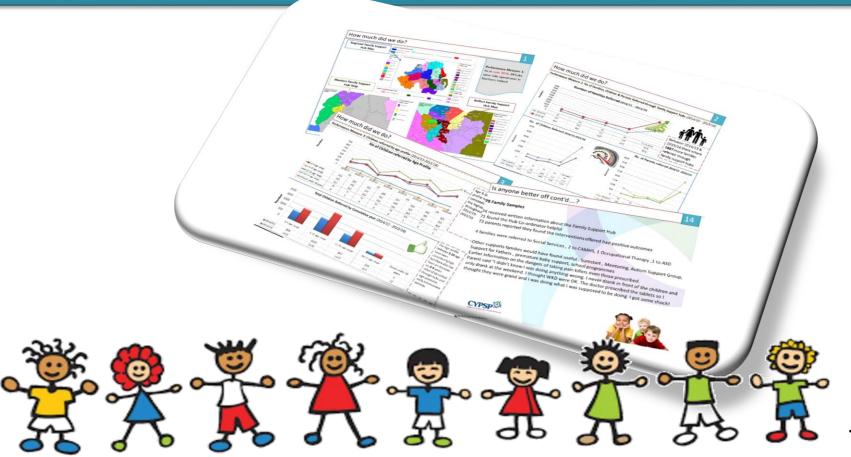


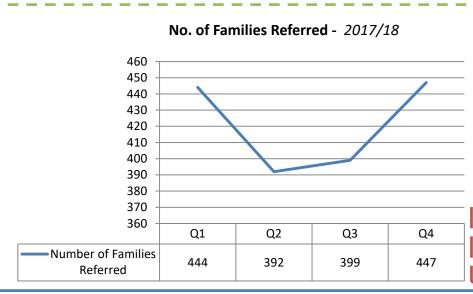
# NHSCT Family Support Hubs Report Card

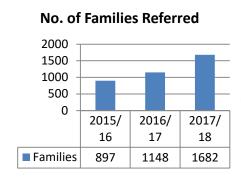
**Annual Report Card 2017/18** 



## How much did we do?

#### Performance Measure 1: No of Families, Children & Parents Referred through Family Support Hubs 2017/18

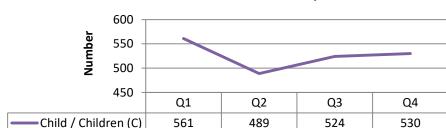




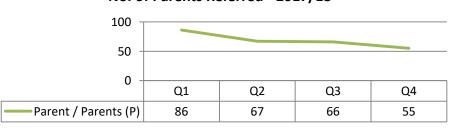


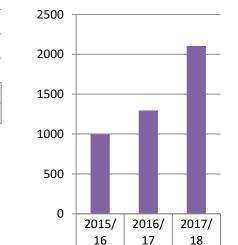
Throughout 2017/18 there were **1682** families referred through family support hubs . This was an increase of **534** from last years total of **1148** families.

