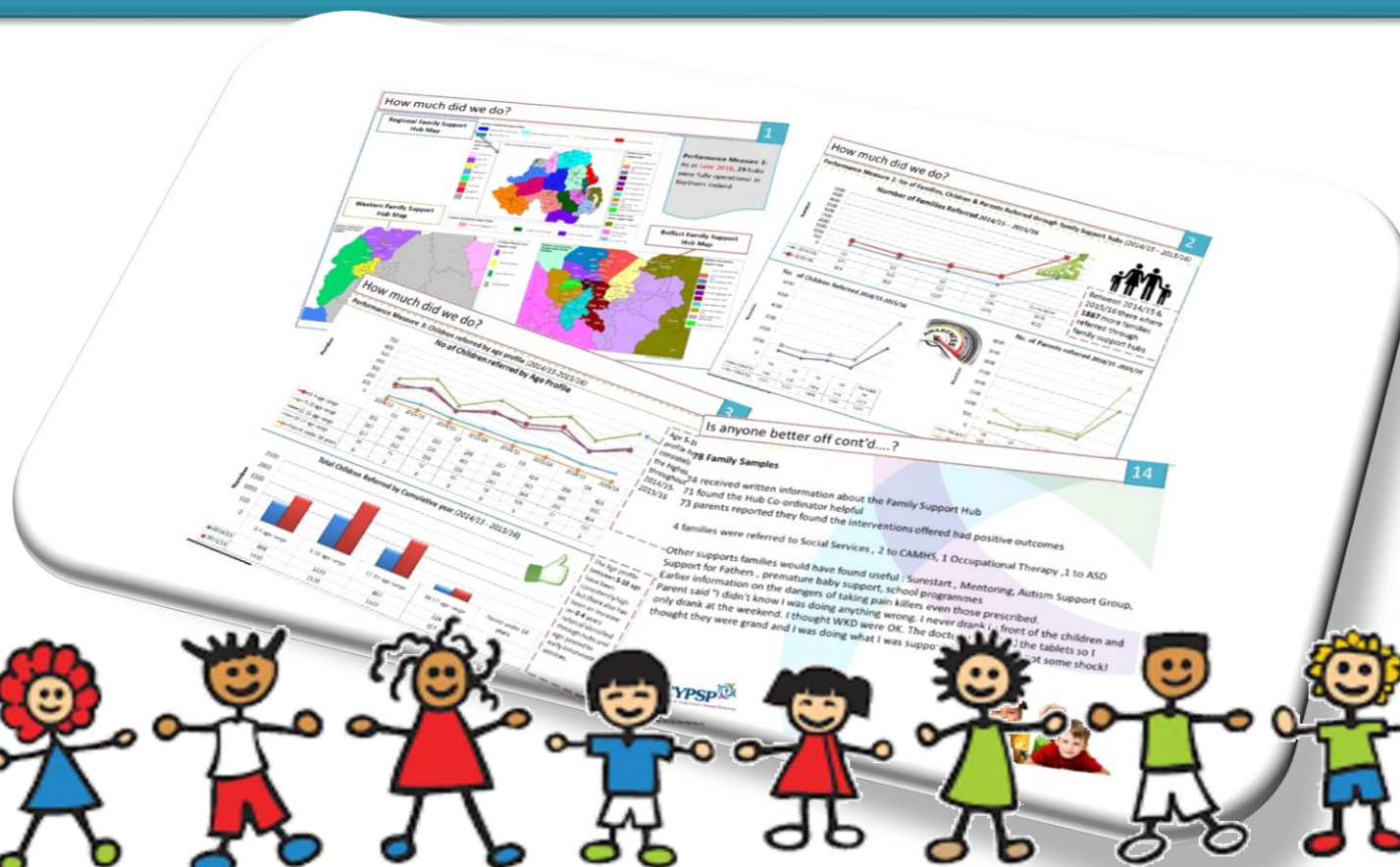


# Family Support Hubs Report Card

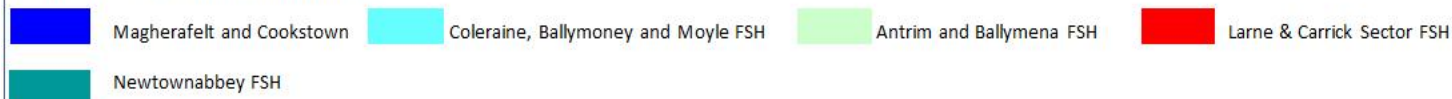
*Annual Report Card 2019/20*



June 2020

# How much did we do?

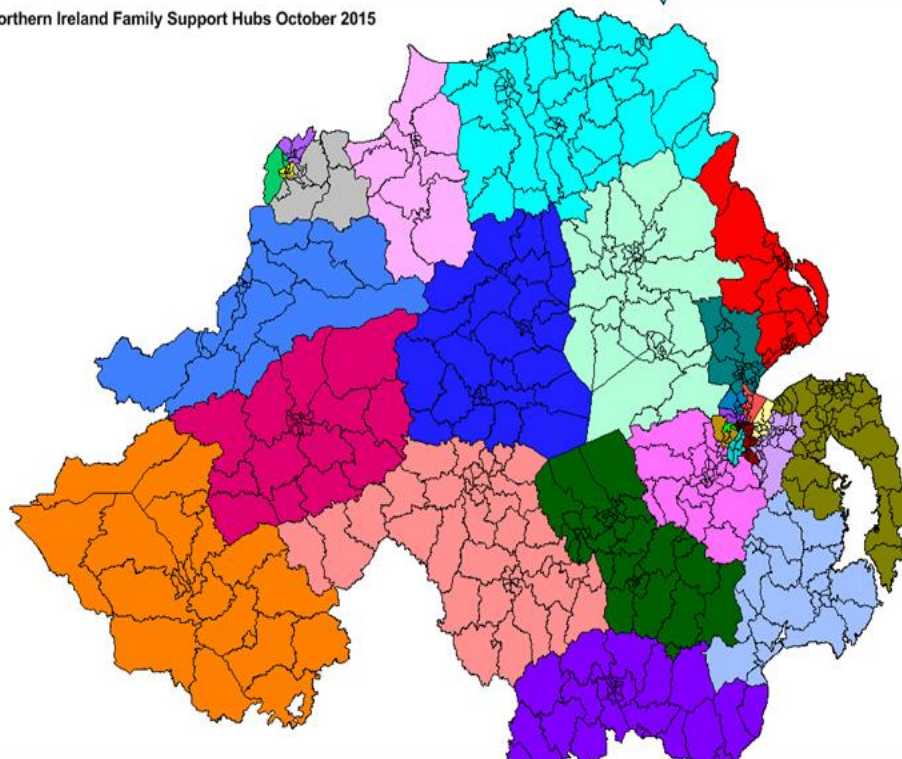
## Northern Area Family Support Hubs



## Western Area Family Support Hubs

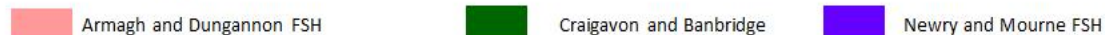


Northern Ireland Family Support Hubs October 2015



Crown Copyright. Produced by CYPSP

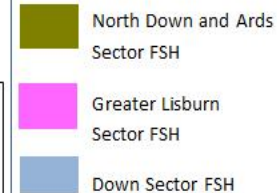
## Southern Area Family Support Hubs



## Belfast Area Family Support Hubs



## South Eastern Area Family Support Hubs

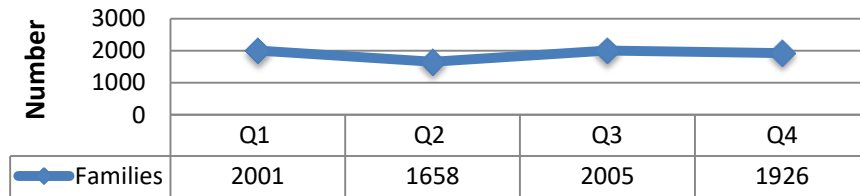


**Performance Measure 1:**  
As at April 2019, 29 hubs were fully operational in Northern Ireland

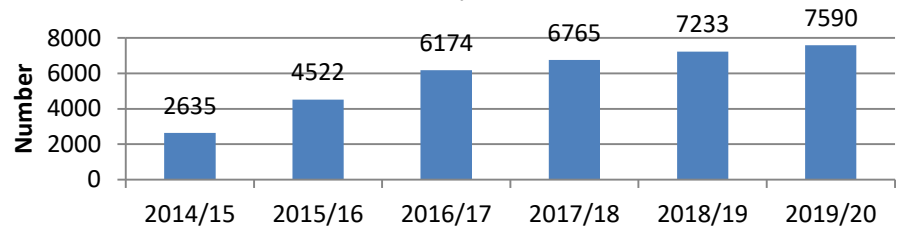
