

Health & Wellbeing Board

23 January 2017

Multi-Agency Safeguarding Hub (MASH) Six Month Update

Recommendations

Recommendation 1:

That the board notes and comments on the progress made in relation to the implementation of the Multi-Agency Safeguarding Hub.

Recommendation 2:

That the board notes and comments upon the areas for development.

1 Introduction and Background

- 1.1 The MASH children's safeguarding pathway went live on 3rd May 2016, six months ago. The adult safeguarding pathway went live on 1st September 2016. The Health and Wellbeing Board received regular updates from the MASH during the project and launch phase. This report provides an update regarding the implementation of the child and adult safeguarding pathways and the performance of the MASH measured against the intended outcomes. The report also highlights areas for further development, as a result of the work of the MASH to further improve the journey for children and adults.
- 1.2 This report is based upon performance data for the first five months (May-September 2016) of operation for the children's safeguarding pathway and the first month of the adults safeguarding pathway. Some data such as timescales, details regarding contact (information and advice) is still being extracted.
- 1.3 Members of the board are asked to note that since 1st September 2016 the Multi-Agency Safeguarding Hub is now managed under the Initial Response Service. This was established by bringing together the MASH with the Child

Sexual Exploitation Team, Missing Children's Team and Emergency Duty Team under one Service Manager. This has allowed the Children & Families Business Unit to bring together its initial response safeguarding functions together. There are significant advantages, with closer links to the MASH for the investigation and response to Child Sexual Exploitation and Missing Children.

2. Performance based on our service aims and objectives

- 2.1 The MASH vision is to ensure that *"People in Warwickshire are safeguarded from harm, receiving the services they need, at the right time, effectively and efficiently"*. There are three specific aims of the MASH; to improve effectiveness, understanding and timeliness, through the initial response to safeguarding concerns. The MASH performance will be considered against these aims and objectives.

Effectiveness

- 2.2 Ensuring a co-ordinated approach, which allows early identification of threat, risk and harm, is one of the key objectives of the MASH. The MASH information sharing agreement has reduced barriers, allowing information to be shared where there are child protection or "child/adult welfare concerns" that have been identified. Every referral in the MASH is RAG rated. Since go live across children and adult pathways, 44% of all referrals have met the threshold as red or amber, which allows organisation to share information. This represents a significant change as before the MASH unless child or adult protection investigations were initiated at the point of referral, decisions were made by Social Workers alone, with only information known to Social Care and the referring agency. The triangulation of information across agencies allows a holistic view of the child or adult to be obtained at the point of referral. So need, threat, risk and harm can all be better understood. This is leading to different outcomes and decisions being made. This is due to information sharing and the multi-disciplinary approach taken to decision making. Police, Social Workers and Early Help Officers (as a minimum) are involved in deciding what should happen to a referral following triage. This has led to pooling the knowledge, skills and professional views. It has increased

professional challenge about what response may be required. This has allowed agencies to really collaborate and ensure needs/risks identified are addressed in a co-ordinated manner.

- 2.3 There are examples where the triangulation of information has led to unexpected outcomes, such as the identification of children out of education (12 not in any education and 7 home educated in the first three months) or not registered with any GP (another 12 in the first three months). The threshold for a safeguarding investigation was not met but ensuring information is shared so children get the right support and access to health and education has been a positive result. Without the new information sharing agreement or multi-agency approach, these children would not have been previously identified.
- 2.4 Reducing the number of referrals into safeguarding teams, which do not meet the threshold for a safeguarding service was also a key objective. This also included ensuring the right onward referral pathway, to the most appropriate agency. The MASH is interpreting for children, the Warwickshire Safeguarding Board Threshold Document. This was first produced in May 2014; it is a legal requirement for the Safeguarding Board to have an agreed threshold document. Having one rather than five referral points interpreting thresholds is leading to consistency in response. Prior to the MASH going live, the response received would have varied across the county, even where similar concerns were presented. Feedback from professionals both external agencies, Early Help and Children's Team colleagues indicates that thresholds are consistent and accurate. However, the information sharing has seen an increase in work to Children's Teams and increase in work to early help. This has led to increased pressures upon Children's Teams who have seen increased about of children receiving assessment. Capacity in these teams has been increased as a result. All agencies report increased pressure to complete early intervention; capacity for some organisation is an issue.
- 2.5 There is still work to complete to ensure all professionals have an agreed and shared understanding of the threshold document as the referral data shows

