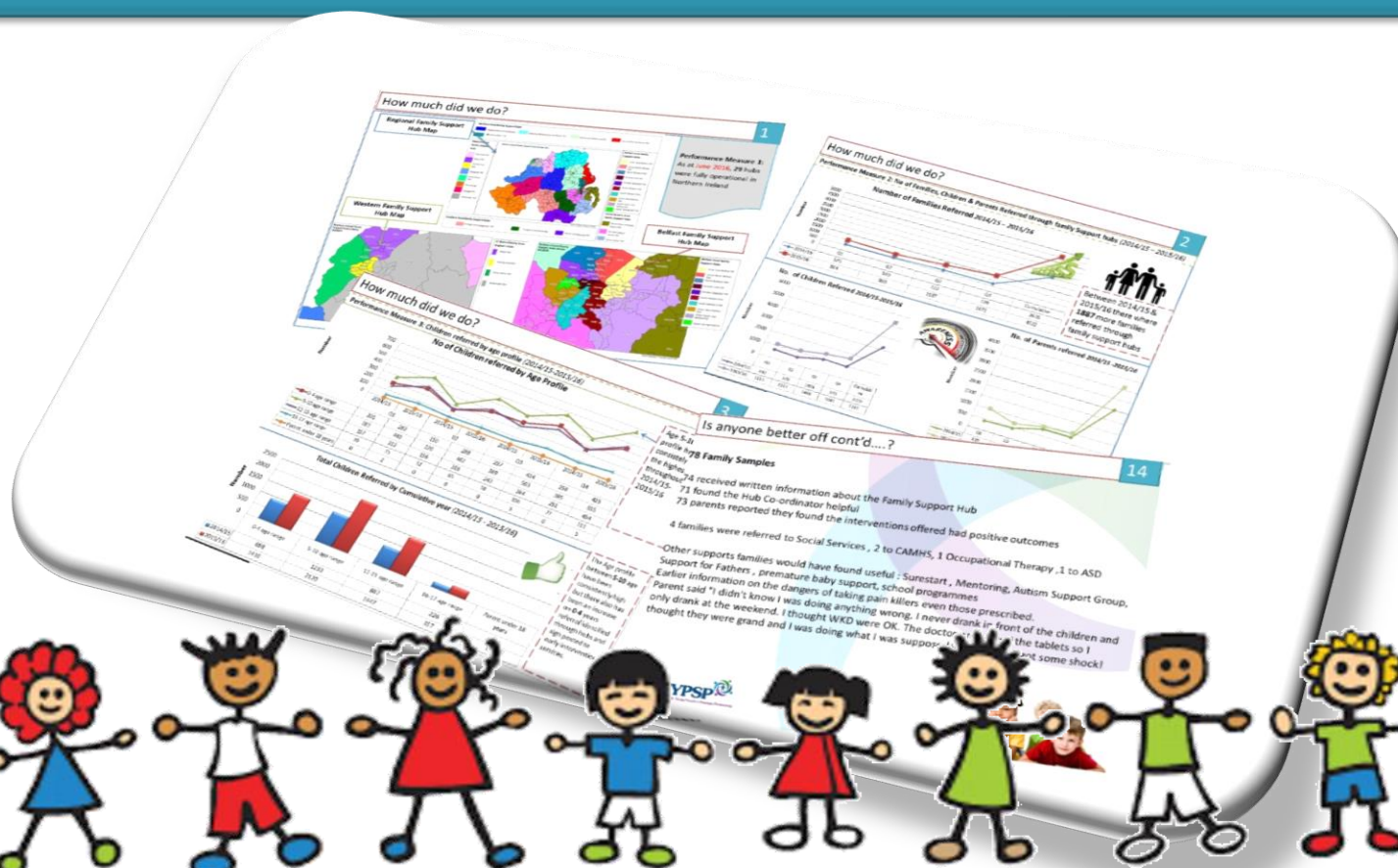


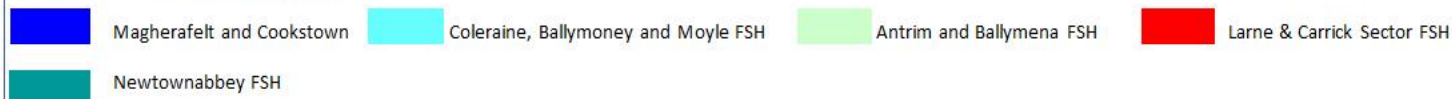
Family Support Hubs Report Card

Annual Report Card 2022/23

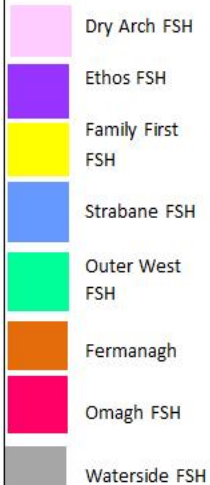


How much did we do?

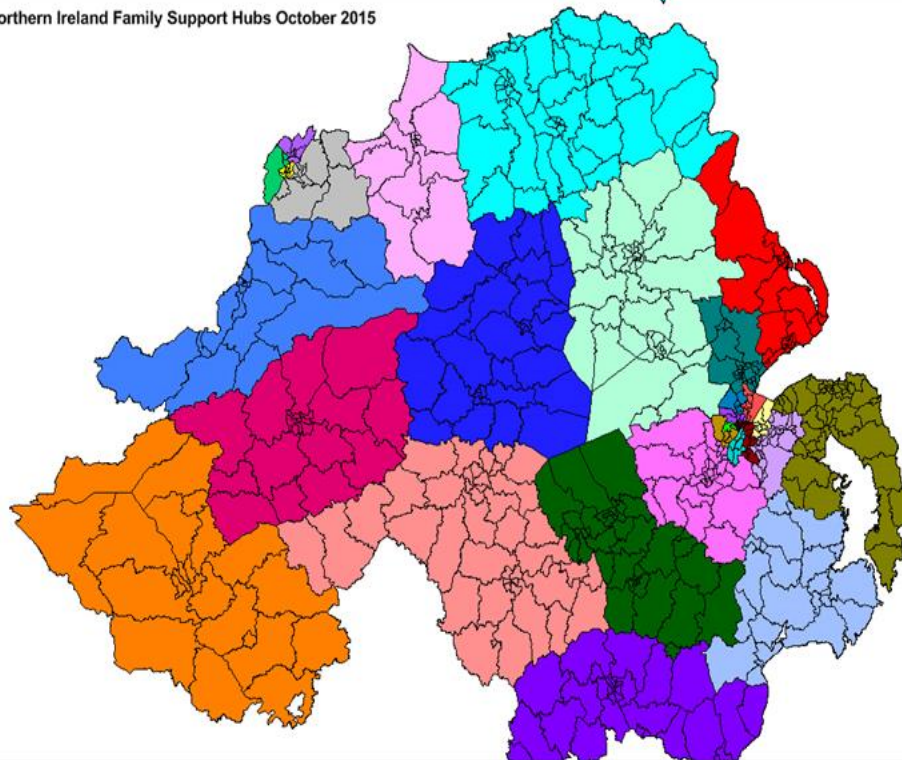
Northern Area Family Support Hubs



Western Area Family Support Hubs

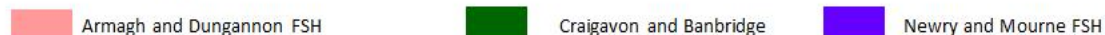


Northern Ireland Family Support Hubs October 2015



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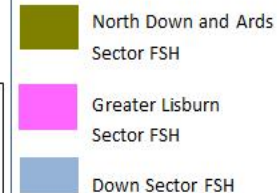
Southern Area Family Support Hubs



