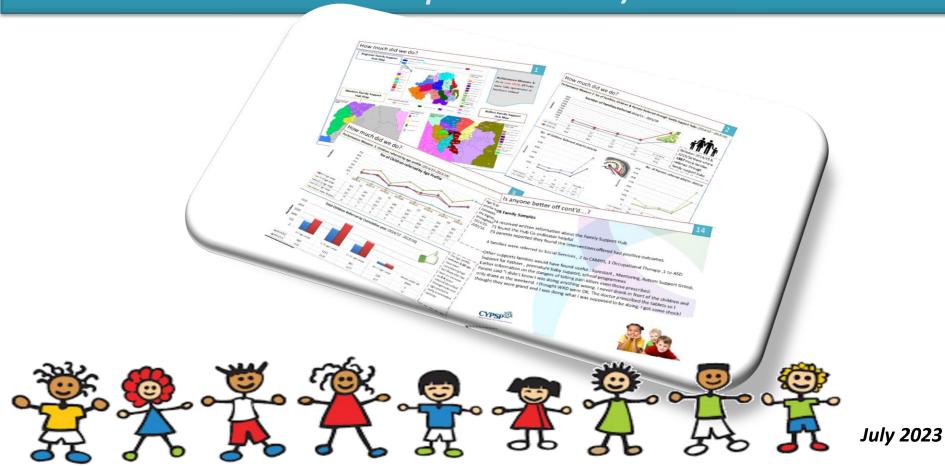
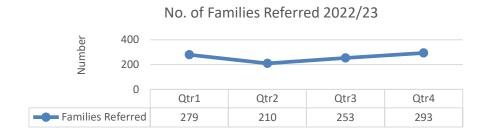


SHSCT Family Support Hubs Report Card Annual Report Card 2022/23

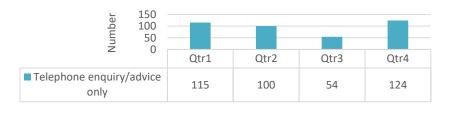


How much did we do?

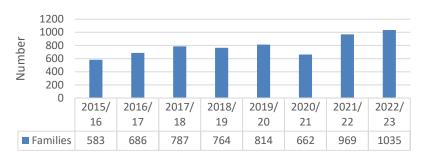
Performance Measure 1: No of Families, Children & Parents Referred through Family Support Hubs 2022/23



Telephone enquiry/advice only

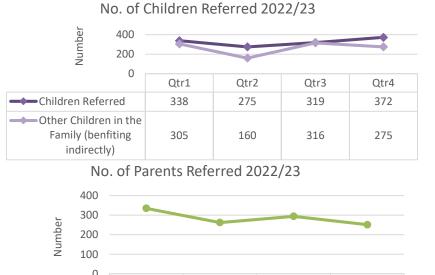


No. of Families Referred 2015/16 – 2022/23



Throughout 2022/23 there were **1035** families referred through family support hubs in the SHSCT area. This was an increase of **66** from 2021/22. In addition there were **393** telephone enquiries/advice only calls.

