Family Support Hubs Workshop

14th October 10am-3pm

Mossley Mill, Newtownabbey
Welcome and Introduction

Maurice Leeson, Children’s Services Planning Professional Advisor
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Presenter</th>
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</thead>
<tbody>
<tr>
<td>9.30am</td>
<td>Arrival tea /coffee</td>
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<tr>
<td>10.00am</td>
<td>Welcome and Introduction</td>
<td>Maurice Leeson</td>
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<tr>
<td>10.15am</td>
<td>Overview of the day</td>
<td>Helen Dunn</td>
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<tr>
<td>10.25am</td>
<td>Literature Review (CES)</td>
<td>Leslie Boydell</td>
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<tr>
<td>10.45am</td>
<td>Review (SCIE)</td>
<td>Shirley Ewart-Boyle</td>
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<td>11.10am</td>
<td>Any questions?</td>
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<td>11.15am</td>
<td>Comfort Break</td>
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<tr>
<td>11.30am</td>
<td>Overview of Annual Statistics</td>
<td>Valerie Maxwell</td>
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<tr>
<td>12.00pm</td>
<td>Group discussion</td>
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<td>12.30pm</td>
<td>Lunch</td>
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<td>1.15pm</td>
<td>Service Provider and Service User Studies</td>
<td>Helen Dunn</td>
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<td>1.45pm</td>
<td>Practice examples from Trusts</td>
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<td>2.30pm</td>
<td>The way forward – group discussion</td>
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<td>3.00pm</td>
<td>Finish</td>
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Effectiveness of interagency collaboration at the early intervention stage and how best to support implementation

Dr Leslie Boydell
Is interagency collaboration effective in early intervention?

Is it effective under any circumstances?

What is the most effective way of doing it?
Definition of interagency collaboration

• More than one agency working together in a planned and formal way
• To increase public value, create synergy with an emphasis on negotiation
Why interagency collaboration?

- Wicked issues
- Expected to solve the problems of service fragmentation and lead to more efficient and effective services
- Early identification of vulnerable children preventing escalation where safeguarding is required
A theme in serious case reviews is that a lack of information sharing between the many agencies supporting some children and families often contributes to inaccurate risk assessments.

Munro 2011
Since preventative services do more to reduce abuse and neglect than reactive services, attention to coordinating services is essential – to effectively safeguard and promote the welfare of children and young people

Munro 2011
Difficulties in assessing impact

- Lack of clear definition
- Linking outcomes
- Varying models and intensity
- Context specific and dynamic environment
- Variations in quality
Benefits for children, families and communities

• Improved access to more appropriate and seamless services
• Better information and communication with professionals with more involvement
• Reduced stigma
• Weak evidence from some studies of improved outcomes eg better educational attainment and children with disability able to remain in community
Benefits for professionals

• Increased job satisfaction, skills and development
• Increased understanding of other professionals’ roles and needs of children
• Better understanding of range of services available
• Improved relationships and increased trust
• Opportunities for innovation and problem-solving
Benefits for agencies

- Family and community involvement in services with better understanding of needs
- Improved knowledge of other agencies and shared responsibility
- Less fragmentation and better use of resources
- Focus on prevention and early intervention
- Better problem-solving
Negative impacts of interagency collaboration

- Increased workload
- Some agencies more difficult to engage
- Challenges to professional identities and roles
- Lack of clarity about accountability
- Increased costs
National programmes

- Sure Start Centres, England
- Communities for Children, Australia
- Headstart, USA

Early evidence of positive outcomes were not sustained
<table>
<thead>
<tr>
<th>Implementation Enablers</th>
<th>Stages of Implementation</th>
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<tbody>
<tr>
<td>Stakeholder consultation and buy-in</td>
<td>1. Exploring &amp; Preparing</td>
</tr>
<tr>
<td>Leadership</td>
<td>2. Planning &amp; Resourcing</td>
</tr>
<tr>
<td>Resources</td>
<td>3. Implementing &amp; Operationalising</td>
</tr>
<tr>
<td>Implementation teams</td>
<td>4. Business as Usual</td>
</tr>
<tr>
<td>Implementation plan</td>
<td></td>
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<tr>
<td>Staff capacity</td>
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<tr>
<td>Organisational support</td>
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<tr>
<td>Supportive organisational culture</td>
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<tr>
<td>Communication</td>
<td></td>
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<tr>
<td>Monitoring and evaluation</td>
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<tr>
<td>Learning from experience</td>
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</table>
Enabling factors

• Stakeholder consultation and buy-in
• Leadership
• Staff capacity
• Trust
Boundary Spanners

- Skilled communicators
- Networker and negotiator
- Conflict resolution
- Dealing with uncertainty and risk
- Trusted and trustworthy

Boundary spanning activities cross, weave and permeate organisational, sectoral, policy and professional boundaries

Williams 2002 and 2012
Organisational preparedness and leadership

- Commitment at a senior level
- Placing it on the strategic agenda of the organisation
- Choosing appropriate representation
- Legitimising and supporting their contribution
- Supportive structures and processes within the organisation
Staff capacity

The ability to develop relationships with children and their parents, the ability to understand children’s perspectives and to praise, comfort and be responsive to children’s needs.

