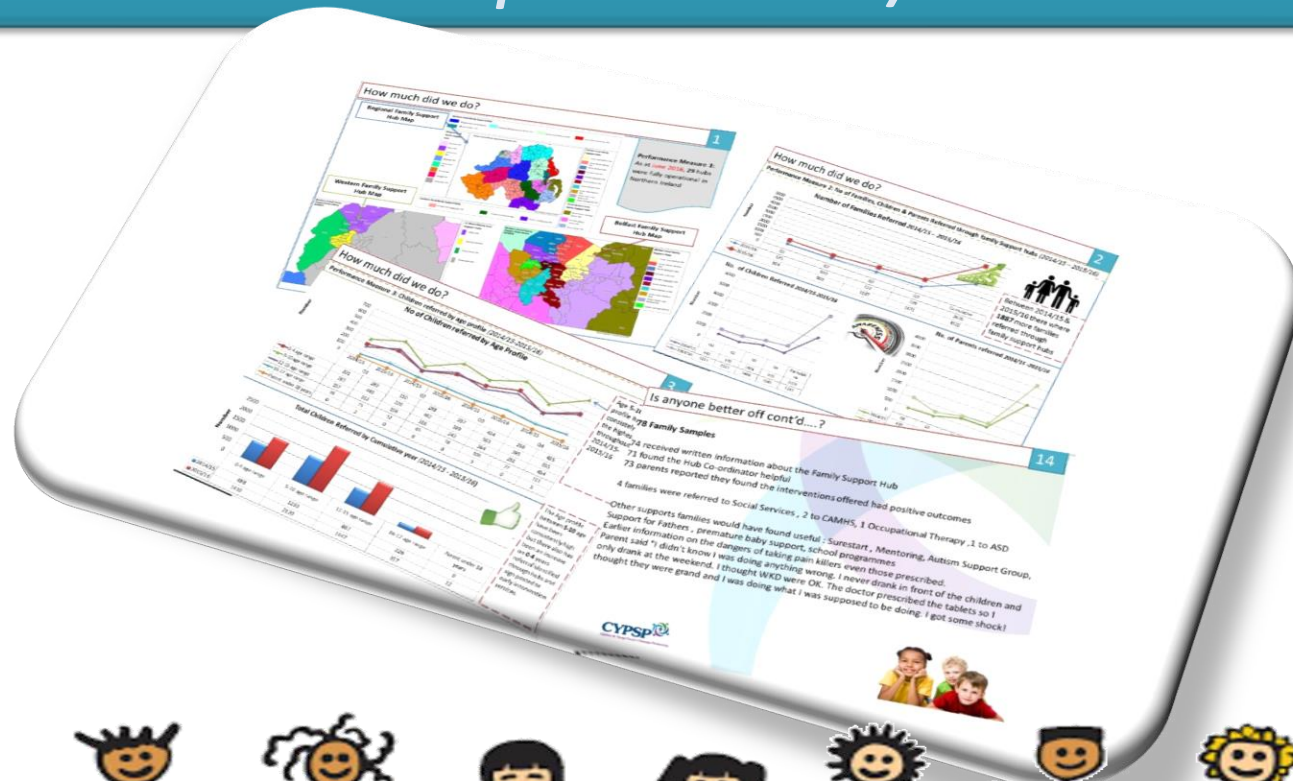
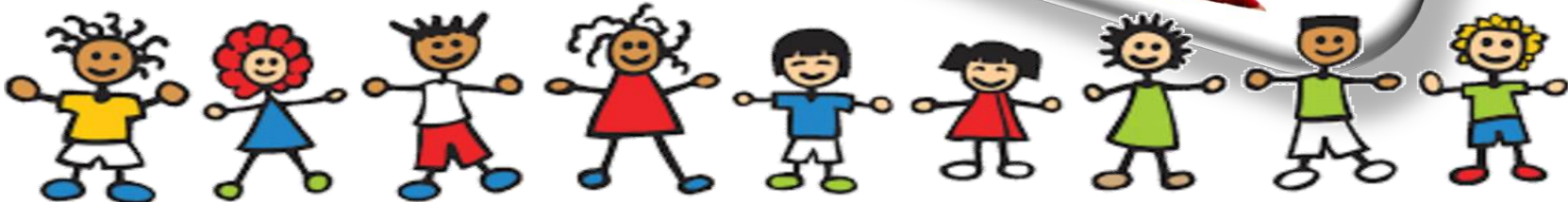


SEHSCT Family Support Hubs Report Card

Annual Report Card 2022/23



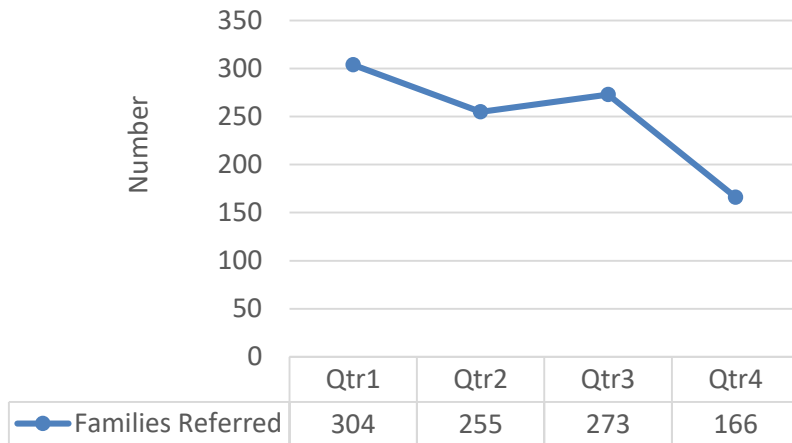
July 2023



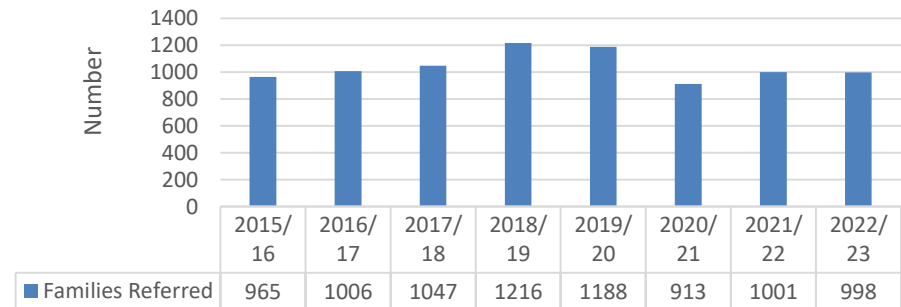
How much did we do?

