

# DCC Front Door Priority Action Plan

# Priorities

## Early Help

Children are receiving the right help/intervention by the right service at the right time

Pathways for early help support are clear which enable families to access timely support

Wider Early Help Offer is clear to practitioners and families across the partnership

Children's naturally connected network of support is identified and mobilized to support.

## MASH

All children's contacts are recorded on the relevant children's social care recording system

Thresholds are well understood by the partnership and practitioners

Referral pathways are clear and children are not held in the front door awaiting a service

Ensure that there are robust responses to pre mobile/unborn children referred into the front door

Strategy Discussions/meetings are held appropriately, in a timely way and children are routinely seen and their lived experience sought.

## IRT

Children are allocated to a Social Worker and are being seen

Children are receiving the right help/intervention by the right service at the right time

Social Workers have workloads that enable effective relationship-based practice and effective management oversight

Assessments accurately capture the lived experience of children in timescales appropriate to their needs

# 8 – Week Priority Action

## Early Help

- Review children open to teams for a period of 6 months or longer, and take appropriate action in providing support
- Address current blockages within system to ensure practitioners/managers have the tools/resources available to them.
- Produce pathway documents and guidance for Early Help outcomes within MASH
- Develop resources and guidance on identify and mobilizing family networks, followed by training in the spring
- Develop multi-agency EH Strategy

## MASH

- Work in partnership with OLM to develop a contact in Eclipse that supports the recording of all children
- Review the current threshold document ensure it is well embedded, understood and communicated to All staff
- Produce and MASH practice guidance detailing referral pathways for children coming through the MASH
- Develop a pre-birth guidance, embed new process and roll out workshops to all staff.
- Analyse recent audit activity, circulate updated guidance, set up a task & finish group to take forward audit recommendations

## IRT

- Identify all children awaiting referral decision, unallocated and/or allocated to managers in each locality.
- Analysis of root causes of current blocks in the system and appropriate solutions and timescales developed for allocating all children to Social Workers.
- Review of Case Transfer Policy and practice, case transfer meetings, CIN clinics.
- Identify opportunities for increased EH 'wrap around' and identification of families to step down to EH Plans and DCC run EH service provision e.g. FIT, YIT, YOS
- Position statement and 12- month plan developed with Area Leads

# 8 – Week Priority Progress

## Early Help

- FIT Area Manager has led an initial review on children open for 9 months plus. Which has resulted in handover to Level 2 services (23). Area Manager will continue to lead action to review and monitor progress for children.
- Early Help Outcomes agreed for MASH G, with IAG being provided immediately.
- Enquiry Toolkit produced to support with understanding risk, strengths and next steps.
- Training Package devised and will commence in January 2022 with FIT. Rolling out to wider teams early 2022.
- Appraisal briefing provided on options within Early Help to CSLT.

## MASH

- A review of the MASH has completed, and Next Steps plan is being implemented
- The threshold document has been reviewed
- Time in motion review of MASH operations has been completed
- Task and finish groups established to take forward review findings
- Recording systems reviewed to streamline processing of contacts and referrals

## IRT

- Locality Directors are leading action to review children in IRT and C&F teams and where appropriate step across to Early Help and/or progress plans.
- Task and finish group has completed a review of the use of Strategy meetings with workshop for changing practice being planned for January onwards.
- New management reports available to track referrals awaiting allocation and timeliness of children being seen.
- Decisions made on the purpose of IRT that will enable children to receive the right support from the right service at the right time.
- Fewer children are either unallocated or allocated to managers.