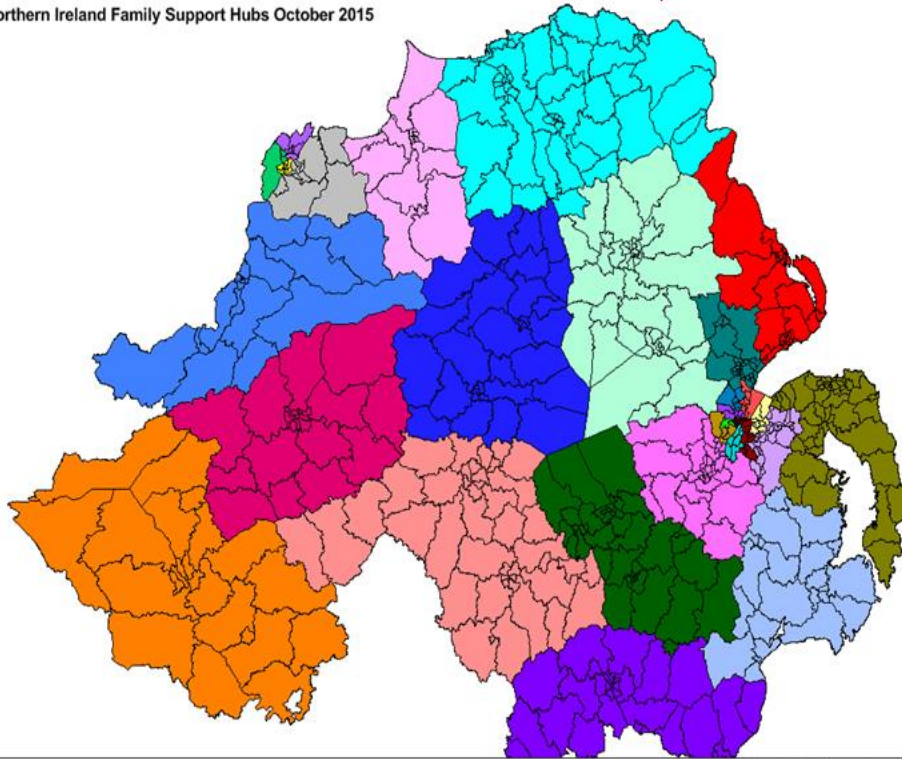
## Northern Area Family Support Hubs

- 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



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## 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

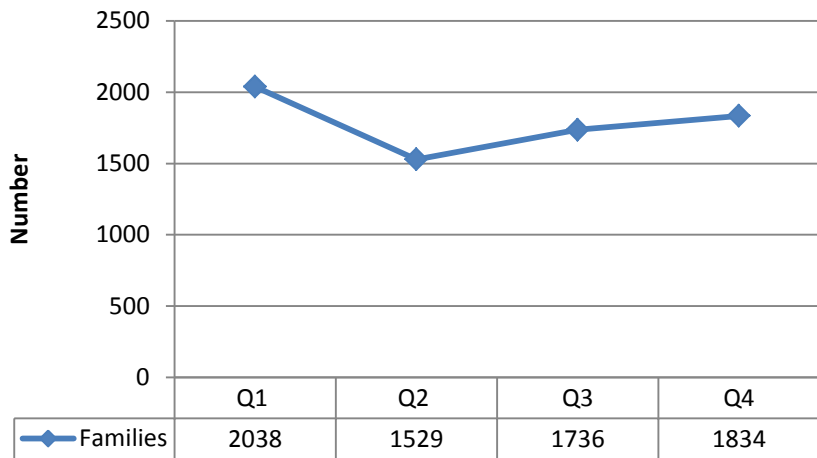
## Southern Area Family Support Hubs

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

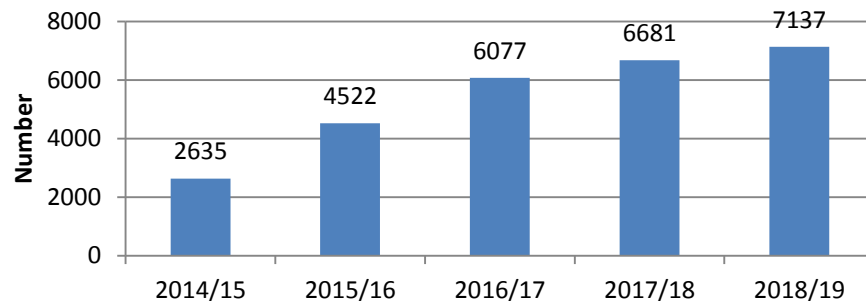
**Performance Measure 1:**  
As at April 2019, **29** hubs were fully operational in Northern Ireland

## Performance Measure 2: No of Families, Children & Parents Referred through Family Support Hubs – 2018/19

### Number of Families Referred – 2018/19

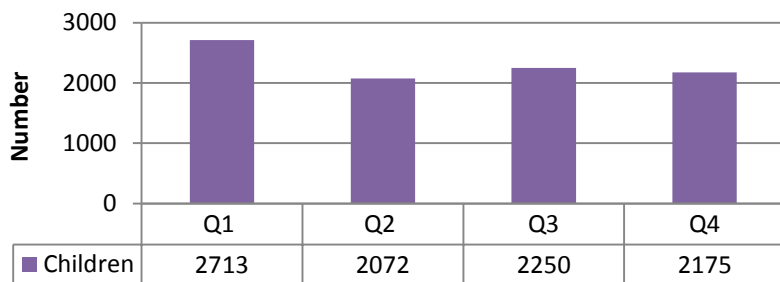


### Number of Families Referred – 2014/15 to 2018/19

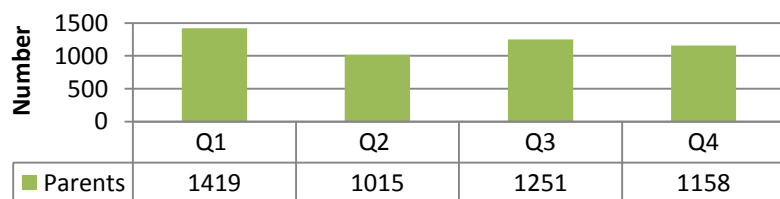


In 2018/19, **7137** families were referred through family support hubs, **456** more families than in 2017/18, almost a **7%** increase.