Number



Qtr2

262

Qtr3

294

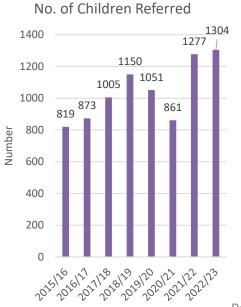
Qtr4

251

Qtr1

335

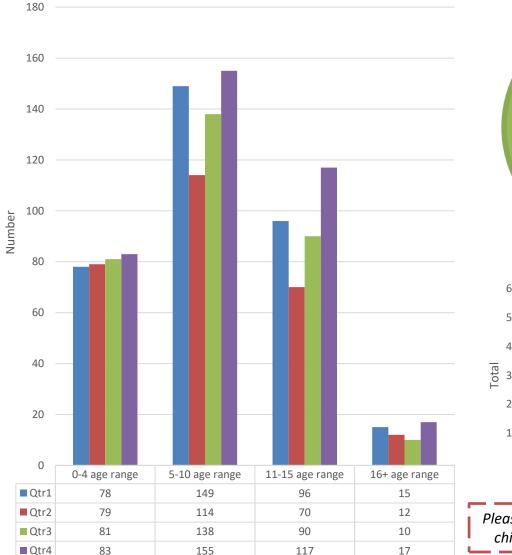
Parents Referred

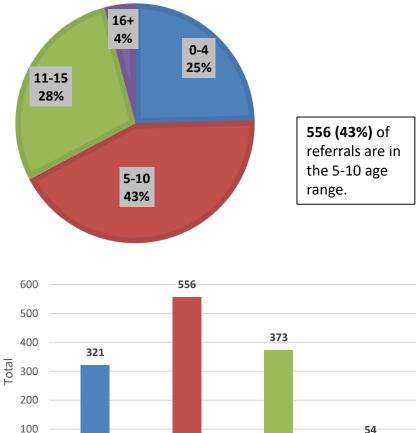


No. of Parents Referred 1142 1200 1093 1000 876 782 ⁸⁰⁸ 800 701 712 655 600 400 200 0 2017/128 2019/20 2018/19 2020121 2016/17 2015/16 2021/22 2022123

How much did we do?

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





Please Note: As well as 1304 children referred an additional **1056** children benefitted as they were part of the families referred .

5-10 age range

0

0-4 age range

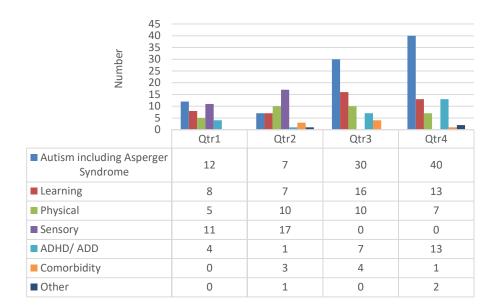
2

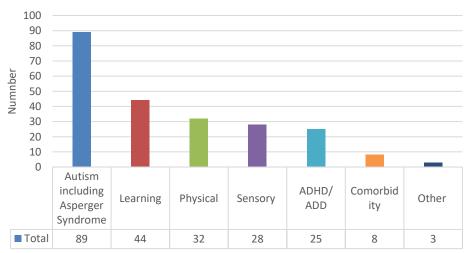
Produced by CYPSP Information Team

11-15 age range

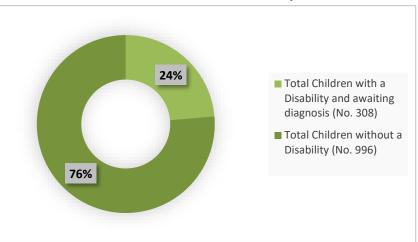
16+ age range

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

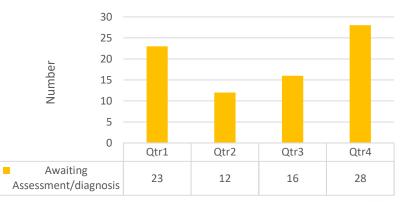




In 2022/23, Children with **Autism** had the highest number of referrals throughout SHSCT area.



Awaiting Assessment/diagnosis



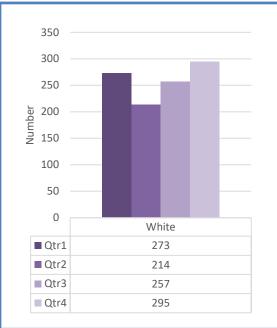


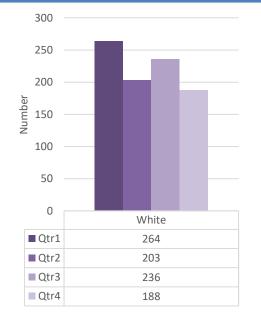
How much did we do cont'd....?

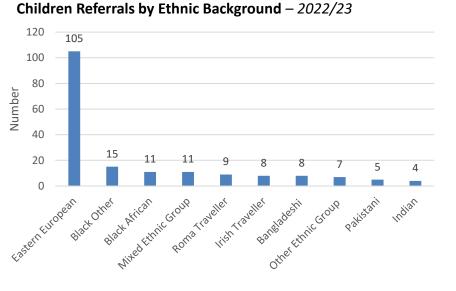
Performance Measure 4: Referrals by Ethnic Background for Children and Parents referred.

There has been an increase in both children and families referred from different ethnic backgrounds. For example: Referrals from Eastern European children are 105 with 83 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.)

