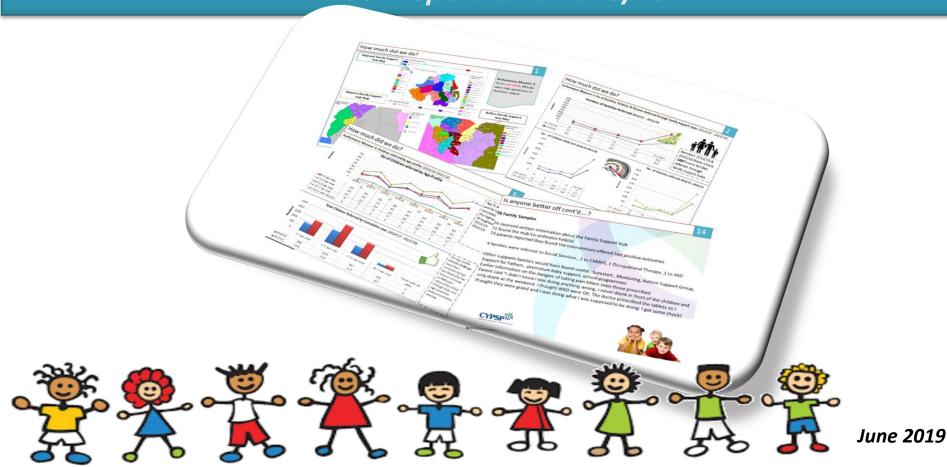
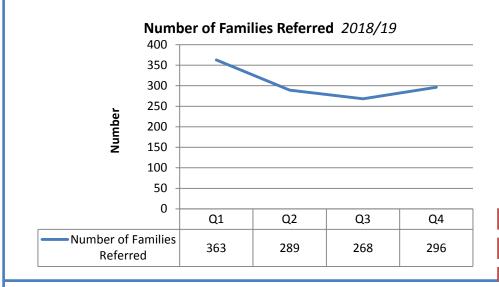


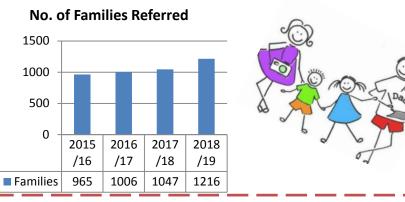
# SEHSCT Family Support Hubs Report Card Annual Report Card 2018/19



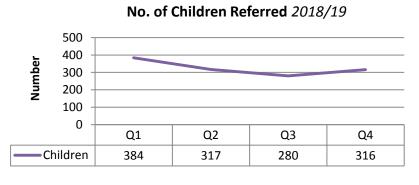
#### How much did we do?

Performance Measure 1: No of Families, Children & Parents Referred through Family Support Hubs - 2018/19

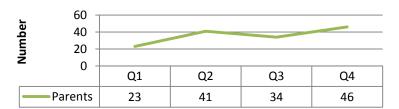


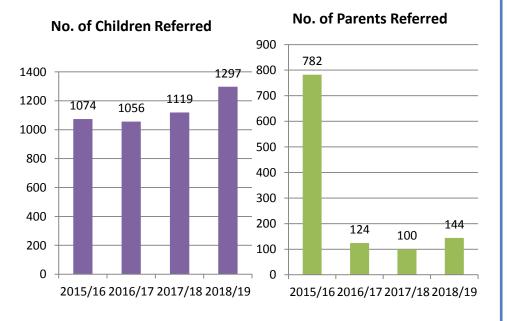


Since 2015/16 the number of families referred through family support hubs has increased year by year and now stands at **1216** in 2018/19.