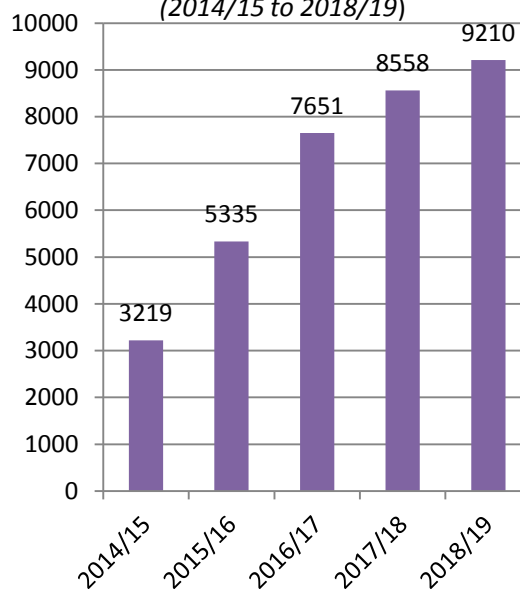
### Number of Children Referred - 2018/19



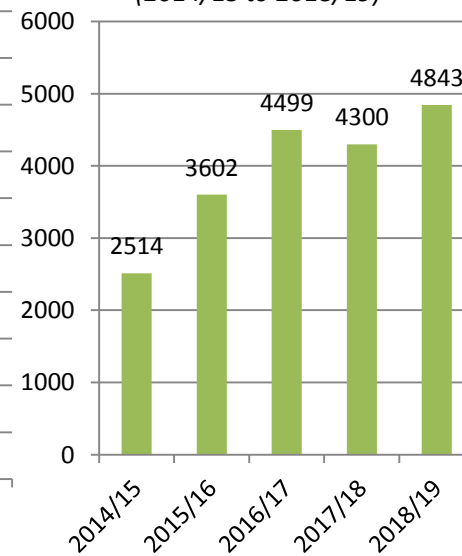
### Number of Parents Referred - 2018/19



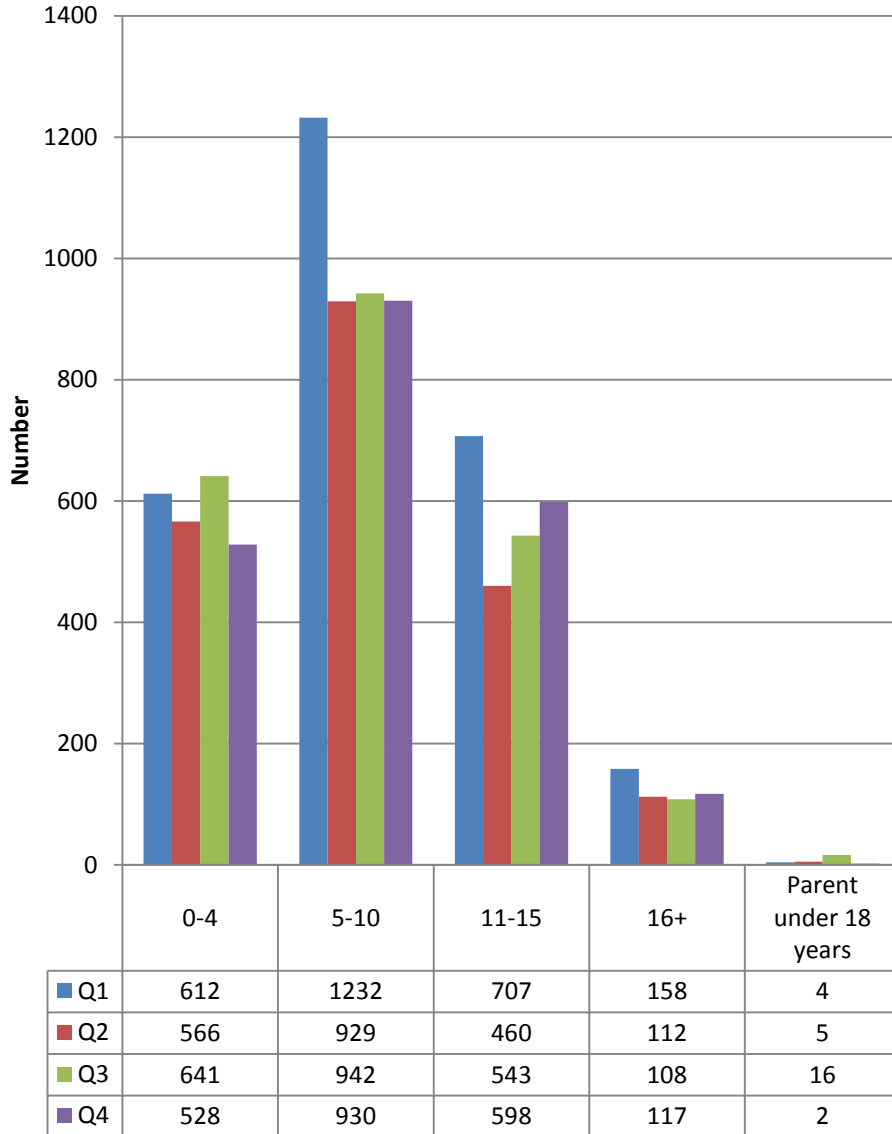
### No. of Children (2014/15 to 2018/19)



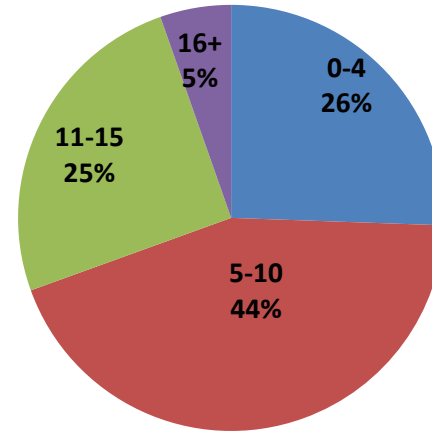
### No. of Parents (2014/15 to 2018/19)



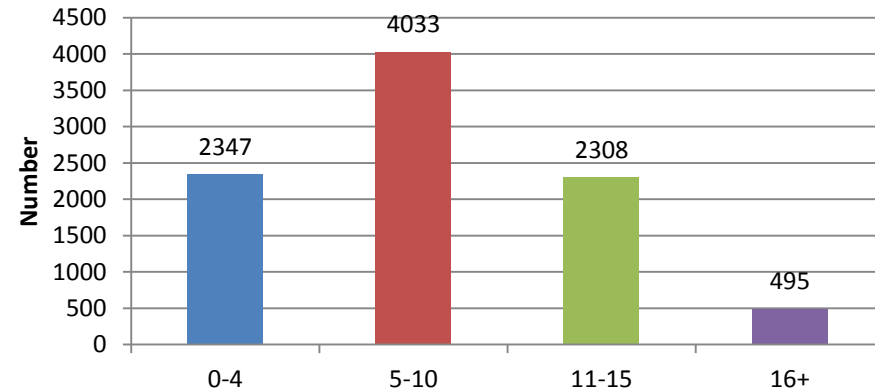
## Performance Measure 3: Children referred by age profile - 2018/19



