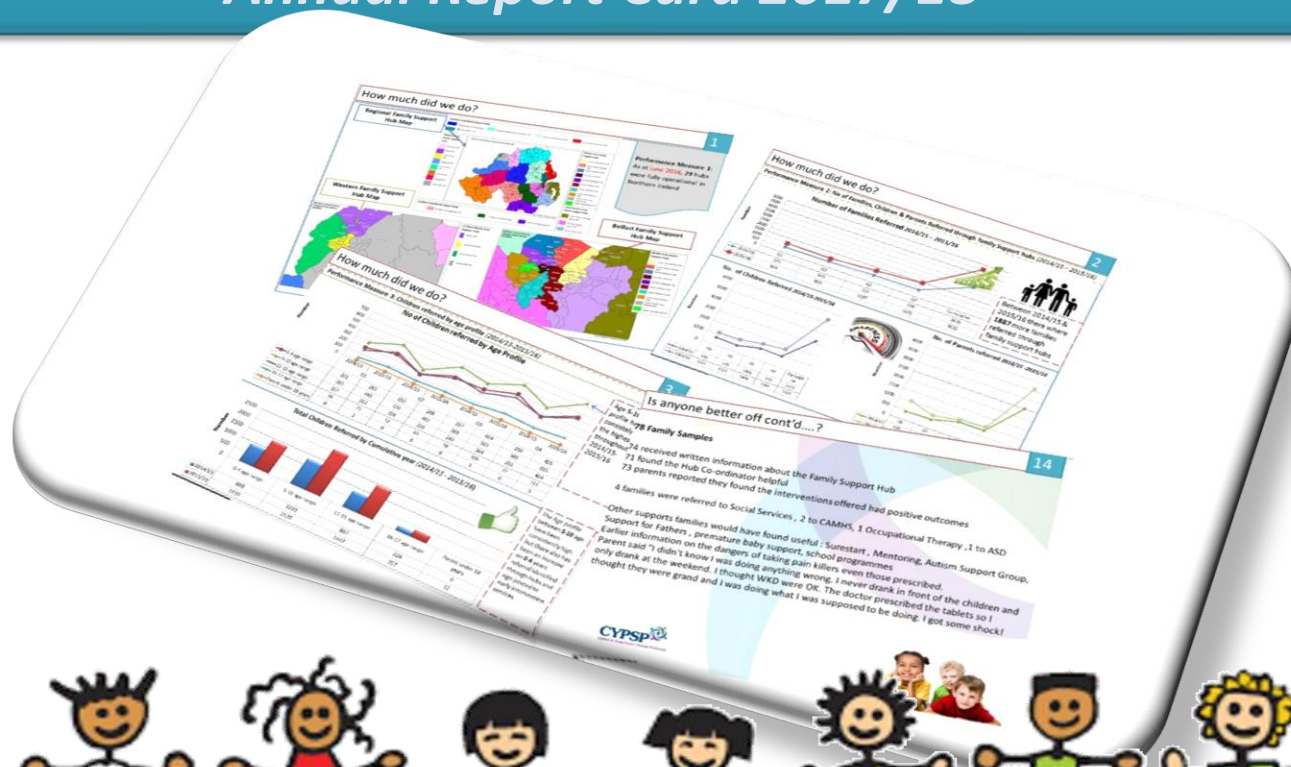
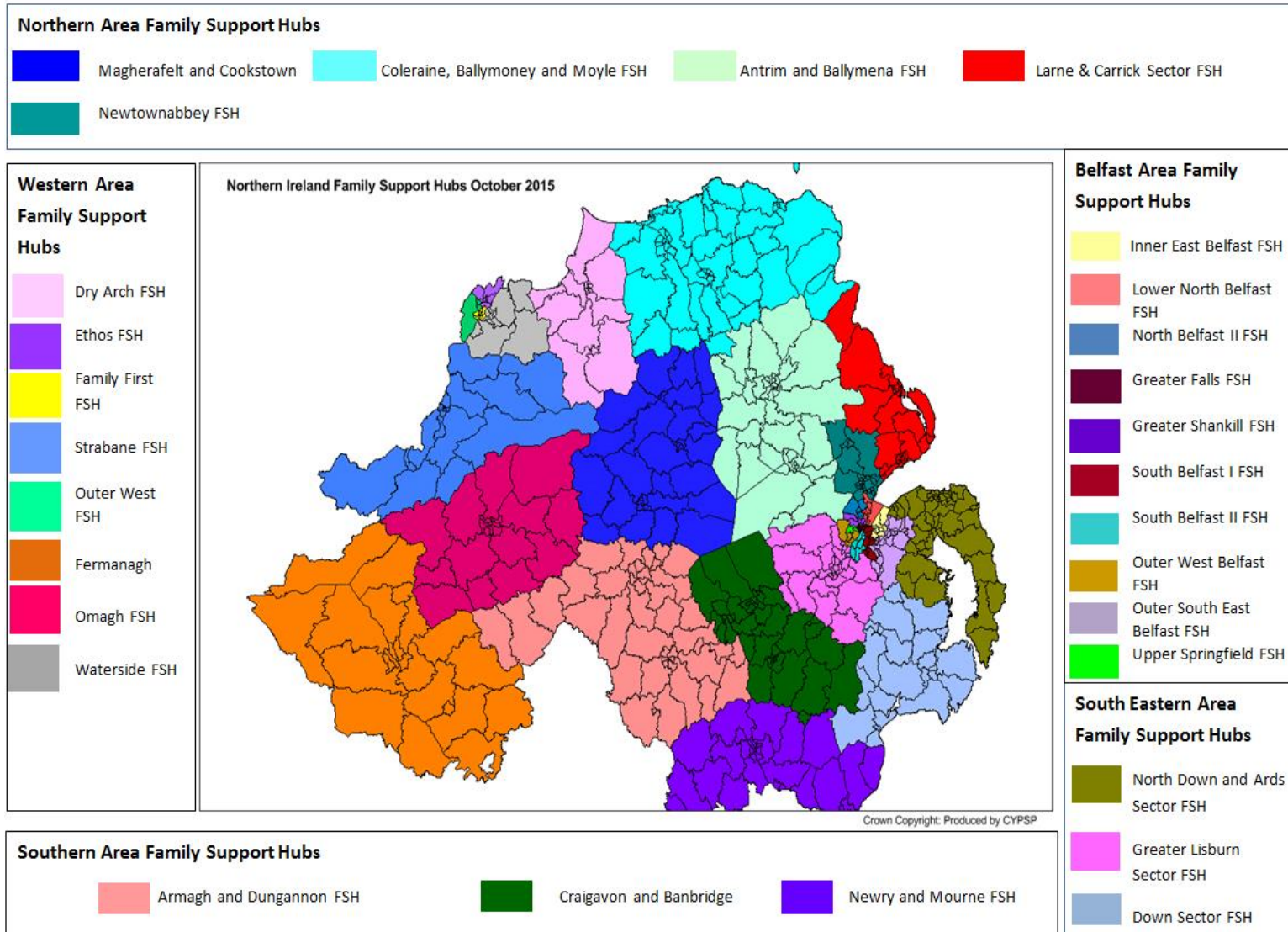


