

Summary Report – Workshop on Family Support Services

The Junction, Dungannon

15 November 2022

Contents

1. Introduction.....	3
1.1 Workshop Objectives	4
1.2 Attendees	4
2. Structure of the Workshop.....	5
2.1 Key Speakers and Presentations	6
2.2 Presentation from a Parent	6
2.3 Presentation from a Social Worker.....	6
2.4 Presentation from Family Support Hub Co-Ordinator.....	7
2.5 Good Practice Presentations.....	7
3. Round Table Discussions.....	8
4. Summary Analysis of Issues	8
5. Plenary Discussion.....	9
5.1 Autism	9
5.2 Family Support.....	9
6. Delegate Feedback on Workshop	11
7. Conclusion	11
Appendix 1 - Presentation – Progression of a Family Support Case Using Signs of Safety Approach.....	12
Appendix 2 - Good Practice Presentation - Family Support Team	16
Appendix 3 - Good Practice Presentation – The Journey Home.....	22
Appendix 4- Key Issues raised in Round Table Discussions.....	27
Appendix 5 - Summary Analysis of Questionnaire Responses and Group Feedback.....	33
Appendix 6 - Summary of Delegate Feedback.....	37

1. Introduction

The Independent Review of Children's Social Care Services in Northern Ireland was announced on 21 January 2022. Ray Jones, Emeritus Professor of Social Work at Kingston University and St George's University of London, has been appointed as the Lead Reviewer. Professor Jones is being assisted by an Advisory Panel which includes Professor Pat Dolan, UNESCO Chair in Children, Youth and Civic Engagement; Marie Roulston O.B.E, Former Director of Social Work at the Northern HSC Trust and Her Honour Judge Patricia Smyth, a Deputy High Court Judge who had previously served as an Advisory Panel member on the Gillen Review of Family and Civil Justice.

Since undertaking the Review, Professor Jones has met with a wide range of stakeholders, and importantly, children, young people and parents / carers who have experience of children's social care services. To gather as much feedback as possible, a series of themed workshops will take place to hear from the experts with experience to listen to their views and experiences to help improve children's social care services.

This report relates to the workshop on Family Support Services which was held in The Junction, Dungannon on 15 November 2022.

Group Discussions - Family Support Services Workshop



1.1 Workshop Objectives

The objectives of the workshop were to:

- Highlight the key issues affecting family support services within children's social care services.
- Listen and hear the experiences of people who are in contact with and those providing the services.
- Provide an opportunity for parents, carers and providers to engage, discuss and feedback on the main challenges and issues to help shape services for the future.
- To help inform and improve the delivery of services.
- Explore and examine opportunities to develop robust and sustainable service models.

1.2 Attendees

A total of 77 delegates made up the range of stakeholders attended this workshop. These included parents and carers, frontline practitioners, service managers, policymakers and representatives from the community, voluntary and statutory sector. Children in Northern Ireland (CiNI) and Family Support Hubs facilitated the attendance of the parents and carers at the workshop. Rather than attending this workshop young people through VOYPIC decided to have a separate meeting with Professor Jones which was also attended by Professor Dolan.

2. Structure of the Workshop

The workshop was co-chaired by Hasna Ramadan and Marie Roulston. Hasna and her family came to Northern Ireland as refugees from Syria in 2015, having lived for a period of three years in Lebanon. Hasna and her family were recently awarded UK citizenship. Marie Roulston is a member of the Review Advisory panel.

Co-chairs, Marie Roulston and Hasna Ramadan



The workshop was structured as follows:

- Professor Jones opened the workshop and welcomed attendees. The co-chairs, Hasna and Marie followed by introducing the workshop programme.
- Attendees were asked to complete a survey questionnaire to identify what they consider to be the three main issues for family support services within the children's social care services.
- Three speakers each delivered a five-minute presentation on their experiences of family support services and identified key issues from their perspective. The speakers included a parent, a social worker from the South-Eastern Health and Social Care Trust and a Family Support Hub Co-ordinator.

- Round table discussions followed. Each table had groups of 8-10 individuals based on their organisations / roles. This allowed participants to engage in discussions to identify the main issues for family support services.
- This information recorded at each of the tables was collated and analysed along with the completed survey questionnaire responses. A summary of the qualitative findings was presented by Professor Pat Dolan, a member of the Review Advisory Panel.
- A plenary discussion was led by Professor Jones enabling attendees to reflect on the key issues and themes that emerged.
- At the end of the workshop delegates were asked to complete a short feedback survey questionnaire, the aim of which is to help improve future workshops.

2.1 Key Speakers and Presentations

Three speakers each delivered five-minute presentations on the three main issues in relation to family support services, from their perspective.

2.2 Presentation from a Parent

Sara Lee McCloskey's presentation was based around her personal experience and challenges, her difficulties in accessing appropriate support for herself as a parent and during the court processes in terms of care proceedings for her child. Sarah highlighted that the key issues were:

- She needed informed direction and guidance on how to access the support she needed.
- The first social worker assigned to her did not have sufficient time to provide the support and direction needed, did not understand addiction, and was not trained in mental health.
- The UNOCINI reports provided were not helpful, they were difficult to understand and made Sarah feel like a failure as a parent; they highlighted only the negative points which seemed to be repeated unnecessarily.
- Sarah was able to turn things around when a new social worker was assigned to her case. Her new social worker had more time to listen to and kept in constant contact with Sarah, explain what Sarah needed to do and importantly how she could access the support needed.
- Sarah has been parenting and caring for her child for 4 years now and highlighted that she feels a parents' forum should be established to provide targeted support and services for families with parents with addictions.

2.3 Presentation from a Social Worker

Hayley Smith, Social Worker from the South-Eastern Health and Social Care Trust, delivered a presentation on the '**Progression of a Family Support Case Using Signs of Safety Approach**'. A copy of Hayley's presentation is available at **Appendix 1**.