Age Profile 2018/19



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



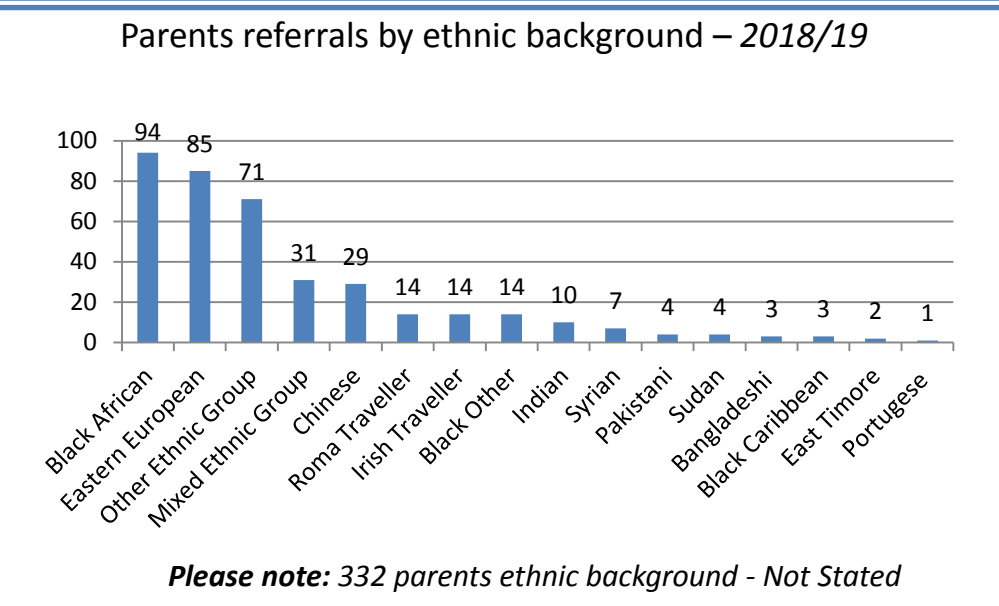
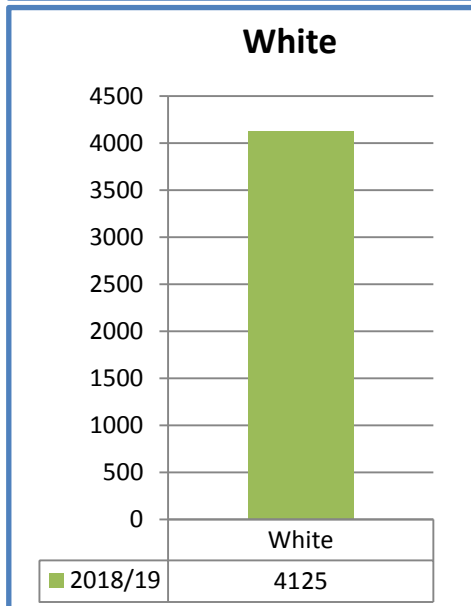
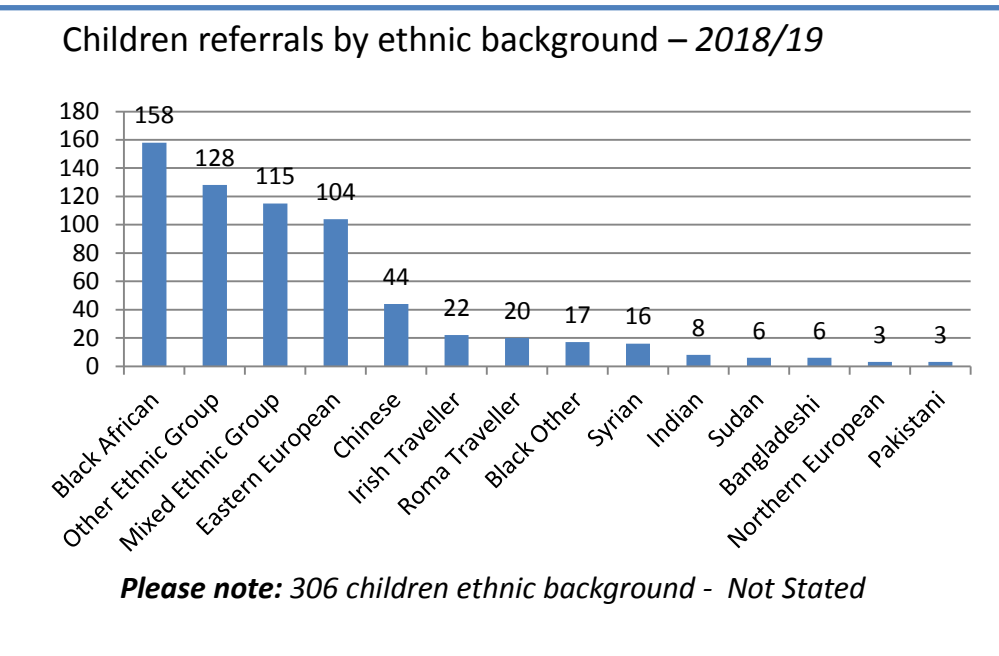
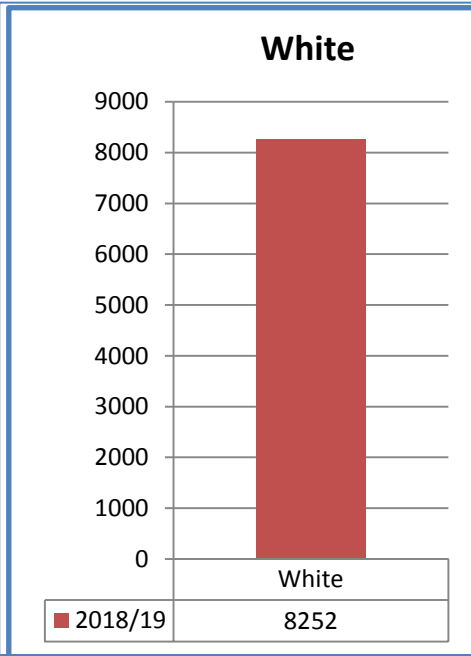
*Please Note: As well as 9210 children referred an additional **1704** children benefitted as they were part of the families referred (Data collection commenced in Qtr3 & Qtr4)*

