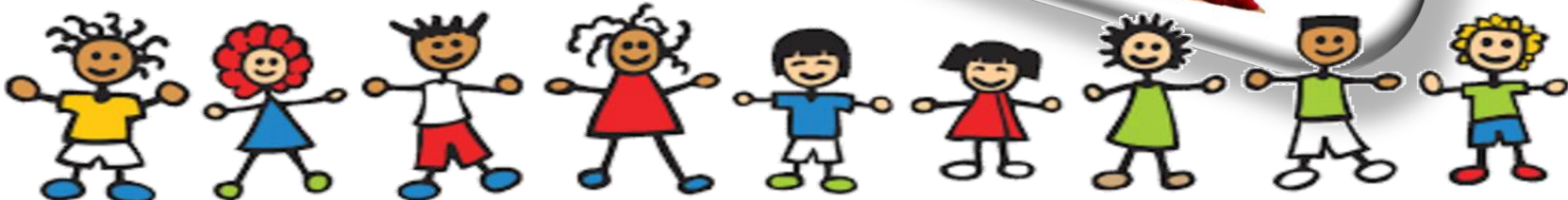
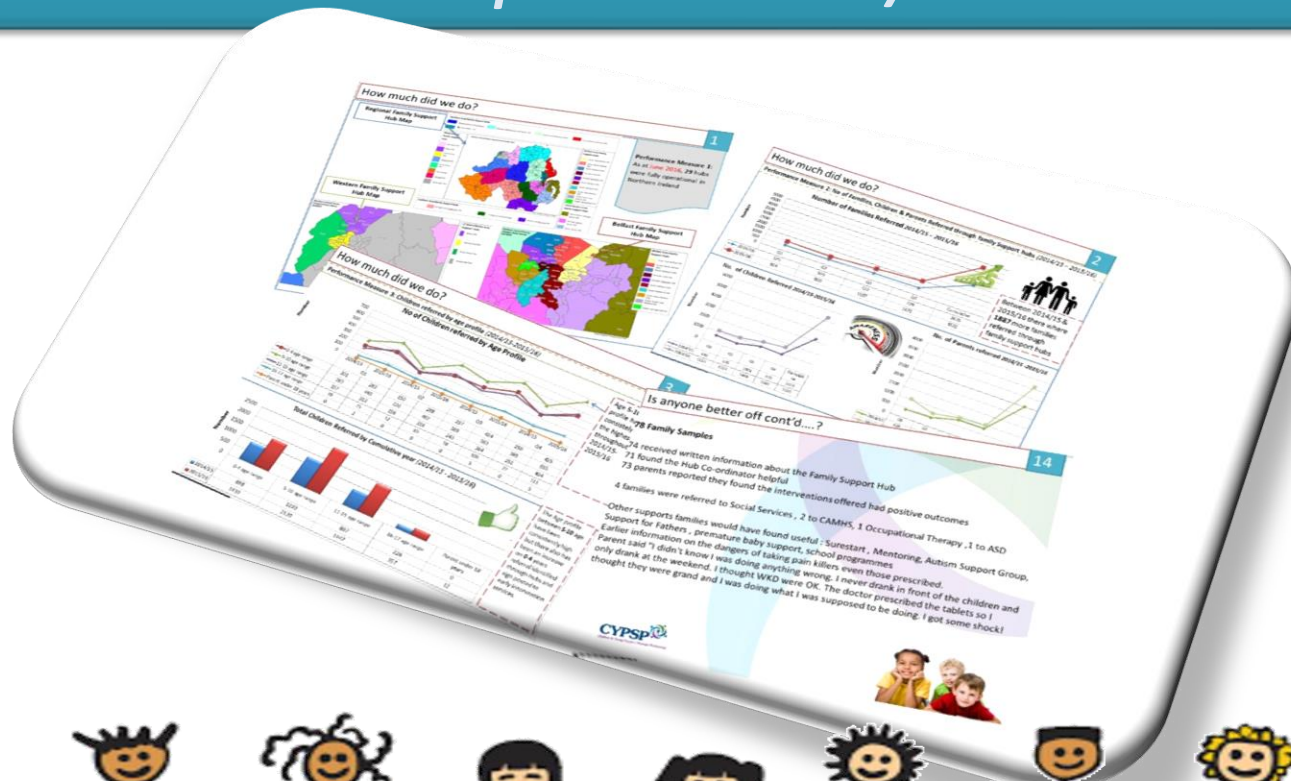


# SHSCT Family Support Hubs Report Card

*Annual Report Card 2017/18*

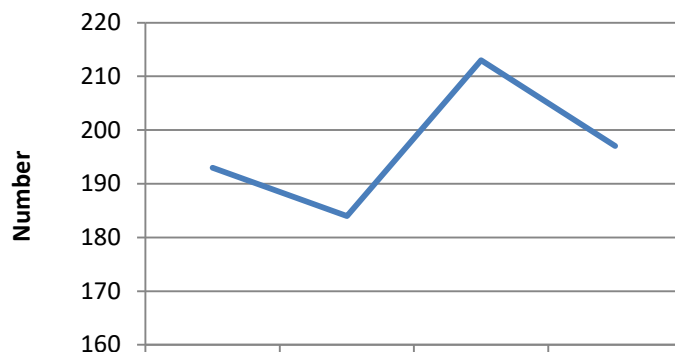


July 2018

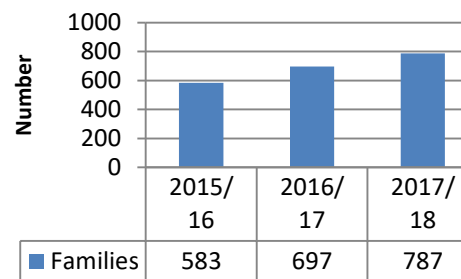
# How much did we do?