# How much did we do?

## Performance Measure 2: No of Families, Children & Parents Referred through Family Support Hubs – 2019/20

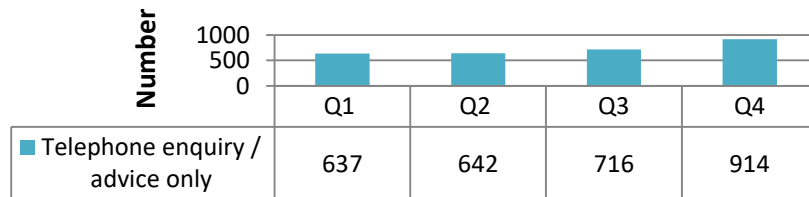
Number of Families Referred 2019/20



Number of Families Referred -2014/15 to 2019/20

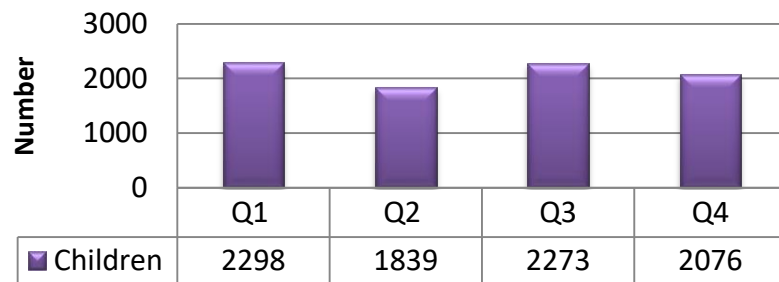


Telephone enquiry /Advice only 2019/20

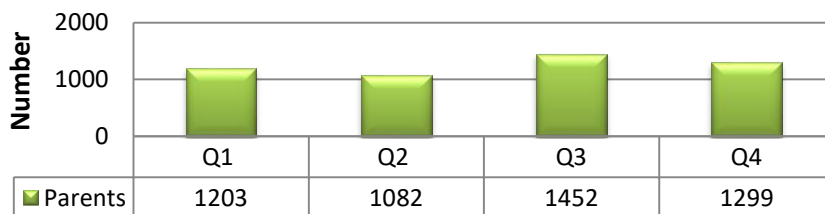


In 2019/20, **7590** families were referred through family support hubs, **357** more families than in 2018/19, nearly a **5%** increase. There were also **2909** telephone enquiry/advice only calls in 2019/20, with a significant increase in Qtr4.

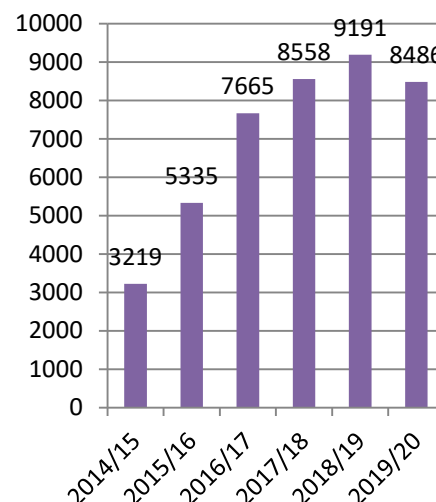
Number of Children Referred 2019/20



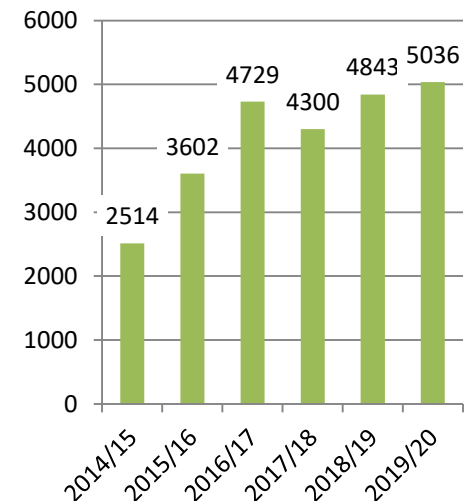
Number of Parents Referred 2019/20



No. of Children  
(2014/15 to 2019/20)



