Family Support Hubs Workshop

14th October 10am-3pm

Mossley Mill, Newtownabbey

Welcome and Introduction

Maurice Leeson, Children's Services Planning Professional Advisor

Agenda

9.30am Arrival tea /coffee	
10.00am Welcome and Introduction	Maurice Leeson
10.15am Overview of the day	Helen Dunn
10.25am Literature Review (CES)	Leslie Boydell
10.45am Review (SCIE)	Shirley Ewart-Boyle
11.10am Any questions?	
11.15am Comfort Break	
11.30am Overview of Annual Statistics	Valerie Maxwell
12.00pm Group discussion	
12.30pm Lunch	
1.15pm Service Provider and Service User Studies	Helen Dunn
1.45pm Practice examples from Trusts	
2.30pm The way forward – group discussion	
3.00pm Finish	

CES
CENTRE FOR EFFECTIVE SERVICES

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 that 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

Implementation Enablers	Stages of Implementation			
	1. Exploring & Preparing	2. Planning & Resourcing	3. Implementing & Operationalising	4. Business as Usual
Stakeholder consultation and buy-in	■	■	■	■
Leadership	■	■	■	■
Resources	■	■	■	■
Implementation teams		■	■	■
Implementation plan		■	■	■
Staff capacity		■	■	■
Organisational support		■	■	■
Supportive organisational culture		■	■	■
Communication		■	■	■
Monitoring and evaluation			■	■
Learning from experience			■	■

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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

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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

Leslie Boydell

L.boydell@googlemail.com

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

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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

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Population of children aged 0-17

Family Support Hub areas	Children Aged 0-17 (Source: NISRA MYE 2014)	Neighbourhood Renewal Areas
Northern Area	108,682	4
Belfast Area	75,814	15
Southern Area	94,411	7
South East Area	80,646	3
Western Area	73,608	8

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

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Hub	Lead Organisation	Sector	Funder
Ethos	Greater Shantallow Area Partnership	Community	DSC
Outer West	Dunluce Family Centre Ltd	Community	DSD
Waterside Omagh Fermanagh Larne & Carrickfergus Antrim & Ballymena Cookstown & Magherafelt Ballymoney, Coleraine & Moyle Newtownabbey	Action for Children	Voluntary	HSCB (existing contract) DSC
North Down & Ards Down Greater Lisburn	South Eastern HSC Trust	Statutory	Trust
Craigavon & Banbridge	NIACRO (CAPS)	Voluntary	DSC
Newry	SPACE- NI	Community	DSC
Armagh & Dungannon	Barnardos (YPP)	Voluntary	DSC
Greater Shankill	Greater Shankill Area Partnership	Community	DSC
South Belfast 1	Lower Ormeau Residents Action Group	Community	DSC
Inner East Belfast	East Belfast Alternatives	Community	DSC

Governance arrangements
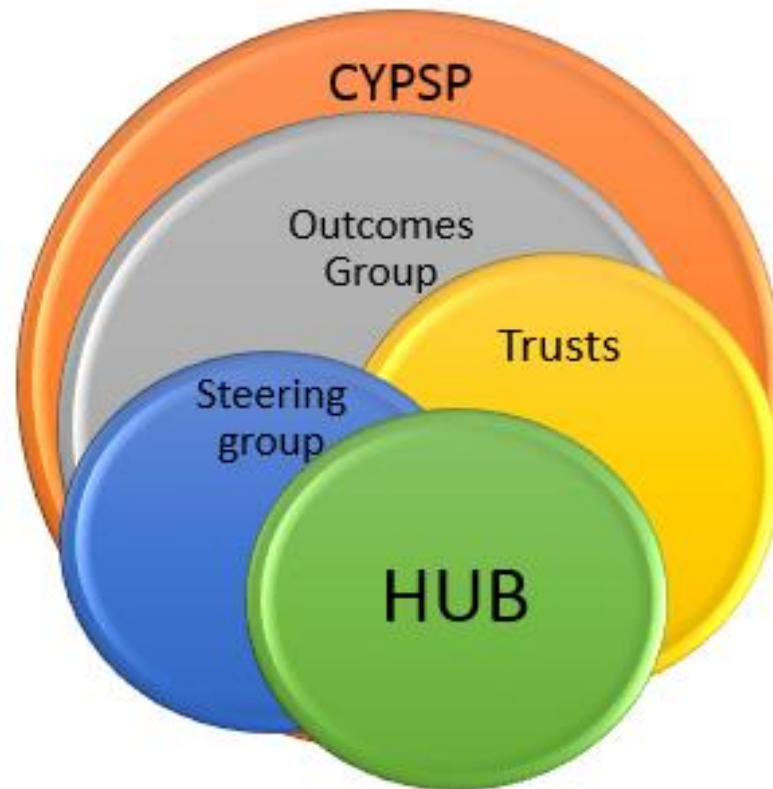
Coordinators' responsibilities

- 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.*

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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

	Statutory	Voluntary	Community	Faith	Core	Total
Shantallow	8	14	6		All	28
Outer West	4	8	7		All	19
Waterside	6	11	5		20	22
Omagh	12	13	1		20	26
Fermanagh	12	15	4		25	31
Down	7	3	2		All	12
Greater Lisburn	7	3	3		All	13
North Down & Ards	6	8			All	14
Magherafelt & Cookstown	6	21		3	16	30

	Statutory	Voluntary	Community	Faith	Core	Total
Larne & Carrick	6	21		1	15	28
Newtownabbey	8	21		2	15	31
Coleraine, B&M	6	23	2	4	18	35
B'mena & Antrim	6	21		3	17	30
Armagh & Dungannon	6	6	3		All	15
Craigavon & Banbridge	6	6			All	12
Newry	5	7	3		All	15
South Belfast 1	8	14	21	1	17	44
Inner East	6	13	14	4	22	37
Shankill	5	8	11	1	10	25

Sector representation

Sector	%	Number
Voluntary	50%	236
Community	18%	82
Faith	4%	19
Statutory	28%	130
Core	69%	323
Total:		467

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

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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

![scie social care institute for excellence logo]

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)

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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

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Benefits- resources & planning

- Contribution to strategic needs assessment & locality planning

- Identifying & responding to unmet need

- Upstream cost effectiveness

- Resource management v duplication

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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?

CYPSP
Children & Young People's Strategic Partnership

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

CYPSP
Children & Young People's Strategic Partnership

Outcomes based accountability/planning is made up of two parts:

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

Its not about pressing a button!!

THANK YOU ALL

Family Support Hubs
Annual Report Card No.1
(01 April 2014 - 31 March 2015)
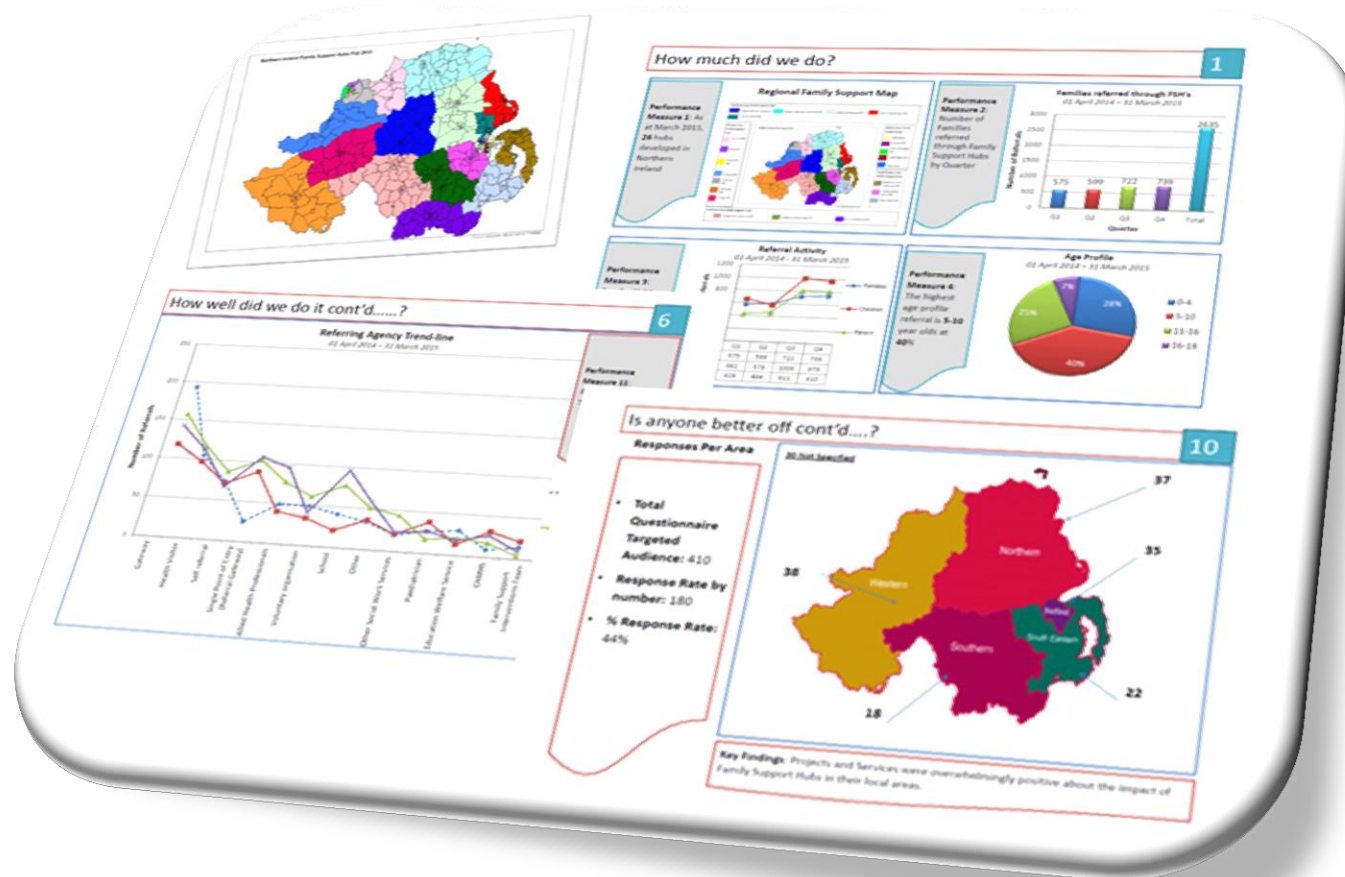
Performance Measure 1: As at March 2015, **26** hubs developed in Northern Ireland

Regional Family Support Map

Northern Area Family Support Hubs
- Magherafelt and Cookstown FSH
- Coleraine, Ballymoney and Moyle FSH
- Antrim and Ballymena FSH
- Larne & Carrick Sector FSH
- Newtownabbey FSH

Western Area Family Support Hubs
- Dry Arch FSH
- Ethos FSH
- Family First FSH
- Strabane FSH
- Waterside FSH
- Fermanagh FSH
- Omagh FSH

Belfast Area Family Support Hubs
- East Belfast
- Shankhill FSH
- Upper Springfield FSH
- South Belfast FSH
- Outer North

South Eastern Area Family Support Hubs
- North Down and Ards Sector FSH
- Greater Lisburn Sector FSH
- Down Sector FSH

Southern Area Family Support Hubs
- Armagh and Dungannon FSH
- Craigavon and Banbridge FSH
- Newry and Mourne FSH

