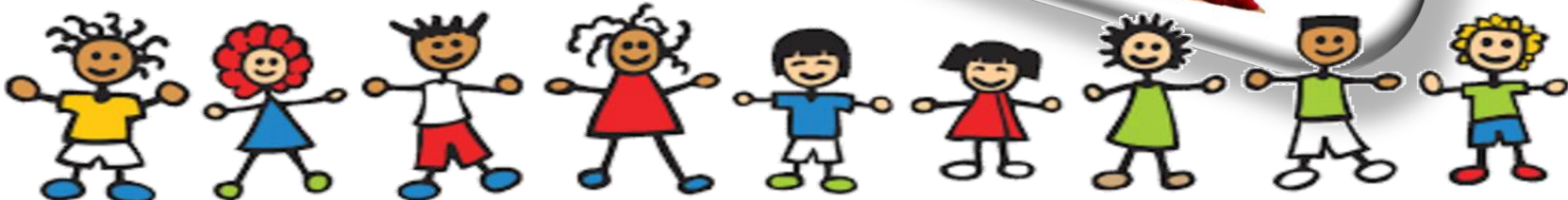
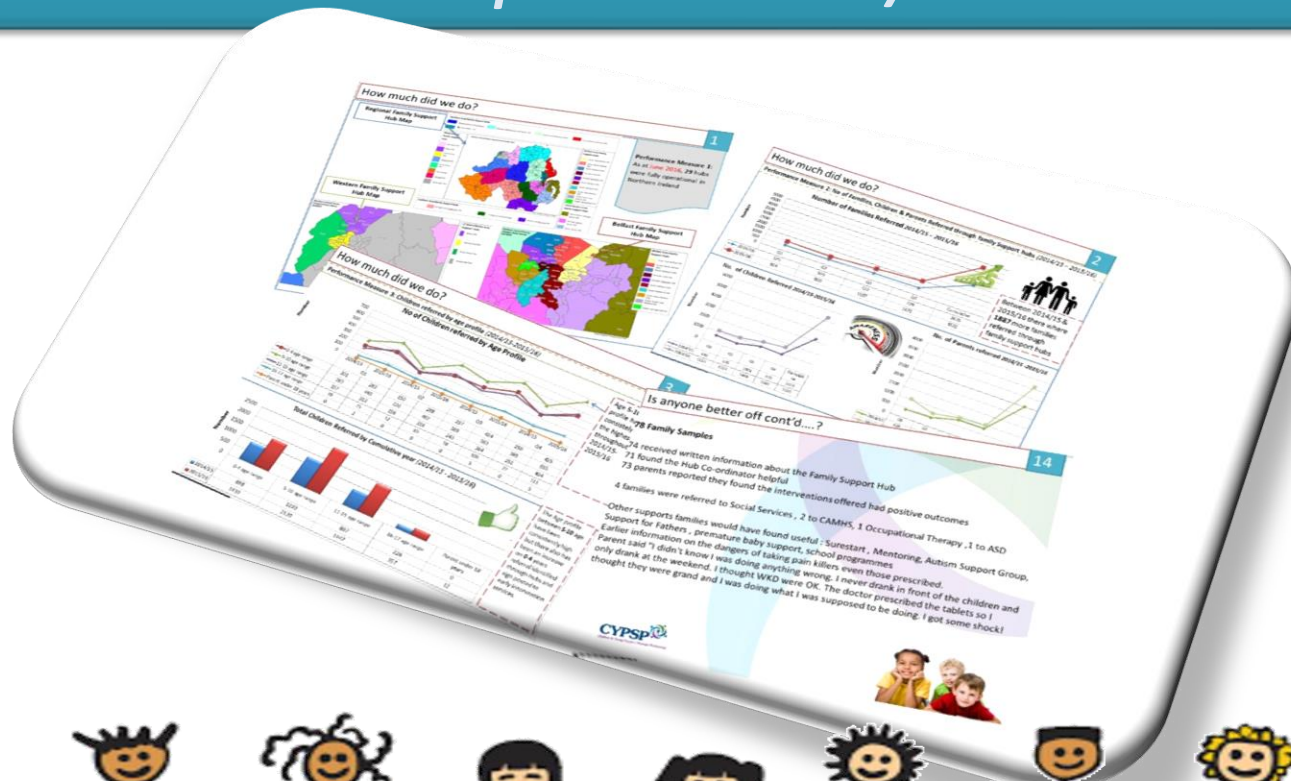


SHSCT Family Support Hubs Report Card

Annual Report Card 2018/19

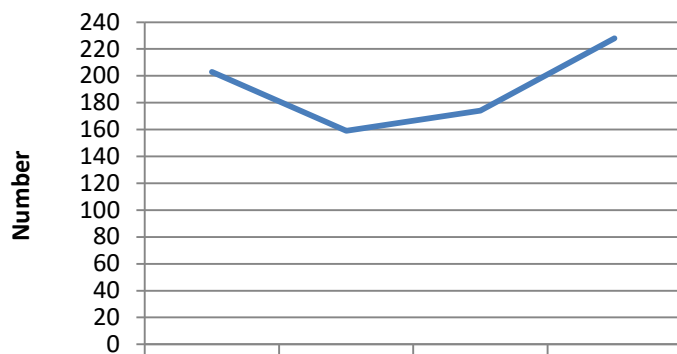


July 2019

How much did we do?