2.4 Presentation from Family Support Hub Co-Ordinator

Bronwyn Campbell, Family Support Hub Co-Ordinator, outlined the key issues in terms of hub services.

- There has been an increase in demand for hub services in parallel with a greater complexity of need.
- Since the beginning of the pandemic hubs have been doing more and beyond what they would have done provided prior to the pandemic – this cannot be sustained.
- A lot of work is required in building family relationships.
- The cost-of-living crisis, impact on families is further driving up the need for services.
- Hubs have no “full up” status in terms of capacity and normally stop at tier 2 but are being pushed to provide more services and higher tier needs.
- Hub services are only as good as the services around them – they work very effectively when services needed are available - but that is not the case across all hubs in Northern Ireland.

2.5 Good Practice Presentations

Gemma Fay-Davies, South-Eastern Health and Social Care Trust delivered a presentation on the ***‘The Role of a Family Support Team’*** A copy of Gemma’s presentation is available at **Appendix 2**.

Sharon Robb, Western Health and Social Care Trust delivered a presentation on the ***‘The Journey Home’*** A copy of Sharon’s presentation is available at **Appendix 3**.

3. Round Table Discussions

Following the presentations, delegates engaged in group discussions to identify the three main issues affecting family support services within children's services. Each delegate was seated at tables according to their respective organisation / role to allow them to speak openly and discuss what issues impact them directly. A facilitator was assigned at each of the tables to lead discussion and record the key issues. Appendix 2 sets out the detail of the key points, from each group's discussion and feedback, in bullet point format.

4. Summary Analysis of Issues

The information recorded during the group discussions was analysed by Professor Pat Dolan with the assistance of the Review Secretariat. This information was compared with the qualitative data obtained from the survey questionnaires to identify common themes and trends. Appendix 3 provides a summary of the common issues and themes in bullet point format.

Professor Pat Dolan



5. Plenary Discussion

Professor Jones led the plenary discussion whereby delegates contributed to an open discussion on family support services. Key points from the discussion are summarised below in bullet point format.

5.1 Autism

- Prevalence of autism in NI is a major concern – waiting lists are too high.
- Gap in services, especially FIT services.
- Lack of specific services / appropriate knowledge.
- Upskilling staff / parents – community level support / services.
- Recognition that parents want to manage and provide care for their children – and services should be threaded / built around that – family care – schools – health and growth.
- Good examples of support from family support hubs – appreciated and helpful – recognition that social service / social workers not always needed to be involved – social workers should be left to target their time and attention where they are required.
- Family support hubs mopping up what is not picked up within statutory sector.
- Position in England re: autism – picked up more within Education sector alongside health services.
- Gold standard diagnostic pathway in NI – paediatric assessment not possible during COVID – backlog increased.
- Issues in accessing support / services if not diagnosed.
- Conversation needed - is a diagnosis necessary before services are provided?
- Conversation needed – prevalence rate in NI.
- Recognition that diagnosis is not the “full solution” – in some instances there are no appropriate follow up interventions or services that help families.
- Family support hubs cited as having lots of most helpful services - also schools and classroom assistants.
- Recognition that schools are burdened with a range of children with a range of needs.

5.2 Family Support

- Discussion about how we define family support, how family support fits with early intervention - is early intervention a statutory entity or more than that?
- Recognition that while article 17 defines a ‘child in need’ and article 18 places the statutory duty, there is a common thread in what all sectors are working toward - better outcomes for children and young people to stay in families with safety protected, and with families positively engaged.
- Agreed that the Family and Parenting Strategy should be revisited with a view to defining family support – what it is, what it does/ should be - intervention, support, early intervention, safeguarding.

- Discussion about whether social workers have become a bit trapped in terms of how we view, describe, and position our roles / jobs.
- Recognition that social services involvement is not always required to provide or deliver family support services – hubs can provide services to support community voluntary sector fears challenges experienced by some families – e.g. one parent described how a family support hub was able to arrange support, which did not involve social services, during an unbelievably tough period of trauma in their family life - Cruse Bereavement Support including Cruse for Children.
- The significant actions and issues in terms of supporting families was summarised as follows.

Actions:

- **Intervention** – this needs to be from the right person at the right level – if we get it right at community level, it will help to reduce more complex needs.
- **Waiting times** – children need help straight away – waiting times are too long and must be reduced.
- **Working in Partnership**

Issues:

- **Community/Voluntary sector grant funding** - fears about this ending in the absence of a functioning Executive.
- **Commissioning and contracts** one-year process – consideration should be to extending to a five-year process,

6. Delegate Feedback on Workshop

78% of delegates completed feedback forms on the workshop. Feedback was largely positive in terms of the venue however at times mixed regarding the workshop programme.

More detail of delegate feedback responses is included in Appendix 6.

7. Conclusion

The workshop concluded with Professor Jones and the co-chairs thanking attendees for their time and contribution in helping to inform and improve family support services provision in Northern Ireland.

Appendix 1 - Presentation – Progression of a Family Support Case Using Signs of Safety Approach

PROGRESSION OF A FAMILY SUPPORT CASE USING A SIGNS OF SAFETY APPROACH

HAYLEY SMITH, SOCIAL WORKER

WHO AM I?

- Team

PROGRESSION OF CONTACT

- Child A last seen his Daddy in August 2019 following a breakdown in relationship between the child's parents and the child's mother finding a new partner (mum is sadly now deceased).
- Child A's father applied for contact through the Court.
- The Social Worker was tasked with promoting contact between the child and father, the following slides show how same was progressed.

PROGRESSION OF CONTACT

- Three Houses with child, specifically focused around child's wishes around contact.
- Individual work with the child's father re. meeting the child's needs and working at the child's pace.
- Supported contacts and provided feedback to father following same.
- Individual work with Child A following same to discuss how we progressed unsupervised contact (repeated prior to any changes being made to ensure changes were at Child A's pace and were centred around him).
- On-going work with Child's Maternal Grandparents re. advice of how to promote contact.
- Family Network Meeting, using Signs of Safety Approach which was attended by legal representatives to ensure open and transparent communication.

