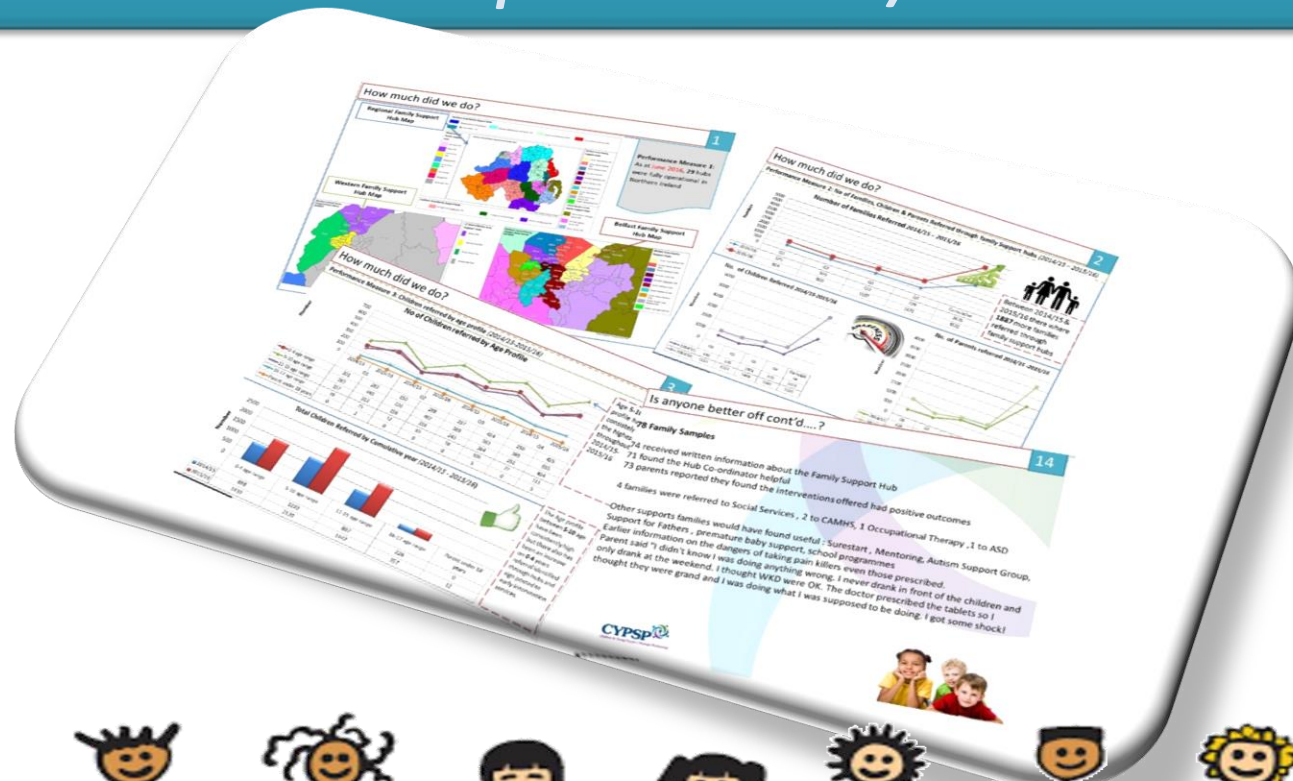
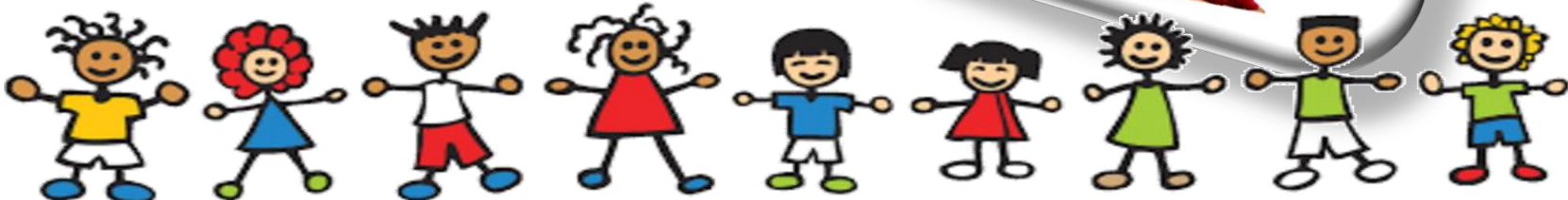


SEHSCT Family Support Hubs Report Card

Annual Report Card 2019/20



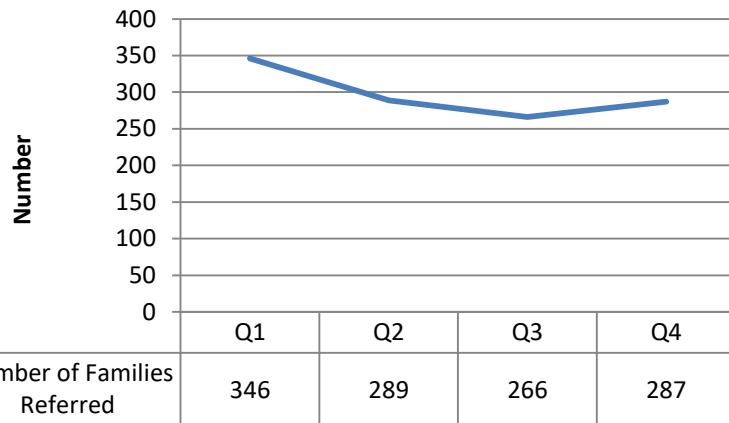
July 2020



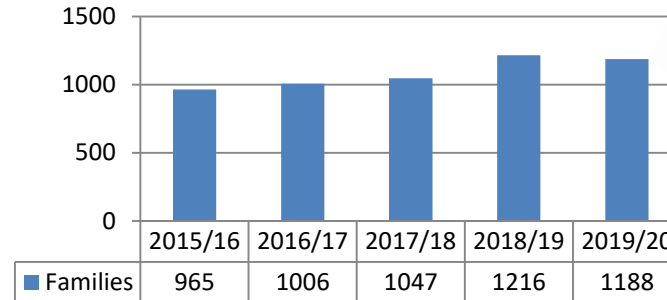
How much did we do?

