

Dorset Families First for Children Pathfinder Delivery Plan

This document provides a delivery plan template for the Pathfinder, setting out how areas will deliver the reforms set out in the Design Specification.

Timelines

- A first full version of this document is due 31st October 2023.
- A final version is due on Thursday 30th November 2023.

Alongside this document areas will also provide the documents below by Thursday 30th November 2023.

- Updated costed plan.
- Updated population needs assessment.

Red text gives an indication of length for sections this is a guide rather than a strict wordcount.

Purple text sets out what must be included in each section and areas that are not necessary but can be included. LAs can provide additional detail if they wish. Purple text can be deleted before submission.

DRAFT

| Reform Strand | Overall system design and Safeguarding Partners | Family Help | Child Protection | Family Networks |
|---------------|--|--|---|--|
| Ambition | <p>Explore changes to how safeguarding partners operate with clear roles and responsibilities for statutory safeguarding partners at both a strategic and operational level, and with an increased and possibly statutory role for education.</p> | <p>Establish locally based multi-disciplinary Family Help teams that work collaboratively with partners to provide intensive, non-stigmatising and effective support that is tailored to the needs of children and families.</p> | <p>Establish a child protection response led by social workers with greater expertise and experience, working as part of a dedicated and skilled multi-agency child protection team. The child protection lead practitioners will work alongside Family Help to protect children who are suffering or likely to suffer significant harm.</p> | <p>Make greater use of family networks, with earlier use of family group decision-making throughout Family Help and child protection systems, facilitated by targeted funding to enable more children to live at home or support a transition into kinship care.</p> |
| Our model | <ul style="list-style-type: none"> Align with Partnership place-based strategies. Strengthen offer for underrepresented communities. Recruit engagement / youth voice officers to capture voice of lived experience. Establish Kinship Care Engagement forum. Strengthen strategic relationships between education and statutory safeguarding partners. Set up and education strategic sub-group of the Pan-Dorset safeguarding partnership. Formally nominate leads and delegates from the education community to sit on the safeguarding partnership. | <ul style="list-style-type: none"> Integrated Front Door New Locality structure for Family Help and Inclusion and Belonging VCS delivered Early Support offer with a focus on Early Years Updated Quality Assurance Framework in line with the new model for Family Help. Integrated Early Help and CIN Council wide Safeguarding Families Together roll out. Group case and line of sight supervision models | <ul style="list-style-type: none"> New Locality Structure for Child Protection Updated Quality Assurance Framework in line with the new model for Child Protection Establish Multi Agency Child Protection teams. Pilot approach for Child Protection Conference Chairing Introduce a dedicated resource within quality assurance to enhance the advocacy offer. | <ul style="list-style-type: none"> Family Group Decision Making offer for all families by default. Update the quality assurance framework in line with the new model of Family Networks Independent FGC team Agree sequencing and quantifiable timescales for undertaking Family Group Decision Making functions. Pilot Family Rights Groups Pre-proceedings. Establish approach for Family Network Support Packages across the spectrum of need. Development and Delivery of Kinship Care Strategy |

Detailed model

1. Overall design for the system and safeguarding partners

1.1. System wide elements

Culture and language

In June 2023, the Dorset Strategic Alliance for Children and young people published our partnership [10-year plan](#). Through this plan, the partnership has signed up to a set of collective ambitions, set out under 7 priority themed areas, as follows:

1. Best start in life
2. Young and thriving
3. Good care provision
4. Best education for all
5. Best place to live
6. Local Family Help
7. Safe at home and in the community

Our partnership in Dorset is underpinned by a shared culture, language and set of values and is committed to working together and with children, young people, and their families in the following ways:

- Always putting children and families at the heart of everything we do – including in how we develop and shape services.
- No child or family left behind – we strive for equity of outcomes for all.
- Focus on early intervention and prevention – offering the right help, in the right place at the right time.
- Working restoratively – doing things with families, not to or for them.
- Thinking family – providing a joined-up approach.
- Focusing on and building on the strengths with individuals, families, and communities.
- Being inclusive – challenging discrimination where we see it and promoting a sense of belonging for all our children in our communities.
- Taking a rights-based approach to our work.
- Delivering best value for money – spending the Dorset £ in Dorset on the things that get the best outcomes for children and families.
- Remaining hopeful and determined to achieve good outcomes for all.

Our 10-year plan recognises the work that we will be doing to deliver the Families First for Children Pathfinder (FFCP), with strong partnership commitment:

“In early 2023 the government released a new strategy, ‘Stable Homes Built on Love’ on how local authorities and partners should work together to put families at the heart of the services we deliver. Dorset has been asked to lead on a national pathfinder, ‘Families First’, which further develops our established multi-agency locality-based approach. We will, through the Pathfinder and beyond, further strengthen the delivery of integrated services. We will explore different ways to promote family support through family decision making and new approaches to kinship care and working with the wider

community family to provide safe support for our children and young people. This model will be overseen by our Strategic Alliance Partnership.”

Our Strategic Alliance will continue to strengthen and embed a culture that promotes and works alongside communities, families, young people and children and ensuring that we design and develop our services with them. As a partnership we will continue to embed the use of strengths-based language which is trauma informed and restorative. Our ambitions for partnership workforce development are specifically tailored to embed this culture and language across Dorset.

1.2. Practice

Through the FFCP, we will make some key changes to practice across the partnership that will include but not be limited to:

- Embedding a partnership multi-disciplinary group case supervision and line of sight model.
- Ensuring a focus on our Dorset System including system leadership, partnership induction and learning events.
- Redesigning the practice model with safeguarding partners across Family Help and Child Protection with a specific focus on Family Group Decision Making, ensuring families are engaging, participating early, and empowered to co-design and develop plans to support and safeguard their children.
- Strengthening our practice framework and continue to expand and embed the principles of Motivational Interviewing, Therapeutic Thinking, Trauma Informed, Restorative & Relational Based Practice across the whole children’s workforce and the partnership.
- As we strengthen our practice framework our quality assurance work, both within children’s services and our multi-agency partnership, will align and develop to ensure we evaluate the impact of our practice model.
- Establishing a single whole family assessment and planning process which includes the development of multi-agency chronologies to support analysis, intervention and planning. This will include the development of the lead practitioner role to deliver this work where appropriate.
- Development of the Family Hubs workforce including an introduction to the family hubs e-learning module.
- Developing and embedding a training offer for the workforce, providers and settings focused on children under 2 years of age.

Approach to ensure that the system builds on families’ strengths, addresses the full spectrum of need, and is poverty-aware and anti-discriminatory.

Our current practice model is well embedded and is rooted in the principles of restorative practice and trauma informed approaches. Multi-agency professional relationships within our model will be built on co-design, partnership and empowering family-led solutions and using strengths-based language. Our population needs assessment and business intelligence functions will continue to ensure we are addressing the full spectrum of need, and that we are poverty-aware and anti-discriminatory. Examples include:

- Embedding the principles of the Staff College ‘Just Heart, Just Hope, Just Home’ publication which commits to racial justice, equity and inclusion and being passionate about tackling racial disparities within and across Children’s Services.
- Working closely with our LGBTQIA+ communities and ensuring they feel safe and are represented and responded to with our system.

- Our locality model and alignment with partnership place-based strategies means that we are responding to local need and embedding community driven solutions across a diverse spectrum of need.

1.3. Approach to quality assurance and supervision

Quality Assurance

Our quality assurance and performance management frameworks are strong, having invested significantly in these areas in the last 3 years. We can assess and evaluate the quality of practice and have a robust system of governance. We are agile in our response to quality assurance findings and make system improvements at pace. Through the FFCP, we will continue to build on these frameworks to evaluate the impact of the reforms on quality of practice and outcomes for children, young people and their families. This includes dedicated resource through practice leads to support with practice changes and to sustain quality of practice and application of legislative changes. We will continue to seek feedback from key stakeholders across the partnership and children, young people, and families as part of our quality assurance approach.

Supervision

One of the key defining characteristics of our model will be to have multi-agency group supervision across Family Help and Child Protection. Our group case supervision model will include all the professionals working with the family and will be outcome-driven and solution focused, with an emphasis on helping the family to utilise their strengths and family decision making. We have already seen the benefits of this approach at a smaller scale and will embed this across all our locality areas to ensure:

- We have a shared direction and solution finding.
- We are building relationships and learning from other subject matter experts.
- We are gathering evidence of assessment and analysis captured with clear outcomes for children.
- Social work oversight is embedded across the whole model.

1.4. Plan to engage children and families to capture their voices when designing and delivering services.

We have a well-established system for engaging, capturing, and responding to the voice of lived experience when designing and delivering our services. We will continue to utilise this system to further develop, design and hold to account the FFCP model as we move through implementation. Feedback from our children, young people and families tells us they do not want to be engaged multiple times on the same issues and expect consistency of relationships (in both how they are engaged and in terms of service delivery.) As such, we will continue to engage thematically and utilise the strong pre-existing networks of organisations that represent the views of children, young people and families in Dorset. Examples include:

- DPCC – Dorset Parent Carer Council
- 0-25 Voluntary and Community Sector Forum
- Youth Voice arrangements – including Care Leaver Forum, Children in Care Council and Dorset Youth Council
- Local Alliance Groups (multi-agency groups that come together to deliver outcomes for children in a particular locality – these are sub-groups of the overarching Strategic Alliance described above)
- Parental engagement role through the safeguarding partnership

Through the FFCP we will also embed some specific engagement roles/ mechanisms that will focus on gathering and responding to feedback from children, young people and families. Examples include:

- Engagement officers working with children, young people and families in Family Help and Child Protection.
- Youth Voice officers who will work alongside young people to define and deliver our commissioning offer.
- Establishing a Start for Life & Family Hub Parent Carer Forum to enable input to develop and ongoing delivery of our offer.
- Kinship Carer Engagement Forum to co-develop our own local kinship care charter.

1.5. Multi-agency safeguarding arrangements

It is important to recognise the issues associated with the geographical boundaries of our safeguarding partnership in Dorset. There are two Local Authority areas, (Dorset Council and Bournemouth, Christchurch and Poole (BCP)) while police and health partners operate pan-Dorset. This is not an insurmountable barrier to change but there are potential implications for multi-agency arrangements recognising that the FFCP funding is allocated to Dorset Council and the safeguarding partnership boundaries span the entire county. Place-based arrangements are in place to deliver our responsibilities in Dorset through our 'Strengthening Services Board' an executive board chaired by the Chief Executive of Dorset Council which will support us to deliver these reforms for Dorset and enable us to engage closely with and share the learning with partners across the wider pan-Dorset footprint.

Governance structures

Our maturity assessment demonstrates that, broadly, our safeguarding partnership is well developed and meets the minimum requirements in the design specification for the pathfinder. There is ongoing work in this space through the FFCP and we will go further by:

- Developing our approach to scrutiny, commissioning independent scrutineers for thematic areas of multi-agency practice that we would like to test across the partnership (E.G. Neglect)
- Undertaking an efficiency review of our key partnership forums and governance to streamline wherever possible.

1.6. Plan on how to strengthen role of education at strategic level

There are some pre-existing mechanisms that set us up for the work to strengthen the role of education settings (including early years and post 16) at the strategic level.

- There is an existing role within our QA team that has oversight of safeguarding in our education system, and which strengthens our relationships within our education community and helps us to understand the quality of safeguarding in our schools and settings.
- We have representatives from the education community on our FFCP programme board.
- We have established connections to existing head teacher and school leader forums to test ideas with them as we move into implementation.
- A small number of Education Partners are currently engaged in our Strategic Alliance for Children and Young People (and associated strategic boards) and our Multi-Agency Strengthening Services Board which forms the place-based arrangements of our Pan-Dorset Safeguarding Partnership arrangements.