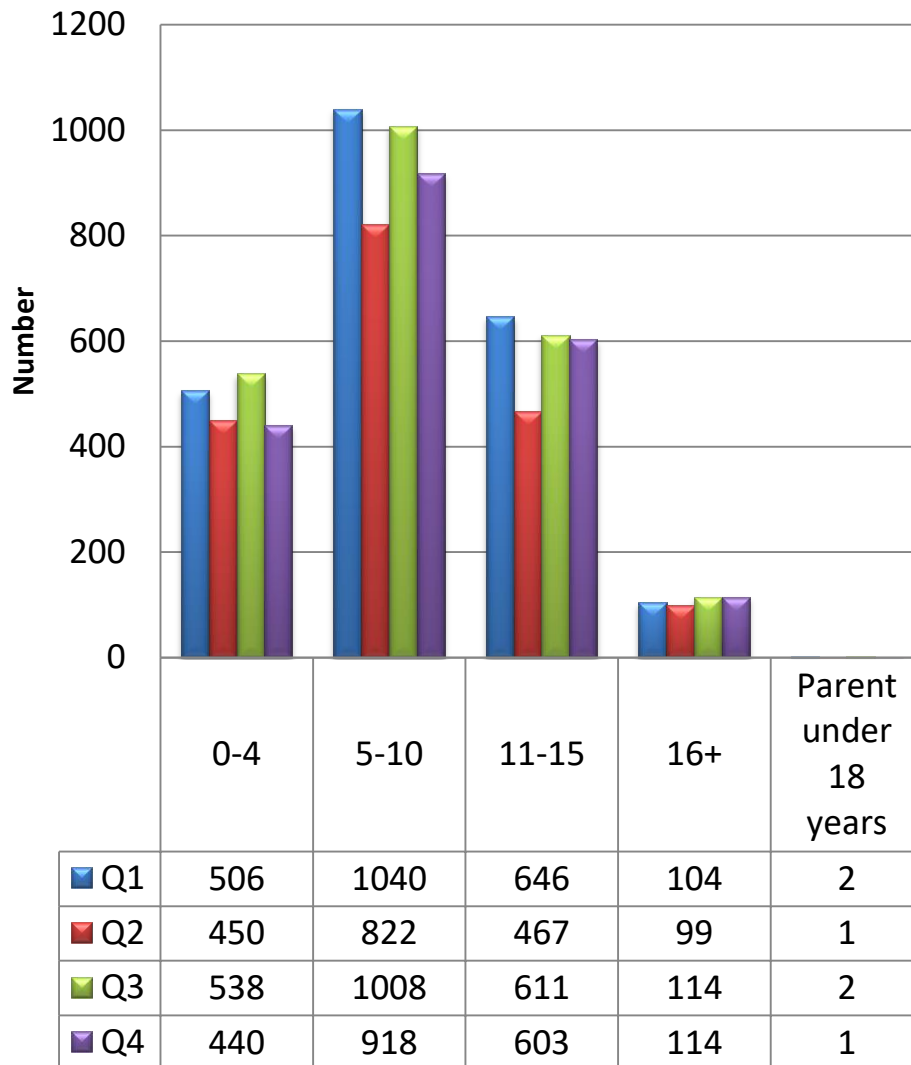
No. of Parents  
(2014/15 to 2019/20)



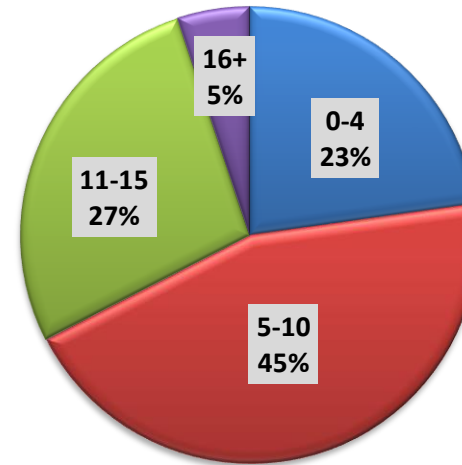
# How much did we do?

## Performance Measure 3: Children referred by Age Profile - 2019/20

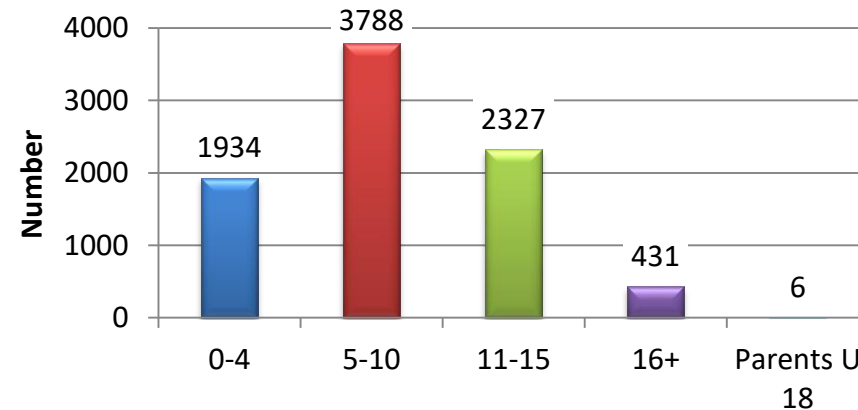
Age Profile of Children Referred 2019/20



Age Profile 2019/20



5-10 years has consistently been the highest age group for referrals.



Please Note: As well as 8486 children referred an additional **3562** children benefitted as they were part of the families referred.

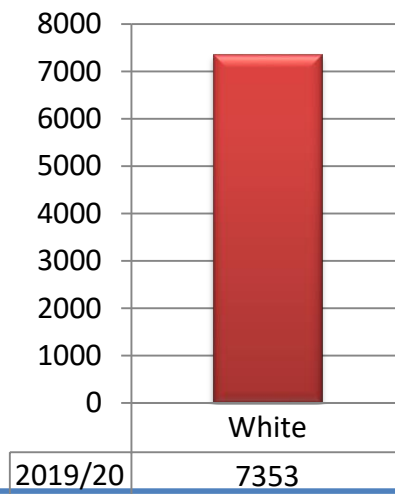
# How much did we do cont'd....?

## Performance Measure 4: Referrals by Ethnic Background for Children and Parents referred.

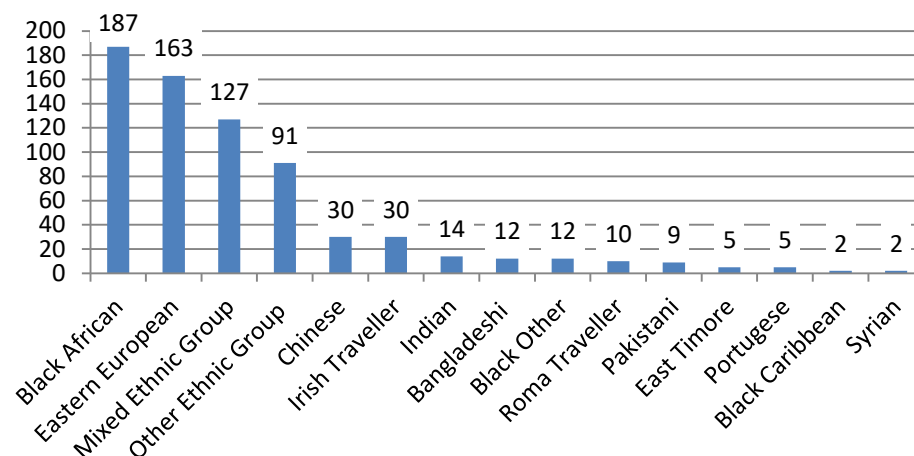
*There has been an increase in both children and families referred from different ethnic backgrounds. For example: Referrals from Black African children have increased from 158 to 187, Eastern European from 104 to 163 and Mixed Ethnic from 115 to 127. The only notable decrease is from the Other Ethnic Groups from 128 to 91.*