Performance Measure 1: No of Families, Children & Parents Referred through Family Support Hubs - 2019 '20

Number of Families Referred - 2019/20

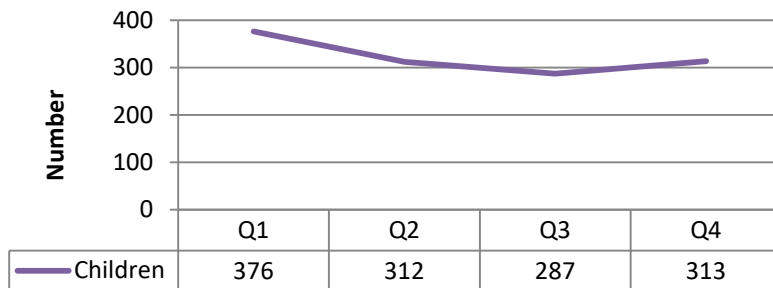


No of Families Referred

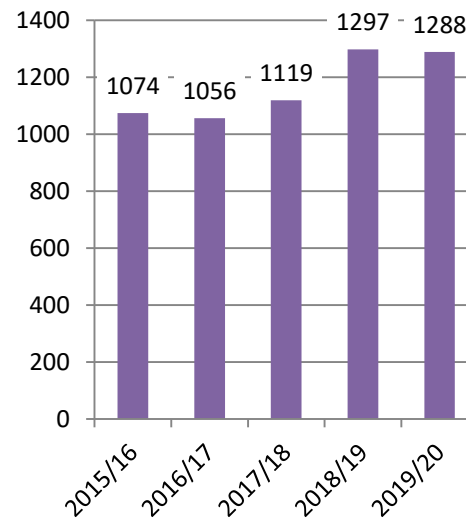


There has been a slight decrease in the number of families referred through family support hubs from 1216 to **1188** in 2019/20.