To meet the design specification, we intend to explore a range of options including:

- Establish Education as a fourth safeguarding partner, initially the education representative will be the Corporate Director for Education and Learning, we will work with colleagues from across the education community to test and learn from this approach.
- Identifying leads or delegates from the education safeguarding community to sit on safeguarding partnership subgroups.
- Designated Safeguarding Leads (DSL) representation through the Local Alliance Groups with a clear thread for feeding into strategic safeguarding forums.
- Establishing and communicating the benefits for the education community.
- Building the relationship with our other statutory partners (specifically health) and our education community to share learning and provide support across parts of the system who represent equally diverse communities.
- Setting up an education specific strategic sub-group. This will likely be achieved by utilising and expanding the remit of a pre-existing forum.
- Clear and regular communication to education colleagues on the changes (N.B. this extends to all pathfinder reforms) via the weekly briefing from our Corporate Director for Education and Learning.

Shared values and resources:

Agreed ways of working, values, leadership statements

As we explore the role of education and formally bring our education community into the safeguarding partnership at the strategic level, we will work collaboratively on the pre-existing values of the Pan-Dorset Safeguarding partnership.

The Pan-Dorset Children's Safeguarding partnership was set up to meet the requirements of Working Together to Safeguard Children 2018. It is committed to ensuring that:

- Children and families should receive targeted services that meet their needs in a co-ordinated way.
- There is a shared responsibility between organisations and agencies to safeguard and promote the welfare of all children in the Pan-Dorset area. The responsibility to join-up services locally rests with the safeguarding partners who have a shared and equal duty to make arrangements to work together to safeguard and promote the welfare of all children across the Pan-Dorset area.

The Pan-Dorset Safeguarding Partnership is in the process of agreeing a definition of trauma informed practice and a set of supporting principles it will work to:

'Becoming trauma-informed is a journey that never ends. We need to continually reflect and review our practices.' *'Being trauma informed is not something we do to people, it is a way of being with people, a way of developing relationships with people. Those that have experienced trauma have usually experienced relationship trauma, the only way to heal this is through positive relationships and workers are in a prime position to model relationships based on safety, trust and reliability.'*

The PDSCP Principles are:

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment
- Cultural consideration

Resource / funding commitments

We will explore the potential funding and structural commitment for the education community through implementation. The narrative below from the PDSCP Annual Report outlines the commitments from existing safeguarding partners.

“The PDSCP is committed to the principles of equitable and proportionate funding with shared and equal responsibilities. There is a dedicated Business Team to support the work of the partnership across the Pan-Dorset area. Following an external efficiency and effectiveness review of the Business team in 2022, a proposed restructure introduced a new single Business Manager across the Pan-Dorset area and introduced further administrative support. Both new roles have been successfully recruited and the remaining roles in the team made permanent. In February 2022 the Executive approved a recommendation from the review for the need for all partners to contribute an equal share into the PDSCP budget and agreed for 2023/24 that this would be £75,785 per partner. This would mean a total budget of £303,140. It was noted that this would be an increase for the police of £26,940, for Dorset Council of £6,853 and for Health of £785 with a reduction for BCP of £7,639. At the end of 2022/23 the PDSCP carried forward a small surplus of £21,697, due to the unpredictability of Local Child Safeguarding Practice Reviews, which fluctuate from year to year”.

Data sharing agreements

The PDSCP signed up to a new data sharing agreement in January 2023. Partners that have signed up to the agreement acknowledge that it provides a secure framework for the sharing of information.

The partnership comprise representation from the following organisations:

- NHS organisations and independent healthcare providers
- Primary Care providers e.g., GPs, hospitals
- Public Health
- Probation Services
- Youth Justice Services
- Dorset Police
- Schools, Colleges and other Education providers
- Early Years and Childcare providers
- Relevant Housing providers
- British Transport Police
- Children and Family Court Advisory and Support
- Sports organisations/ groups/associations
- Coroner Services
- Voluntary, Charity, Faith based organisations and ‘hard to reach’ community group.
- UK Visa, Immigration Enforcement and Border Force

- Children’s Homes, Independent Fostering Agencies and Supported Housing Providers for young people
- Prisons
- Armed Forces
- Secure Training Centres and Secure Estate

There are also a range of other local data sharing agreements that are in place for supporting whole-family working. This is explained to families through the publication of a ‘privacy notice’ that contains important information about who we are, how and why we collect, store, use and share personal information, people’s rights in relation to the personal information we process and how to contact us and supervisory authorities in the event you have a complaint. We maintain a list of partners including schools and education settings who are signatories to this agreement, and we expect that we will be able to change the local system to ensure we meet the needs of the FFCP.

1.7. Stakeholder views

Workforce

| Safeguarding Partners - Themes | Response through the model |
|---|---|
| There is consistent feedback from the education community that the system needs to collectively state the benefits of education being formally involved. They also feel they need to better understand the safeguarding partnership; what it is and what it does. | We will deepen our links with the education community collaborating around the benefits of an increased role of them at the strategic level. We will also enhance our comms and engagement with the education community to explain what the safeguarding partnership is, it’s ambitions and goals for children, young people, and families. |
| All partners have asked how we adequately represent the diversity of education settings, which span age ranges and multiple types of provision | Our health partners have offered to work closely with our education community to share learning on how they navigate and represent a similarly diverse/complex system across health provision. Through implementation we will explore methods for exhaustively but proportionately representing the diversity of provision in our education community |
| Our education community understand the need for engagement mechanisms (forums etc) but have highlighted that clarity of function, timings and proportionality are key | We will explore options for engagement in key forums that recognise the core-work and demands on time for all our statutory partners |
| Education colleagues are keen to ensure they feel like more than just commentators/observers to a process and want to be involved as decision makers/active engagement in change processes | We will shape and co-design the system with our education communities in a way that moves them towards active engagement in change processes and more of a decision-making role |

Children and families

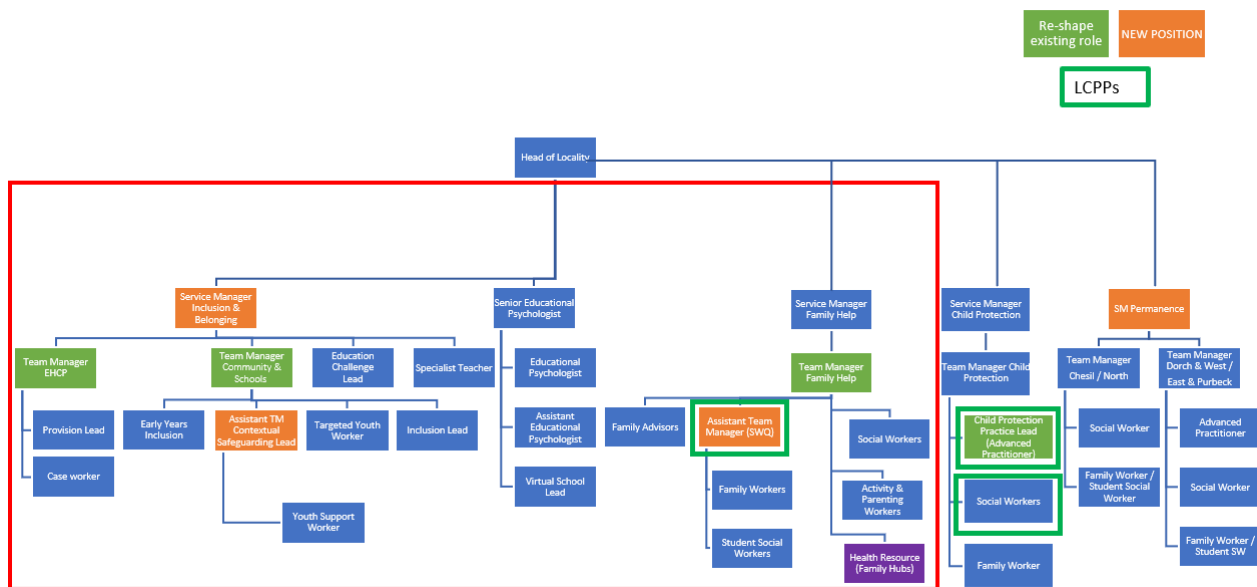
| Safeguarding Partners - Themes | Response through the model |
|---|---|
| LGBTQ+ young people community did not feel heard, safe or that they had a space for themselves. | We will be shaping and co-designing the system with our LGBTQ+ young people community to enlighten the change processes and represent the diversity of our Dorset young people. |

| | |
|---|---|
| <p>They asked for training for teachers, about acceptance and different identifies.</p> <p>Specific support for children within middle schools and for those who are out of school/EHE.</p> <p>They asked for teaching and education about LGBT rights in schools and schools to address homophobia and bullying linked to this.</p> <p>The Chesil Youth Pride event 2023 was a co-produced event with young people of this community. The event was visibly supported by agencies and services and the public. Feedback from our LGBTQ+ young people and families was positive. A 2024 event is planned.</p> | |
| <p>Dorset Children and young people have said they need to have adults notice when things are troubling them.</p> <p>They need to understand what is happening, to be seen, heard, and understood and see action.</p> <p>They need to be kept informed, about assessment outcomes, decisions, concerns, and plans.</p> <p>They need to be able to develop an on-going stable relationship with someone they trust to help them understand decisions which they may not agree with.</p> <p>They need their own support and advocacy to help them put forward their views.</p> | <p>The Pan-Dorset Safeguarding Partnership model is founded on good practice supporting the voice of the child and to maintain effective on-going action to keep the child in focus.</p> <p>This includes listening to the child’s wishes and feelings (using observations as well as what they child says about their situation and plans and hopes for the future), providing children with honest and accurate information about their current situation, future possible actions and interventions, involving the child in key decision making processes, providing appropriate information to the child about their right to protection and assistance, inviting children to make recommendations about the services and assistance they need or is available to them, ensuring they have access to independent advice and support (advocates or children’s rights officers) to be able to express their views and influence decision making, considering with them, issues arising in relation to identity, diversity, culture, faith, sexual orientation, language, disability, low confidence and trust.</p> <p>We will ensure through our model and workforce development that this is embedded in practice across the whole system.</p> |

2. Welcoming and effective Family Help Services

2.1. Service design

The diagram below indicates how locality services will be organised to deliver for all children and families and describes the connection between the different parts of the system.



2.2. Overview of how to integrate current early help and CIN services to create seamless support for families.

Our locality teams will seamlessly respond to the spectrum of need across Family Help, utilising the strengths of our locality structure and the offer those locality teams currently deliver. We will bring together teams of family workers and social workers from within our existing locality structure to create our new family help teams. We have designed those teams and our practice operating model to have embedded social work oversight throughout, and we will continue to value the mixed experience and skillset we have in our early help (Family Help) structures. We will further embed our matrix management approach across our senior leadership structure to enable the change.

80% of what we currently categorise as Child in Need (CIN) cases will be held in family help alongside 100% of targeted (Level 3) early help work. The most acute (top 20% of) CIN cases will be held by our locality Child Protection teams to enable the maintenance of strong relationships and reduce professional hand-offs.

We will ensure that we offer structured workforce development, supervision and support to practitioners undertaking the lead family help practitioner role both within the local authority Family Help Service but also to practitioners in partner agencies who also undertake this role.

