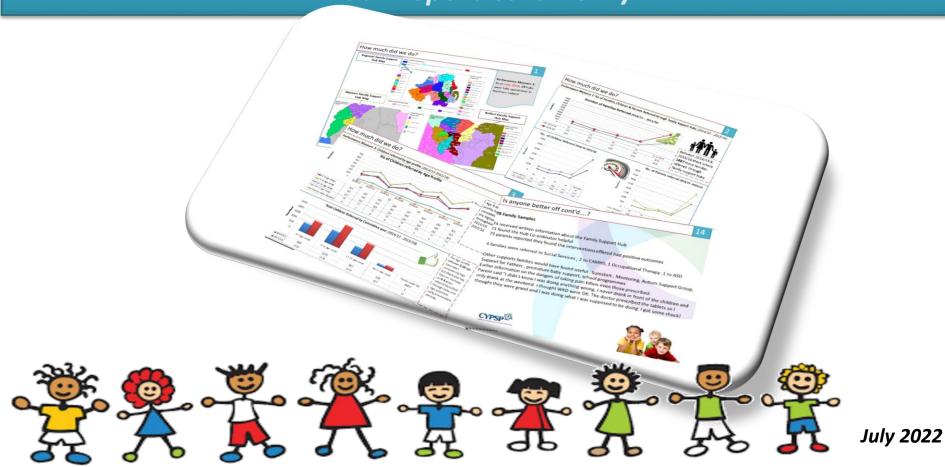
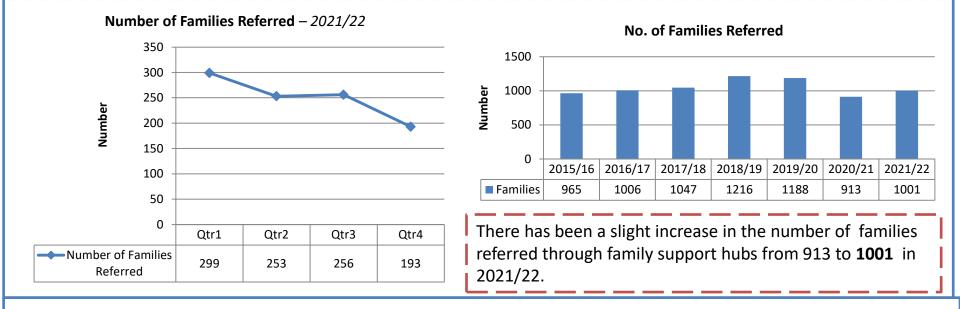


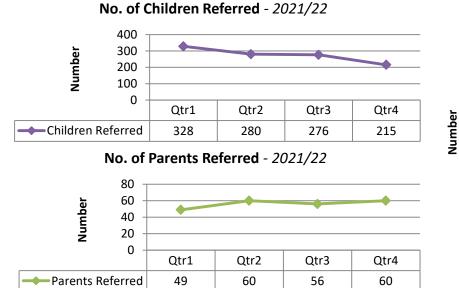
SEHSCT Family Support Hubs Report Card Annual Report Card 2021/22



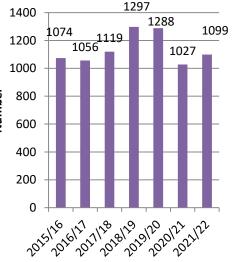
How much did we do?

Performance Measure 1: No of Families, Children & Parents Referred through Family Support Hubs - 2021/22