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

Families referred through FSH's
01 April 2014 – 31 March 2015
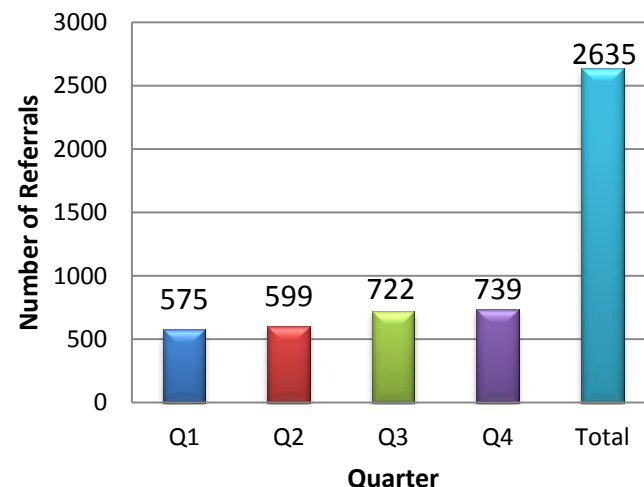
Quarter	Number of Referrals
Q1	575
Q2	599
Q3	722
Q4	739
Total	2635

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

Referral Activity
01 April 2014 - 31 March 2015
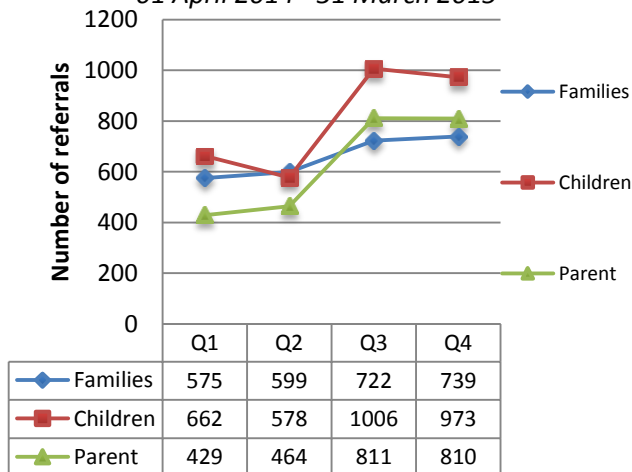
	Q1	Q2	Q3	Q4
Families	575	599	722	739
Children	662	578	1006	973
Parent	429	464	811	810

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

Age Profile
01 April 2014 – 31 March 2015

- 0-4: 28%
- 5-10: 40%
- 11-16: 25%
- 16-18: 7%
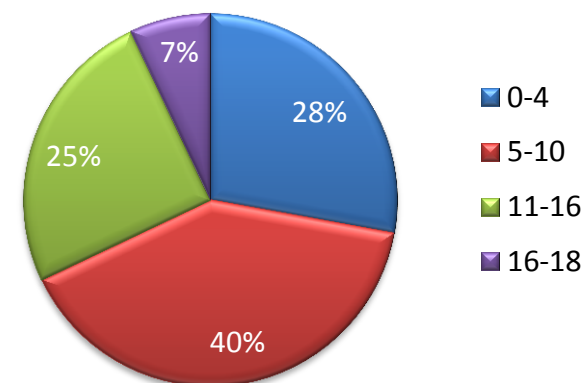
Performance Measure 5: Primary reasons for referral – total of 9 across Northern Ireland

Primary Reason's for Referral
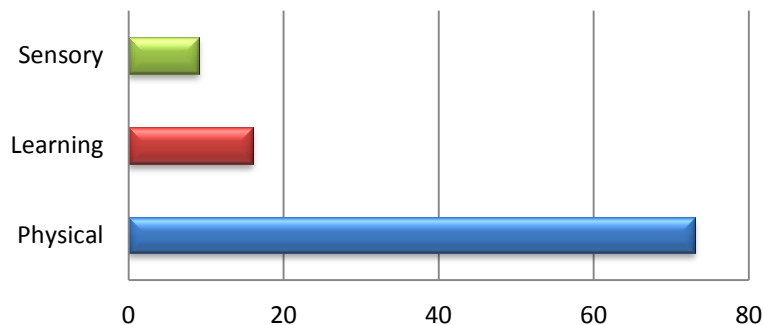*01 April 2014 – 31 March 2015*

Reason	Value
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 6: Disability Referrals – Adults and Children

Adult Disability Referrals 25
01 April 2014 – 31 March 2015

	Physical	Learning	Sensory
Total	73	16	9

Child Disability Referrals (0-25 years)
01 April 2014 – 31 March 2015
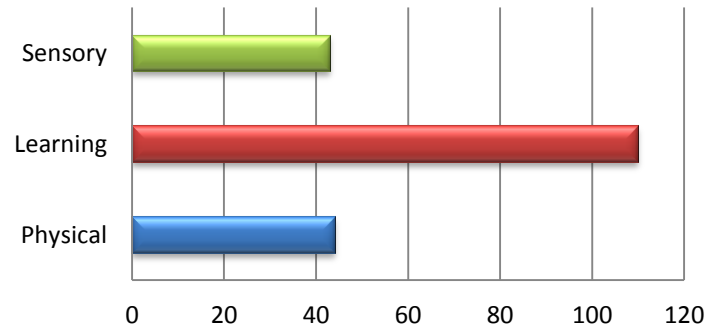
	Physical	Learning	Sensory
Total	44	110	43

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.)

Child/ren Referrals by Ethnic Background
01 April 2014 - 31 March 2015
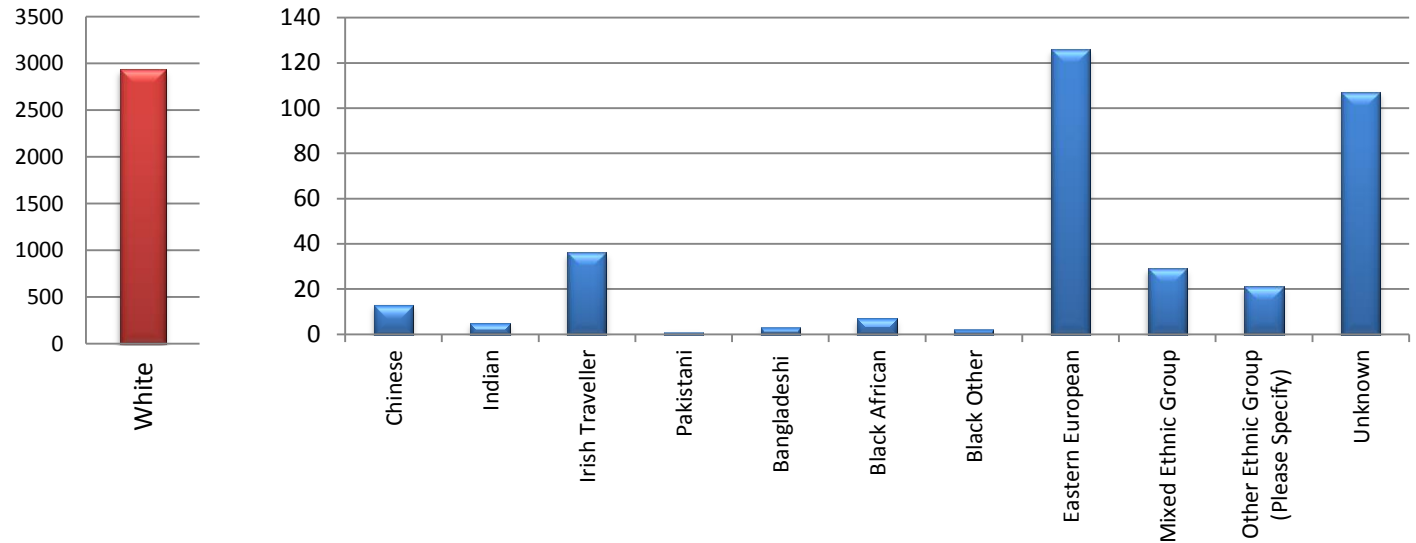
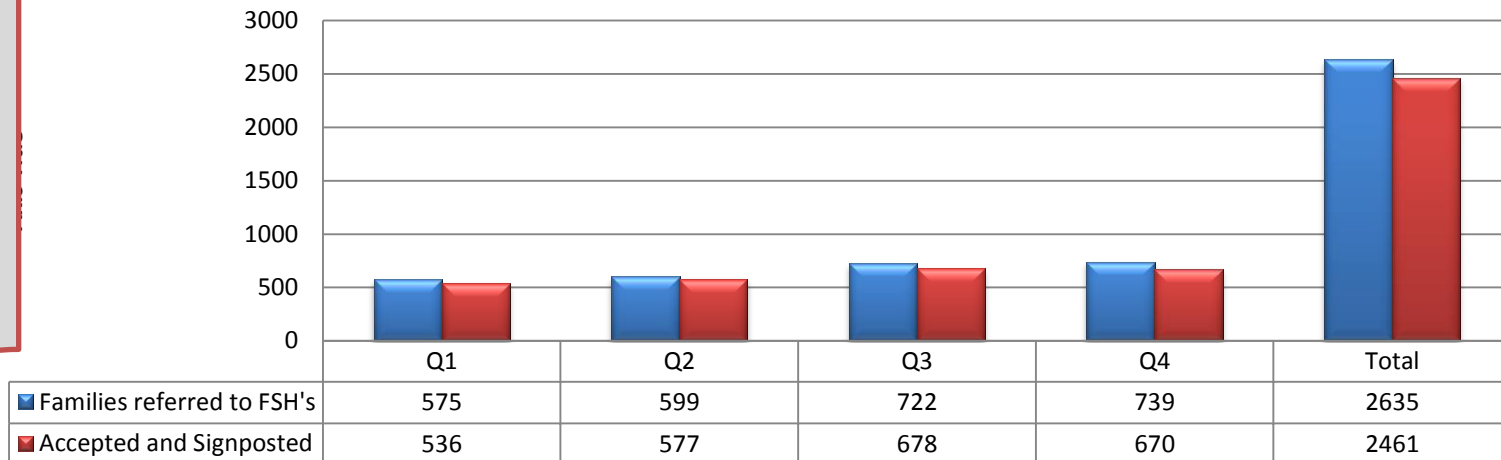### Parent Referrals by Ethnic Background
01 April 2014 - 31 March 2015
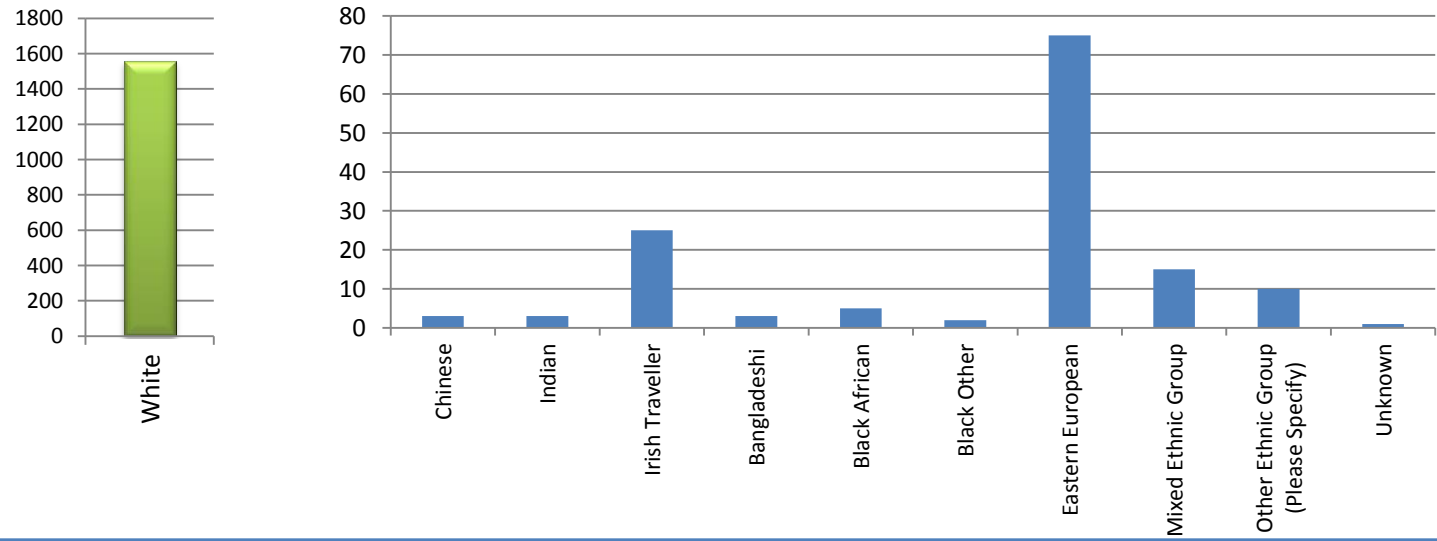
Performance Measure 8: Number of Families Referred by Quarter