Rochford et al 2014
Staff training in collaborative skills

- Ability to work with others
- Negotiation and conflict resolution
- Effective communication
- Managing change
- Understanding the collaborative process
Enabling factors

‘The right people from different organisations came together at the right time’

Huxham and Vangen 2005
Barriers

- Funding, staff time and space to work
- Clarity of role
- Competing priorities
- Communication
- Organisational culture
- Leadership
- Training
- Rural areas
Case Studies

- Communities for Children, Australia
- Sure Start Centres, England
- Family Resource Centres, Canada
- Early Years Service Hubs, New Zealand
- Young Ballymun, Ireland
- Early Intervention Places England
- Meitheal, Ireland
What this adds to the 10 principles

• Strong emphasis on community involvement
• Style of leadership
• Resources, sustainable and consistent funding
• Workforce development
• Good governance, communication and information-sharing
Conclusions

- Focus on high quality implementation
- Implement evidence-based and evidence-informed interventions
- Gather robust data on outcomes
- Strengthen community involvement
- Provide consistent and sustainable funding
Interagency collaboration provides space for making sense, problem-solving and innovation, enhancing people’s capacity to act
Review of Family Support Hubs in Northern Ireland

Dr Shirley Ewart-Boyle
Practice Development Manager (NI)
12 October 2015
Thank you!

Passionate
Dedicated
Champions
Extra mile
About the Review:

To document the:

- Development of Family Support Hubs.
- Approaches, processes & pathways used by hubs.
- Benefits of & challenges for hubs.
- Interface between Family Support Hubs & statutory child protection services
Sample

- 19/ 23 operational at that time:
  - Northern Trust area- 5
  - Southern Trust area- 3
  - South-Eastern Trust- 3
  - Western Trust area- 4
  - Belfast Trust area- 3
Project Methodology

- Interviews with hub coordinators
- Attendance at regional & local FSH meetings
- Documentary analysis - operational guidance, partnership agreements, information sharing protocols etc
- CYPSP/ HSCB & the Regional Coordinator for Family Support Hubs
Development of the hubs

- Some Western hubs pre-date the inception of hubs within the CYPSP programme (2009)
- Evolved organically from a grass-roots approach
- Developed at different times & in different ways
- Informed by regional initiatives
- Housed within the CYPSP Outcomes Groups
- Strategic restraint to allow flexibility
- No universal organisational form - similarities in approaches
- Vary in size, design & membership
- Reflects differences - sequence, locations & structures surrounding individual hub development
# Population of children aged 0-17

<table>
<thead>
<tr>
<th>Family Support Hub areas</th>
<th>Children Aged 0-17 (Source: NISRA MYE 2014)</th>
<th>Neighbourhood Renewal Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern Area</td>
<td>108,682</td>
<td>4</td>
</tr>
<tr>
<td>Belfast Area</td>
<td>75,814</td>
<td>15</td>
</tr>
<tr>
<td>Southern Area</td>
<td>94,411</td>
<td>7</td>
</tr>
<tr>
<td>South East Area</td>
<td>80,646</td>
<td>3</td>
</tr>
<tr>
<td>Western Area</td>
<td>73,608</td>
<td>8</td>
</tr>
</tbody>
</table>
Geographical coverage

- Defined by localities in different ways
- Rural & urban coverage
- Families are dispersed more thinly across their localities
- Some aligned to NRA- densely situated populations of children
<table>
<thead>
<tr>
<th>Hub</th>
<th>Lead Organisation</th>
<th>Sector</th>
<th>Funder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethos</td>
<td>Greater Shantallow Area Partnership</td>
<td>Community</td>
<td>DSC</td>
</tr>
<tr>
<td>Outer West</td>
<td>Dunluce Family Centre Ltd</td>
<td>Community</td>
<td>DSD</td>
</tr>
<tr>
<td>Waterside</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Omagh</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Fermanagh</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Larne &amp; Carrickfergus</td>
<td>Action for Children</td>
<td>Voluntary</td>
<td></td>
</tr>
<tr>
<td>Antrim &amp; Ballymena</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cookstown &amp; Magherafelt</td>
<td></td>
<td></td>
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<tr>
<td>Ballymoney, Coleraine &amp;</td>
<td></td>
<td></td>
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<tr>
<td>Moyle Newtownabbey</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Down &amp; Ards Down</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greater Lisburn</td>
<td>South Eastern HSC Trust</td>
<td>Statutory</td>
<td>Trust</td>
</tr>
<tr>
<td>Craigavon &amp; Banbridge</td>
<td>NIACRO (CAPS)</td>
<td>Voluntary</td>
<td>DSC</td>
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<tr>
<td>Newry</td>
<td>SPACE- NI</td>
<td>Community</td>
<td>DSC</td>
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<tr>
<td>Armagh &amp; Dungannon</td>
<td>Barnardos (YPP)</td>
<td>Voluntary</td>
<td>DSC</td>
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<tr>
<td>Greater Shankill</td>
<td>Greater Shankill Area Partnership</td>
<td>Community</td>
<td>DSC</td>
</tr>
<tr>
<td>South Belfast 1</td>
<td>Lower Ormeau Residents Action Group</td>
<td>Community</td>
<td>DSC</td>
</tr>
<tr>
<td>Inner East Belfast</td>
<td>East Belfast Alternatives</td>
<td>Community</td>
<td>DSC</td>
</tr>
</tbody>
</table>
Governance arrangements
Coordinators’ responsibilities

- Part time & full-time
- 1 coordinator per hub (W, S & B) versus several hubs (SE & N)
- Some manage FS staff
- Some chair hub meetings,
- Some have no/little engagement with families, others undertake assessments with families
- Some have administrative support.
- Most experience of working with families & some SW
Referral & hub meeting activity

- Screening referrals
- Checking/obtaining informed consent.
- Administration of referrals
- Contact families- assessment of need (self-referred)*
- Chair hub meetings*
- Follow up actions from meetings
- Liaise with service providers, families & referrers
- Manage follow up information regarding allocated cases.
- Liaise with social work services
- Monitor & review work
- Administrative functions
- Line manage family support workers.*
Hub development activity