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

## Performance Measure 4: Referrals by Ethnic Background for Children and Parents referred.

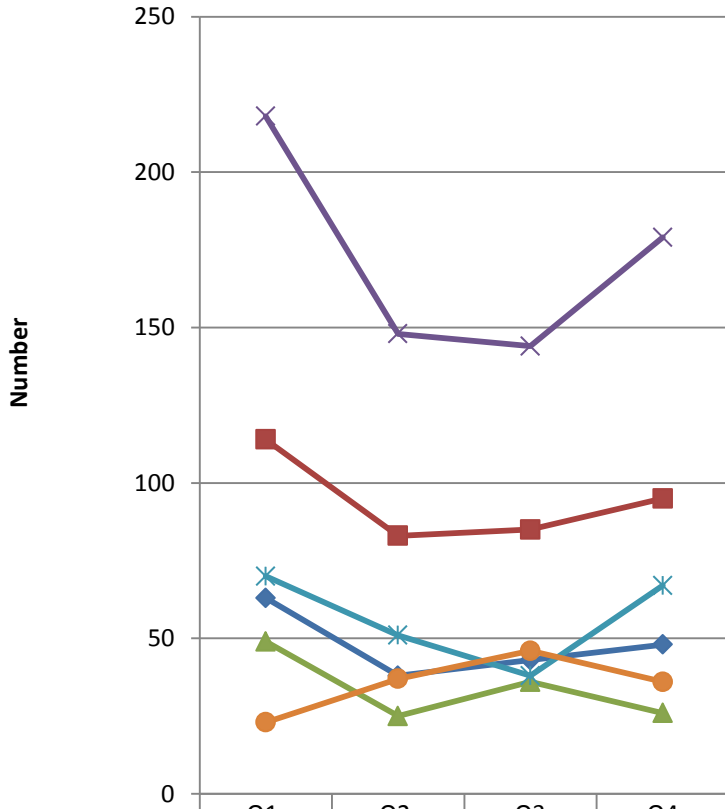
There has been a reduction in both children and families referred from different ethnic backgrounds. For example: Referrals from Black African children have reduced from 164 to 158 and Other Ethnic Minorities from 202 to 128; Mixed Ethnic Groups from 141 to 115; Eastern European from 128 to 104 and Chinese from 112 to 44. The only notable increase is from the Roma Community with an increase from 5 to 20.

(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.)

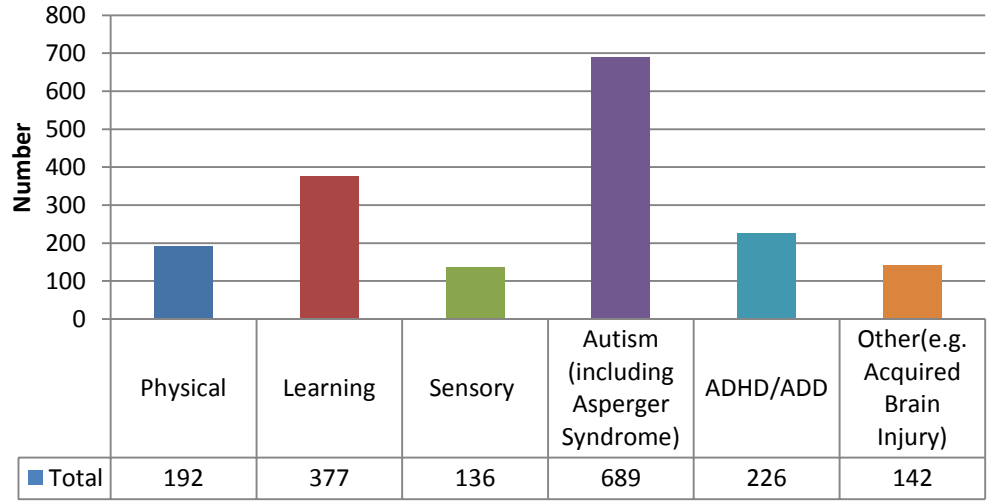
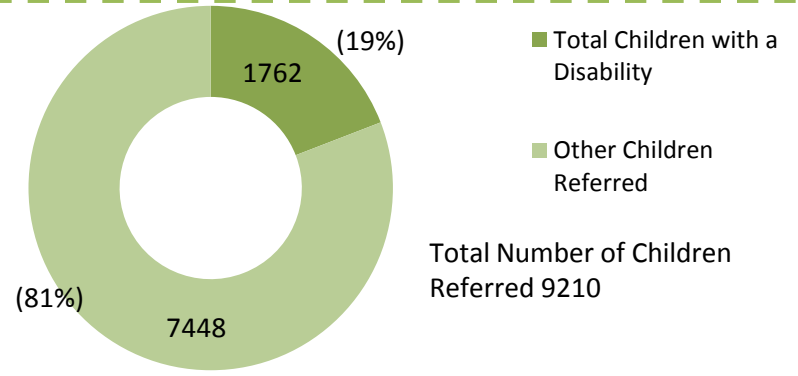


# How much did we do cont'd....?

## Performance Measure 4: Children with a disability referred -2018/19



Physical	63	38	43	48
Learning	114	83	85	95
Sensory	49	25	36	26
Autism (including Asperger Syndrome)	218	148	144	179
ADHD/ADD	70	51	38	67
Other (e.g. Acquired Brain Injury)	23	37	46	36