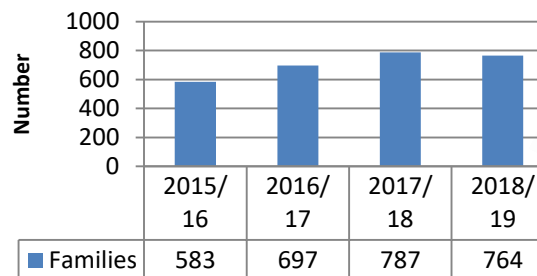
Performance Measure 1: No of Families, Children & Parents Referred through Family Support Hubs 2018/19

No. of Families Referred - 2018/19



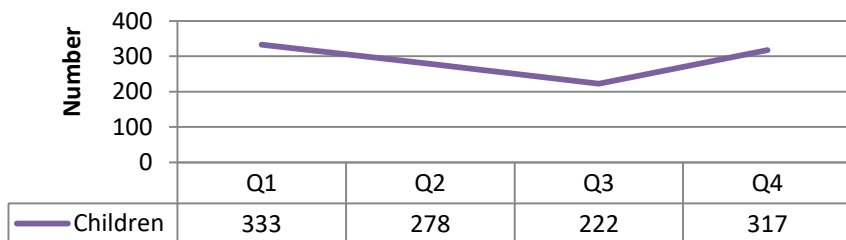
— Number of Families Referred

No. of Families Referred



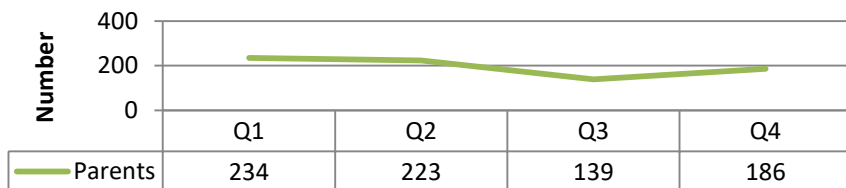
Throughout 2018/19 there were **764** families referred through family support hubs in the SHSCT area. This is a slight decrease of **23** from 2017/18.