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

No. of Families Referred - 2017/18

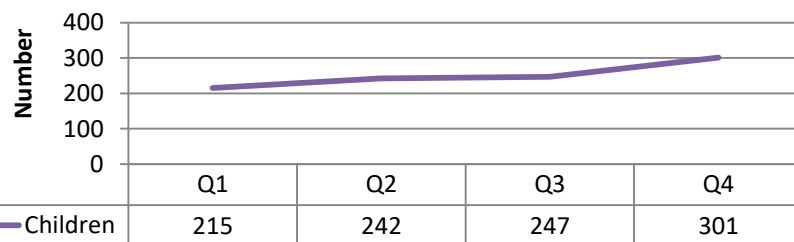


No. of Families Referred

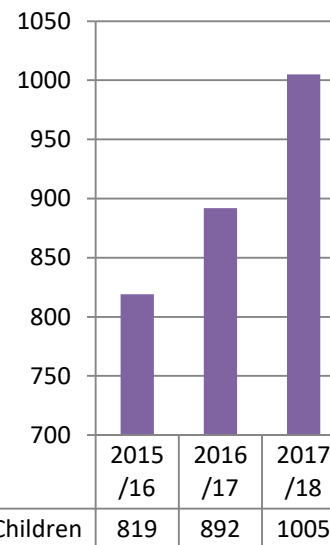


Throughout 2017/18 there were **787** families referred through family support hubs in the SHSCT area. This is an increase of **90** from 2016/17.