# Family Support Hubs Report Card

*Annual Report Card 2017/18*



# How much did we do?



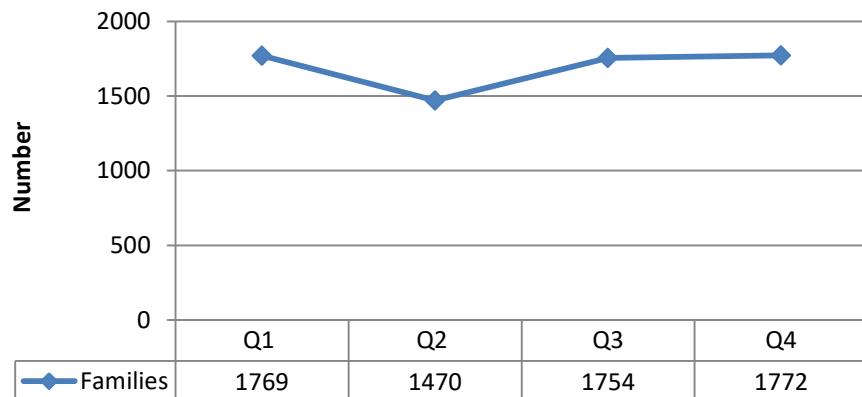
**Performance Measure 1:**  
As at April 2018, **29** hubs were fully operational in Northern Ireland

# How much did we do?

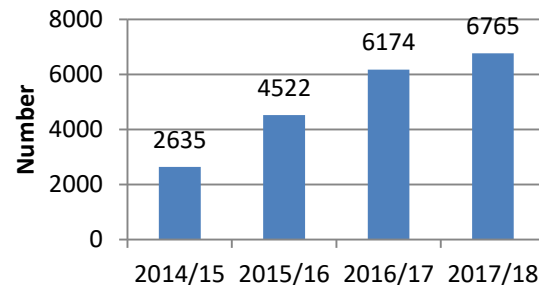
2

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

Number of Families Referred - 2017/18

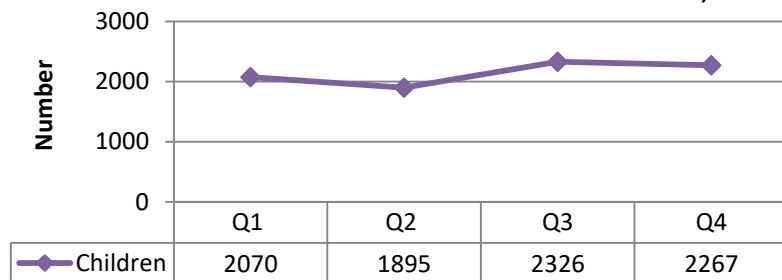


No. of Families Referred - 2014/15 to 2017/18

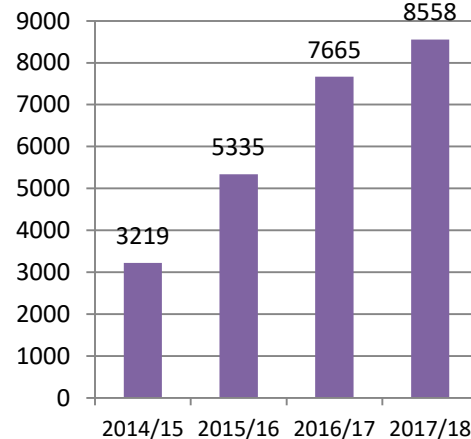


In 2017/18 there were **591** more families referred through family support hubs than in 2016/17, over a **9%** increase.

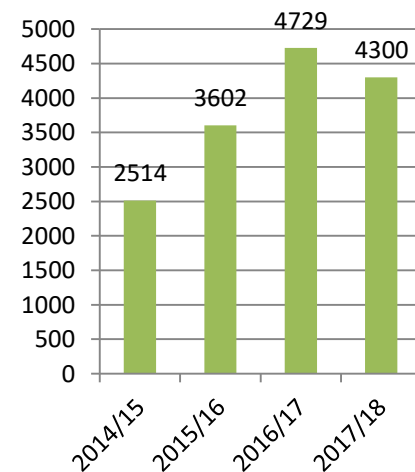
Number of Children Referred - 2017/18



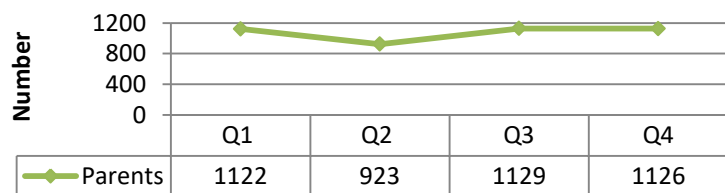
No. of Children (2014/15 to 2017/18)



No. of Parents (2014/15 to 2017/18)