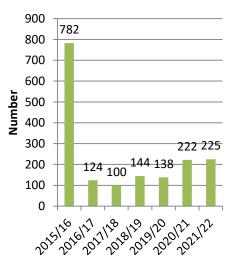




No. of Children Referred

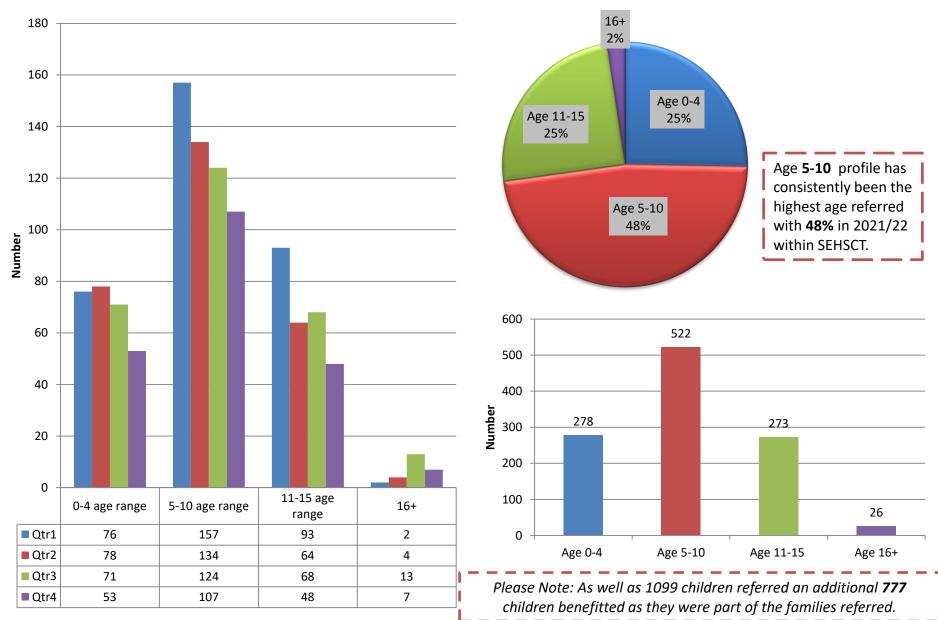


No. of Parents Referred

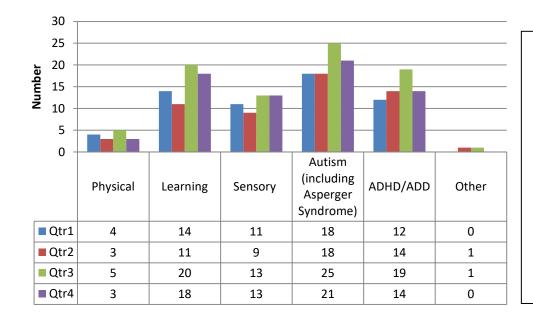


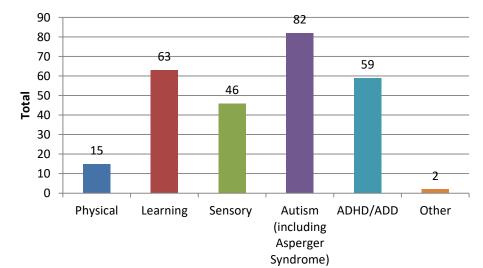
How much did we do cont'd...?

Performance Measure 2: Children Referred by Age Profile 2021/22

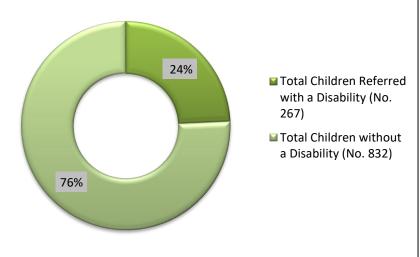


Performance Measure 3: Children with a Disability Referred -2021/22









In 2021/22, Children with **Autism** had the highest number of referrals in the disability category throughout the South Eastern area.

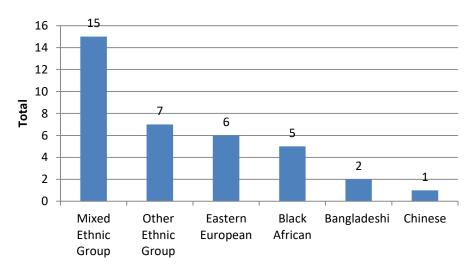


How much did we do cont'd....?

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

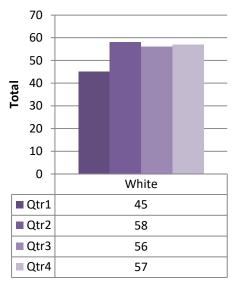
There has been an increase in both children and families referred from different ethnic backgrounds. For example: Referrals from Mixed Ethnic Group for children are 22 with 6 parents and Other Ethnic Group are 9 children with 2 parents.



