

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:	MASH – PROGRESS REPORT AND OUTLINE OF EARLY OUTCOMES		
DATE OF DECISION:	27 NOVEMBER 2014		
REPORT OF:	INTERIM HEAD OF SERVICE, CHILDREN AND FAMILY SERVICES		
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY

The Multi-Agency Safeguarding Hub (MASH) is the single point of contact for all safeguarding concerns regarding children and young people in Southampton we have also determined that it is the front door access for Early Help referrals.

The attached report Appendix 1 identifies the progress that has been made since April 2014 and outlines early outcomes.

Appendix 2 provides Q1 and Q2 Mash data set.

RECOMMENDATIONS:

- (i) Members to note progress report and outline of early outcomes and agree to receive 6 monthly reporting on MASH.

REASONS FOR REPORT RECOMMENDATIONS

1. MASH is a statutory front door for Children’s Services and members need to be alert to the performance of this service and the demand for Children’s Services in the city.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. Not Applicable

DETAIL (Including consultation carried out)

4. Brief introduction and description of area of work:

4.1 The Multi-Agency Safeguarding Hub (MASH) is the single point of contact for all safeguarding concerns regarding children and young people in Southampton we have also determined that it is the front door access for Early Help referrals.

4.2 The MASH brings together expert professionals, called “navigators”, from services that have contact with children, young people and families, and makes the best possible use of their combined knowledge to keep children safe from harm.

It does this by:

- Acting as a “front door” to manage all safeguarding referrals
- Researching information held on professional databases
- Providing a secure and confidential environment for professionals to share information
- Identifying low-level repeat referrals which taken in isolation may not appear concerning
- Prioritising referrals using a BRAG (**Blue/Red/Amber/Green**) rating
- Referring cases to other agencies
- Activating “child protection” social work services which sit alongside the MASH to provide immediate protection for a child

4.3 The Threshold Document is integrated into the Southampton Child and Family Early Intervention Model which supports the vision for Southampton children and families where the highest priorities are ‘a good education for all’ and ‘the earliest help’. Within MASH, the navigators research and share information about a child, using the Southampton Child and Family Early Intervention Model and Threshold Document to establish the level of need and inform the best response to meet the child’s needs.

5 **MASH Statistical information:**

5.1 Q1 saw the number of referrals to MASH increase significantly month by month since the formation of the new service. Our analysis in advance of the new service design for children and families across the city confirmed the hypothesis that too often children were not receiving interventions until they reached crisis point. We projected that in the first quarter we would see a sharp increase in referrals and subsequently allocations, as the system was more coherent and accessible. The presence of Ofsted (for most of quarter two) and the publication of three serious case reviews may well have seen that increase continue for longer than might otherwise have been the case, whilst the August rates are particularly low we do expect to see the beginning of a levelling of referrals and allocations over Q3 and Q4. See Appendix 2 for MASH dataset report for further information.

6 **Findings from qualitative audits, in particular feedback from service users and staff which relate to children’s safeguarding:**

6.1 From the recent Inspection July 2014, Ofsted reported that Thresholds for children and young people needing help and protection are understood by partners. The majority of referrals are of good quality, contain comprehensive detail and consider the impact on children. Partner agencies speak positively and confidently about the MASH, to which there has been a recent increase in referrals. The likely reasons for this are well understood and whilst it has put additional pressure on services, no children were found to have been left at risk as a result of these pressures and clear plans were seen to be in place to manage the increased demand.

6.2 The Children’s Commissioner’s 2013 Inquiry into Child Sexual Exploitation in Gangs and Groups found that both police and local authorities still identified the inability to share information as a key barrier to safeguarding children from sexual exploitation. The report cited MASHs as an encouraging development, combining the expertise and resources of several bodies in order to identify children at risk of sexual exploitation. This co-ordination was identified as particularly important for children and young people who face several different

risks.