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

No. of Families Referred 2022/23

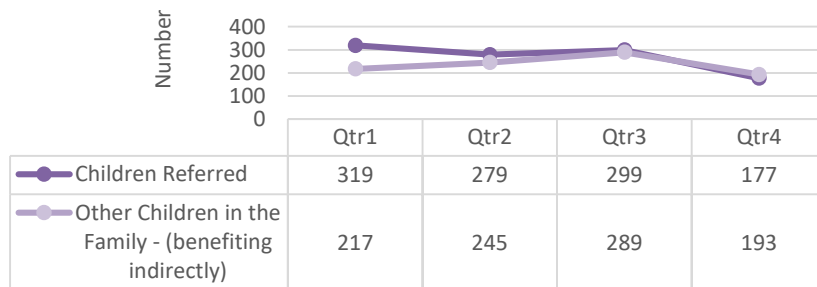


No. of Families Referred 2015/16 - 2022/23

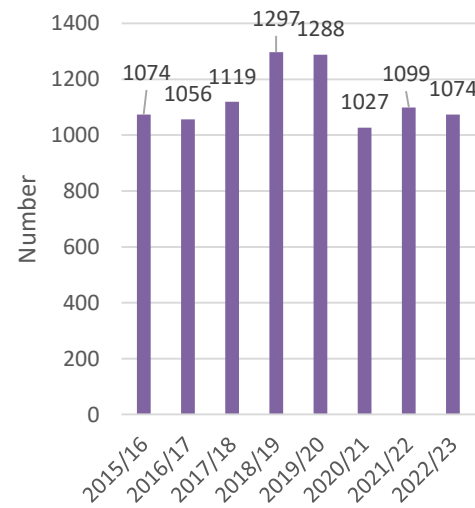


There has been a slight decrease in the number of families referred through family support hubs from 1001 to **998** in 2022/23.

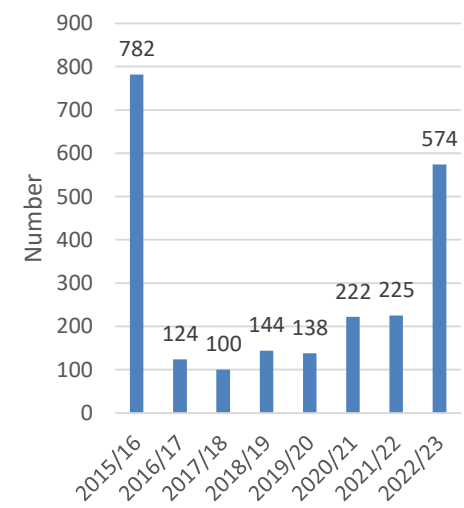
No. of Children Referred 2022/23



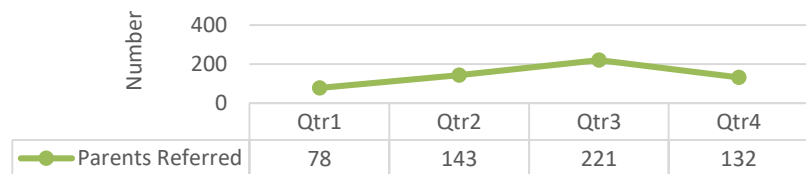
No. of Children Referred



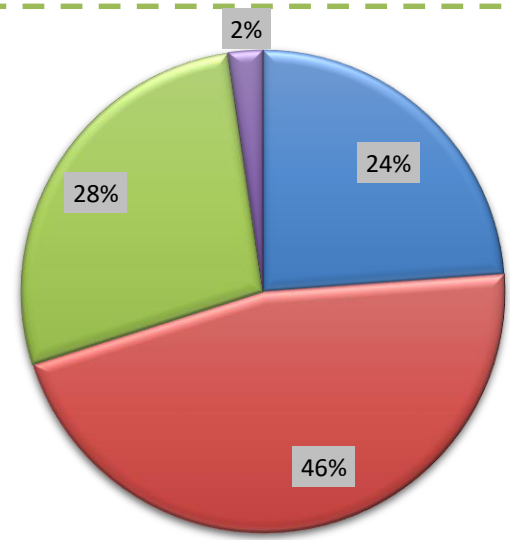
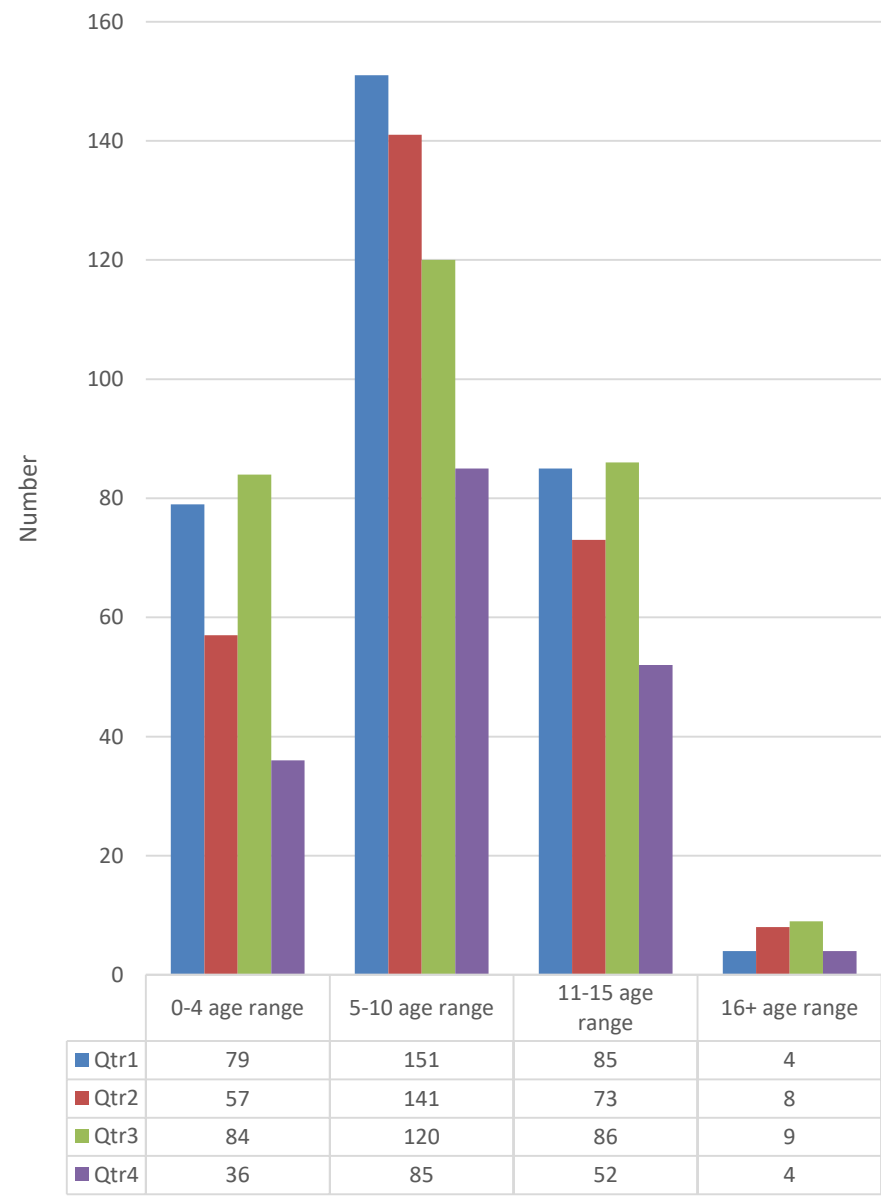
No. of Parents Referred