## No. of Children Referred - 2017/18



#### No. of Parents Referred - 2017/18





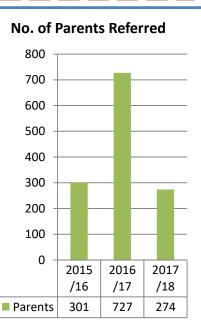
995

1295

2104

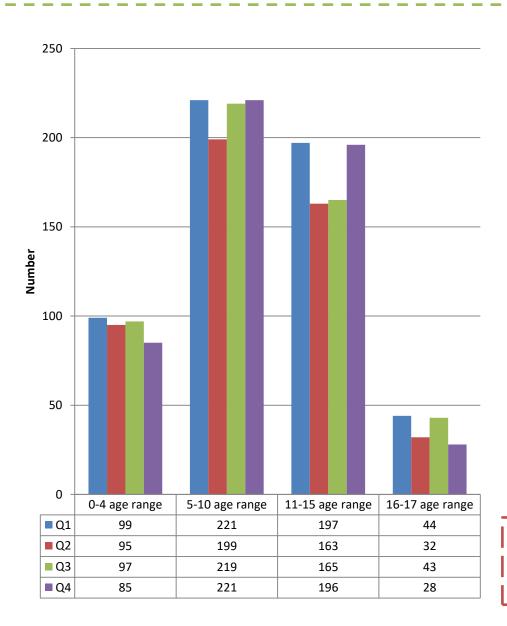
Children

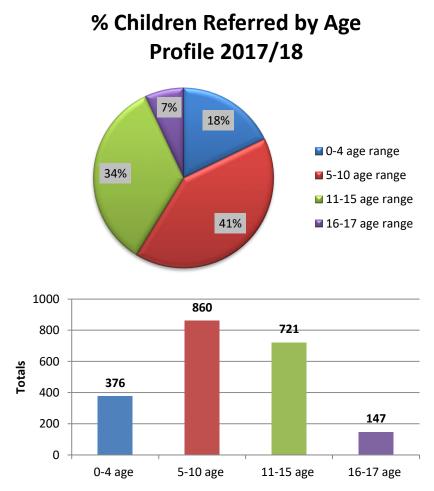
No. of Children Referred



## How much did we do?

## Performance Measure 2: Children Referred by Age Profile 2017/18





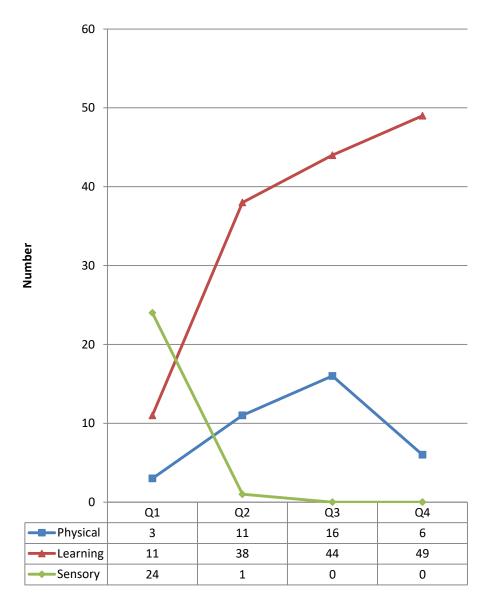
The **5-10** age range has consistently been the highest age group for referral throughout 2017/18, with 860 (41%) referred.

Children with a Disability = **203(10%)** of the

25

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

#### Performance Measure 3: Children with a Disability Referred - 2017/18

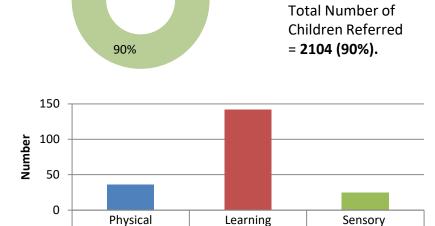


## Children Referred with a Disability 2017/18

10%

36

■ Total



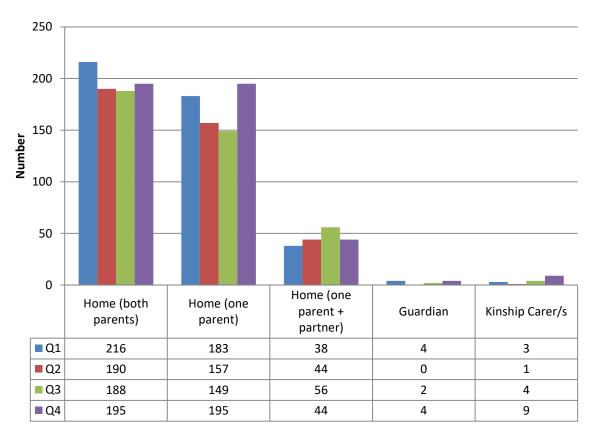
Throughout 2017/18, Children with a **Learning Disability** had the highest number of referrals throughout NHSCT.