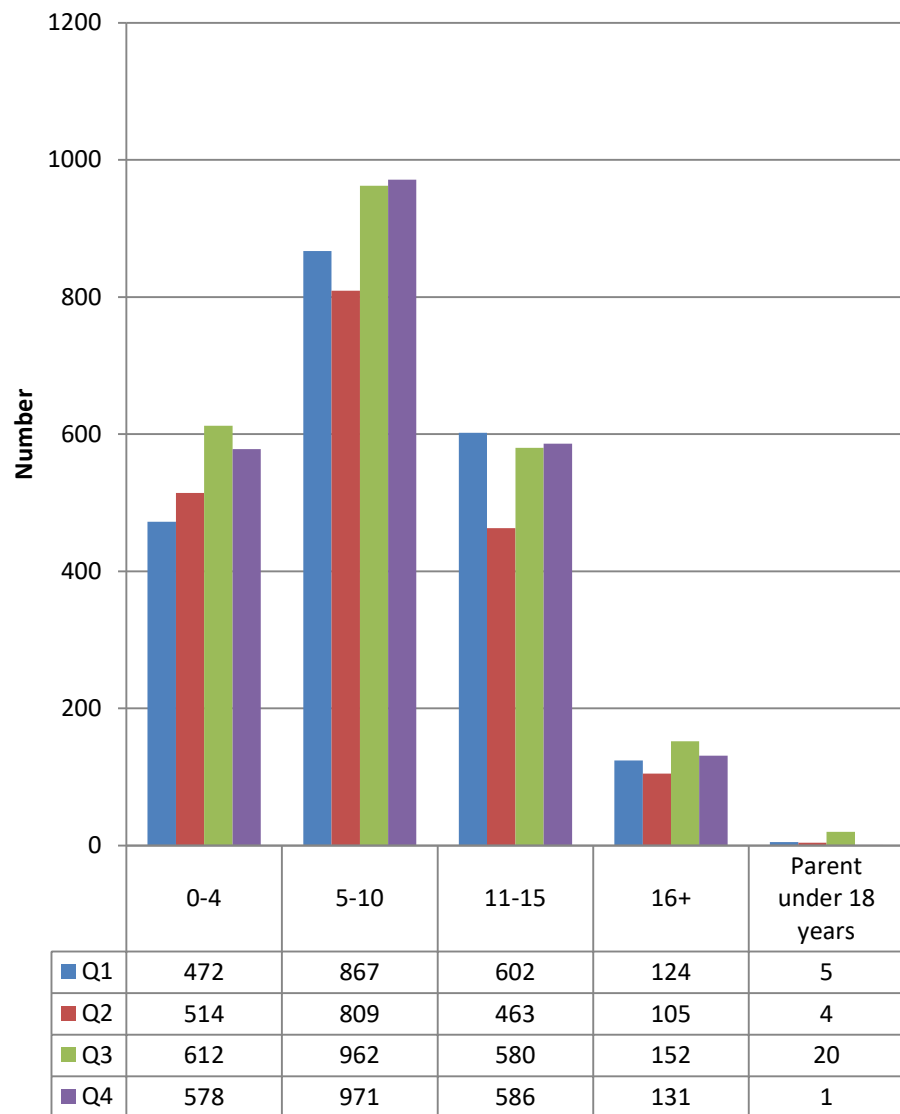


Number of Parents Referred - 2017/18

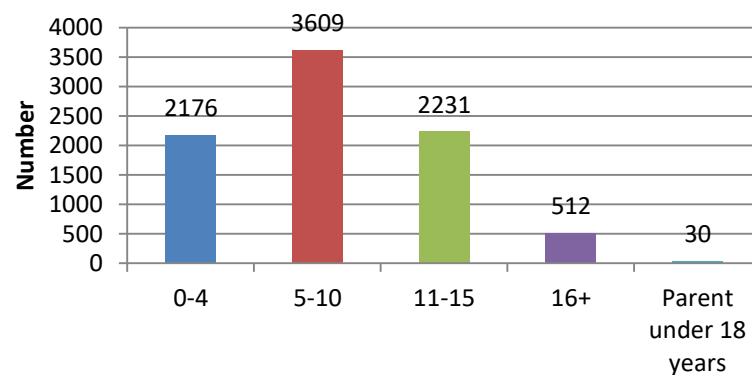
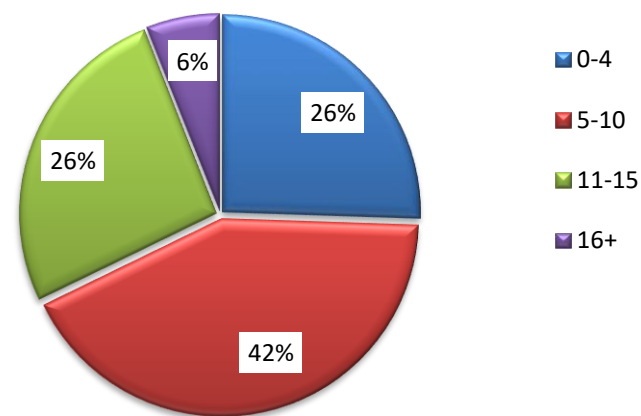