94% of Families where accepted and signposted

Families Referred that where "Accepted & Signposted"
01 April 2014 – 31 March 2015

	Q1	Q2	Q3	Q4	Total
Families referred to FSH's	575	599	722	739	2635
Accepted and Signposted	536	577	678	670	2461

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

Families not accepted / Awaiting outcome
01 April 2014 – 31 March 2015

- Returned to Gateway — 33%
- Other reason (not specified) — 9%
- Unable to meet the need of the family — 8%
- Still - ongoing — 21%
- Not Approved — 23%
- Inappropriate referral — 6%
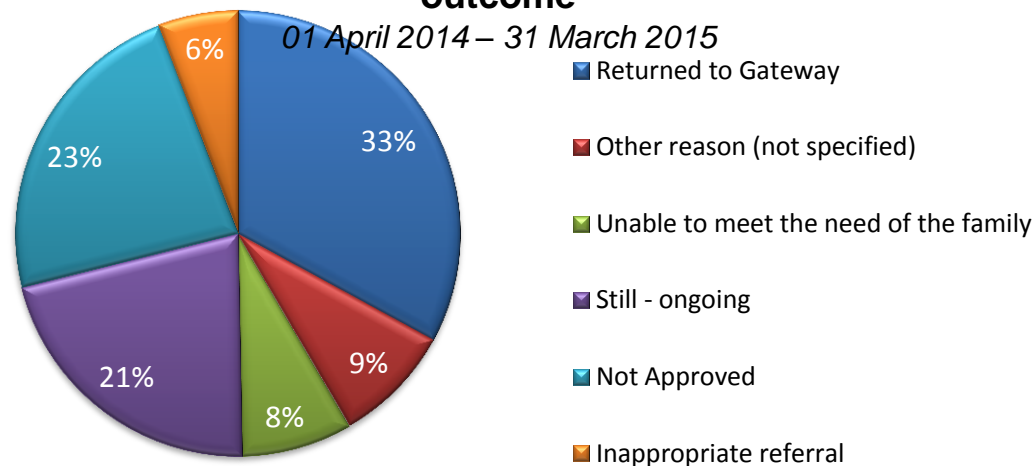
Performance Measure 10: Referring Agency

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) — 11%
- Allied Health Professionals — 9%
- Voluntary organisation — 6%
- School — 8%
- Other — 6%
- Other Social Work Services — 4%
- Paediatrician — 4%
- Education Welfare Service — 3%
- CAMHS — 3%
- Family Support Interventions Team — 1%
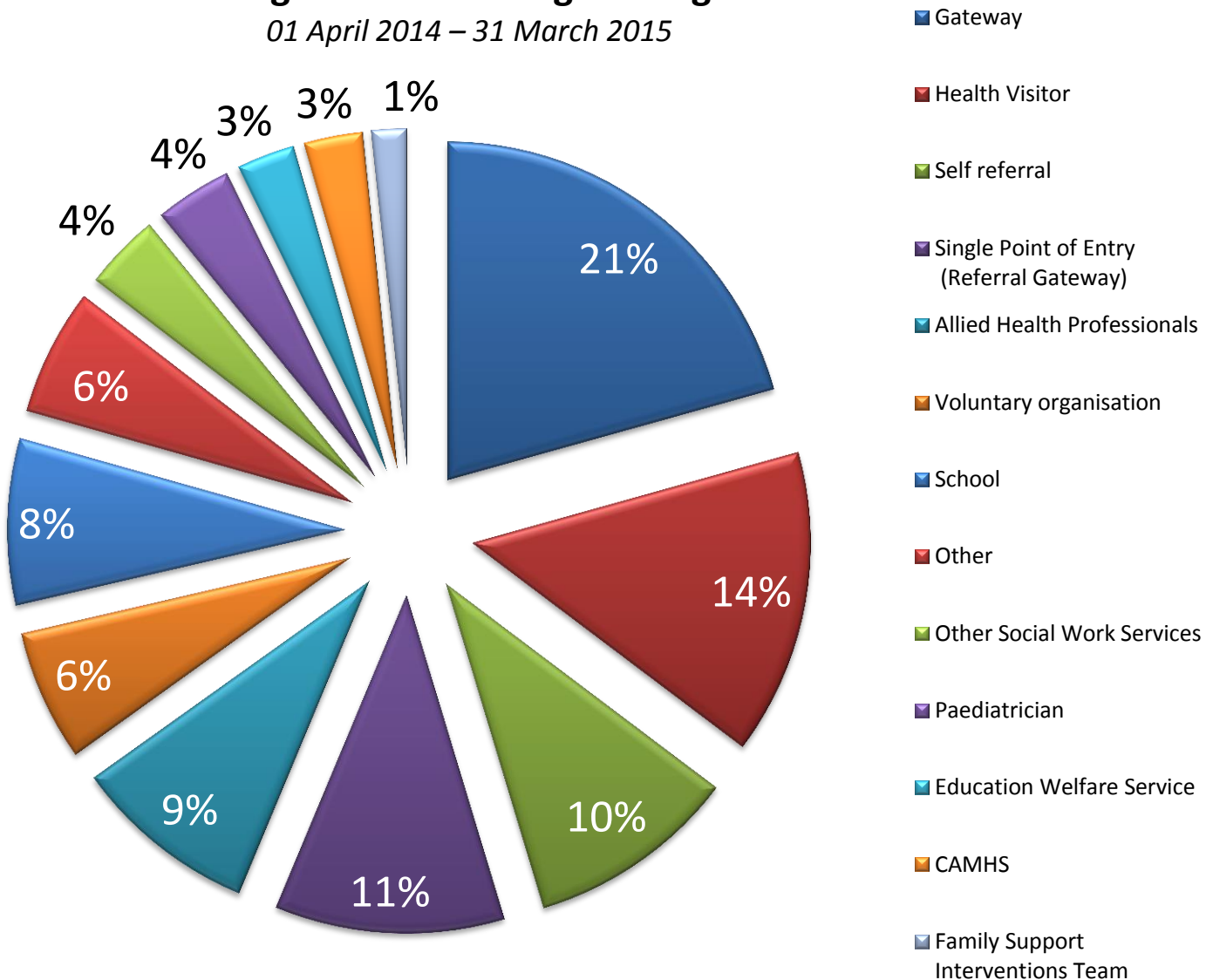
Referring Agency Trend-line
01 April 2014 – 31 March 2015

Performance Measure 11: Referring Agency Trend-line
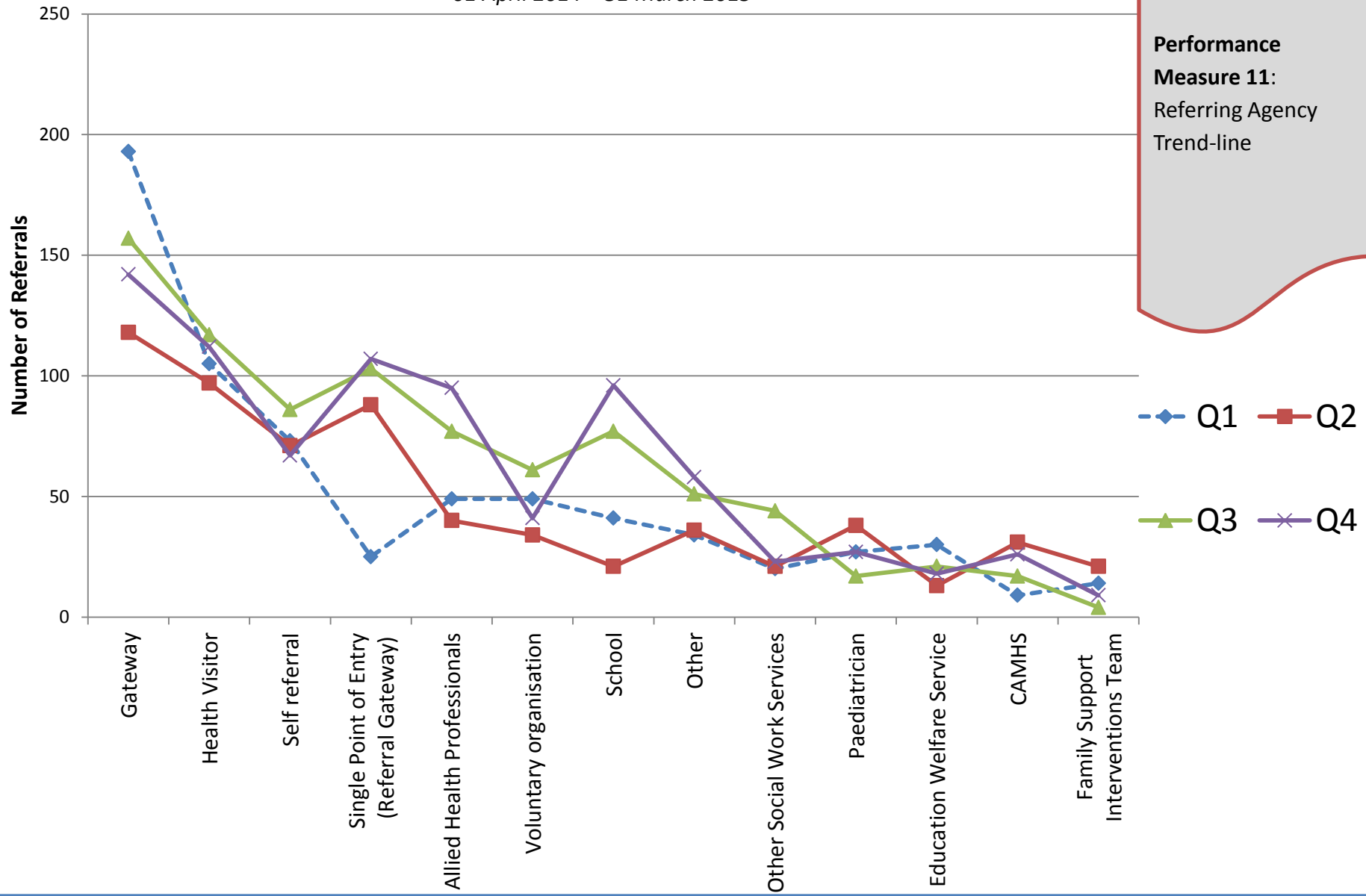
Evaluation Process - Outcome of Referrals
01 April 2014 – 31 March 2015