- Leadership & advice to members
- Being a key point of contact
- Recruitment, maintenance & review of hub membership
- Establishment, maintenance & review of hub operations & protocols & strategic direction
- Networking & marketing
Governance activity & regional work

- Monitoring requirements internally & externally.
- Evaluation activity - Report hub outputs to steering group, Trust & CYPSP
- Represent the FSH by attending other forums & partnerships*
- Attend or report to Outcomes Groups & Locality Planning Group.
## Hub Membership

<table>
<thead>
<tr>
<th>Location</th>
<th>Statutory</th>
<th>Voluntary</th>
<th>Community</th>
<th>Faith</th>
<th>Core</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shantallow</td>
<td>8</td>
<td>14</td>
<td>6</td>
<td></td>
<td>All</td>
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<tr>
<td>Outer West</td>
<td>4</td>
<td>8</td>
<td>7</td>
<td></td>
<td>All</td>
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<td>5</td>
<td>20</td>
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<td>Omagh</td>
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<td>13</td>
<td>1</td>
<td>20</td>
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<td>Fermanagh</td>
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<td>15</td>
<td>4</td>
<td>25</td>
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<tr>
<td>Down</td>
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<td>3</td>
<td>2</td>
<td>All</td>
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<tr>
<td>Greater Lisburn</td>
<td>7</td>
<td>3</td>
<td>3</td>
<td>All</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>North Down &amp; Ards</td>
<td>6</td>
<td>8</td>
<td></td>
<td>All</td>
<td></td>
<td>14</td>
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<td>Magherafelt &amp; Cookstown</td>
<td>6</td>
<td>21</td>
<td>3</td>
<td>16</td>
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<td>30</td>
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<tr>
<td>Area</td>
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<td>Voluntary</td>
<td>Community</td>
<td>Faith</td>
<td>Core</td>
<td>Total</td>
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<tr>
<td>Larne &amp; Carrick</td>
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<td>Newtownabbey</td>
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<td>2</td>
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<td>31</td>
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<td>23</td>
<td>2</td>
<td>4</td>
<td>18</td>
<td>35</td>
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<tr>
<td>B’mena &amp; Antrim</td>
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<td>21</td>
<td></td>
<td>3</td>
<td>17</td>
<td>30</td>
</tr>
<tr>
<td>Armagh &amp; Dungannon</td>
<td>6</td>
<td>6</td>
<td>3</td>
<td>All</td>
<td></td>
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<td>Craigavon &amp; Banbridge</td>
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<td>All</td>
<td></td>
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<tr>
<td>Newry</td>
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<td>7</td>
<td>3</td>
<td>All</td>
<td></td>
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<td>South Belfast 1</td>
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<td>21</td>
<td>1</td>
<td>17</td>
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<tr>
<td>Inner East</td>
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<td>14</td>
<td>4</td>
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<tr>
<td>Shankill</td>
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<td>11</td>
<td>1</td>
<td>10</td>
<td>25</td>
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## Sector representation

<table>
<thead>
<tr>
<th>Sector</th>
<th>%</th>
<th>Number</th>
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<tr>
<td>Voluntary</td>
<td>50%</td>
<td>236</td>
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<tr>
<td>Community</td>
<td>18%</td>
<td>82</td>
</tr>
<tr>
<td>Faith</td>
<td>4%</td>
<td>19</td>
</tr>
<tr>
<td>Statutory</td>
<td>28%</td>
<td>130</td>
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<tr>
<td>Core</td>
<td>69%</td>
<td>323</td>
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<tr>
<td><strong>Total:</strong></td>
<td></td>
<td><strong>467</strong></td>
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Some observations

- Range 4 - 12 statutory members (average 7)
- The non-statutory sector combined- 72% (n=337)
- Range 3-23 voluntary members (average 12)
- Wider variation in community & faith sector membership.
- 68% (n=13) of hubs have community members (range 1- 21) (six have none)
- Hubs that are community led - higher levels of community representation.
- 42% (n=8), have between 1 & 4 faith members (Northern & Belfast Hubs).
- Southern & South Eastern Hubs - smallest membership (all core)
- Belfast & Northern Hubs - largest membership ( & more associate members).
- Not a definitive list
- Only SLAs
- Diverse range of services represented
- Some members do not provide services to families.
Hub Processes

- Referrals - wide range of sources
- Self-referrals
- Informed consent - voluntary participation
- Screening of families:
  - In need of Hardiker Tier 2 FS
  - Not meeting criteria for Statutory SW intervention
  - If SW involvement - closed case
Assessment of need

- Different practices emerge.
- Some- no contact between coordinator & families. Hub is conduit between referrer & SP
- Some discretion of how best to engage families- via coordinator or referrer
- Contact with family discretionary for some,
- universal for others- routinely undertake home visits
- Phone or home visits
- Discussion of referral, information about hub process, ascertain families views, advise of potential service response &
- Varying degrees of assessment by coordinator (or FS worker) - particularly for self-referrals
- Clearly identified service request v more complex or ambiguous referrals
Decision making & service allocation

- Different processes
- Offer from member or advice / signposting to another agency
- Determined by way in which hubs operate & nature of referral
- Referral hub meetings - 74% (n=14) use this approach
  - process all referrals via the monthly hub meeting- use collective expertise of hub members
- Some coordinators allocate referrals
- Some hubs use both approaches depending on:
  - Urgency of support sought may necessitate a swift response
  - Straightforward & clearly identified singular response

- Outcomes & timescales - 1 month turnaround
- Duration of support determined by service offered
- Some hubs have 12 week time-limit & progress reviewed
Monitoring outcomes

- Monitor uptake of services provided via the hub mechanism.
- Referral sources, family compositions, reasons for referrals, services requested & allocated, & outcomes for families
- First Review Form
- Final evaluation - whether families engaged & outcomes
- Generates data for accountability purposes - funders, Trusts & CYPSP/HSCB
Interface with Gateway Social Work