# How much did we do?

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



Age Profile 2017/18

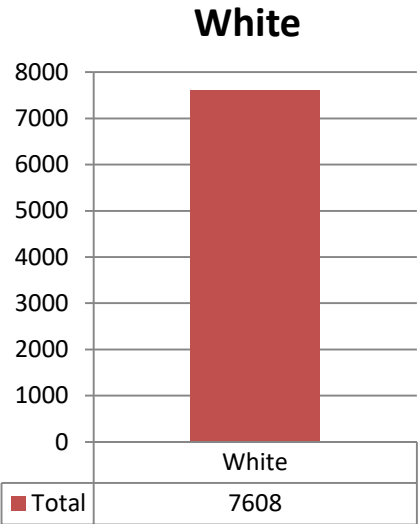


**5-10 years** has consistently been the highest age group for referrals in 2017/18.

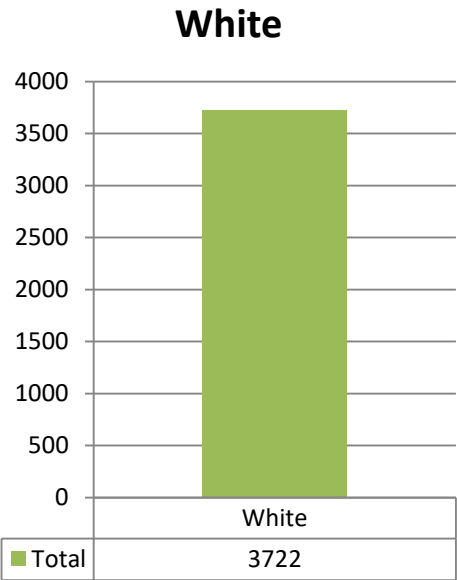
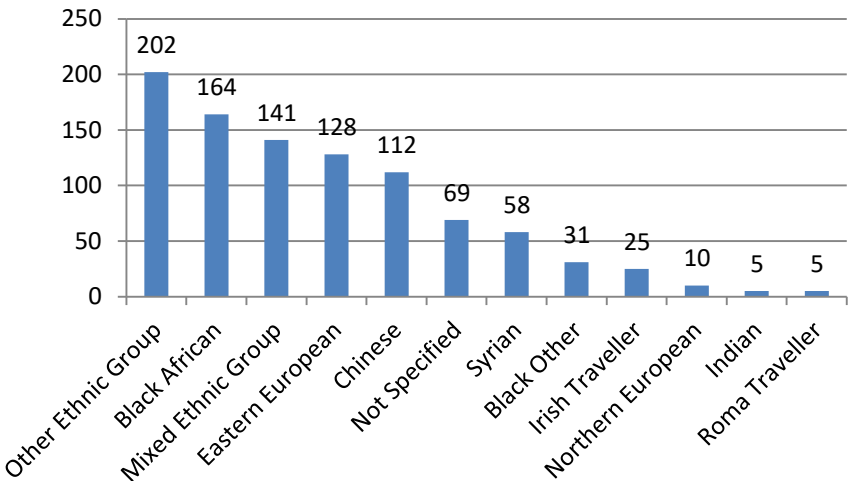
Performance Measure 4

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

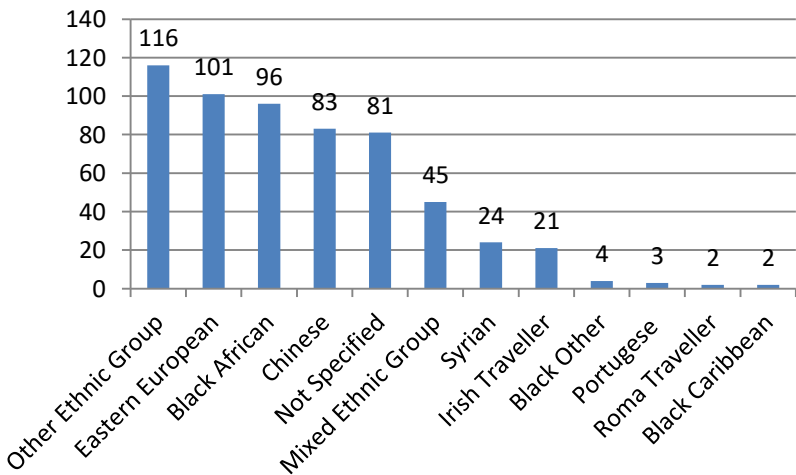
(Note: 'White' has the higher number of referrals for both Child/ren and Parents and are presented on separate scales as shown in these charts.)



Child/Children referrals by ethnic background – 2017/18



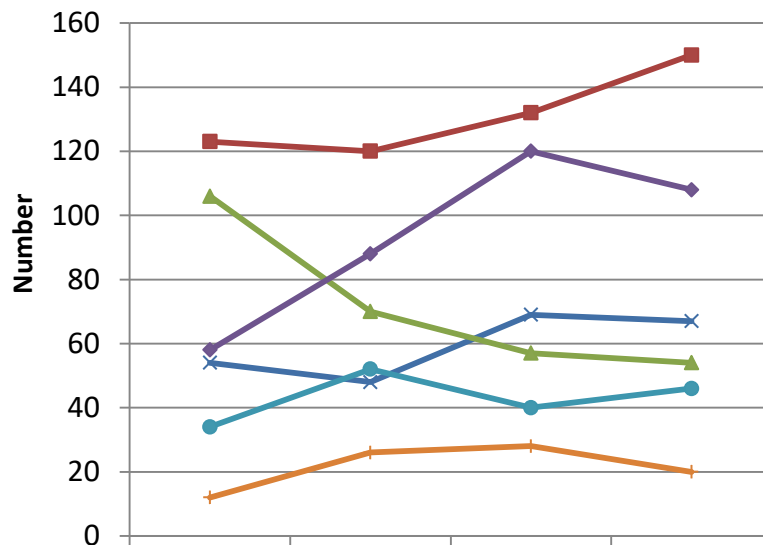
Parent/Parents referrals by ethnic background – 2017/18



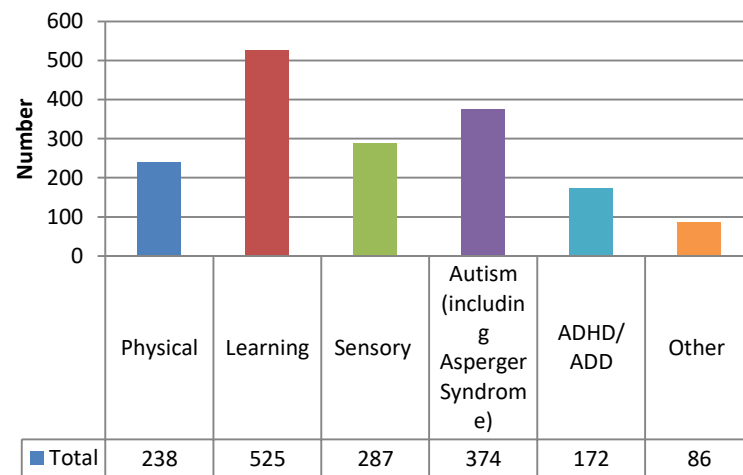
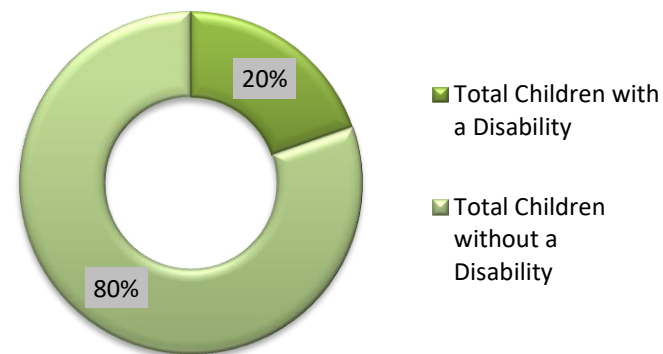
# How much did we do cont'd....?