that still the vast majority of referrals (56%) receive to MASH receive a green RAG rating upon receipt. These are referrals which include specific requests for information (10%) from agencies like Family Court, CAFCASS, Probation Service or other local authorities to contribute to assessments or pre-sentence reports. The number of information requests received has been higher in proportion to the workload than expected. The remaining green RAG rated referrals (46%) usually require information, advice and signposting. This can be for a variety of issues, mainly around child contact disputes, parenting support, housing or debt support. In addition professionals identify early help concerns and make referrals to the MASH for reassurance that other agencies know what is happening and sometimes as professional or their organisation have no capacity to respond to the early help concerns. There are examples where organisations are aware of concerns, advice is given by the MASH that early help provision should be provided but this does not occur due to capacity and other issues, so the concerns often do then escalate. Reducing and managing demand for such issues is clearly an area for further development. Pre-MASH work was completed to understand such cases, which informed the new Early Help pathways recently adopted by Children & Families. It will clearly take time for these new processes to be implemented. However, it is clear the demand for the MASH to provide information regarding Universal Services and Early Help support does impact upon the management and response to child in need and child protection cases. The danger is managing this demand and ensuring that where children and adults that do meet the threshold for safeguarding intervention, get the response they require effectively.

- 2.6 Ensuring the right onward journey for referrals is also an area for development. It has become apparent that some long running practices have not ensured that the best outcome is achieved. For example, the police could be called to an incident where an adult states they are depressed, this is tagged by attending Police Officers and comes through the police staff in the MASH who have sent this referral to mental health services but the adult does not meet the criteria for such a specialist service and so the adult does not get the response they need. The agencies being co-located and working together

has identified that it would be better if advice about primary care mental health services was provided and the incident was shared with the GP. Another example is that domestic abuse incidents are only routinely sent to GP's if there is a child under five years old in the household. The MASH is working to identify and improve these pathways. In particular, communicating domestic abuse and other incidents to other agencies particularly schools and General Practitioners. Head teachers and GP's both reported during the pre-MASH multi-agency workshops a desire to receive details of such incidents. The MASH information sharing agreement will allow high and medium domestic abuse incidents to be shared with agencies. It will also allow sharing of standard incidents if there is a clear early help reason for this being shared but on the basis of seeking consent from the individual first. The implementation of the MASH is leading to identification of gaps in referral pathways such as those described above. Work is being undertaken by the MASH to further consider how incidents or concerns may be shared with the right agencies so they can ensure the right service is initiated. These may not be safeguarding issues but often early intervention cases where there can be repeated issues as the right response and service was not provided on the first occasion.

- 2.7 The final objective in regards to effectiveness reflected the “all age” MASH model Warwickshire have implemented. We wish to ensure a ‘person centred’ and ‘think family’ approach to managing individual need and improving the user experience of those receiving safeguarding services. Since the adult safeguarding pathway went live there have been one or two case examples in the first month where adult and child safeguarding concerns have been co-ordinated in tandem. This has ensured that often complex and multiple safeguarding concerns within a family are fully and jointly understood and addressed. In addition, feedback from members of the public who have contacted the MASH has been positive, in regards to the response and advice they have received, particularly when they contact the MASH in a crisis. Some examples of service user feedback are below.

"I contacted the MASH as an anxious parent. The MASH staff were really helpful. Great Customer Service!"

Parent A

"Thank you for being wonderful & reassuring. I was not sure what to expect but you were wonderful in calming me down and gave me great advice and information."