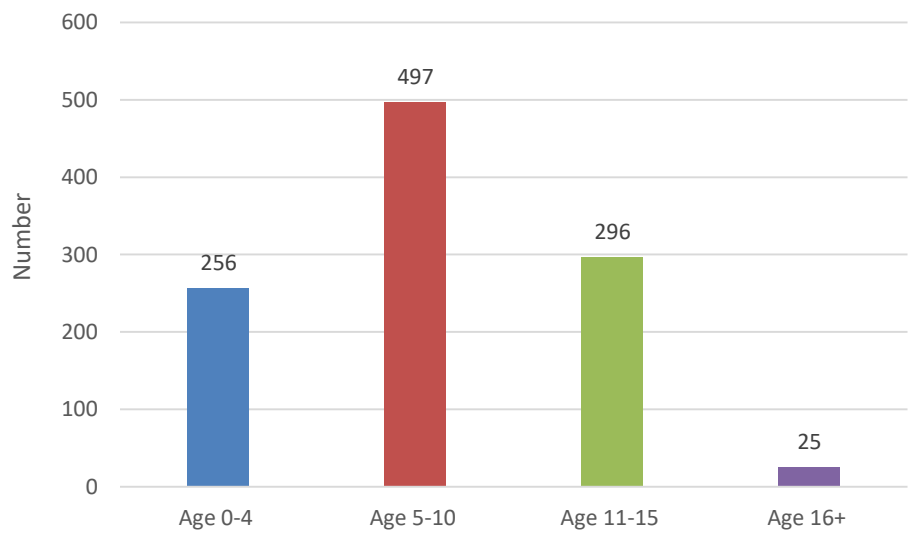
No. of Parents Referred 2022/23



Performance Measure 2: Children Referred by Age Profile 2022/23



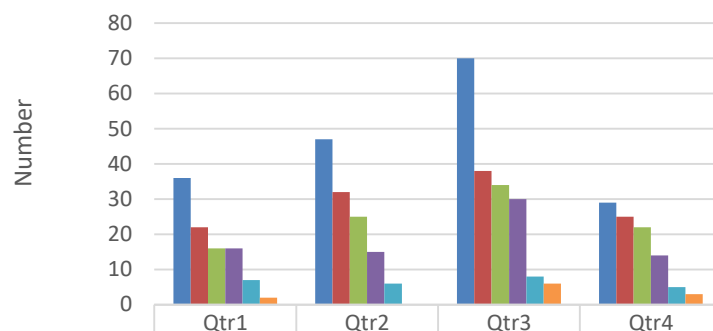
Age **5-10** profile has consistently been the highest age referred with **46%** in 2022/23 within SEHSCT.



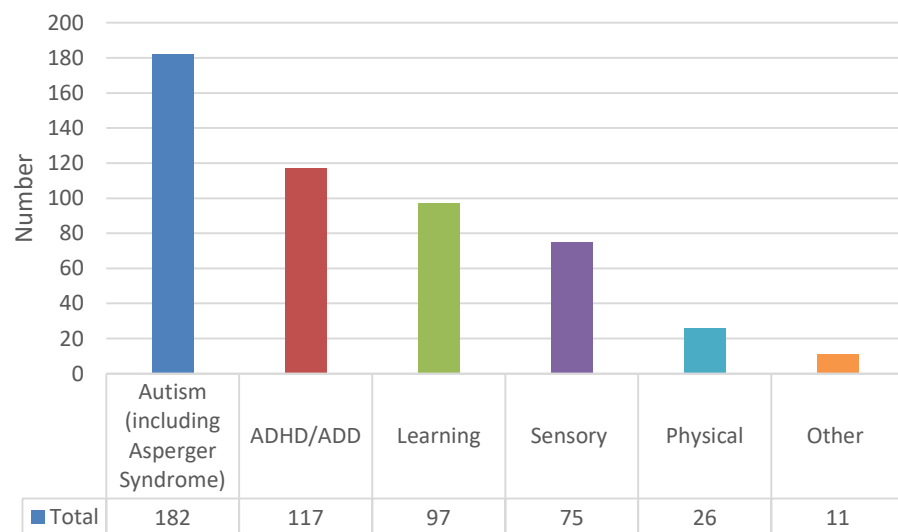
*Please Note: As well as 1074 children referred an additional **944** children benefitted as they were part of the families referred.*

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

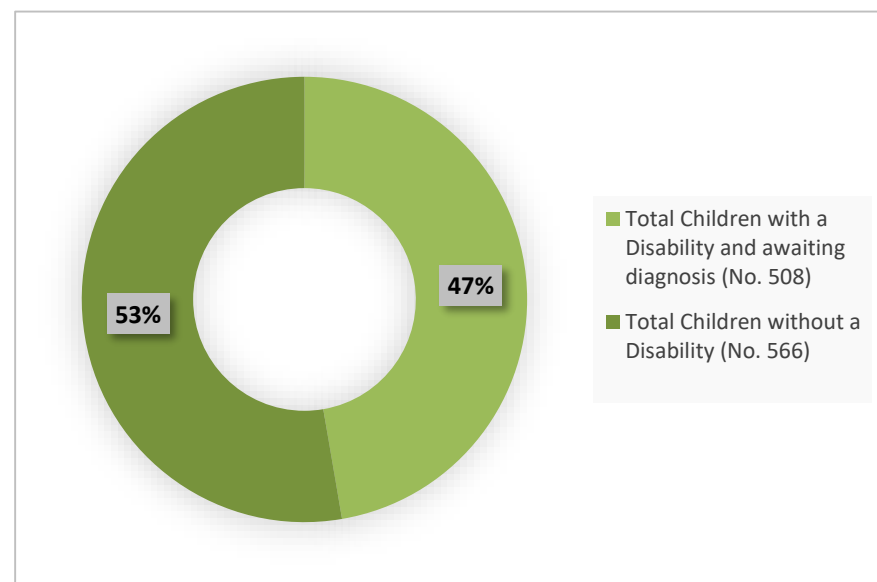
Performance Measure 3: Children with a Disability Referred -2022/23



Autism (including Asperger Syndrome)	36	47	70	29
ADHD/ADD	22	32	38	25
Learning	16	25	34	22
Sensory	16	15	30	14
Physical	7	6	8	5
Other	2	0	6	3



% Children Referred with a Disability



In 2022/23, Children with **Autism** had the highest number of referrals in the disability category throughout the South Eastern area.