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

**Please note:**  
Figures are low in Q1 as the three new disability categories did not come into operation fully until Q2.



Physical	54	48	69	67
Learning	123	120	132	150
Sensory	106	70	57	54
Autism (including Asperger Syndrome)	58	88	120	108
ADHD/ADD	34	52	40	46
Other (e.g. Acquired Brain Injury)	12	26	28	20



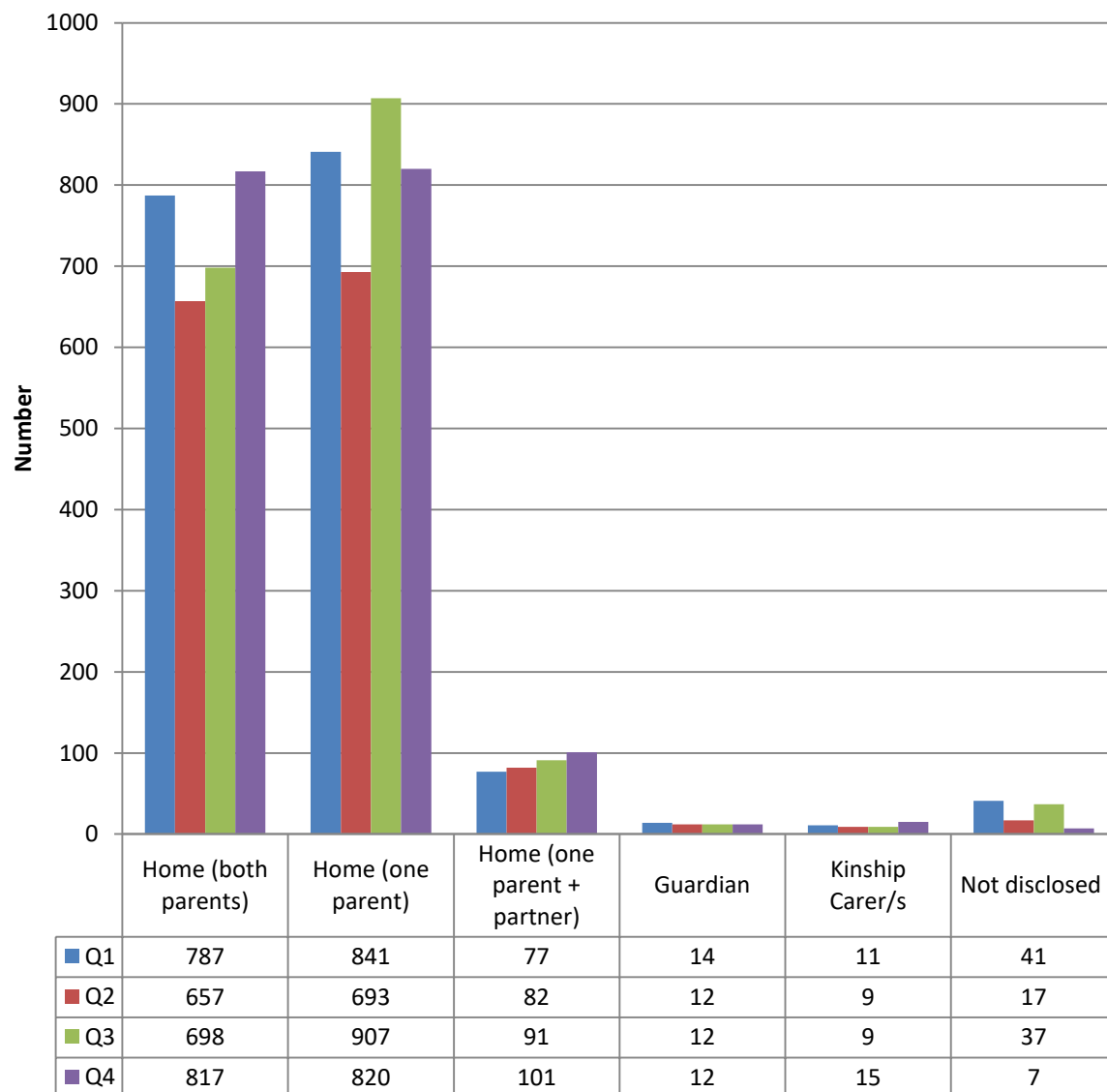
Children with a **learning disability** had the highest number of disability referrals.





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

## Performance Measure 5: Household Composition -2017/18



The highest group of families referred are **Lone Parents** with an **increase** from **3165** in 2016/17 to **3261** in 2017/18. **Home with both parents** has **increased** from **2523** to **2959** and **One Parent + Partner** has slightly **increased** from **342** to **351** in 2017/18. There has also been an **increase** in **Guardians** from **45** to **50** and **Kinship Carers** from **34** to **44**.