Parent B

"Thank you for taking me seriously. My child is the victim of domestic abuse from her boyfriend and at last someone is listening"

Parent C

Understanding

- 2.8 The MASH was set the objective of creating an environment, which encouraged feedback and shared learning across agencies to improve service provision. The agencies within the MASH are getting on well; there is a real sense of team within the MASH. Professionals are clear about their individual roles and still maintain effective professional challenge with one another. Regular MASH Stakeholder Group and Children's Teams Partnership Meetings take place to encourage feedback and learning across partner agencies and with Early help and Children's Teams. Through multi-agency workshop's pre MASH we have encouraged professionals in agencies, who send referrals; to contact the MASH if they are not happy with the MASH outcome or decision. In the last five months there have been only a small amount of escalations by referrers where referrers disagree with the outcome of the MASH decision making. However, we continue to encourage referrers to contact the MASH Management Team to discuss any concerns. In addition, the team have recently started a series of MASH Challenge Event in each district for professionals to give feedback about the MASH and to discuss with the MASH outcomes on specific cases. This is helping to start a conversation between the MASH and other professionals to improve the joint understanding regarding the Warwickshire Children Safeguarding Board Threshold Document. Feedback received is enabling the MASH to review processes and further evolve and improve. One of the key areas identified has been the lack of feedback on some cases, where referrers are not sure of the outcome from the referral sent. This has been a long running issue between Children's Social Care and referrers. There have been improvements to ensure referrers and those agencies who provide information

through triage receive confirmation of the outcome of their referral. However, we need to ensure this occurs in 100% of all referrals. The implementation of the new Children's Social Care Mosaic system will aid this.

- 2.9 Providing a consultation service to professionals seeking safeguarding advice about thresholds, referrals, early help assessments and domestic abuse situations was also a key objective. Consultation Services are provided to professionals but this process has changed since May 2016 as professionals now have to name the children they are consulting about so that information can be recorded and triangulated. There has been a reduction in the amount of Social Work Consultations but there has been a significant increase in the number of professionals obtaining advice from Early Help. There are strong links in the MASH between the Early Help Officers and Social Workers who now are co-located and support one another to ensure appropriate advice and support is provided. Overall, consultation with social workers may need to be further advertised but professionals are accessing early help provision appropriately. Furthermore, the MASH is providing referrals training through the Children's Safeguarding Board. This training has been very popular with over 150 people requesting a place. The training, previous workshops and Challenge Events may also be contributing to increased awareness of thresholds.
- 2.10 The centralisation of safeguarding referrals through one place has enabled consistency and reduced duplication of service provision. For example, triangulating information across Children's Social Care and Early Help enables MASH staff to understand what early help provision if any has been provided. However, there are some examples where early help provision has been provided and advice from MASH has been to repeat this. This has been a key frustration raised by some professionals. This is appropriate in some cases, particularly if the advice is to try a slightly different approach but this could be further improved. MASH professionals will benefit from being given time to "dive deeper" into referrals, so they fully understand and take on board early intervention that has been undertaken and the impact this has or has not had to initiating change and why. This will further reduce duplication in effort

and service provision. As well as support our vision to ensure the right service is provided at the right time.

- 2.11 Further analysis regarding gaps in services and feedback this information is currently being undertaken as we approach the six month point and this will be provided to agencies to improve service provision and allocation of resources.

Timeliness.