PROGRESSION OF CONTACT

- Child A stopped seeing his Father in 2019.
- Social Worker Hayley Smith met Child A for the first time in January 2021.
- Individual work progressed with Hugh to get him to a place to have supported contact through the Social Worker, by June 2021.
- By August 2021 Child A was having unsupervised contact for two hours per week, this progressed to Child A having full days of contact by December 2021.
- By January 2022 Child A was having overnight contact in the father's home.
- By March 2022 Child A was staying full weekends with his father.

PROGRESSION OF CONTACT

- Throughout this time, contact went back and forward with amendments being made on a regular basis depending on Child A's wishes and feelings.
- Sadly the contact broke down in September 2022 with the Social Worker having to step back in to supervise another four contacts going forward in attempts to ~~stabilise~~ stabilise same.

GIVING THOSE WHO HAVE BEEN SILENCED, A VOICE

- It was evident that Child A was unable to present their true wishes and feelings due to the exposure of parental acrimony.
- Child A has thrived through having a safe adult, who is there to listen and action his wishes and feelings.

WHY I HAVE STAYED IN SOCIAL WORK...



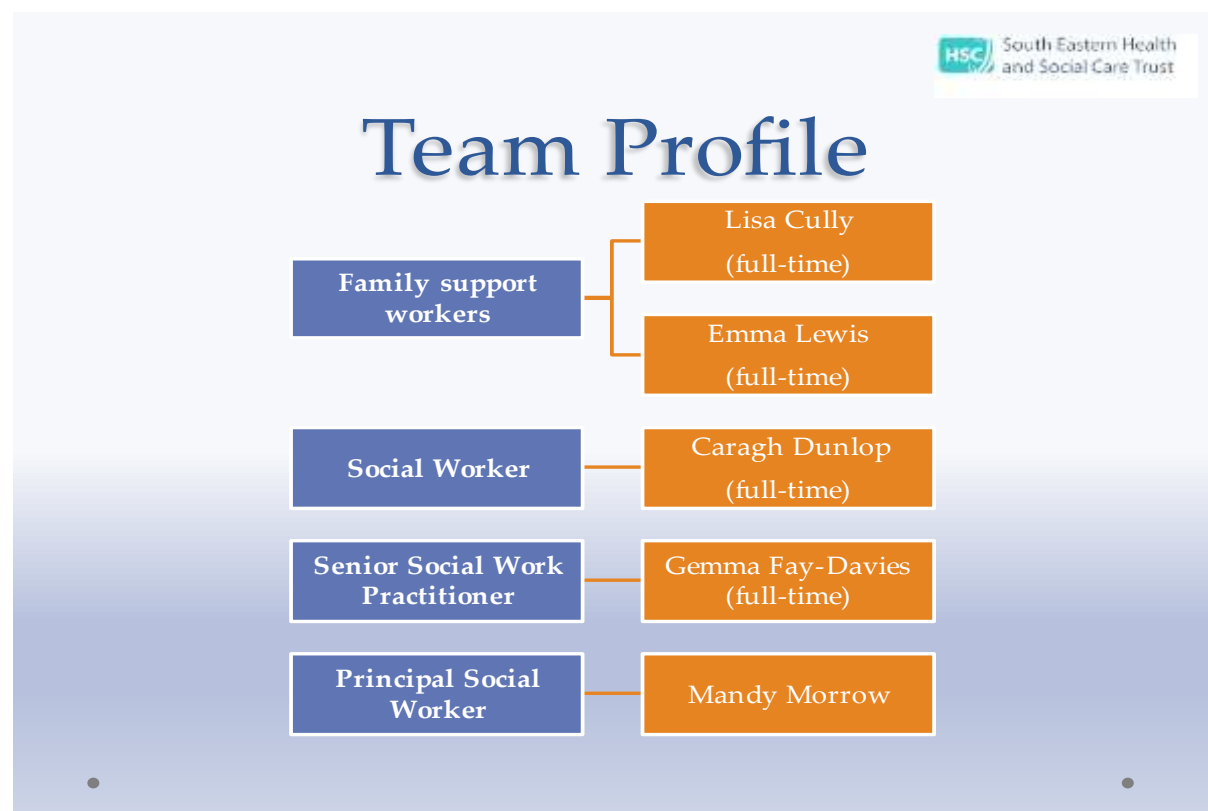
Appendix 2 - Good Practice Presentation - Family Support Team

 South Eastern Health
and Social Care Trust

Family Support Team (FST)



Gemma Fay-Davies
(Senior Social Work Practitioner)



Aim of FST

Aim

- To provide education, advice and guidance to families and children through short term intervention (8-12wks max) directed towards improving outcomes for children.
- To respond with minimum delay, to identify need to support families within their local communities, using local resources and planned family support intervention i.e. Signs of Safety framework.

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Criteria for FST intake...

- Support for families that have been subject to an initial UNOCINI Assessment and are deemed in need of on-going social work support at a family support **medium priority need level**.
- Support for families with children aged 0-18 years.
- Interventions are short term 8-12 weeks max.
- Pathway to the service is via an initial UNOCINI Assessment or through unallocated waiting list within Children and Family Team.

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Work completed with families...