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

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

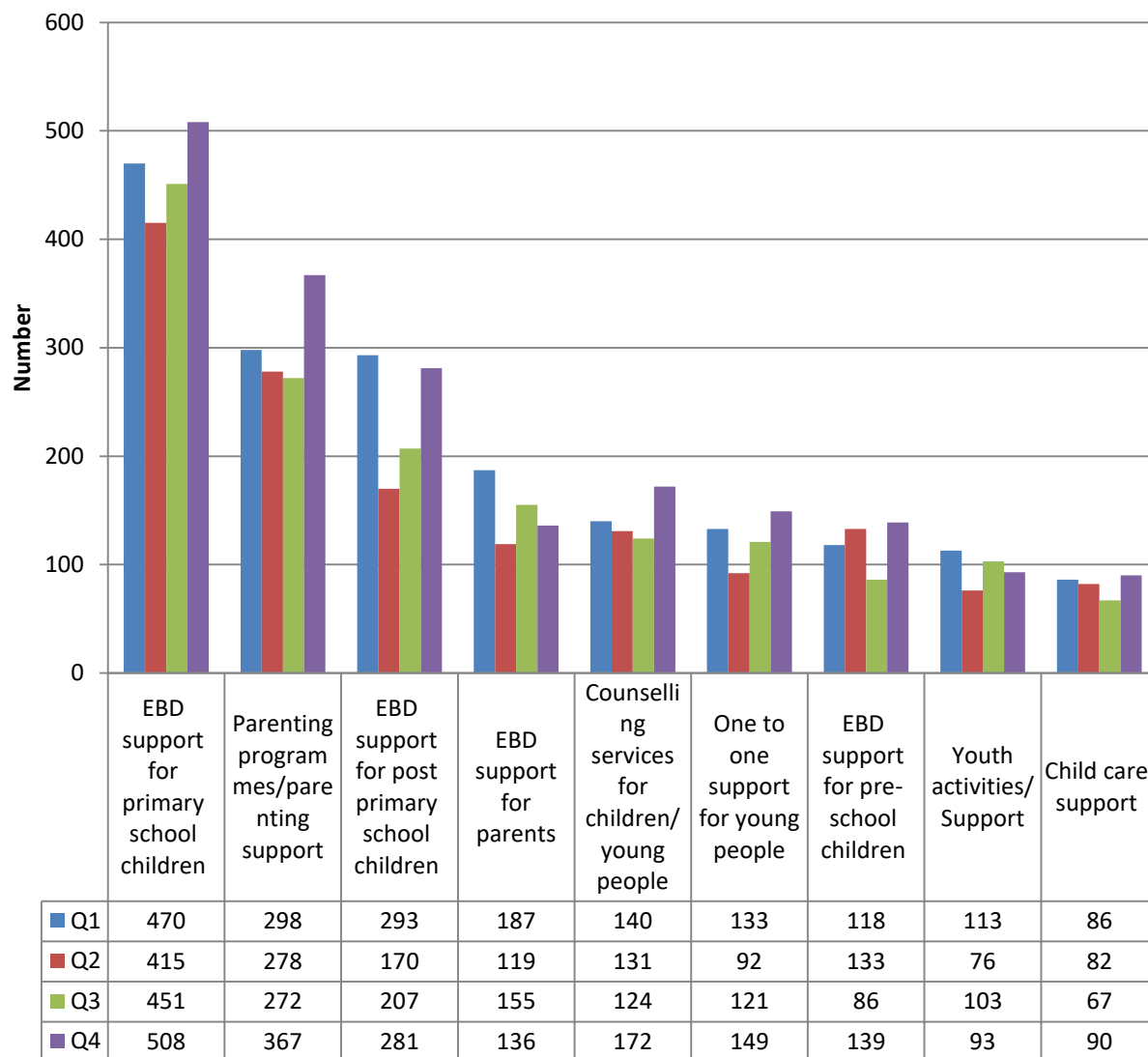
### Reasons for Referral:

Consistently Emotional Behavioural Difficulty (EBD) for primary school age children has been the main presenting reason for referral. **From 2016/17 there has been an increase from 1396 to 1844 in 2017/18.**

Requests for Parenting Programmes /support rose from **986 in 2016/17 to 1215 in 2017/18.**

In 2017/18 there has also been a growth in the number of **post primary children** referred for emotional behavioural support, with **951 compared to 820** referred last year.

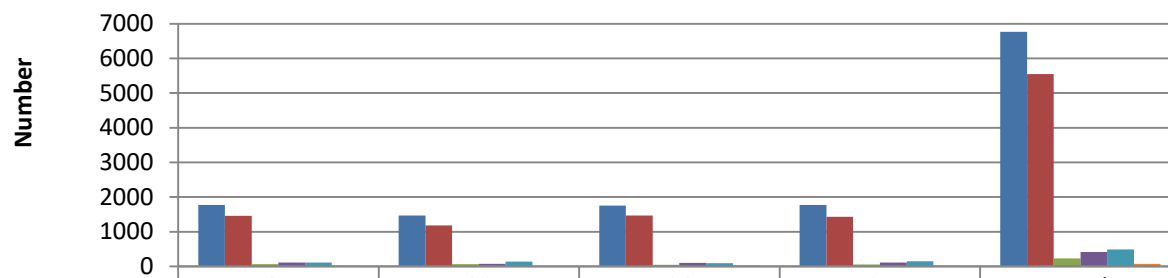
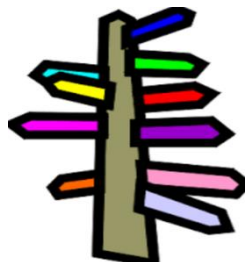
As hubs become established in local communities greater numbers of referrals are being presented for **EBD Support for Parents, Counselling Services for Children/Young People and One to One Support for Young People.**





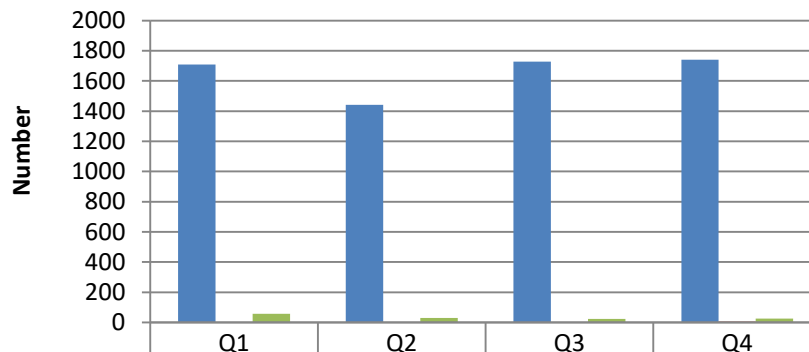
# How well did we do it ....?