Belfast Area Family Support Hubs



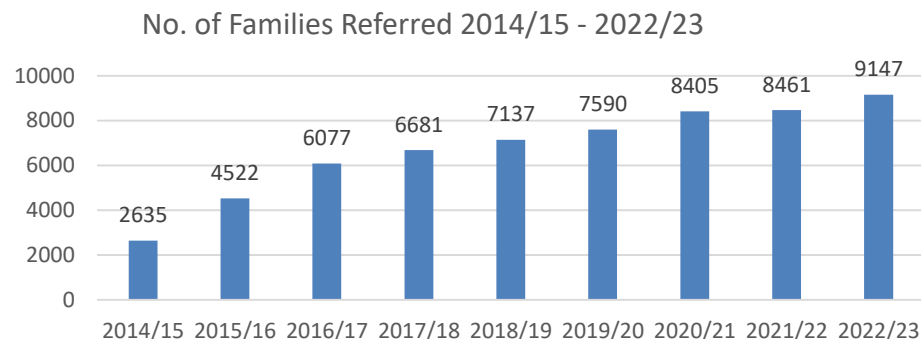
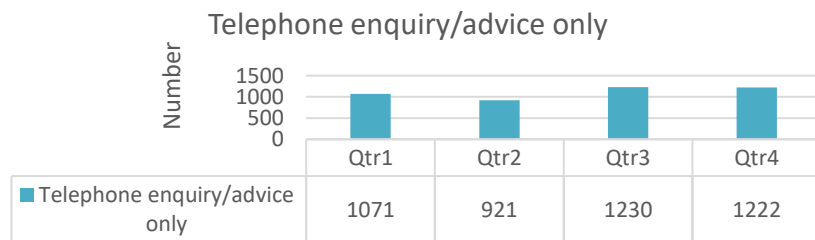
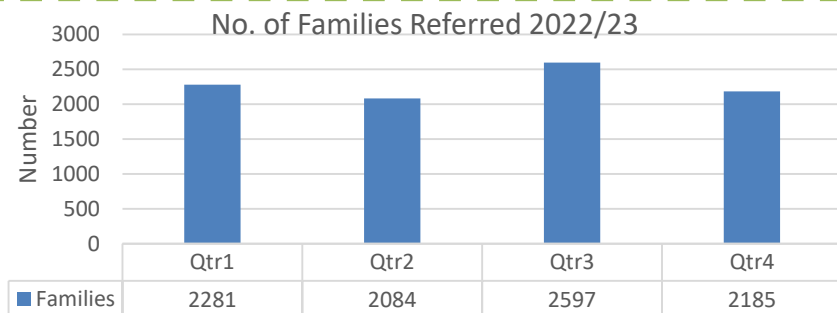
South Eastern Area Family Support Hubs



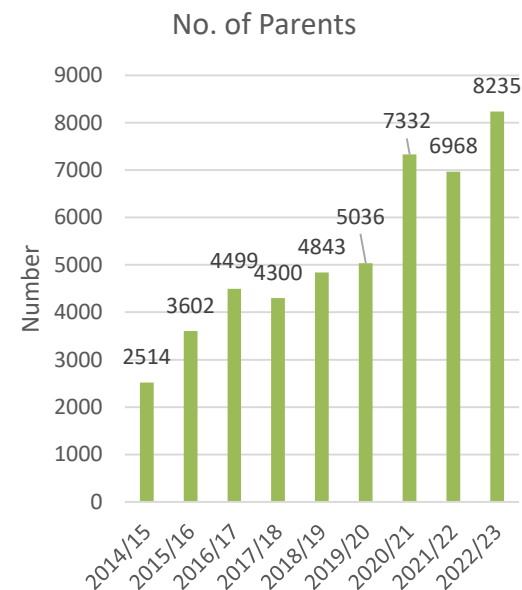
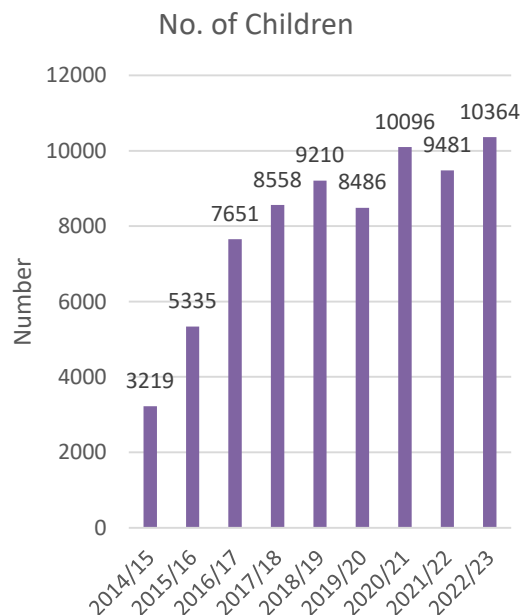
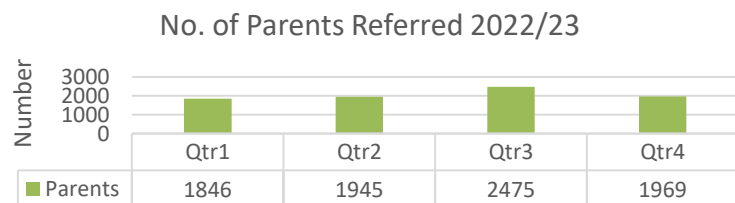
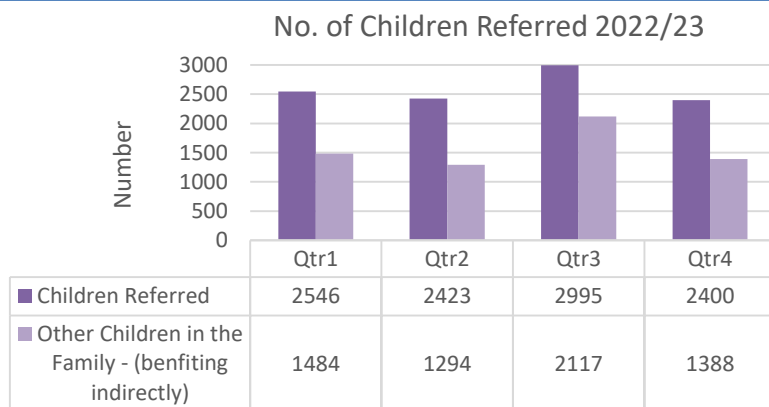
Performance Measure 1:
As at April 2022, 29 hubs were fully operational in Northern Ireland

How much did we do?

Performance Measure 2: No of Families, Children & Parents Referred through Family Support Hubs – 2022/23