- Signs of safety file review completed on intake
- Signs of safety rec 9 completed via regular supervision
- MD checks completed with families permission
- Planned intervention with parents/carerers via –
 - educational workbooks
 - Signs of safety (safety networks/safety planning/ mapping)
 - signposting/ completing referrals to outside agencies
- Planned intervention with children via
 - my three houses
 - words and pictures safety planning
 - engaging the children with community outlets
 - one to one work with the children specific to their needs
- FS3/ REC7/ Closure letters/ referrals on if required

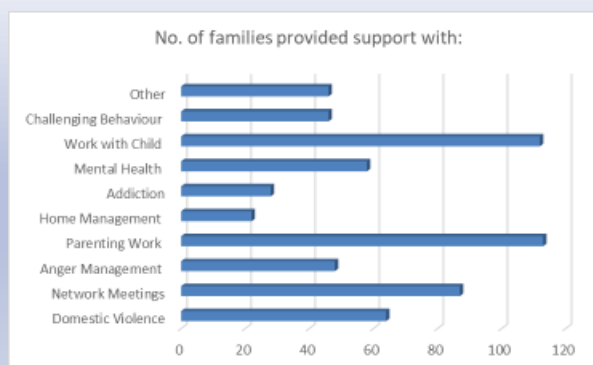
My Role as SSWP...

- Case intake and allocation
- Supervision of staff and cases
- Hold a caseload– higher level family support possibly on cusp of child protection
- Case meeting child protection investigation – FST takes case to ICPCC and transfer to CAFT
- Managed by PSW

Over the past 18 months, the Family Support Team have:

- Received **204** referrals – **190** from CAFT (UA list)
- **177** have been worked to outcome, with a current caseload of 27
- **5** families have had to remain with the FST longer than 12 weeks
- **9% of referrals** have had to return to CAFT
- **157** have closed

The main areas of Support we have provided families with:



Family feedback

- Families have emphasised :
 - Reduced delay in getting a worker
 - Positive support
 - Supported the children through one to one work
 - Developed positive relationships with workers
 - Realistic time frames

"We needed help as I was drinking and kids were not getting looked after right...they helped us in lots of ways by helping us get stronger and also they were very supportive threw all of it"



"I appreciate everything that has been done to help me and my son and I'm excited for the future to be better for us both"

Sector feedback...

- Feedback was requested from SSW of CAFT:

"The Team has been proactive when taking allocations and work has commenced on cases without any undue delay which has removed additional workloads from the Duty / SSW dealing with unallocated cases"

"It has reduced the amount of family support cases within my team allowing social workers to concentrate on the high level of statutory work they have"

"Educative and intervention work is offered to families in the early stages which often cannot be offered in CAFT due to statutory cases taking priority"

"In affording us the space to continue with Court cases in the High Court, Family Care Centre and Ards Family court both public and private law including directions on article 56 cases arising from private law"

Thank you



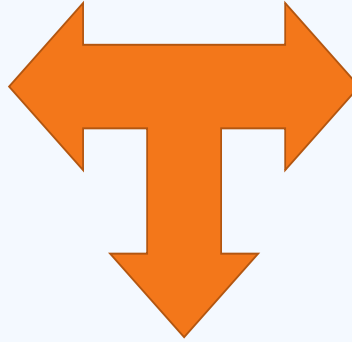
Appendix 3 - Good Practice Presentation – The Journey Home



Child Protection Phase 1 – Pre-birth

Planning

- Who would do it and how?
- Who needed to be involved?
- The complications
- Options Analysis



Action

- Preparing for the meetings ICPCC and PP
- Legal representation / Advocacy
- Strengthening the relationships
- Care Order Application

Mother and Baby Placement

Baby is born and placement breaks down Care Planning ? Phase 2

Planning

- Big Push to establish Paternity
- Confirm Paternity
- Ongoing engagement of Mother
- Kinship Options



Action

- Baby remains in placement
- Father joined to proceedings
- Assessment of Father Begins

Intervention with Father – Phase 3

- 19 years old, lives with parents
- Teaching Begins three times per week
- Formal introductions with Baby supported by Foster Carer and Social Worker
- Chalet assessment begins and Court Team get involved.



Still lots of vulnerabilities – substitute parenting?

Intervention with whole family ? Phase 4

Planning

- Bringing in Grandparents
- Assessing understanding of Safeguarding
- Helping them help Dad
- SW, SSWP, Foster Carer, FSW'S, Family



Action

- Weekly Care Planning
- Begin using SOFS in combination with Court process
- Plan transition home
- Concurrent planning in Court down to 2 options – Father of Foster Care

Baby Goes Home



Return to Child Protection - Phase 5

Planning

- A Child Protection Plan – no more LAC
- Trajectory
- Words and Pictures



Action

- Core Groups – Cross Trust
- Rebuilding the Professional network cross Trust
- Weekly Visits
- Finalize Court with a Residence Order and a name change
- Formal transfer from WHSCT to NHSCT after 3 months

The Result

- Baby is now off the Child Protection Register
- Family Life is settled
- Dad and baby live with grandparents
 - Baby is thriving
- Dad and Baby have been back to the foster placement and will continue to do so.



Without innovation and the use of clear safeguarding this outcome could have been so different

Appendix 4- Key Issues raised in Round Table Discussions

Group One – DoH, OSS, DE

Issues

- Capacity to deliver.
- Complexity placing lower-level interventions at risk.
- Role drift.
- Lack of integration/connection between services.
- Covid fatigue.
- Cost of living impacts.
- Funding challenges.
- Greater integration of voluntary/community / statutory sectors / local government.
- Greater collaboration and the mechanisms to achieve that. - EITP 2 (using data / focusing on outcomes)
- Look at alternative ways to generate wealth (e.g., through private philanthropy)
- Levels of deprivation / poverty – some unseen.
- Service visibility.

How to address

- Place-based approaches across government / agencies (urban / rural).
- Making best use of data relating to need / provision.
- Maintaining focus in the face of limited funding.
- Keeping your sights on early intervention / prevention.
- Rationalisation of services.