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



Families Referred	1769	1470	1754	1772	6765
Accepted and Signposted	1458	1187	1472	1432	5549
Signposted but family did not engage	68	62	50	55	235
Above Tier 2 (Inappropriate Referral)	114	75	107	117	413
Further Information Required	111	136	95	150	492
Unable to meet needs of referred family	18	10	30	18	76

## Performance Measure 8: Referral Process: Achieved in 4 weeks & 5-8 weeks or Not Achieved – 2017/18



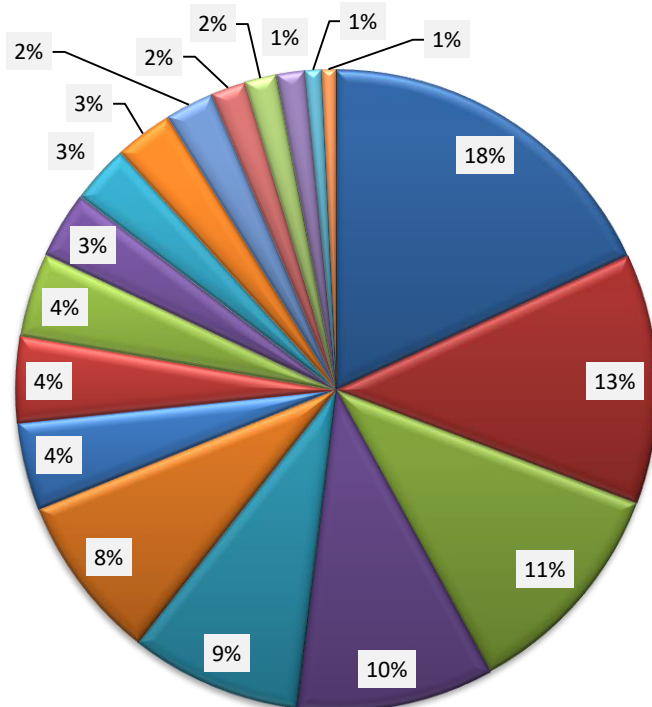
Achieved in 4 wks & 5-8 wks	1709	1441	1727	1741
Achieved in 8 Wks+	3	0	3	6
Not Achieved in Timescale	57	29	24	25

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 **12** 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 – 2017/18

2017/18



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

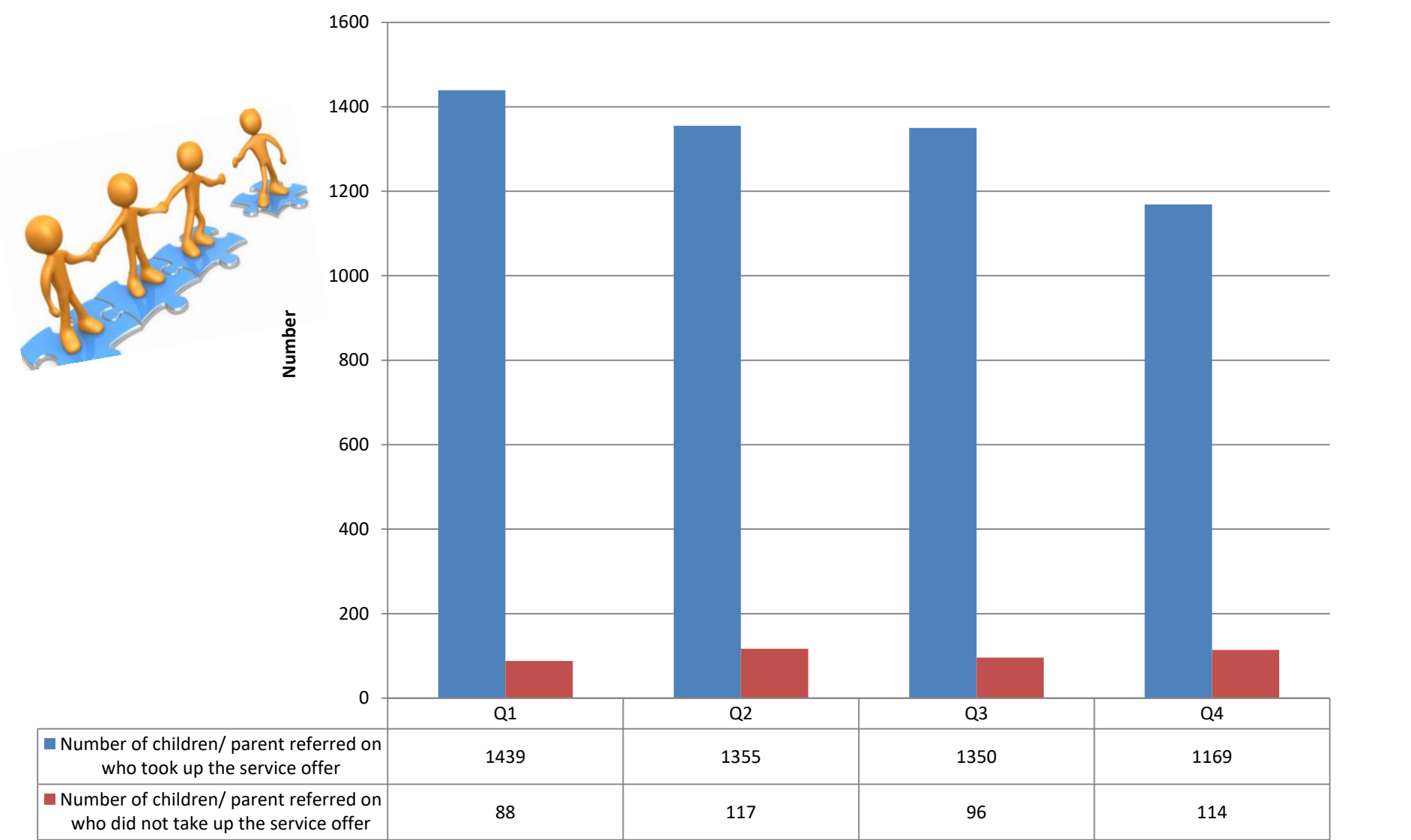
In 2017/18 self-referrals were the key referrer at 18%, the same as 2016/17.