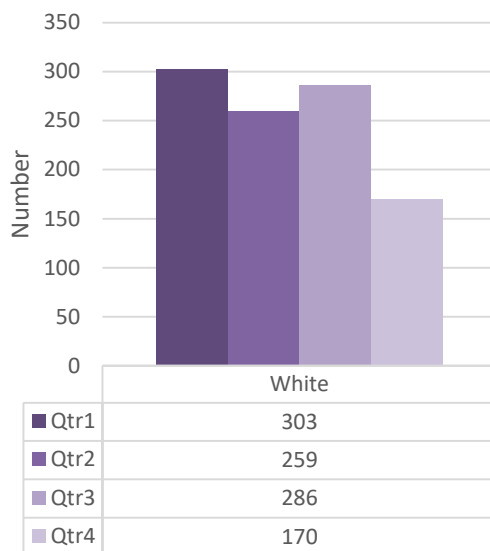


How much did we do cont'd....?

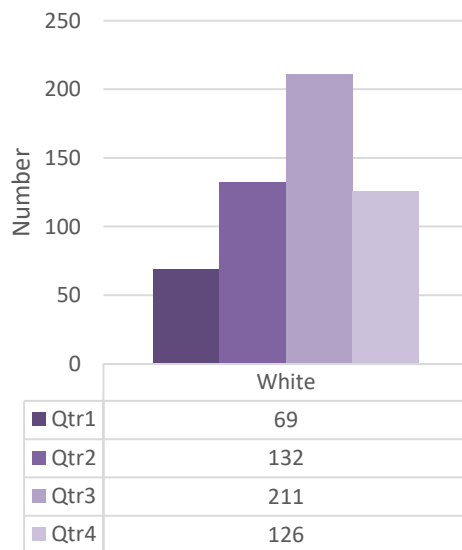
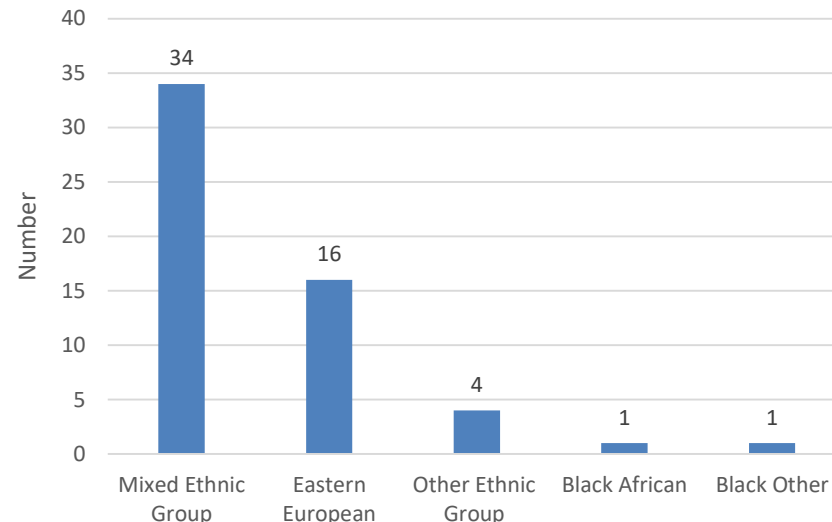
Performance Measure 4: Referrals by Ethnic Background for Children and Parents referred.

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 34 with 19 parents and Eastern European are 16 children with 12 parents.

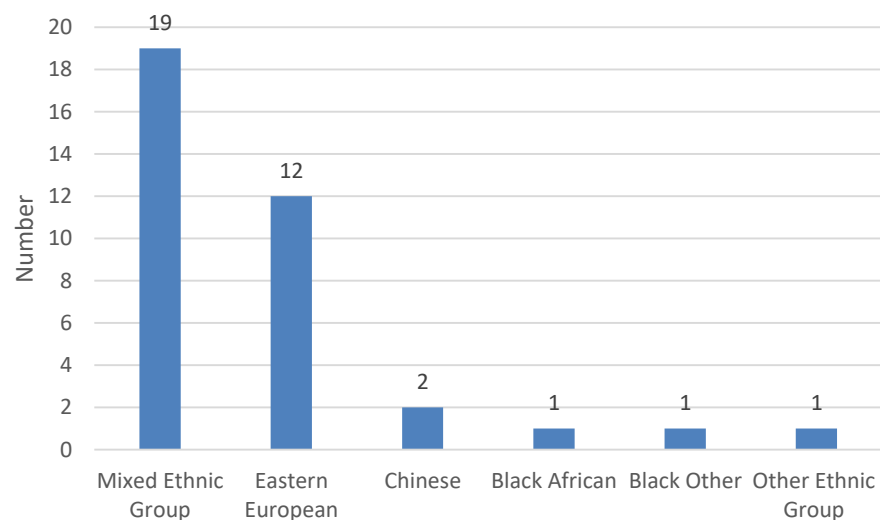
(Note: 'White' has the higher number of referrals for both Children and Parents and are presented on separate scales as shown in these charts.)



