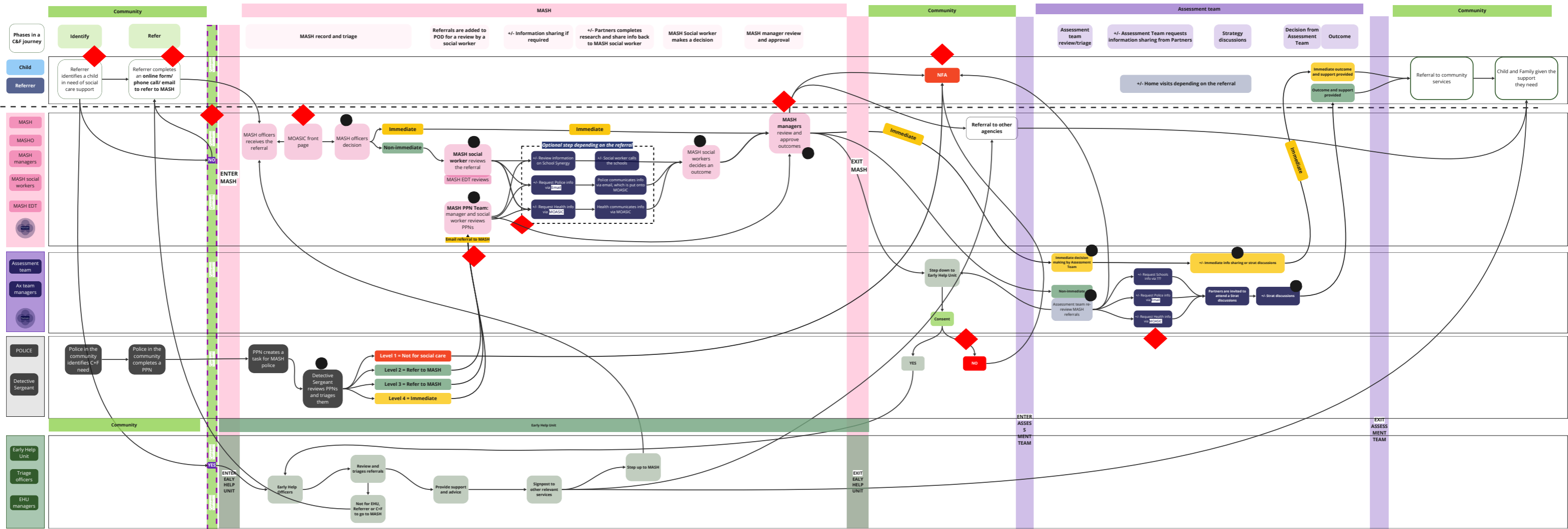


Current journey of a C&F through MASH front door (work in progress)

Key

- Decision points
- Pain points
- Child
- Referrer
- MASH
- Assessment team
- Police referers
- Early Help Unit
- Partners



Pain points

- C&F in need of support unsure/unaware of which services are available for them
- Content design for referrers is poor- Pathway to Provision document is too long and outdated
- Referrers do not have enough time or info to make a decision on whether to refer a child or not
- Referrers do not know when to refer, to whom to refer the child to, and how to refer
- Consent can be a barrier to referring to Early Help Unit, so referrer refer into MASH instead where consent is not required
- MASH officers have to monitor different routes of referrals can be time consuming
- MASH officers having to record every enquiry on MOASIC is time consuming
- MASH officers do not have enough information to be able to make a decision
- MASH managers having to approve every MASH officers decisions is duplication and time consuming
- MASH managers received an email for PPNs. This is a different route of referral they have to monitor.
- Detective Sergeant triaging PPNs adds another layer of decision making, potentially delaying the time for support provision to the child
- Partners share information in one-way and transactional manner - email or via MOASIC
- Partners are not involved in shared decision making. They do not know how the information they shared have an impact on the child. This is not fully unlocking partnership potential. Processes get into the way of practitioners using their expertise. Impact on professional satisfaction, and staff retention.
- Partners are not informed about the decision for the child after information has been shared.
- Information research can be time consuming for partners.
- Outcome of the referral is not communicated to referrers, no closed loop. Referrers cannot learn why their referral might have been rejected and what and how they can improve in the future. This affects re-referral rates.
- A total of 6 decision making points before the support for the child is decided. This can potentially delay support given to the child.
- A step down to Early Help Unit requires consent. If no consent, then C&F is NFA = no needs met.
- What happens to C&F that are NFA? Who is meeting their needs?
- Needs are not identified early and given support. C&F could deteriorate further and may need social care help in the future. This could increase demand for the system as well as impacts on C&F
- Assessment Team re-assesses the referrals, duplicating the work from MASH team