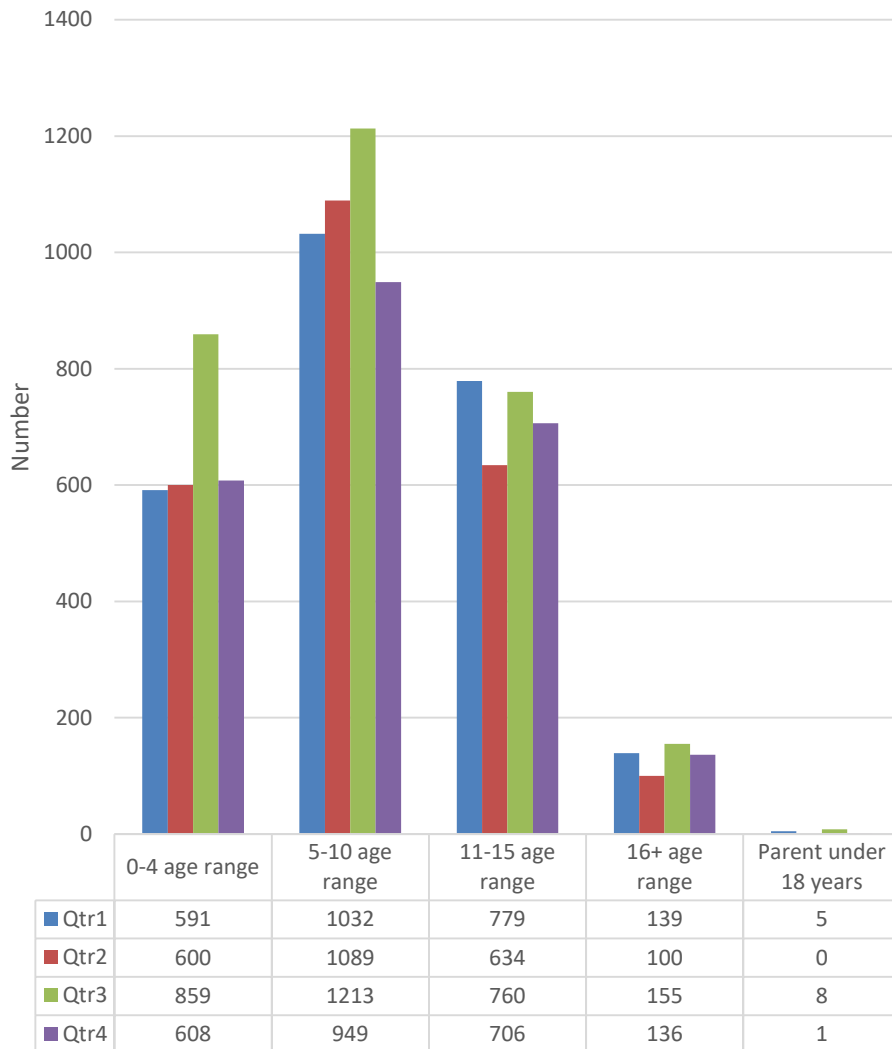


In 2022/23, **9147** families were referred through family support hubs, **686** more families than in 2021/22. There were also **282** families referred for Covid-19 issues only. The hubs received **4444** telephone enquiry/advice only calls in 2022/23, a slight rise since 2021/22.

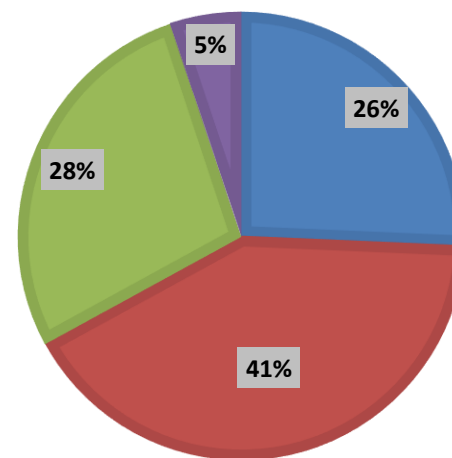


Performance Measure 3: Children referred by Age Profile - 2022/23

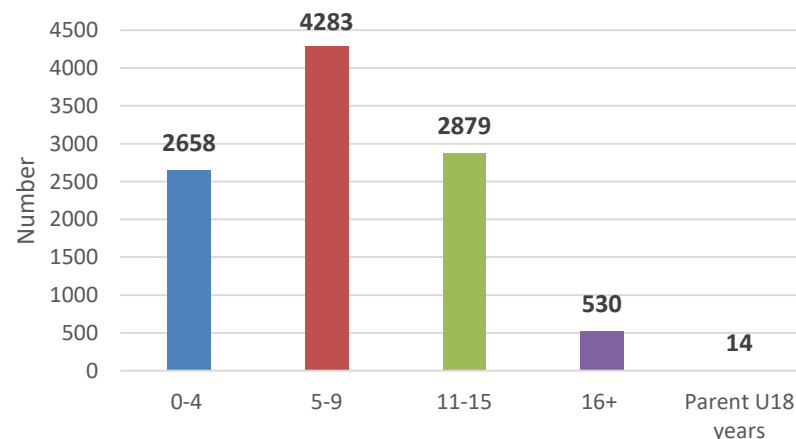
Age Profile of Children Referred 2022/23



AGE PROFILE 2022/23



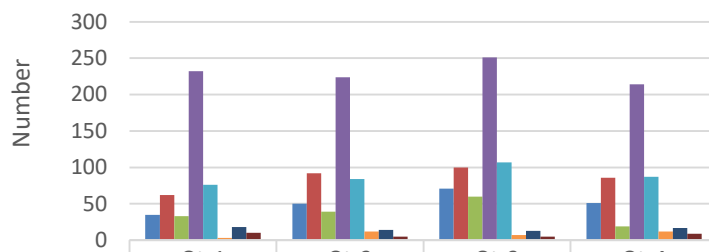
5-10 years has consistently been the highest age group for referrals.



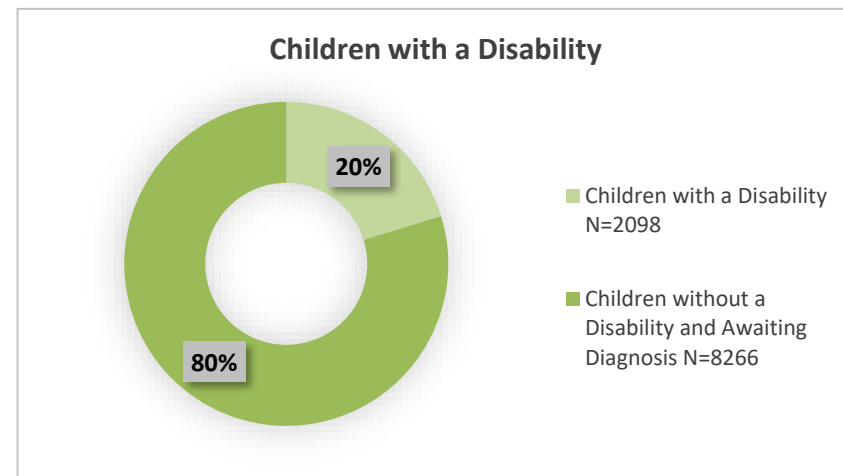
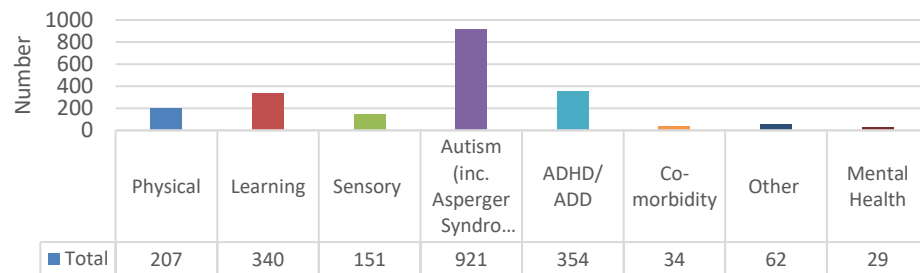
Please Note: As well as **10,364** children referred an additional **6283** children benefitted indirectly as they were part of the families referred.

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

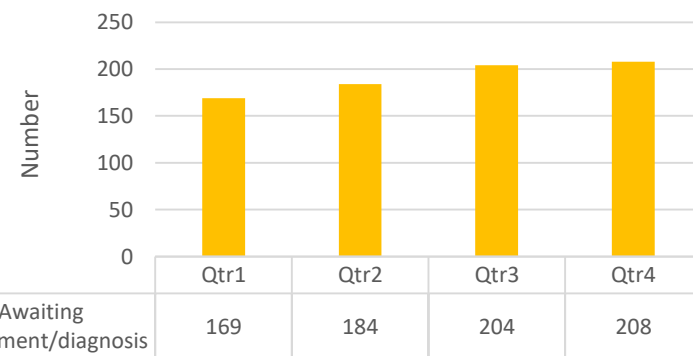
Performance Measure 4: Children with a disability referred -2022/23



Physical	35	50	71	51
Learning	62	92	100	86
Sensory	33	39	60	19
Autism (including Asperger Syndrome)	232	224	251	214
ADHD/ADD	76	84	107	87
Comorbidity	3	12	7	12
Other (e.g. Acquired Brain Injury/Sensory Processing Disorder)	18	14	13	17
Mental Health	10	5	5	9



Awaiting Assessment/diagnosis



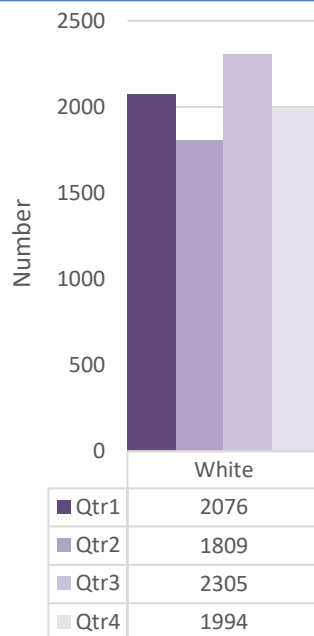
Children with **Autism** had the highest number of disability referrals.