Children Referrals by Ethnic Background – 2022/23



Parents Referrals by Ethnic Background – 2022/23



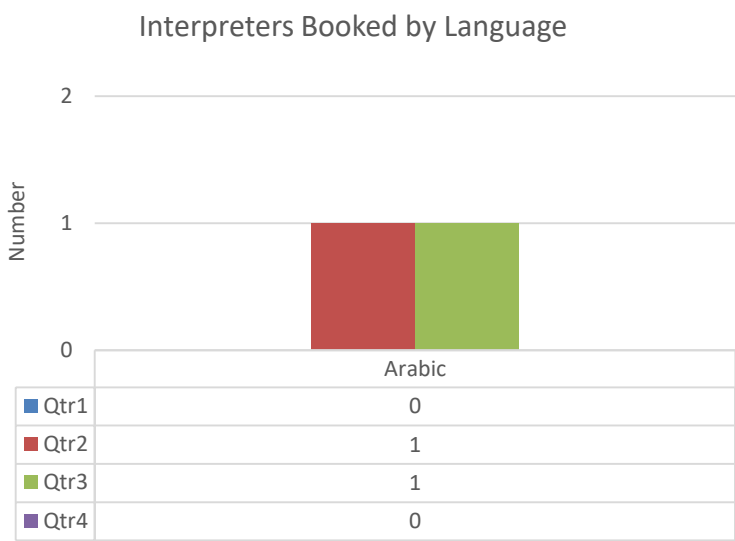
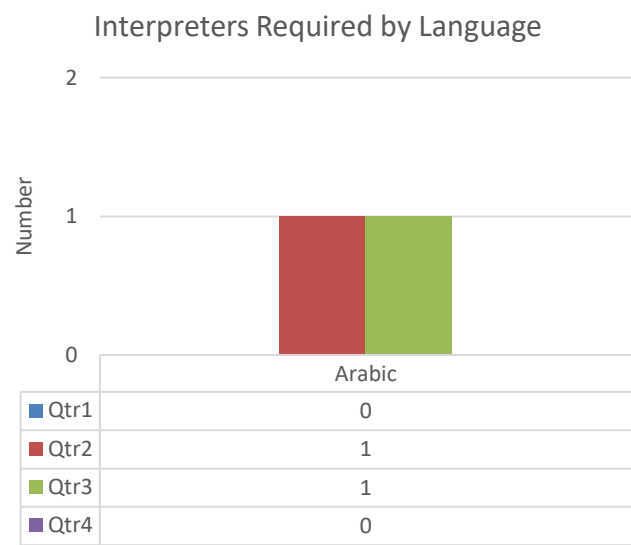
How much did we do?

**Performance Measure
4: Interpreters Required
and Booked by
Language**

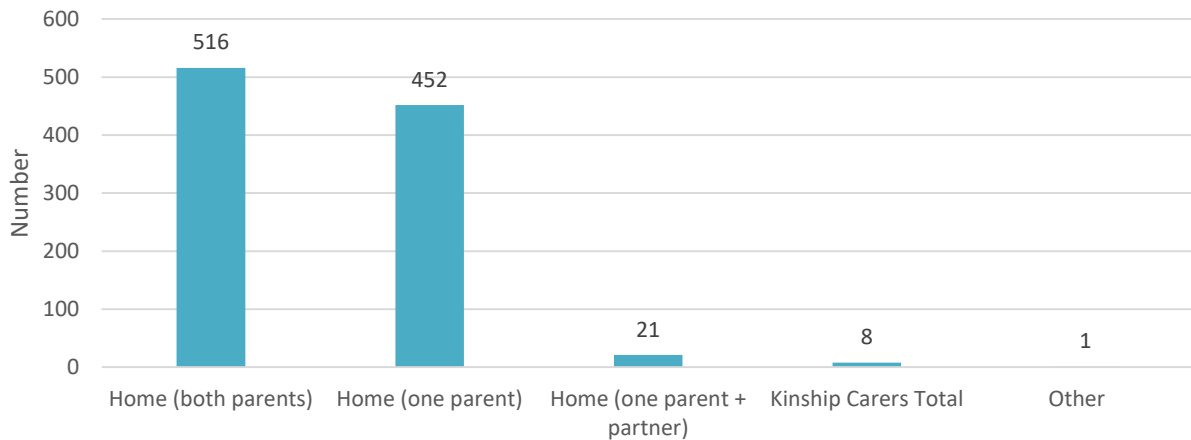
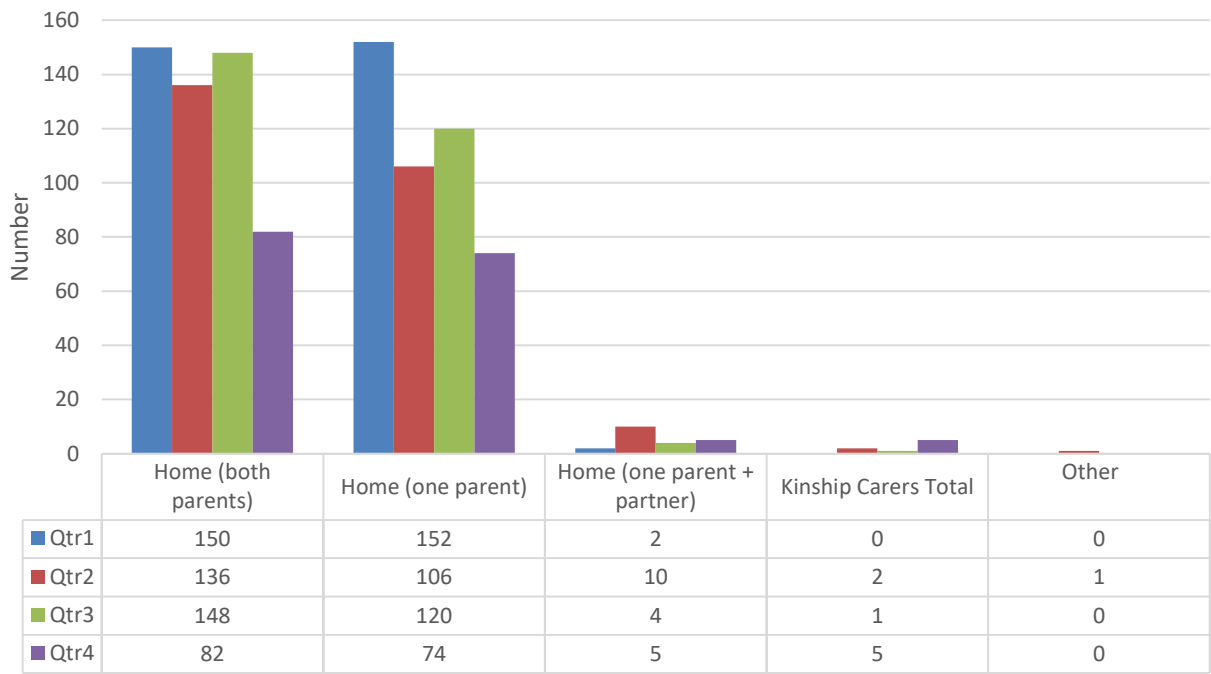
*Arabic was the only
language required and
booked in 2022/23 in
the South Eastern area
with no unmet needs.*

*Google Translate,
Facilitated by Family or
Friend and No
Interpreting Solution
were required.*