Group Two - SPPG, PHA, Sure Start

Issues

- Better co-ordination of family support services (including cross departmental).
- The need for an evidence base for early intervention services, instead of just measuring against statutory services.
- Too many professionals involved in one family (in some locations there is better co-ordination to avoid duplication).
- Putting partnership working into action at strategic level (it can work well at local level due to people). Transfer of budget?
- Families often need practical support for a sustained period. Interventions are too short term, unrealistic expectations of change.

What can be done (resource neutral)

- Take unnecessary bureaucracy out of the system, waste of public money.
- Move from annual funding for Community / Voluntary Sector – e.g., Sure Start, Family Support Hubs. Very negative impact on services and staff retention.

- Move from formal procurement to grants for Community / Voluntary Sector, this will save time and get funding to where needed in a timely way.
- Pooling budgets, making sure every penny counts in a co-ordinated way.

Group Three – HSCTs Directors & Heads of Service

Issues

- What is Family Support?
- Continuum - Early intervention → high end / complex cases.
- We have level 3 statutory support and want to support these families – these are hugely complex cases now.
- How do we address the workforce challenge – not just social work staff / crisis is also in Community / Voluntary Sector → this needs strategic vision and long-term investment.
- Currently hubs do not support cases with social work involvement → need a blended approach.
- Co-ordination needed for early intervention.
- Intervention is not a delegated role - can we unpick delegated tasks?
- Not everything should be a social work role – broadening skills mix – 1) where from? 2) what resources?
- We do not want a service only dealing with child protection or with children with care experience.
- Community / Voluntary Sector piecemeal across the region – leaves significant gaps – rural needs gap – difference re urban vs rural.
- Impact in child protection registrations.
- Lack of strategic planning with resource attached - loads of rubbish out there.
- Strategic fatigue without action and funding.
- No funding / resource is at the centre to invest in systems.

How do we address

- More joined up approach across departments.
- More money!!!
- Skills mix (started).
- Population needs assessment and money to match – commissioning.

Group Four – SW Principals, Leads & Managers

Issues

- Lack of community and voluntary services.
- ASD Service – assessment and support afterward.
- No alternative but statutory support.
- Finance – voluntary sector – unreliable.
- Lack of early intervention.
- How do you prioritise family support?
- Threshold is very high.
- Staffing capacity.
- Restrictions on Trusts by SPPG – services (safer families).
- Private law volume.
- Admin support – minute taking / notes – needed.

- Repeated referrals.

How to address

- Special family support team – skill mix – tier before statutory involvement.

Group Five – CiNI, Barnardo's, Action for Children

Issues

- Most family support happens in the community / voluntary sector.
- Thresholds have increased significantly – gap in service between tier 2 and 3 – unallocated cases in statutory sector.
- Voluntary sector having to step up to fill the gap – not properly resourced.
- Early help not widely enough available – often difficulties entrenched before help is offered.
- Non-stigmatising support important element - OUTSIDE statutory sector but complimentary.
- Skills mix not always social work – early year, youth work, mental health, addiction.
- Short term funding impacts service delivery and consistency.
- Time to build relationships with families.
- Accessibility and flexibility in communities.
- Family support not always valued.

Potential solutions

- Listening to families about what works for them – e.g., non-stigmatising early help.
- Sustainable funding.
- Discussion around thresholds needed.
- Ring-fenced early intervention fund.
- Early year up to 11 years.
- Strengthen universal services.
- No post-code lottery for Sure Start.
- Focus on parent support will lead to better outcomes for children.
- Whole family approach.
- Practical help.
- Implement an Anti-Poverty Strategy
- Implement the Family and Parenting Support Strategy.

Group Six – NIACRO, BOLSTER, Parenting NI, Dry Arch, VOYPIC

Issues

- Capacity.
- Funding / resource – length of contracts.
- Service adaptable to meet the needs.
- Complexity has changed – increase in needs.
- Staff – development, training to where they can manage changes, retainment.
- Thresholds – is it early intervention? – potential risk to this.
- Risk – lack of available service between early intervention / staff.
- Covid,

How to improve

- It will take a whole system approach with cross-departmental input / commitment.
 - Longer term commissioning.
 - Funding / resource.
 - Services pitched at need - EI / middle / statutory – regionally taking account of funding and boundaries / thresholds at all levels.
 - Restructure statutory and voluntary / community sector.
 - Resourcing EI properly, mental health, Sure Start etc (varied postcode access) – this would naturally reduce needs longer-term.
 - More targeted supports for dads – involved from the start – including from early-stage pregnancy etc.
 - Universal support deemed easy access – reduce stigma as everyone needs support at points.

Group Seven – BASW, NISCC, NIPSA, SBNI, UU

Issues

- Need to find ways to value / record the positives and successes in cases – system only currently records the failures.
- Work life balance - need to get this right.
- Unallocated – are they ending up in family support hubs?
- Preventative – where can they get the time to do their work?
- Are family support hubs now a safeguarding response?
- Has it become family support or Trust Family Support Team?
- Short term contracts – what impact on consistency? – starting the work but unable to finish it.
- Need better commissioning / funding.
- Meet them at the right time – getting under the issue before children become LAC.
- ASD and CAMHS – need these services working well first.
- Turnover of staff - retention in teams – need to change.
- The working conditions – work needs to be doable – value our biggest resource 'our staff' – leadership and culture is key.
- Having a poor experience once and the impact on family opinion.
- Impact of remote working / online working – sometimes stakeholders need to be around the table to get to the solution.
- Need to motivate more students to come into children's services and stay.
- Need the conditions to build relationships with family – this takes time.
- Vacancy rates – can be up to 40% - what impact?
- Role of the senior manager – how are seniors facilitated to fully support staff and have the space in their day to do this.
- AYE year how well supported and paced – caseloads high – what outcomes can be achieved for children?
- Impact of pandemic – rise in mental health, poverty, increased demand and how does this work within high caseloads.
- Need to de-mystify what students hear so they can be attracted to these roles.
- Need retention initiatives and show value and recognition to the actual work.
- Need to think about career pathways – losing skilled practitioners.