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

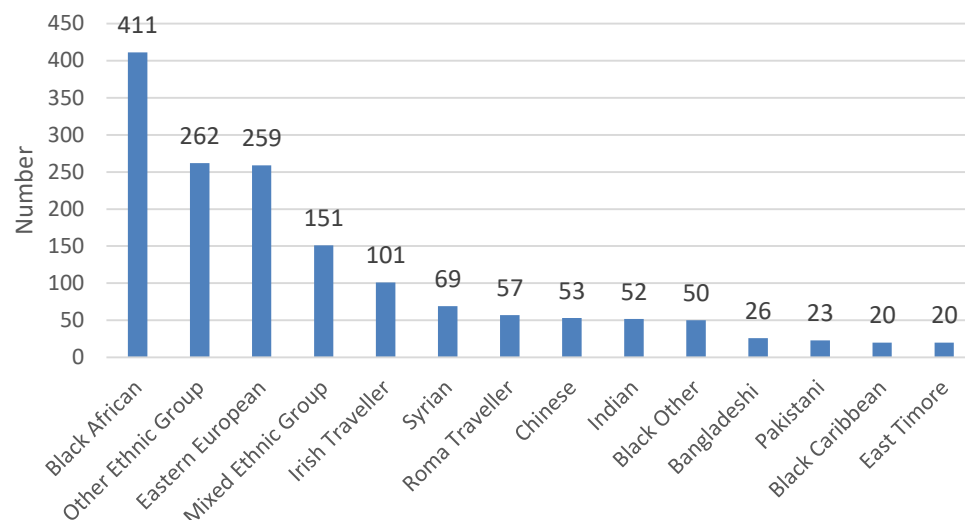
Performance Measure 4: Referrals by Ethnic Background for Children and Parents referred.

*There has been an increase in both children and parents referred from different ethnic backgrounds for e.g. Referrals from Black African children have increased from 217 to **411** and parents from 149 to **290**. Other Ethnic Group children from 189 to **262** and parents from 149 to **204**. Eastern European children have increased from 247 to **259**.*

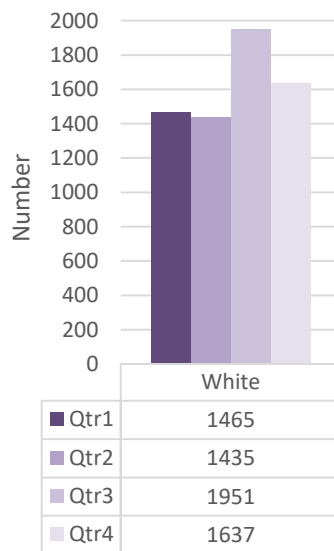
(Note: 'White' has the higher number of referrals for both Child/ren and Parents and are presented on separate scales as shown in these charts.)



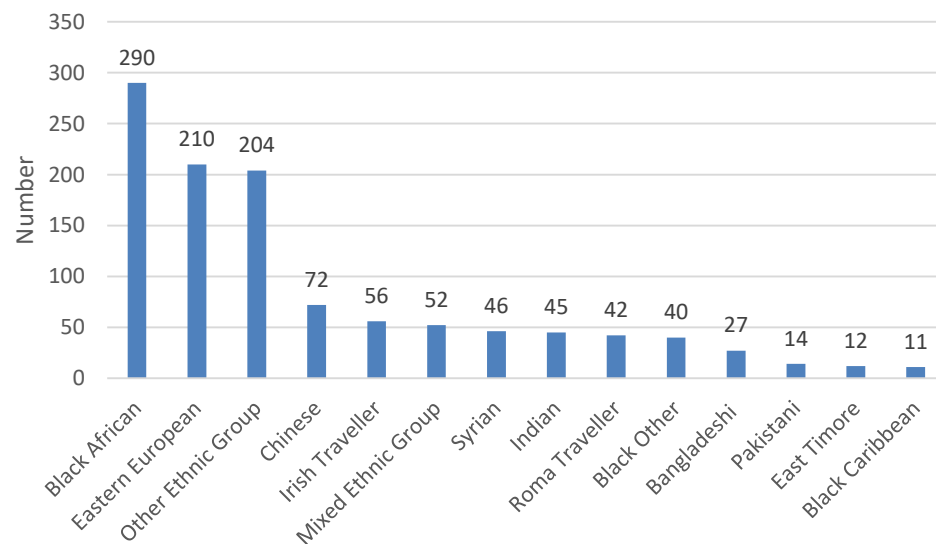
Children Referrals by Ethnic Background – 2022/23



Please note: 626 children ethnic background - Not Stated



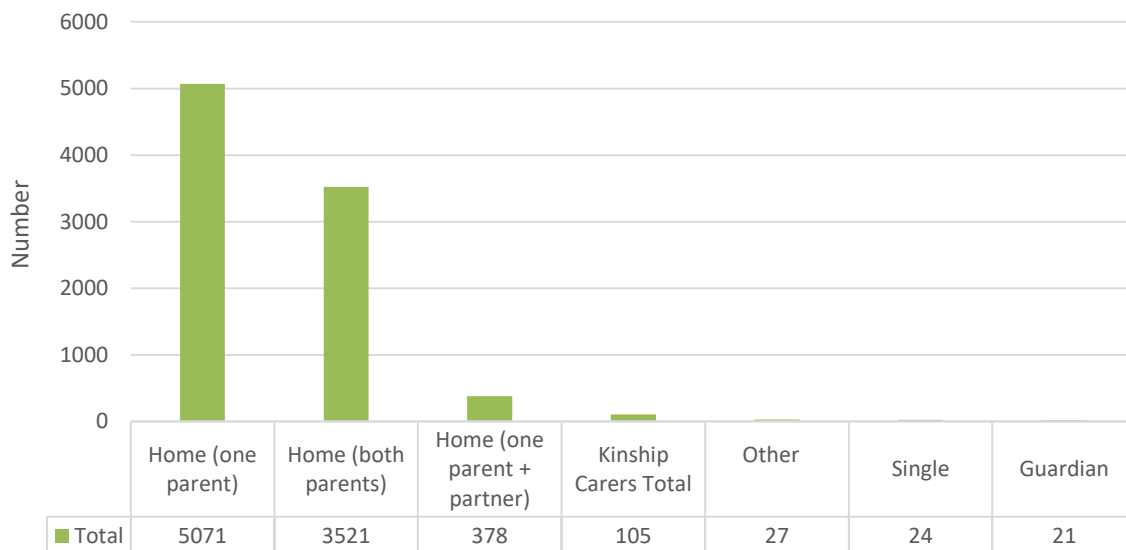
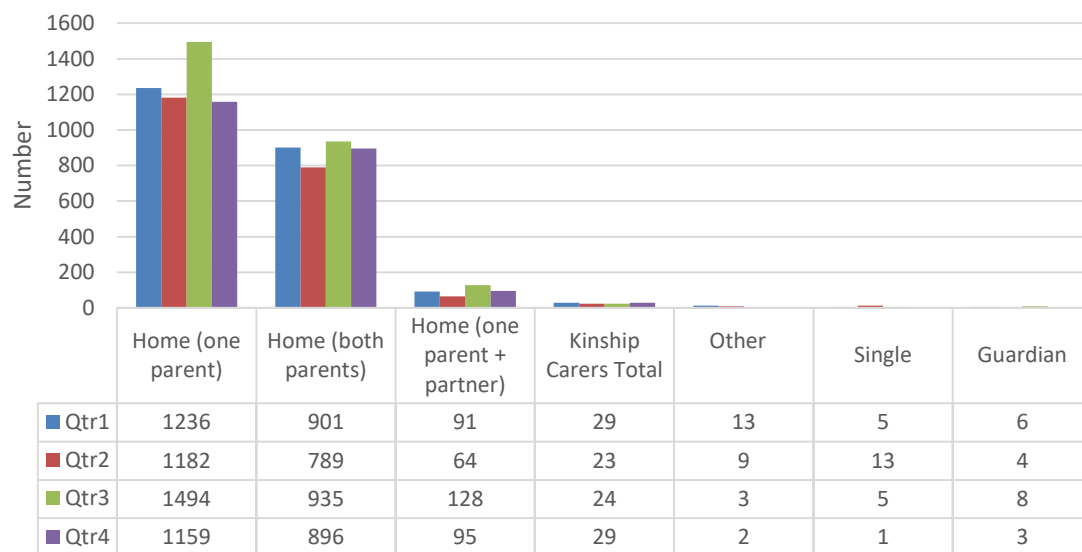
Parents Referrals by Ethnic Background – 2022/23