- Not an alternative to existing CP mechanisms
- Risk management & safeguarding - of children & hubs
- Effective interface arrangements are crucial
- Interface Level 2 (FS) & Level 3 (statutory SW)
- Families do not always fit neatly within Levels - some on the periphery of Level 3
- Designated gateway social work links
- Good working relationships & informal contact
- Draft Step Up Step Down Protocol
Challenges

- Tracking referrals after allocation
- Monitoring & identifying outcomes
- Supply of services & limited resources
- Rural issues
- SW presence- may be more an issue for professionals than families
- Managing hub members/partners
- Ownership & participation
Challenges…

- Expectation of coordinators
- Increase in referrals
- Managing expectation & increasing demand
- “victim of their own success”
- Workload & capacity
- Undocumented activity- such as signposting, dealing with ambiguous referrals etc
- Sustainability of hubs ( & member agencies)
Benefits of hubs

Partnership & inter agency working

- A unified aim - working together to respond to need
- Inclusive
- Forum for networking
- Enhanced collective understanding of local services
- Improved collaboration between sectors
- Culture of embedding hubs
- Prevent duplication
- Upstream cost-effectiveness of early intervention - reaching out to more families
Benefits - shared decision making

- Fuller consideration of need
- Prioritisation of responses to multiple needs
- Negotiating timely response from services.
- Mitigating against duplication of service input.
- Scheduling of interventions to ensure families are not overwhelmed by agency involvement.
- If suitable, multiple supports can be put in place simultaneously.
- Waiting lists - other providers can work collectively & creatively to generate an alternative response.
Benefits - safeguarding & prevention

- Complementing child protection services
- Additional safeguarding filter
- The social work presence on hubs
- Prevent accumulation of waiting lists for Gateway assessments
- Governance arrangements - SLAs, Partnership agreements & regional work help to keep hubs safe
Benefits- resources & planning

- Contribution to strategic needs assessment & locality planning
- Identifying & responding to unmet need
- Upstream cost effectiveness
- Resource management v duplication
Benefits- for referrers

- Supporting referrers
- A simplified access route
- Access to collective expertise

- The coordinator’s role- oversight of the process
Benefits for families

- Important mechanism for signposting families to the appropriate support
- Reflected in uptake & demand
- Accessible & timely intervention
- Provide interim support to prevent escalation of problems
- Non-stigmatising
- Multiple services
- Flexible & responsive solutions to boundaries
- Circumventing waiting lists
- Building capacity, confidence & resilience
Conclusions

- Lot of hard work & investment from people
- Real partnership
- Needs-led not resource-led
- Some fine-tuning - responsive to demand
- Challenging environment
- Evidence to capture effectiveness
- Needs continued investment & strategic support
Any Questions?
Comfort Break
Family Support Hub Workshop
Mossley Mill
14 October 2015

Monitoring Outcomes

Valerie Maxwell
Children Services Planning Information Manager
Content of Presentation

- Outcomes Planning Overview
- Annual Report Card
- What’s new in Quarter 1 15/16
Outcomes based accountability/planning is made up of two parts:
(Mark Friedman 2005)

Population accountability about the wellbeing of WHOLE POPULATIONS for communities, wards, trust areas, Sure Starts regionally across NI

- Quality of life conditions we want for children, adults and families who live in our community?
- What would these conditions look like if we could see or experience them?
- How can we measure these conditions?
- Baselines
- Turning the curve
Performance accountability about the wellbeing of our CUSTOMER POPULATIONS for programmes, agencies and service systems across Family Support Hubs

Measure: how well a programme, agency or service system is working

- **How much did we do?** Customers-parents-mothers, fathers, children, activities, unit cost
- **How well did we do it?** % common measures: engagement levels with different types of target audience, families reported satisfaction with local services % activity-specific measures & actions timely, % customers completing activity, % actions meeting standards
- **Is anyone better off?** Customer outcome-% skills/knowledge (e.g parenting skills), % attitude/opinion—including customer satisfaction, % behaviour, % circumstance
It's not about pressing a button!!

THANK YOU ALL
Family Support Hubs
Annual Report Card No.1
(01 April 2014 - 31 March 2015)
How much did we do?

Performance Measure 1: As at March 2015, 26 hubs developed in Northern Ireland

Performance Measure 2: Number of Families referred through Family Support Hubs by Quarter

Performance Measure 3: Family, Children and Parent Referrals by Quarter.

Performance Measure 4: The highest age profile referral is 5-10 year olds at 40%
How much did we do cont’d….?

**Primary Reason’s for Referral**

*01 April 2014 – 31 March 2015*

- Emotional and behavioural difficulty support for primary school children: 512
- Emotional and behavioural difficulty support for post primary school children: 458
- Parenting programmes/parenting support: 362
- Emotional and behavioural difficulty support for parents: 319
- Financial support: 317
- Emotional and behavioural difficulty support for pre-school children: 222
- Adult Mental Health Issues: 199
- Child Care Support: 182
- Domestic Violence: 96

**Performance Measure 5:** Primary reasons for referral – total of 9 across Northern Ireland

**Performance Measure 6:** Disability Referrals – Adults and Children

- Adult Disability Referrals 25
  *
  01 April 2014 – 31 March 2015*

  - Sensory: 9
  - Learning: 16
  - Physical: 73

- Child Disability Referrals (0-25 years)
  *
  01 April 2014 – 31 March 2015*

  - Sensory: 43
  - Learning: 110
  - Physical: 44
How much did we do cont’d…?