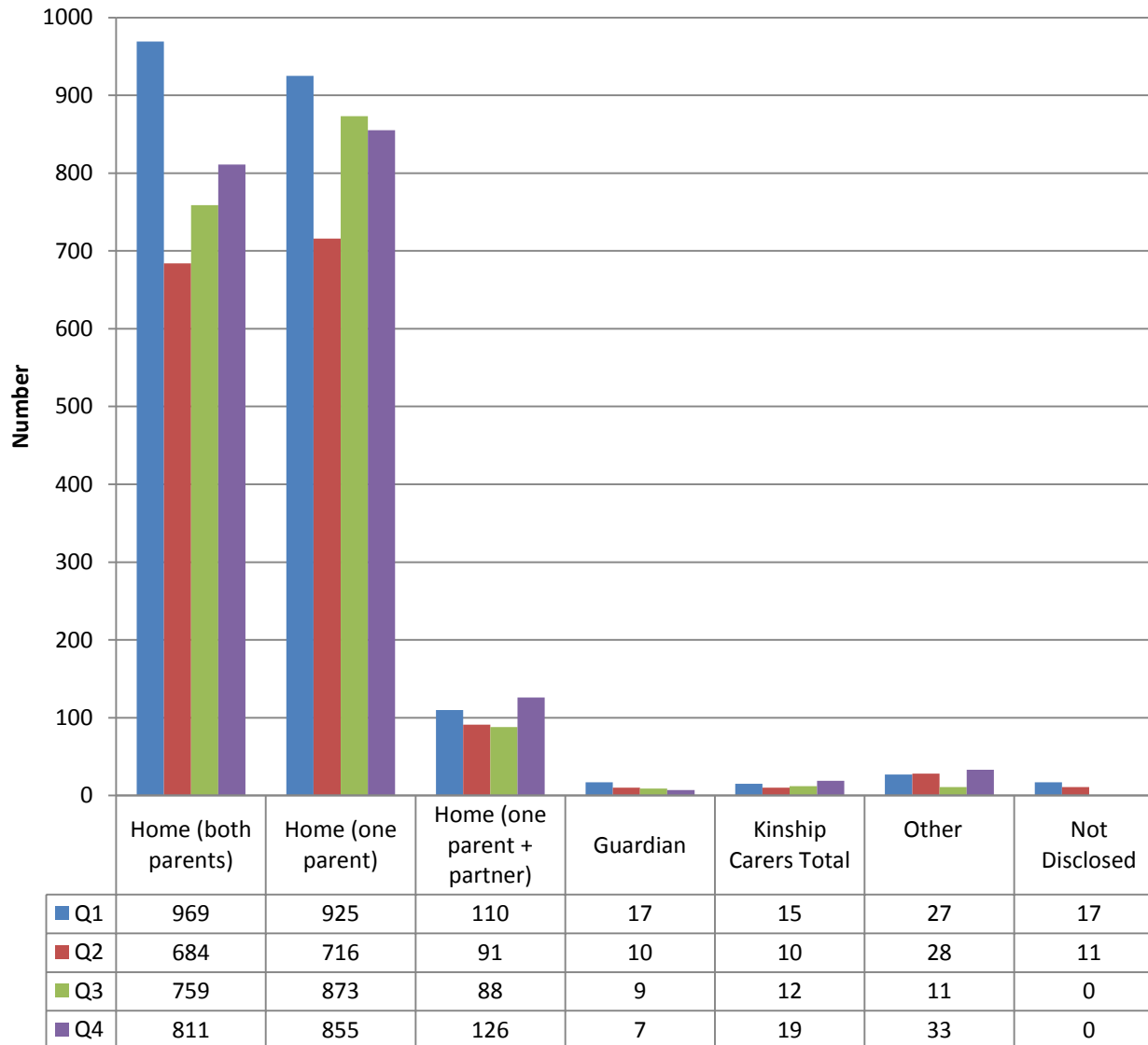


Children with **Autism** had the highest number of disability referrals.



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

## Performance Measure 5: Household Composition -2018/19



The highest group of families referred are **Lone Parents** with an **increase** from **3261** in 2017/18 to **3369** in 2018/19. **Home with both parents** has **increased** from **2959** to **3223** and **One Parent + Partner** has slightly **increased** from **351** to **415** in 2018/19. There has been a slight **decrease** in **Guardians** from **50** to **43** and **an increase** in **Kinship Carers** from **44** to **56**.

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

## Performance Measure 6: Main Presenting Reasons for Referral - 2018/19

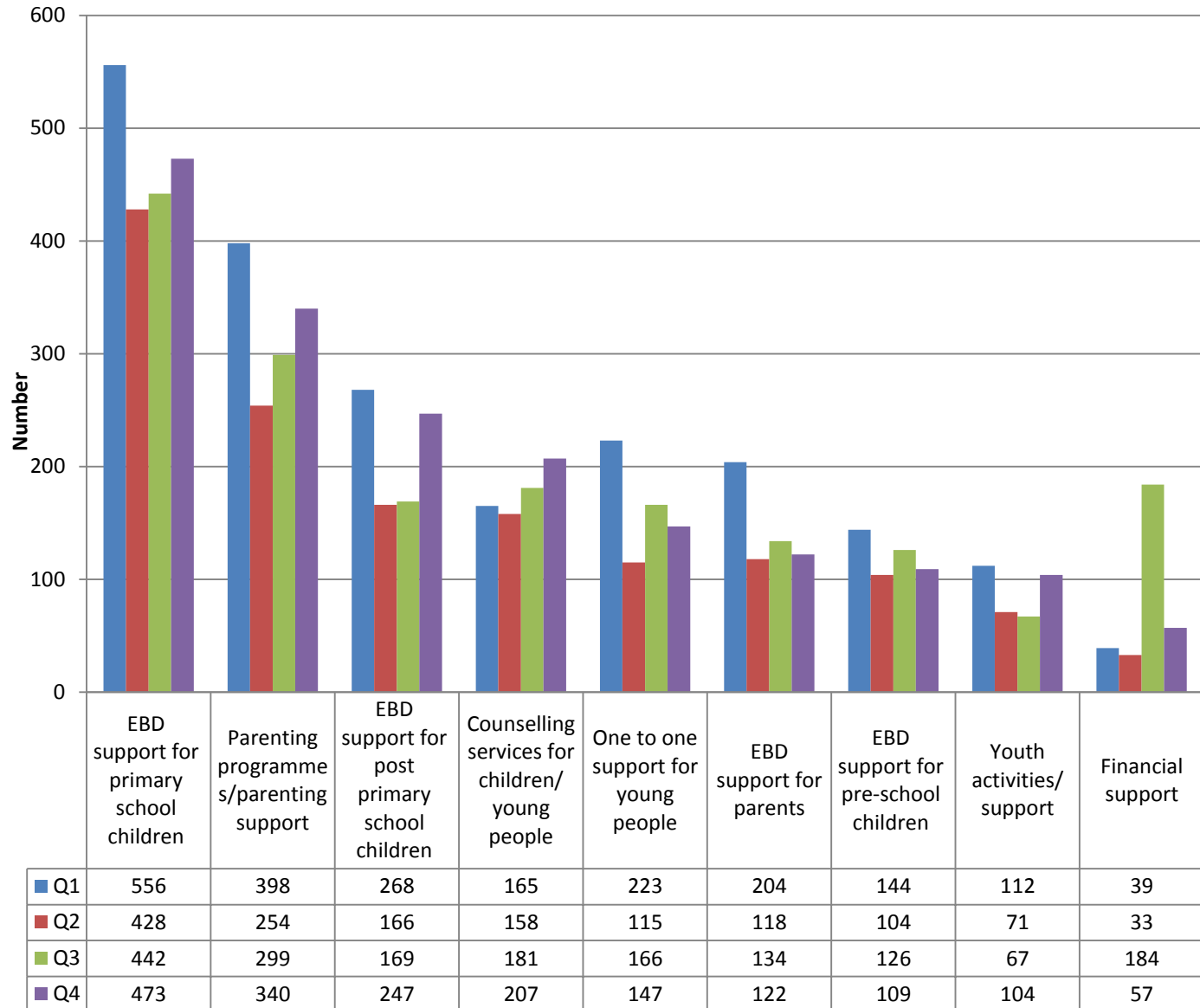
### Reasons for Referral:

Consistently Emotional Behavioural Difficulty (EBD) for primary school age children has been the main presenting reason for referral. **From 2017/18 there has been an increase from 1844 to 1899 in 2018/19.**

Requests for Parenting Programmes /support rose from **1215 in 2017/18 to 1291 in 2018/19.**

In 2018/19 there has been a slight decrease in the number of **post primary children** referred for emotional behavioural support, from **951 to 850** referred last year.