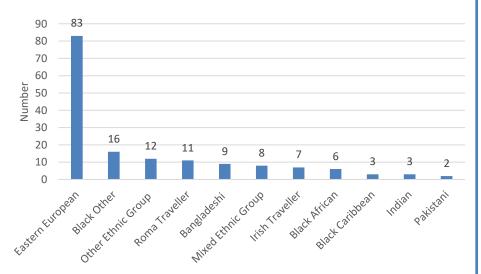






Please note: 82 children ethnic background - Not Stated

Parents Referrals by Ethnic Background – 2022/23



Please note: 91 parents ethnic background - Not Stated

How much did we do?

2

Performance Measure 4: Interpreters Required and Booked by Language

There has been a range of languages required and booked in 2022/23 in the Southern area with Portuguese and Ukrainian the most requested. Interpreters were unable to be booked for 8 different languages in 2022/23.

Google Translate was also used **7** times, Facilitated by Family or Friend used **18** times and **1** Interpreting Solution not found.

Interpreters Required and Booked by Language – 2022/23

6 5 Number 4 3 2 1 0 Portuguese Ukrainian Polish Romanian Arabic Tetum Lithuanian Urdu Slovak Bulgarian Otr1 3 0 1 1 0 1 0 1 0 0 Qtr2 4 5 3 0 0 0 2 0 1 0 Qtr3 1 2 2 4 2 0 0 0 0 0 Qtr4 0 0 0 0 0 1 2 0 0 1

Interpreters Required by Language

Interpreters Booked by Language

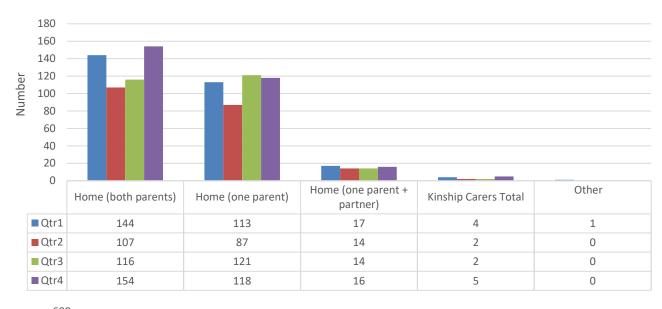
Number 0										
	Portuguese	Ukrainian	Polish	Bulgarian	Romanian	Arabic	Tetum	Lithuanian	Urdu	Slovak
Qtr1	0	0	1	0	0	1	0	0	0	0
Qtr2	1	1	0	0	1	0	0	0	1	0
Qtr3	0	0	0	0	0	0	0	0	0	0
Qtr4	0	0	0	0	0	0	1	0	0	1

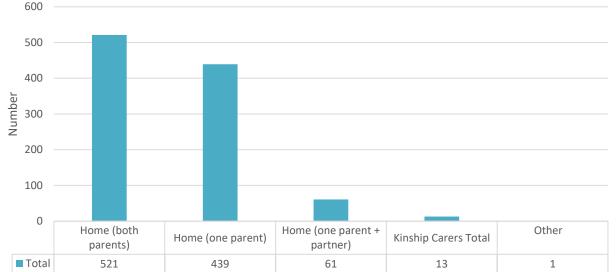
Interpreters Unmet Need

A 3 2 1 0										
0	Portuguese	Ukrainian	Polish	Bulgarian	Romanian	Arabic	Tetum	Lithuanian	Urdu	Slovak
Qtr1	3	0	0	1	0	0	0	1	0	0
Qtr2	3	4	3	0	1	0	0	0	0	0
Qtr3	1	2	2	4	2	0	0	0	0	0
Qtr4	0	0	0	0	0	1	1	0	0	0