Performance Measure 7:
Referrals by Ethnic Background for Children and Parents referred through Family Support Hub’s.

(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.)
How well did we do it?

**Performance Measure 8:** Number of Families Referred by Quarter

94% of Families where accepted and signposted

**Performance Measure 9:** 174 Families that were not accepted / awaiting an outcome

**Families Referred that where “Accepted & Signposted”**

*01 April 2014 – 31 March 2015*

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Families referred to FSH's</th>
<th>Accepted and Signposted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>575</td>
<td>536</td>
</tr>
<tr>
<td>Q2</td>
<td>599</td>
<td>577</td>
</tr>
<tr>
<td>Q3</td>
<td>722</td>
<td>678</td>
</tr>
<tr>
<td>Q4</td>
<td>739</td>
<td>670</td>
</tr>
<tr>
<td>Total</td>
<td>2635</td>
<td>2461</td>
</tr>
</tbody>
</table>

**Families not accepted / Awaiting outcome**

*01 April 2014 – 31 March 2015*

- Returned to Gateway: 23%
- Other reason (not specified): 6%
- Unable to meet the need of the family: 33%
- Still - ongoing: 21%
- Not Approved: 9%
- Inappropriate referral: 8%
How well did we do it cont’d……?

Performance Measure 10: Referring Agency

Percentage of Referrals Against Agencies
01 April 2014 – 31 March 2015

- Gateway: 21%
- Health Visitor: 14%
- Self referral: 10%
- Single Point of Entry (Referral Gateway): 9%
- Allied Health Professionals: 8%
- Voluntary organisation: 6%
- School: 6%
- Other Social Work Services: 6%
- Paediatrician: 4%
- Education Welfare Service: 4%
- CAMHS: 3%
- Family Support Interventions Team: 3%
- Other: 1%

01 April 2014 – 31 March 2015
How well did we do it cont’d……?

Referring Agency Trend-line
01 April 2014 – 31 March 2015

Performance Measure 11:
Referring Agency Trend-line

Number of Referrals

0 250

Q1 Q2 Q3 Q4

Gateway Health Visitor Self referral Single Point of Entry (Referral Gateway) Allied Health Professionals Voluntary organisation School Other Other Social Work Services Paediatrician Education Welfare Service CAMHS Family Support Interventions Team
How well did we do it cont’d......??

Families Referred

Positive Outcome, 95%
Referral Achieved within 4 weeks, 93%
Completed Intervention Referred to, 86%
Took Up Service Offer, 94%

(Please note that the above information is calculated on completed returns only, as a number of Family Support Hubs are new and progressing development of their data collection)
How well did we do it cont’d……?

Performance Measure 12: 10 Standards
92% have partially or fully implemented and 8% are in the process of implementation.

Performance Measure 13: Services Identified: service uptake for Parents / Children has nearly doubled from Quarter 1 – Quarter 4.

Hubs using the 10 Standards
01 April 2014 – 31 March 2015

- Implemented Standards: 58%
- Partially Implemented: 34%
- Planning Process of Implementing Standards: 8%

Services Identified for Parents / Children
01 April 2014 – 31 March 2015

- Services
- No of Parents / Children identified for services

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Services</th>
<th>No of Parents / Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>97</td>
<td>725</td>
</tr>
<tr>
<td>Q2</td>
<td>102</td>
<td>747</td>
</tr>
<tr>
<td>Q3</td>
<td>136</td>
<td>1119</td>
</tr>
<tr>
<td>Q4</td>
<td>216</td>
<td>1265</td>
</tr>
</tbody>
</table>
Family Support Hub Interagency Questionnaire

Aim

• The Children and Young People’s Strategic Partnership (CYPSP) have conducted a Survey on Family Support Hubs in Northern Ireland. The aim of this survey was to ascertain the views of Projects and Services associated with Family Support Hubs in a local area. As a Partnership we wanted to gain a better understanding of the impact of Family Support Hubs and of the interagency co-operation and collaboration that has emanated from it.

Target Audience

• Family Support hub Co-ordinators
• Family Support Hub Members - Statutory, Voluntary & Community Organisations that are part of the Family Support Hub Network

Responses

• 410 Hub Network Members / Organisations Targeted
• Total 180 Responses
Responses Per Area

- Total Questionnaire Targeted Audience: 410
- Response Rate by number: 180
- % Response Rate: 44%

Key Findings: Projects and Services were overwhelmingly positive about the impact of Family Support Hubs in their local areas.
Is anyone better off cont’d….?

Selection of Service Provider Feedback

- Increased focus on early intervention in your local area
  - Agree: 92%
  - Disagree: 8%

- Provided families with a more holistic approach to meeting their needs
  - Agree: 92%
  - Disagree: 8%

- Increased use of all the resources available in your area
  - Agree: 83%
  - Disagree: 17%

- Increased your knowledge and understanding of other workers roles
  - Agree: 94%
  - Disagree: 6%

- Increased demands on your own agency
  - Agree: 55%
  - Disagree: 45%

- Increased co-operation and collaboration across organisations in your local area
  - Agree: 91%
  - Disagree: 9%
Family Support Hubs service user comments / quotes:

- I am very grateful that my referral was dealt with so quickly, that the service was approved, and the worker was so “able” to connect with this young woman….They were so reassured that “useful, practical help” was going to be available to her and her young son. Knowing help was there when needed, was enough to content this young woman in the last few weeks of her life.

Hospice Social Worker for terminally ill young mother

- My son is 10 years old and was diagnosed with ADHD and said he wanted to kill himself. He found it difficult to form friendships and was constantly fighting with other children and the school constantly blamed him for incidents. I thought he was just a “bad boy”. I found referral to the Hub worked pretty seamlessly. I got a range of support including 1 to 1 support for my son, my husband and I attended a parenting programme and we also got specialist advice about ADHD. With hindsight I wish I had asked for help sooner. I view my son in a very different light now and have found the support really helpful and all the services involved didn’t judge us. We’re really glad we did this.

