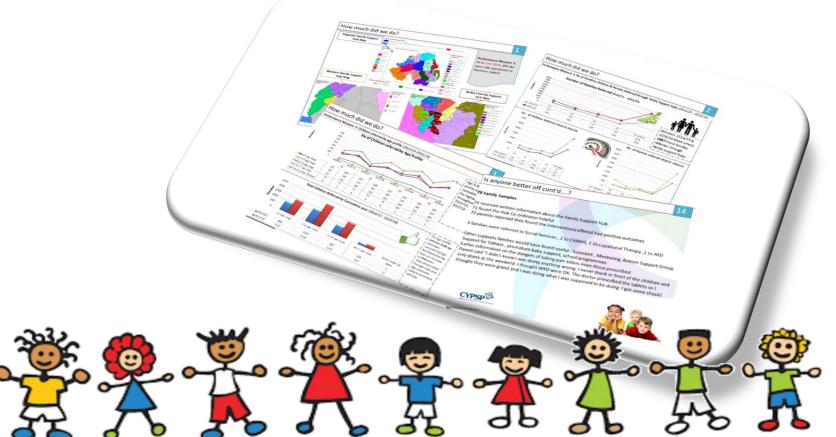


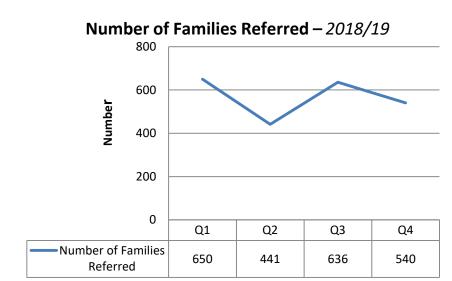
BHSCT Family Support Hubs Report Card

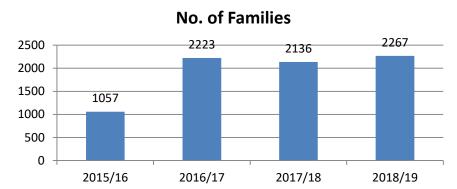
Annual Report Card 2018/19



How much did we do?

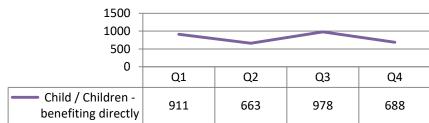
Performance Measure 1: No of Families, Children & Parents Referred through Family Support Hubs -2018/19



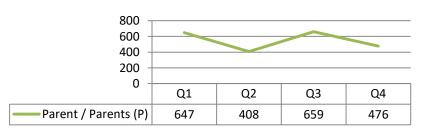


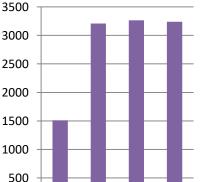
In 2018/19 there was a slight increase in families referred through Family Support Hubs in Belfast than in 2017/18.