- Impact of remote working on the learning practitioner hard day's work and being able to offload / informal support.
- Poverty and impact on students – support them to be financially safe while studying.
- ***Will this review lead to actual change?***

Group Eight - Parents / Carers

Issues

- Autism / ADHD
 - More integrated work.
 - Waiting lists – 2 to 3 years
 - Lack of service while waiting.
- Education authorities do not accept a lot of private assessments.
- Funding issues.
- Rural / urban divide.
- Lack of partnership working within services.
- Lack of parental supports (provided for parents).
- Lack of respite services.
- Regional services should be regional.
- Efficient early screening.
- Early intervention is vital!!
- Play therapy should be more available – we don't this in the Southern Trust.
- Child protection issues.
- Inconsistencies in Sure Start.
- Access – where to go for what - fear.
- Fathers want access to help – often difficult to admit they are struggling – cultural differences.
- Trauma.
- Respite.
- Advocacy.
- Practical skills.

Group Nine – Family Support Hubs

Issues

- Cost of living crisis is masking underlying key issues.
- Complexity of family's needs – increasing thresholds applied by statutory services are placing a heightened demand on early intervention services.
- Contracted family support hub services are not adequately resourced / funded which results in lengthy waiting lists and higher unmet need.
- Lack of understanding on the role of family support hubs and their remit due to large staff turnover.
- Impact of waiting lists on services and who holds responsibility for this.

How to address

- Need to review the role of family support hubs regionally and go back to basics – we are being pulled in different directions depending on area.

- Resources and funding need to be enhanced to reflect the increased need for support.
- Responsibility for reporting unmet need does not lie solely with family support hubs – it lies with everyone as ultimately impacts on community / voluntary and statutory sector services.

Appendix 5 - Summary Analysis of Questionnaire Responses and Group Feedback

Children's Social Care Services Northern Ireland
An Independent Review

Workshop – Family Support

Key Issues & Analysis Survey Questionnaire Responses and Round Table Discussions

Children's Social Care Services Northern Ireland
An Independent Review

Main Issues Identified by Parents/ Families

- Waiting lists and length of time to be seen
- Better FS community based/Rural and Urban divide
- More integrated working with Families at all levels
- Play therapy and respite needed
- SWs need life experience
- Education support for children needed (prep GCSEs)
- Cultural contexts need for more support for men as fathers
- Inconsistency across Surestarts
- Training for SW in addiction
- UNOCINI Reports needs to match parents needs

Children's Social Care Services Northern Ireland
An Independent Review

Main Issues Identified by Parents/ Families

- Advocacy for Parents /Carers
- Lack of support to parents –autism/ADHD
- Monetary support to parents -children in home (special needs)
- Respite breaks
- Lack of direct contact with professionals e.g. psychologist
- Multiple child needs need coordinated responses
- Lack of funding
- Action for children worked for me!
- Good understanding from social workers
- “Where I am at personally”

Main Issues Identified by Practitioners/Managers

- FIT/Gateway
- Lack of specialisms and access to the nuanced professionals
- Clear understanding of role in stat services
- Natural FS in community occurs unknown
- FS overlooked in Child Protection cases
- Is FS a statutory entity?
- Understaffed and caseloads FS Thresholds being maintained (tiers of support)
- FS should be in every FIT team

Main Issues Identified by Practitioners /Managers

- Staff retention
- List to and hear Families strengthen universal services
- Time ltd work not working
- Specialized Training and Targeted “Dads” support
- Non stigmatizing natural supports valued
- Delays impinge buy in from families

Main Issues Identified by Practitioners /Managers

- FS Cases getting overlooked preventing intervention
- Funding for early intervention
- Effective partnership in statutory needed
- Short term contracts- keeping the workforce
- Post Code lottery for FS issues
- FS goes above and beyond for families /accessible flexible
- Family Support Hubs CYPSP showing good signs
- FS services provide quality services promotes good practices
- C and V services working together works

Main Issues Identified by Practitioners/Managers

- FS dealing with CP cases
- More Surestart across community populations/rural
- Young adults leaving care issues and FS
- Case loads too high
- Cost of living crisis masking other issues
- Are Hubs meeting needs of Children? Need to review pulled in directions!!!
- Ltd face to face time with families
- Referrals too high
- Court contact levels taking from work

Main Issues Identified by Practitioners/Managers

- Better skill mix needed
- Over bureaucracy - including Electronic systems
- Unexperienced workforce issues
- FS goes above and beyond for families FS is Relationships Accessible flexible
- Family Support Hubs CYPSP showing good signs
- FS services provide quality services promotes good practices
- C and V services working together works

Main Issues Identified by Policy Makers

- COVID Fatigue/Cost of Living Impacts/Role Drift
- Admin Support overlooked
- Too many professionals in some families
- Practical support is needed with short term interventions
- Prevention early - offer of help
- Address Unseen Poverty
- Hubs blended with social work involvement
- Collaboration not silos integrate stat/ comm and Voluntary services/SW
- Data and Provision Match Up
- Access Philanthropy
- Disparity in trust areas / resources staff and £
- Lack of basic Family Support information
- Needs led model of working with Families
- Caseload overload– better use of EWOs
- Thresholds require review– Strategic delivery

Main Issues Identified by Other Professionals / Officials

- Relationships are key (and from Sarah)
- Supported Workforce = Better capacity = Safe Staff
- Pool resources better knowledge on what's available
- Integrated and responsive systems
- Needs delivery not organization structures
- Focus on systems to respond to disadvantage
- Hubs the way to go need more investment
- 'Fearless advocacy for the marginalized'
- Hubs/FNP and Surestart great and more!
- Fantastic work force 'smiling under pressure'