Makeup and organisational setup of multi-agency FH teams

As can be seen from the structure chart above family help will be delivered as part of a seamless service offer within localities under a single Head of Service working closely together to deliver outcomes for children. Family Help teams within Children’s Services will be locality based and include family workers and social workers and be managed under a single Service Manager. The locality structure will also include our “Inclusion and Belonging” strand (sitting within our locality structures as part of the Family help offer). This includes a range of practitioners - EHCP teams, Education Challenge Leads, Targeted Youth Workers, Inclusion Leads, Contextual Safeguarding Leads, Specialist Teachers, Educational Psychologists and Virtual School Leads.

Our 'Safeguarding Families Together' (Adult Services professionals working in our social care teams) offer will work with families in Family Help and Child Protection parts of the system and will include Social Work, Mental Health, Drug and Alcohol Misuse and Domestic abuse practitioners working together utilising a group supervision model.

We intend to go further in enhancing our multi-agency teams in Family Help with a strong focus on the early years, co-locating and / or deepening the level of integration with Health Visiting, CAMHS, Sexual Health and Midwifery through our existing Family Hub programme. Our Family Help service will identify the group of professionals that need to work with the family and will be able draw on the experience and skills of all the practitioners listed above. We also intend to evolve these multi-agency networks, with the family, through multi agency decision making and adopt a family network approach here which enables access to family network packages.

Our Multi-agency Family Help teams will build on the pre-existing strengths of our locality model and the Local Alliance Groups (LAG's) which are the local embodiment of our strategic alliance and who are overseeing our developing network of Family Hubs. Our Family Help teams will include core staff employed by the local authority and with strong networks and integrated access to wider partner agencies, including Health, Policing and Education colleagues, Adult and Housing Services and Voluntary and Community sector organisations. We will support these agencies to take a whole family approach to working with children and families, undertaking the Lead Practitioner role when it is appropriate for them to do so. This will be in circumstances where the child / family has the strongest relationship with that alternative agency professional. We will build on and strengthen the work that we do as part of the 'Supporting Families' programme to enable this to happen.

We are enhancing our youth work offer, which will focus on our response to extra familial harm through education and community contexts. Our contextual safeguarding leads (Assistant Team Manager – Contextual Safeguarding Lead) will support increased focus on contexts within which harm occurs for young people and work with partners within our localities to make spaces and places safer for young people, including schools. Where there is a significant risk of harm outside of the home (extra familial harm), these risks will be managed through our extra familial risk and harm panel and the Multi agency child exploitation (MACE) meeting. These young people will be supported by a family help lead practitioner. A child protection conference would only take place where there is also intra familial significant harm.

Alignment to other / dependent transformation programmes

Dorset is an early adopter of the national Family Hub approach and one of 12 LA's delivering on the DfE's Family Hub Transformation Programme 1. We have aligned governance arrangements across both Family Hub and FFCP programmes, through the Family Help stream, with strong representation from across key partner organisations. Our Family Hub network will provide locality bases, facilitating co- location of our partnership workforce (including multi agency Family Help and Child Protection Teams) and providing accessible place-based delivery of our Family Help offer. Our Family Help offer will be built upon the foundations of strong universal and parent and community led early support provision. Dorset Families Matter (our name for the delivery of the national 'Supporting Families' Programme) will provide training and resources to support and enable partners from across the multi-agency workforce to embed effective whole family working and early help practice, with our developed model of maturity across the early help system enabling progress towards earned autonomy. Our Early Help Systems Guide and forward plan will provide a comprehensive assessment of current systems and practice, supporting development of our Family Help model.

Dorset is a Family Law Pathfinder, piloting the implementation of the private law recommendations. We deliver reducing parental conflict training across the partnership workforce and our evidenced based interventions are accessible through our early support and family help offer to families via our family hub network.

The pathfinder also provides an opportunity to recognise and join up with wider partnership strategies/ transformation plans to look for links / collaborative working in all areas of practice. This includes system transformation work on the following areas which we will ensure join up with and deliver on the principles agreed in FFCP:

- Health Visiting Transformation programme focused on delivery of the Maternal Early Childhood Sustained Home-Visiting Programme.
- CAMHS transformation – expansion of mental health support teams in schools, integrated front door and commitment to multi-disciplinary teams and service delivery through family Hubs.
- [Integrated Care Partnership strategy](#) – the development of multi-agency neighbourhood teams is a key part of this strategy, and we will support that for children through expansion of our locality family help model.
- Birth to Settled Adulthood Service – the creation of a flexible 0-25 service model for children and young people with complex needs across the local authority (launching in April 2024) which will be expanded through greater integration with health services in 2024/25.
- All-age Autism review – including family support and the introduction of [‘key workers’](#) a new workforce to support children and young people with autism and learning disability who are at risk of hospital admission. This will be aligned with the launch of our Birth to Settled Adulthood Service.
- [Right Care, Right Person Model](#) – this programme is aimed at ensuring that the right people are involved in responding to people with mental health needs, particularly those in crisis.

2.3. Integration with current early support offer and VCS implications

In broad terms, we define “early support” as what is currently known as level 2 early help. There are currently around 800 children in Dorset at level 2, using a ‘team around the child/family’ approach with lead practitioners from a range of partners including education and health professionals such as health visitors. Through the FFCP, there is a significant opportunity to bolster this early support offer through community led Family Help with a strong focus on the early years. We also see this community/VCS led approach as critical to embedding the Family Network reforms by providing more and earlier Family Group Decision Making in the early support space (see section on Family Network reforms). We will continue to work with our VCS partners to develop and implement Asset Based Community Development (ABCD) approaches and commissioning differently with a focus on development of provision for 0-5’s in line with our Strategic Alliance Priority to deliver the Best Start in Life. We have allocated funding through our costed plan to test and learn here.

We are also members of 'New Local', a national organisation which is focused on unlocking community power and will use these connections to help us to test new ways of engaging with communities and community organisations to deliver a new system for early support and family/community led approaches to family help. Our Family Help offer will be built upon the foundations of strong universal and parent and community led early support provision delivered through our Family Hub network.

2.4. Lead practitioner role

Scope of lead practitioner_role

Our Family Help lead practitioners will deliver the minimum expectations as set out in the design specification. In most cases, our practice model is already aligned to the role as described but there is some further refinement we will need to make through implementation.

- We will develop and deliver a training offer and support structure that will enable lead practitioners outside of the LA to feel confident delivering services to families when they are sitting outside of the LA Family Help service and working alongside Lead Child Protection Practitioners at section 47.
- We already operate a whole family approach using 'Team Around the Family' so decision making with families is already happening in practice. We will go further (through the Family Networks reforms) to ensure that Family Help Lead Practitioners are offering Family Group Decision Making (FGDM) to consider how the wider family network could support the family, training the workforce in Family Network approaches and where appropriate commissioning/providing Family Group Conferences.
- We will provide training to practitioners in VCS organisation to facilitate Family Network meetings (and access to family network packages) so that where appropriate families are able to be supported without having to come to the local authority for support.
- Where possible and makes most sense for the child and family, we will facilitate the continuation of the existing professional relationship with the lead practitioner.

We propose replacing references to social workers in section 17 assessment, planning and review with the term 'lead practitioner' to indicate where a broader range of practitioners with the relevant skills, knowledge and capacity can undertake direct work with families, holding the primary relationship with the family and co-ordinating services. We have clarified that when children are referred to children's social care and deemed to need support under section 17, social work qualified practice supervisors or managers should work with partners to agree to allocate a lead practitioner to work with the child and family. We would expect this decision to be taken in consultation with those already in the team around the child, where the child is known. Practice supervisors and managers will support the work of the lead practitioner, providing oversight for key decisions on the plan for support, approval of assessments and any review.

We will work to a principle of joint supervision and secondary allocation between FHLP's and LCPP's and a single plan. We believe the decision for co-working must be driven by what is in the best interest of the family. When there is a clear role, relationship / skill need that has been met up to that point by the FHLP, the FHLP will continue to provide that dedicated support / intervention as required. The FHLP will maintain a relationship with the family and will continue to carry out any direct work that is necessary for the child protection plan.

We do not want to create a model in which all FHLP's stay alongside the LCPP's in perpetuity because it wouldn't be sustainable. Our model will maintain the FHLP while that it is in the best interests of the family, where there is a required role for that worker, and where their contribution is purposeful.

We are committed to the ensuring we are reducing 'handoffs' and change for families where possible and already work to that principle. Where children and families are 'Stepping Down' from Child Protection this will be in a pre-planned way and we will work to bring the Family Help aspect of the work online as soon as we know that is the planned next step, enabling relationships to start and warm handover to be completed.

Considering the principles that we have laid out across practice to deliver the model we have considered those families who are already sitting at the higher end of need and risk in the Section 17 CiN space and that in order to reduce the potential for 'handoffs' that we should work with them on their current plan but in the Child Protection area of the service. We have looked at need across and this group of children and families equates to around 20-30% of our current Section 17 CiN work. We will continue to work in the context of de-escalation and ensuring that we are meeting the needs of these families and where we are able to assess their need has reduced sufficiently, we will work with them to 'Step Down'. Where need and risk may escalate we will be able to respond without significant change to their practitioner support network.

Who can be a lead practitioner?

We will work to implement a system in which the Family Help Lead Practitioner (FHLP) can come from any of our partner agencies. Where dictated by need and risk, the family help service will be able to wrap around that lead professional (with social work oversight and group supervision) to support the intervention to the family. Resourcing constraints and training and development needs may also need to be determining factors in the ability of the FHLP being able to effectively carry out the role and we will continue to test and learn around this during implementation.

How it is chosen who holds it and plans for key relationships

Through referral and assessment processes at the integrated front door, we will identify both the family and professional networks. This will enable us to identify important people and their relationships to the child and family to enable us to effectively choose the Family Help lead practitioner. In many cases, family network and Family Group decision making will be a key determining factor in the choice.

2.5. Supervision and quality assurance

Plans for case holding

Family workers and social workers in our Family Help Teams will hold what we currently describe as Level 3 / Targeted early help and 80% of CIN (least acute cases). We expect our social workers in family help to hold more of the CIN level work. Wherever possible, we will maintain the relationship with the existing worker as the family needs change.

We have modelled the number and ratio of family workers / social workers being able to provide an intensive response and they both will hold an average caseload of 15 families (this is based on 22 children). These caseloads may be subject to revision and change as our new locality structure is embedded.

Supervision

We will adopt a group case supervision model which will be led by social work qualified team managers or assistant team managers. All our Family Help Teams will have a social work qualified assistant team manager. For the most intensive / acute cases, this will involve the members of the multi-agency family help team, including our adult practitioners through our 'Safeguarding Families Together' approach. Social work oversight for non-social work staff will be provided by the assistant team managers. For less intensive cases we will offer a group supervision model through a "line of sight" approach, ensuring social work oversight.

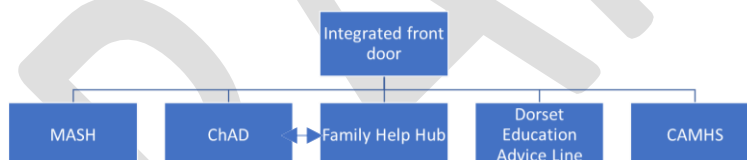
QA framework specific to Family Help reforms to deliver enhanced model

Our Quality Assurance (QA) framework will ensure that we are evaluating the quality of practice and effectiveness across all elements of the Family Help reforms. Our QA framework will also ensure that we are safely testing and learning the reforms and ensuring that policy and legislative implications are applied and responded to through the model, e.g., *Working together guidance*. The design of this framework is built into the delivery plan as one of the first key tasks. Practice lead post Advanced practitioners will provide practice leadership within Family Help which will support implementation of practice changes from a "best practice" approach. This will also ensure that the policies, procedures, and frameworks are updated and embedded across the partnership.