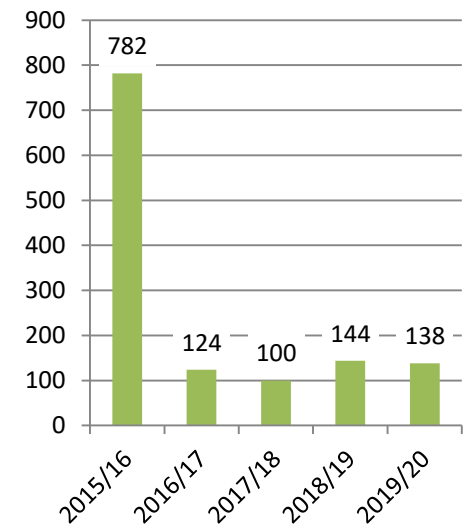
No. of Children Referred - 2019/20



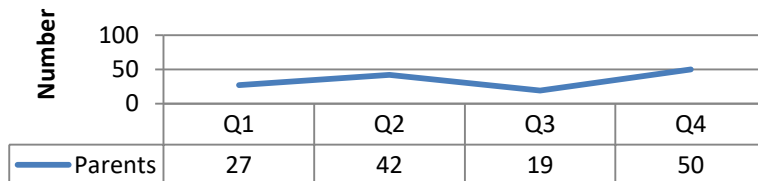
No. of Children Referred



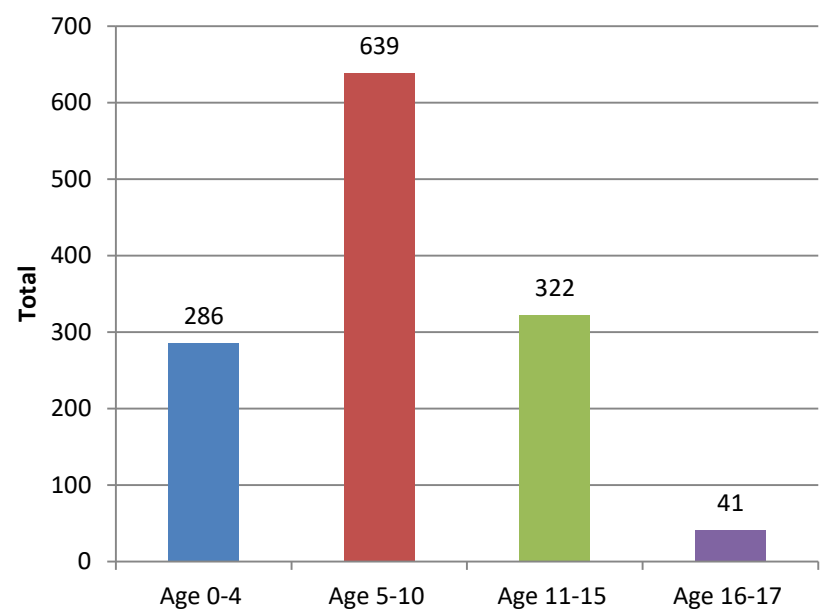
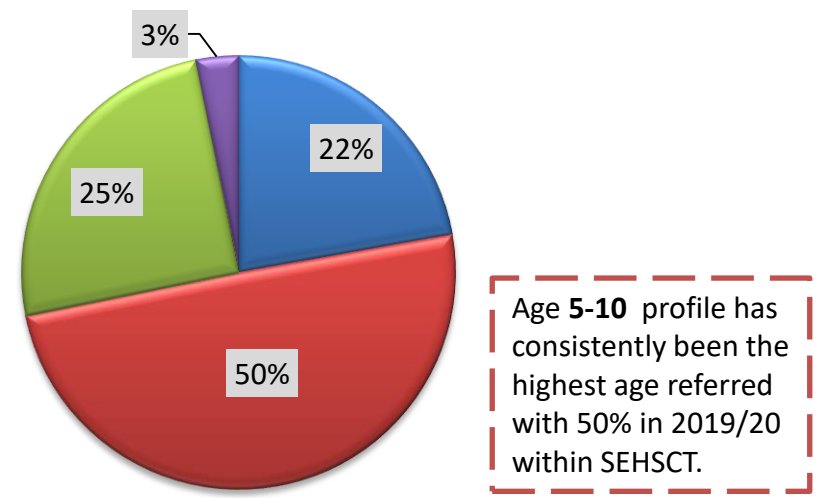
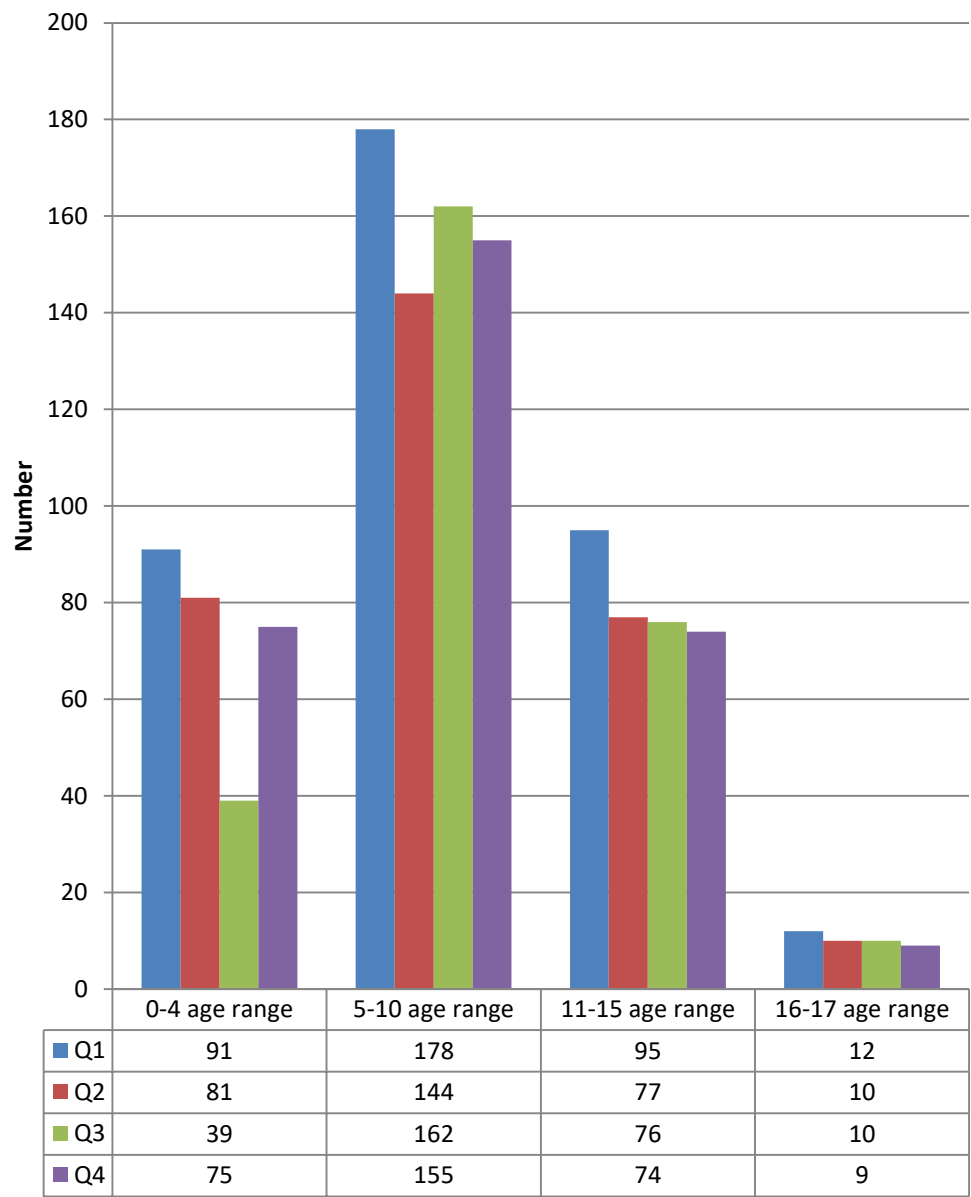
No. of Parents Referred