*(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.)*

### Children

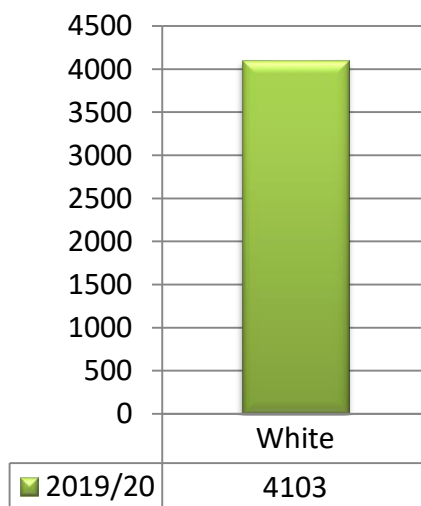


### Children Referrals by Ethnic Background – 2019/20

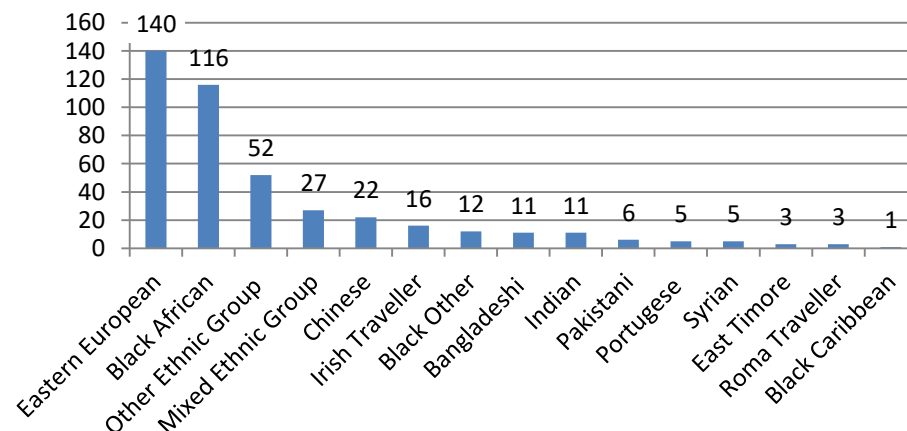


**Please note:** 434 children ethnic background - Not Stated

### Parents



### Parents Referrals by Ethnic Background – 2019/20

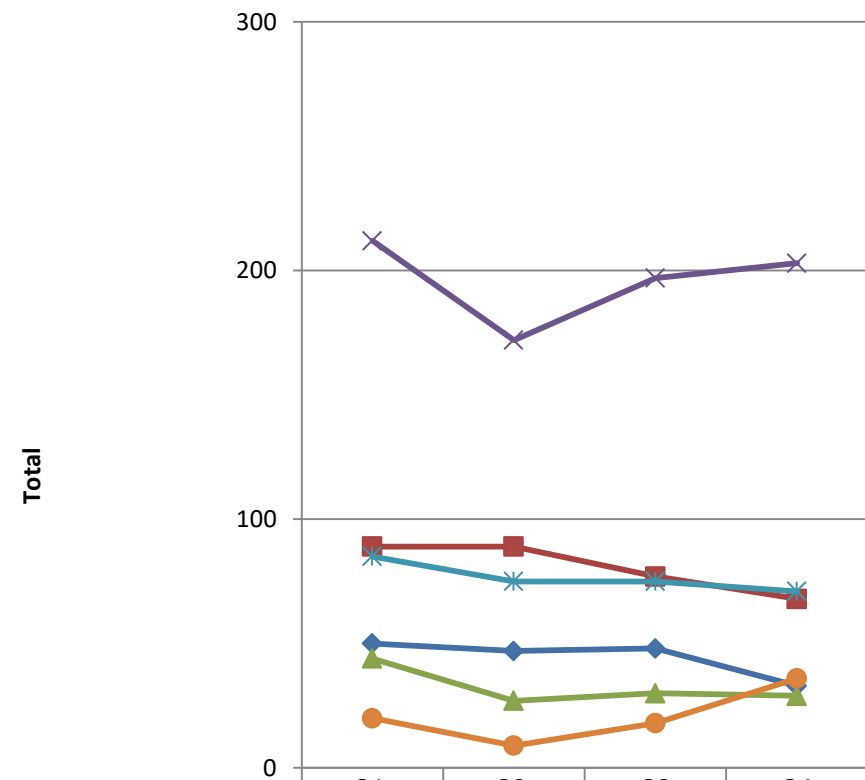


**Please note:** 503 parents ethnic background - Not Stated

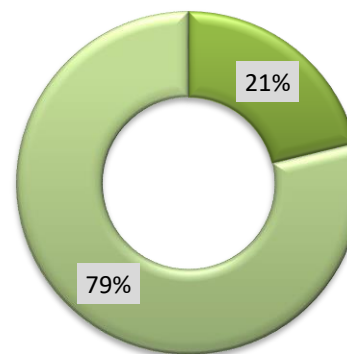


# How much did we do cont'd....?

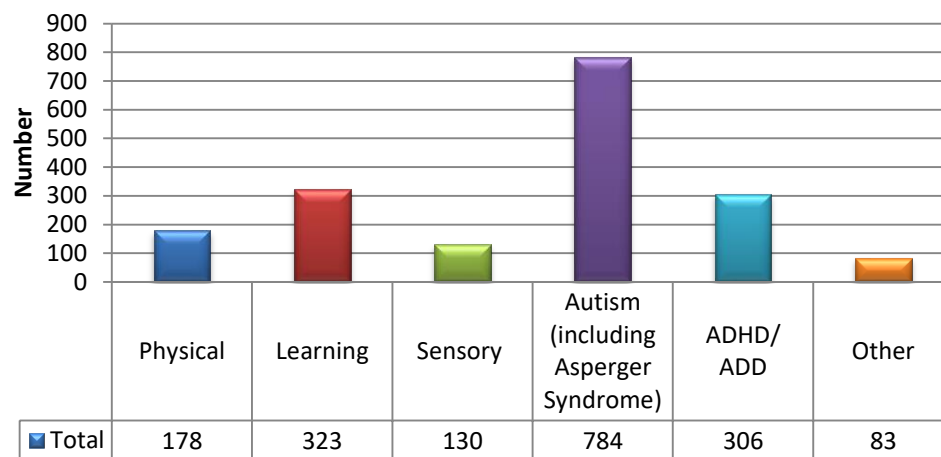
## Performance Measure 4: Children with a disability referred -2019/20



Physical	50	47	48	33
Learning	89	89	77	68
Sensory	44	27	30	29
Autism (including Asperger Syndrome)	212	172	197	203
ADHD/ADD	85	75	75	71
Other	20	9	18	36



- Total Children with a Disability (No=1804)
- Total Children Referred without a Disability (No = 6682)