Main Issues Identified by Other Professionals / Officials

- Workforce pressures- Caseloads too high – Thresholds/Resources
- Need to motivate Young people to be services users
- Are FS Hubs a Safeguarding Response???
- C and V sector working with families that should be in Stat Services
- Practitioners need to be strengths based
- Early intervention needed – SWs firefighting
- Newly qualified SWs need support – Career development retention
- Training with translators
- No Family / Parenting Support Strategy
- Committed hard working voluntary

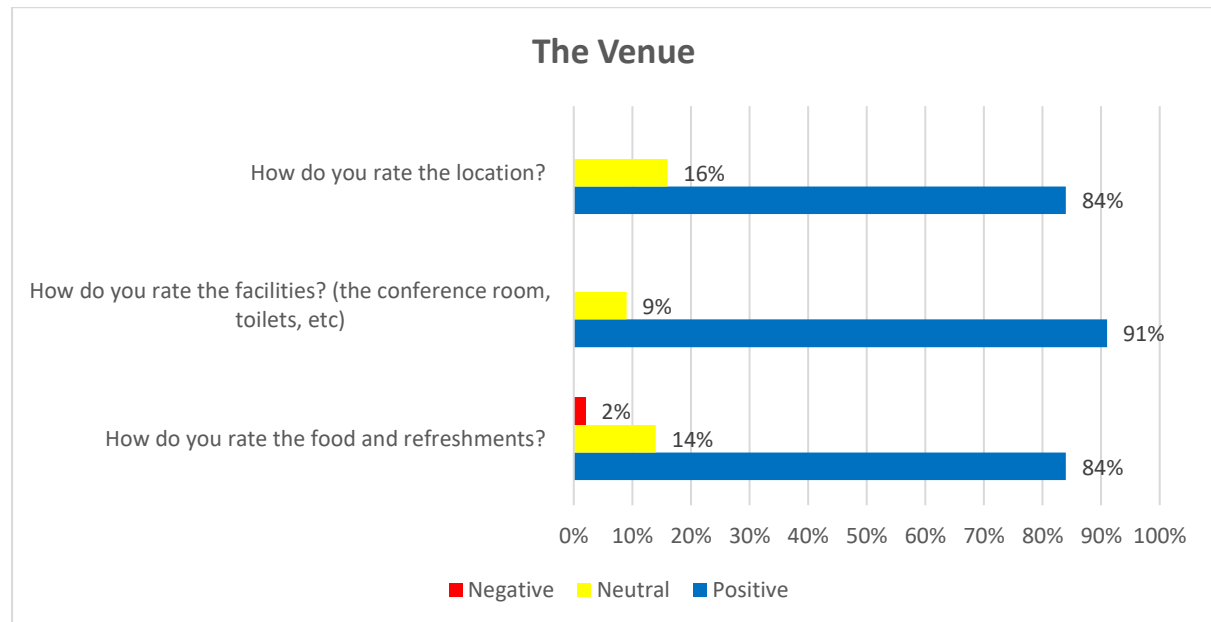
**“Still Learning”
Thank You.**



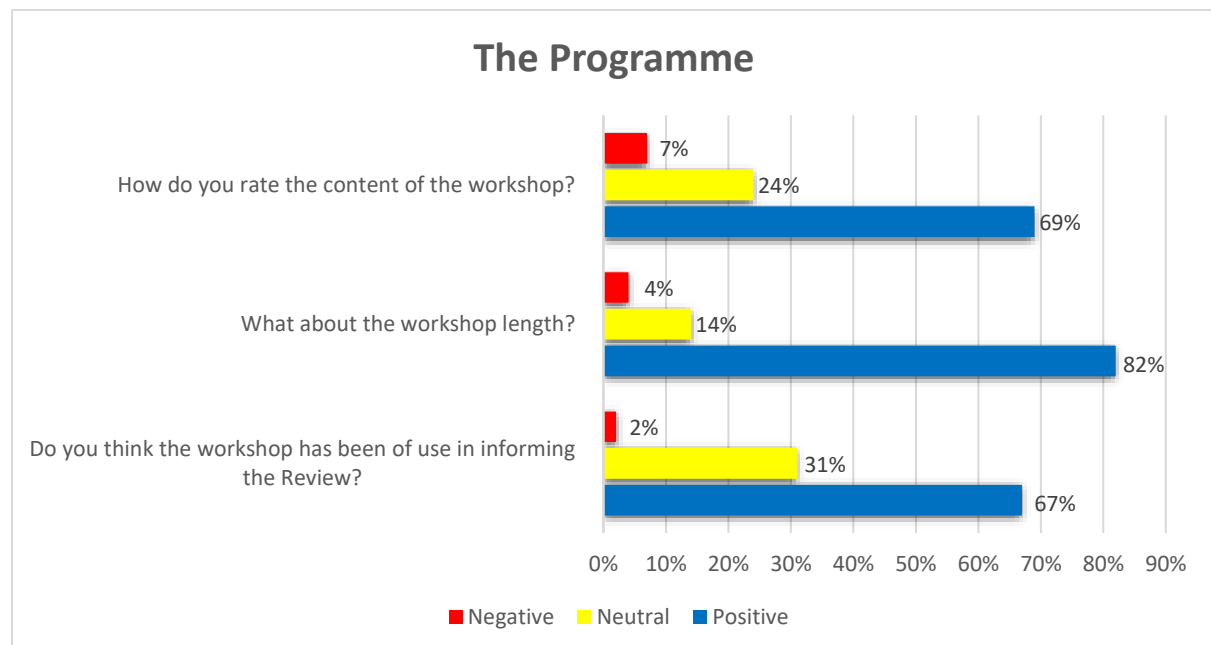
Appendix 6 - Summary of Delegate Feedback

Feedback is based on collated findings provided by 78% of delegates.

