Early Intervention Support Service
South Eastern Quarterly Report Card No 5

EISS
The Early Intervention Support Service
for families with children between 0 and 18 years old

Data presented - 01 April 2017 – 30th June 2017

Northern Ireland Executive
www.northernireland.gov.uk
DELIVERING SOCIAL CHANGE

WHAT IS THE EARLY INTERVENTION SUPPORT SERVICE?
The Early Intervention Transformation Programme (EITP) is delivered as part of the Delivering Social Change agenda in partnership with Atlantic Philanthropies. It represents a new joined up working and funding across five Government Departments to drive through initiatives which will have a significant impact on outcomes for families with children 0-18 years old. As part of EITP a new Early Intervention Support Service (EISS) is being established in five areas across Northern Ireland. The aim of the EISS is to support families when difficulties arise before they need involvement with statutory services. The EISS will deliver and coordinate person centred, evidence based, early intervention for families with children 0-18 years old within Tier 2 of the Hardiker Model.
There are no targets for referrals to the EISS – targets for the EISS are for the number of families supported. The SEEISS needs to support 41 families each quarter to meet the target.

Approximately 16% (7) of families referred to SEEISS did not progress in QRT 1 as a number of families declined the offer of service or the referral was inappropriate.

To meet targets for families supported by EISS approximately 47 referrals are required each quarter.

All referrals within SEEISS are from the North Down & Ards Family Support Hub area.
Emotional, behavioural difficulty are the primary reasons for referral which is comparative to reasons for referral to the Family Support Hubs. Families are generally referred for support in more than one area.
It is noted that approximately 17% of families referred to SEEISS in QRT 1 did not progress as a number of families declined the offer of service or were inappropriate referrals. Families on the waiting list will receive a first visit within 4 weeks.

Families are assigned a key worker each whole time equivalent worker holds a case load of between 10 – 15 families the key worker provides support to the family for a period of approximately 12 weeks. Individual & family sessions are provided using a range of therapeutic interventions including motivational interviewing, Solihull Approach and Solution Focused Brief Intervention Therapy. Practical support is also provided when required for a small number of families.

- Individual, family & practical support sessions are recorded as hourly sessions
- Telephone contacts are 30 minute sessions.
Family Group Conferencing and Incredible Years are available to EISS families as additional support for families who are thought would benefit from these interventions. In addition to these programmes a number of families require ongoing support following discharge from EISS; these families are signposted to a range of community, voluntary, statutory & faith organisations.
How well did South Eastern EISS do it?

PM6– Length of time between Referral to First Contact  
*Target first contact within 1-10 working days*

- 82% Referral to first contact 1-10 Working Days achieved (#36)
- 18% Referral to first contact 10 days + (#8)

PM7 – Length of Intervention

- 50% Initial visit to case closure 17+ weeks (#8)
- 29% Initial visit to case closure 13- 16 weeks (#19)
- 21% Initial visit to case closure 0 - 12 weeks (#11)

EISS provides support for a 12 week period; an extension up to 4 weeks is agreed with the EISS manager if required and the practitioner at a local level. An extension may be required for a number of reasons e.g. holidays, illness, cancelled or missed appointments. An extension of 17+ weeks is only agreed in exceptional circumstances.

*The average length of intervention in Qrt1 for closed cases was 11.2 weeks*
How well did South Eastern EISS do it?

PM8 – Outcome of Intervention QTR 1 2017/2018 (based on closed cases #44)

There were 44 closed cases in QRT 1a number of families (#8=18%) did not go on to receive the EISS as when contacted by the EISS they did not wish to receive the service for various reasons:
- Family circumstances had changed the service was no longer required.
- Alternative supports had been accessed.
- A number of self referrals did not progress to substantial work as it would appear that advice provided by the SEEISS by telephone is sufficient and further intervention is not required.

A total of 238 families have been supported by the South Eastern EISS between 01/08/15 & 30/06/17. The South Eastern EISS is required to support on average 40 families each quarter to meet the target of 385 families within the duration of the contract. The Service is on track to meet these targets.