As hubs become established in local communities greater numbers of referrals are being presented for **Counselling Services for Children/Young People, One to One Support for Young People, EBD Support for Parents and Pre-school children.**



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

## Performance Measure 6: Main Presenting Reasons Unmet - 2018/19

### Unmet Need:

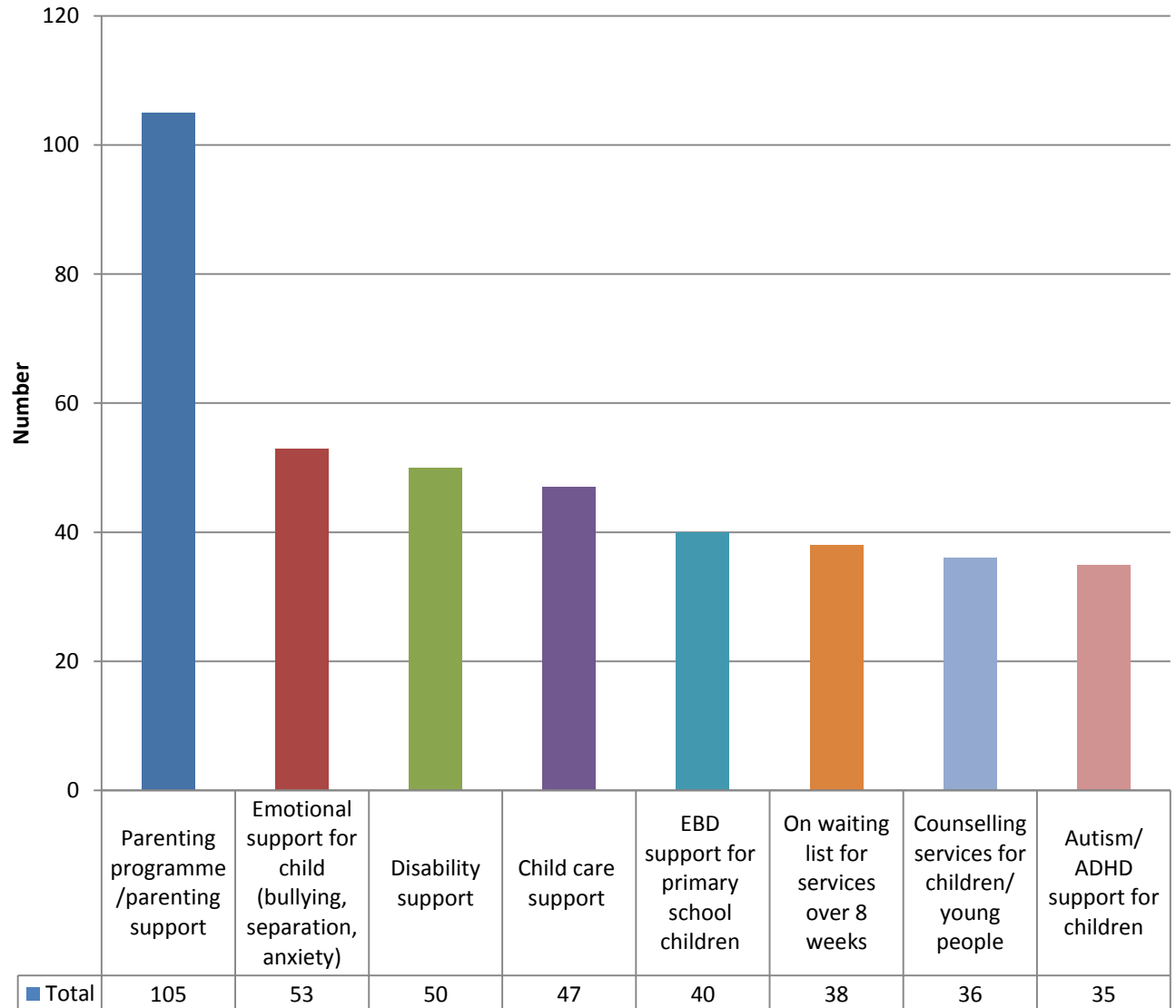
Requests for Parenting Programmes /support was the highest unmet need in **2018/19**.

This was the second highest presenting reason for referrals.

This was followed by Emotional support for child (bullying, separation, anxiety) and Disability Support.

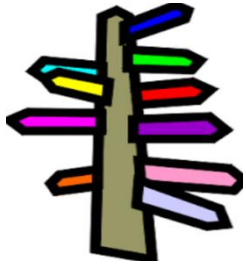
Childcare support is also an unmet need and EBD support for primary school children.

***Please note:** Some families require more than one service which the hubs were unable to meet.*

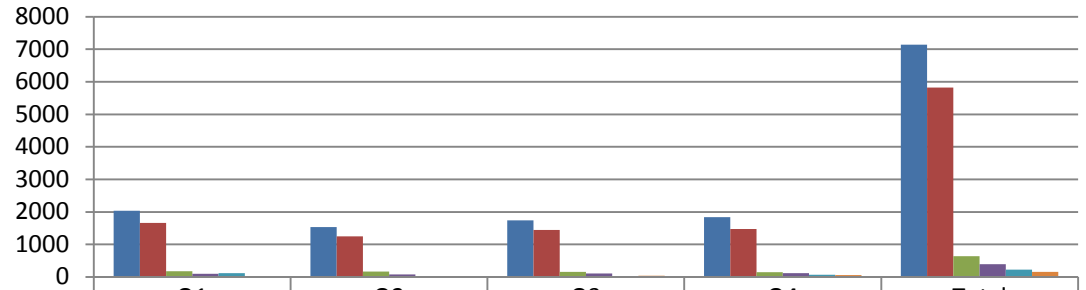


# How well did we do it ....?

## Performance Measure 7: Families Referred that were Accepted & Signposted, Inappropriate Referral or Not Accepted for Other Reasons