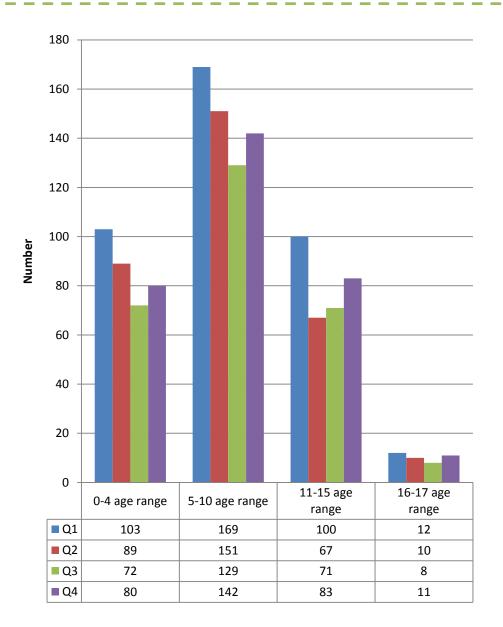


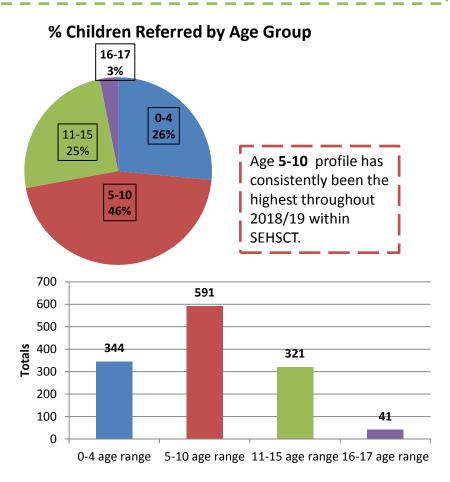




### How much did we do cont'd...?

#### Performance Measure 2: Children Referred by Age Profile 2018/19

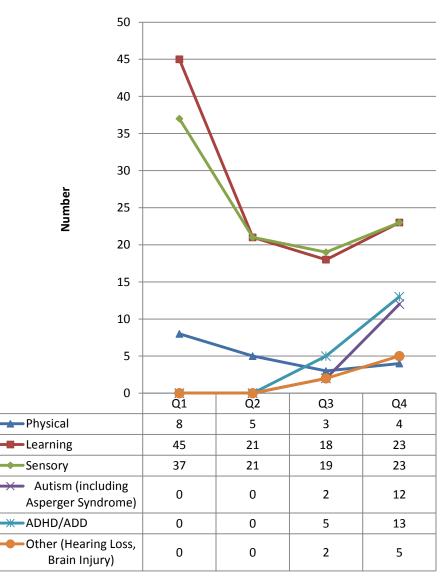




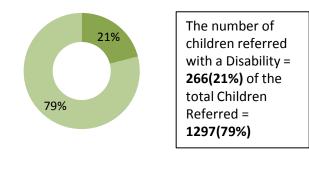
Please note: As well as **1297** children referred **468** children benefited indirectly in Qtr3 & Qtr4.

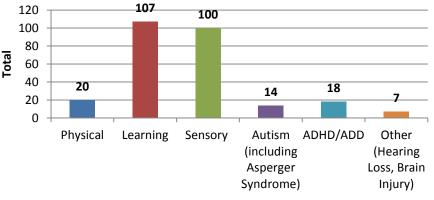
#### How much did we do cont'd....?

#### Performance Measure 3: Children with a Disability Referred -2018/19



Children Referred with a Disability 2018/19



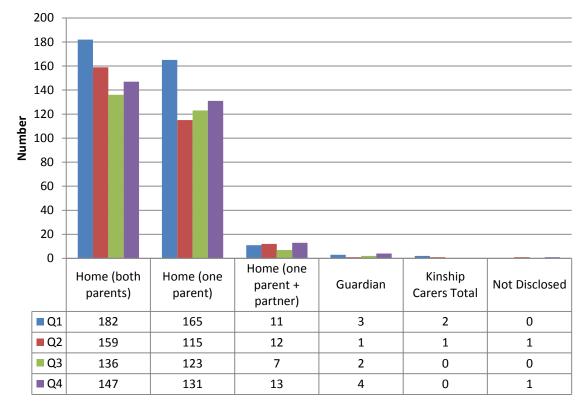


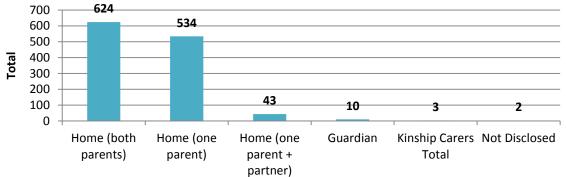
In 2018/19, Children with a **Learning Disability** had the highest number of referrals in the disability category throughout the South Eastern area, closely followed by **Sensory Disability**.