Referrals to GP's have now increased to 13% compared to 11% in 2016/17, with Paediatrician at 11% and Schools at 10% in 2017/18.

Health Visitor referrals have decreased slightly in 2017/18 to 9% from 10% in 2016/17.

**Gateway referrals have decreased from being the largest referring agency in 2015/16 at 14% to 8% in 2017/18 and also 2016/17.**

Performance Measure 9: Number of Parents /Children referred who did and who did not take up the service offer – 2017/18



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

**Performance Measure 10: 10 Standards 97% Fully Implemented 3% Partially Implemented - 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

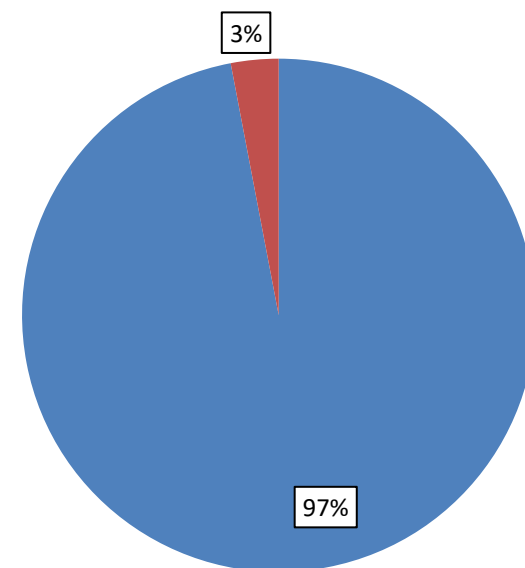
**Standard 8.** INVOLVEMENT OF SERVICE USERS AND PROVIDERS IN THE  
PLANNING, DELIVERY AND EVALUATION of family support services in practised  
on an on-going basis

**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.**

## **Core Members Survey 2017/18 :**

Every year CYPSP conduct a Core Members Survey.

680 members were contacted and 203 responded = a response rate of 30%.

These are the key findings :

The data has shown Hub members who responded to the survey believe :

- there is an increased focus on early intervention in local areas to 97% up by 2% since the survey was completed in 2016/17.
- there is an increased use of resources available in local areas up by 1% to 94% since the survey was completed in 2016/17.
- there is an increased demand on their agencies to 63% up by 4% since the survey was completed in 2016/17.
- there is an increase in the number of organisations who the Hubs have helped to identify service gaps in their local area of 2% to 94% since the survey was completed in 2016/17.



## Core Members Survey:

94% of member organisations of Family Support Hubs who responded to the survey believe families are provided with a more holistic approach to meeting their needs.

They also have reported improved information sharing, communication and trust across organisations over the last year. In 2016/17, 93% of core members reported improved information sharing, communication and trust. This has increased by 1% to 94% since the survey was completed last year.

The data has shown that member organisations believe there is an increased likelihood of improved outcomes for children and families by 4% to 98% since the last survey.



## Core Members Survey : Quotes from Core Members

*"I believe strongly in the Family Support Hub Network. It has played a pivotal part in delivering services to those I work with and indeed beyond. Furthermore, it is a great hub to connect with other professionals, develop knowledge and discuss emerging needs."*

"The Hubs have the potential to be an excellent vehicle. They are well established now and the method of working has been set up. It is now time to use this opportunity to invest in a far greater level of support around families, especially those who are vulnerable of yo-yo-ing in and out of social services."

Overall the feedback from member organisations about the Family Support Hubs has been very positive. In fact there has been a positive percentage increase in the majority of the questions about the impact of Family Support Hubs and in particular in reduction in duplication of services, personal satisfaction in providing services to families within a wider network and the focus on early intervention and prevention as well as the Hubs ability to identify gaps in services.





*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 lone mother with a learning disability and her 14 year old daughter were referred to the Family Support Hub by her GP as she was lonely and isolated. The Hub arranged for weekly visits from a Family Support worker who provided emotional support and has signposted her to other services including the food bank and counselling. The Family Support Worker advised the parent on behaviour/management strategies and she now attends a women's group in her area. She has also received assistance around benefit claims.

The Hub co-ordinator referred the young girl to the local Youth Centre and a worker there now sees the teenager once a week and offers her support and mentoring.

## **Case Study B**

A couple with a baby were referred to the Hub by the Gateway Team. The parents were seeking support as their baby was born with a syndrome which meant he had severe medical and physical difficulties. The family were not aware of what supports were available at a difficult time for them as a family and there was an uncertain prognosis. The family were referred to a specialist organisation that supports families whose children have complex needs and they were able to connect them with a family whose son had the same condition. They received specialist day-care and some support from their local Surestart. A Trust social worker was also allocated to them. The family were very positive about the services that were put in place for them.



## Case Study C

A lone parent family with 3 children were referred to the Hub by the Housing Executive. The Family had been evicted from private rented accommodation and moved in with a relative temporarily. This arrangement broke down and the family were placed in emergency accommodation quite a distance away from where they had previously lived and from the school the children attended.

Mother required parenting support around behavioural management. She was under emotional strain with the stresses of house changes and the children began exhibiting behavioural difficulties.

The Hub Co-ordinator arranged help with transport for the children to and from school. A number of home based sessions were completed with mum around setting rules and boundaries within the home and she was supported to help the children to settle into the new area and with membership of the youth club. A Family Group Conference was arranged with the family.

Outcomes for the family; mum feeling better able to cope at home; wider family communicating again; children feeling happier at home; children and mum accepted into new area that was of a different religious persuasion and support implemented in school to help children maintain their places.