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

Families Referred
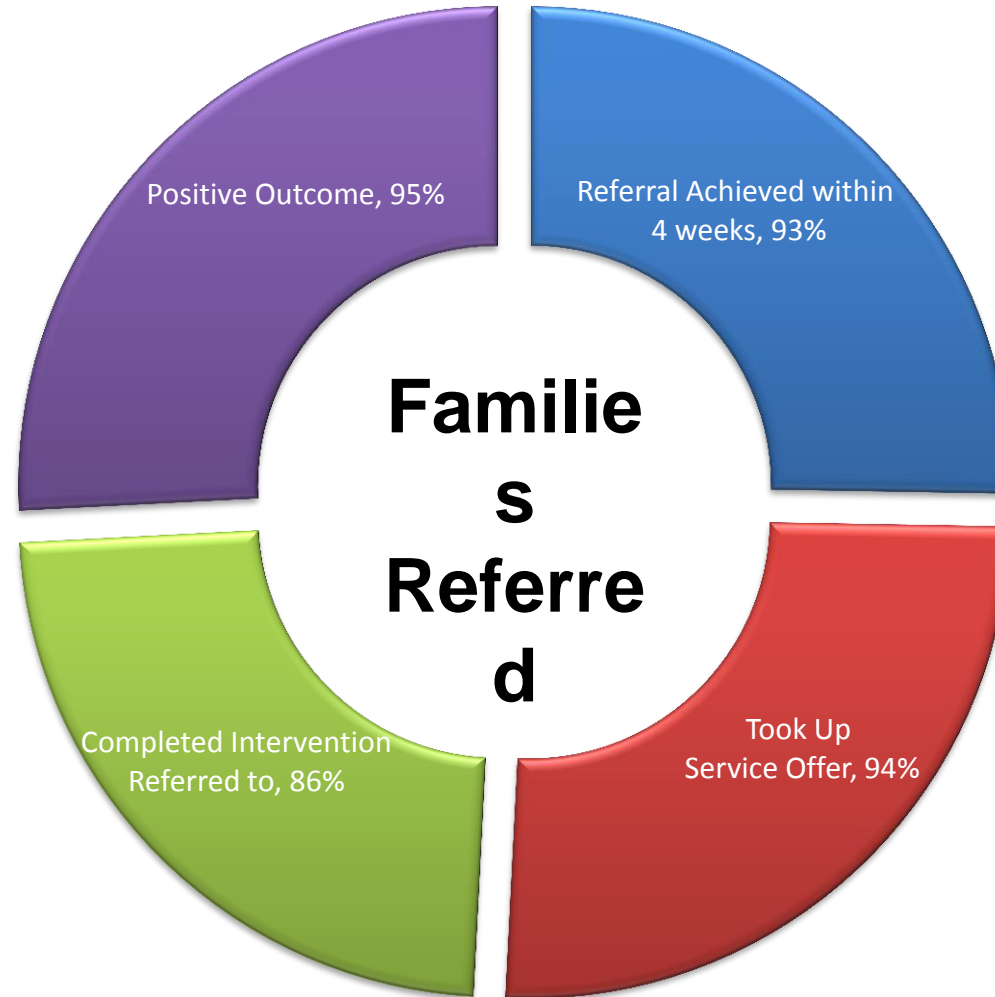
(Please note that the above information is calculated on completed returns only, as a number of Family Support Hubs are new and progressing development of their data collection)

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

Performance Measure 12: 10 Standards
92% have partially or fully implemented and **8 %** are in the process of implementation
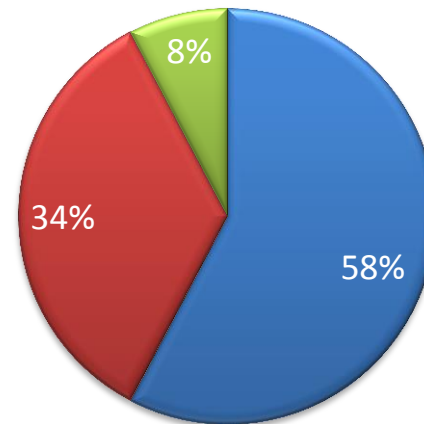
- Implemented Standards
- Partially Implemented
- Planning Process of Implementing Standards

8%
34%
58%

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

Performance Measure 13: Services Identified: service up take for Parents / Children has nearly doubled from Quarter 1 – Quarter 4.
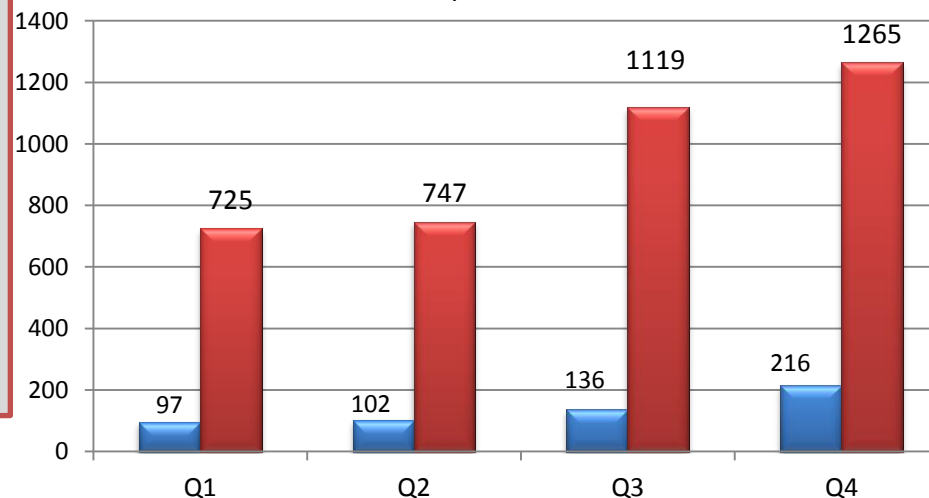
- Services
- No of Parents / Children identified for services

	Q1	Q2	Q3	Q4
Services	97	102	136	216
No of Parents / Children	725	747	1119	1265

Is anyone better off?

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

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

Responses Per Area

- **Total Questionnaire Targeted Audience:** 410

- **Response Rate by number:** 180

- **% Response Rate:** 44%

30 Not Specified

37

35

38

22

18
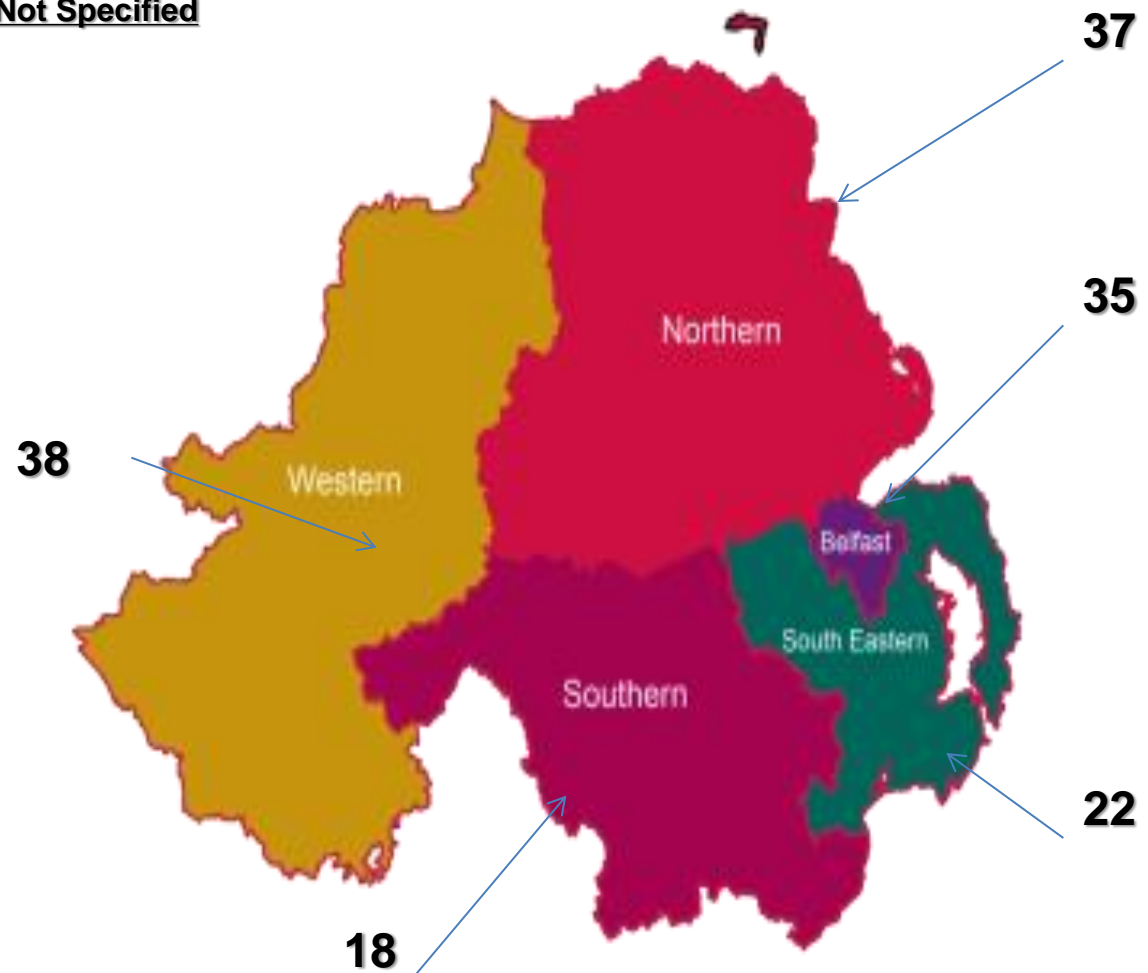
Key Findings: Projects and Services were overwhelmingly positive about the impact of Family Support Hubs in their local areas.