2.6. Front door, thresholds, and assessments

Family Help Front door

The diagram below shows the functions that will be included within our integrated front door.



We will establish a single integrated front door to our family help services that will bring together several existing functions including our ChAD (Children's advice and duty service), Dorset Education Advice Line (inclusive of the Educational Psychology consultation service), and the Family Help Hub. This will be a multi-disciplinary team with an increase in core members and a range of practitioners from our localities will provide a link to local place-based services. Practitioners from each of these services will rotate in and we will increase the length of that rotation for continuity and staff development. There will be an opportunity to align access to Child and Adolescent Mental Health

Services (CAMHS) into the front door as we move forwards and we have built planning and implementation of this into the plan.

Building on our existing conversational practice approach, the new Family Help Front Door will harness skills, knowledge, and expertise from across our partnership workforce to ensure that families receive the right support at the right time.

We will develop systems and practice to enable families to connect to locality based Early Support Advisors enabling access to community based early support delivered through the Family Hub network.

Thresholds for Family Help

In Dorset we have adopted the language of “Need” rather than thresholds and will continue to use this language through delivery of the FFCP. A review of our existing ‘need’ documentation and guidance will be updated to reflect this as part of implementation. This work will include greater clarification of how “early support” (currently level 2 early help) and targeted Family Help (currently level 3 early help) are integrated into the new Family Help offer. Our working assumption is that the level of targeted early help delivered by the local authority family Help team will remain broadly the same, but we will aim to increase level of “early support” work delivered in the community.

Family Help will hold 80% of what we currently describe as CIN, with 20% of most complex cases being held in the CP teams. We will ensure there are effective mechanism in place for the transfer of cases recognising that we aim to keep the number of practitioner hand-offs to a minimum.

We will be mindful of the implications for partners who work across local authority boundaries as we undertake this work (in particular our police and health colleagues) working with potential differences between our “needs” documentation and other LA geographies they serve.

Approach to delivering a single whole family assessment and single plan for all Family Help referrals/cohort, that is strengths based.

We are committed to the development of a single whole family assessment and plan so that families only have to tell their story once, that is family led and that can be the foundation for the identification of further needs or specialist assessments if required. Our current practice model is ‘strengths-based’ and we use whole family assessment and plans already in the targeted early help space. Further work will be required to ensure that we are able to meet the requirements of recording for s17 work and the CIN census which tend to be at child rather than family level.

This is a complex space. We have discussed the concept with ICT / BI and workstream leads but not the specific document. Our current plan is to retain separate early help and CIN workflows but to adopt a single assessment and plan across the different levels. We will not reassess families as they move between areas if there is a recent assessment that is deemed sufficient. We will also be mindful of not making it so seamless that families are not aware of escalating risk and need. There needs to be a careful balance here that we will explore through test and learn.

We are well set up to deliver as we currently use one case management system for all LA lead Targeted Early Help and CIN and work can transfer from one level of need to another.

Through further work with our CMS system supplier, we are planning to make amendments to make a portal available in summer 2024 to provide technology to support lead practitioners from across the partnership to access key datasets and case information. We will explore expanding access to our CMS where there is a specific need, and it is proportionate to do so.

2.7. Meeting the needs of specific cohorts

How services support children with SEND and their families.

The integrated front door will include SEND expertise in the form of Family Workers currently operating DEAL (Dorset Education Advice line), being integrated into the rotation of family workers being part of ChAD rotation; Educational Psychologists and utilising pre-existing skills and knowledge within our Early Help (Family Help) workforce with awareness of SEND.

We will upskill the workforce in the Front Door to understand what current SEND workers provide on DEAL. These workers will remain within our localities and rotate in and out of Front Door. Whoever may be contacting Front Door about Education Advice should be able to speak with any member of staff who will have the relevant skills and knowledge to support the conversation.

Our Inclusion and Belonging strand (which will sit within our locality structures as part of the Family Help offer) also includes EHCP teams, Education Challenge Leads, Targeted Youth Workers, Inclusion Leads, Contextual Safeguarding Leads, Specialist Teachers, Educational Psychologists and Virtual School Leads.

Our locality Family Help teams will continue to work closely with our specialist service for children with disabilities (CWAD) and this service will adopt the same assessment, planning and family led decision making approaches that will be adopted elsewhere. Families will continue to have access to additional support such as direct payments, short breaks activities and occupational therapy. We are in the process of expanding this service to meet the needs of children and young people up to the age of 25 years – through our Birth to Settled Adulthood Transformation Programme, this will launch in April 2024.

How service supports specific cohorts and needs identified in population needs assessment.

Our Family Help service will meet the needs of specific cohorts through a variety of mechanisms:

- A multi-disciplinary front door which will include but not be limited to subject matter expertise from social work, youth work, educational psychology, education, SEND, children with additional disabilities and CAMHS.
- Our group supervision model will include adult mental health, domestic abuse, and substance misuse practitioners.
- The multi-disciplinary family help team will include access to and / or co-location with wider partners from health, police and education. We will be continuing to deepen our relationships and co-location with health visitors to meet the needs of vulnerable babies and infants and will continue to work closely with early years settings to ensure that they are equipped to undertake the Family Help Lead Practitioner role when appropriate. Our locality based best Start in Life arrangements will be strengthened and used to ensure that we are collectively meeting the needs of vulnerable babies.
- There is pre-existing co-location with our police colleagues at "the Harbour" (our adolescent residential and edge of care outreach service). This model is expanding to the east of the county as well. Access to policing will also continue to be delivered / sought through our Multi-Agency Safeguarding Hub.
- We will continue to work with and support communities and community groups to work with and support a wide range of specific cohorts through commissioning arrangements as well as delegation of funding. For example Our Space Youth Project (for LGBT people up to the age of 25) has strong links with our family help service and aims to support young people who are or may be LGBT+ and empower them have positive self-esteem, to know they are supported, to have a sense of community and to overcome issues caused or intensified by prejudice in order

- to facilitate freedom of expression.
- Our partnership workforce development offer will continue to strengthen the way in which we work and co-design services with our global majority communities.

2.8. Workforce considerations

Recruitment plans and likely challenges

We are working to ensure minimal disruption and most effective deployment of staff to respond to the pathfinder. Our locality model and existing portfolio of staff can respond to many aspects of the work but currently there is separation between early help and section 17 CIN. We will adapt those structures to enable those aspects of the work to be held together within teams of Family Workers and Social Workers and are developing the correct leadership and oversight structures to enable social work oversight. There will be recruitment needs that emerge during implementation and the funding for new / extra resource to support the new structure will come from both finances allocated through our costed plan and reprofiling existing budgets in some cases.

There is a risk that we are aware of and working to mitigate, around the introduction of some new social work qualified senior roles. We expect our more experienced staff to apply for these and this could leave a gap elsewhere in the structure.

Necessary multi-agency L&D offer/workforce development plan specific to Family Help reforms for all potential lead practitioners to deliver the new model.

Wherever possible we will work to ensure that the partnership Learning and Development / Workforce Development offer span the full spectrum of need over bespoke, smaller packages of training. We will take a proportionate approach that ensures our staff and partners are able to access thematic training that will support them to work with all children, young people and families. *See section on Workforce Development for detail.*

2.9. Stakeholder views

Workforce views

| Family Help - Themes | Response through the model |
|---|--|
| Population Needs Analyses and anecdotal feedback from practitioners across the partnership through co-design, suggest there is an opportunity to enhance our early support commissioning offer with a particular focus on the early years | Commission VCS to support the delivery of early support with a specific focus on the early years. This VCS provision will also support the approach to delivering FNSP's |
| Engagement and consultation with Social Workers highlighted some challenges for the current management of current social work caseloads. | The model recognises that Family Workers make the difference to SW caseloads and proportionate caseload allocation is reflected in the new structure. |
| Engagement and consultation with Advanced Practitioners captured the challenges for the current management of their caseloads | A recognition of the Advanced Practitioner role, their experience and complex case holding is reflected in the new structure. |

Child and Family views

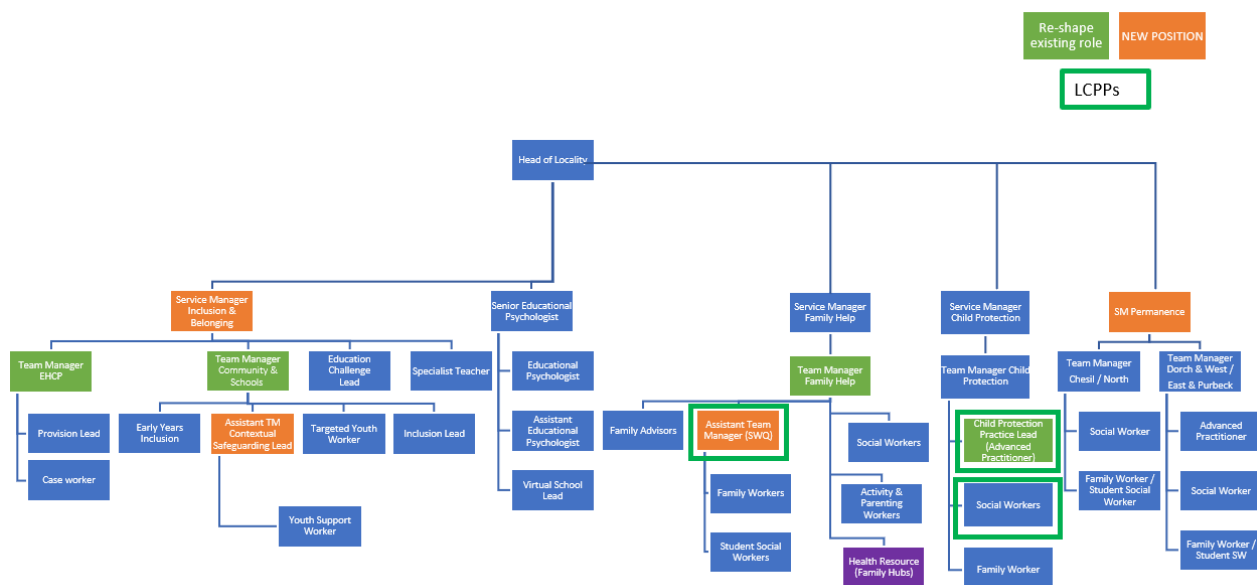
| Family Help - Themes | Response through the model |
|--|--|
| <p>371 young people took part in the Voice X survey (VCS sector) aged 9-19 yrs. across all six Dorset localities.</p> <p>The top 3 topics which were important to young people were, mental health, social media, and body image. The responses to how they were feeling highlighted, tiredness, feeling stressed, and a lack of confidence.</p> | <p>Our VCS engage through partnership with over 250, 0-25 VCS services within Dorset and support over 60 club groups. The voices of young people shape the provision.</p> <p>Our model recognises the value of the VCS partnership, and working together, the design will reflect the difference communities make to CYP needs and support.</p> |
| <p>Our young people and parents/carers have told us they would like consistency of practitioner.</p> | <p>The Family Help Lead Practitioner will provide consistency of practitioner for our young people and their families.</p> |
| <p>Our young people told us through the “Your Mind, Your Say” and the “Dorset Student Pledge” feedback that Mental Health support in schools is helpful and easy to access but more is needed.</p> | <p>The Mental Health in Schools Team is embedded within some of our Dorset schools with roll out to all schools.</p> <p>This team working within the shared front door, could identify young people who may benefit from additional support from social care.</p> <p>Joint working with CAMHS Gateway and Social Worker could identify a plan to support and manage anxiety, confidence and self-esteem related to specific situations and or provide parents/carers with strategies to support their child.</p> |
| <p>Families have told us they need to have confidence in the family group decision process</p> | <p>For family group decision making, multi-agency support and access will reduce the power imbalance families feel and improve the relationships and trust for the longer-term and improve the CP decision making and outcomes for children and their families.</p> |
| <p>Young people attending recent diagonal slice partnership event told us that they would like to better understand how the different agencies supporting them work together</p> | <p>We will develop a clear early support and family help service offer, to reduce complexity and provide clarity for young people</p> |
| <p>They have also asked for easier transition for young people moving into adult support services.</p> <p>With more continuity of care is needed to enable young people to develop trusting relationships.</p> | <p>The B2SA – 0-25 Service delivery model for integration as part of the CAMHS review, with the adopted thrive model into CAMHS, highlights the areas where benefits could be realised, some of these areas potentially sit within the B2SA service for those with complex needs and some which are broader. For example, getting advice: a shared front door could give access to a graduated range of responses from targeted advice and guidance through to rapid emergency support. Providing early help support, when needed and at the right time.</p> |