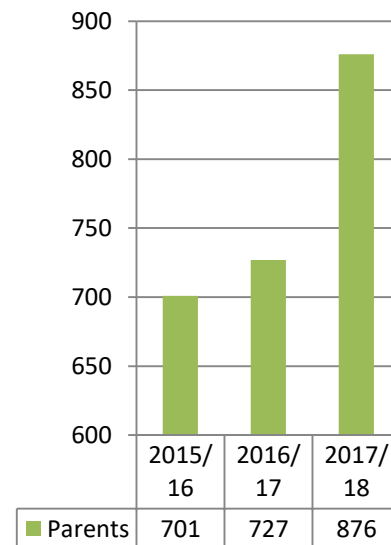
No. of Children Referred - 2017/18



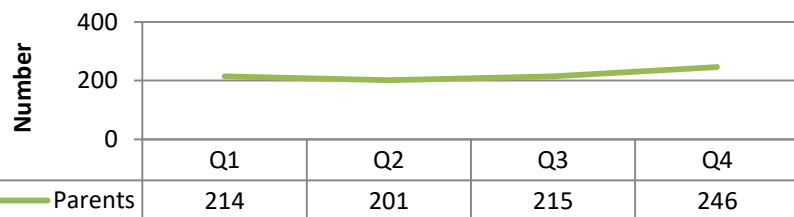
No. of Children Referred



No. of Parents Referred

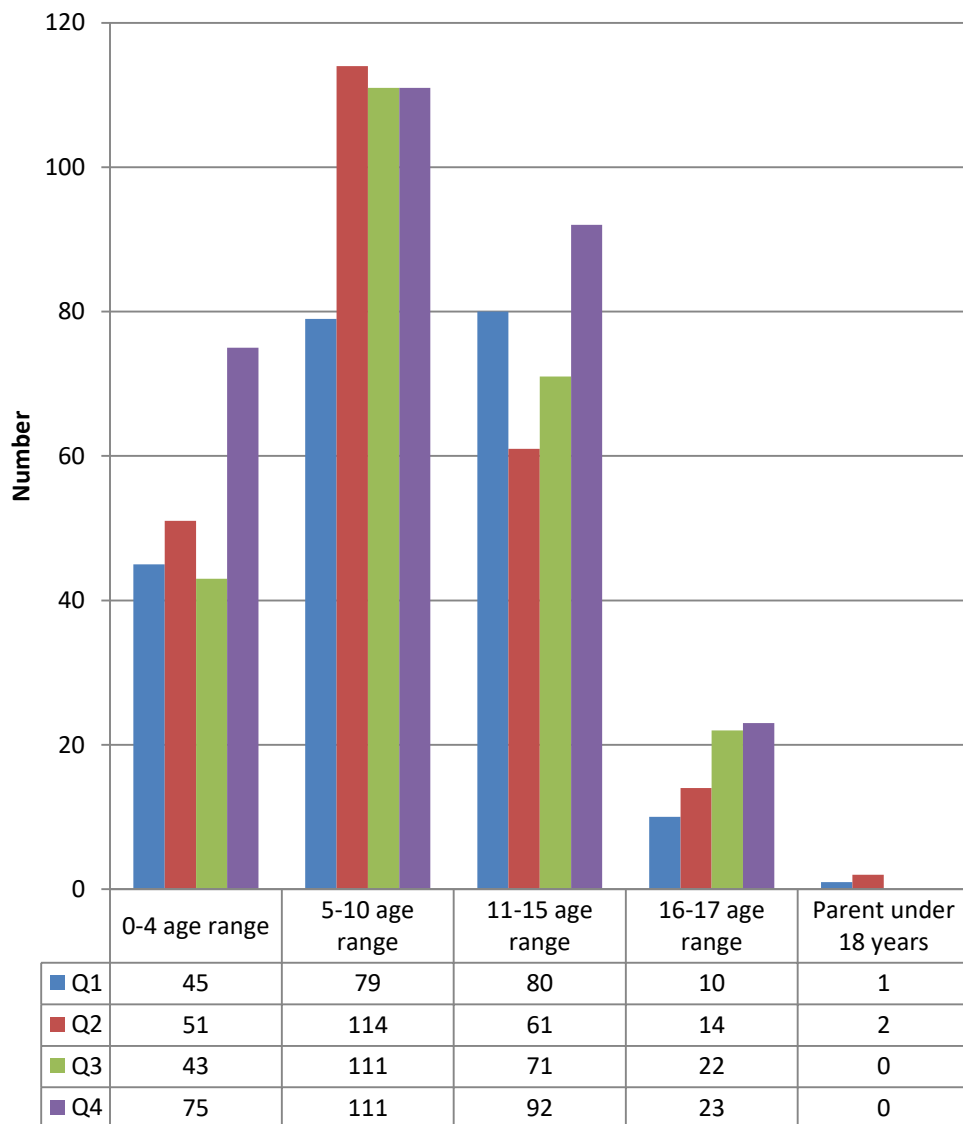


No. of Parents Referred - 2017/18

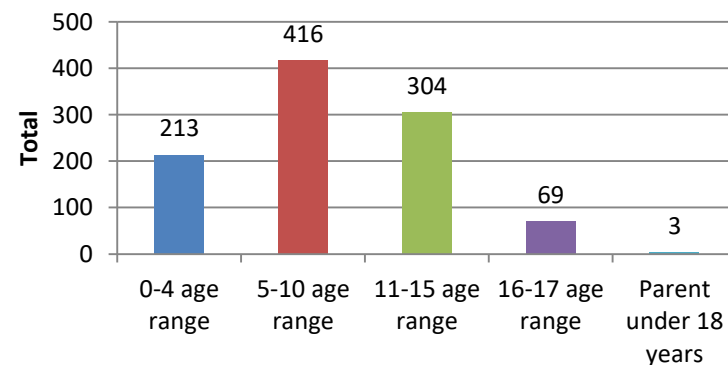
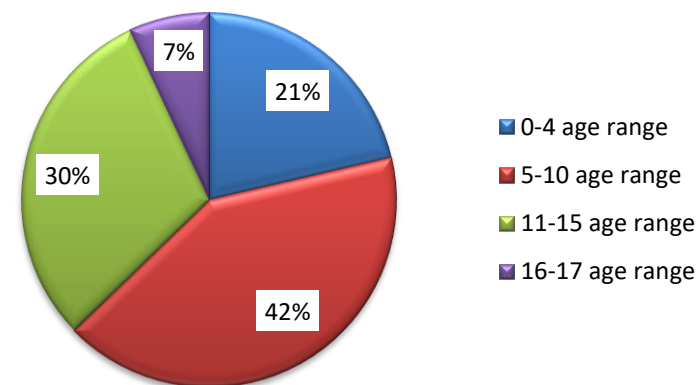


# How much did we do?

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



### % of Children Referred by Age Profile



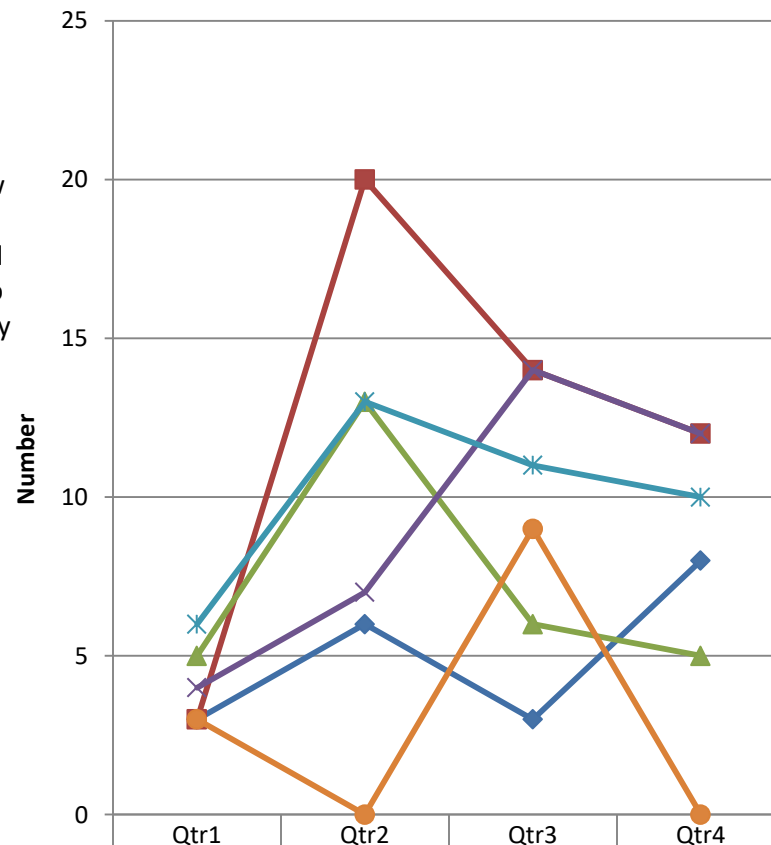
The 5-10 age range is consistently the highest age for referrals and has increased from 38% to (416) 42% in 2017/18.

