WHSCT Family Support Hubs Report Card

Annual Report Card 2017/18

July 2018
Throughout 2017/18 there were **1029** families referred through the Western area family support hubs, which has been similar over the past years.
How much did we do?

Performance Measure 2: Children Referred by Age Profile - 2017/18

The 5-10 age range has been consistently the highest group referred in the Western area at 39% followed by the 11-15 age group at 29%. The 0-4 age group has increased to 25% from 22% in 2015/16.
How much did we do cont’d….?

Performance Measure 3: Children with a Disability Referred - 2017/18

Please note: Figures are low in Q1 as the three new disability categories did not come into operation fully until Q2.

Children Referred with a Disability

<table>
<thead>
<tr>
<th>Disability</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>1</td>
<td>8</td>
<td>19</td>
<td>18</td>
</tr>
<tr>
<td>Learning</td>
<td>17</td>
<td>14</td>
<td>25</td>
<td>17</td>
</tr>
<tr>
<td>Sensory</td>
<td>6</td>
<td>16</td>
<td>23</td>
<td>17</td>
</tr>
<tr>
<td>Autism (including Asperger Syndrome)</td>
<td>4</td>
<td>10</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>ADHD/ADD</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Other (e.g., Acquired Brain Injury) Please specify:</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Learning disability had the highest number of referrals in each quarter, until Q4 when Physical Disability had slightly higher.
The largest group referred are **One parent families** which has a slight increase from **501** in 2016/17 to **505** in 2017/18. There were larger increases in home both parents up from **433** to **459** and a decrease in one parent and partner from **119** to **53**. Guardians decreased from **2** to **1** and kinship referrals from **10** to **5**.
The main presenting reason in 2017/18 for referral was **Parenting programmes / parent support** at 375, an increase from 2016/17. The second key reason for referral was **EBD support for primary school children** at 221. This was followed by **EBD support for post primary school children** and for parents. **Youth activities/support** and **One to one support for young people** were also main presenting reasons for referral.
How well did we do it?

Performance Measure 6: Families Referred that were Accepted & Signposted, Above Tier 2 or Other Reasons for Outcome of Referral – 2017/18

The vast majority of referrals to Hubs were processed within 4 weeks and the remainder within 5-8 weeks. Only 1 exceeded the maximum 8 weeks timescale within Western Area. This ensures families receive a timely response to their immediate needs from the Hub Co-ordinator.
Self referrals continue to be largest referral agency in 2017/18 at 33% the same as 2016/17. This was followed by Gateway and School referrals at 14% each, similar to 2015/16. Health Visitor referrals have increased from 8% to 11% in 2016/17.
How well did we do it cont’d…….? 

Performance Measure 9: Number of Parents / Children referred who did and who did not take up the service offer - 2017/18

The majority 84% of families referred took up the service offer.
Performance Measure 10: 10 Standards Fully Implemented – 2017/18

How well did we do it cont’d......??

1. Working in PARTNERSHIP is an integral part of Family Support. Partnership includes children, families, professionals and communities

2. Family Support Interventions are NEEDS LED (and provide the minimum intervention required)

3. Family Support requires a clear focus on the WISHES, FEELINGS, SAFETY AND WELL-BEING OF CHILDREN

4. Family Support services reflect a STRENGTHS BASED perspective, which is mindful of resilience as a characteristic of many children and families lives

5. Family Support is ACCESSIBLE AND FLEXIBLE in respect of location, timing, setting and changing needs, and can incorporate both child protection and out of home care

6. Family Support promotes the view that effective interventions are those that STRENGTHEN INFORMAL SUPPORT NETWORKS

7. Families are encouraged to self-refer and MULTI-AGENCY REFERRAL PATHS are facilitated

8. INVOLVEMENT OF SERVICE USERS AND PROVIDERS IN THE PLANNING, DELIVERY AND EVALUATION of family support services in practised on an on-going basis

9. Services aim to PROMOTE SOCIAL INCLUSION and address issues around ethnicity, disability and urban/rural communities

10. MEASURES OF SUCCESS are built into services to demonstrate that interventions result in improved outcomes for service users, and facilitate quality assurance and best practice

All of the Hubs in the Western Outcomes Group area have implemented the 10 standards and continue to work on action plans within their Hubs to develop access to the range of early intervention supports available to families.
Family A
A Health Visitor referred a 10 year old child to the Family Support Hub for counselling with regard to separation issues and parenting skills for the mother following the breakdown of the marriage. The parent was contacted by the Hub Co-ordinator and given information about the types of support available. The mother reported “I found I was able to open up to the worker and my daughter found the support very helpful”.

Family B
A voluntary organisation referred this mother and her 4 year old daughter for support following an incident of Domestic Violence in the home. Following support from a specialist organisation the mother reported that the support had “made a huge difference to our lives and it was really, really helping my daughter and myself manage”.

Family C
The GP referred these parents and their child for parenting support. On further engagement with the family it was deemed appropriate to escalate this family to the Gateway Team due to child care concerns. Support to the family continued during this process. Despite these difficulties the family reported the support they have received has been “invaluable and we continue to work on our issues”.