| | |
|---|--|
| <p>Our parents and carers have told us that they would like improved care for children and young people with learning disabilities, autism, and ADHD.</p> | <p>The Birth to Settled Adulthood – 0-25 Service delivery model offers targeted support within a fully integrated multi-disciplinary team of practitioners with expertise of children and young people aged 0-25 with complex mental health issues, learning disabilities and/or ADHD/autism. This would include social workers with experience of working with CYP 0-25, family workers, nursing, psychology, occupational therapy, educational psychology, and psychiatry. Joint assessment, support, and safety planning with practical support to parents to provide necessary skills.</p> <p>They will also be closely linked to the NHS ‘key worker’ roll out referred to earlier.</p> |
| <p>Our young people told us through the Dorset CCG, CYP Mental Health project “your mind, your say” and B2SA service design (0-25 Service) that there needs to be more suicide awareness and prevention.</p> | <p>The B2SA – 0-25 Service delivery model offers a shared out of hours function, which is safe, impactful, and appropriately resourced through the fully integrated multi-disciplinary team to support a child or young person and their families through crisis, including jointly agreed crisis response plans. A Tier 3.5 offer to be developed to offer young people whose mental health needs cannot be safely met at home and where psychiatric hospital admission would not be helpful.</p> |
| <p>2023 Dorset Special Educational Needs and Disabilities Impact Survey completed by parents and carers, informed us that communication is very important to them, that they want good support in schools and that access to services and support from the whole system is not always as quick or as easy as they would like.</p> | <p>The family help model will respond to the many children with SEND who access Social Care and Early Help, between the ages of 0-25 years.</p> <p>We will be shaping and co-designing the system with our SEND children, and families to ensure the change processes represent their needs, in particular those with mental health issues through our links to the CAMHS re-design.</p> |
| <p>Our young people told us through the Dorset CCG, CYP Mental Health project “your mind, your say” that they need earlier access to services to prevent crisis and a review of the existing criteria.</p> | <p>The Family Help model enables families to feel safe and ask for support before they are in crisis (CP)</p> <p>The inclusion of designated staff from the CAMHS gateway within the Family Help single front door will provide different levels of support (school, home and in CAMHS services)</p> <p>The interface between Social Care and CAMHS will reduce the need for CYP to stay with CAMHS for extended periods of time, offering brief interventions for lower-level symptoms such as anxiety and depression and social care packages offered sooner. Moderate /severe symptoms will be transferred to the regular CAMHS team.</p> |

3. A dedicated and skilled Child Protection response

3.1. Service design

The diagram below indicates how locality services will be organised to deliver for all children and families and describes the connection between the different parts of the system.



3.2. Lead Child Protection Practitioner

Definition of the Lead Child Protection Practitioner (LCPP) role.

In line with design specification The LCPP will:

- Lead all statutory child protection functions (enquiries, assessments, and reviews), including development and implementation of child protection plans.
- Work alongside family help lead practitioners to support the parents, child and engage the wider family, including through Family Group Decision making.
- Work as part of the MACPT, including acting as a bridge to the family help team.
- Lead preparation for court work and work in court proceedings, when required.
- Provide child protection advice across the service, including to family help.
- Work with IROs where a child is looked after.

The role of LCPP will be delivered by an Assistant Team Manager in Family Help (Social work qualified) or a social worker in the child protection team. These staff will all be level 2 and level 3 social workers, typically with a minimum of 2 years' experience post qualification. They have different roles and there is the benefit of cross-pollination across FH and CP.

The LCPP will be the lead worker for the child and family. In a minority of cases, the Assistant team manager in the family help space will act as an LCPP. For example, where strategy discussions in the family help space lead to an s.47 enquiry where we do not anticipate a CP conference will be required. This will protect the integrity of the established relationships and prevent disruptions.

Social workers in the Child Protection Service will case hold all children subject to child protection plans

and pre-proceedings. To support de-escalation where possible, the Assistant Team Managers in Family Help will lead child protection enquiries where there is an existing relationship with Family Help and work alongside the Family Help practitioner. There will be a matrix management arrangement which supports the Assistant Team Manager to be part of the multi-agency child protection team.

Assistant Team Managers in Family Help will also undertake section 47 work. Working example outlined below:

- Strategy discussion due to a specific incident (i.e., missing or extra familial harm).
- If they are already open to Family Help, the Family Help Team Manager would discuss with Team Manager in the CP service to consider if an ongoing CP response is going to be likely, and therefore the case would transfer to the CP service.
- If it's not likely, the assistant TM (FH) would be the lead child protection practitioner in this case and come alongside the family help worker (may or may not be SW) to complete the section 47.
- If it is likely that an ongoing CP response is required, the CP social worker to complete the section 47 alongside the FH worker and CP Social Worker would assume responsibility for the case.

We propose replacing references to social workers in section 17 assessment, planning and review with the term 'lead practitioner' to indicate where a broader range of practitioners with the relevant skills, knowledge and capacity can undertake direct work with families, holding the primary relationship with the family and co-ordinating services. We have clarified that when children are referred to children's social care and deemed to need support under section 17, social work qualified practice supervisors or managers should work with partners to agree to allocate a lead practitioner to work with the child and family. We would expect this decision to be taken in consultation with those already in the team around the child, where the child is known. Practice supervisors and managers will support the work of the lead practitioner, providing oversight for key decisions on the plan for support, approval of assessments and any review.

We see the LCPP carrying out and being responsible for all the statutory child protection functions in line with the requirements of the new Working Together guidance. Our model is that the LCPP will have primary responsibility for undertaking / carrying out the statutory child protection work including co-ordination of the Multi Agency plan. Our LCPP is the lead worker for the child and family. This is why we have Assistant Team Managers in Family help as LCPP's who can hold and maintain those relationships across FH and CP. Where a Family Help Lead Practitioner is also allocated, we see their role as supporting the child protection plan in a purposeful manner, delivering an intervention and/or maintaining a relationship in the way that is set out in the section above.

Case Holding

LCPP's will have a lower caseload and we are currently looking at an average of 10 because they will hold responsibility for the most complex children (Child protection, Care proceedings and the top / most acute 20% of what we currently call CIN). The majority of LCPP cases will be child protection and court work. We are expecting 70% / 30% split across Child protection and CIN cases respectively. We also expect this will also make the role more desirable.

Supervision

Group case supervision which will be led by a team manager or advanced practitioner. This supervision will involve the members of the multi-agency child protection team, including our adult practitioners through our safeguarding families together.

Quality Assurance

Our QA framework will ensure that we are evaluating the quality of practice and effectiveness across all elements of the CP reforms. Our QA framework will also ensure that we are safely testing and learning the reforms and ensuring that policy and legislative implications are applied and responded to through the model. E.G. *Working together guidance*. The design of this framework is built into the delivery plan as one of the first key tasks. Advanced practitioners will provide practice leadership within Child Protection which will support implementation of practice changes from a “best practice” approach. This will also ensure that the policies, procedures and frameworks are updated and embedded across the partnership.

3.3. Multi-agency CP teams

Make up of Child Protection Teams

As not all of our services are coterminous with partner agency (police and health) footprints, this has implications for the service delivery model that we will adopt. We have not been able to reach final agreement with our Police and Health colleagues through co-design, but we do have collective agreement on some key elements of the approach. These are:

- A hybrid model with a mix of physical and virtual colocation dependent on agency / partner ability / resource. The MACPT's will bring together multi agency practitioners whose majority of time will be spent on decision making, with clear schemes of delegation and group supervision.
- Team meetings with a core team and by invitation wider partners on a needs dependent basis. Service Managers will be our system leaders operating within a matrix supervision model.
- The MASH strategic and operational groups and SFT programme board will steer the MACPT development and delivery
- Physical co-location of the following professionals as part of our locality model:
 - Adult Mental Health
 - Substance misuse
 - Domestic Abuse
 - Probation
 - Education (Through our belonging and inclusion structure)
- Virtual co-location with
 - Police
 - An aim for greater police presence in joint CP investigations. Police CP resource operates pan-Dorset and is arranged thematically which makes it challenging to have single named resource for the MACPT's. We do have named leads in those police teams who will be part of the virtual MACPT's (Child Abuse Investigation Team, Missing, Child Exploitation)
 - Dorset Police are currently undergoing an operating model review during which seeks to achieve an uplift of a Detective Sergeant and two Constables in our Dorset County Child Abuse Investigation Team based at Weymouth. This would increase capacity and would also allow teams to operate co-terminus with the local authority boundaries. At the present time staff from the Bournemouth team also work across the Dorset geography and vice versa. This realignment will strengthen the place based working relations and robust points of contact can be formed. N.B. This is not yet agreed and is dependent on executive decisions within policing.
 - Police have committed to physically attend all RCPC's.
 - We will manage / monitor the system through our strategic MASH.
 - Our embedded harbour police continuing their work with children in this space
 -
 - Wider health colleagues
 - Health visitors and school nurses in ICPC's
 - Access to wider health colleagues through MACPTs and enhanced front

door with CAHMS integration

- Potential for physical co-location with health visiting in localities
- A drive to further improve our information sharing systems and approaches to allow for deeper integration and co-working especially where physical co-location is not possible. We are planning to give other agencies access to our case management system MOSAIC to enable timely and effective information sharing across partner agencies. Youth justice already have access. The benefits of this extend beyond the MACPT's. For the duration of the pathfinder, we will have seconded leads from health and policing to support the establishment of MACPT's (and other key parts of the pathfinder reforms)

3.4. Shared vision

We have a shared vision as part of our partnership plan that has been signed up to by all members of our Strategic Alliance. This vision commits to work we are going to do as a partnership as part of our Safe at Home and in the community theme:

- Work collaboratively with families, the wider family and community network, through our locality model, to manage and reduce risk, focusing on support, and taking a more investigative approach only where required.
- Routinely use family network decision making processes (Family Group Conferences or Family Network Meetings) through our early help, children in need, and child protection work.
- Maintain a strong, robust, multi-agency 'Front Door' (System that receives the requests for early help and safeguarding from people who are worried and concerned for children).
- Maintain a strong child protection service across the partnership that is informed and improved by the learning from Child Safeguarding Practice Reviews locally and nationally and is staffed by well-trained professionals.
- Learn from the Safeguarding Families Together (SFT) practice model in Chesil, Dorchester and West Dorset to roll out an integrated model of family help and child protection across Dorset.
- Adapt our services and delivery in line with the implementation of the 'Stable Homes Built on Love' strategy.