No. of Parents Referred - 2019/20

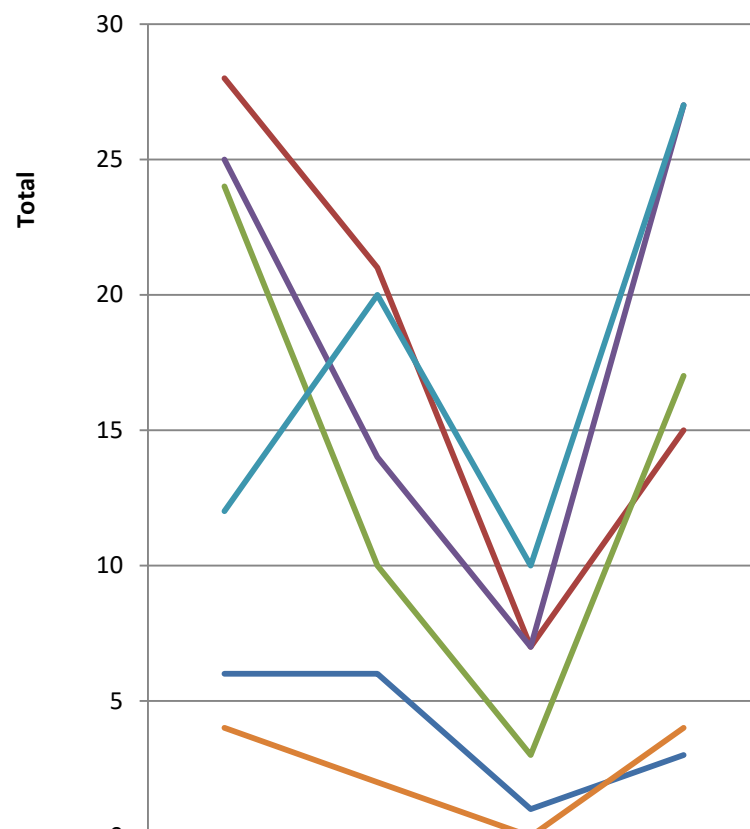


Performance Measure 2: Children Referred by Age Profile 2019/20



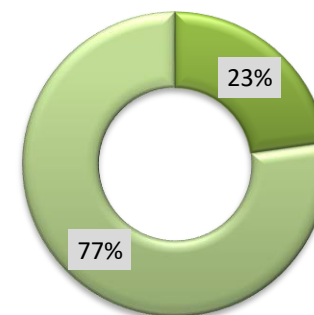
How much did we do cont'd....?

Performance Measure 3: Children with a Disability Referred -2019/20



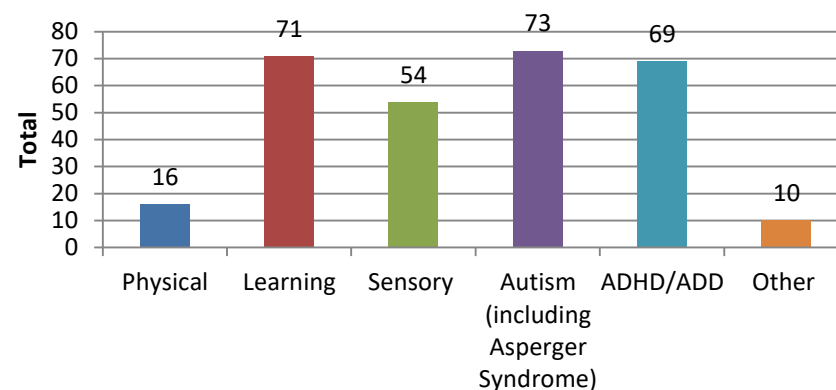
	Q1	Q2	Q3	Q4
Physical	6	6	1	3
Learning	28	21	7	15
Sensory	24	10	3	17
Autism (including Asperger Syndrome)	25	14	7	27
ADHD/ADD	12	20	10	27
Other	4	2	0	4

% Children Referred with a Disability



■ Total Children with a Disability (No=293)

■ Total Children Referred without a Disability (No = 995)