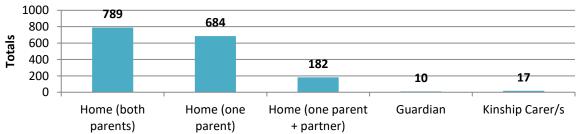
142



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

#### Performance Measure 4: Household Composition - 2017/18



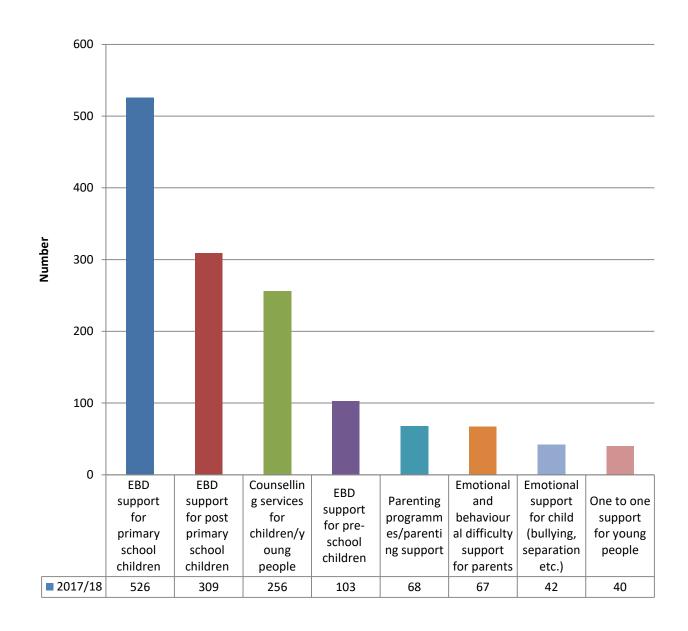




In the Northern area the household composition Home with both parents (789) has the highest referrals, with One parent families (684) in 2017/18. There is an increase in one parent plus partner from 112 to 182 in 2017/18. With Guardian having decreased from 12 to 10 and Kinship Carers increased from 8 to 17.

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

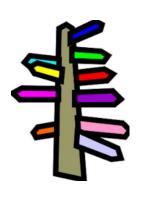
Performance Measure 5: Main Presenting Reasons for Referral - 2017/18

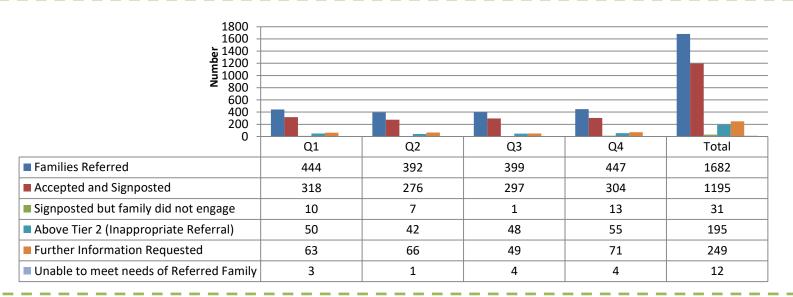


The main reason for referrals were **Emotional Behaviour** Difficulty (EBD) for primary school age children at 526 in 2017/18, which is the top reason in the regional report. This is followed by **EBD post** primary children at 309. Counselling services for children/young people and EBD pre-school children are also in the top eight reasons in the Northern area.

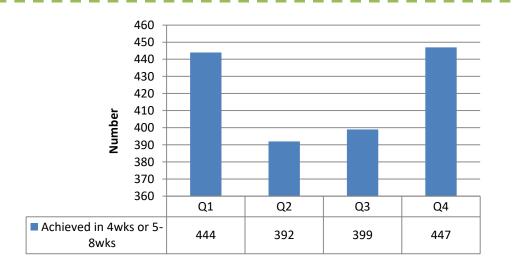
## How well did we do it?

Performance Measure 6: Families Referred that were Accepted & Signposted, Above Tier 2 or Other Reasons for Outcome of Referral-2017/18





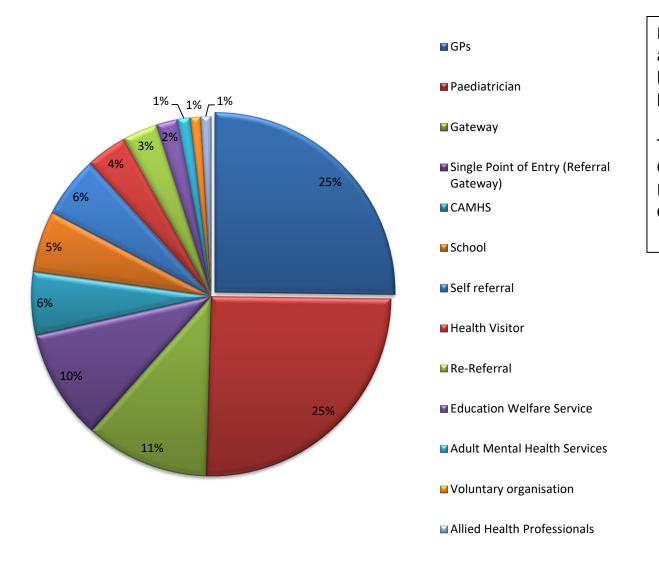
Performance Measure 7: Outcome 4 weeks achieved / Not Achieved – 2017/18