No. of Children Referred - 2018/19



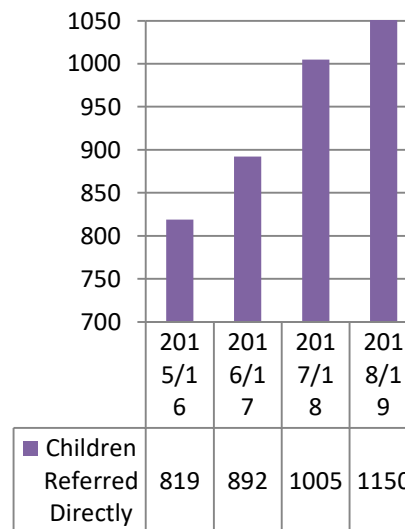
— Children

No. of Parents Referred - 2018/19



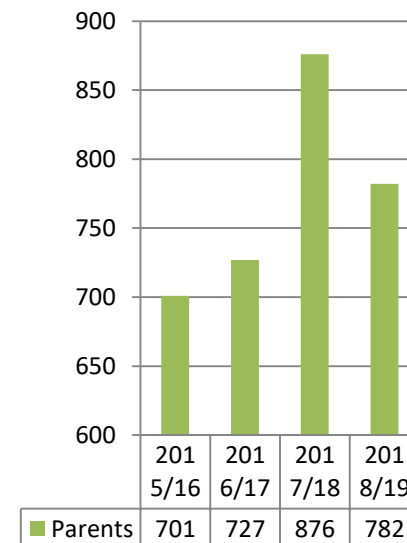
— Parents

No. of Children Referred



■ Children Referred Directly

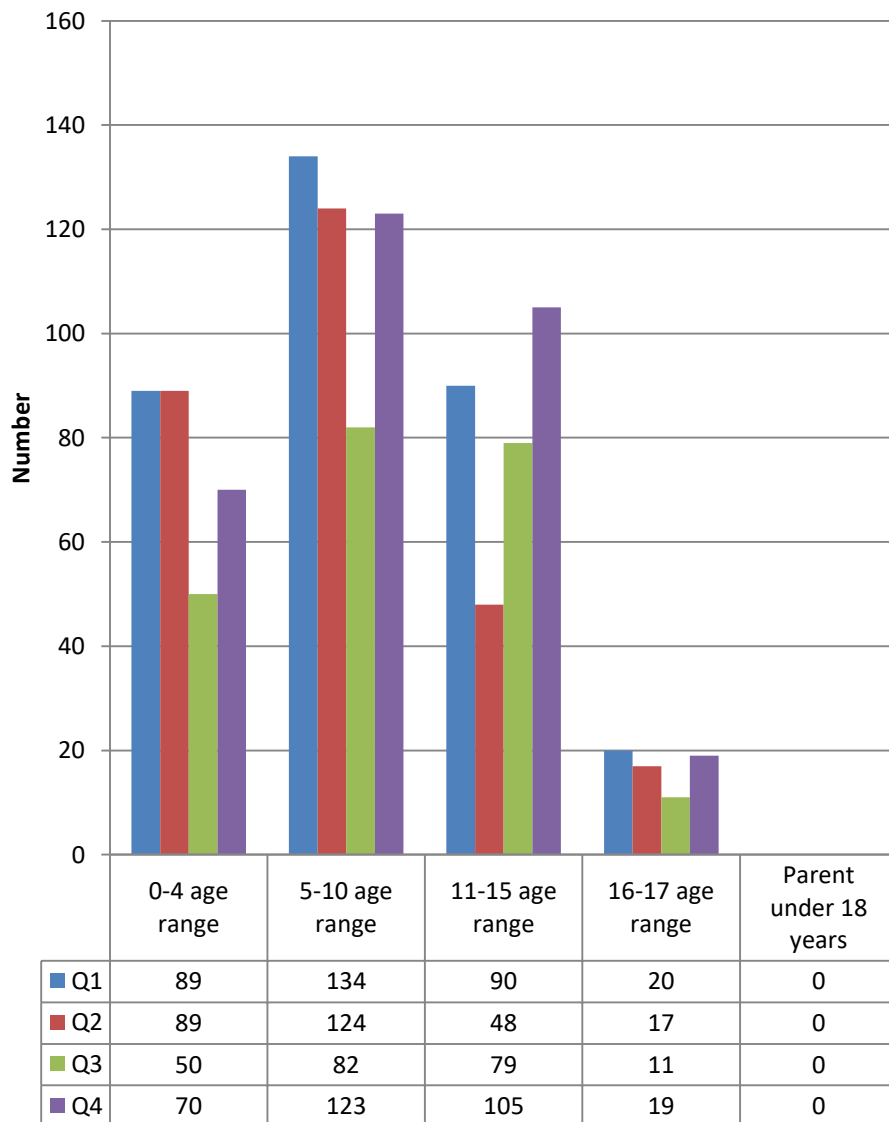
No. of Parents Referred



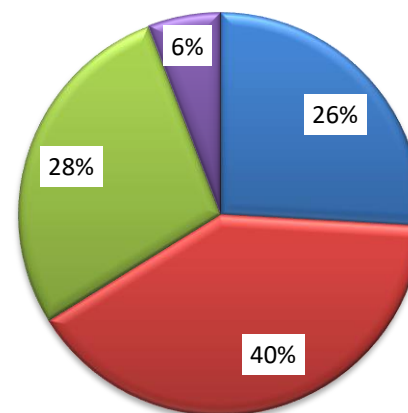
■ Parents

How much did we do?

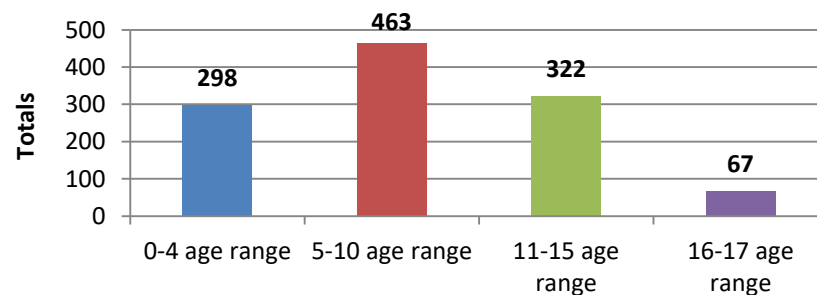
Performance Measure 2: Children Referred by Age Profile -2018/19



% of Children Referred by Age Profile



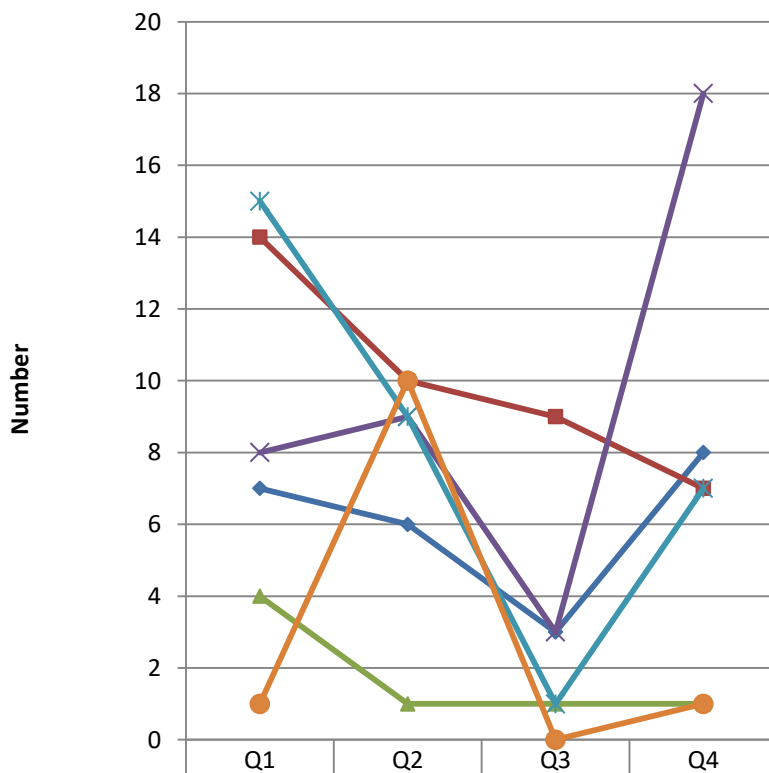
463 (40%) of referrals are in the 5-10 age range.