3.5. Staff structure

We will have specific teams of CP social workers in each of our localities around which will be the multi-agency professionals inclusive of Adult Mental Health, Domestic Abuse, Substance misuse, and Police and Health colleagues some of whom will be co-located and some of whom will be virtual (see MACPT narrative above.)

23

Our CP teams will be working in the same physical space as our Family Help service, enabling good links across the structure.

3.6. Management arrangements

Our team managers and service managers will be social work qualified with matrix management oversight from two of our heads of locality (who are also SW qualified). SFT workers will have clinical supervision and management oversight provided by their host agencies and have group supervision and part of the team structure within children's services. Further work is needed to confirm arrangements for wider health colleagues and police, but we would expect the SM to have oversight of all allocations, work, QA, and performance of the work of the professionals within the MACPT.

Restructure

Currently we have SW's working with all children in a social care space, excluding permanence. We are creating a dedicated team for CP that will be within the locality but do not anticipate that this will need formal consultation or change of job descriptions.

3.7. Plans for consultancy service to other agencies on child protection matters.

This is already provided through ChAD and will be strengthened through our group supervision model.

3.8. Collaborative leadership

Many of the pre-existing forums within our strategic multi-agency governance structure create the conditions for effective practice. Examples include:

- FFCP programme board
- Multi-agency Child Protection FFCP workstream
- PDSCP
- Strengthening Services Board
- Our matrix management approach (and development of a further layer through the FFCP). The management structure provides specialist practice leadership (i.e., social work, SEND, inclusion)

We have also consolidated our wider multi-agency transformation portfolio to sit within the pathfinder work where possible (e.g., SFT / FFCP Child protection reforms brought together with multi-agency oversight and leadership)

We will strengthen our practice around CP in terms of understanding key themes, feedback from families to inform how we respond. The service manager has a key role here in multi-agency oversight and response and working alongside QA and multi-agency partners to provide QA, performance, evidence impact of CYPF experiences. We will update our practice standards around multi agency work as well.

Operationally, we will use a mixture of group supervision and our "line of sight" model to ensure collaborative leadership across CP.

Case conferences are also an example of collaborative leadership and involve multi-agency partners.

- Approach to joint decision making and multi-agency feedback.

Joint decision will be made through our group supervision and "line of sight" model. See above.

- Information sharing processes.

We have information sharing agreements in place with all key partners and these will be reviewed and updated to capture the work of the multi-agency CP teams.

3.9. CP conferences and Supervision

Approach to CP conference chairing

This has been an area of some contention, and we recognise that the minimum expectations have changed over the co-design period. There is significant risk in changing the whole system because it's currently very effective in Dorset. We are proposing that we will not initially change the chairing of CP conferences but will initiate a pilot in one of our locality areas to test and learn what works. This pilot will include social workers chairing conferences with oversight / co-chairing from our QARO's who currently chair CP conferences.

There is certainly an opportunity to change the way that CP conferences are delivered so that families have a greater input and participation in the development of a CP plan. Our work with the Family Rights Group on a pre-proceedings pilot will compliment this and commences in 2024.

Our police colleagues have also stated that they would like to see increased police contribution at Review Child Protection Conferences. At present Dorset Police provide a written report but do not attend the conference. We will move to a position where police attend all RCPC cases. It will have to be resourced from the Police MASH and expect it will result in improved joint working in ongoing CP cases.

Supervision and social work oversight - our model ensures SW oversight of all children in the Family Help Service and the Child Protection Service.

- **Case supervision** will be through a group supervision model in the Child Protection Service with clear social work oversight of the child, family and the plan and will result in a supervision record on the child's file on a minimum 4 weekly cycle. In addition, workers will continue to be supervised in the traditional sense, for wellbeing, for reflection and impact, professional development and performance management.
- **Case supervision** in the Family Help Service will include social work oversight. Initially this will include 1-1 or 2-1 case supervision meetings, which must include a social work manager for oversight and will result in a supervision record on the child's file on a minimum 8 weekly cycle. In addition, workers will continue to be supervised in the traditional sense, for wellbeing, for reflection and impact, professional development and performance management. Social work oversight will also be available through weekly Line of Sight meetings, this offers a space more akin to group supervision and we anticipate development in this space over time to enable an approach more like a group supervision approach.

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3.10. Approach to including family networks in CP conferences

We want to promote family networks being involved in and attending CP conferences where appropriate. See section on Family Networks

Parental Engagement and Advocacy

We already commission SWAN (South West Advocacy network) who provide:

- Independent Mental Capacity Advocacy including Safeguarding Advocacy, Litigation Friend, and Relevant Persons Representative
- Independent Mental Health Advocacy
- Care Act Advocacy
- General / Generic advocacy
- Continuing Healthcare Advocacy
- Advocacy for parents during care proceedings

- Carers Advocacy

In Dorset, advocacy is not time limited and is available to parents for as long as it is required.

Our internal QA service will also be a point of contact for all families and young people to provide advice and guidance regarding CP enquiries and conferencing. We will have dedicated resource within this team to enhance the advocacy offer (in line with the expectations in the design specification) as part of implementation.

Other elements to improve parental engagement

We have internal resource in the form of an engagement worker who will work directly with Children, Young People and Families to explore benefits and issues associated with parental engagement across the full spectrum of need. Feedback from these processes will inform the ongoing design and delivery of our model. This engagement officer is also establishing a Family Advisory Board to ensure ongoing engagement and participation of families into the Pathfinder model. Also, as part of our work with the Family Rights Group we will seek to introduce other new parental engagement mechanisms (e.g., Parental Panels).

3.11. Workforce considerations

Recruitment plans and likely challenges

Internally there is a potential challenge for some localities around having enough experienced permanent staff. The prescription that the LCPP must be a permanent member of staff may need to be a longer-term aspiration, but we are committing to it. To do this, we will move to the new model with some level of contingent labour with a plan to resource permanently longer term.

The introduction of additional Advanced Practitioner and Assistant Team Manager roles may lead to our most experienced staff going for these and this could leave a gap. We will advertise externally through a whole FFCP programme campaign approach which will major on the opportunities of working in a LA delivering FFCP.

Within our partner agencies there are resourcing challenges, most notably policing. The resourcing challenge in police is set against the backdrop that many of the specialist policing teams operate Pan Dorset but they have committed to place-based policing where appropriate. Outlining and finding solutions for this and other challenges will be part of the work we will undertake with our partners in the first stages of implementation.

Necessary L&D offer specific to CP reforms to deliver new model.

Wherever possible we will work to ensure that the partnership Learning & Development / Workforce Development offer spans the full spectrum of need over bespoke, smaller packages of training. We will take a proportionate approach that ensures our staff and partners are able to access thematic training that will support them to work with all children, young people and families.

In relation to the CP reforms, we will be embedding the principle of motivational interviewing and strengths-based language through a partnership L & D offer which we will also build into partnership inductions. We will also set out a minimum expectation for practitioners around knowledge, skills and experience in this space. *See section on Workforce Development for detail.*

3.12. Stakeholder views on reforms captured in co-design

Workforce

| Themes | Response through the model |
|--|---|
| <p>Co-design highlighted the need for key responsibilities of the LCPP (working alongside FHLP, to support parents, engage with the wider family) and a clear understanding of who is responsible within these two lead roles.</p> | <p>The Family Help Lead practitioner role is well embedded across locality teams (undertaken by early help workers, family workers, targeted youth workers and social workers). Partners currently take the lead in early help systems (educational professionals, health visitors, school nurses) the model will build and develop this to strengthen and grow these roles to embed this support.</p> <p>The new proposed structure and matrix management will provide the clarity for the role and responsibilities for each lead practitioner.</p> |
| <p>Co-design highlighted the requirement for a clear training offer within learning and development to provide workforce opportunities.</p> | <p>A defined learning and development offer specifically designed to deliver the new model will be developed and commissioned. This is a multi-agency approach for the workforce to embed early help practice.</p> <p>Training and support packages for the workforce will enhance and strengthen confidence, skills, and knowledge across the workforce.</p> |
| <p>Co-design highlighted the requirement for CP to have one lead practitioner who would have oversight and decision-making responsibility from a strategy discussion and manage the risk.</p> | <p>The lead practitioner for CP becomes the lead within the network of practitioners supporting the child and family. They will be a qualified SW and for any child subject to section 47 and enquiry, or conference will be tasked with the responsibility for facilitating and undertaking the work alongside the family help worker who leads family help and to ensure all agencies act as a team with the help</p> |
| | <p>offered, as a seamless support to the child and family.</p> <p>The family help worker does not have to be a social worker, this could be a youth worker, family worker or partner practitioner, this will maintain the relationship with the family.</p> |

| | |
|---|--|
| Co-design highlighted the concern for chairing of the CP whilst maintaining the advocacy (to ensure a chance for all to express their views and voices are heard) for the families and providing scrutiny and oversight to wrap around teams. | A trial is underway to test this process to understand the risks, strengths, and development requirements. |
| Co-design highlighted the different assessment and plans across the levels of intervention (Early Help, CIN, and CP). | The development of a new single assessment and planning framework will support the family help design model, to provide the continuum of need from early help through to child protection. |

Child and Family views

| Themes | Response through the model |
|--|---|
| Prior to a child protection conference, families feel they are not given sufficient time to understand the process and there is an inability to challenge. | The QA framework responds to the requirement for SW reports to be shared 2 days before the conference. |
| Families feel it is inappropriate for reports to be shared amongst partner agencies, without their prior sight. | Reports will be shared and discussed with parents before they are shared with partners. |
| Surveyed families are neutral or in favour of the step up/step down process for EH, CIN & CP | Step up / step down remains within the proposed model to maintain the fluidity of support from FH through to CP. |
| Many families have said that although wider family members are welcomed as part of the conference, they are not an active participant unless the Chair allows them to respond. | The model recognises the anxiety and stressful situation and enables wider family members to step in and respond on behalf of the parent/carer. Our approach to this will mirror the rest of our approach and culture towards family networks. We see the value and therefore our new model will promote active engagement of family members in CP conferences. |
| A small proportion of families who have experienced FGC were unclear about the benefits of this. | The model will provide a respectful and empowering process for parents, children, and members of the wider family to understand and address the concerns shared by the SW to develop a plan, by providing their own solutions to the difficulties they have also identified through collaboration. |

4. Family Network Support Packages + Family group decision making

4.1. Family group decision making

Proposed offer for family group decision making to all families

We will offer Family Group Decision Making (FGDM) to all families, by default, in Family Help, Child Protection and pre-proceedings. Our approach will be to empower the family to make decisions and we will support to varying degrees depending on the need of the child and the family. We recognise that FGDM is a generic term that encompasses a range of different potential approaches, and we will have a range of delivery mechanisms across the spectrum of need.

Broadly these will be:

- Family Group Conferencing (FGC) for all children / families on a CP plan / in pre-proceedings and in some cases for promoting reunification for Children in Care.
- Family Network Meetings for all families in Family Help (including Early Support – currently tier 2 early help)

FGC will be provided by a team of independent co-ordinators / practitioners. This will be a dedicated resource that will either sit within our locality structures or as a central team (to be agreed during pre-implementation). The FGC practitioners will facilitate timely and best practice provision of FGC. To ensure independence, these co-ordinators will solely undertake FGCs as part of their role and will not have pre-existing involvement with the case.

Family Network Meetings (FNM) could be facilitated by any practitioner within the locality model not working on the case (to ensure independence) and/or any practitioner outside of the LA locality structure best placed to support the process and with no prior involvement with the family.

We will embed a lifelong links approach, as part of assessment and consultation, prior to either an FGC or FNM, to cast the net wider and support the identification of family networks.