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

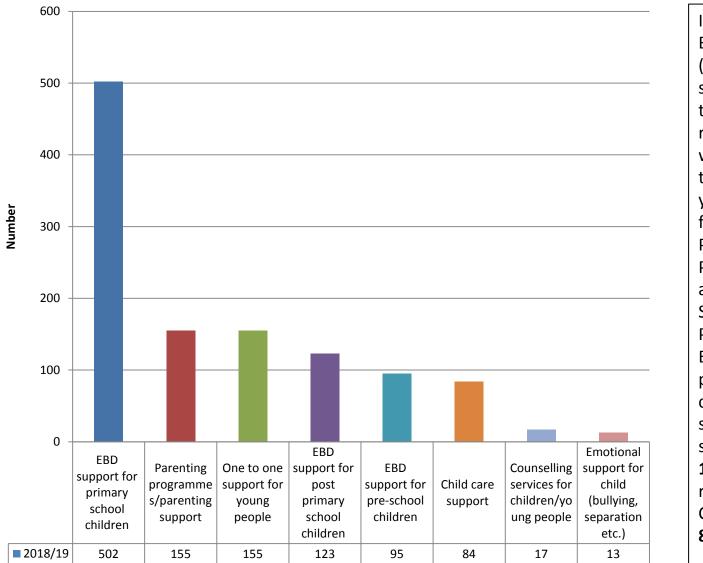
Performance Measure 4: Household Composition - 2018/19







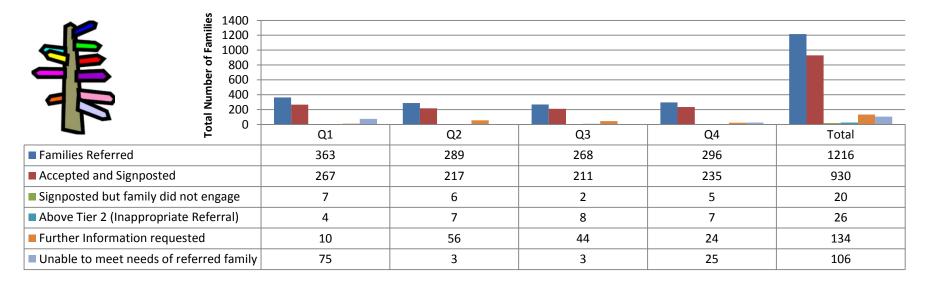
Home (both parents) is the largest household composition (624) as it was in 2017/18, with Home (one parent) the second household composition with 534. Home(one parent +partner) is a total of 43. There has been a small increase in the number of Guardians from 8 in 2017/18 to 10 in 2018/19 and Kinship Carers have decreased to 3. Performance Measure 5: Main Presenting Reasons for Referral - 2018/19



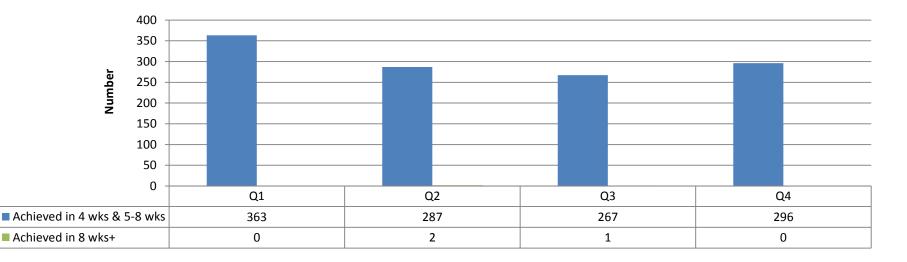
In 2018/19 Emotional **Behaviour Difficulty** (EBD) for primary school children was the main reason for referrals at 502, which has been the trend in the past few years. This was followed by Parenting Programmes/ **Parenting Support** and One to One Support for Young People at 155. EBD support for postprimary school children and EBD support for preschool children are 123 and 95 respectively, with Child Care Support at 84.

## How well did we do it?

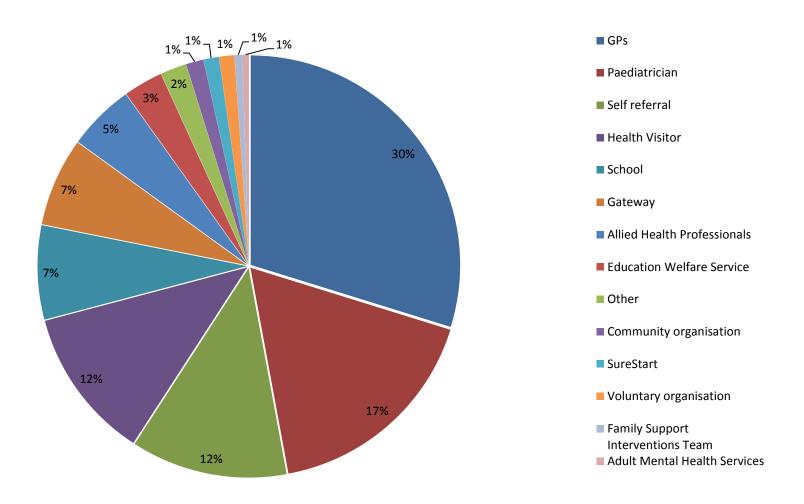
Performance Measure 6: Families Referred that were Accepted & Signposted, Above Tier 2 or Other Reasons for Outcome of Referral -2018/19