*Please Note: As well as 1150 children referred an additional **238** children benefitted as they were part of the families referred (Data collection commenced in Qtr3 & Qtr4)*

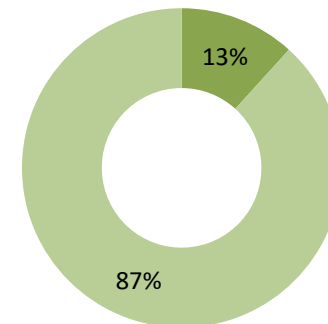
How much did we do cont'd....?

Performance Measure 3: Children with a Disability Referred -2018/19

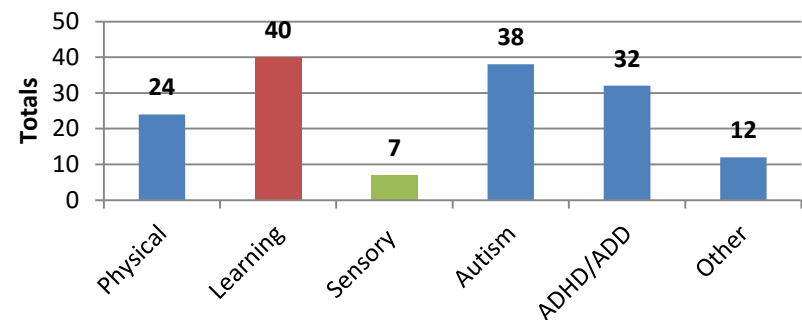


Physical	7	6	3	8
Learning	14	10	9	7
Sensory	4	1	1	1
Autism (including Asperger Syndrome)	8	9	3	18
ADHD/ADD	15	9	1	7
Other (e.g. Acquired Brain Injury) Please specify:	1	10	0	1

Children Referred with a Disability 2018/19



The total number of Children referred with a Disability = **153(13%)** of the Total Children Referred = **1150 (87%)**.

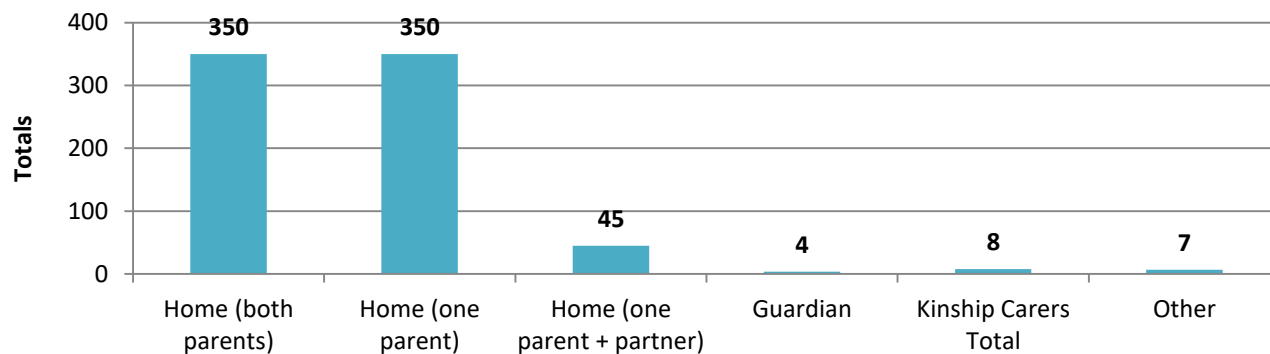
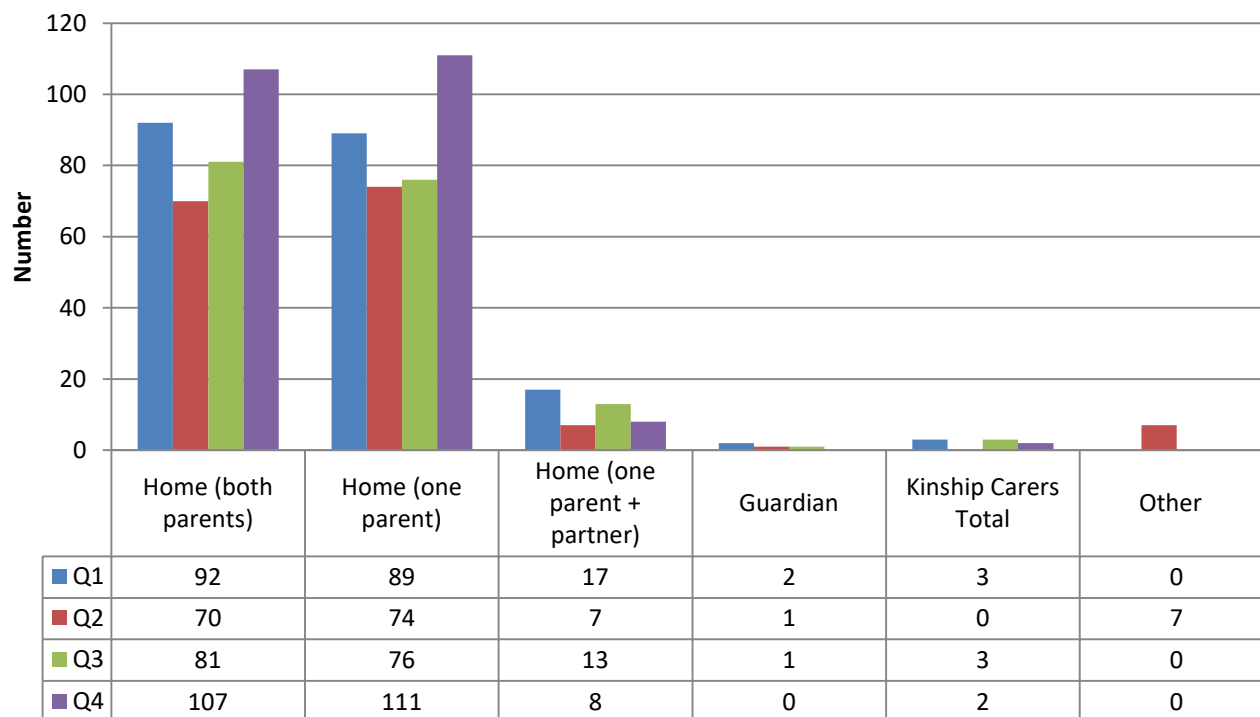