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

Performance Measure 4: Household Composition -2022/23

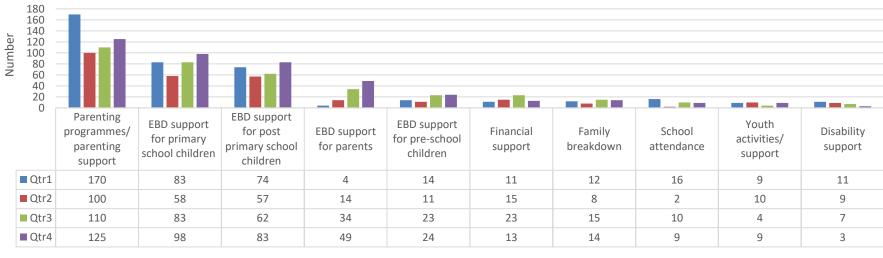




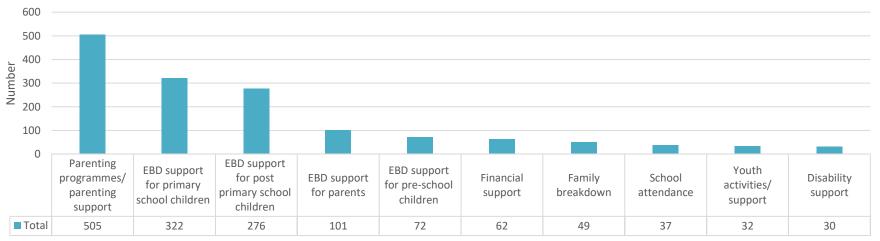


The highest group of families referred were Both Parents at **521** followed by One Parent at **439** in 2022/23. The number of One parent + partner was **61**, Kinship Carers **13** and **1** Other.

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

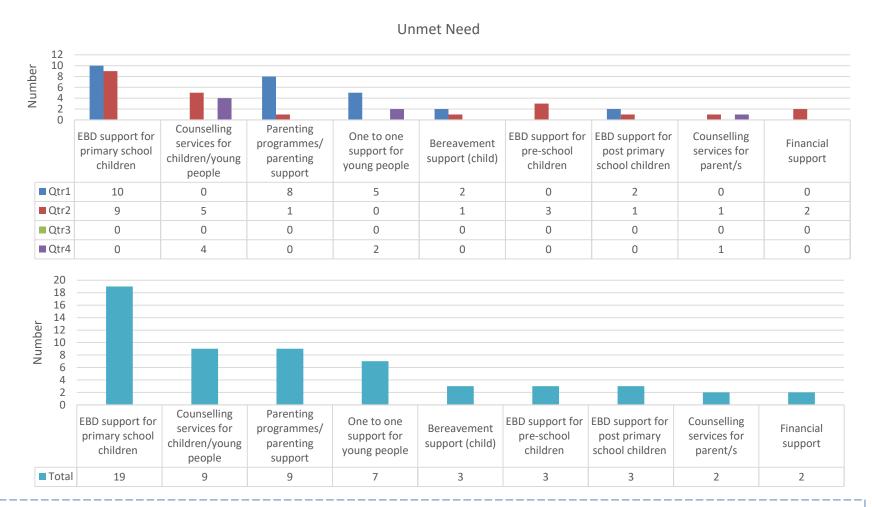


Top Ten Reasons for Referral



The key reason for referrals in 2022/23 was Parenting programmes/parenting support at **505** the same as last year. This was followed by Emotional Behavioural Difficulty (EBD) for primary and post primary school age children at **322** and **276** respectively. Produced by CYPSP Information Team

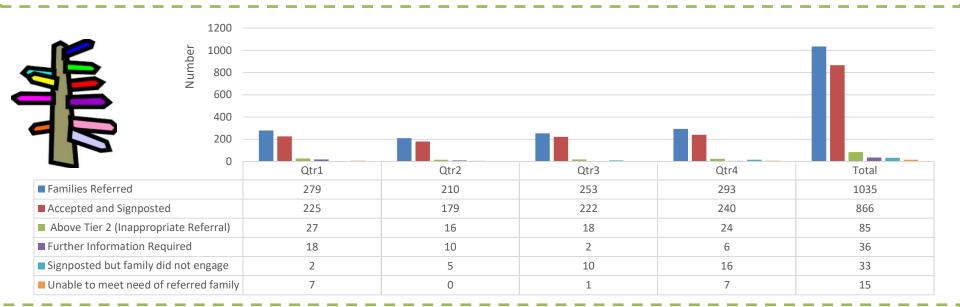
Performance Measure 5: Main Presenting Reasons Unmet - 2022/23



The main reasons for unmet needs in 2022/23 were **EBD support for primary school children, Counselling Services for children/young people**, **Parenting programmes/parenting support** and **One to one support for young people**.

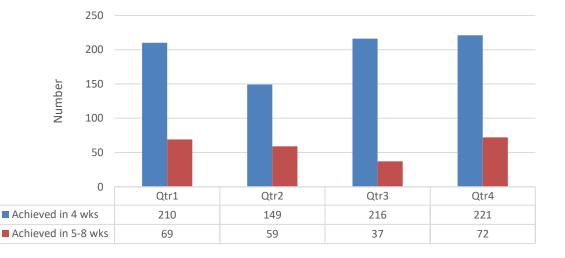
How well did we do it?