All the referrals to Hubs were processed within 4wks or 5-8wks in the Northern 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 - 2017/18

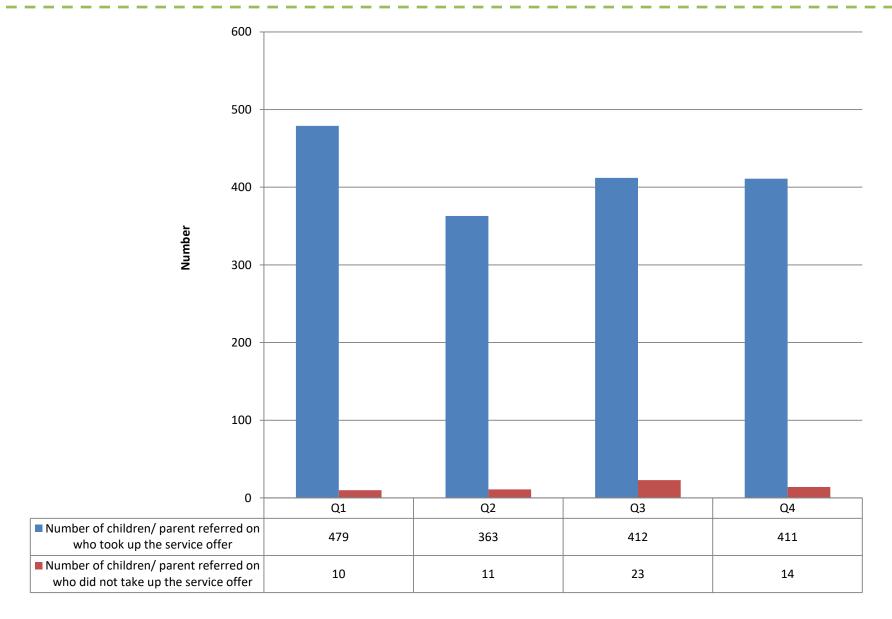


In the Northern Area GPs and Paediatricians are the key referrers with 25% both.

This was followed by Gateway at 11% and Single Point of Entry (Referral Gateway) at 10%.

## 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 2017/18



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

#### Performance Measure 10: 10 Standards Fully 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

All 5 Hubs in the Northern Outcomes Group area have implemented the 10 Standards and have action plans in place to further develop the Hubs to ensure access to services for families.

This includes awareness raising events and identifying services in the community that can provide timely support for children, young people and families.

## Is anyone better off?

# **Family samples**

#### **Case Study A**

A post primary school made a referral to the Family Support Hub for a young person aged 13 years. He engaged in work with a focus on anger, making good choices in relation to his behaviour at home, school and within the community. His mother was in receipt of parenting work with a focus on positive parenting techniques. Both the young person and his mum continue to work with an early intervention project.

#### **Case Study B**

A child aged 5 years was referred to the Hub by the Community Paediatrician for emotional behavioural difficulties. Since then the family have had ongoing support from their Health Visitor as well as input from Autism NI, Caudwell Children and Empower. The parent feels they would also benefit from respite but this is not currently available to them. They are awaiting completion of an ASD assessment.

### **Case Study C**

This is the second referral the hub has received for this family from the GP in respect of a 14 year old girl with emotional behavioural difficulties. Hub staff contacted this family and discussed the range of services potentially available. Following discussion with the mother, they are now engaging with an early intervention service which offers weekly appointments to the family and young person.

## **Case Study D**

The single point of entry team made a referral to the Family Support Hub for an 11 year old child who was exhibiting emotional behavioural difficulties. The whole family engaged with the service for 9 months. The work with the young person centred around increasing his knowledge and understanding of the consequences of anti – social behaviours and he learned a range of coping strategies. The parents have also learned various techniques around managing their children's behaviour and the home environment has improved considerably.