In 2018/19, Children with a **Learning Disability** had the highest number of referrals throughout SHSCT area, with Autism second.



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

Performance Measure 4: Household Composition -2018/19



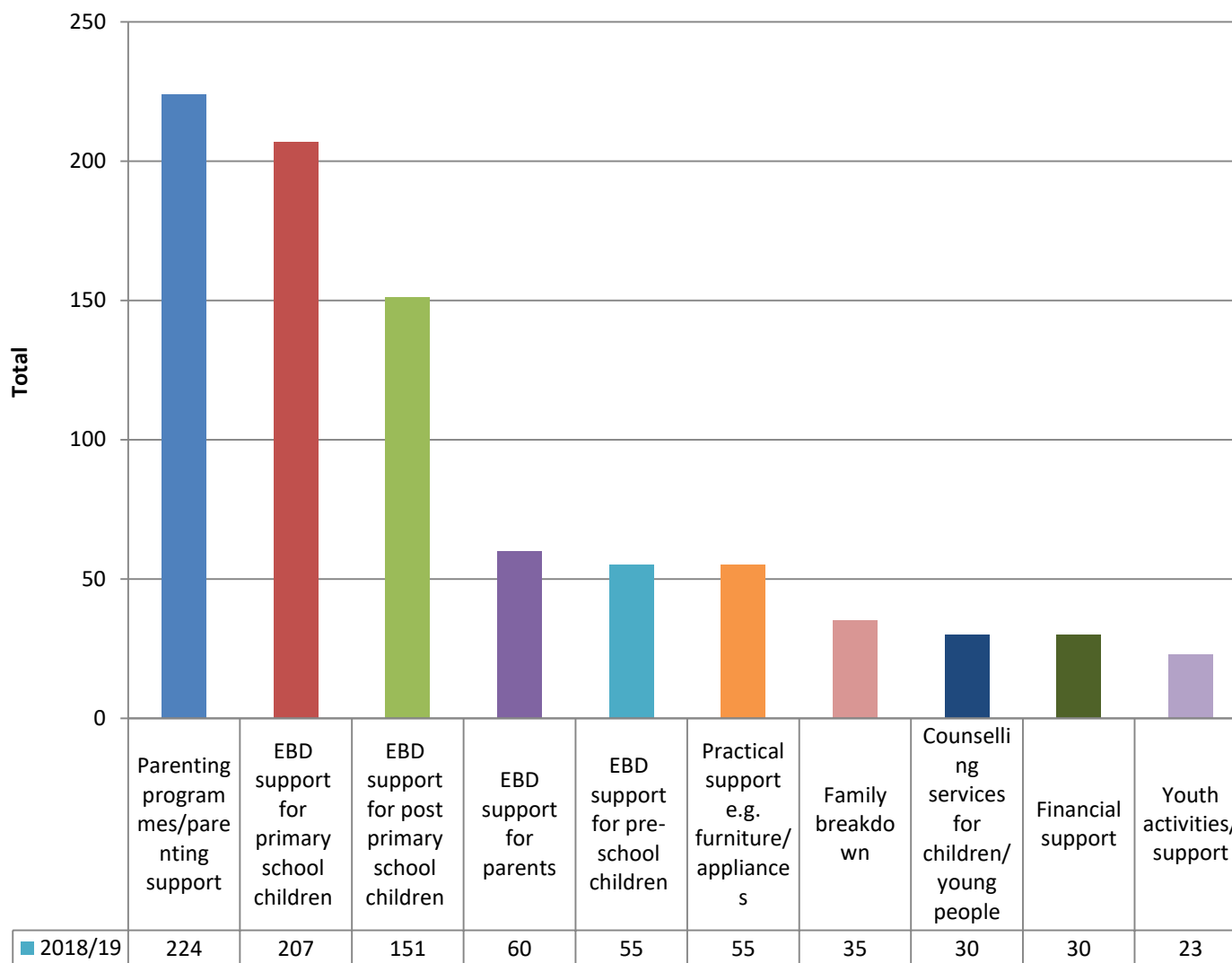
The number of families with both parents and one parent families are the same in 2018/19 at **350**, which is a slight increase from 2017/18 for both parents from **348** and a decrease for one parent families from **368**.