Interpreters Required and Booked by Language – 2022/23



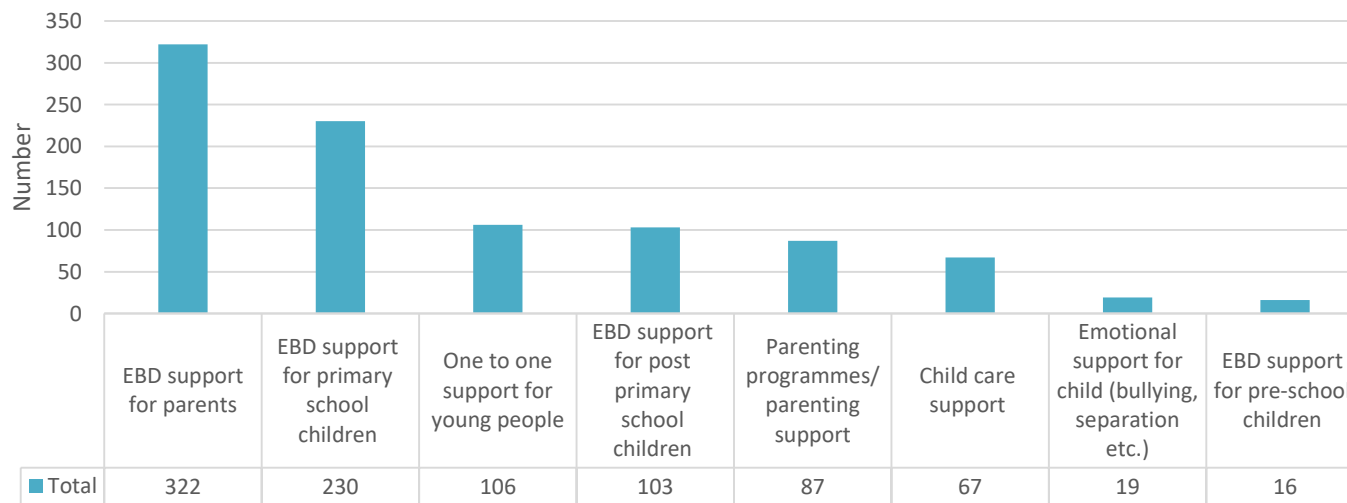
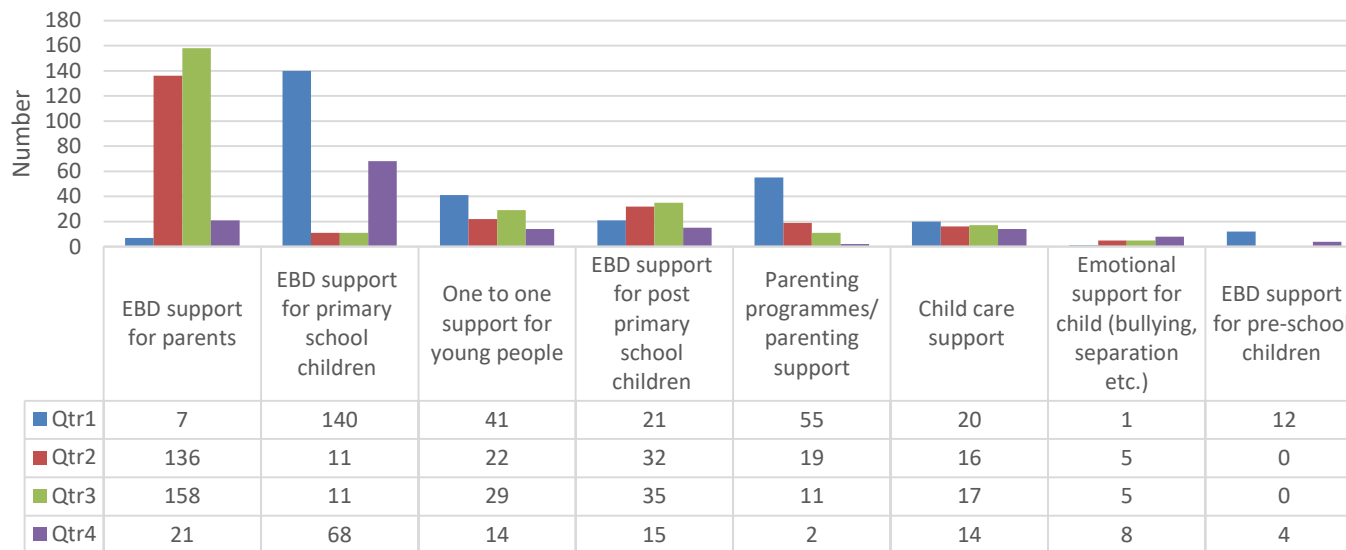
Performance Measure 4: Household Composition - 2022/23



In 2022/23 Home (both parents) is the largest household composition at **(516)**, with Home (one parent) the second household composition with **(452)**. Home(one parent +partner) is a total of **(21)**. There has been low numbers for Kinship Carers **(8)** and Other **(1)**.

How much did we do? cont'd

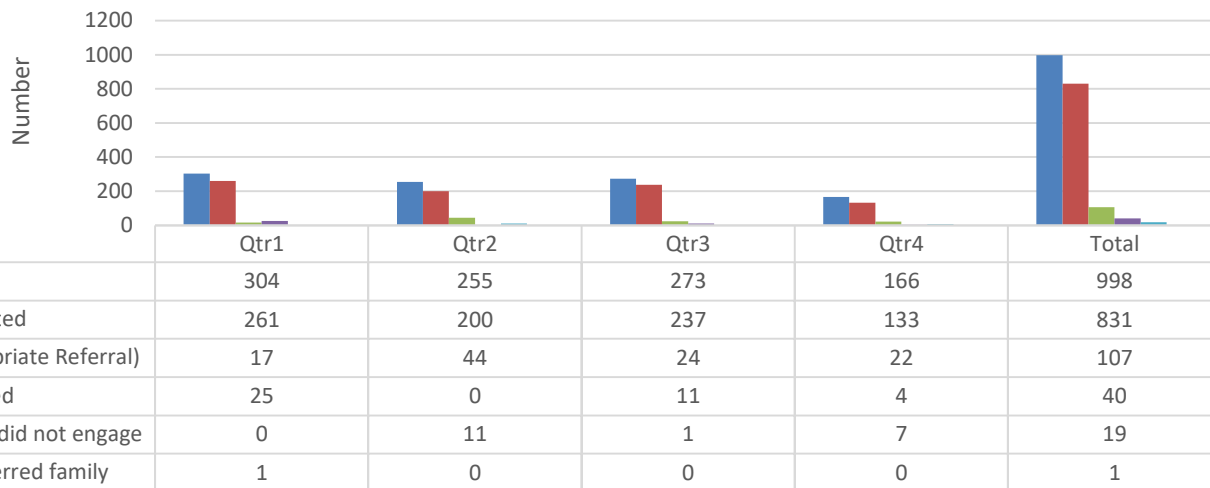
Performance Measure 5: Main Presenting Reasons for Referral - 2022/23