Mother of 2 children 1 with ADHD

- “Just knowing there was someone outside the family who could give me help and advice when I needed it was a great relief”.

Parent (with mild depression) of 3 children - 1 needed counselling for bereavement issues, another diagnosed with ADHD and the 3rd child had health issues

- “Ask for help it worked for me – everything I have been offered has improved my situation”.

Parent of 3 children who has caring responsibilities for her parent who has cancer

- “Beforehand it was try this, try that and I was constantly on the phone –getting nowhere. This has worked so much better for me.”

(Parent with 4 young children one with ADHD)

- “If I hadn’t had got the help I got a year ago I wouldn’t be as strong as I am now”
Family Support Hubs
Report Card
Quarter 1 2015/16
(01 April 2015 - 30 June 2015)
How much did we do?

Performance Measure 1: As at June 2015, 26 hubs developed in Northern Ireland.

Performance Measure 2: Number of Families referred through Family Support Hubs by Quarter:

- **Q4 (2014/15)**: 739
- **Q1 (2015/16)**: 964
- **Total**: 1703

Performance Measure 3: Family, Children and Parent Referrals by Quarter:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q4 (2014/15)</strong></td>
<td>739</td>
<td>973</td>
<td>810</td>
</tr>
<tr>
<td><strong>Q1 (2015/16)</strong></td>
<td>964</td>
<td>1113</td>
<td>1003</td>
</tr>
</tbody>
</table>

Performance Measure 4: The highest age profile referral is 5-10 year olds at 40%.

Age Profile (01 April 2015 - 30 June 2015):

- 5-10: 25%
- 0-4: 7%
- 11-15: 28%
- 16+: 40%
Performance

**Measure 7**: Main Presenting reasons for referral. EBD for primary and post primary are the highest reasons for referral.

How much did we do cont’d….?

**Main Presenting Reasons**

(01 April 2015 – 30 June 2015)

- EBD support for primary school children: 287
- EBD support for post primary school children: 163
- Parenting programmes/parenting support: 102
- EBD difficulty support for parents: 93
- EBD difficulty support for pre-school children: 85
- Child care support: 81
- Adult Mental health Issues: 59
- Financial support: 50
- Family breakdown: 38
- One to one support for young people: 37
- Disability support: 33
- Counselling services for children/young people: 32
- Youth activities/support: 32
How well did we do it cont’d…?

Referring Agency Trend-line
(01 January 2015 - 30 June 2015)
Thank You
Group discussion

1. Have the reviews provided the information you expected, if so what in particular?

2. Where there any elements highlighted which were of specific relevance to you?

3. What learning will you take away to your area?
Lunch Break
Service Provider and Service User Studies

Presented by
Helen Dunn
Service Provider Study

• Based on Literature Review (CES) for Dept. of Children and Youth Affairs (2011)
• On-line survey using survey monkey
• Each Hub Co-ordinator provided details of core members
• 410 Core Members of Hubs were surveyed
• 180 responded – 44% return
• Hubs were at different stages of development during this process
• Many members provided additional comments on each of the 17 questions asked
• Responses were very positive overall
• These are available in the final report – individual Hub Steering Groups can have access to all of their own comments
Respondents by Outcomes Group Area

- Northern: 35
- Southern: 18
- Western: 38
- South Eastern: 22
- Belfast: 37
- Unspecified: 30
Q1 Has being part of a Hub Network increased the focus on early intervention and prevention in your local area

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>93.41%</td>
</tr>
<tr>
<td>No</td>
<td>6.59%</td>
</tr>
</tbody>
</table>

Total Respondents: 167
Q3 Has being part of a Hub Network increased demands on your own agency

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>54.73%</td>
</tr>
<tr>
<td>Disagree</td>
<td>45.27%</td>
</tr>
</tbody>
</table>

Total Respondents: 148
Q4 Has the Hub Network helped to identify the service gaps in your local area

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>89.86%</td>
</tr>
<tr>
<td>Disagree</td>
<td>10.14%</td>
</tr>
</tbody>
</table>

Total Respondents: 148
Q7 Has being part of the Hub Network required an increased demand on your Service to support interagency co-operation and collaboration

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>57.43%</td>
</tr>
<tr>
<td>Disagree</td>
<td>42.57%</td>
</tr>
</tbody>
</table>

Total Respondents: 148
Q9 Has being a member of a Family Support Hub enhanced your knowledge and understanding of other workers roles

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>94.20%</td>
</tr>
<tr>
<td>Disagree</td>
<td>5.80%</td>
</tr>
</tbody>
</table>

Total Respondents: 138
Q11 Has being part of a Family Support Hub increased your knowledge of the availability of services in your local area

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>92.75%</td>
</tr>
<tr>
<td>Disagree</td>
<td>7.97%</td>
</tr>
</tbody>
</table>

Total Respondents: 138
Q12 Has being part of a Family Support Hub improved information sharing, communication and trust across the organisations in your local area

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>91.30%</td>
</tr>
<tr>
<td>Disagree</td>
<td>9.42%</td>
</tr>
</tbody>
</table>

Total Respondents: 138
Q13 Has being part of a Family Support Hub increased co-operation and collaboration across organisations in your local area

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>91.30%</td>
</tr>
<tr>
<td>Disagree</td>
<td>9.42%</td>
</tr>
</tbody>
</table>

Total Respondents: 138
Q14 Have Family Support Hubs increased the likelihood of improved outcomes for children and families