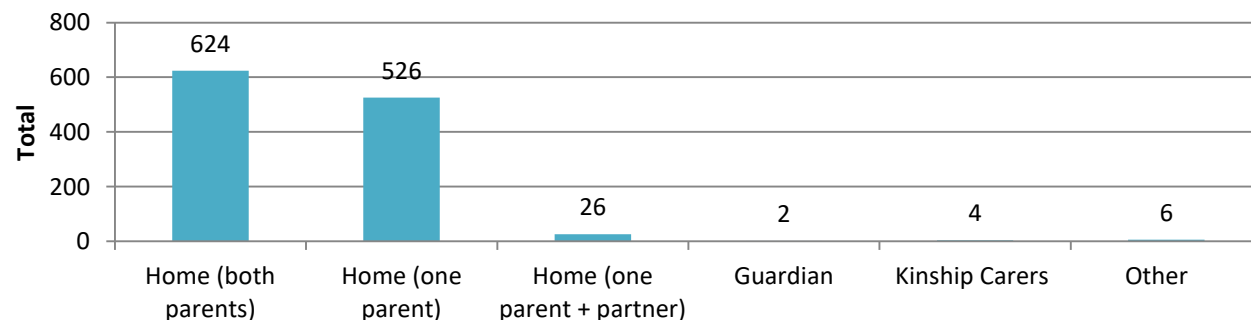
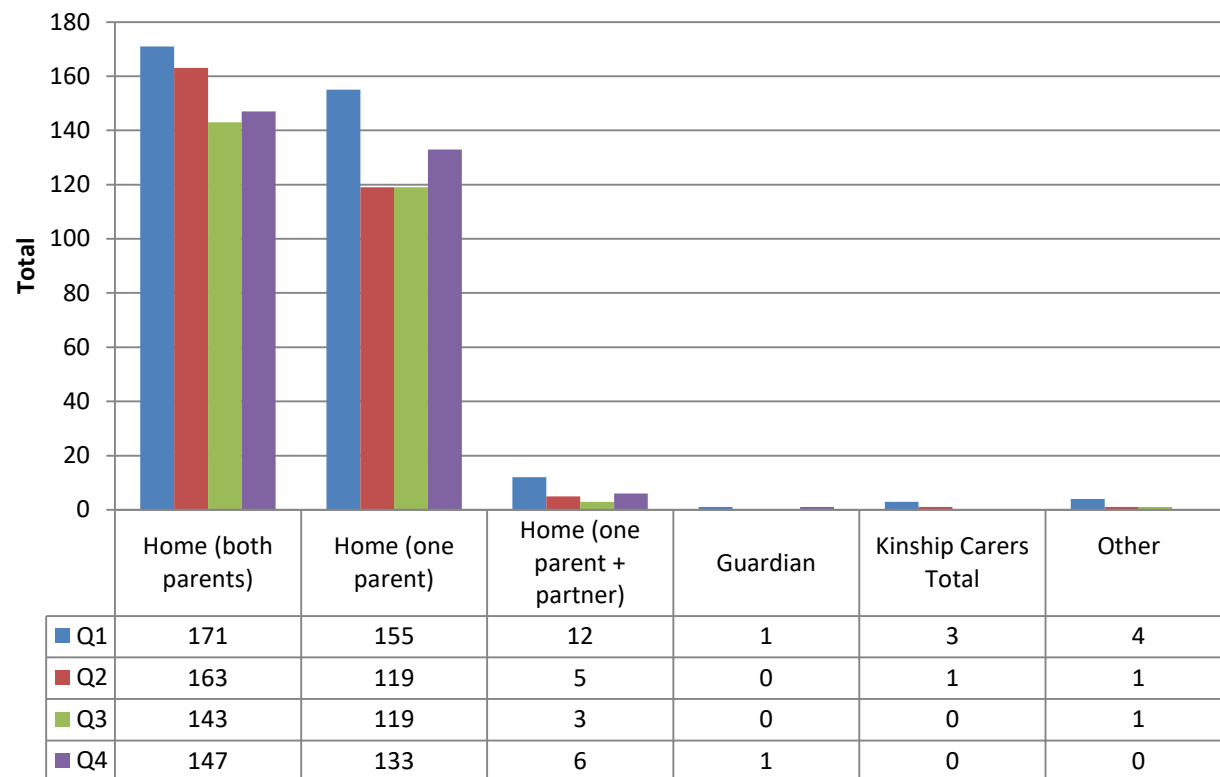


In 2019/20, Children with **Autism** had the highest number of referrals in the disability category throughout the South Eastern area, closely followed by **Learning Disability**.



How much did we do? cont'd

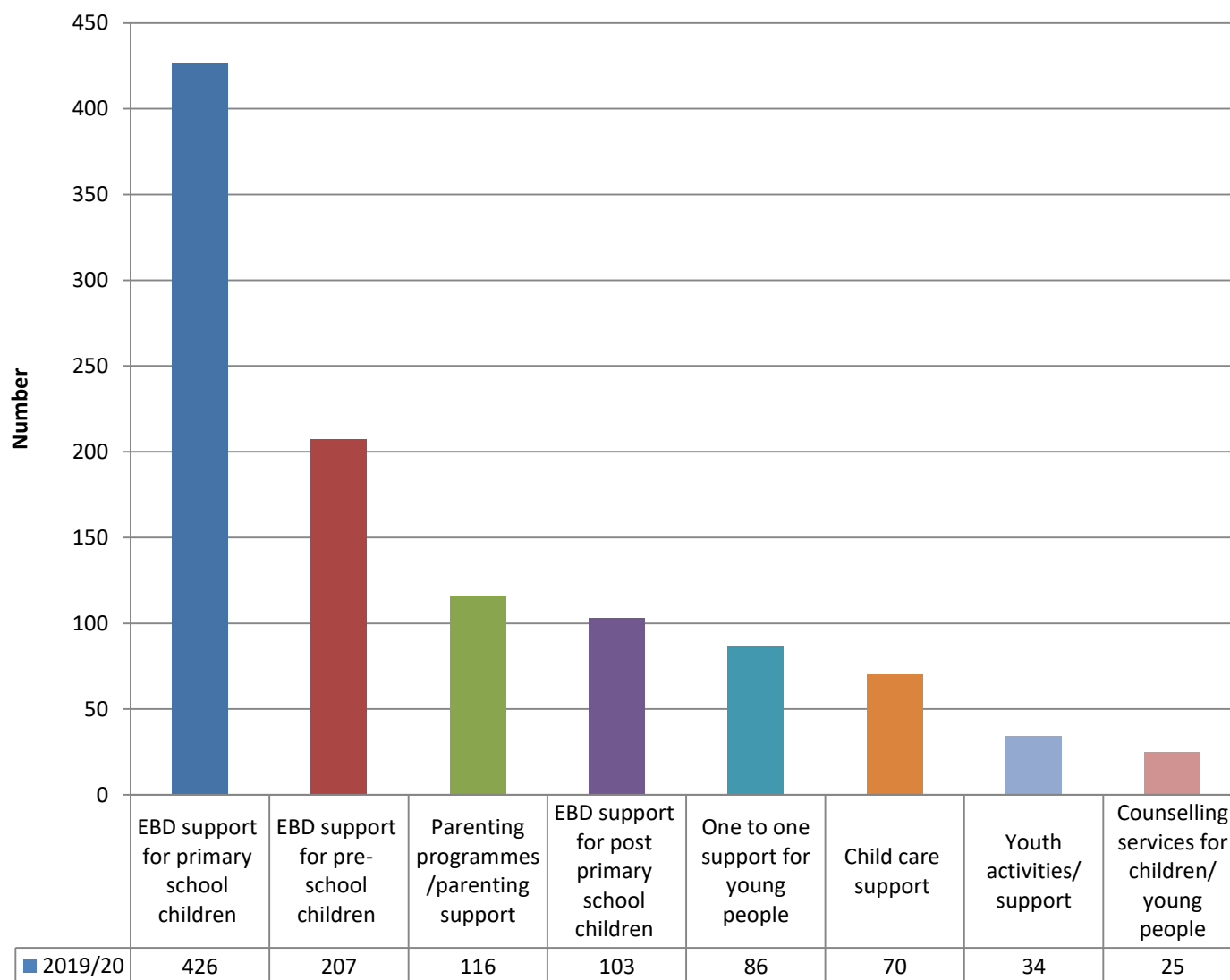
Performance Measure 4: Household Composition - 2019/20