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

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

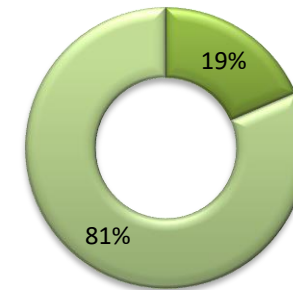
### Please note:

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

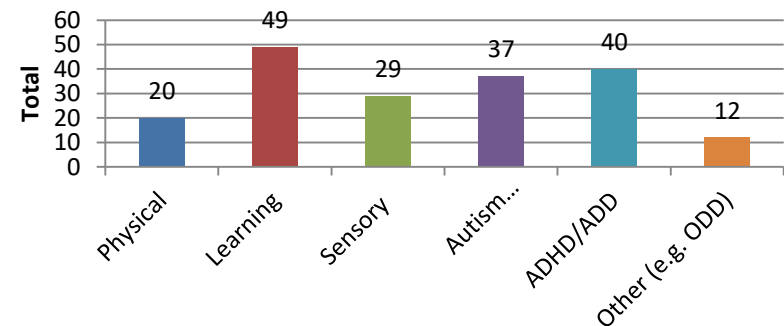


Physical	3	6	3	8
Learning	3	20	14	12
Sensory	5	13	6	5
Autism (including Asperger Syndrome)	4	7	14	12
ADHD/ADD	6	13	11	10
Other (e.g. ODD)	3	0	9	0

### Children Referred with a Disability 2017/18



Children with a Disability = **19% (187)** of the Total Number of Children Referred

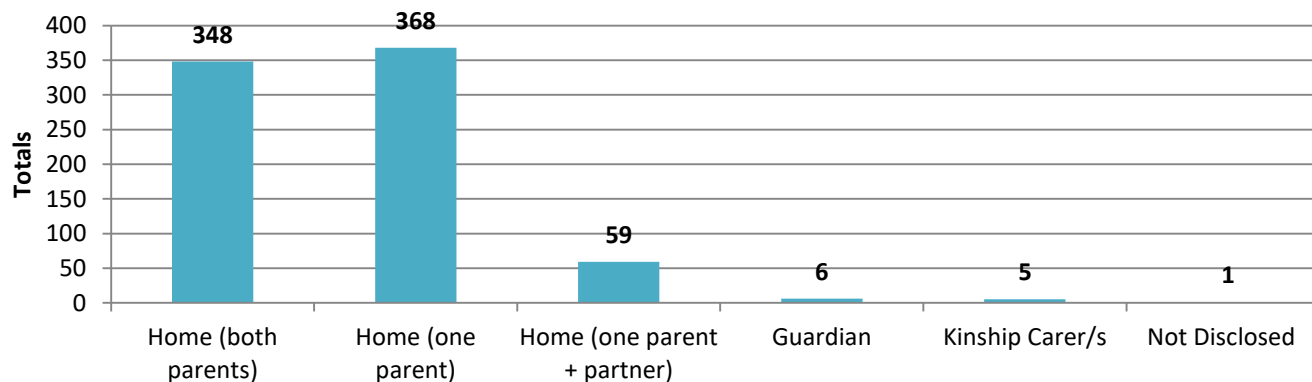
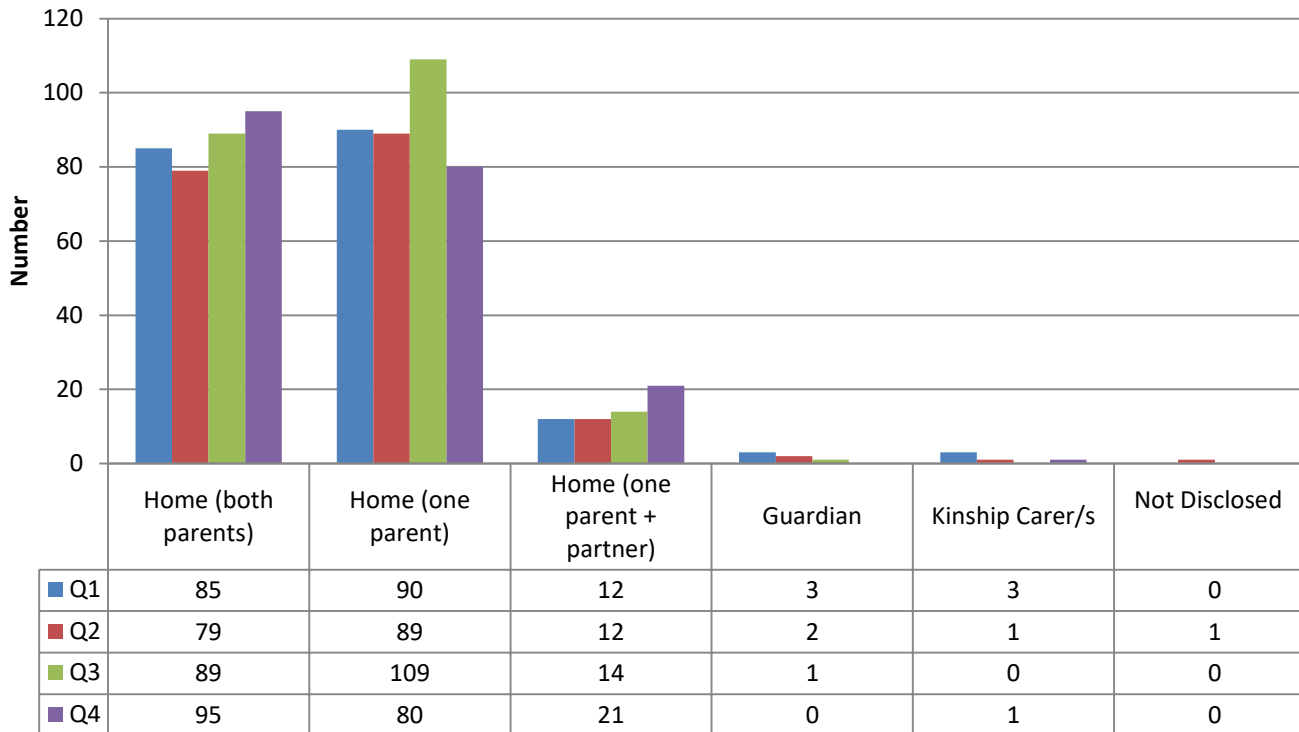