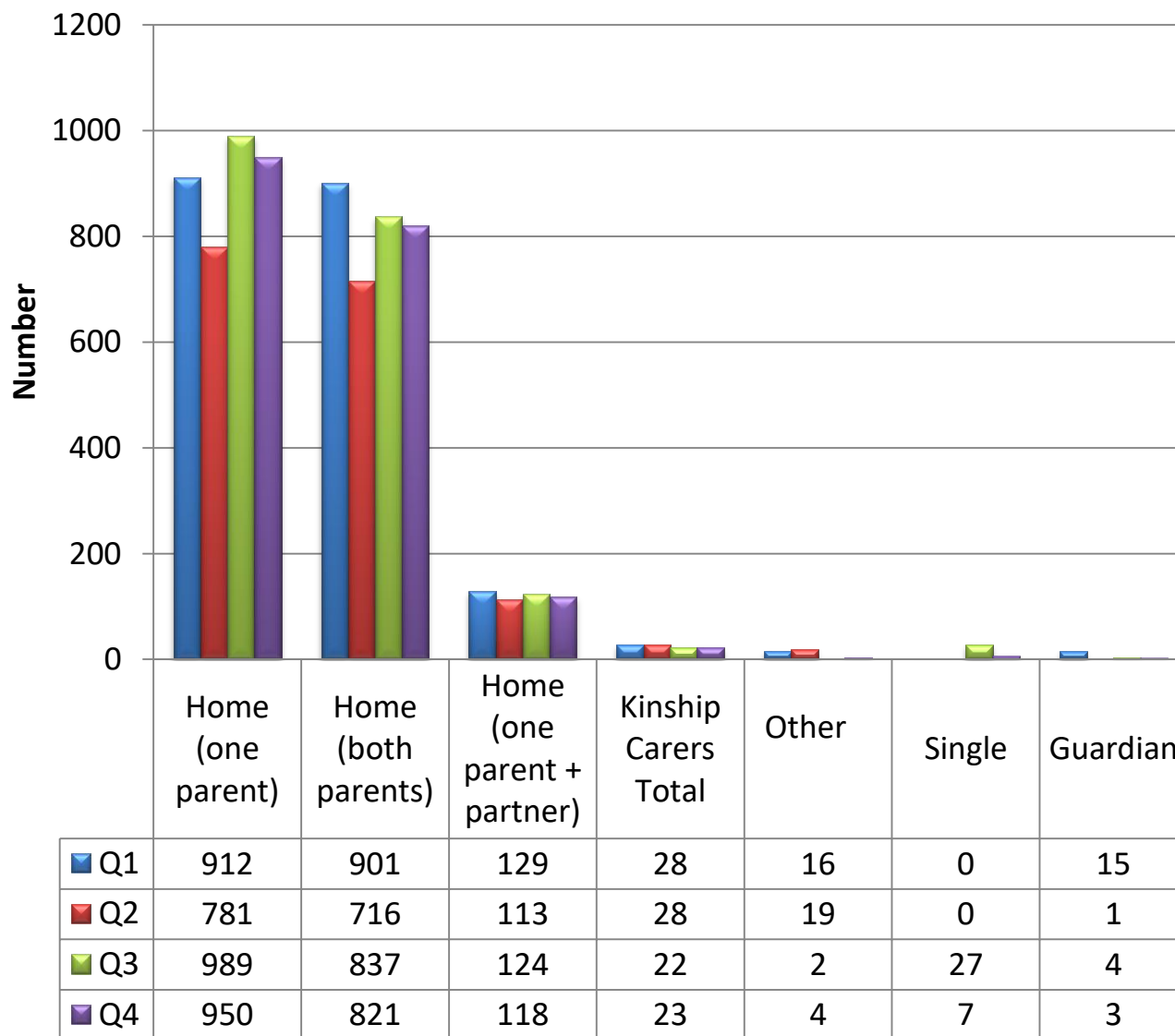


Children with **Autism** had the highest number of disability referrals.



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

## Performance Measure 5: Household Composition -2019/20



The highest group of families referred are **Lone Parents** with an **increase** from **3369** in 2018/19 to **3632** in 2019/20. **Home with both parents** has increased slightly from **3223** to **3275** and **One Parent + Partner** has **increased** from **415** to **484** in 2019/20. There has been an **increase in Kinship Carers** from **56** to **101** and **decreases** in Other, Single and **Guardians** at 41, 34 and 23 respectively.

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

## Performance Measure 6: Main Presenting Reasons for Referral - 2019/20

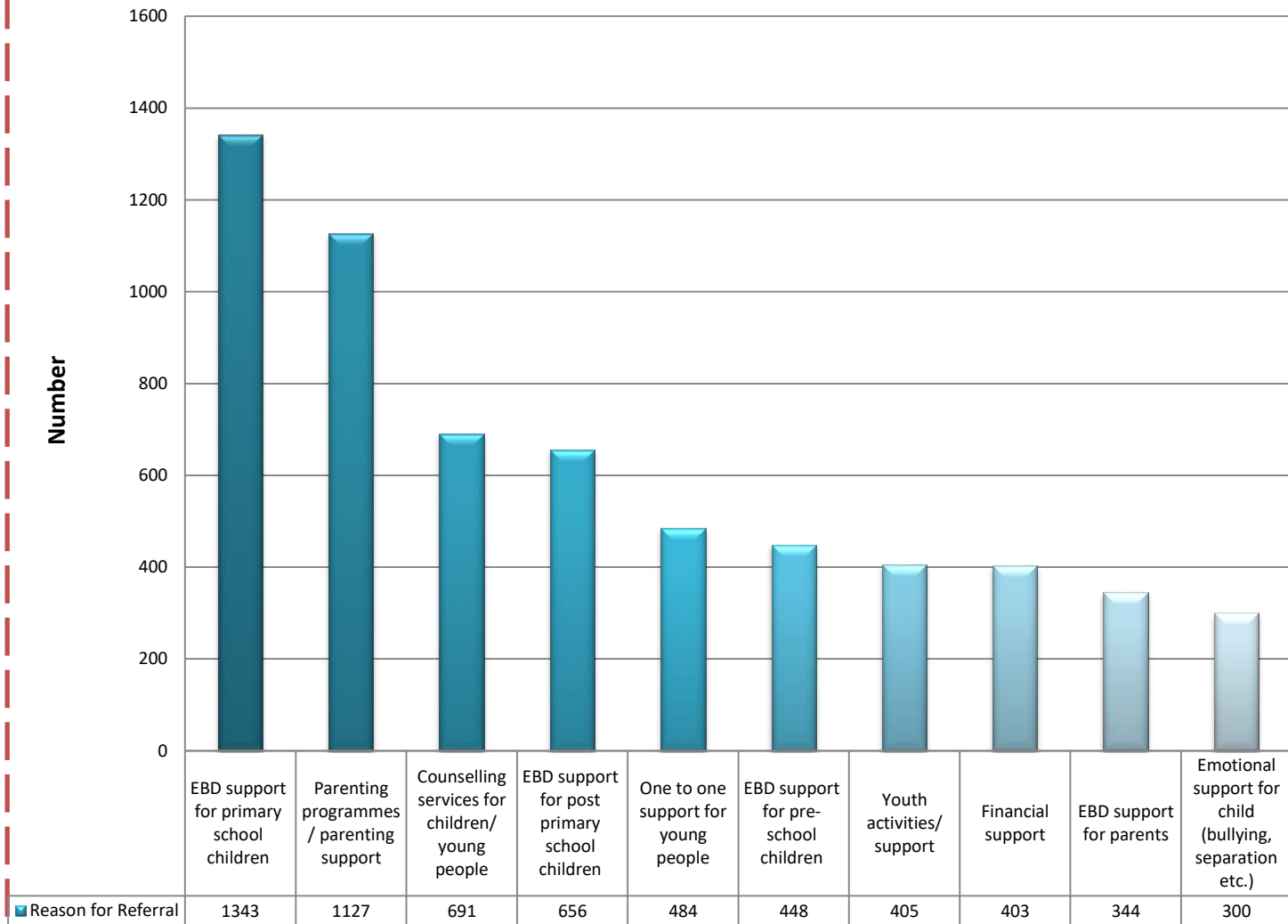
**Reasons for Referral:**  
Consistently **Emotional Behavioural Difficulty (EBD) for primary school age children** has been the main presenting reason for referral.

Requests for **Parenting Programmes /support** was the second main reason for referral in 2019/20.

In 2019/20 there has been a slight decrease in the number of **post primary children** referred for emotional behavioural support, from **850 to 656** referred last year.