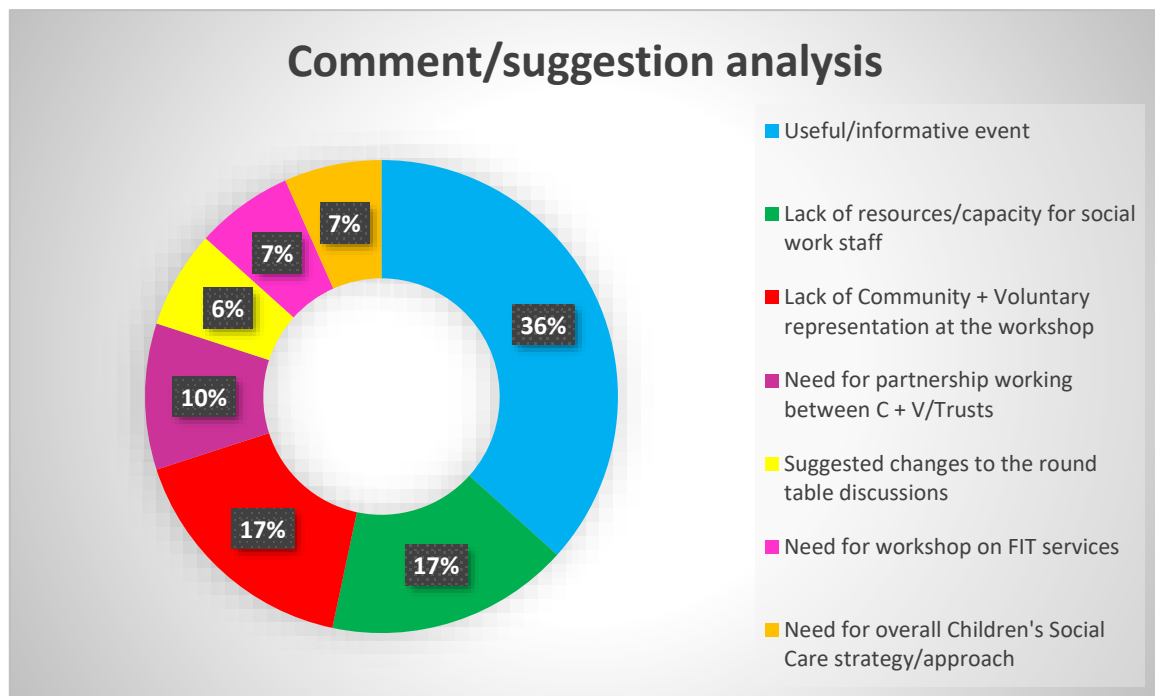
(i) The Venue



(ii) The Programme



(iii) **Comment/Suggestion Analysis**



"Under all the issues and symptoms of family support is the lack of resources/funding/ capacity

-Service Manager

"Thank you for today. Useful- but without executive, cross-departmental approach etc. we are limited."

-Service Manager

"Very well presented and great venue."

-Parent

"I would be keen for a Workshop which looked specifically at Family Intervention Teams and difficulties, but also the good work they do."

-Service Manager

"Surprising there were no presentations from the voluntary and community sector given the role they play in providing family support across NI. Learning from these services at a further workshop would show the breadth and depth of the work being done, some of which is at Tier 3."

-Service Practitioner

"Would have preferred smaller group discussions."

-Service Manager

"Very informative discussion today, wide variety of participants."

-Trade Union Representative

"Hubs in the South-Eastern Trust have contracts with voluntary and community services to provide home-based, bespoke support to families at an early level- this model works extremely well. The voluntary and community sector can recruit the staff to meet the contract needs."

-Service Manager

"Statutory social work is almost exclusively child protection- no capacity for family support."

-Service Manager

"Very enjoyable afternoon, great to hear parents and practitioners' experiences and practice."

-Service Manager

"Hope the Review produces recommendations which are acted upon and within an agreed timescale."

-Service Manager

"I think for the round table exercise it would have been beneficial to mix the seating to gather and encourage more discussions and different views."

-Regional Lead

"I really feel that there is a lack of understanding over the true, real needs underpinning social work involvement, in that there is a complete lack of resources... I found the workshop discouraging and again was left feeling saddened and burdened by the lack of insight and knowledge into reasons."

-Service Practitioner

"I felt there was a lack of voluntary sector representation in the presentations. A large percentage of family support is delivered by the sector, and it would have been beneficial to hear more of this work... the statutory sector wouldn't function without early intervention Tier 2 support... but they were not listened to or spoken to in today's presentations."

-Service Manager

"It is vital at this stage we make short attempts to work strategically together to provide effective services to children. We have so many strands within HSC that it is sometimes difficult for us all to work together and recognize each other's roles, responsibilities, and expertise."

-Service Manager

"Great to hear the views of others."

-Service Manager

“Where is the voluntary and community sector voice today? Review seems to be about Tier 3 services. No one has mentioned CAMHS threshold. Please do not put all the money into making family support part of statutory services. You have not heard from community and voluntary- please come back and talk to us properly.”

-Service Manager

“In organizing the roundtable discussions, it would be helpful to have a better mix of people, from a range of backgrounds.”

-Policy Officer

“Thank you for managing the Review and giving us the opportunity to engage.”

-Service Manager

“From listening today, I worry there is already a decision made regarding the outcome of the Review and I believe without proper funding, no changes will come!”

-Service Practitioner

“The workshop was confusing- lacked a clear identity. It appears to have been focused on family support service providers- not family support in the broader sense. I am sure the Review Team gleaned a lot of useful information from today’s event.”

-Service Manager

“Most of the presentations were by the Trusts. A real missed opportunity to hear about family support in the voluntary and community sector, who provide most of family support in NI. There was no discussion or listening to families apart from the parent who spoke really well. There was no discussion on the importance of skills mix. I sincerely hope that it will not be a recommendation of this Review that family support services are solely provided by social work trusts. Maybe someone from the voluntary and community sector should have been on the Advisory Group.”

-Service Practitioner