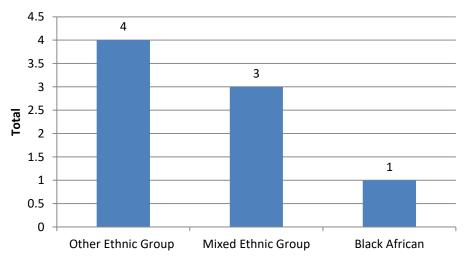


Please note: 12 children ethnic background - Not Stated

(Note: 'White' has the higher number of referrals for both Children and Parents and are presented on separate scales as shown in these charts.)



Parents Referrals by Ethnic Background – 2021/22

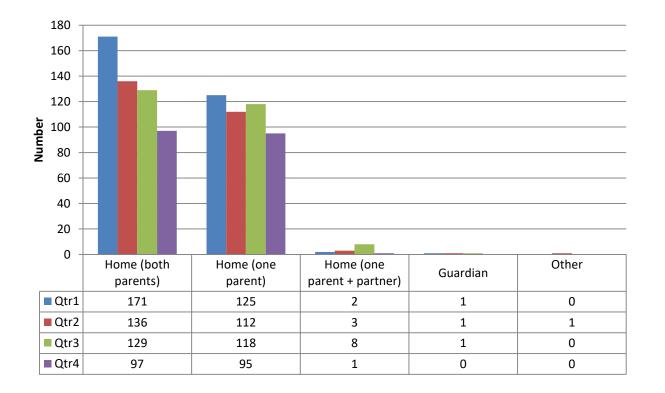


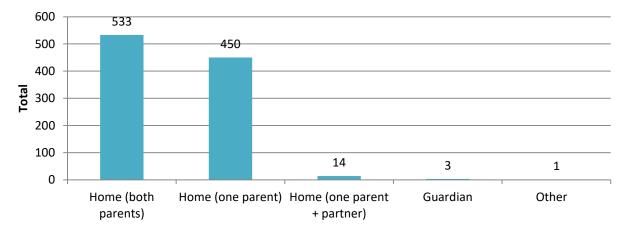
Produced by CYPSP Information Team

Please note: 1 parent ethnic background - Not Stated

How much did we do? cont'd

Performance Measure 4: Household Composition - 2021/22



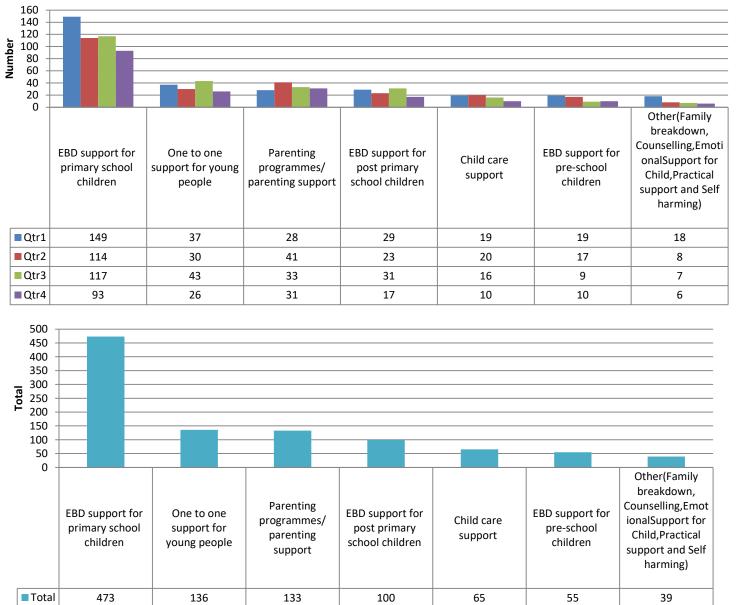




In 2021/22 Home (both parents) is the largest household composition at (533), with Home (one parent) the second household composition with (450). Home(one parent +partner) is a total of (14). There has been low numbers for Guardian (3) and Other (1).