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>92.75% 128</td>
</tr>
<tr>
<td>Disagree</td>
<td>7.97% 11</td>
</tr>
</tbody>
</table>

Total Respondents: 138
Final Comments

"I believe hubs need to be flexible, non-bureaucratic, responsive, and flexible and this combination works really well for families and young people
Western Outcomes Group area

“As we have identified many of our families have several needs - not just one. Being a member of the Family Support Hub has allowed us to address their needs and take a more holistic approach. “
Belfast Outcomes Group area

"Overall, the development of the Hubs has helped raise awareness of needs, identifies appropriate supports and targeted interventions and has improved liaison between multi-agency services to help monitor/control waiting times for families in getting the right support for their needs. “
Northern Outcomes Group area
Final Comments

“The range of requests and problems identified are vast, however the multidisciplinary working of the Hub provides a comprehensive range of options to families and practitioners. Some families/children’s needs span more than one service.”
South Eastern Outcomes Group area

“I have enjoyed the opportunity to be part of the hub, to avoid duplication with service users, to learn about other services, to ensure that we are providing the best services we can in difficult economic times.”
Southern Outcomes Group area
Service User Feedback

Service User Study  January –March 2015

Newtownabbey Family Support Hub

6 families

Face to face – semi-structured interview – in their own homes

Received a range of supports through the Family Support Hubs
Service User Study

5 out of 6 mothers were on anti-depressants
5 children had a diagnosis of ADHD or Autism
1 child had serious mental health difficulties
1 child needed counselling
2 families needed housing support
3 families needed financial advice

Service user feedback used to inform:
Primary Mental Health Hubs
Regional Steering Group
Northern Steering Group
Voluntary organisations/providers of Hub co-ordination
Think Child Think Family sub group
Provided information for the Regional Scorecard for funder
Family Samples

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Weeks from referral to hub achieved?</td>
<td>15</td>
</tr>
<tr>
<td>Attend Service</td>
<td>15</td>
</tr>
<tr>
<td>Complete Programme</td>
<td>11</td>
</tr>
</tbody>
</table>

- Yes: 15
- No: 0

- Yes: 15
- No: 0
- Yes: 11
- No: 3
Did the parent receive written information and an explanation about the Family Support Hub

Did the parent find the process of engaging with a Hub worked well for them

Did the Parent / Child find the intervention referred to had positive outcomes

Were there any other supports the parent/child would have found useful but these were not available in their area

Did the parent/child need to be referred on to statutory Social Services

Has the parent/child any recommendations/comments as to how the process could work more effectively
For information on the work of the CYPSP and how you can get involved please use one of the following methods:

Internet- www.cypsp.org

Telephone- 0300555 0115 & ask for CYPSP

Follow us on Twitter @cypsp

Subscribe to the monthly e-zine by emailing cypsp@hscni.net
Southern Trust Hubs.

There are three family support hubs in the Southern Trust

- Armagh and Dungannon – Barnardos Mr Pat McGeough

- Craigavon and Banbridge – NIACRO Ms Rachel Long

- Newry and Mourne – Space – Jacinta Linden/Allison Slater
What has worked for us as Hub agencies?

- Strengthened understanding and cooperation with and between Hub Coordinators, from NIACRO, Barnardo’s and Space— (supporting people and communities every day)

- Strengthened understanding and cooperation with and between Hub staff teams and the core members of the FSH groups

- Has helped establish gaps in service, and created opportunities for creative partnership work to meet those gaps

- Strengthened understanding and eligibility/access to supports available for beneficiaries
What has worked for Hub Partners?

Built really strong collaborative relationships with and between the three hub agencies, and jointly pitched for the family support hub tender to ensure a joined up approach across the SHSCT area.

The three hub partners collaborated in an application to the big Lottery to provide additional investment in Family Support work throughout the SHSCT area.

In May 2015 the Big Lottery invested £700k.

NIACRO recently secured the EITP tender for the SHSCT pilot with an other hub host providing a support contract within that award.
What has worked for the Individual agency teams?

• Staff employed by the three SHSCT host agencies frequently benefit from sharing resources, sharing best practice and sharing training opportunities

• Interagency communication and networking between staff members has ensured, in many cases improved services and benefits for families, and children in our area

• The hub Partner agencies have been generous in sharing and improving work practice – examples include the setting up of a shared database, a common presentation template for sharing with stakeholders, community directory of services, shared networking events.
What has worked for the children and families we serve?

• Become more confident in getting support and access to services within a short timeframe.

• Families have expressed gratitude about the coordinating aspect of the hubs and the ease with which access to service was made available.

• Individual hub hosts have become more informed about existing services such as MARA, ESLP and in turn are providing a whole family solution.

• Needs can be considered and supported from Early years through to late adolescence.

• The three hub hosts are committed to maximising all opportunities for maintaining and developing services and supports for families and children in need.
We keep focused on the child and on the family what else might help?

- It takes a whole village to rear a child - we each have a part to play

- We are committed to keeping families centre stage! It takes all of the players to do this

- We need to consistently learn and share what services are in our community and know how to access them
Case Study

• Barnardos

• Niacro
Collective responsibility, empowering families

Knowledge of services available

Best use of resources, purpose of our work
FAMILY SUPPORT HUBS
BHSCT AREA
Belfast Trust Area Hubs

- Inner East – NI Alternatives (Open to referral)
- Upper Springfield/Whiterock – Whiterock CC (Open to referral)
- Shankill – Greater Shankill Partnership (Open to referral)
- South I – LORAG (Open to referral)
- Lower North – Ashton Community Trust (Open to referral)
- Greater Falls – Blackie River CG (Open to referral)
- Outer West – CRJ (Open to referral)
Belfast Trust Area Hubs