In 2019/20 Home (both parents) is the largest household composition (**624**) as it was in 2018/19, with Home (one parent) the second household composition with **526**. Home(one parent +partner) is a total of **26**. There has been a decrease in the number of Guardians from 8 to **2**, Kinship Carers **4** and Other **6**.

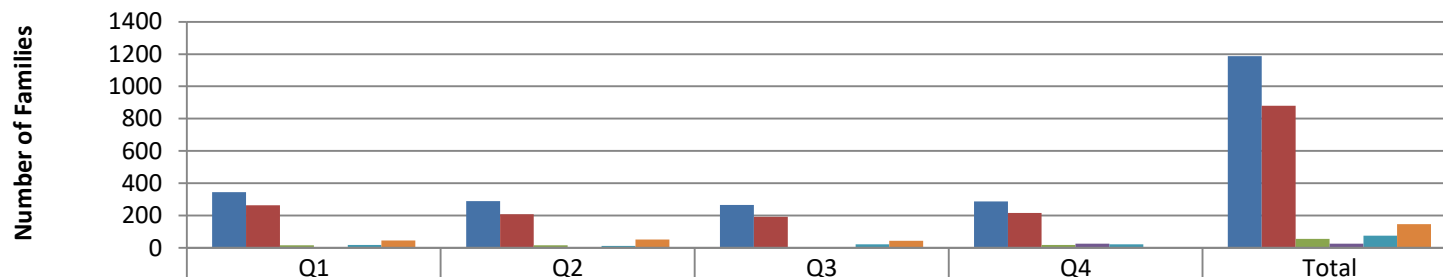
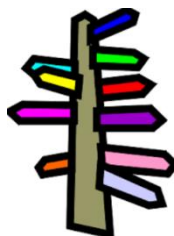
How much did we do? cont'd

Performance Measure 5: Main Presenting Reasons for Referral - 2019/20



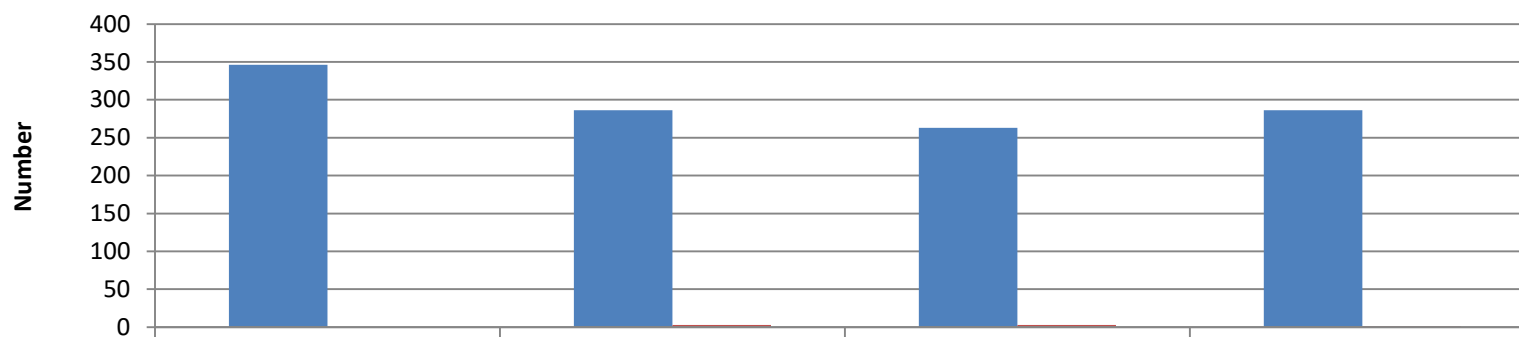
In 2019/20 Emotional Behaviour Difficulty (EBD) for primary school children was the main reason for referrals at **426**, which has been the trend in the past few years. This was followed by EBD support for pre-school children at **207** and Parenting Programmes/Parenting Support at **116**. EBD support for post-primary school children was **103**.