The number of One parent + partner has decreased from **59** to **45** in 2018/19.

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

Performance Measure 5: Main Presenting Reasons for Referral - 2018/19

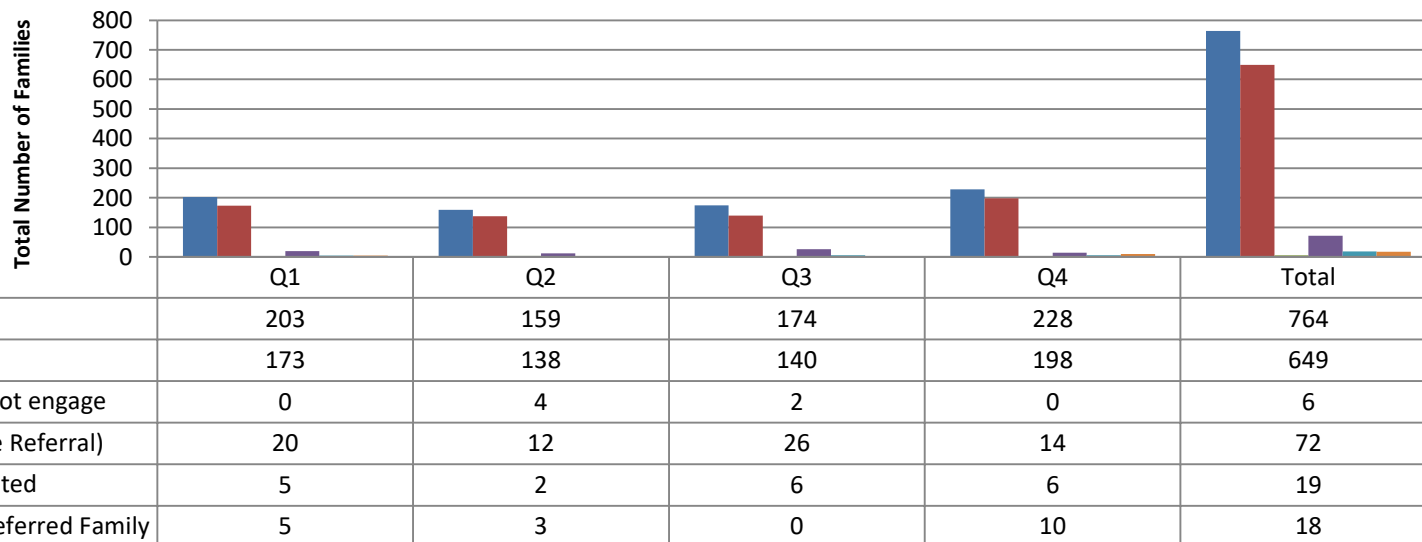
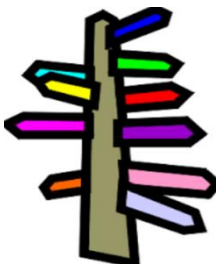
2018/19



The key reasons for referrals in 2018/19 are Parenting programmes/parenting support at **224** with Emotional Behavioural Difficulty (EBD) for primary and post primary school age children at **207** and **151** respectively.

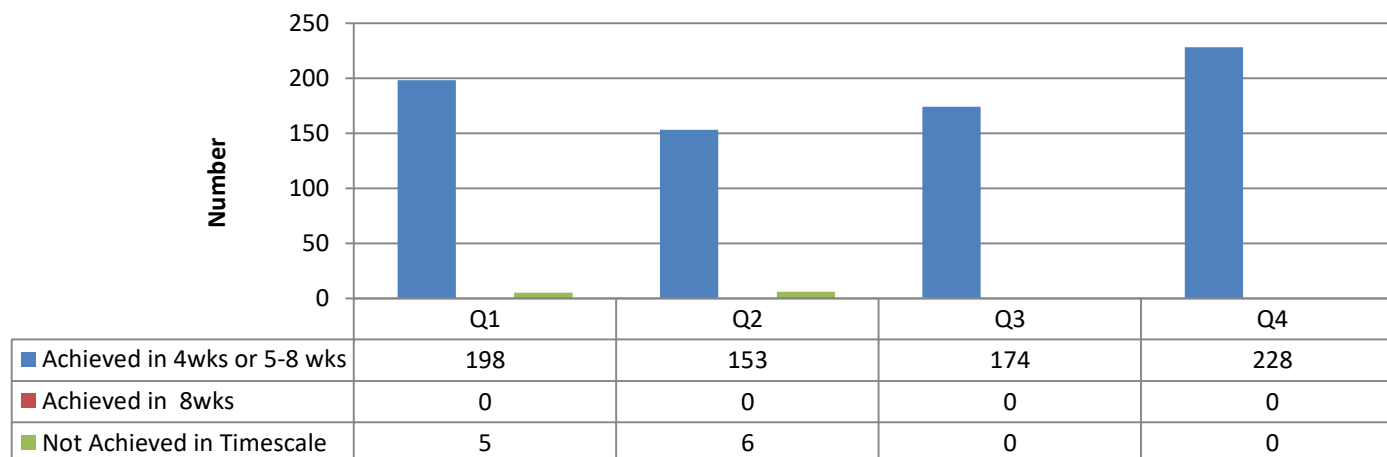
How well did we do it?