Number of Children Referred - 2018/19



Number of Parents Referred - 2018/19





2016

/17

3209

2017

/18

3264

2018

/19

3240

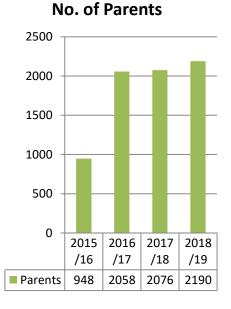
No. of Children

0

■ Children | 1511

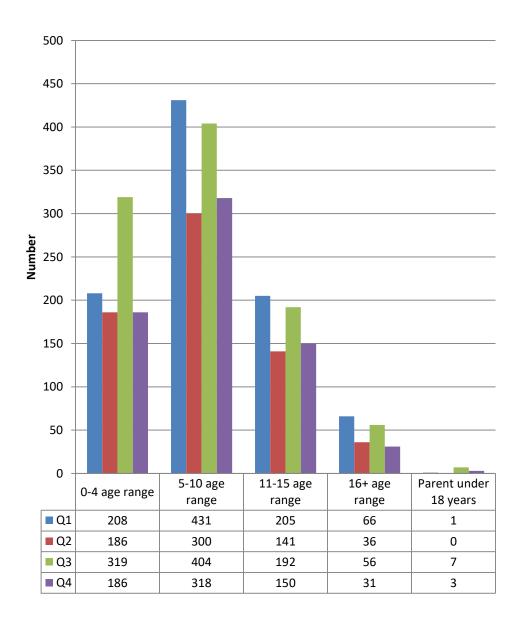
2015

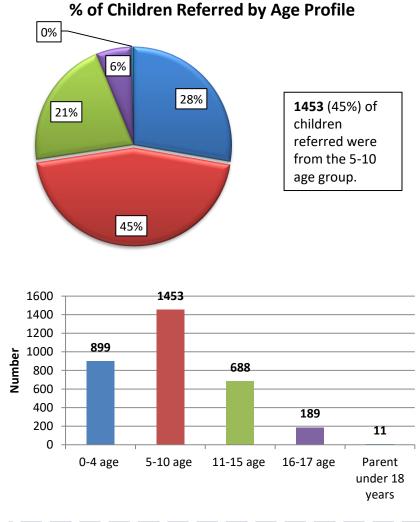
/16



How much did we do?

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

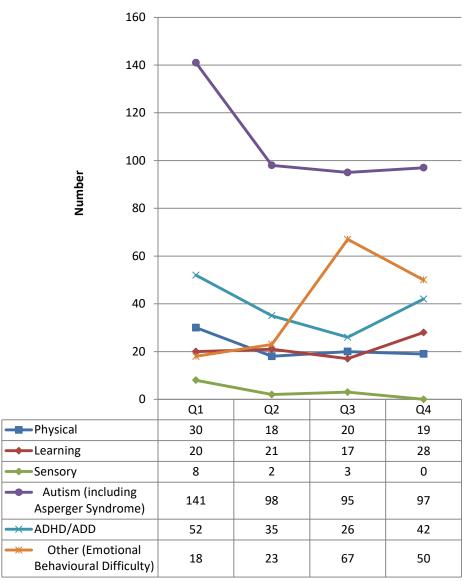


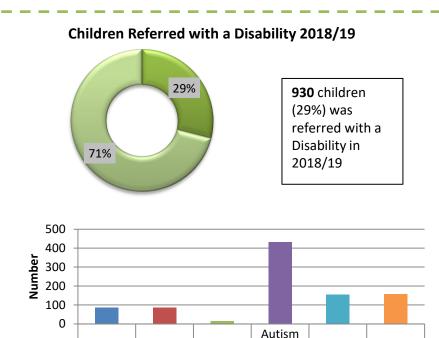


Please Note: As well as 3240 children referred an additional 733 children benefitted as they were part of the families referred (Data collection commenced in Qtr3 & Qtr4)

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

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





Throughout 2018/19, Children with **Autism (including Asperger Syndrome)** had the highest number of disability referrals in Belfast.

Sensory

13

Physical

87

■ Total

Learning

86

(includin

g

Asperge r...

431

ADHD/A

DD

155

Other

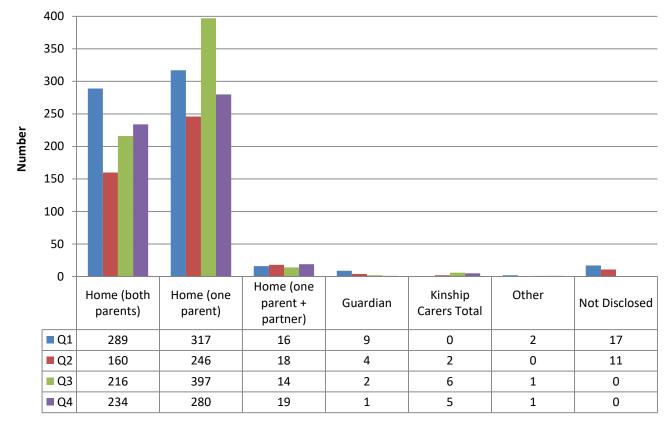
(EBD)