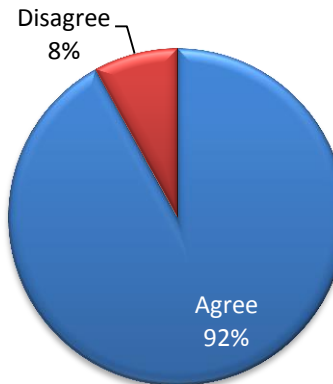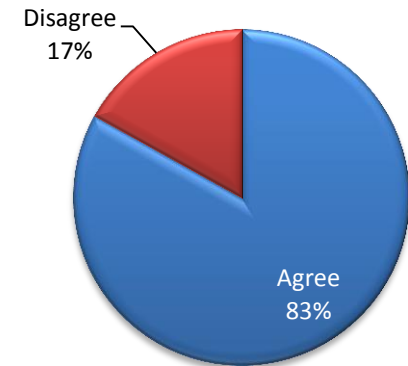## **Selection of Service Provider Feedback**

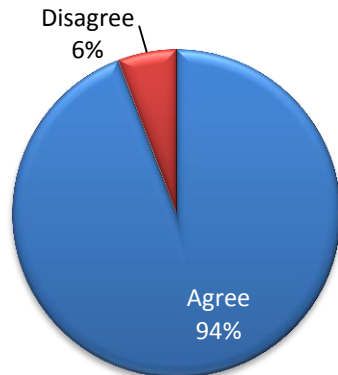
Increased focus on early intervention in your local area
- Disagree 8%
- Agree 92%
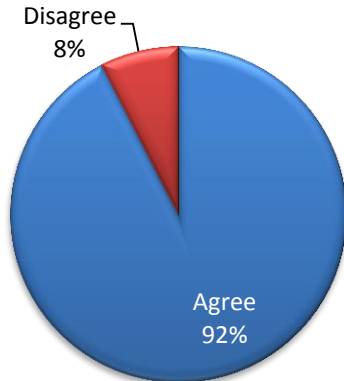
Provided families with a more holistic approach to meeting their needs
- Disagree 8%
- Agree 92%

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

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

Increased demands on your own agency
- Disagree 45%
- Agree 55%
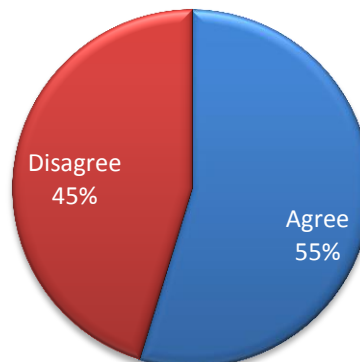
Increased co-operation and collaboration across organisations in your local area
- Disagree 9%
- Agree 91%
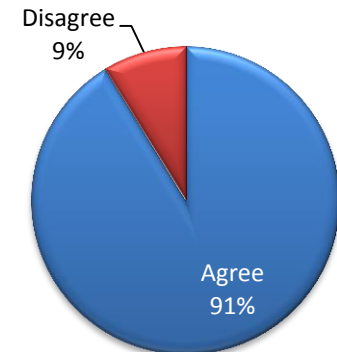
Family Support Hubs service user comments / quotes:

- *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)

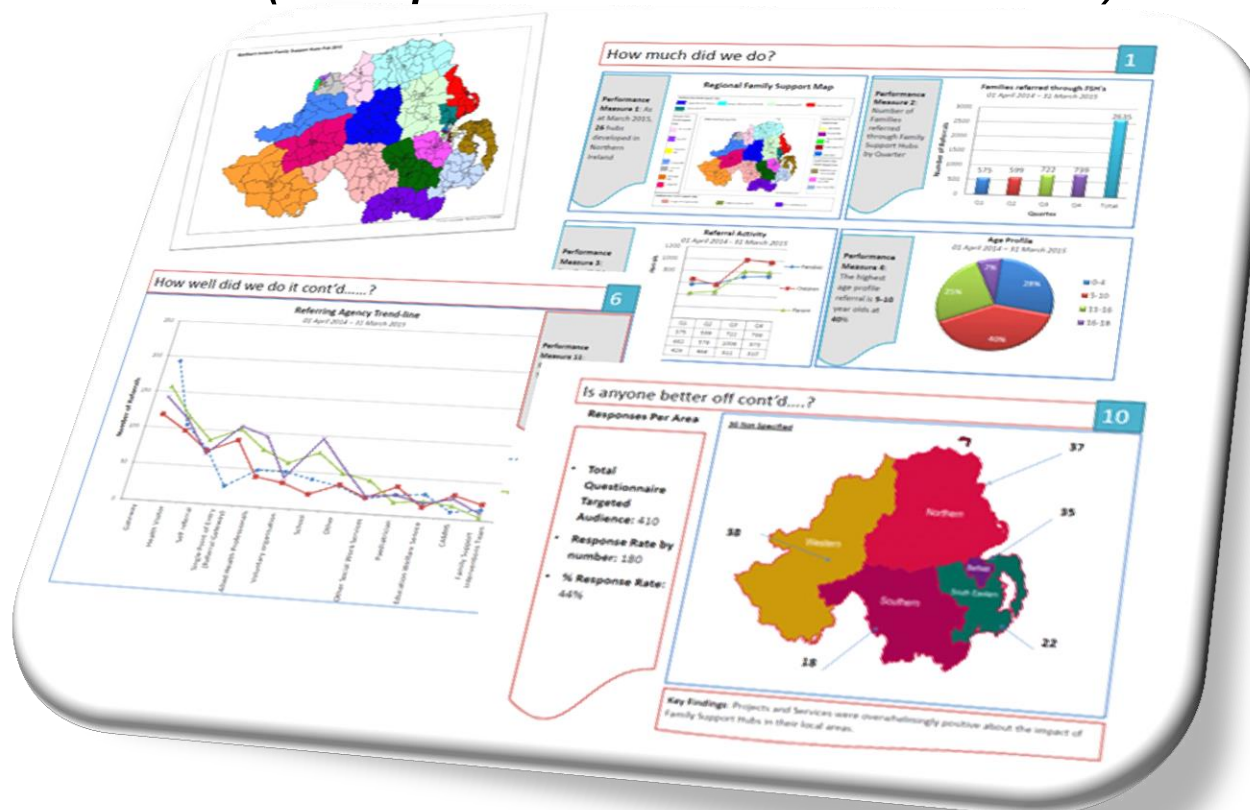- "If I hadn't had got the help I got a year ago I wouldn't be as strong as I am now"

(Parent of a young child with autism and a teenager with mental health issues)

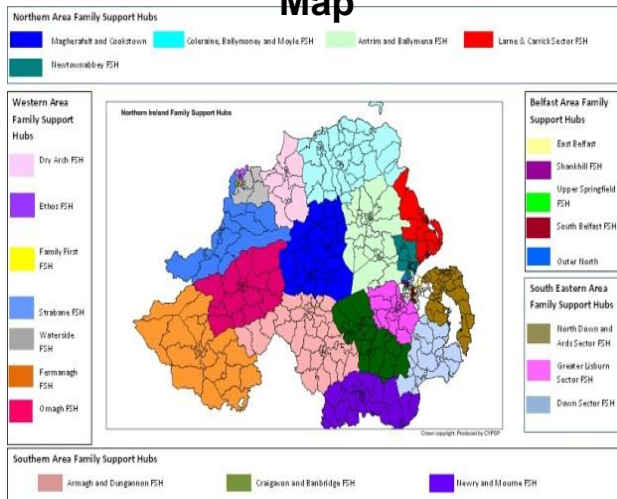# Family Support Hubs Report Card

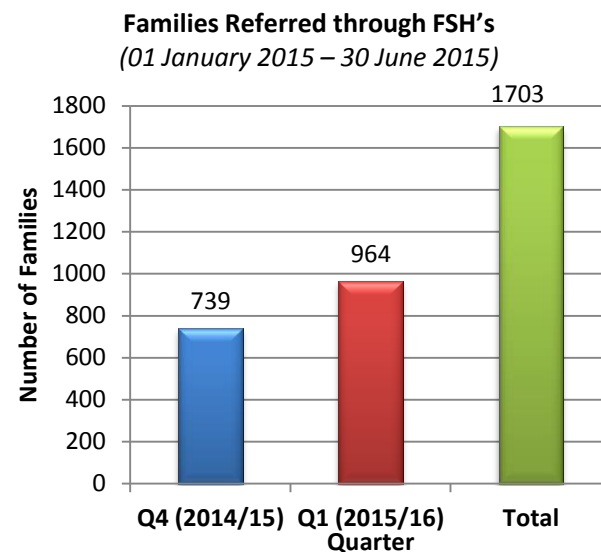*Quarter 1 2015/16*
(01 April 2015 - 30 June 2015)

How much did we do?

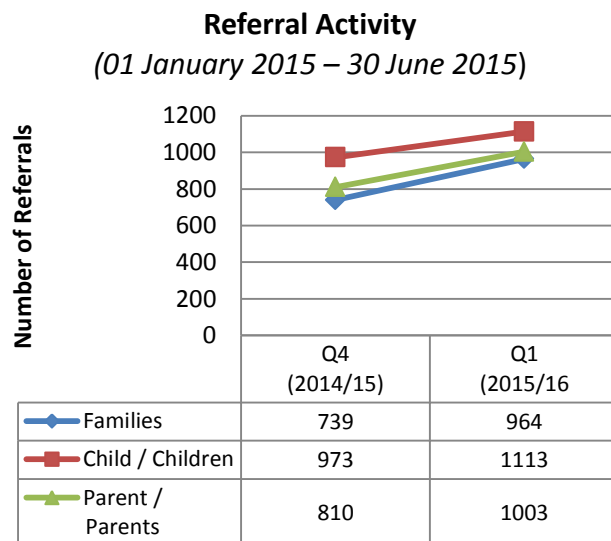**Performance Measure 1**: As at June 2015, **26** hubs developed in Northern Ireland

Regional Family Support Hub Map

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

Families Referred through FSH's
(01 January 2015 – 30 June 2015)

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

Referral Activity
(01 January 2015 – 30 June 2015)

	Q4 (2014/15)	Q1 (2015/16)
Families	739	964
Child / Children	973	1113
Parent / Parents	810	1003

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

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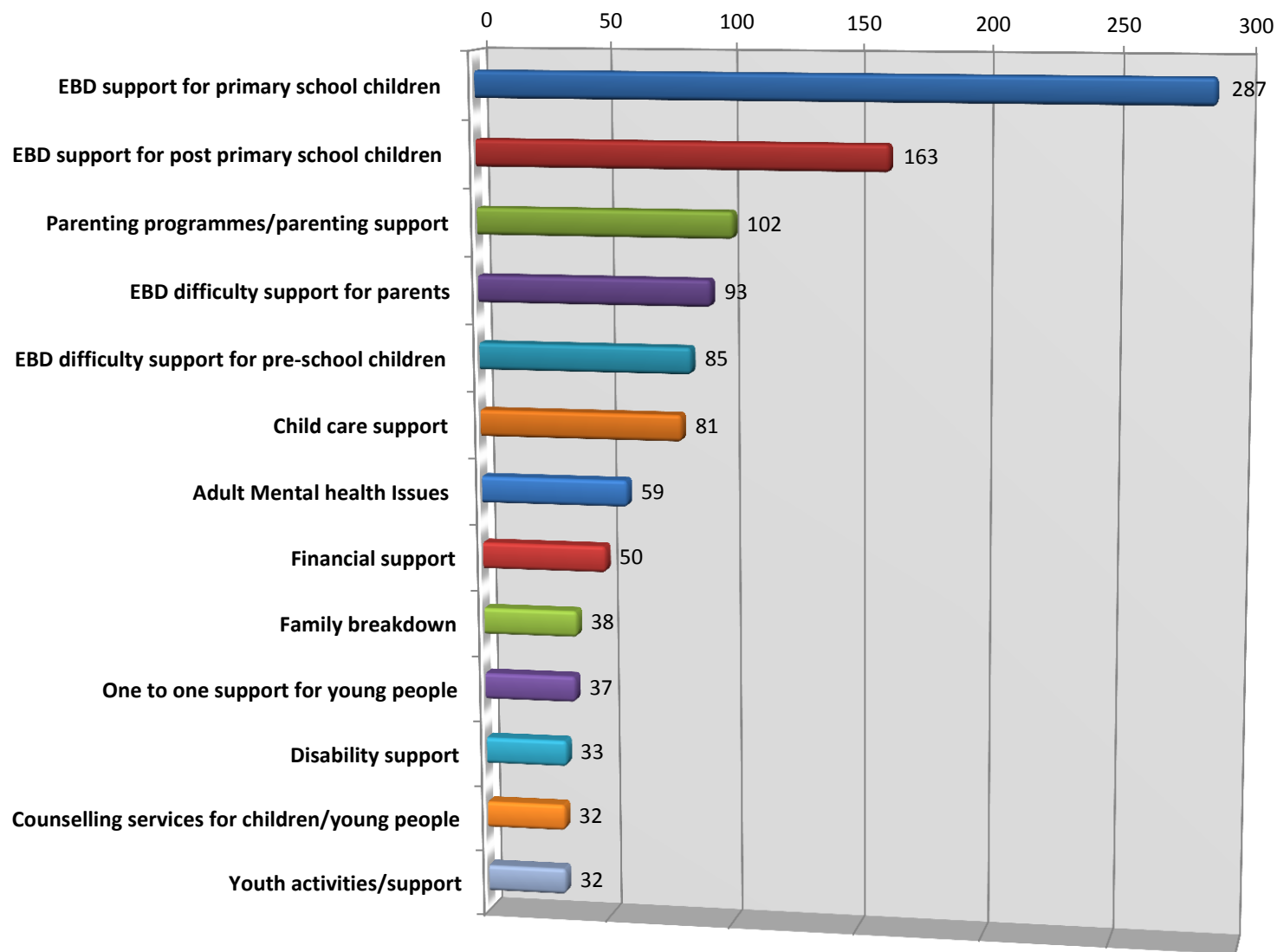*(01 April 2015 - 30 June 2015)*