In 2017/18, Children with a **Learning disability** had the highest number of referrals throughout SHSCT area .



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

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



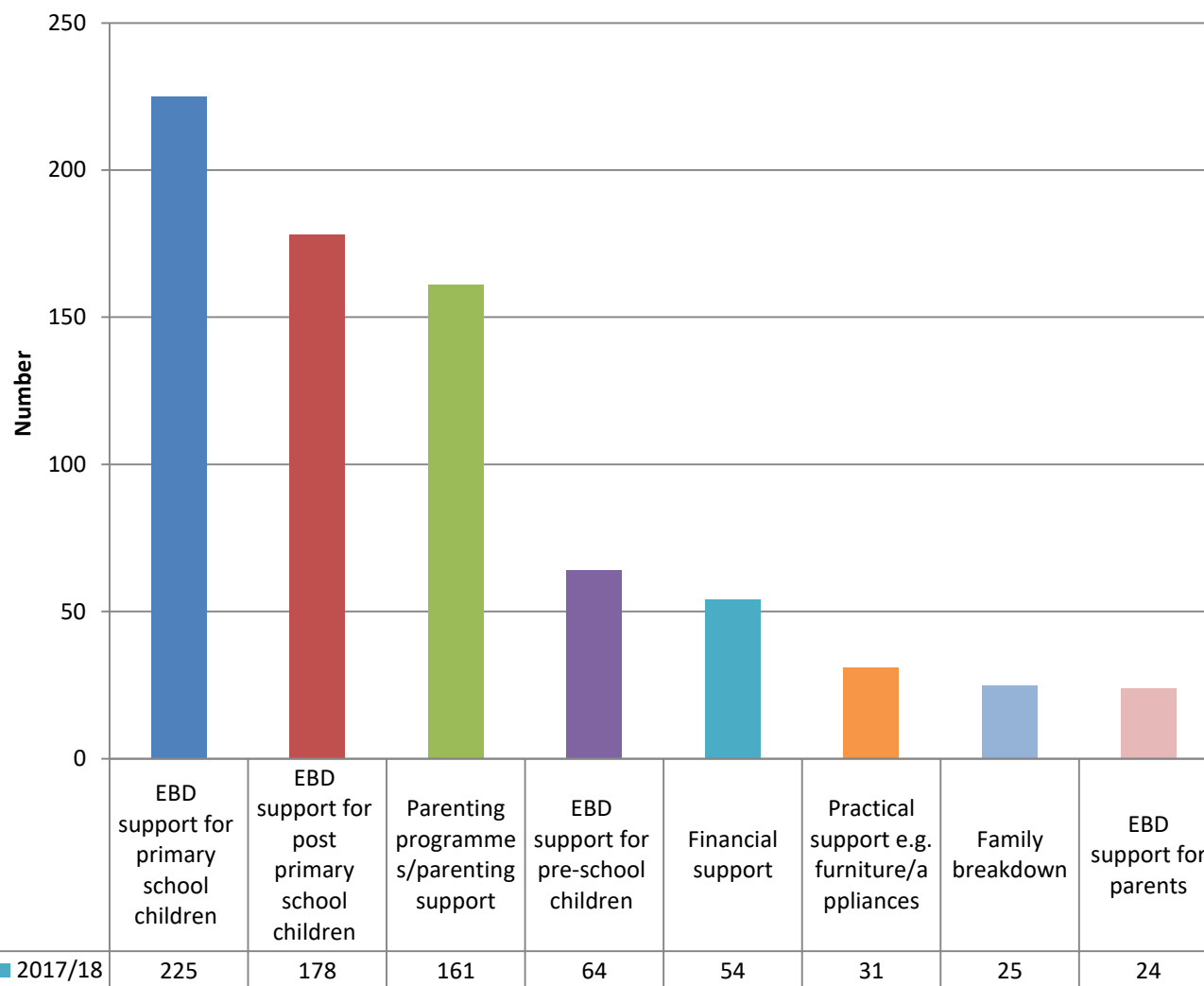
There has been an increase in the last year in the number of families with both parents from **282 to 348** and also the number of one parent families has increased slightly from **363 to 368**.