Our approach to FGDM will be underpinned by a training and development offer for staff across the breadth of the partnership. We are also working with the Family Rights Group on a pre-proceedings pilot which will complement and support the development of this work. This will focus on service development and training for staff in FGC's, establishing good structures and practice in family participation and new approaches to kinship care. We will also develop a local Family Network/Kinship Care strategy as part of implementation ensuring links to the national policy work on a kinship care strategy from the DfE (due for publication by the end of 2023).

Our model for delivery of FGDM will also recognise that FGC / FNM is one step in the process and the strength of the relationship between the lead practitioner and the family will be integral to the delivery of the plan.

Through this work, we will also explore extending and enhancing our advocacy offer to young people and families going through FGDM. This work is likely to be undertaken by our FGC co-ordinators (who are independent). The partnership training package for any practitioner in the FGDM space will also include advocacy. We will provide external advocacy where required, most likely in those cases where there are potential consent issues or where the child doesn't want to or is unable to attend the

meeting. We are, however committed to self-advocacy and creating the conditions for children and young people to be involved wherever possible. As part of our Family Network/Kinship Care strategy we will establish new practice standards and processes to capture family feedback.

4.2. Plan for how FGDM and family network plans are integrated and sequenced as part of family help and child protection.

Family Group Conferencing (FGC) will be offered for all children / families on a CP plan / in pre-proceedings and in some cases for promoting reunification for Children in Care. Family Network Meetings will be offered for all families in Family Help (including Early Support – currently tier 2 early help).

The sequencing and hard deadlines for undertaking these functions will be clarified during pre-implementation but the principle will be to undertake them at the earliest possible point and then at other points during the child and family's journey where it's seen to be helpful, where the family request it or are experiencing barriers to accessing practical support.

4.3. Family network support packages

Proposed model for delivering Family Network Support Packages (FNSP)

We currently have an offer around FNSP's, in all but name, providing practical support to families. These packages include things like providing food, utilities and in some cases the provision of alternative accommodation. Through the FFCP we will grow and invest more in this work and formally label the approach as FNSP's in line with FFCP design specification. We intend to use FNSP's across the spectrum of need in Family Help, Child Protection and for reunification.

This is an exciting and novel area of practice, but we want to take an approach that does not encourage families to feel they need to formally approach the local authority to access support. Wherever possible, we want to see these packages driven and delivered within the community while recognising that independently facilitated FNMs / FGCs are a prerequisite to accessing the practical support provided through an FNSP.

We see a strong link between our intentions around a greater role for the VCS in the "early support" offer and community driven and delivered FNSP's. We also intend to build links between this, and the Family Hubs work to further ensure that support is being provided by organisations and practitioners who have a deep knowledge and understanding of their local communities.

Our scheme of delegation will be updated to include who has authority to agree to what and agreed limits for funding by grade of staff member. We will avoid panels as a mechanism for sign off where possible. We believe the strength of this approach should be rooted in minimal bureaucracy but with robust oversight of packages of funding.

Local eligibility criteria for FNSPs and process used to identify families that will have access to this

The decision for accessing practical support through an FNSP will be made in the FGC or FNM in line with the family plan with a view to supporting the goals of that plan.

4.4. Plan for delivering family group decision making and family network support packages including workforce considerations:

Plans for rolling out reforms.

There are several key pieces of work we will undertake to deliver the reforms:

- A whole partnership training offer on facilitation of FNMs that will ensure practitioners across the system are skilled and able to independently co-ordinate these meetings.
- Embedding the FGC model of FGDM, which meets the principles set out in the Family Rights Group (FRG) accreditation framework.
- Establishing an FGC team of independent co-ordinators who will undertake FGCs and provide advocacy.
- A therapeutic training offer for families.

Plans for necessary recruitment

We will recruit between 6-8 FGC co-ordinators (exact number to be worked up during pre-implementation.) These will be funded in part through the FFCP and grant and some pre-existing resource that is available following the cessation of an externally commissioned service. This includes some from an external organisation previously providing our FGC service – including a leadership role.

Plans for case holding, supervision, QA, specific to delivering the Family Network elements of reforms.

FGC coordinators will aim to deliver 50 FGCs per year. We expect an average of 50% (25 per worker) of FGC's will lead to a review with those reviews being carried out by lead practitioners in localities. FGC co-ordinators will be supervised by senior staff in our QA service. Our QA framework will audit the effectiveness of FGC family plans and the use of FNSP's. Our evaluation lead will also be involved with this audit. We will develop clear KPI's within the QA framework and softer, qualitative metrics around feedback and engagement from families and children involved in the process. The QA framework will also include clear mechanisms for measuring the effectiveness of FNM's facilitated by independent co-ordinators outside of the local authority.

Links to Kinship care

To further bolster the Family Networks reforms, we intend to bring the SGO service that is currently delivered through the RAA, in house. We will also explore and implement policy changes where possible to streamline the assessment process for kinship carers to facilitate timelier placement and keep children within their family networks wherever possible.

4.5. Stakeholder views on reforms captured in co-design

Workforce

| Family Network - Thematic Themes | Response through the model |
|--|--|
| <p>Co-design highlighted the need to explore relationships and impact when considering the wider family network (family network is more than just grandparents).</p> | <p>The new model will support the family to identify who their wider family support network/ connected person(s) through genograms, at referral, to understand who they are to them, the risks, and points at which to extend consent at the right time.</p> <p>The model will establish the initial trust and relationship, to avoid crisis and then build over time the strength of an extended family and support network.</p> <p>Practitioners to support, with least intervention and empower the family network e.g. 'X needs some help with her transport so she can visit her grandchildren more often'. Whilst using good professional judgement around safety.</p> |
| <p>Co-design highlighted the need to consider consent in relation to the wider family network.</p> | <p>The new design model will support the family to understand the benefits of a family network meeting, and how to consent, this can be full, partial or no information.</p> <p>The design will incorporate established frameworks such as Fraser guidelines for a child under the age of 16.</p> |
| <p>Co-design identified the need for clear language to equip the workforce when talking to families about their network, relationships, and safety.</p> | <p>A defined learning and development mechanism with the training offer for the workforce to improve confidence to use clear language to convey to parents e.g. X will do much better if they have at least one safe adult who they can be with, when sometimes mum and dad are struggling with difficult circumstances in the home, like an auntie or grandparent they see regularly.</p> <p>The learning offer will include the family rights group pilot (an accredited model around FGC).</p> |

Child and Family views

| Family Networks - Themes | Response through the model |
|--|---|
| <p>A small proportion of families who have experienced FGC were unclear about the benefits of this.</p> | <p>The new model will reframe the purpose of the family group conferences and our approach to respond to the basic family need.</p> <p>The design is being informed by the Family Rights Group pilot (accredited model for FGC) to ensure the FGC is a family led meeting, with a network of family and friends, who come together to make a plan for their child. The independent co-ordinator provides the support to the family, and children are supported by an advocate.</p> <p>It is a voluntary process, but we are optimistic that our approach encourages and empowers families to collaborate, to keep children safe within the family network and prevent children from entering the care system.</p> |
| <p>Other child and family feedback / views:</p> <ul style="list-style-type: none"> • FGDM at earliest point possible • Reluctance for wider family engagement especially where traumatic • Shame and stigma – not wanting wider family to know. • Kinship carers feeling they are failing at parenting. • Can financial support be provided where we are looking to parents as first point of contact to support kinship arrangements but are in poverty themselves. • There doesn't seem to be much leeway for potential exclusions from school | <p>Development of Kinship Care Strategy with following outcomes:</p> <ul style="list-style-type: none"> • Embedded Family Group Decision Making Approach. • Workforce development programme for Children's Services and partnership workforce for Family Group Decision Making. • Early identification and support offer for informal kinship care arrangements. • Dedicated digital space with accessible and relevant information. • A designated Kinship Service. • Tailored training and preparation offer for Kinship Carers. • Support for minoritized ethnic kinship families. • Kinship Carers to have access to legal support. • Family Friendly Fostering Panel. • Published offer of Financial Support. • Emotional and therapeutic support offer for kinship carers. • Support for managing family time. • Support to prevent potential breakdowns by kinship care arrangements. |

5. Corporate impacts

5.1. ICT / BI / Performance / Data sharing

The overall requirements have significant system impact, in terms of case management form changes and system configuration, report design and creation and measuring impact. These largely fall into the following areas: Front door, identifying the Family Help cohort, single assessment and family plan, system access (including partner considerations), allocated workers and team structure, supervision and oversight, Family Group Decision Making, Support Packages, and Family Group Conferences.

The exact scale of the changes will become apparent as the detail is worked through during a detailed discovery phase and following requirements from the final design. It is anticipated that a large amount of e-system and reporting change will be required and will need to be planned over a period of time to make it realistic and manageable to implement to ensure that implications are considered at each stage of design change. Planning will also consider the timeliness of the practice change and what e-system changes are required to support the practice changes, such as supporting the work of a single assessment and plan. Some elements of practice will be possible without an e-system change (such as family support packages) but will be better supported once systems can accommodate recording. Operational reporting and performance indicators will be developed in a sequential way following system design and will evolve over time, with priority given to ensuring existing measurements are still reportable where required.

Consideration has also been given to statutory return requirements. We want to ensure that operational requirements remain a priority and are not driven by data requirements while maintaining our ability to submit our statutory returns and submit data to Ofsted. We anticipate the increase in certain CIN Census queries (*such as 2991Q and 8825Q where CIN assessments are expected but these may not exist against the CIN episode if recently completed within targeted early help*).

Dorset have numerous data sharing arrangements in place which enable the necessary sharing of data with partners. Once system access requirements are better understood, should an external partner direct case management access be required, data sharing agreements will be checked and updated where necessary to ensure specifics are considered to ensure sharing is done safely and legally. We plan to make full use of the Digital Economy Act, which we have in place for our Supported Families Programme. We plan to use our current partner-based systems to the full, exploiting the benefits of our existing person level electronic system, Dorset Care Record (DCR), and our linked health and social care datasets to allow population health management via our Dorset Intelligence and Insight Service (DiiS). We will also explore the options and benefits of utilising our internal data warehouse.

5.2. HR and consultation

We expect minimal disruption as we move towards the enhanced model, we have worked up during the co- design period. The proposed model is based on growth and improvement, and we do not anticipate that it will require formal consultation in most cases. We will produce a change management document as part of pre-implementation and intend to begin engagement with the workforce as soon as possible. If formal consultation is required, we will follow standard procedures. Early engagement with Trade Unions has already been undertaken and further notification will be required prior to the start of formal consultation, which would be no more than 45 days. Once agreement is reached the next steps would be implementation.

We are aiming for full go-live of our new locality model no later than April 1st, 2024, subject to completing the following steps:

- Engagement
- Formal Consultation – where required.
- Expressions of interest for new roles (6 weeks for internal staff)
- External recruitment where needed as part of whole programme FFCP campaign.

5.3. Workforce development and Learning and Development Offer

Throughout the co-design phase we have captured the additional workforce development requirements to support the implementation and delivery plan.

These include developing and strengthening career pathways and the training offer for new and existing roles to attract and retain employees in the areas of Family Help and youth work. We will be creating entry level routes (e.g., apprenticeships, formalised qualifications), reviewing induction and creating an assessment process to support career grade progression.