There has been an increase in the number of referrals for **Counselling Services for Children/Young People, One to One Support for Young People, EBD Support for Pre-school children and Parents, Youth Activities, Financial Support, and Emotional Support for child bullying, separation etc.**

**Top 10 Reasons for Referral to Hubs 2019/20**





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

## Performance Measure 6: Main Presenting Reasons Unmet - 2019/20

### Unmet Need:

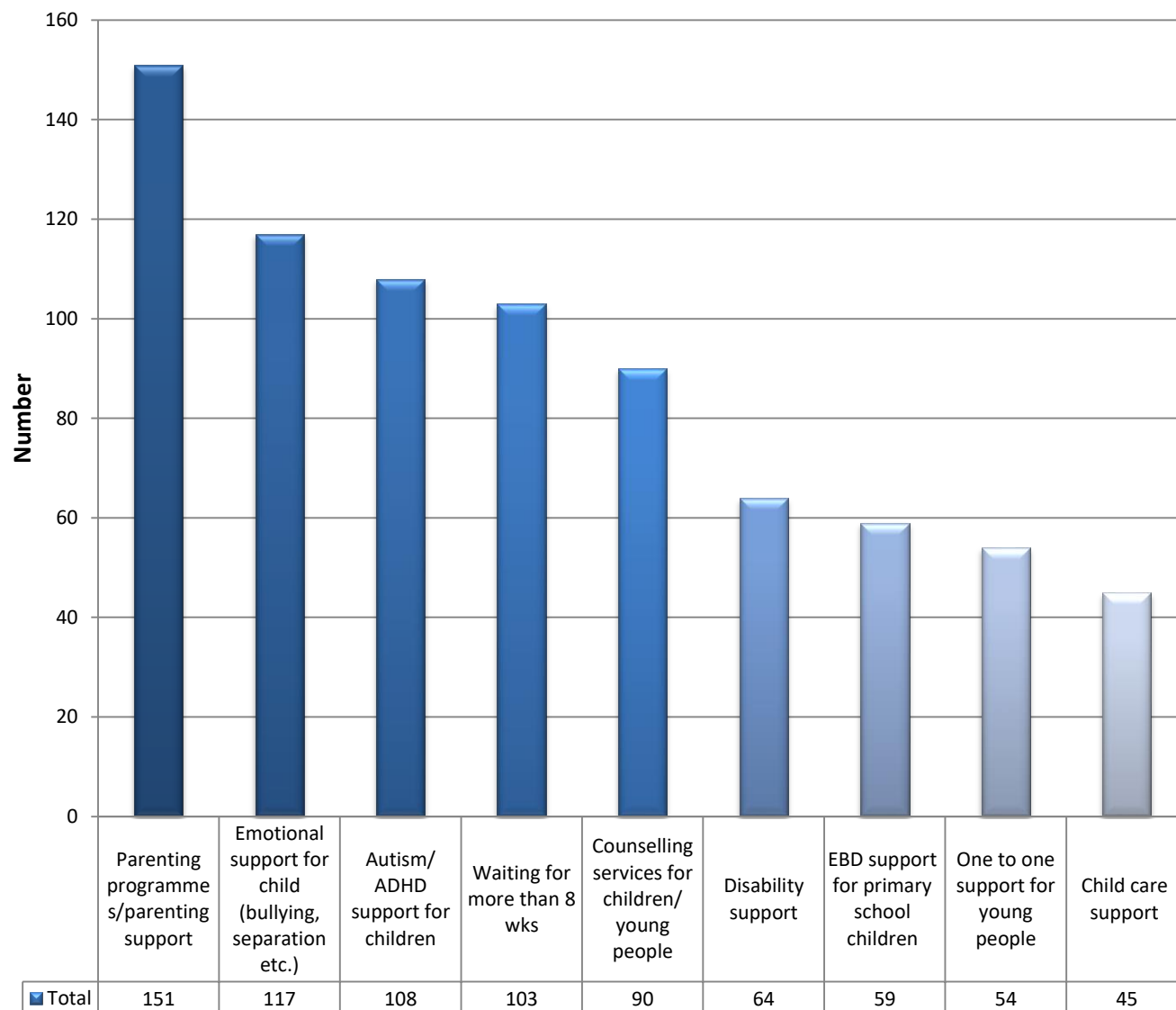
Requests for **Parenting Programmes /support** was the highest unmet need in **2019/20**.

This was the second highest presenting reason for referrals.

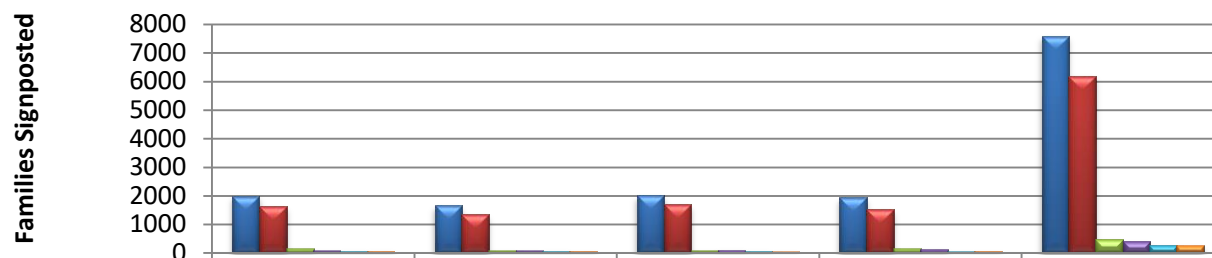
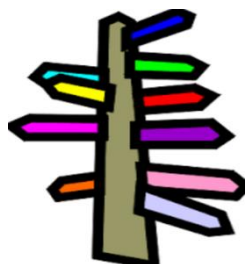
This was followed by Emotional support for child (bullying, separation, anxiety) and Autism/ADHD support for children.

Counselling services for children/young people , Disability support and One to One Support were also some of the unmet needs.

**Please note:** Some families require more than one service which the hubs were unable to meet.

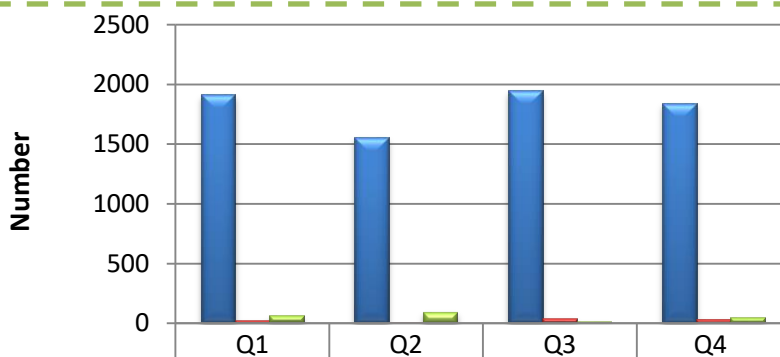


## Performance Measure 7: Families Referred that were Accepted & Signposted or Not Accepted for Other Reasons – 2019/20



	Q1	Q2	Q3	Q4	TOTAL
Families Referred	2001	1658	2005	1926	7590
Accepted and Signposted	1630	1351	1690	1525	6196
Further Information Required	146	83	83	149	461
Above Tier 2 (Referred back to Gateway)	84	88	105	131	408
Unable to meet need of referred family	69	72	78	56	275
Signposted but family did not engage	72	64	49	65	250