Please note: 626 parents ethnic background - Not Stated

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

Performance Measure 5: Household Composition -2022/23

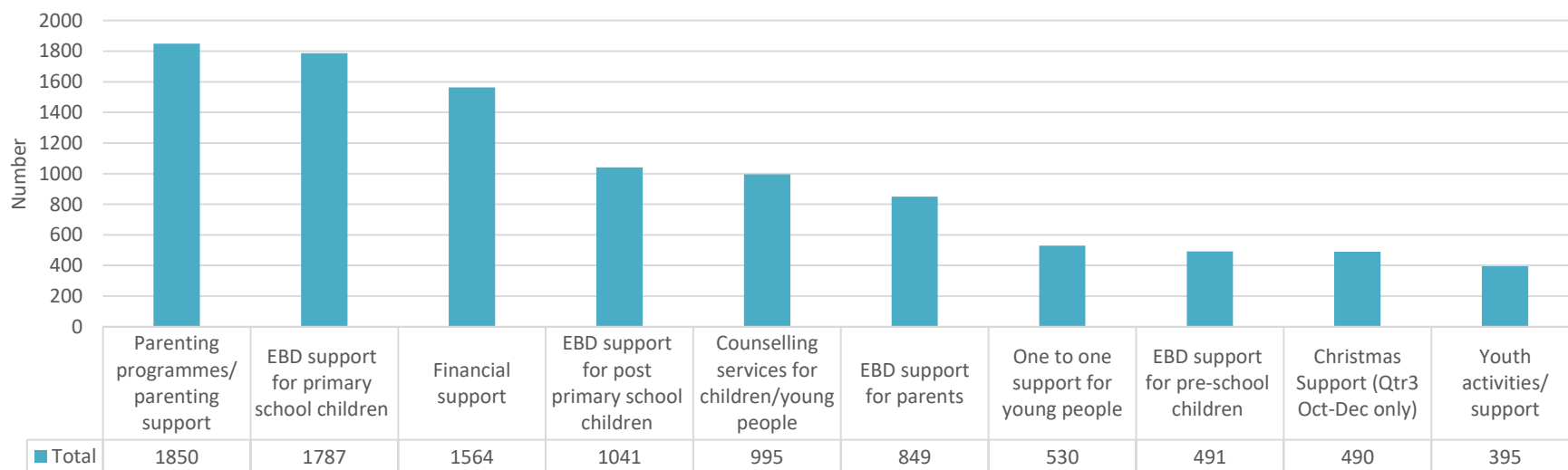
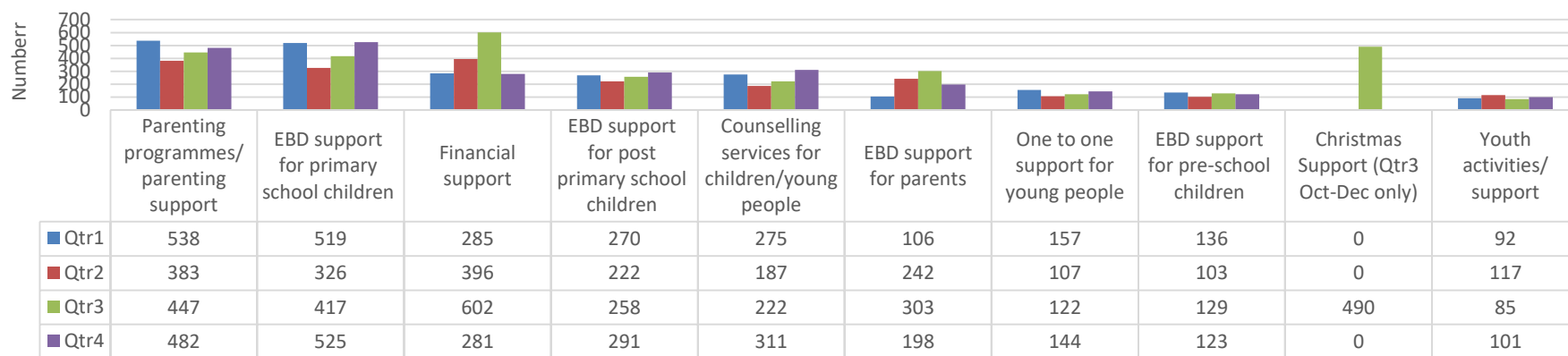


The highest group of families referred are **Lone Parents** with an increase from 4666 in 2021/22 to **5071** in 2022/23. **Home with both parents** has increased from 3266 to **3521** and **One Parent + Partner** has decreased by 1 to **378** in 2022/23. There has been an increase in **Kinship Carers** from 89 to **105**, an increase for **Other** from 14 to **27**, **Singles** from 23 to **24** and a decrease for **Guardians** from 24 to **21**.

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

Performance Measure 6: Main Presenting Reasons for Referral - 2022/23

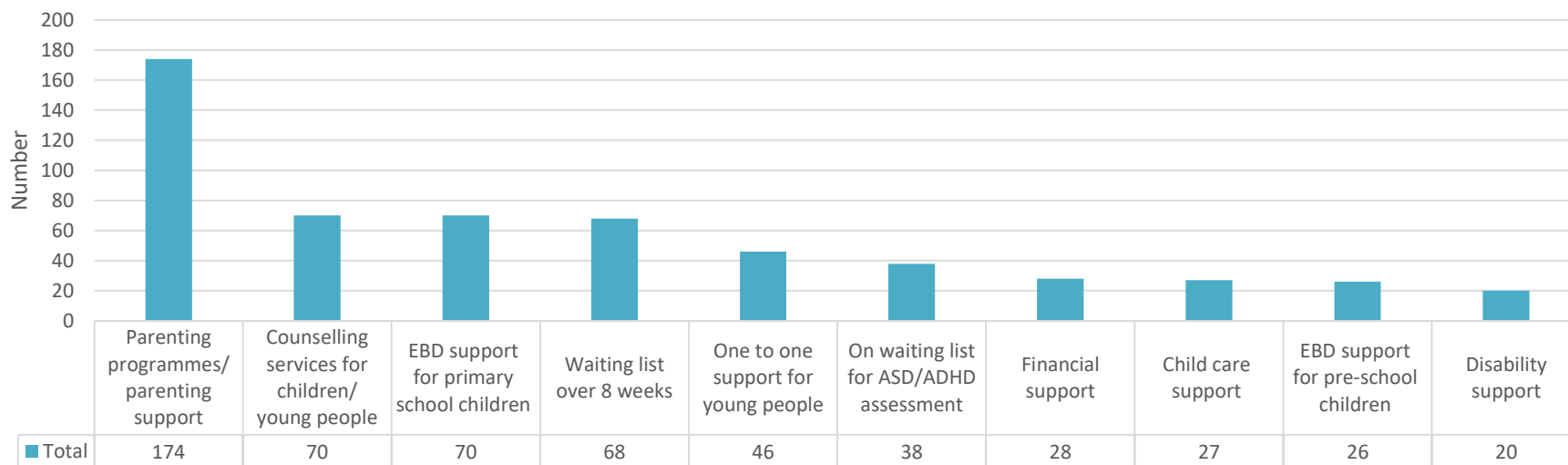
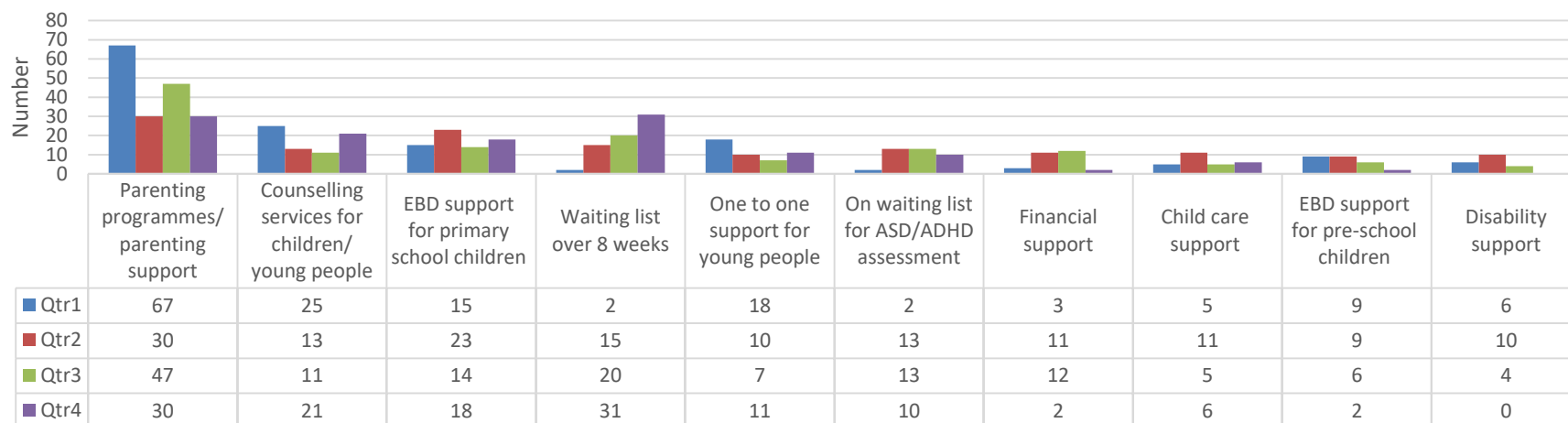
Top Ten Reasons for Referral to Hubs