- South Belfast II – Windsor Women’s Centre (Not open to referral)
- North Belfast II – Vine (Not open to referral)
- Outer South East Belfast (Not open to referral)
Hub Membership

To date across 9 of the 10 Hubs within the Belfast Trust area there are 317 Core and Associate Members.
Capacity Building with Community & Voluntary Sector – Training Programme

- Tailored Keeping Safe Designated Officer – Focussing on effective partnership working.
- Neglect – Awareness raising of Thresholds, signs & symptoms.
- Risk Assessment – Frameworks & Thresholds
- Supervision – Importance of accountability.
- Policies & Procedures – Fitness for purpose & Opportunity to review, Quality Assurance.
Training

- **Workshop on Neglect** - assessing the impact
  9th October 2015 – 30 places booked

- **1 day Designated Officer training**
  16th November 2015 – 28 places booked

- **Risk Assessment**
  2nd December 2015 – 16 places booked

- **Effective Supervision**
  14th December 2015 – 12 places booked
Supports

- **EIST** – Support Hub development process
- **Regional FS Hub Co-Ordinator** – Ensuring consistent approach.
- **BHSCT Internal Stakeholder Group** – Ensuring consistency, sign off documentation.
- **BHSCT Lead Body Network Group** – Opportunity for Lead Body Organisations to meet, share issues, discuss good practice.
Family Support Hubs

Claire McKay - Action for Children
Darlene Lyons - NHSCT
Family Support Hub Team

Service co-ordinator 30hrs

Business administrative officer 20 hours

Family support worker-30 hours based in Antrim covering Antrim, Larne Carrickfergus and Newtownabbey

Family support worker-30 hours based in Coleraine covering Magherafelt, Cookstown, Coleraine, Moyle and Ballymena
Hubs across the Northern Outcomes Group Area:

- Antrim / Ballymena
- Larne / Carrickfergus
- Newtownabbey
- Coleraine and Moyle
- Magherafelt / Cookstown
Coleraine Hub

- Mission statement
- Formal Partnership agreement
- Information sharing protocol
- Common thresholds across organisations
- Interface between Gateway and other services
- Arrangements for tracking outcomes
- Enabling children and young people to be involved
- Service user feedback mechanisms
- Taking referrals
Multi access referral routes

- Historically cases were solely from Gateway teams
- All 5 hubs across the Northern Area are now open to accepting referrals from other hub members, community, voluntary and statutory organisations, and self referrals.
- We currently work with case referrals from Single Point of Entry and Gateway cases
Hub Process

• Agencies complete referral form and send to the Family Support Hub Network (families must give consent to referral to be discussed in the Hub meeting.

• Support workers carry out further assessment where possible / necessary with families prior to Hub meeting

• Families cases are presented at each Hub
What happens next?

• Referrals are taken up by relevant agencies
• First review forms are sent out and completed by agencies who take each referral
• Agencies who accept a referral from each Hub meeting will contact the referrer with regards to the status of the referral
• Final review forms are completed by relevant agencies when cases close
Interface with Gateway

• A table of referral details are sent to members and Gateway representative 2 days prior to each Hub meeting in each area.
• The Gateway representative will complete Soscare checks on all referrals to ensure threshold of referrals are appropriate.
• If family was previously known to social services the social worker will bring further information.
• If any Hub members have further information on families this will be shared at the meeting.
• If families are discussed at the Hub meeting and there are significant issues or concerns with regards to the family a Family Support Worker will complete a home visit, complete a UNOCINI assessment and send to SPOE.
• The Gateway social worker at the Hub meeting will decide in conjunction with the Hub co-ordinator and Hub members if a case is too high threshold.
Case Studies

• Family A
  • Father – Drug Addiction
  • Mother – Coping Strategies
  • Child – ADHD

• Family B
  • Mother – Domestic Abuse
    Mental Health Issues
  • Child – Vulnerable
    Low self-esteem
Current Developments

• It is our aim to also work with families which Family Support and Intervention Teams are ending their intervention with, on a “step down” basis. This is currently being piloted in the Coleraine area.
South Eastern Health and Social Care Trust

- Michael Murray - Assistant Director

“The Sloan Family” DVD
The Fermanagh & Omagh Early Intervention

14th October 2015
Presented by Seána Connor
Hub Co-ordinator
Action for Children
Fermanagh & Omagh HUB

Current operational position within AFC

Early Intervention Project

2Hubs

2 Hub Coordinator
Co-ordinating Hubs in Rural areas

• Our Early Intervention Hubs are working in a Community Development Model with representation from the Community, Voluntary and Statutory Sector working in partnerships in meeting the needs of families in our communities.

• The rurality of both hubs present challenges in meeting the needs of families.

• Our Hubs provide the perfect platform for partnership working, sharing good practise i.e. knowledge, expertise, information sharing, resources building active and sustainable communities.

• We support one another to improve families access to services ensuring co-ordination of services are improved. We work closely with our Locality Planning co-ordinator reporting the trends and needs.
Hub Booklets

• Lack of internet access is a barrier for families. Hub Partners & families identified this as a need.
• Aim was to improve professionals/families awareness of what Early Intervention family support were available in their communities.
• Promote the Family Support NI Database
• Family Friendly
• Improve professionals/families awareness of Hubs.
Parents Reference Group

- We liaise with Parents to learn from their experiences and improve access to services in rural areas.
- Lack of Internet access is a barrier for families one parent describes the booklet as a bible in their home.
- Review referrals/evaluations to ensure family
Thank you

• Thanks for taking the time to listen to me today.
The way forward

• In your Outcomes Group Areas what do you want to take away from today to inform the further development of your Family Support Hubs
Thank you

- Thank you for your attendance and participation today, presentations will be available on the CYPSP website.