Performance Measure 6: Families Referred that were Accepted & Signposted, Above Tier 2 or Other Reasons for Outcome of Referral- 2018/19



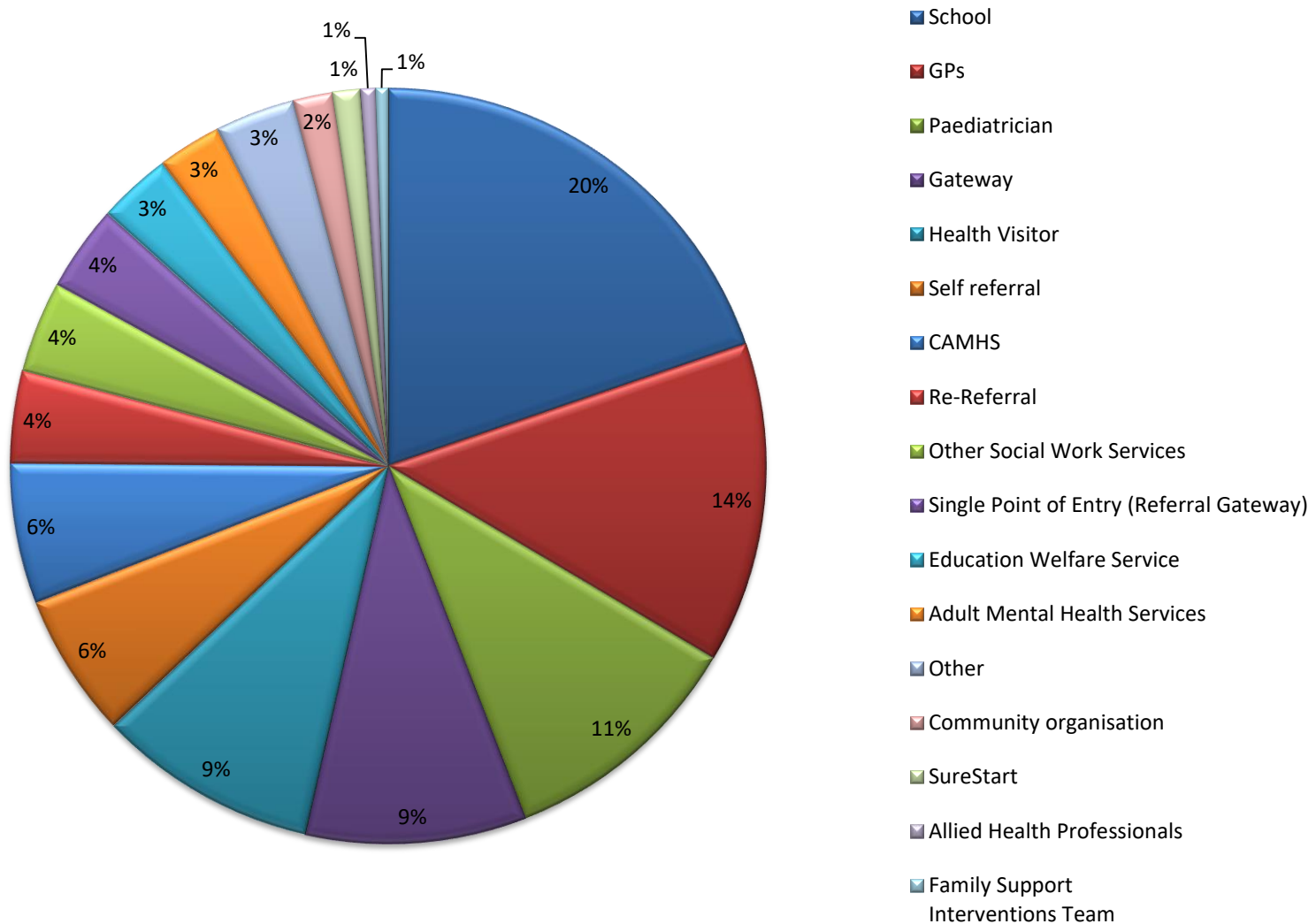
Performance Measure 7: Outcome 4 weeks & 5-8 weeks achieved / Not Achieved – 2018/19