Reasons for Referral: The top reason for referral in 2022/23 was for **Parenting programmes/parenting support** and this was followed closely by **Emotional Behavioural Difficulty (EBD) support for primary school age children** which has been the top reason since the monitoring commenced in 2014/15. **Financial Support** has now fallen back to the third reason for referral. Other reasons that were in the Top 10 in 2022/23 were EBD support for post primary school children, Counselling services for children/young people, EBD support for parents, One to One support for young people, EBD support for pre-school children, Christmas Support(Qtr3 only) and Youth Activities.

How well did we do it?

Performance Measure 6: Main Presenting Reasons for Unmet Need – 2022/23



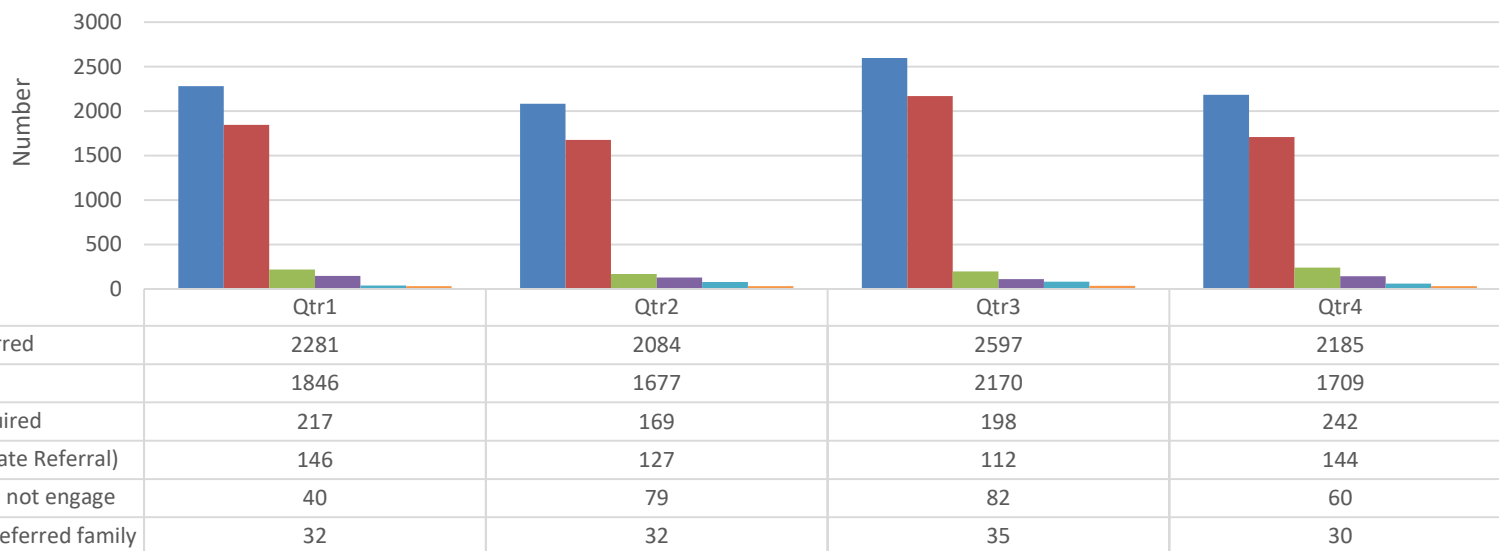
Unmet Need: In 2022/23 the highest unmet need was for **Parenting programmes/parenting support** which was also the top Reason for referral. This was followed by **Counselling services for children/young people**, **EBD support for primary school children** and **On waiting list over 8 weeks**.

Please note: Some families require more than one service which the hubs were unable to meet.

Produced by CYPSP Information Team

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

Performance Measure 7: Families Referred that were Accepted & Signposted or Not Accepted for Other Reasons – 2022/23



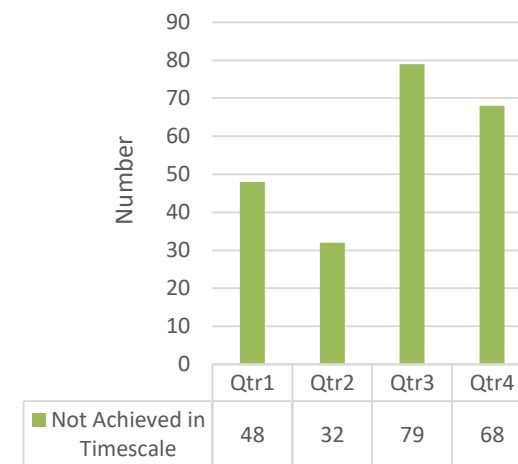
Performance Measure 8: Referral Process: Achieved in 4 weeks & 5-8 weeks or Not Achieved – 2022/23

The vast majority of referrals to Hubs were processed within the 4 weeks standard ensuring families receive a timely response to their immediate needs. A further significant number within 5- 8 weeks and of the remaining referrals **91** were processed but exceeded the 8 weeks timescale.