- 0-4: 25%
- 5-10: 40%
- 11-15: 28%
- 16+: 7%
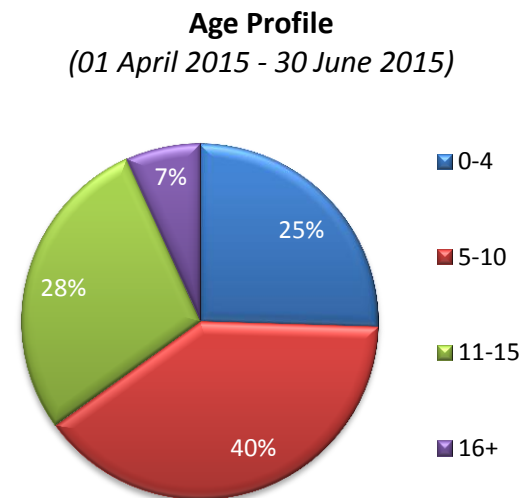
Performance Measure 7: Main Presenting reasons for referral. EBD for primary and post primary are the highest reasons for referral.
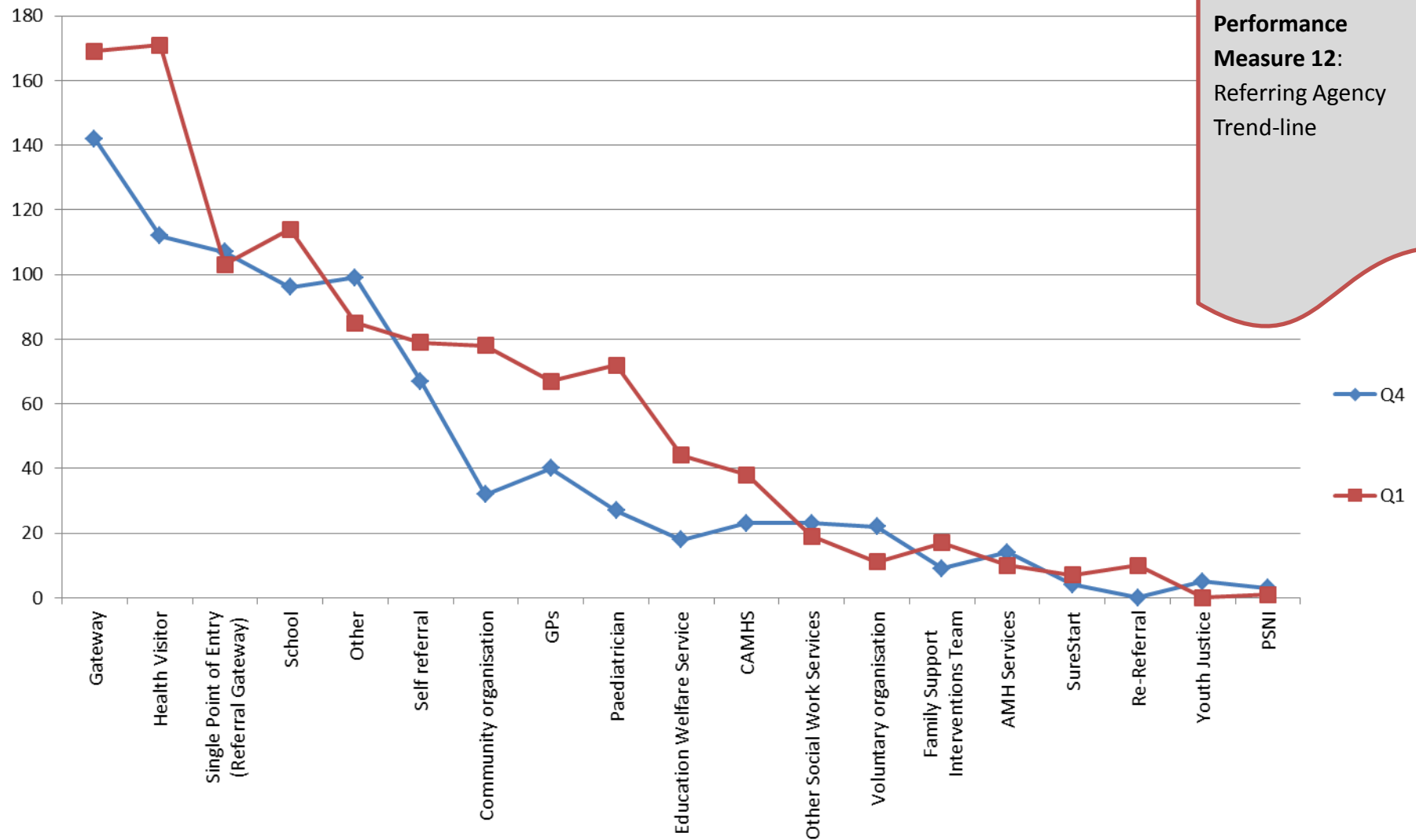
Main Presenting Reasons
(01 April 2015 – 30 June 2015)

Presenting Reason	Value
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

Referring Agency Trend-line
(01 January 2015 - 30 June 2015)

Performance Measure 12: Referring Agency Trend-line

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?