The number of One parent + partner has increased from **28 to 59** in 2017/18.

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

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

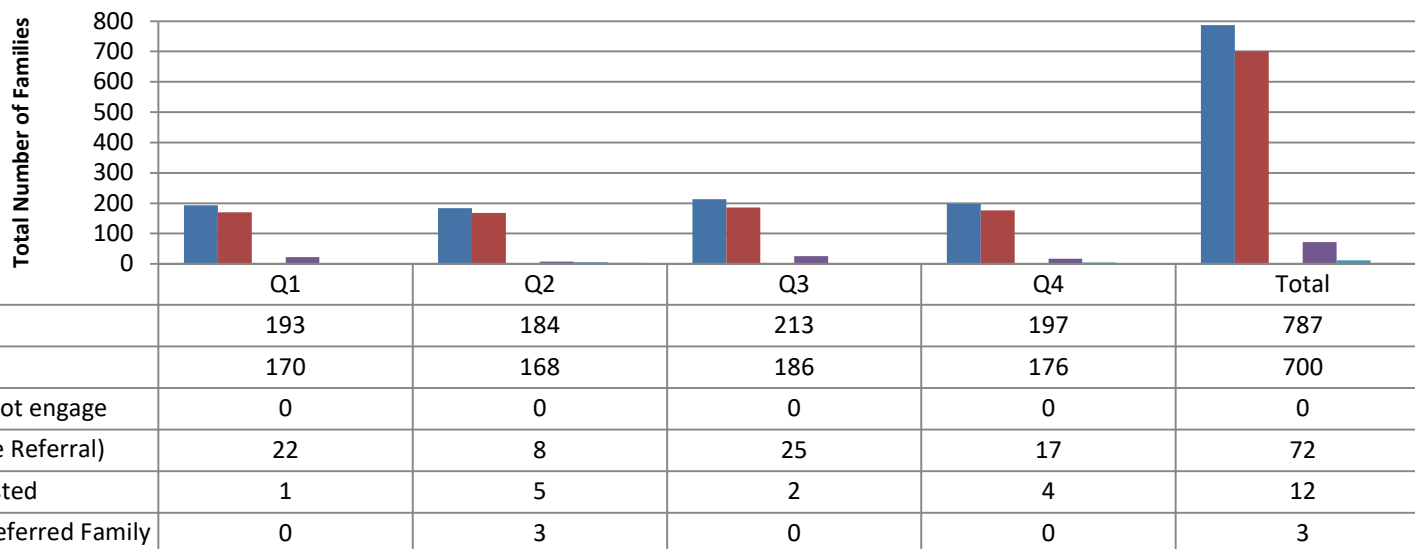
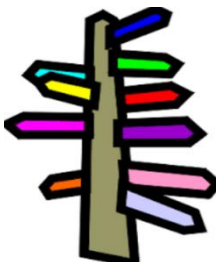
2017/18



The key reasons for referral have remained the same as last year with Emotional Behavioural Difficulty (EBD) for primary and post primary school age children the main reasons at **225** and **178** respectively. Parenting programmes/parenting support was the next key reason for referring at **161**.

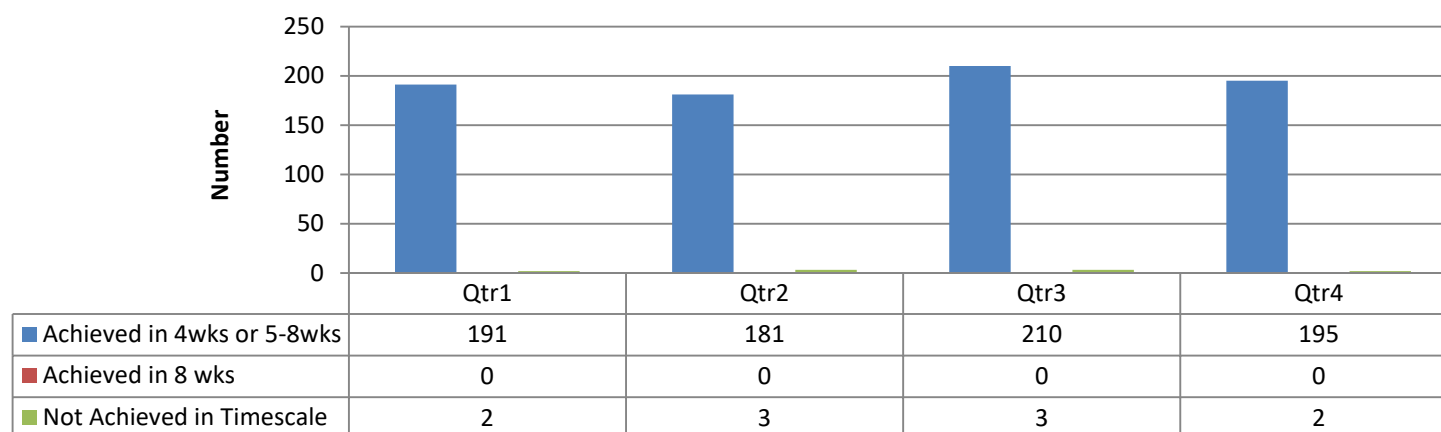
# How well did we do it?