Achieved in 4wks & 5-8wks

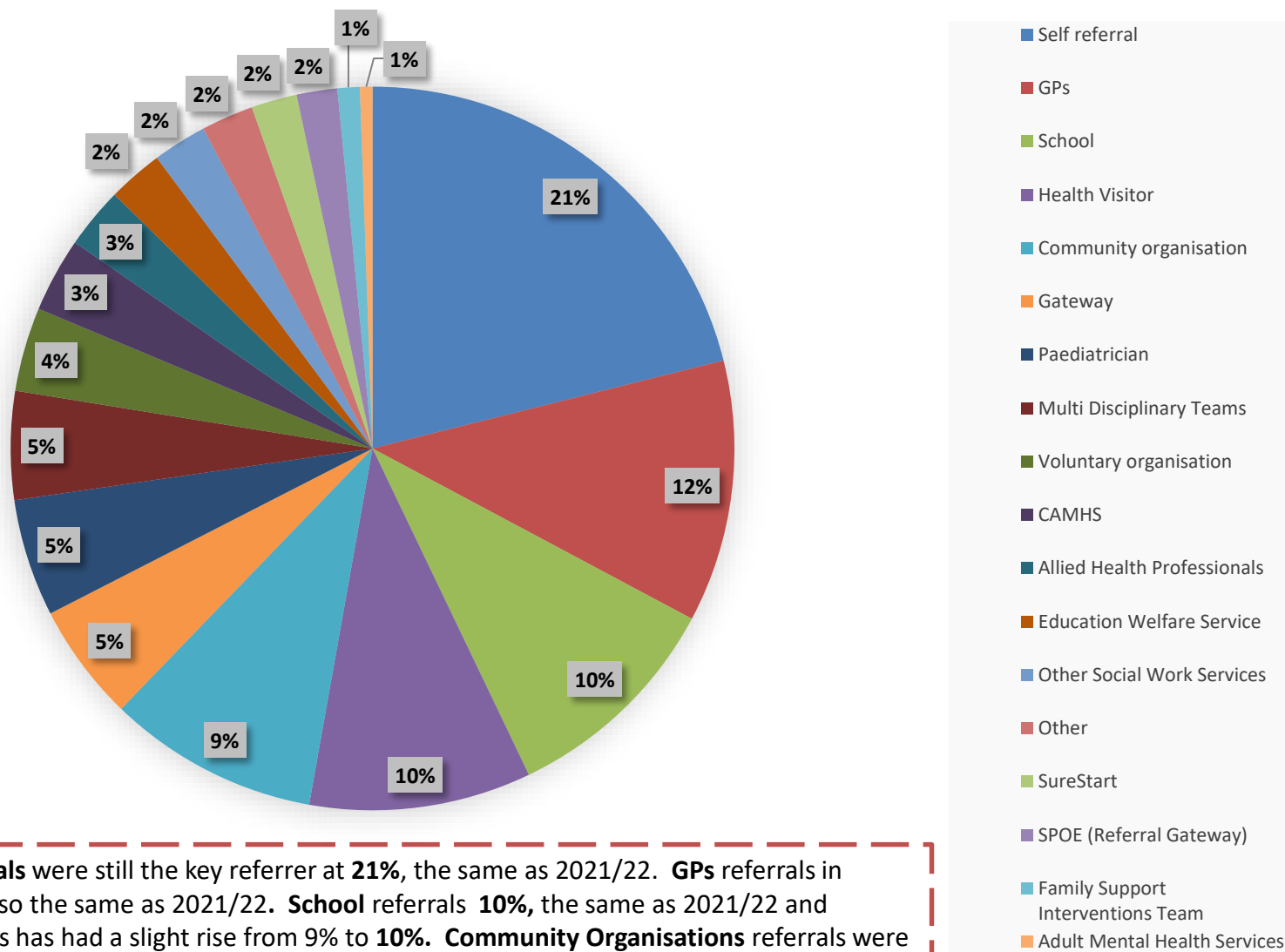


Not Achieved in Timescale



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

Performance Measure 8: Total Percentage of Referrals by Referring Agency – 2022/23



In 2022/23 **Self referrals** were still the key referrer at **21%**, the same as 2021/22. **GPs** referrals in 2022/23 were **12%**, also the same as 2021/22. **School** referrals **10%**, the same as 2021/22 and **Health Visitor** referrals has had a slight rise from 9% to **10%**. **Community Organisations** referrals were **9%** compared to 8% in 2021/22. **Gateway**, **Paediatricians** and **Multi Disciplinary Teams** are all **5%**.

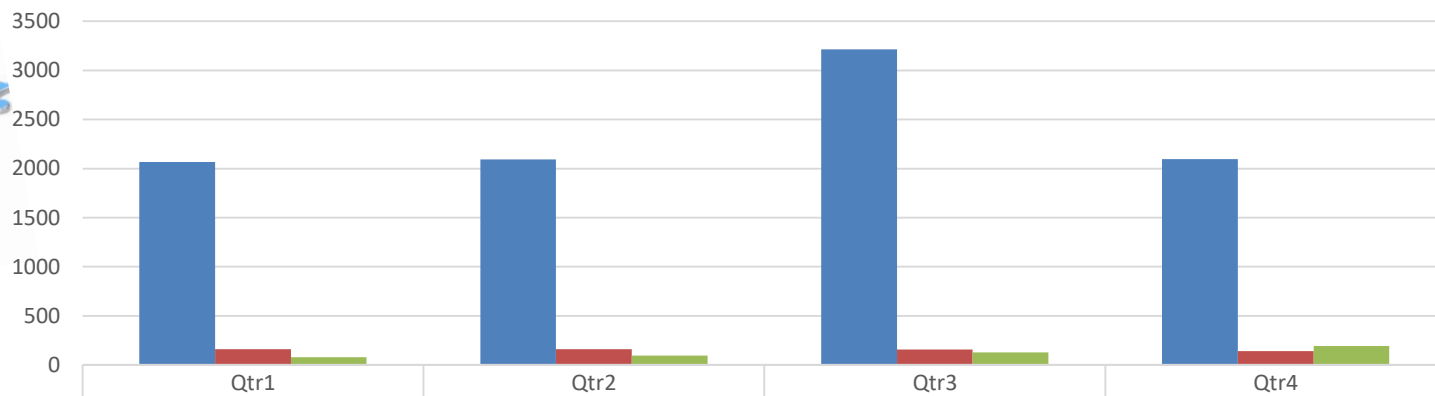
There were **761** Re-referrals in 2022/23.

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

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



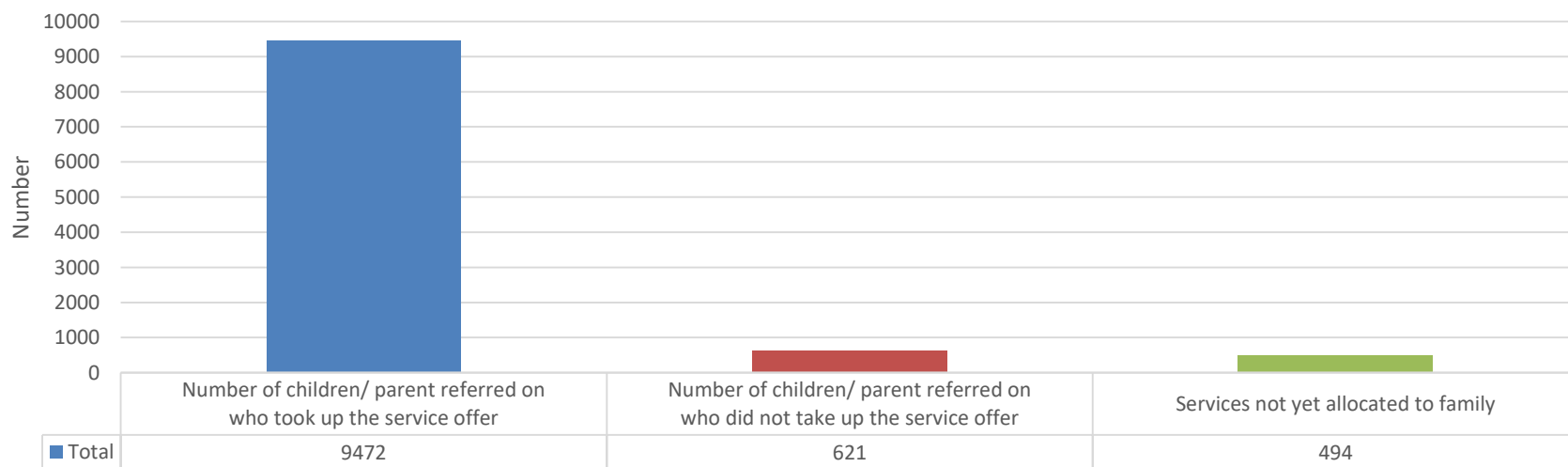
Number



■ Number of children/ parent referred on who took up the service offer

■ Number of children/ parent referred on who did not take up the service offer

■ Services not yet allocated to family

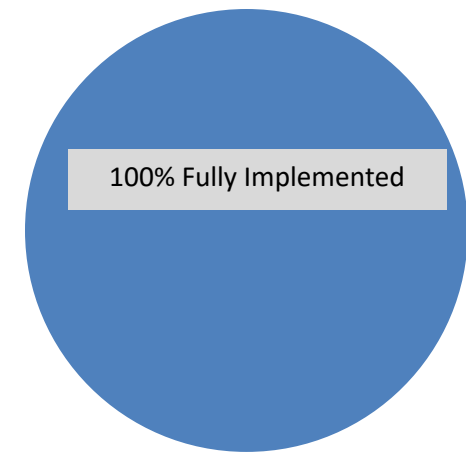


How well did we do it cont'd.....?