### Families Supported Qrt 1

<table>
<thead>
<tr>
<th>Total Families supported</th>
<th>Total families successfully completing intervention</th>
<th>Families disengaged from service</th>
<th>Families Escalated to Gateway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qrt 1 17/18</td>
<td>36</td>
<td>29</td>
<td>5</td>
</tr>
</tbody>
</table>
### Service User Feedback

<table>
<thead>
<tr>
<th>Feedback</th>
<th>Assignee</th>
</tr>
</thead>
<tbody>
<tr>
<td>“This is a super service and it has helped me and my family through a very difficult time...thank you.”</td>
<td>(Mum of 3)</td>
</tr>
<tr>
<td>“Service was great...one of the most helpful we have had!”</td>
<td>(Mum of 4)</td>
</tr>
<tr>
<td>“You helped us very much, with our feelings. My favourite bit was the colour in all the pictures about our feelings. My favourite game was the one that we moved our counters and if you landed on angry you had to talk to the other people around you.....I will miss you very much!”</td>
<td>(9 year old girl)</td>
</tr>
</tbody>
</table>

**Southern EISS - Is anyone better off?**

- 44 parent/carer user satisfaction forms were issued 24 (55%) were completed - 83% of parents/carers rated the service as excellent; 13% rated the service as very good & 4% rated the service as good.
- 13 child/young person user satisfaction forms were issued 100% were completed 77% rated the service as excellent & 33% rated the service as very good.
South Eastern EISS - Is anyone better off?

PM 14 Cumulative based on closed cases #111 Outcomes for Families

Overall Family Star Plus (Cumulative from 1 Apr 16 #111 Families)

The Family Star Plus focuses on ten core areas that have been found to be critical in enabling children and young people to thrive. Project workers agree with families which areas they want to focus on. Interventions would generally be focused on a maximum of three areas.

How many Service Users Improved (Cumulative from 1 Apr 16 #111 Families)
This table shows the average first and last scores for families included in this report; report downloaded 12th September 2017.

Data on the Star shows an average of the scores across all areas. A “big” increase or decrease is defined as more than one point up or down the area.
Case Study South Eastern Early Intervention Support Service June 2017

Request for service: Referral from Education Welfare due to concerns about all four children in the family’s school attendance and lateness for school.

Case Profile: Mother separated from her husband and parenting four children: male aged 16, a male aged 10, a female aged 7 and a male aged 5.

Mother has experienced depression.

Assessment with Family using Family Star Plus:
- Physical Health: Score 4 - Parent did not express any concern about her own health but highlighted that her youngest son had been falling asleep in school and her oldest son had been experiencing nosebleeds and headaches which she believed were as a result of stress.
- Your Well-being: Score 8 - Parent wanted space to talk about how things are going every week. She said she had some friends she could confide in but some of her friends had things going on for them too.
- Meeting Emotional Needs: Score 2 - Parent felt she didn’t have time for all the children. She said she spends a lot of time tidying up after them and when she gives one child attention the others seem jealous. Concern particularly about her 10 year old son getting into fights at school.
- Education and Learning: Score 6 - Recognition about older son missing school through migraines, youngest son sleeping in class and support for 10 year old son requested in particular by parent and referrer. Parent informed by 10 year old son’s friends that at times he may have been made to feel self-conscious in school because of his size.
- Boundaries and behavior: Score 2 - Parent recognized importance of focusing on family rules, showing respect for each other and supporting each other to help and tidy the house.
- Family Routine: Score 4 - Recognition from parent that this was important in terms of school attendance for each of the children.

Intervention: Initially support was provided to 10 year old son using a resilience approach encouraging him to express his emotions and problem solve. Support was also provided to the older son and information about e.g. Prince’s Trust was provided to him. He re-engaged with school to complete his GCSE in PE. Motivational Interviewing was used to support the parent. Exploring the parent’s reasons for doing things the way she was was instrumental in eliciting change talk from her. Open ended questions, affirmations, reflections and summarising skills (OARS) enabled the parent to feel listened to. She commented early on in work that she didn’t feel judged. Recognising that she did things a certain way for her reasons was also important in validating her, and exploring her reasons for doing the things this way was the most important factor in her considering doing things a different way. She identified that some of her current behaviour was linked to her experiences growing up, and how loneliness led her to lose herself in television programmes rather than carrying out daily tasks to meet the needs of her children. I used a problem solving worksheet to help mum explore her options for change and advantages and disadvantages of each option. I signposted her to mental health supports and supported her to become involved in her children’s education, attending meetings with school and education welfare. She was more pro-active in seeking support from her mother and husband.

Outcomes:

<table>
<thead>
<tr>
<th>Family Star Plus</th>
<th>First Star Score</th>
<th>Final Star Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Health</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Your Well being</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Meeting Emotional Needs</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Education and Learning</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Boundaries and Behaviour</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Family Routine</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

Service User Feedback

Parent scored that service was ‘Excellent’ and commented that the worker was ‘brilliant. Easy to talk to and really helpful’.

10 year old son ticked boxes that said the worker was helpful and the service made things better for him. He ticked the box that stated the service was ‘excellent’.