- 2.12 Speeding up the time it takes to make safeguarding decisions and ensuring users of safeguarding services are quickly directed to the right service appropriate to need is a key aim for the MASH. The data around timeliness is still being extracted. However, red RAG rated referrals, which need to be completed within two hours, are leaving the MASH in this timeframe. These are cases where the referral upon receipt or upon information being shared, indicates immediate risk of harm. Child Protection procedures are initiated, triage is completed and a MASH Meeting, which acts as a Strategy Meeting takes place.
- 2.13 The timescales for amber and green RAG rated referrals remain a concern. The MASH has been carrying a backlog of around 100 amber and 175 green referrals. Feedback from some professionals has been that it took too long for referrals to be processed. There are two main reasons for this. The first is information sharing, sometimes there can be delays in receiving information from some agencies upon amber referrals, which has delayed the decision making process. However, we are trying to improve this by making sure decisions based on the information that is known within 24 hours. The second issue is capacity of the MASH and capacity of organisations to undertake early help provision. The majority of MASH resources are used to answer calls and emails, rather than triage of referrals. This has led to proposals below to change some processes and structures in the MASH. Furthermore, the number of staff processing green RAG rated referrals is also a pressure as this is the vast majority of the work received. However, green RAG rated referrals do not meet the threshold for a safeguarding service but require the

MASH to provide advice, information and signposting so that children receive early intervention support so concerns do not escalate. Children's Social Care have increased the number of Social Care Worker by two over August 2016, which has helped improve timescales for green referrals.

- 2.14 Volume of domestic abuse incidents and being able to ensure the secondary risk analysis is provided by the MASH is completed in live time remains a real struggle. All Domestic Abuse incidents receive a DASH Questionnaire which indicates the risk to the victim, which is usually the adult. High and Medium risk incidents are processed by the MASH police staff and then the wider MASH team in expected timescales. However, there are occasions when there have been 15-20 medium incidents outstanding and there are regularly 400-500 standard incidents outstanding, some can be up to four weeks old. This has been a long running issue and was occurring pre MASH. As a multi-agency group the MASH are working to improve this situation through joint screening meetings. The police have also provided additional resources and planning to complete a review of this area of work.

Summary – MASH Performance

- 2.15 Comparing the performance of the MASH to the intended outcomes shows that through the co-location of agencies, working together to share information, challenging one another is leading to a more consistent and integrated response. A holistic view of the child or adult is leading to different and better decision making. However, there remains work to be completed to ensure all referral pathways are interlinked, improve timescales and ensure MASH practitioner deep dive into referrals to ensure concerns and any previous early intervention is fully understood.

Multi-Agency Engagement

- 2.16 The most pressing agency engagement issue, continues to be the health contribution to the MASH. Discussion and collaboration with the CCG's has continued. The lack of health representatives in the MASH has been subject to previous discussion at the Health & Wellbeing Board, Warwickshire Safeguarding Children Board and Warwickshire Safeguarding Adult Board.

An updated report setting out the required health contribution to the MASH has been agreed by the MASH Strategic Board and shared with the CCG's by John Dixon, Strategic Director. The CCG's have put forward funding for a business support liaison officer and at the last steering group agreed in principle that a rota for children's safeguarding nurses to cover the MASH would be put in place. Confirmation of these arrangements and an updated briefing will be circulated by the CCG lead for the MASH prior to the board meeting.

- 2.17 The risks of not having health represented in the MASH are significant. There have been Serious Case Reviews nationally and locally, which have identified the lack of information sharing across agencies as a cause of abuse not being detected and opportunities to take action being missed. A significant factor is the identification and provision of a Mental Health Services Practitioner. The involvement and provision of staff within the adults safeguarding pathway is particularly vital to the success of the adult safeguarding pathway. Discussions with adult mental health services are also ongoing. The benefits of the all age MASH model will not be realised without the provision of Mental Health staff in the MASH.

3. Development Priorities

- 3.1 The MASH is constantly evolving and adapting. The MASH, as stated above is going back out to agencies to seek feedback and undertake further discussions around thresholds and referral process. A joint understanding and application across all agencies regarding the Warwickshire Safeguarding Children's Board Threshold Document is vital to the success of the MASH. As set out above the number of referrals which upon receipt meet the threshold for universal intervention or early help at level one or two is significant. In order to manage this agreement has been given to implement a "First Response" pod within the MASH to manage the high volume of telephone calls and emails. This will involve Early Help Officers within the MASH and further links will be made with the Family Information Service. An additional two Social Care Worker will also be seconded to the MASH to support this. This change will enable a more timely response to green RAG rated referrals.