We have mapped the requirements against our current workforce development offer and will develop and deliver a training programme to provide the necessary skills set for the workforce and our partnership, specifically for:

- A partnership multidisciplinary group case supervision model.
- Leadership & management including matrix leadership and supervision skills.
- A focus on our Dorset System including system leadership, partnership induction and events.
- Child Protection Conferences.
- Family group decision making approaches including but not limited to family group conferencing.
- Strengthening our practice framework and continue to expand the principles of Motivational Interviewing, Therapeutic Thinking, Trauma Informed, Restorative & Relational Based Practice within our workforce and the partnership.
- Developing a training offer for kinship carers and the locality teams.
- A single whole family assessment and planning process.
- Family Hubs workforce development for the partnership including an introduction to family hubs e-learning module.
- Family network plan training for our lead practitioners (at a minimum) and wider workforce.
- Develop a training offer for the workforce, providers and settings focused on children under 2 years of age.

5.4. Finance and resources

Reforms funded from outside FFCP grant.

TBC pending conversations on grant

5.5. Sustainability

Our working assumption is that the increased resource requirements and associated spend on the FFCP reforms will require an increased settlement after the end of the pathfinder programme to ensure sustainability of the model. We recognise the scale of this assumption and will need to continue to have regular conversations around future funding as we approach the potential cliff-edge at the end of FY 24/25.

Previous investment into our model

It is important to recognise the previous level of investment that has been made into our model in Dorset. These define our pre-existing conditions for success and were determining factor in our selection as a Wave 1 pathfinder site. As other sites come on board nationally, we need to be able to share learning about what needs to be in place (and the costs associated with that) to implement these reforms successfully and at pace. It would not be reasonable to state a position that the grant funding alone is enough to deliver all the reforms if many of these pre-existing local conditions are not in place already.

Significant previous investment in Dorset (and associated benefits) can be demonstrated in:

- Our Quality Assurance service
- Early Help
- Strategic leadership

Nice to have's / need but grant funding doesn't cover

The main part of the model which is not covered through the grant funding is our multi-agency Safeguarding Families Together approach. This is critical to the delivery of our model and requires significant levels of funding from pre-existing local authority budgets but ideally from partnership contributions. We will be rolling this out regardless but would like to explore the potential for increasing the grant fund to cover this service as part of test and learn during the pathfinder.

6. Delivery Milestones

Key Points to note:

We have separated our high-level delivery milestones into 3 phases.

- Phase 1 = November 23 – March 24
- Phase 2 = April 24 – June 24
- Phase 3 = June 24 – March 25

We intend the for the majority of pre-implementation and implementation to take place in phases 1 and 2. In general, Phase 3 will be categorised by ongoing delivery, test and learn adjustments and evaluation, except for further design and implementation work on the most complex aspects of the reform / those that require further negotiation with our partners and in some cases funding from outside of the FFCP grant:

- A single whole family assessment and plan
- Establishing the final delivery model for MACPT's

The table below contains generic, high-level milestones but we will use the delivery plan below to inform our detailed local implementation plan. For example, go-live of the single integrated front door requires a number of steps which are not contained within the plan below but will be included in our local plan. This local plan will be managed by our programme management / transformation team (this work has not been factored in the tables below).

| Workstream | Phase 1 Nov – Mar 2024 | Phase 2 Apr 24 – Jun 24 | Phase 3 Jul 24 – Mar 25 |
|---|---|---|----------------------------|
| Welcoming and Effective Family Help Service | <ul style="list-style-type: none"> ● Integrated Front Door <ul style="list-style-type: none"> ○ Go live for single front door -processes to be in place, e-system implementation to follow. ○ Establish updated timescales for rotation of multi-disciplinary staff. ● New Locality Structure for Family Help and Inclusion & Belonging Go Live <ul style="list-style-type: none"> ○ Alignment agreement of Multi-Agency FH Staff ○ Clarity of case holding numbers & responsibility ● Early Support Commissioning <ul style="list-style-type: none"> ○ Commission enhanced VCS early support offer with a focus on 0 to 5years. ○ Explore partnership contributions/social philanthropy. ○ Scoping/Outcomes /Focus (VCS Key) ● Quality Assurance <ul style="list-style-type: none"> ○ Updated quality assurance framework in line with new model -processes to be in place, e-system implementation to follow. ● Needs and Assessment <ul style="list-style-type: none"> ○ Communication of integration of early help and CIN with implications for staff roles and practice model ● Supervision <ul style="list-style-type: none"> ○ Agree multi agency contributions to county wide safeguarding families together offer. ○ Establish line of sight supervision model | <ul style="list-style-type: none"> ● Integrated Front Door <ul style="list-style-type: none"> ○ CAMHS integration ● New Locality Structure for Family Help and Inclusion and Belonging. <ul style="list-style-type: none"> ○ Embed enhanced multi agency Family help teams. ○ Family Help Lead Practitioners in place and operating. ○ New Locality Structure for Family Help Embed ○ Further layers of matrix management ○ Provision of specialist practice leadership ● Early Support Commissioning <ul style="list-style-type: none"> ○ Evaluate review and refine. ● Supervision and quality assurance <ul style="list-style-type: none"> ○ Group case supervision model go- live. ● Need and Assessments. <ul style="list-style-type: none"> ○ Updated referral and assessments processed at integrated front door to identify family help Lead Practitioner ○ Single whole family assessment and plan go live | |

| Workstream | Phase 1 Nov – Mar 2024 | Phase 2 Apr 24 – Jun 24 | Phase 3 Jul 24 – Mar 25 |
|--|---|--|----------------------------|
| Family Network support packages - Family Group Decision Making | <ul style="list-style-type: none"> ● Family Group Decision Making <ul style="list-style-type: none"> ○ Processes to be in place, e-system implementation to follow. ○ Offer FGDM to all families by default. ○ FGC team of independent co-ordinators in place ○ Family network meeting approach in family help live. ○ Agree sequencing and quantifiable timescales for undertaking FGDM functions. ○ Family Right Group pre-proceeding pilot scoping ● Family Network support packages <ul style="list-style-type: none"> ○ Processes to be in place, e-system implementation to follow. ○ Establish approach for use of FNSP across the spectrum of need. ○ Align VCS commissioning offer to support packages. ○ Update scheme of delegation for sign off. ○ Set out local eligibility criteria as part of offering FDGM by default. ● Kinship Care <ul style="list-style-type: none"> ○ Bring SGO service in house. ○ Policy changes to streamline assessment processes. ○ Develop local Kinship care strategy. ● Quality Assurance <ul style="list-style-type: none"> ○ Processes to be in place, e-system implementation to follow. ○ Update Quality Assurance framework to audit effectiveness of Family Network reforms. | <ul style="list-style-type: none"> ● Family Group Decision Making <ul style="list-style-type: none"> ○ Offer FGDM to all families by default. ○ Family Right Group pre proceeding pilot Delivery. ○ FGC Accreditation ● Family Network support packages <ul style="list-style-type: none"> ○ Full go live ● Kinship care <ul style="list-style-type: none"> ○ New SGO service live ○ Delivery of Kinship care strategy | |

| Workstream | Phase 1 Nov – Mar 2024 | Phase 2 Apr 24 – Jun 24 | Phase 3 Jul 24 – Mar 25 |
|---|---|--|---|
| A dedicated and skilled Child Protection response | <ul style="list-style-type: none"> ● New Locality Structure for Child Protection Go Live <ul style="list-style-type: none"> ○ Introduction of Lead Child Practitioners ○ Social Work oversight across entire model ○ Clarity of case holding numbers & responsibility ○ Processes to be in place, e-system implementation to follow. ● Supervision and Quality Assurance <ul style="list-style-type: none"> ○ Updated quality assurance framework in line with new model ● Needs and Assessment <ul style="list-style-type: none"> ○ Communication of CIN cases held in CP with implications for staff roles and practice model. ● Supervision <ul style="list-style-type: none"> ○ Agree multi agency contributions to county wide safeguarding families together offer. ● Quality Assurance <ul style="list-style-type: none"> ○ Updated quality assurance framework in line with new model ● Multi Agency Child Protection Teams <ul style="list-style-type: none"> ○ Establish physically colocated multi agency professionals as part of the locality model. ○ Further scoping will design work with police and wider health colleagues. ● CP Conference Chairing <ul style="list-style-type: none"> ○ Design pilot in one locality ● Parental engagement and advocacy <ul style="list-style-type: none"> ○ Dedicated resource within QA to enhance advocacy offer ○ Processes to be in place, e-system implementation to follow. | <ul style="list-style-type: none"> ● Multi Agency Child Protection Teams <ul style="list-style-type: none"> ○ Police and wider health colleagues as part of MACPT (on a needs led basis) ● New Locality Structure for Child Protection <ul style="list-style-type: none"> ○ Embed Further layers of matrix management. ○ Provision of specialist practice leadership ● CP Conference Chairing <ul style="list-style-type: none"> ○ Pilot approach go live. | <ul style="list-style-type: none"> ● Multi Agency Child Protection teams <ul style="list-style-type: none"> ○ Further negotiations and enhancements of police and wider health colleague role and contribution |

| Workstream | Phase 1 Nov – Mar 2024 | Phase 2 Apr 24 – Jun 24 | Phase 3 Jul 24 – Mar 25 |
|--|--|---|--|
| Overall design for the system and Safeguarding Partners | <ul style="list-style-type: none"> • Alignment with partners place based strategies. • Embedding /enhancing strategic partnership principles to address the full spectrum of need (BAME, LGBTQIA) • Youth Voice and engagement officers recruited to capture voice of lived experience. • Start for Life, Family Hub Parent Carer Forum in place. • Kinship Carer Engagement forum established. • Benefits scoping for education community. • Build relationships between education and other statutory partners. | <ul style="list-style-type: none"> • Education Strategic subgroup of PDSCP • Formally appoint Leads and delegates from education community on the Safeguarding Partnership. • Explore and agree funding Safeguarding partnerships commitments. • Updates to data sharing agreements | <ul style="list-style-type: none"> • Ongoing test and learn and evaluation of new approach. |
| Workstream | Phase 1 Nov – Mar 2024 | Phase 2 Apr 24 – Jun 24 | Phase 3 Jul 24 – Mar 25 |
| Corporate Impacts | | | |
| ICT, BI & Performance | <ul style="list-style-type: none"> • Mapping and enhancing required changes to systems in line with new model. • Updating performance management framework • Agree local resource requirements to support the change. • Update data sharing agreements where required. • Work to systematise single assessment and plan | <ul style="list-style-type: none"> • Changes to systems • Links to local and national FFCP evaluations • Extra resource in place • Implement single assessment and plan. • Continue to review and update data sharing agreements | |
| Communications Engagement & Co-production | <ul style="list-style-type: none"> • Child and family views and engagement <ul style="list-style-type: none"> ○ Define annual plan. ○ Youth voice officers in post • Communications <ul style="list-style-type: none"> ○ Programme wide partnership comms plan | <ul style="list-style-type: none"> • Child and family views and engagement <ul style="list-style-type: none"> ○ Utilise existing channels with enhancements in line with plan. • Communications <ul style="list-style-type: none"> ○ Delivery of updated comms plan | |

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|--|--|---|----------------------------|
| | <ul style="list-style-type: none"> ○ Forward schedule of key strategic and operational partnership forum | | |
| HR Consultation | <ul style="list-style-type: none"> ● Informal/formal consultation as required. ● Programme wide recruitment campaign for all new roles | <ul style="list-style-type: none"> ● Consultation and engagement on multi agency staff requirements as needed. ● New roles recruited to | |
| Workforce Development and L & D offer | <ul style="list-style-type: none"> ● Partnership workforce skills audit ● Cross programme workforce development training offer ● Update partnership induction offer to include key skills and knowledge needed. ● Clarification of approach to strengthening career pathways | <ul style="list-style-type: none"> ● Further updates and delivery of L&D /workforce development training offer in line with finding of workforce skills audit. | |

DRAFT

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