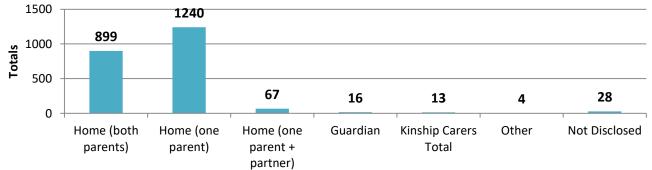
158



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

Performance Measure 4: Household Composition -2018/19



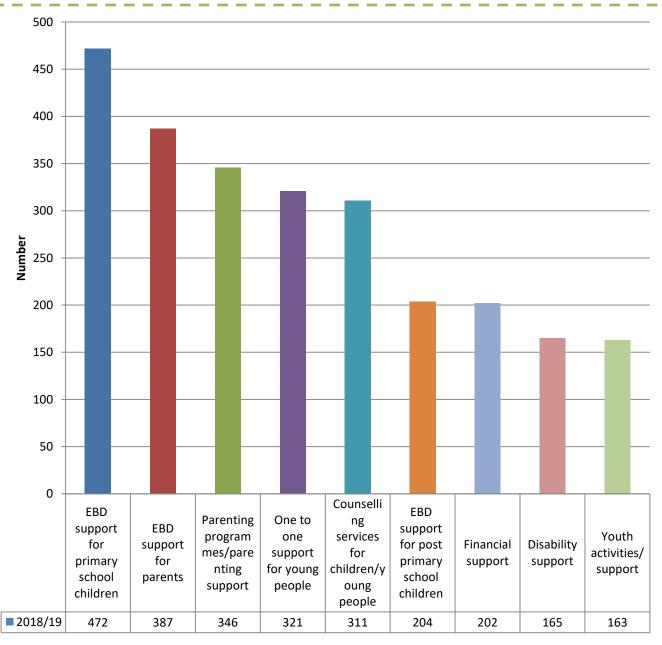




The highest group of families referred were Lone parent families at **1240** followed by Families with both parents **899**.
There was a small increase from the previous year in One parent + partner (**67**) and a slight decrease in Guardians (**16**) and Kinship Carers to (**13**).

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

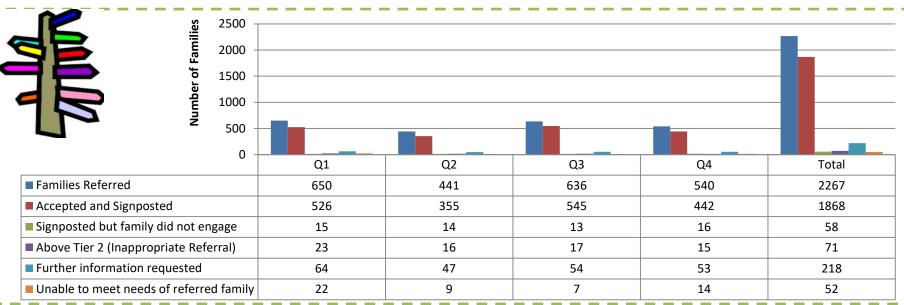
Performance Measure 5: Main Presenting Reasons for Referral - 2018/19



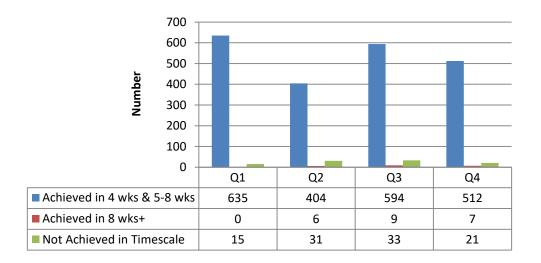
The main reason for referral in 2018/19 was **Emotional** and **Behavioural Difficulty** (EBD) Support for primary school children. This is the same as the top reason in the regional report. EBD support for parents, **Parenting** programmes/parenting support, One to one support for young people and Counselling Services for children/young people are also in the top nine reasons.

How well did we do it?

Performance Measure 6: Families Referred that were Accepted & Signposted, Above Tier 2 or Other Reasons for Outcome of Referral2018/19