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

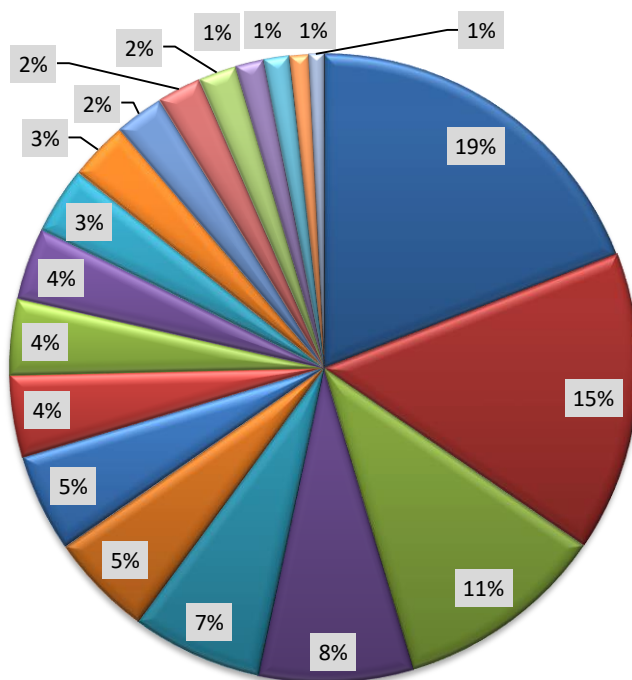


	Q1	Q2	Q3	Q4
Achieved in 4 wks & 5-8wks	1914	1558	1950	1842
Achieved in 8wks+	24	6	41	36
Not Achieved in Timescale	63	94	14	48

The vast majority of referrals to Hubs were processed within the 4 weeks standard ensuring families receive a timely response to their immediate needs. A further significant number within 5- 8 weeks and of the remaining referrals **219** were processed but exceeded the 8 weeks timescale..

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

## Performance Measure 8: Total Percentage of Referrals by Referring Agency – 2019/20



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

In 2019/20 **GPs** were still the key referrer at **19%**, which was an increase from 17% in 2018/19.

**Self-referrals** has stayed the same at **15%**.

**School** referrals **11%**, the same as 2018/19.

**Health Visitor** referrals has had a slight drop from 9% to **8%**.

**Paediatricians** **7%**, a slight decrease from 2018/19 (10%).

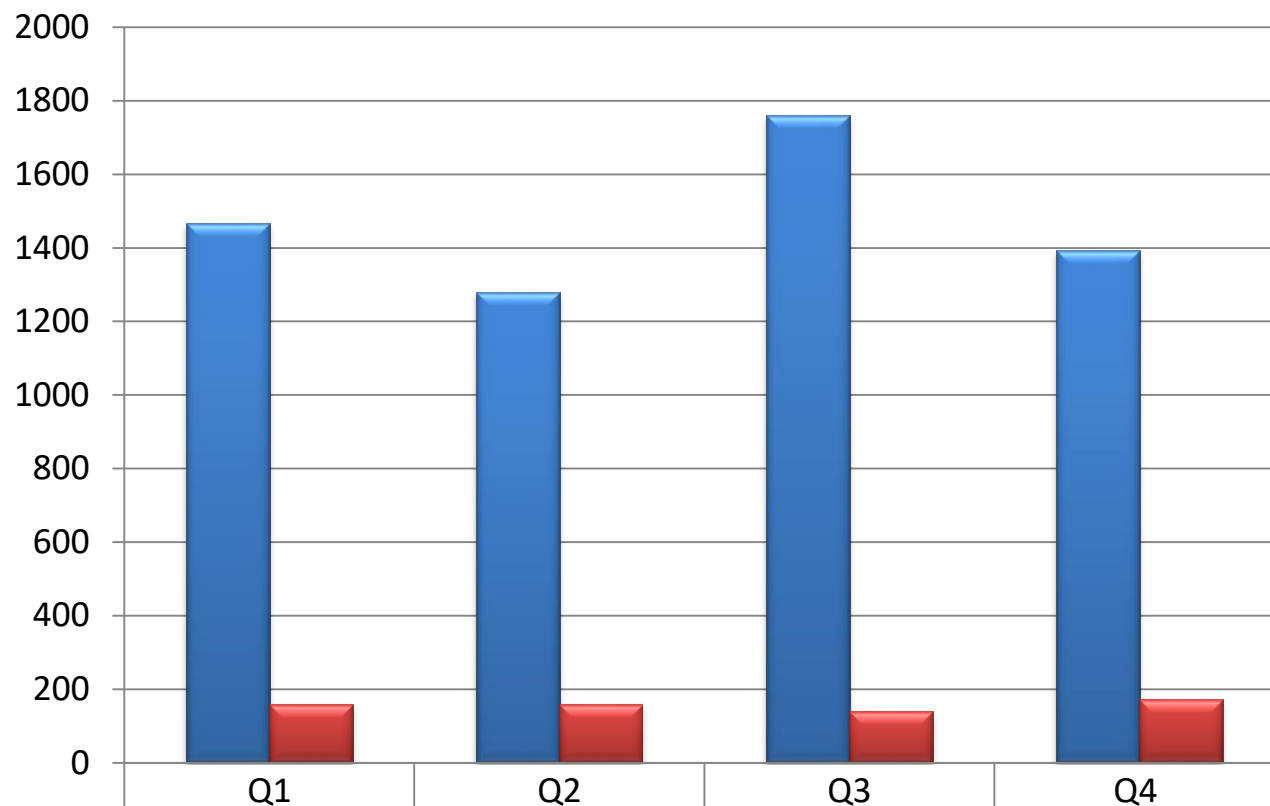
**CAMHS** and **Gateway** referrals are both **5%**.

# 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



■ Number of children/ parent referred on who took up the service offer

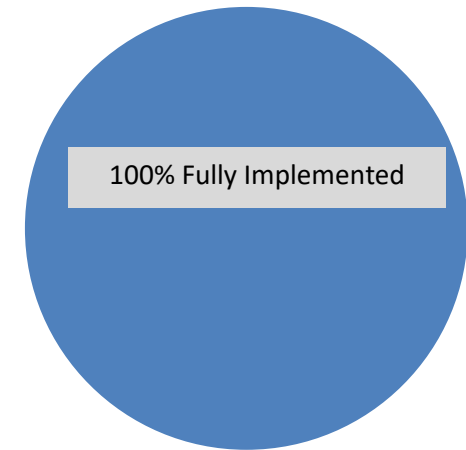
■ Number of children/ parent referred on who did not take up the service offer

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

## 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

### Hub Standards



**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.**

# Is anyone better off?

*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 mum with 3 kids was finding it very difficult financially due to trying to feed her 3 children aged 5-11. She was initially referred to the Family Support Hub for a food parcel by Education Authority. On speaking to mum it also transpired she had depression in the past and was finding having everyone at home a struggle. One of her children was also feeling particularly anxious, dealing with issues in reference to lockdown and not seeing friends socially. Spending time speaking to mum enabled me to refer her and her child for further services in particular counselling which only happened because of the referral for her immediate need for food.” (Family Support Hub Co-ordinator Belfast area)