How much did we do? cont'd

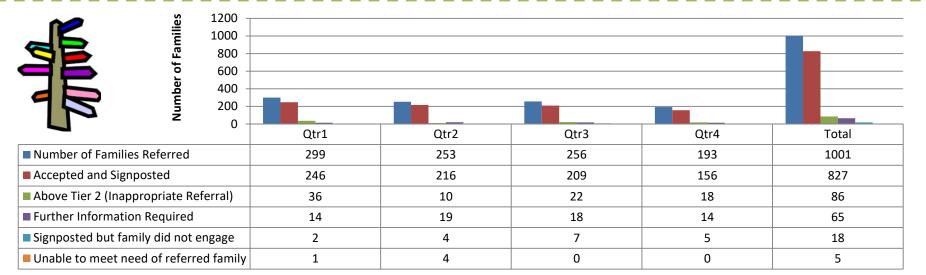
Performance Measure 5: Main Presenting Reasons for Referral - 2021/22



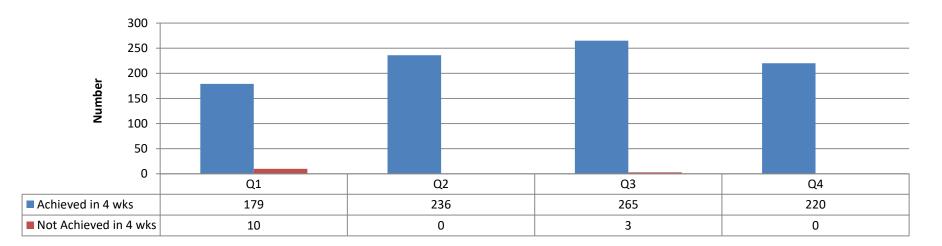
In 2021/22 Emotional **Behaviour Difficulty** (EBD) for primary school children was the main reason for referrals at 473, which has been the trend in the past few years. The 2nd reason for referral was One to One support for young people 136 followed by Parenting Programmes/ Parenting Support at **133**. EBD support for post-primary school children at 100, Child care support 65, EBD support for preschool children was 55 and Others 39.

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 -2021/22



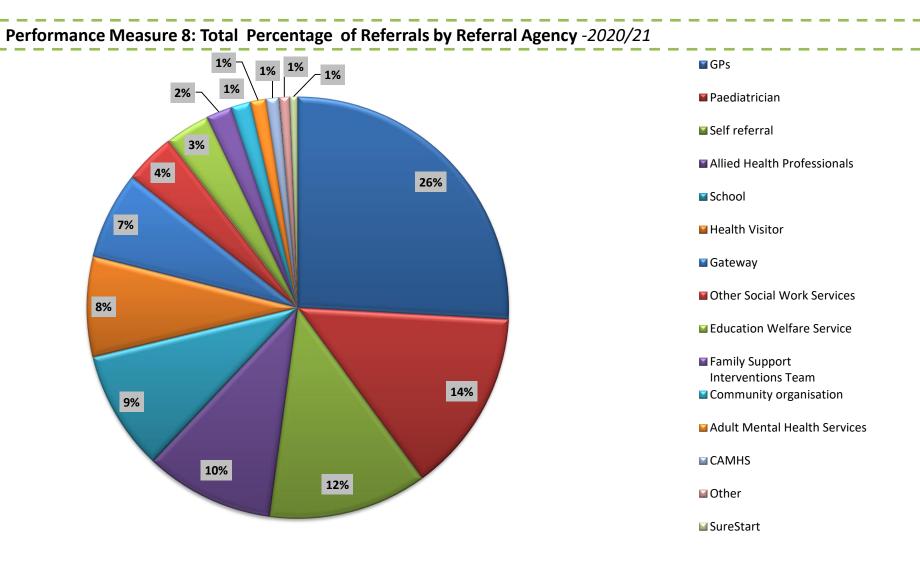
Performance Measure 7: Achieved in 4 weeks or Not Achieved – 2021/22