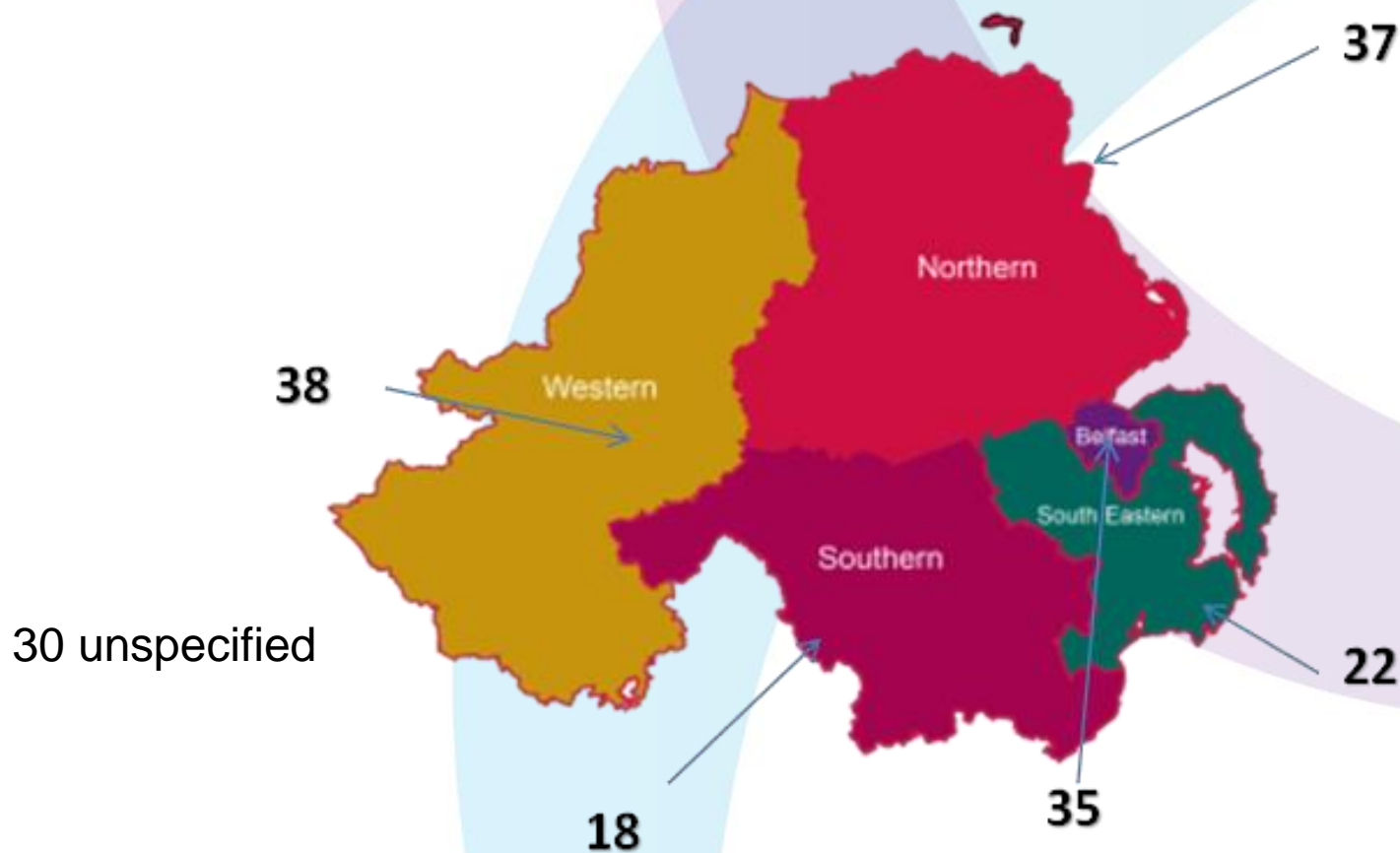# Lunch Break

Service Provider and Service User Studies
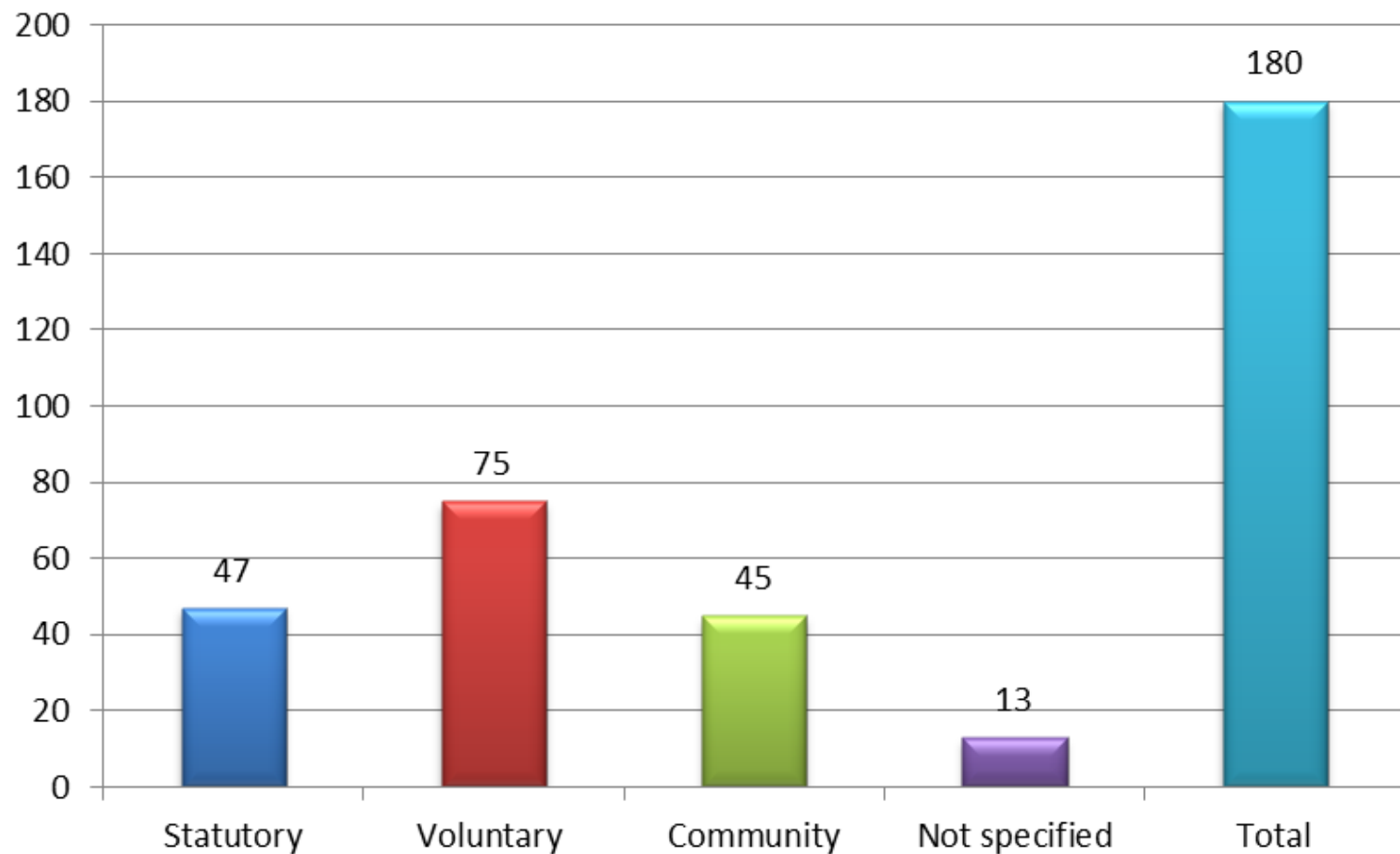
Presented by
Helen Dunn

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
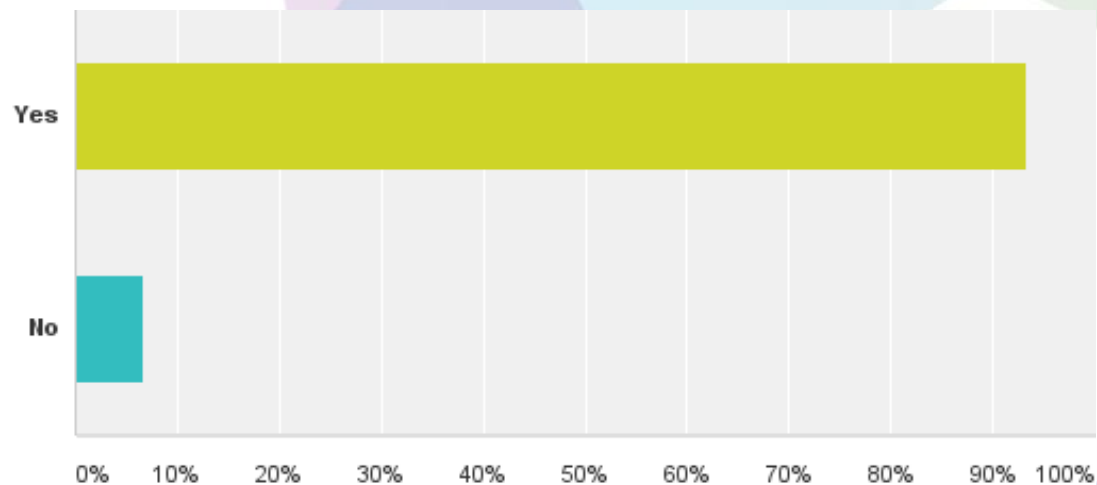
CYPSP
Children & Young People's Strategic Partnership

Respondents by Outcomes Group Area

37

38

30 unspecified

22

18

35

CYPSP
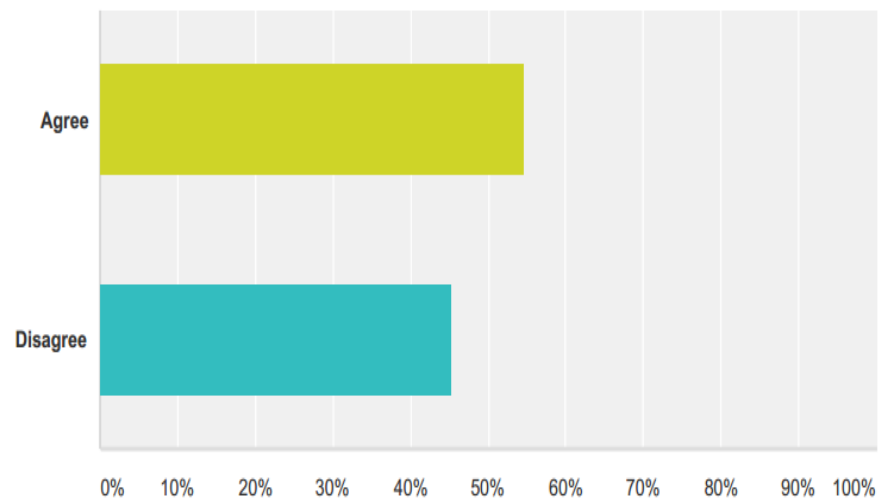Children & Young People's Strategic Partnership

Respondents by sector

Q1 Has being part of a Hub Network increased the focus on early intervention and prevention in your local area

Answer Choices	Responses	
Yes	93.41%	156
No	6.59%	11
Total Respondents: 167		

Q3 Has being part of a Hub Network increased demands on your own agency

Answer Choices	Responses	
Agree	54.73%	81
Disagree	45.27%	67
Total Respondents: 148		

Q4 Has the Hub Network helped to identify the service gaps in your local area
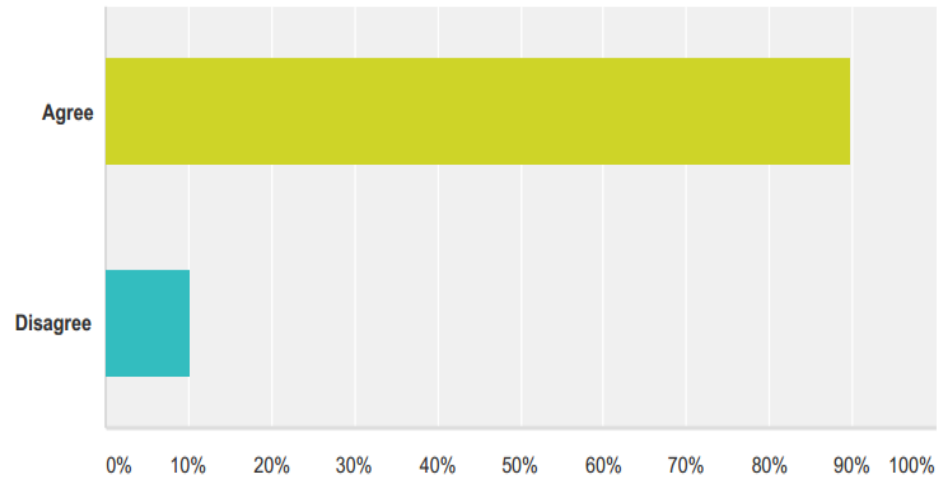
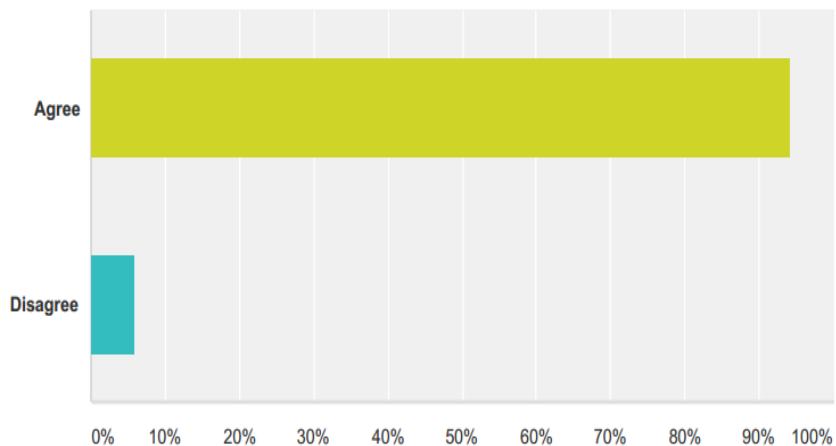| Answer Choices	Responses	
Agree	89.86%	133
Disagree	10.14%	15
Total Respondents: 148		