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



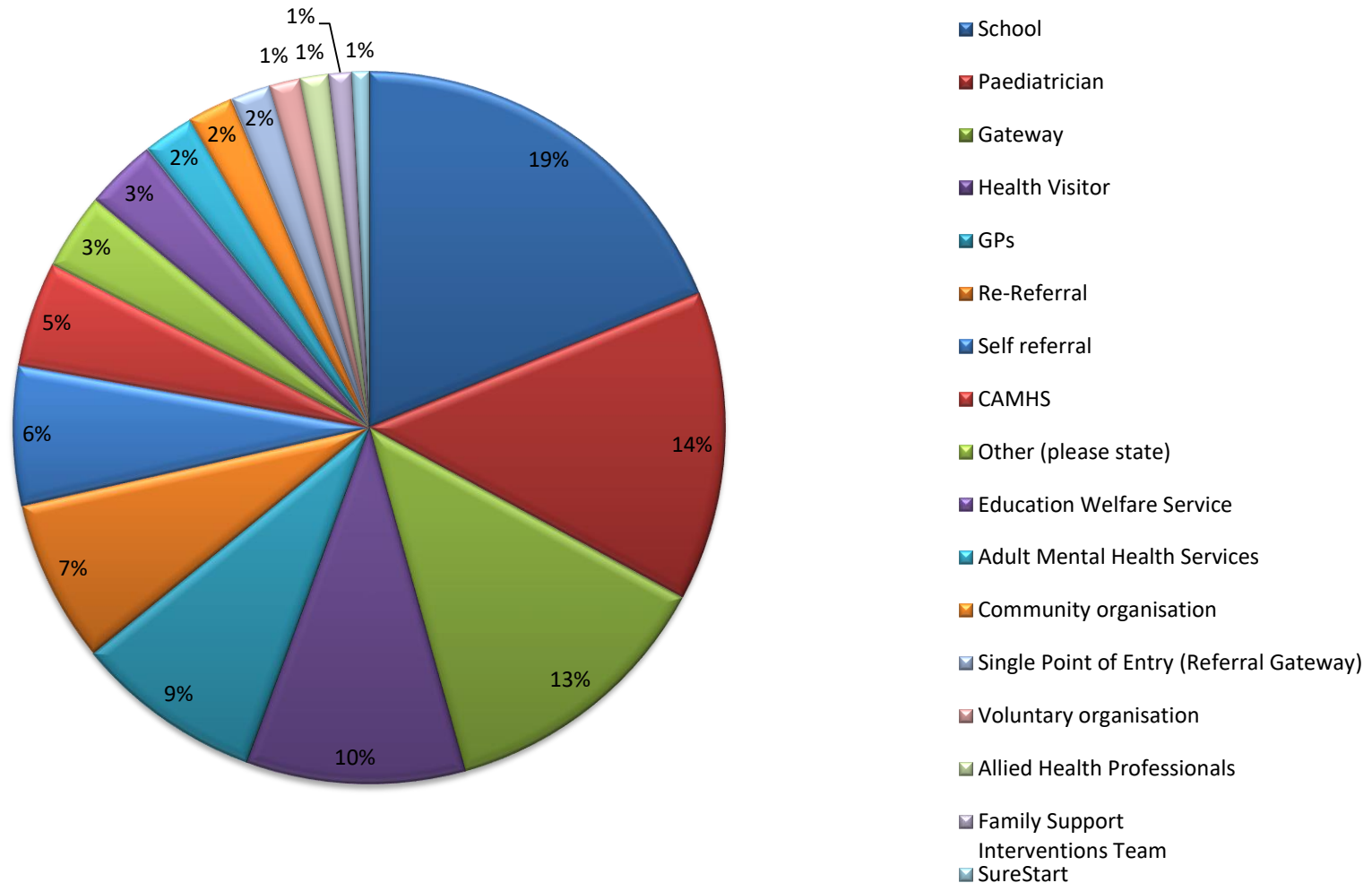
## Performance Measure 7: Outcome 4 weeks & 5-8 weeks achieved / Not Achieved – 2017/18

99% of referrals were achieved within 4 weeks or 5-8 weeks.