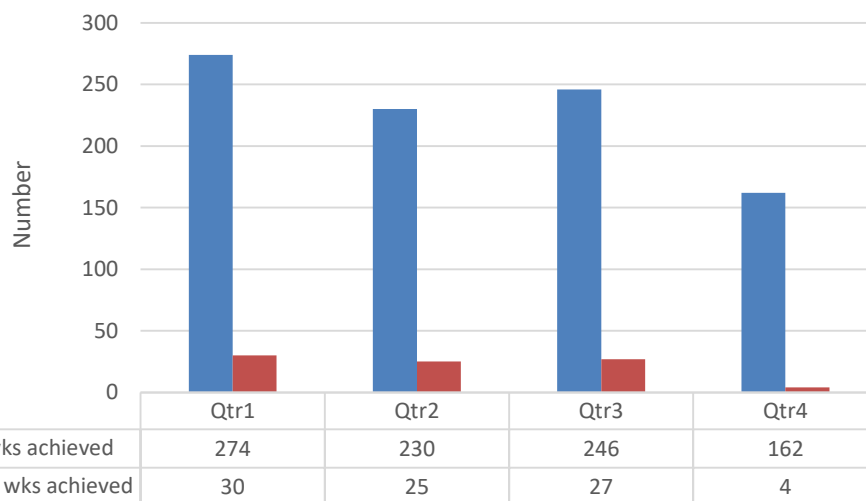
In 2022/23 Emotional Behaviour Difficulty (EBD) for parents was the main reason for referrals at **322**, followed by EBD for primary school children at **230**. This was followed by One to One support for young people **106**, EBD support for post-primary school children at **103**, Parenting Programmes/Parenting Support at **87**, Child care support **67**, Emotional support for child etc **19** and EBD support for pre-school children **16**.

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 -2022/23

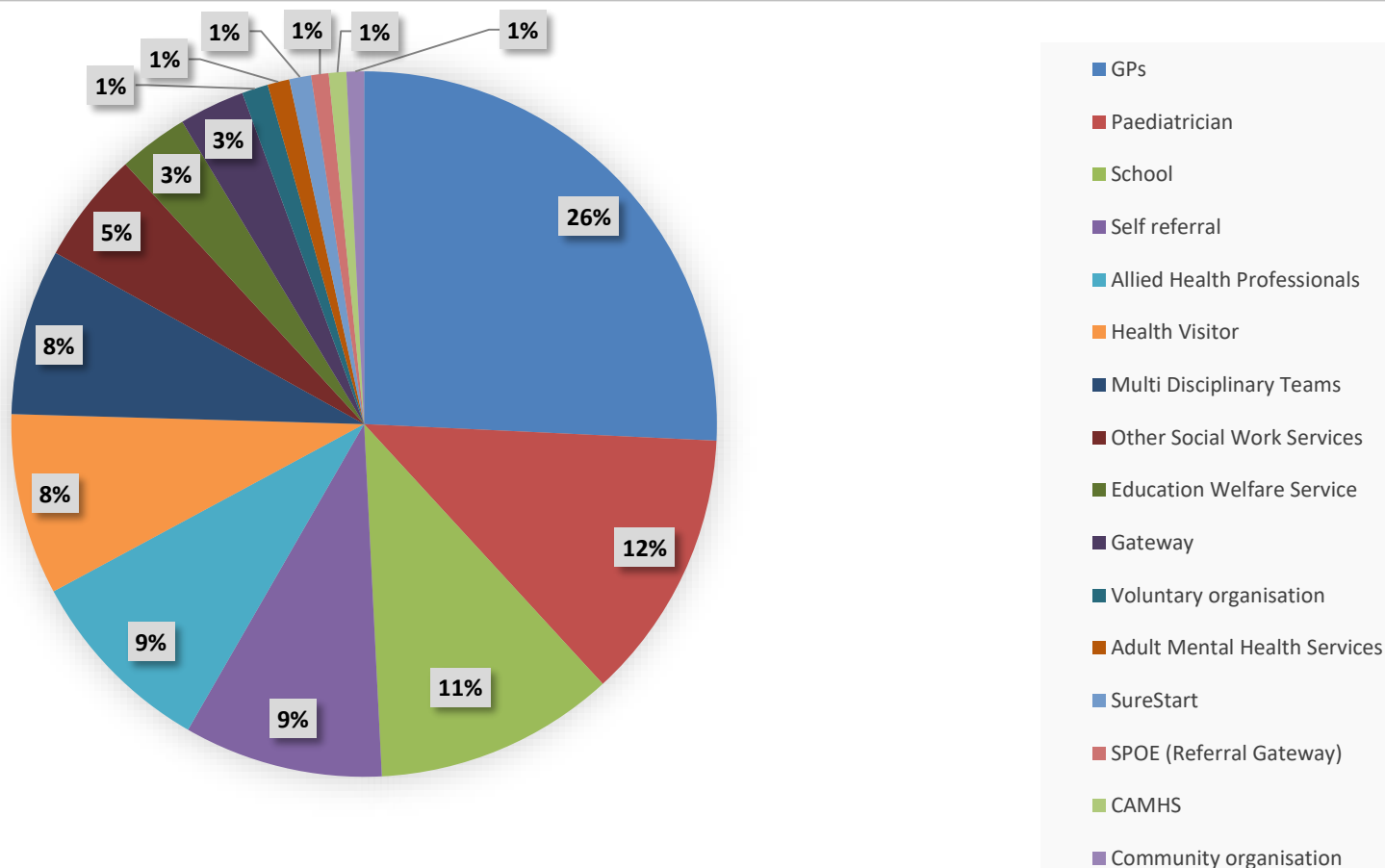


Performance Measure 7: Achieved in 4 weeks or Not Achieved – 2022/23



The vast majority of referrals to Hubs were processed within 4 weeks, with the remainder (86) within 5- 8 weeks.