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



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

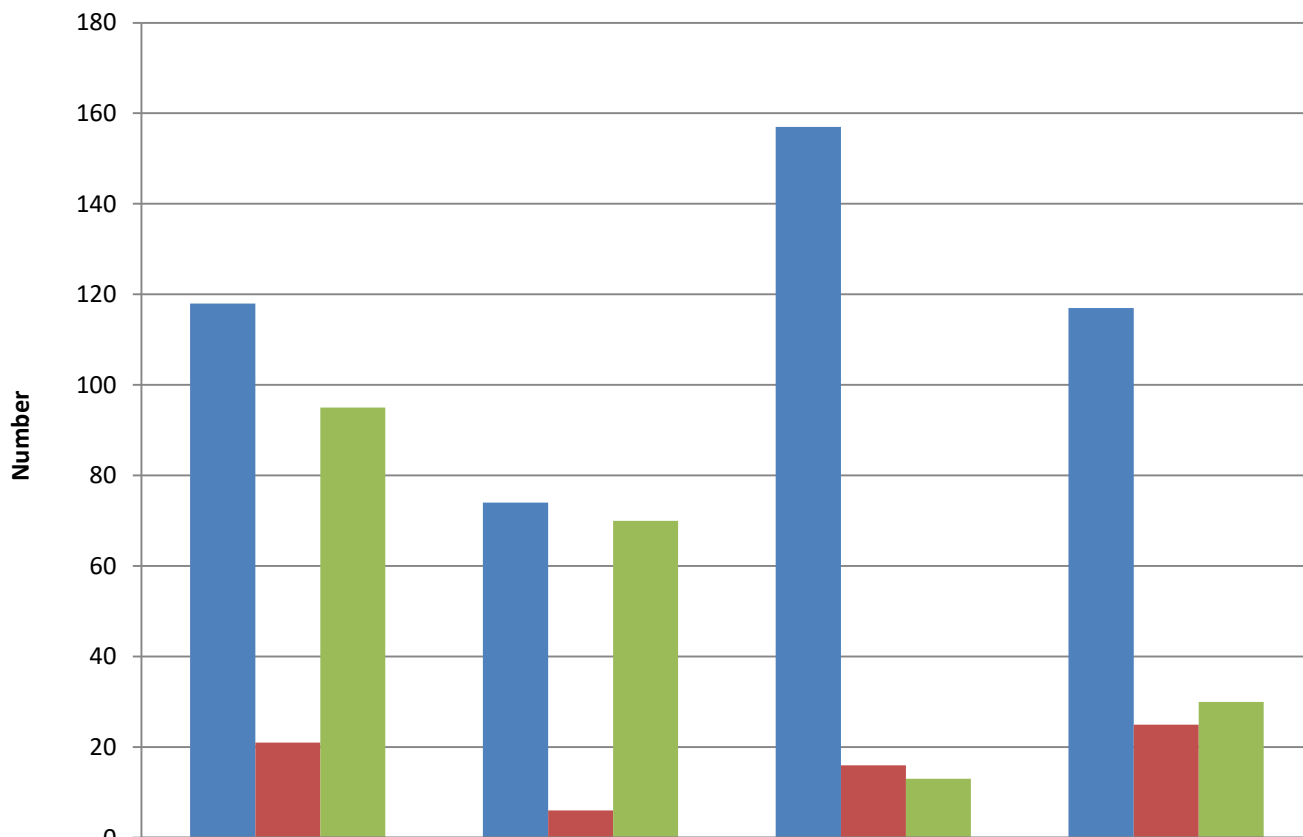
Performance Measure 8: Total Percentage of Referrals by Referral Agency - 2018/19



School referrals are still the highest referring agency at 20% in 2018/19 slightly higher than 2017/18 at 18%. GPs referrals are now 14% and Paediatricians at 11%. Gateway and Health Visiting referrals are the same at 9% in 2018/19.

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 2018/19



■ Number of children/ parents referred on who took up the service offer	118	74	157	117
■ Number of children/ parents referred on who did not take up the service offer	21	6	16	25
■ Unknown	95	70	13	30

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

Performance Measure 10: 10 Standards Fully Implemented - 2018/19

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 family were referred by their Health Visitor for some practical support. However following a visit to the family by the Hub Co-ordinator it became clear that there were many other issues including the death of one of their children 12 months previously, which the family had not addressed. The family were therefore referred for counselling from CRUSE, some help from the local foodbank and Christmas toys as well as a support group for parents whose baby had died.

Family B

This BME family have a child with a disability whose behaviour is very challenging and he requires regular respite care. This referral was for support for the other children in the family and for opportunities for them to spend quality time together. The children attended the Young Carer's group and a disability charity who provide summer activity days and sibling group support. Mother reported "yes –at the time I was overwhelmed and speaking to so many professionals but I always welcome all support. The hub identified extra supports and got them started at the time when I was trying to help my son into a residential unit. It was helpful to have a home visit as it was easier to talk about support needs face to face".

Family Samples

Family C:

This mother with 2 teenage children was referred by a school principal. Follow up from the Hub co-ordinator revealed the mother had a history of depression and hearing impairment leading to isolation. The youngest child, who had a learning disability, had poor school attendance and needed emotional support with regard to anxiety. At the hub meeting the EWO advised the school had made some adjustments and a CAMHS appointment was imminent. The family were referred to the Young People's Partnership regarding a young women's group and 1:1 outreach. Mum advised YPP had given both her daughter and herself "great support someone we can talk to easily and someone to be our voice"

Family D:

This family were referred by the Community Paediatrician for support for 2 young children being cared for by their father and by paternal grandparents. The request was for support for the children after the death of their mother and for paternal grandparents as they care for them and support them in attending activities, diet, boundaries and structure in the home. The family were offered Family Group Conference, support from a youth group and bereavement counselling. Father advised he found the initial consultation to be beneficial in discussing their particular family situation and the consideration of relevant services that will support the children.