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

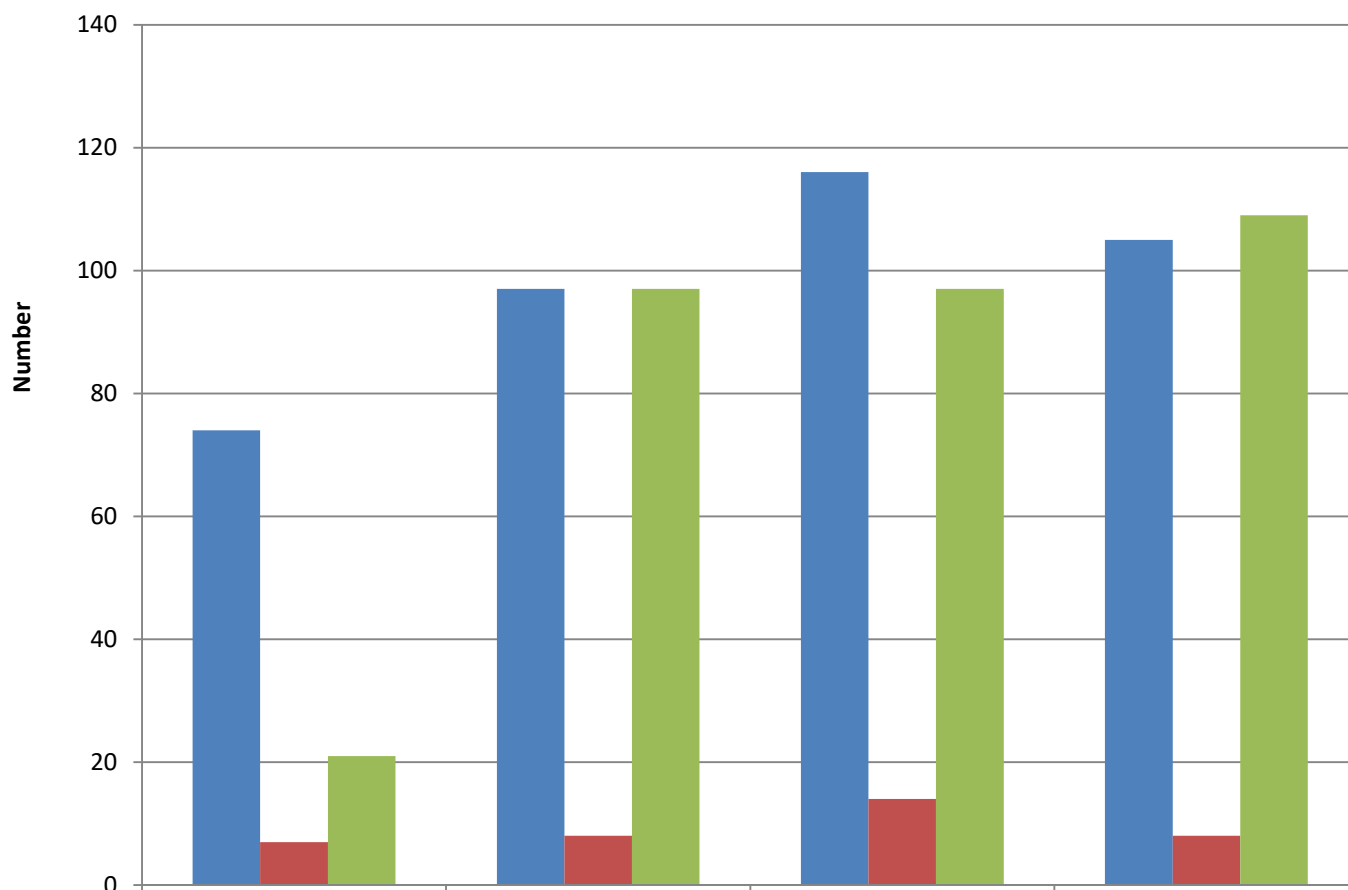
## Performance Measure 8: Total Percentage of Referrals by Referral Agency - 2017/18



School referrals are still the highest referring agency and have remained the top referring agency in 2017/18 and 2016/17 at 19% and 18% respectively. Referrals to Paediatricians are 14% compared to 12% in 2016/17. Gateway referrals are similar in the past two years with 13% in 2017/18 compared to 16% in the previous year. Health Visiting and GPs referrals have stayed relatively the same over the past two years.

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

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



■ Number of children/ parents referred on who took up the service offer	74	97	116	105
■ Number of children/ parents referred on who did not take up the service offer	7	8	14	8
■ Unknown	21	97	97	109

# 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 3 Hubs in the Southern Health and Social Care Trust have implemented the 10 Standards and continue to work collaboratively across the area in developing their relationships with providers across the community, voluntary and statutory sectors.

## Family Samples

### Family A:

This couple made a self referral to the Family Support Hub for their 16 year daughter who was drinking heavily and engaging in risk taking behaviours following the death of a close family member. The young person received bereavement counselling once the substance misuse issues had been addressed by a specialist organisation.

Mum commented that she was not totally clear what the role of a Hub was until she spoke to the coordinator but was subsequently very grateful for the help they received. The family also agreed to participate in a Family Group Conference.

### Family B:

This family were referred to the Family Support Hub by the Gateway Duty Social Worker as their baby has been diagnosed with a rare syndrome.

A disability organisation was identified who provided an assessment on the baby's visual and hearing impairment. They also provided information on specialist daycare and helped to connect the family with another Mum whose son has the same syndrome. The baby has been offered a place at Time to Play in Surestart and sensory play sessions. The Hub coordinator also contacted the Trust Disability Team regarding a social worker for the family as they were feeling overwhelmed following the diagnosis. The family also received Christmas gifts for the referred child and her sibling.

## Family Samples

### Family C:

The local GP referred a mother and her 11 year old son to the Family Support Hub as he was feeling anxious with low mood and refusing to go to school. Relationships at home were also very difficult. The young person was referred to a youth project and because he was difficult to engage at first parenting work was undertaken with his mother. This helped his mother to manage his anger and aggression.

The young person had a lengthy period of school refusal on referral and on closure had reengaged with his school placement and completed his exams successfully with good results. He was discharged from CAMHS following a referral to this Project. The young persons patterns in sleeplessness and anxiety decreased enabling him to interact more socially and successfully at school.

This had a impact on positive relationships at home and school which in turn prevented escalation into Tier 3/4 statutory services and a court sanction for non school attendance.