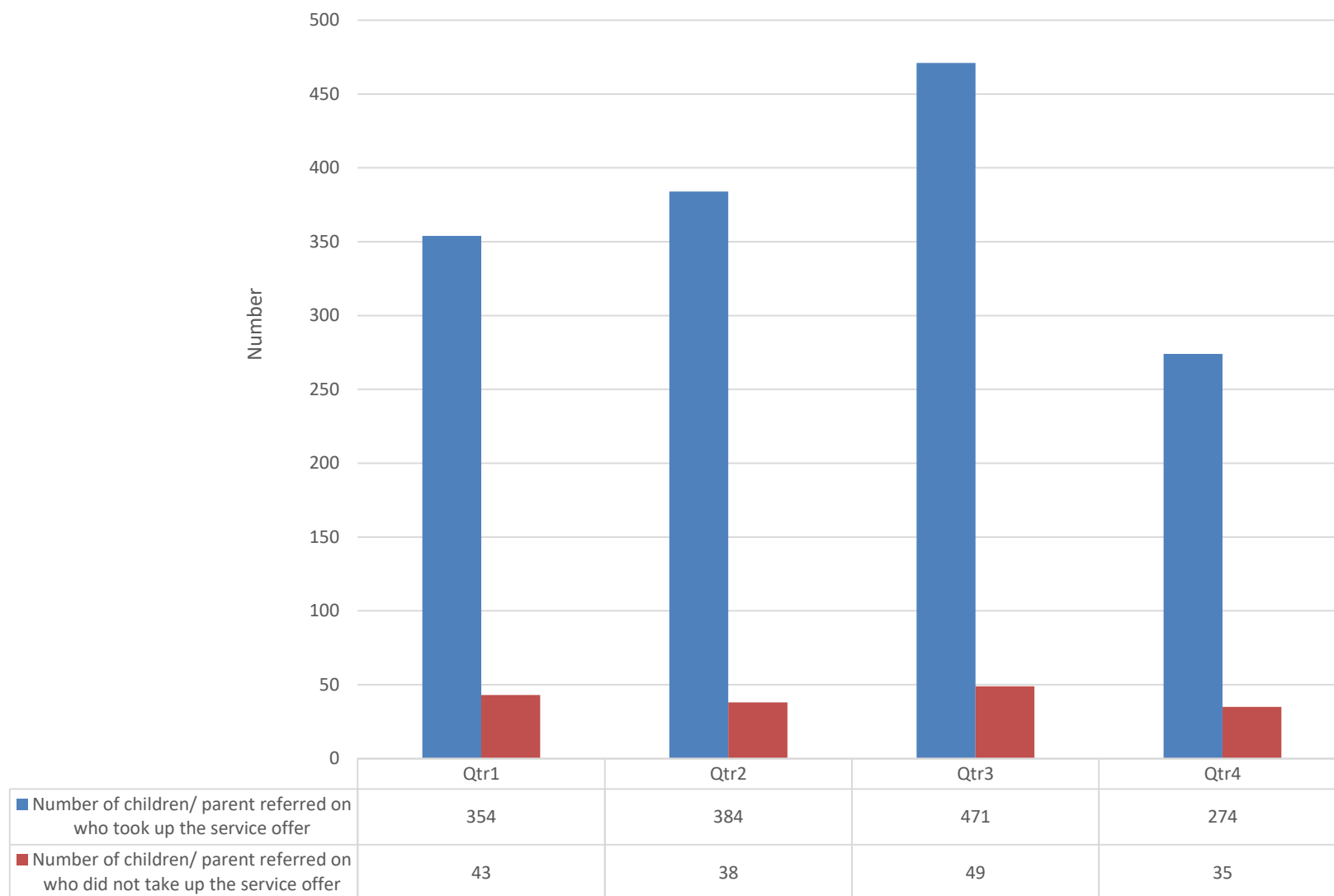
Performance Measure 8: Total Percentage of Referrals by Referral Agency -2022/23



The largest referrer in 2022/23 was GPs at **26%**, the same as 2021/22. Paediatricians referrals decreased from 14% to **12%**. School referrals increased from 9% to **11%**. Self referrals and AHPs decreased from 12% and 10% respectively to **9%**. Health Visitors and Multi Disciplinary Teams were both **8%**.

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 2022/23



Performance Measure 10: 10 Standards Fully Implemented – 2022/23

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

Background:

5 year old girl (only child) lives at home with her mum. They recently moved into new accommodation following parental separation. Mum and child lived with maternal grandmother following the separation. Dad had recently moved out of the family home last year without any warning. Child and mum had not seen him since. Child had started to become anxious and withdrawn, she was school refusing, and would not engage in any extra curricular activities. Child appeared confused about family situation and required support and reassurance around this.

Support Provided:

8 home visits were completed with the child. Due to her age we used figures and pictures to provide a narrative in terms of her house move and her changing family situation. Once this was completed, child appeared to have a clearer understanding of her current family situation.

Calming strategies were introduced to support child when she felt anxious. A helping hand was completed so child could identify her support network. Breathing exercises and mindfulness exercises were used to manage overwhelming feelings of anxiety.

Confidence building exercises were completed with child and we used games to build confidence and self-esteem. We set small goals to support child in attending extracurricular activities.

Outcome:

Good progress has been made. Child has a better understanding of current family situation. Child put her strategies into practice and would demonstrate this throughout the visits. Child's confidence and self-esteem has grown. No issues with attending school. She has gained the confidence to attend dance class and appears to be enjoying this- she has won a trophy and moved up a group in a short space of time. Towards the end of our work she began to make comments such as "I can do this", "I did it" and "I am so proud of myself".

Family Samples

Case Study B

Background

An 11 year old male was referred for emotional support following an incident in bullying within School. The person centred support was designed by YMCA to raise awareness of bullying issues, explore the emotional impact and develop skills and strategies for the young person to combat further bullying incidents.

Support Provided:

The supported enabled the young person to develop a relationship with the practitioner in order for them to share their experience of what they were going through and how it made them feel. Sessions included developing the young person's understanding and importance of healthy relationships and positive communication. There was also a clear focus on the qualities that make a good friend including honesty, communication, being an active listener, respect, trust, support and forgiveness.

A number of sessions were focussed on conflict and how to recognise when you need to act on it by speaking to a teacher and taking some time out.

Outcome:

As a result of the support the young person reported they felt supported and were more equipped with strategies to process their emotions and experiences that they have experienced as part of growing up into adulthood. They felt better informed to recognise the signs and trigger points before they lead into something more serious.

Family Samples

Case Study C

Referral:

Self-referral received from the mother to support her 6-year-old son that had daily difficulties with toileting and temper tantrums where he was hitting and kicking his mother and objects in the house.

Parents were also presented with mental health issues as dad lost the job during Covid and mum has been on medication for depression for many years.

Family was struggling in coping with the situation, and they requested practical strategies to use with the son and emotional support for the son.

Support:

The support has been offered to the parents considering that the son at that time had just started using counselling in school.

We worked around understanding accepting and dealing with emotions, in particular with anger and sadness.

Once parents understood their own resistance around the expression of the emotions and they helped each other finding the right balance for the family we worked around the triggers of their son's tantrums.

With the increase of parent's awareness, we then agreed in using visuals, schedules, and calming strategies to support the son in his challenging moments and helping him regulating his own emotions.

With the improvement of the son's emotional regulation and behaviour, we also started working around toileting.

We identified shame and confusion around the body cues to use the toilet and I encouraged all family in playing games to explain how the body works and switching the focus from shame to normality in school and at home.

Impact & Feedback:

Positive outcomes have been reported in all the areas of the child life and the relationship between the child and his parents as improved as well. The child did not hit his mother anymore and he is now able to control his anger and talking about it.

Toileting has also improved, and parents feels comfortable in supporting him for further progresses.

An additional outcome of the use of the service has been an improvement of parents' mental health as much as their parental skills.