Performance Measure 6: Families Referred that were Accepted & Signposted, Above Tier 2 or Other Reasons for Outcome of Referral-2022/23



Performance Measure 7: Outcome 4 weeks & 5-8 weeks achieved – 2022/23

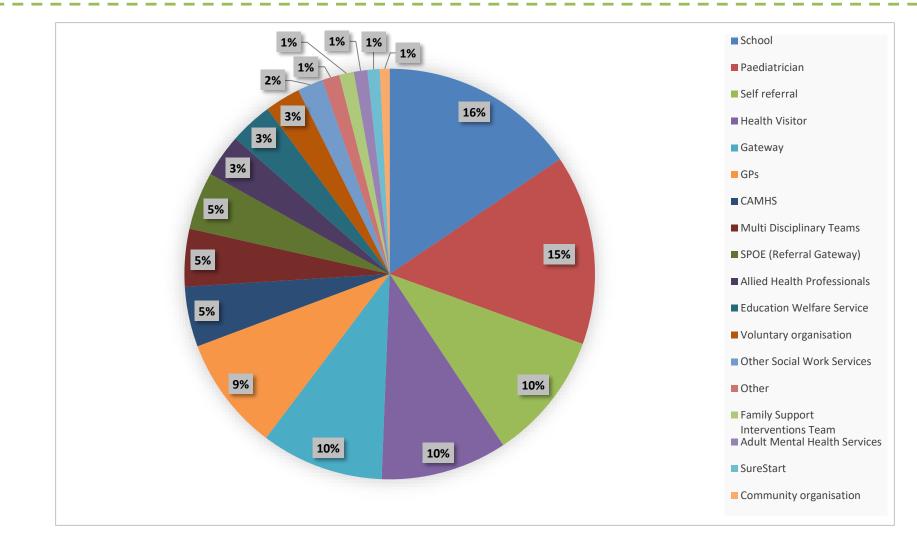
The vast majority of referrals were achieved within 4 weeks or 5-8 weeks timescale with only **2** in the 8 weeks timescale.



Produced by CYPSP Information Team

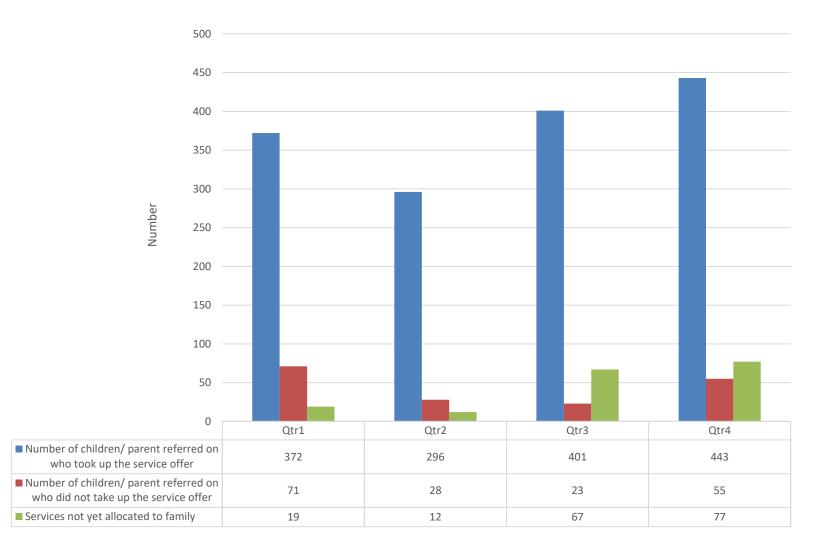
7

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



Schools are the highest referring agency at **16%** in 2022/23 similar to 2021/22 at 15%. Paediatrician referrals are up from 10% to **15%.** Self referrals, Health Visitors and Gateway are all **10%** compared to 13%, 9% and 8% respectively. GPs are down from 13% to **9%.** There were also **101** Re-referrals in 2022/23.

Performance Measure 9: Number of Children/Parents referred who did and who did not take up the service offer 2022/23



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

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 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.