Performance Measure 6: Families Referred that were Accepted & Signposted, Above Tier 2 or Other Reasons for Outcome of Referral -2019/20



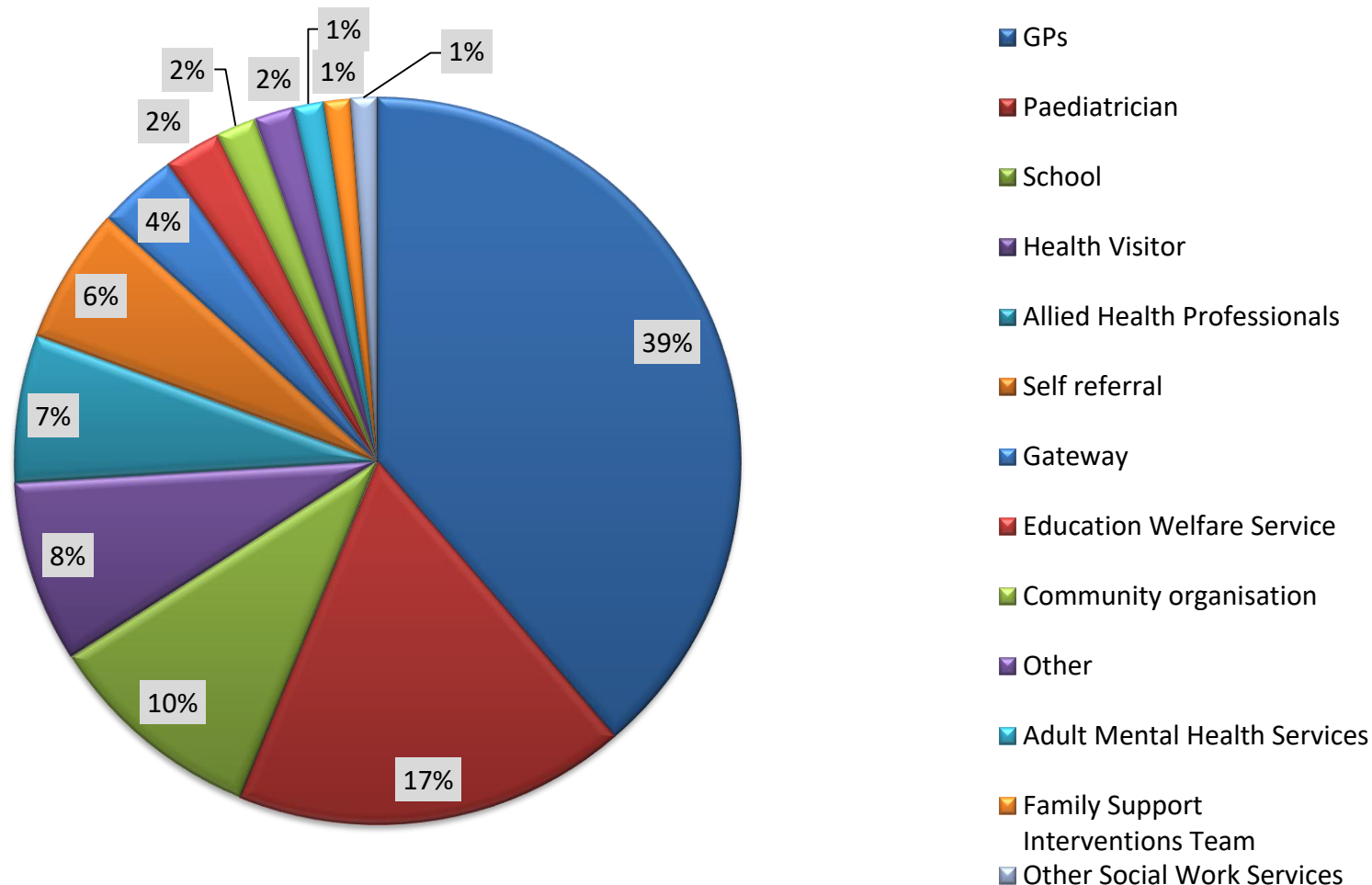
	Q1	Q2	Q3	Q4	Total
Families Referred	346	289	266	287	1188
Accepted and Signposted	264	208	192	216	880
Signposted but family did not engage	17	16	5	19	57
Above Tier 2 (Referred back to Gateway)			1	26	27
Further Information Required	18	13	23	23	77
Unable to meet need of referred family	47	52	45	3	147

Performance Measure 7: Achieved in 4 weeks & 5-8 weeks or Not Achieved – 2019/20



	Q1	Q2	Q3	Q4
Achieved in 4 wks & 5-8wks	346	286	263	286
Achieved in 8 wks+	0	3	3	1