Produced by CYPSP Information Team

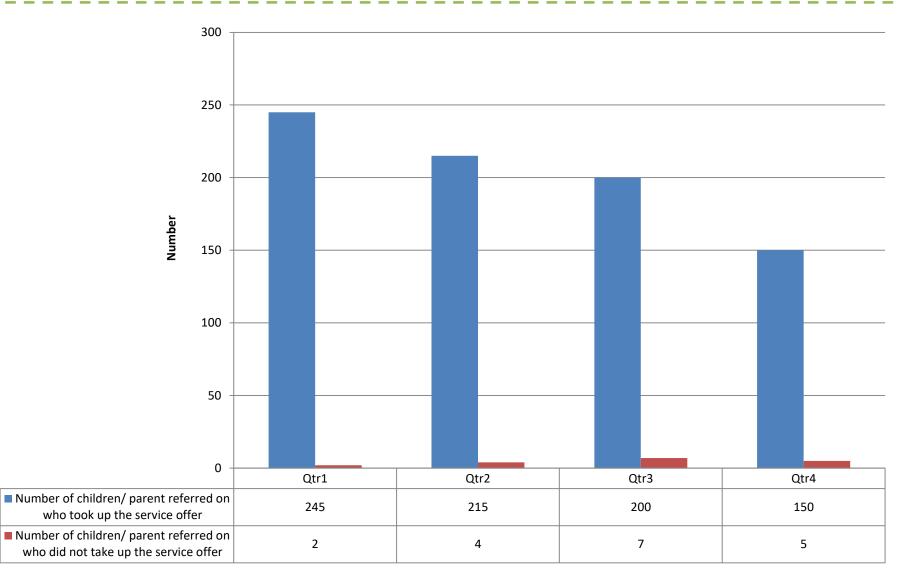
7

How well did we do it? cont'd



The largest referrer in 2021/22 was GPs at **26%**, a slight drop from 2020/21 which was 29%. Paediatricians referrals decreased from 19% to **14%**. Self referrals and AHPs increased from 7% to **12%** and **10%** respectively. School referrals were **9%** and Health Visitors **8%**.

Performance Measure 9: Number of Parents / Children referred who did and who did not take up the service offer 2021/22



How well did we do it? cont'd

Performance Measure 10: 10 Standards Fully Implemented – 2021/22

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 - Bangor

<u>*Referral*</u>: Referred by Speech and Language Therapist, Autism Intervention Team. S has a diagnosis of ASD was struggling with anxiety and emotional regulation.

<u>Support</u>: Worked with Parent to identify and implement strategies to support her own emotional regulation. Parent modelled these strategies for S and supported her in identifying her own. Worked with parent on discussing her own emotions and sharing these to encourage S to do the same.

<u>Outcomes and Feedback</u>: Mum reported that S is much more settled and will regulate herself and discuss her feelings more openly. Mum reported that S is also less anxious and will use resources provided during the intervention to make her feel more settled. Tensions within the home have also greatly reduced.

"Worker was a real lifeline to our family and to me in particular. She 'got' me immediately and her calm and thoughtful suggestions have helped me make some real changes in my thinking. This has had a real impact on my family in such a positive way. We are extremely grateful."

Case Study B - Lisburn

<u>*Referral*</u>: The referral made by speech and language therapist requested family support and advice targeting behaviours that challenge, emotional regulation, sleep issues, toileting, and schooling issues in respect of 5yr old. Child had ASD, and was not attending school, parents were unsure of how / if they could encourage his reengagement with school-based learning.

<u>Support</u>: Educative resources were utilised to support parent. Behavioural support strategies have also been explored. Creative approaches have supported child to identify and name his feelings. Sessions have explored areas of sleep, diet, and toileting. Parent has been supported to engage with EWO and EA. Parent has also been sign posted to local services who can provide some respite support as well as emotional support regarding her own wellbeing. <u>Impact & Feedback:</u> Outcome star completed at closure reflects aims and objectives for work achieved and positive progress made across scales pertaining to mum's wellbeing, meeting child's emotional needs, education and learning, boundaries and behaviour and family routines.

Family Samples

Case Study C - Down

Young person age 13 was referred by GP following concerns regarding mental health and increase levels of anxiety and worry, which was affecting her engagement and motivation to attend school. Young person struggled with low self confidence/esteem levels and in the formation of friendship which has been particularly difficult in the transition to post-primary. Support was offered by the Hub and YMCA developed a 12 week goal orientated support plan which looked at the promotion of confidence building & development of strategies and techniques that helped in managing anxiety levels during a period of change. Both child and Mum reported they felt more aware when anxiety is a natural emotion and they are more aware of when it beginning to become heightened and the support & techniques that could be implemented to reduce. As a result of the service YMCA was able to link the young person in with a girls group in the Youth Centre that created opportunities for social activities and the formation of new friendships.