## Case Study B

“These parents have 5 children from 0-6 years old. The referral came from school who indicated they were going to be in need of ongoing food parcels due to the financial strains of Covid 19 ,the children being at home all day and the father being `laid off ` work with no income. This family were awaiting benefits as well as school dinner money being paid retrospectively. After speaking to the family on a follow up call I was told they were really struggling using a smart phone for two of the older kids as they had no technology in the home. They also expressed the need for resources and support with regards to their 6 year old autistic son who was finding the transition during lockdown very difficult and this was putting additional stress on mum and dad. Therefore a referral was also made to Autism NI, on their behalf, as well as printable resources they could use at home as they did not have the facilities to do so.” Belfast Hub Co-ordinator



## Case Study C

“This self-referral to the Family Support Hub was made by a mum and dad with 2 adult children and 5 children under age of 16 struggling with food bills. They were very stressed about their financial situation; dad had been self-employed, was no longer in work and there was no money coming into house. They were awaiting school dinner money and had difficulty in getting payments due to not having a bank account and the money could not be paid into their post office account. They were in need of weekly food parcels and financial support with regards to gas and electric. The referral was also followed up by Whiterock Children’s Centre for additional support.” Hub Co-ordinator

## Case Study D

“A lone parent made a self-referral to the Hub; she had been given the leaflet by her GP some months ago but had never phoned. She has 2 children at home and limited family support. Her 8 year old son’s behaviour has been challenging for the past few years but there are no difficulties in school. At home, however, he is aggressive and violent towards his mum. This behaviour has escalated significantly during lockdown and the family were struggling without the respite that school normally provides. Mum had never engaged with any support services and was anxious about phoning the Hub initially but did accept family support to help her to manage and understand her son’s behaviours. Mum was very stressed and when I suggested some counselling for herself, she was very quick to accept this so a counselling referral was also made. A local organisation had also provided the Family Support Hub with some children’s educational packs with activities including sunflower planting, colouring, and crafts so I delivered these to Mum for the children and she was very grateful for these as well.” Belfast Hub Co-ordinator

## Case Study E

### **Craigavon/Banbridge Family Support Hub during COVID-19**

“A mum is parenting alone with two children 8 & 11. She is from a minority ethnic community, and separated from her husband some time ago and has very limited family support, which is not local. At the start of lockdown the Family Support Hub staff made `check in` calls to families involved in the Holiday Hunger programme run by a local youth provider which has developed links with the local Family Support Hub over the last 2 years .When the Hub Co-ordinator contacted mum she was extremely grateful as she was very concerned as she had been informed that she may be made redundant from her part time job. Dad has not had any contact with the children during lockdown. His financial contributions to the family are reported to have been minimal since separation. She is further concerned other child care options will not be open due to COVID over the summer. Mum is extremely independent and prides herself on coping alone and with few resources. She worries that her finances will be so tight that she will not be able to occasionally buy her children an ice cream or a small birthday gift for her son. As a result of referral to the Hub mum was able to access financial advice and support around work and benefits. The Early Intervention Support Service was able to provide ongoing support to mum to access the food banks, fuel payments, and new school uniforms (as eldest child is transitioning to secondary school). Also support to update her CV to enable her to acquire some work. She got support from a local community organisation that has kept families engaged with a range of competitions including a 6 weeks programme to encourage young people to make a weekly family meal ( with recipes and ingredients provided ). In addition, these families receive food parcels along with these challenges – which has been a creative way of helping families like this one during this time without the fear of stigma.”

## Case Study F

### Comments from parents helped by the Northern Family Support Hubs

“I am incredibly grateful and glad I am now receiving some help and will continue to do so with emotional support to be offered through the Family Support Hubs for my family. It has lifted a weight off me knowing I now have the essential items to support my family while awaiting benefit system to come through to support us at this difficult time. Thank you very much”.

Another parent wrote “The funding meant so much to our family and we really appreciated all the support offered. I am so glad I am now receiving support as so many doors were closed on my face because my circumstances were not meeting agencies criteria”.

“The woman who I was in contact with me was just amazing. So helpful and just someone who listened to me completely. Very understanding of my worries about my child and extremely helpful.”

During March to June 2020 the CYPSP conducted an additional survey across all the Family Support Hubs.

All 29 Family Support Hubs were fully operational during the COVID -19 pandemic. They indicated that the number of referrals to the 21 Hubs who responded was 1,123.

Initially a significant number of the referrals were for food, fuel, and practical help in relation to school work for example lack of IT and resources such as printed materials.

Family Support Hub co-ordinators indicated, from their direct contact with families and service providers, that they were very concerned about rising levels of poverty. There were examples of a family not having a cot for a child who was sleeping in a playpen and another regarding a toddler who had no shoes. There were families without food and a significant increase in the number of families being referred to foodbanks. Concerns about reduced levels of support over the summer period heightened many families anxieties some of whom would not previously have needed the support from Hubs and other agencies. Co-ordinators found high levels of stress amongst parents about the future especially those who were now unemployed, or on zero hours contracts, or those without child care as grandparents were shielding, schools were closed and there were reports of some parents self-medicating and others using increased levels of alcohol.

As the lockdown continued the referrals around managing children's behaviour started to increase particularly for those whose children had a diagnosis of ADHD and ASD. There were some reports of child on parent violence emerging. Also parents of teenagers were becoming more stressed as some of the young people were socialising with friends and breaking government guidance.

On the other hand some children were less stressed particularly those with school issues. Some parents were very concerned how they were going to get their children back into school after such a long break.

The lack of summer schemes and other activities which often gave parents a break over the summer also caused considerable anxiety.

Bereavement support for children, parents & families who had lost loved ones during lockdown by Covid-19 or other reasons for death was a particular concern as the usual/traditional processes such as wakes, funerals, and support for loved ones who passed away in hospital had not been possible. There were also been families bereaved by suicide during this crisis. Concerns were also expressed that individuals have not been presenting to hospitals with symptoms of other major health issues such as heart/stroke at the usual rates.

There was anecdotal information about children's anxiety levels increasing. Also some self – harming due to levels of stress.

During this period there was a reduction in the usual number of referrals from schools and GPs. Hub co-ordinators anticipate there will be a significant increase in referrals once these agencies are engaging directly with children and parents again.

Some parents, children and young people have deferred support offered, including on line counselling, as they felt they would rather wait until they were able to avail of face to face contact.

There have been referrals with regard to Domestic Violence which again impacts both parental and children's emotional health and well-being.

Family Support Hub Co-ordinators during this period linked closely with other community initiatives funded by Dept. for Communities and a number of charities associated with Hubs provided funding from their own reserves to meet the needs of families in distress.

The Family Support hubs and their partner agencies have played a major part in supporting families throughout the COVID -19 period and through their creativity and commitment to engaging with families, children and young people have ensured many have been able to avail of a wide range of supports to sustain them during this crisis.



***Please note:*** Core members Interagency Survey 2019 is now available on the [www.cypsp.hscni.net](http://www.cypsp.hscni.net) website under the Family Support Hubs page.

For further information on Family Support Hubs in your area: -  
Contact Maxine Gibson, Children's Services Planning Professional  
Advisor

Email: [maxine.gibson@hscni.net](mailto:maxine.gibson@hscni.net)