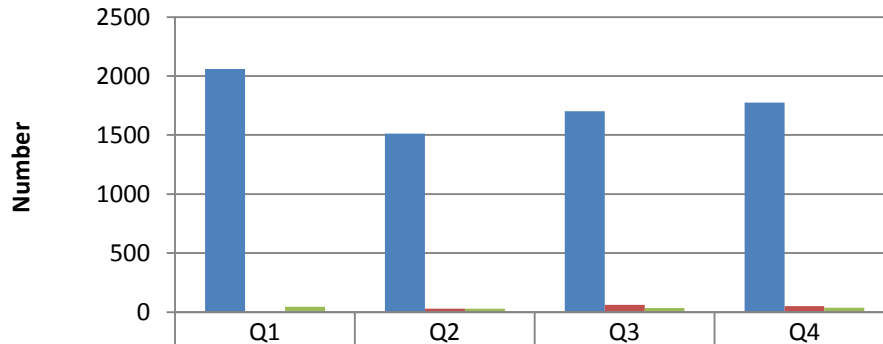


Number of Families Referred



	Q1	Q2	Q3	Q4	Total
Families Referred	2038	1529	1736	1834	7137
Accepted and Signposted	1663	1245	1442	1475	5825
Further Information Required	171	167	155	142	635
Above Tier 2 (Inappropriate Referral)	100	75	103	115	393
Unable to meet needs of Referred Family	113	31	15	63	222
Signposted but family did not engage	33	32	37	56	158

## Performance Measure 8: Referral Process: Achieved in 4 weeks & 5-8 weeks or Not Achieved – 2018/19

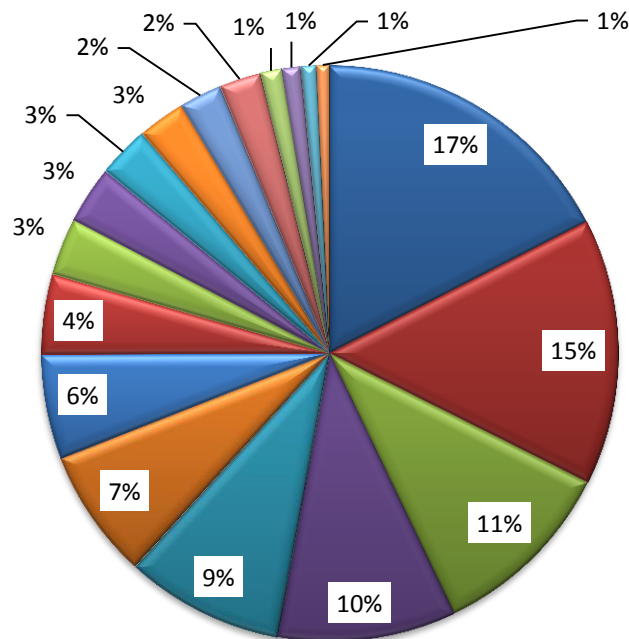


	Q1	Q2	Q3	Q4
Achieved in 4wks & 5-8wks	2059	1512	1702	1775
Achieved in 8 wks+	0	29	60	51
Not Achieved in Timescale	45	29	33	38

The vast majority of referrals to Hubs were processed within the 4 weeks standard ensuring families receive a timely response to their immediate needs. A further significant number within 5- 8 weeks and of the remaining referrals **140** were processed but exceeded the 8 weeks timescale. This ensures families receive a timely response to their immediate needs from the Hub Co-ordinator.

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

## Performance Measure 8: Total Percentage of Referrals by Referral Agency – 2018/19



- GPs
- Self-referral
- School
- Paediatrician
- Health Visitor
- Gateway
- CAMHS
- Re-Referral
- Community organisation
- Single Point of Entry (Referral Gateway)
- Other Social Work Services
- Education Welfare Service
- Voluntary organisation
- Allied Health Professionals
- SureStart
- Other
- Family Support Interventions Team
- Adult Mental Health Services

In 2018/19 **GPs** were the key referrer at **17%**, which was an increase from 13% in 2017/18.

In 2017/18 the key referrer were **Self-referrers** at 18%, this has now decreased to **15%**.

**School** referrals are now **11%**, a slight increase from 2017/18 (10%).

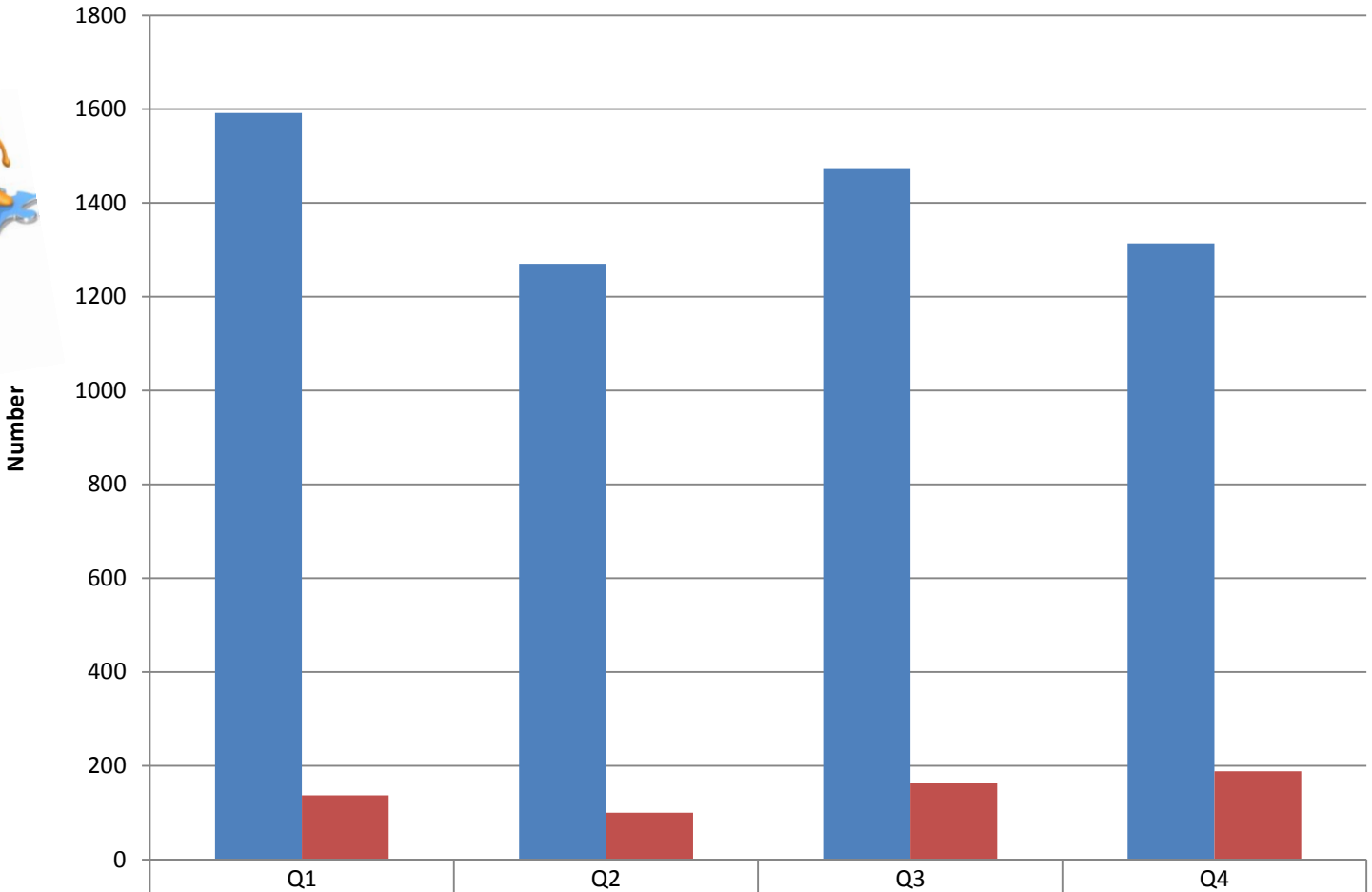
**Paediatricians** **10%**, a slight decrease from 2017/18 (11%).