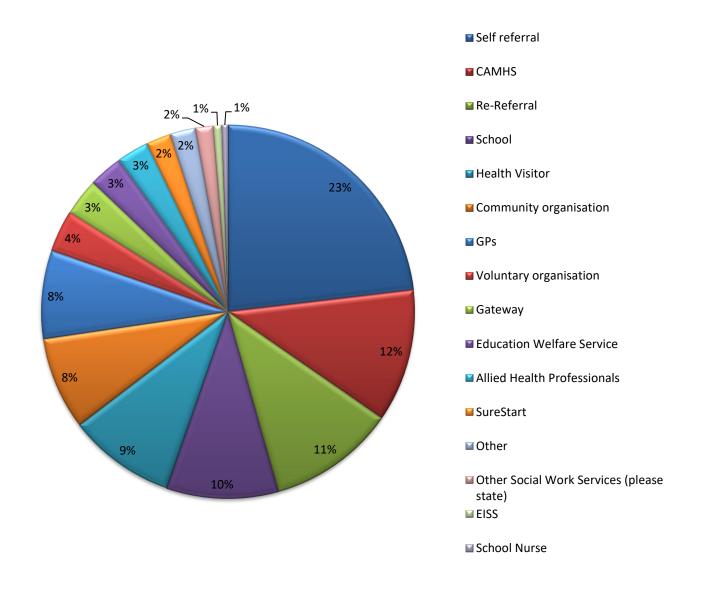
Performance Measure 7: Achieved in 4 weeks & 5-8 weeks or Not Achieved – 2018/19



The vast majority of referrals to Hubs were processed within 4 weeks and the remainder within 5-8 weeks. **22** exceeded the maximum 8 weeks timescale within Belfast Area. 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 - 2018/19



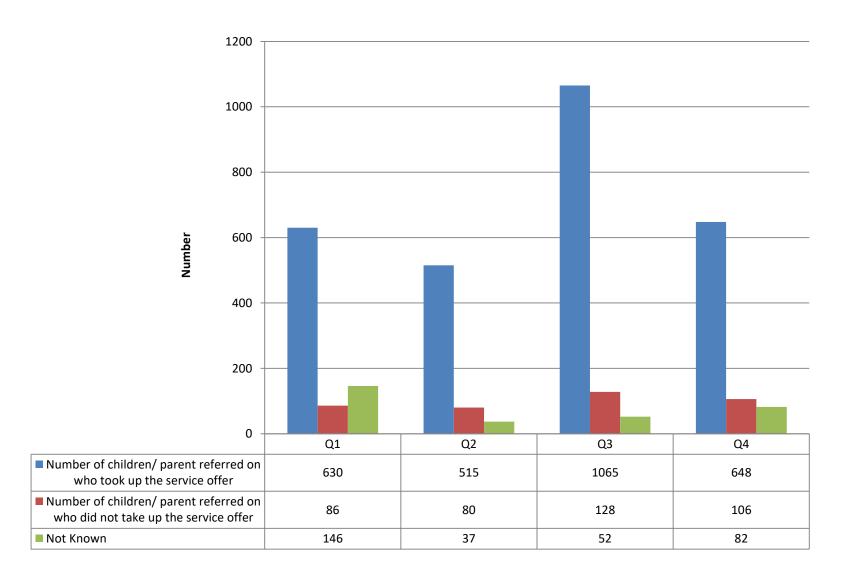
In the Belfast Area Self referrals are nearly a quarter of the key referrers.

CAMHS is the second highest referral agency at 12%, followed by **Re-referrals** at 11%.

Schools are 10%, followed by Health Visitors = 9% and Community Organisations and GPs at 8%.

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 of the Hubs in Belfast have implemented the 10 standards.

Each one has an action plan in place identifying areas for development such as promotion of the Hub in the locality, working with schools to ensure access to early intervention services for families and ensuring there is equality of access across each of the geographic areas.

Is anyone better off?

Family Samples

Case Study A

A referral was received from Gateway about parents and 6 children, 4 of whom had a disability. They were socially isolated and in need of support. The Hub put in place support from Surestart, a local youth centre, and a specialist family support service. The mother commented that she found dealing with one person, the Hub Co-ordinator, "of great benefit".

Case Study B

A mother and 2 children were referred from a local primary school. There had been Domestic Abuse in the family and the parents had separated. The children had witnessed this and their mother was worried about the impact on them. She received support around benefits and managing her own stress. The children received 1-1 mentoring for the teenager and for the younger child play therapy. Mother reported she had a "a much less stressful household".

Case Study C

Parents referred themselves and their 2 young sons, one of whom had a diagnosis of autism. They needed parenting support and mentoring for the children. They had never approached a community or voluntary organisation before and were very complimentary about the services they received

Case Study D

A mother with 4 children was referred by a community organisation. Her children were mixed race and had been subjected to bullying leading to school refusal. Other issues emerged and as a result they received debt advice, a food hamper, counselling, and 1-1 mentoring for 2 of the children. Mother was very grateful for the range of supports on offer.