This will also free up Social Workers to “deep dive” and process through initial screening and triage, which will also improve the timeliness of amber RAG rated referrals.

- 3.2 As a result of feedback from professionals and members of the public; in September 2016 the MASH set four main areas to improve over the three months from September – December 2016. These actions will further improve communication between referrers and timescales. The actions set are as follows:
- A. Manage volume and improve timescales.
 - B. Improve the pathway for “Green” RAG rated referrals. Particularly requests for information and Early Help/Universal Service information and advice
 - C. Improve triage to quicken information sharing and multi-agency decision making.
 - D. Provide feedback to referrers and SPOC’s for 100% of referrals.
- 3.3 In addition feedback from professionals has led to a review of the Multi-Agency Referral Form (MARF). An audit is being completed regarding the quality of the referral forms, which will be feedback to the Procedures Sub-Committee for the Warwickshire Safeguarding Children Board. In 2017 we are also working to develop and implement an online portal for referrals.
- 3.4 The timescales for police staff to complete a secondary risk analysis of domestic abuse and other child or adult incidents will also be completed. Review of the business processes completed by the police and wider MASH over the next six months will aid further collaboration and ensure a lean approach is taken. Ultimately the MASH wishes to respond to police incidents in near live time, so that within 24 hours of an incident occurring that the multi-agency process is completed. Included within this work will be reviewing and implementing all referral pathways to ensure sharing information with GP’s and School’s regarding police incidents, as appropriate.

- 3.5 The MASH allows for a central multi-agency oversight of safeguarding concerns regarding the prevent agenda, children and young people missing from home, school and care, child sexual exploitation, trafficking and hate crime. The MASH is building strong links with these areas to ensure information is shared, risks are understood from different agency perspectives and an integrated plan of intervention is provided. An integrated risk assessment matrix for these areas is also being developed, which will aid the identification of safeguarding concerns and ensure community safety issues are addressed.
- 3.6 Finally, a Service Plan setting out development and priority areas for 2017-2020 is currently being developed. A copy of this document will be provided to the Board upon completion.

4. Summary, Next Steps & Recommendations

- 4.1 Overall, the implementation of the MASH is a success. The implementation has been relatively smooth and the intended outcomes are being realised. Areas for further development have been established, in particular ensuring the full participation and representation of all agencies which would be vital in ensuring that all the intended benefits are realised.
- 4.2 Areas for further development are to be expected as co-located agencies and professionals are able to identify issues to make further efficiencies and improvements. In particular, the MASH needs to improve timescales and ensure robust communication across all referrers and other agencies regarding the outcome of referrals. Furthermore, children & adults will be better supported if improved referral pathways are in place to ensure the right agencies receive information about incidents of concern or referrals so they can provide the right support, the first time.
- 4.3 Key to the success of the MASH will be to manage the volume of referrals, which upon receipt meet the threshold for universal or early help rather than safeguarding, as this demand does place the MASH under significant pressure. This means all agencies need to understand the Threshold

Document and it is vital that there is capacity across agencies in Warwickshire to provide Early Help. Otherwise, this will increase re-referrals and risks will escalate, so statutory intervention will be required.

Recommendations:

1. That the board notes and comments on the progress made in relation to the implementation of the Multi-Agency Safeguarding Hub.
2. That the board notes and comments upon the areas for development.

Background Papers:

- MASH Performance Data Report May – September 2016.Warwickshire
- Safeguarding Children’s Board – Threshold Document May 2014.
- MASH Standard Operating Procedures April 2016

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The report was circulated to the following members prior to publication:

Local Member(s): None

Other members: Cllr Izzi Seccombe, Cllr Les Caborn, Cllr Jose Compton, Cllr Alan Webb, Cllr Mike Perry, Cllr John Holland, Cllr Kate Rolfe