Q7 Has being part of the Hub Network required an increased demand on your Service to support interagency co-operation and collaboration
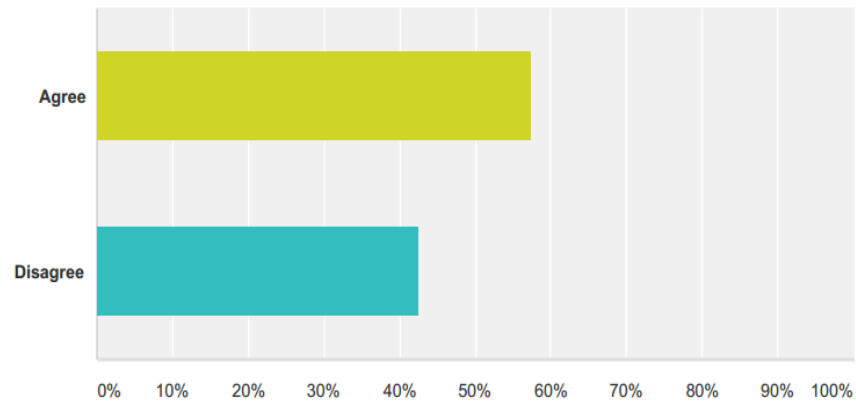
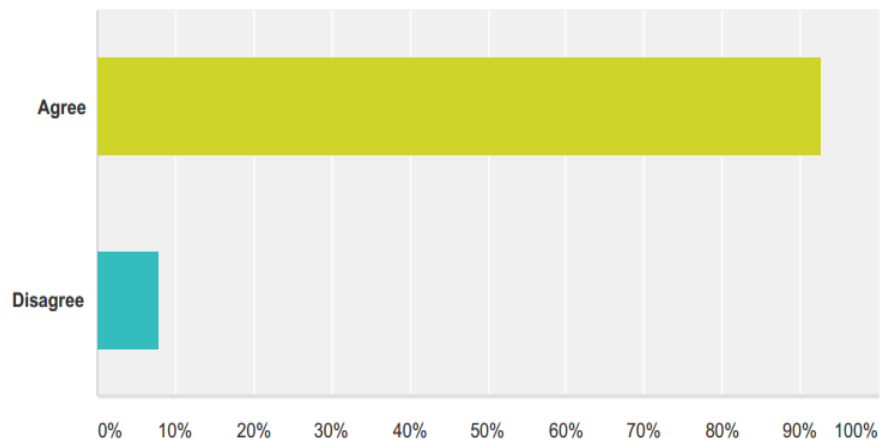| Answer Choices	Responses	
Agree	57.43%	85
Disagree	42.57%	63
Total Respondents: 148		

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

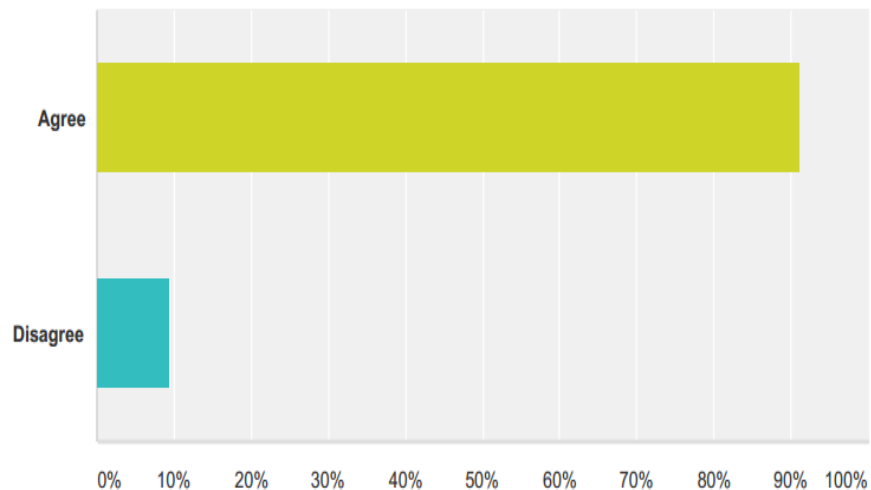| Answer Choices	Responses	
Agree	94.20%	130
Disagree	5.80%	8
Total Respondents: 138		

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

Answer Choices	Responses	
Agree	92.75%	128
Disagree	7.97%	11
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

Answer Choices	Responses	
Agree	91.30%	126
Disagree	9.42%	13
Total Respondents: 138		

Q13 Has being part of a Family Support Hub increased co-operation and collaboration across organisations in your local area
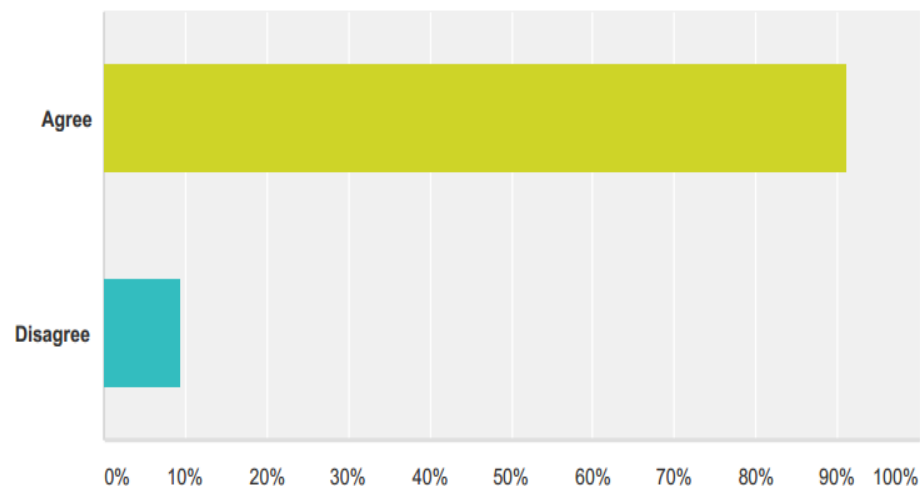
Answer Choices	Responses	
Agree	91.30%	126
Disagree	9.42%	13
Total Respondents: 138		

Q14 Have Family Support Hubs increased the likelihood of improved outcomes for children and families
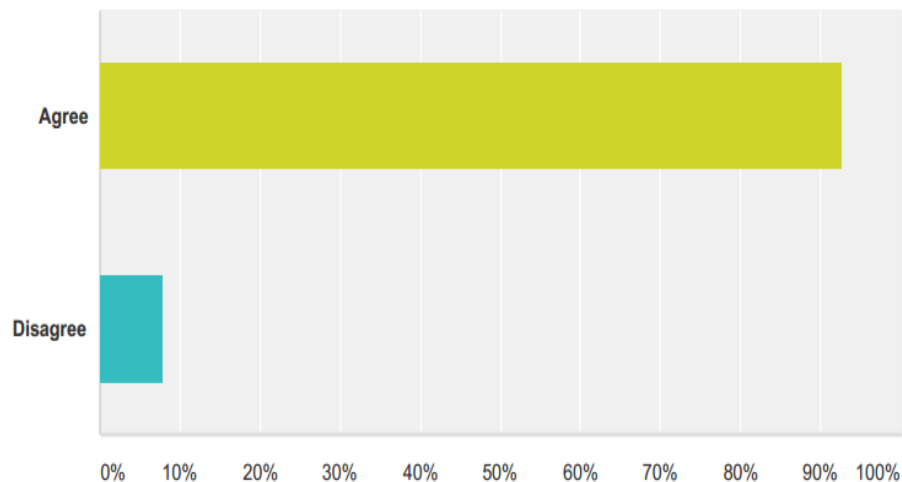
Answer Choices	Responses	
Agree	92.75%	128
Disagree	7.97%	11
Total Respondents: 138		

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

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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

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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

VOLUNTEER

Family Samples

All Children - Reasons for Referral

	EBD support for post primary school children	EBD support for primary school children	Youth activities/support	Child care Support	Education and employment support	After School Group	Activities	Disability support	EBD support for pre-school children	Emotional support for child (bullying, separation etc.)
Series1	7	3	3	2	2	1	1	1	1	1

Family Samples

	4 Weeks from referral to hub achieved?	Attend Service	Complete Programme
■ Yes	15	15	11
■ No	0	0	3

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

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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)

HSC Belfast Health and Social Care Trust

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)

Belfast Health and
Social Care Trust

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.

HSC Belfast Health and Social Care Trust

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

Belfast Health and Social Care Trust

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.

HSC Belfast Health and Social Care Trust

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

South Eastern Health and Social Care Trust

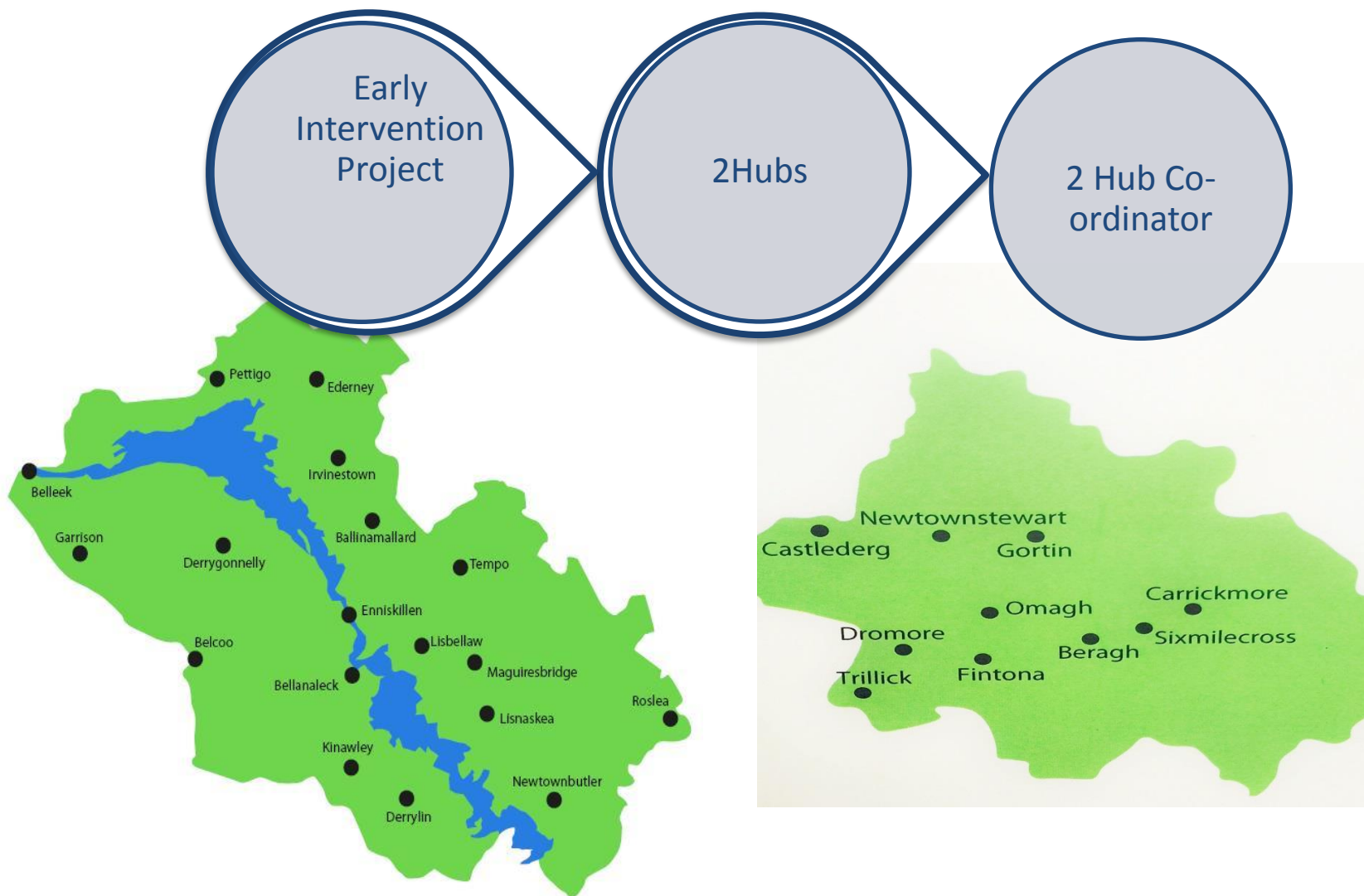# The Fermanagh & Omagh Early Intervention

14th October 2015

Presented by Seána Connor

Hub Co-ordinator

Action for Children

Fermanagh & Omagh HUB

Current operational position within AFC

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

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Thank you

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

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