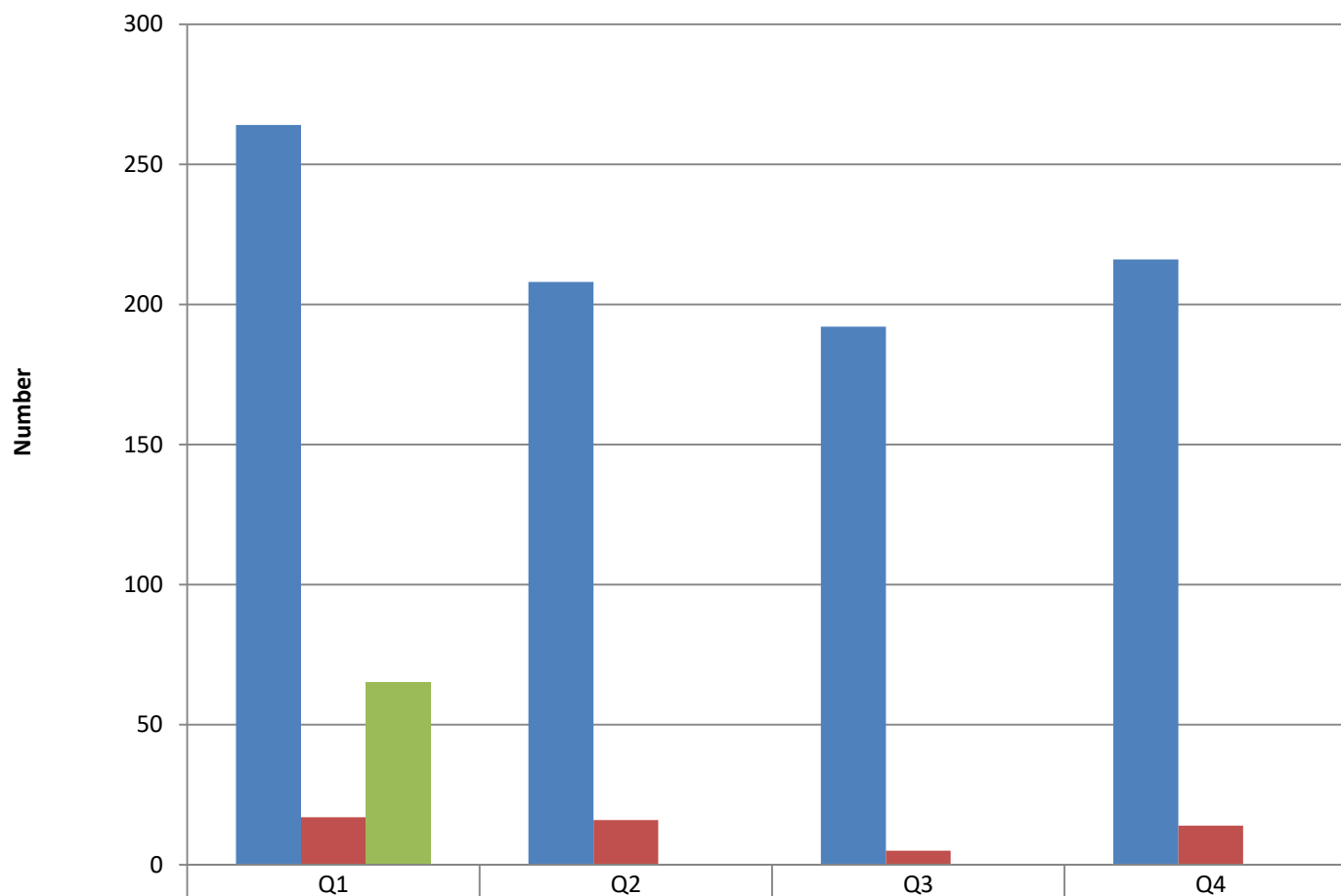
Performance Measure 8: Total Percentage of Referrals by Referral Agency -2019/20



The largest referrer in 2019/20 was GPs at 39%, this was the largest referral in 2018/19 also. Paediatricians referrals stayed the same at 17%. Schools referrals increased to 10%, Health Visitor 8% and AHP's 7%.

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 2019/20



■ Number of children/ parent referred on who took up the service offer	264	208	192	216
■ Number of children/ parent referred on who did not take up the service offer	17	16	5	14
■ Services not yet allocated to family	65	0	0	0

Performance Measure 10: 10 Standards Fully Implemented - 2019/20

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

Case Study A

Parents were referred by their GP for behaviour management support for their 10 year old child. They were allocated for therapeutic support and received positive behaviour strategies appropriate to age and stage of development of their child as well as support to communicate feelings and needs appropriately and develop emotional regulation skills. The family engaged very well, completed the intervention and no longer had any issues or concerns at ending of work.

Case Study B

Parents and their 10 year child were referred to the Hub by their GP as the child was suffering from anxiety. On receipt of therapeutic support parents reported “ the Action for Children Family Support Worker is a wonderful, dedicated professional. Her compassion and commitment is second to none. Her work with my son has started to help him find ways to cope with his anxiety.”

Case Study C

A lone parent of a 13 year old with anger management issues was referred to the Hub. He received 10 pre-arranged sessions from the YMCA, with 10 sessions attended. His mother later informed staff “He seems more settled; he is able to express & communicate problems before they escalate further. I believe that he has grown with confidence by participating in this scheme. The biggest impact was he learnt how to deal with & recognise triggers associated with anger & how to resolve issues without resorting to using anger”.

Family Samples

Case Study D

A family made a self-referral to the Hub concerned about their 11 year old daughter's levels of anxiety. They were referred for therapeutic support. They recorded later "We feel this service has made a huge difference to, not only our daughter but to our family overall! Our daughter has developed strategies that she is trying to use every day to reduce her anxiety and overthinking. We really feel this service has made a difference to our daughter's mental health and given her the strong foundations to build on her self-esteem. We think there should be "ongoing access for kids with anxiety to local services that promote their self-esteem/yoga/mindfulness and resilience."

Case Study E

The Health Visitor referred a family with 3 children to the Hub as mum has a learning disability and the youngest child aged 2 has developmental delay, no speech and still unable to walk unaided. The request was for Family Support to assist child with her play skills. A playgroup for children with developmental delay accepted the referral at Little Blossoms SureStart as well as Speech and Language Therapy and Occupational Therapy.