Performance Measure 7: Achieved in 4 weeks & 5-8 weeks or Not Achieved – 2018/19



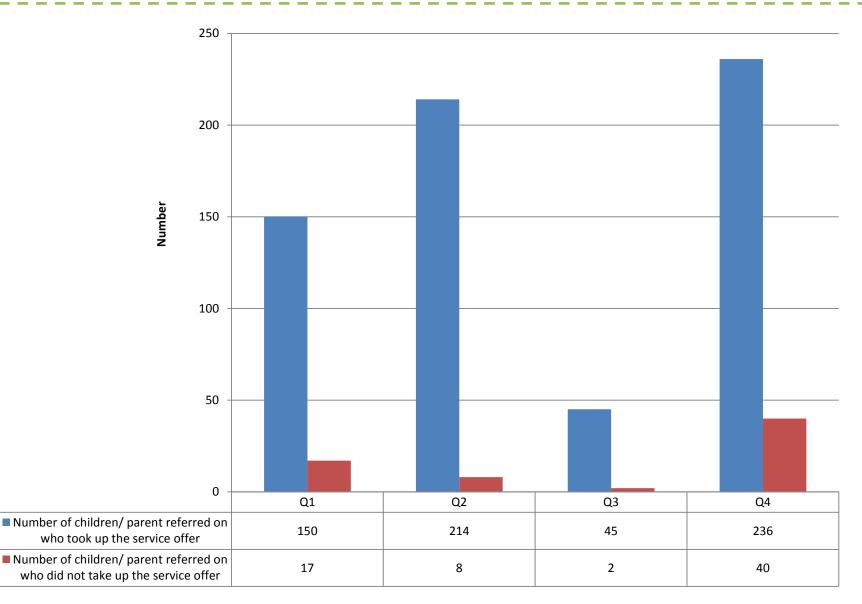
Performance Measure 8: Total Percentage of Referrals by Referral Agency -2018/19



The largest referrer in 2018/19 was GPs at 30% and increase from 19%. Paediatricians decreased this year from 21% to 17%. The percentage of Self-referrals are the same at 12% with Schools and Gateway at 7% in 2018/19.

### 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



# 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

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**

A referral was received by the Family Support Hub from a Paediatrician on behalf of a mother and her 9 year old son who had behavioural difficulties. The family were referred to a voluntary organisation. The mother later reported she had seen a definite positive impact from the worker's visits. The child especially liked the part about overcoming problems and is thinking about this day to day and group activities for children to support their social development and self confidence. As a result the child is more relaxed and confident in the areas he found challenging and the mother feel's that this service has had a big part to play in this. "It's great to see him implementing the strategies and adjusting his attitude independently."

#### **Family B**

A School Principal referred this family with 2 parents and a young child with Autism who was struggling with her confidence and self-esteem. The mother commented: "The worker was extremely helpful to [child] and myself. I can continue on with the exercises and information that she gave me and I have implemented. Thank you for all your help and understanding and for helping [child] with her confidence and engagement. It has helped a lot as I will continue doing with what you have given us."

### **Family Samples**

#### **Family C**

These parents referred themselves to the Hub for behaviour management for their son who had a diagnosis of Autism. He was having issues at school and was stressed and angry, his school work was "failing" and he was being bullied. The family engaged fully with the worker from a voluntary organisation as did the child who felt the support helped him to control his emotions. With regard to additional help the family thought perhaps an ASD for his age group would have been useful.

#### **Family D**

Parents self-referred as they were very concerned about their son who was suffering from sleeplessness and anxiety. The family were offered support from a voluntary organisation and as a result the family engaged very well. The child was no longer experiencing anxiety or completing rituals before bed. Sleep improved overall but still can on occasion be difficult when he is out of his routine. The parent was confident about strategies to continue supporting the child going forward and no onward support needs were identified.