Case Studies

Case Study A Craigavon & Banbridge FSH

Mum lives with her 4 children – her 3 daughters 19,17 & 13 and her son 14 years with ASD. Parents separated following experiences of Domestic Abuse; Social Services previously involved at time parents were together. Mum is not keen for further SS involvement but is struggling financially due to current situation. Mum stepped out of work on the recommendation of the Eating Disorder Team & to support her daughter's treatment plan as close monitoring would be required when her daughter gets discharged from hospital. Mum has always worked and is unfamiliar with sick leave period entitlements, the benefit system etc and is currently in some debt which is of concern to her.

NIACRO's FAMM (Family & Money Management service) – face to face assessment of need and follow up visits to home – benefit check and applications, applications for discretionary and other grants. Discussed several plans of options for when sick leave ends depending on daughter's progress. Debt advice and plan drawn up. FAMM also assisted with DLA application forms x 2 -for child with ED and child with ASD.

Hub requested voucher from local food bank, SVDP for oil vouchers. Mum was also provided details for Portadown Cares community support that have set up dog foodbank for pet owners as Mum had advised that her dog had pups recently. Mum contacted hub couple of times over the next quarter for foodbank support before all benefits were in place.

YP has issues around school refusal and peer relationships resulting in a pattern of frequent moves of school. She appears lonely and without peer support. Daughter admitted to hospital due to poor adherence to meal plan in community and physical impact of low heart rate. School attendance has been an ongoing issue and mum is worried about how to encourage her daughter back to school when she is better.

School Nursing – agreed to a home visit to discuss and support with the planned phased return to school in new year. Mum was very impressed with this support - she and her daughter found it helpful and found they could relate to the 2 school nurses that called out to their home. Subsequently School Nursing were able to follow up on a later hub referral when mum requested support with daughter's transition to new school and liaison with school regarding her MH needs

During the 1st appointment with hub outreach mum also reported that her daughter (19) had just told her she was pregnant (approx. 4 Weeks) **Family Nurse Partnership** – hub contacted service (with Mum's & 19-year-olds consent) as neither sure if they had already been referred to this service. Hub gave update and this led to FNP prioritisation of allocation, and their 1st home visit achieved promptly. **Feedback** Mum says she was extremely grateful for the support and direction at the time as she says she had no idea who to contact, where to start and states she was in "total despair". She said she had looked up a Facebook page "mums in debt" and realises she could have got herself into deeper difficulties had she had not been offered legitimate support. Mum says she was "delighted with the support ". She said she is being helped with benefit forms e.g. DLA forms (70+ pages). Mum said she came away from her face to face appointment with FAMM with a clear plan A & B for different scenarios and she could see a way forward. She felt that this helped her calm down, she could think a little clearer and this made her less tense at home in a situation that was already intense with close monitoring of her daughter.

Case Studies

Case Study B

Newry & Mourne Family Support Hub

Background

Self-referral received from mum of a 6-year-old girl, asking for grief support. Dad passed away in his sleep the previous August'21 while the little girl was sleeping beside him. She tried desperately to wake Dad up as Mum was calling the emergency services. She witnessed Dad being taken away in an ambulance, the police attending, the shock and disbelief of her Mum and sisters at what was happening and the impact on the family over the following weeks and month.

Presenting Reason

Mum was concerned that the girl had become withdrawn, had lost interest in any social activities, talked about missing her dad a lot as he was also her "best friend" and did not seem to want to engage with other family members

When the hub outreach worker spoke to mum in more detail, she sourced some materials that mum could use at home to help her feel more comfortable in talking to her daughter. At the hub meeting it was felt that Cruise could offer support but when approached they were unable to offer anything for the foreseeable future due to waiting lists. However, the hub outreach worker was not prepared to let it go and after numerous phone calls and emails she was able to source support through another counselling agency who were able to offer 10 counselling sessions. The child engaged fully only missing one session and the therapeutic support was completed.

<u>Outcome</u>

Mum has fed back saying that, "She loved attending the sessions, called it" going to see about her feelings"! She had a great connection with the Therapist."

Mum feels it opened the door for her emotionally and they have talked about going back if she ever needs to. She can now talk about Dad without fear of upsetting Mum.

School has improved, she is popular with her peers and making good progress academically.

The most important thing for Mum is that she feels she has done her best and got her the support she needed, it has helped her to cope seeing her thrive again.

Mum passed on her thanks to the Family Support Hub.