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

Hub Standards



All Hubs are expected to administer the self assessment tool based on the 10 Standards and to develop an Action Plan which is reviewed on a 6 monthly basis.

Is anyone better off?

Feedback from Parents: The Hubs provide CYPSP with case studies about the families that have been referred. This is a selection of these:

Case Study A Belfast Hub

Mum's 12-year-old son doesn't leave the family home to socialise, sleeps a lot due to lack of good food consumption, wore earphones /ear defenders all the time had no friends and was very isolated. Her son was also waiting on an ASD assessment. Belfast FSH made a referral to ASD services. The parent and child were supported by ASD family support services within the organisation and the son was encouraged to attend the 12 week mentoring program. After the program finished the service noticed a significant change in his interaction, participation within the groups, he didn't wear his earphones /ear defenders all the time and his energy levels had increased.

Outcome

After 8 weeks on from the support ended a staff member from the service he was referred to through the hub was driving up the road and saw him walking down the road with a friend, laughing, and smiling and he wasn't wearing his earphones/ear defenders. The service was delighted with the progress, and they felt this all started through a referral which came from the FSH.

Case Study B

Mum with a 5-year-old son who had a recent ASD diagnosis, severe learning difficulties, social and behaviour issues, non-verbal and Global Delay Development. Mum was looking activity support so her son would benefit from socialising with other children of similar age in a supervised environment. Her son had relied on his mum to meet his needs, he was socially isolated was unable to attend mainstream school or any family functions. Mum had to give up her job so she could look after him. Through the FSH Mum was supported practically, was referred on to self-care services and her son was referred on to ASD services. Mum and her son attended activities ran by the service which they both enjoyed. Mum also came to an information session facilitated by Special Educational Needs service, so she was able to gain the knowledge she needed to approach the school about additional support needs for her son and take part in that process.

Outcome

Mum shared she felt empowered to be able to do this and was able to seek advice from the service of anything she was unable to understand. Without the Hub mum said she wouldn't have gone as far as she did and her and her son wouldn't have had a more enjoyable quality time together engaging in fun activities.

Is anyone better off.... cont'd?

Case Study C Northern FSHs

BACKGROUND

Family was originally referred in 2019 when the child was 4 years old. The referral was requesting support for ASD and behaviour. The family were known to the Family support and intervention team at the time and therefore the Family support Hubs were unable to support them. A second referral from Gateway was received for the family in January 21 for Emotional and behavioural difficulty support for parents. This referral noted that the parents are separated and the children primarily live with their mother and have contact with their dad but are struggling with same.

Mum advised she was concerned about dad's limited understanding surrounding their child's diagnosis of ASD and "feels that he lacks an understanding of autism and how best to manage their child if he is having a 'meltdown'. It appears that dad had been trying to restrain young person during one of his 'meltdowns'. Mum believes that dad needs to be supported in regard to appropriately managing his son's behaviour and dad has agreed to engage with support.

Mum advised that sometimes these meltdowns can last over an hour and that it is difficult to manage the child's behaviour during this time. Mum advised that she is able to manage his behaviour and can recognise if a meltdown is likely to happen, however, she advised that dad only sees the children periodically and is less likely to recognise signs that indicate he may be going to have a meltdown. Dad would like support at this time to help him to appropriately manage his son's behaviour and Mum is keen for this to happen so she can feel reassured when he is at contact. School also report recent difficulty in managing child's behaviour.

A third referral was received by the HUBS as a self referral from mum requesting - Emotional and behavioural difficulty support for post primary school children. Mum said her son's ASD is becoming increasingly difficult to manage and it was having a huge impact on family life and its affecting mum's own health and the emotional health of her daughter. Mum said "we need help in any form possible and would also like information about clubs and activities" which her son could attend. Anything in support for her daughter would be welcome also and some good support for herself as she feels totally deflated and "doesn't know what to do anymore".

PROGRAMME OF SUPPORT AND/OR INTERVENTION

In Jan 21 the Family support practitioner referred the family to Autism NI and signposted mum to Middletown Centre for Autism, Empower, Parenting NI for online courses and NHSCT ASD Intervention Helpline. In August 22 the Family support practitioner referred mum to the Network personnel Community Family Support Program and signposted mum to All about us ASD youth group.

Family support practitioner also gave mum details of the Northern trust ASD podcasts and how to access them.

OUTCOMES FOR FAMILY

Family has not availed of any support provided and his behaviour still appears to be challenging at home. Mum did not link in with the ASD support services with the exception of Autism NI – mum advised she wanted face to face support rather than online workshops. Mum advised she missed an initial call from Network personnel as she was on holidays and is going to contact them again for support.

OUTCOMES FOR SERVICES/LESSONS LEARNED

Northern Early Intervention Support Service (NEISS) would have been an extremely beneficial support for the family providing in home family support for up to 12 weeks, however, they reside outside of NEISS catchment area and there is not an equivalent service within their area that works with children as young as this family. Mum advised the family support practitioner was very quick and effective in getting in touch with mum and gathering further information. Mum said the family support practitioner "was a great point of contact and she did everything in her power to help mum". Mum felt the family support practitioner was really trying her best to support both mum and her son and was a great support by simply having a conversation and listening to her.

Is anyone better off.... cont'd?

Case Study D South Eastern FSHs

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".

Is anyone better off.... cont'd?

Case Study E South Eastern FSHs

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.

Is anyone better off.... cont'd?

Case Study F South Eastern FSHs

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.

Is anyone better off.... cont'd?

Case Study G - 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 Study H - Newry & Mourne FSH

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.

Outcome

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.

Is anyone better off.... cont'd?

Case Study I - Waterside Family Support Hub

Self-referral from a couple needing financial support as they were struggling with settling down in their new home. This family recently moved to Derry with very little English. The mum is at home with two young children- one child aged 4 and the second child 8 years old. The dad is currently a student studying at Magee University. With no income coming in, the family were struggling to buy food, as well as clothes, household items and keep up with bills.

Programme of support and/or intervention

Application to the Crisis fund. As the family were struggling buying household items it was thought Tesco vouchers would be the most beneficial for the family. This will then free up money to pay their bills - electric, heating etc. As the family were struggling to buy food, the FSH co-ordinator contacted a local food bank and requested a food parcel for a family of 4 (including their young children). The following day two food parcels arrived, and the FSH co-ordinator delivered them personally to the family's door. As both children were at school age an application for Turner & Townsend Grant was approved and the FSH co-ordinator visited the local uniform shop and purchased two £40 vouchers for the family to purchase uniforms for the new year- which will ease the financial strain.

Outcomes for family

Mum and dad were able to feed their children, have the household necessities in their home for their children, as well as free any money up for heat and electric to keep their house running. Less stress for the mum having two children to get sorted for a new school year. The two food parcels will keep them going a while without having to spend money on food. Once they run out they also have their Tesco vouchers to use as they wish.

Outcomes for services/lessons learned

This is an example of just how hard things are for families moving to a new country, not knowing anyone, with nothing of their own. The dad is trying to better himself at Uni but whilst that's amazing the family had no income. Having two young children to feed and attending school is very challenging for them. Without the support of the AFC Crisis Fund, this mother would have had to make the decision of 'eat or heat'. They as parents can relax more knowing their children have the necessities they need.

Please note: All reports cards are available at
<https://cypsp.hscni.net/family-support-hubs/>
under Family Support Hub Monitoring.

For further information on Family Support Hubs in your area: -
Contact Bronwyn Campbell, Regional Family Support Hub
Co-Ordinator
Email: Bronwyn.campbell@hscni.net