**Health Visitor** referrals have stayed the same in 2018/19 at **9%**.

**Gateway** referrals have decreased to **7%** from 8% and **CAMHS** **6%** decreased from 4% in 2017/18.

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

**Performance Measure 9: Number of Parents /Children referred who did and who did not take up the service offer – 2018/19**



■ Number of children/ parent referred on who took up the service offer	1592	1270	1472	1314
■ Number of children/ parent referred on who did not take up the service offer	137	100	163	188

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

## Performance Measure 10: 10 Standards Fully Implemented - 2018/19

**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

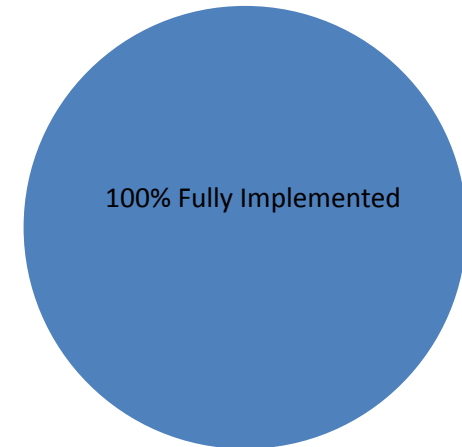
**Standard 7.** Families are encouraged to self-refer and MULTI-AGENCY REFERRAL  
PATHS are facilitated

**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



**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.**

*Feedback from Parents : each Hub provides CYPSP with 8 case studies per year about the families that have been referred. This is a selection of these:*

## **Case Study A**

A referral was received from a regional specialist hospital unit. This was with regard to a mother with 2 young children with a very serious condition who required a package of care on discharge. The referral to the Hub was with a view to supporting this mum with her parenting role when her husband returned to work. It was suggested support with household management & child care as well as benefits advice would be required. Homestart and Family Group Conference were offered and this helped to identify a significant family network. Benefits advice was also offered plus help to access the Dept. of Communities "Make the Call ". Surestart were able to provide 6 homebased baby massage sessions provided for mum during her first few weeks back home. Dad stated that it was really helpful to have someone coordinate services on his wife's discharge and identify appropriate family supports .Dad later came back to the Hub coordinator when his wife was readmitted to hospital to check out other supports.

## **Case Study B**

A referral was received from a Community Paediatrician regarding a mother with 2 children one of whom was 3 years old and was proving difficult for the parent to manage. The parent was referred to Healthy Living Centre's activities, local SureStart and an Early Intervention Support Service. The family engaged well and the outcomes were positive.

## Case Study C

A parent referred herself and her 9 year old daughter as the child was experiencing bullying in school. The child was referred to a mindfulness group. The parent recorded that the Hub co-ordinator had a lovely attentive manner and helped her to feel at ease and reassured her that she “was doing the right thing contacting them”. Parent commented that a support she would have found useful which was not available in her area was a Parent Support Group.

## Case Study D

This family were a self – referral. This mum had a cancer diagnosis and was on her own with 2 young children who were struggling to cope with mum’s illness. Both children had changed in presentation and there was a decline in their mood. Both children were also becoming extremely angry and their school work was suffering. They were living with extended family and required intense 1-1 support. The family required help with household routines and support to positively manage the children’s challenging behaviours. They were referred to a cancer charity, an early intervention support service and a community based youth programme.

The family said: “Our worker has been fantastic and she has supported us with every single problem we have met over the last number of months. She is never in a rush and always has so much time for everyone in the family, she even extended our time by a number of weeks so we could have her support for longer at a time we really needed it. We all loved to see her coming every week and the strategies she taught the children are excellent”

## Case Study E

A GP referred a young girl for support as a result of self-harming behaviour. The Hub Coordinator made a referral to an Early Intervention Family Support Service for individual work for this child focusing on confidence, self-esteem and managing emotions. This included access to Art Therapy. Child engaged well in 1-1 work. Following this work the parent reported that the child's anxiety has reduced and things have turned around and she is more sociable with friends. Parents' attitudes and responses towards the child's anxiety have also changed.

## Case Study F

This family were referred by the School Principal. This 10 year old child's father died suddenly some years previously and he had not received support at that time. Over the last 2 years his mother had significant health issues. The boy was presenting as anxious, had difficulties in forming relationships, appeared sad with frequent hand washing. Mum was referred to the Hub for support and accepted the recommendation of an initial assessment at CAMHS and agreed to engage with the service. Mum reported that the process was "quick and straightforward" and "It's been very positive and I'm delighted with the outcomes so far".

## Case Study G

A GP referred an 11 year old boy to the Family Support Hub. He had been the subject of bullying and was very stressed and anxious.

His mother indicated she had been asking for help for a very long time and when she was advised of the hubs, the referral was made and she was greatly relieved. She reported “the hubs are a fantastic service and she wished she had known of them sooner”.

Mum advised despite there being a waiting list for 2 out of the 3 services identified she is happy to know the support will be offered to her son soon and he has support from a community organisation already in place now until such times as he can access counselling through the other services. Mum reports “they are a really good range of support services which allow my son to avail of both counselling and a social outlet to address all his needs”. She added “I am really happy and pleased that services such as those identified for my son actually exist and are available to him as my GP wasn't hopeful he would even get counselling due to the waiting times. The hubs are fantastic and I'm so grateful for all your help”.

## Case Study H

A GP referral was received with regard to a child with challenging behaviour. This was immediately referred to a voluntary organisation. Mum stated she was delighted how fast the process was from referral and had requested support before with other agencies but this hadn't been successful.

***Please note:** Core members Survey 2018/19 will be available in October 2019.*

For further information on Family Support Hubs in your area: -  
Contact Helen Dunn, Regional Co-ordinator of Family Support Hubs  
Email: [Helen.dunn@hscni.net](mailto:Helen.dunn@hscni.net)