- 6.3 In March 2014, HMIC published results from an all force inspection on domestic abuse, 'Everyone's business: Improving the police response to domestic abuse'. This report found that many forces, in order to increase the effectiveness of their partnership working in domestic abuse, are supporting the creation of multi-agency safeguarding hubs (or MASHs). HMIC strongly supports the development of these approaches and recommended that forces and partners make sure there is a clear understanding of the relationship between the MARAC and the MASH, avoiding duplication but not constructing rigidly separate structures. Meetings have been undertaken with management representatives of MARAC, MASH and CAADA to look at how these can work better together by adopting an integrated approach. The next meeting is scheduled for October 2014 and will be informed by Data provided by the Multi-Agency Risk Assessment Conference (MARAC) and MASH.

7 Main achievements and areas of strength, and impact on safeguarding

- 7.1 An effective MASH has been established in Southampton which is enabling good inter-agency information sharing and decision is making at the first point of contact with statutory social care services. This was evidenced in initial feedback during the recent Ofsted inspection July 2014
- 7.2 Simply having a MASH model does not guarantee a good safeguarding response. The label of a MASH will not deliver any benefits unless each agency effectively discharges its own safeguarding duties. In this way a MASH is not a panacea for poor inter agency working, but will instead enhance good inter agency working if effective cultures and processes are developed. Prior to going live in April 2014, investment was made in the development of processes and in ensuring these were effectively communicated to all staff to be based in MASH and across the partnership via the MASH workshops which facilitated discussion and understanding about Thresholds, Referral Processes and Information Sharing. An induction programme was undertaken by all MASH members and this was followed by Team Building events.
- 7.3 There has been a more accurate assessment of risk and need, as safeguarding decisions are based on coordinated, sufficient, accurate and timely information. Within MASH information is gathered from a wider range of sources which helps to build a more complete picture. There are early signs that this has had a positive impact reducing 'No Further Actions' which contributes to a reduction in repeat referrals. Improved identification of risk allows for earlier intervention, taking preventative action before risk had escalated.
- 7.4 The MASH workflow process ensures that there is consistent management oversight of cases which avoids cases getting 'lost' in the system, ensures that decision making is evidenced and undertaken by a qualified social worker at a suitable level of authority. Systems are in place to ensure that feedback is provided to the referrer.
- 7.5 There is an improved understanding between professions, both in terms of language used and the approach to safeguarding. MASH staff have reported both in recent Ofsted inspections and via agency line management that they are confident in applying thresholds supported by the Threshold Document and have a better understanding of different agency's roles. Southampton MASH is firewalled and there is greater confidence to share information which underpins

improving safeguarding quality.

- 7.6 There are greater efficiencies in processes and resources. By being a co-located integrated service duplication is avoided and the BRAG work flow process ensures management oversight and the opportunity to step-up and step-down risk assessments. This contributes to better allocation of resources at the right time. Furthermore decision making within 24 hours of a referral being received has significantly improved since the implementation of MASH.
- 7.7 The rotation of staff is intended to develop further as it was felt to be important in the first 6 months to embed processes before introducing these to a wider group of staff. However, there is confidence within the management group that it is now possible to support rotation of staff more widely to ensure that the balance is kept between risk assessment of referrals and frontline work, and develops the team's competence. This will also transfer knowledge back to the home agency when staff members return from their secondment to MASH.

8 Evidence of how Serious Case Review findings have been implemented:

- 8.1 Evidence from SCR findings highlight previous poor practice and decision making, leading to missed opportunities to protect children and failures to achieve permanence for children within their timescales.
- 8.2 Decisive action has been taken in response to SCR findings to improve services and outcomes for children. This has included establishing multi-agency Early Help Teams, creating a MASH and equally importantly, the action taken has sought to transform the culture in which services operate by creating a common ownership of safeguarding across its partnerships, and making practice more evidence based and child focused.
- 8.3 The range and work of agencies in the MASH, including health, housing, independent domestic abuse advisors (IDVAs) and police officers mean that it is an effective arena for sharing information to inform decision making. Decisions about thresholds of need and risk are made by qualified and experienced social workers. Poor information sharing and decision making, which missed opportunities to safeguard children, were strong features of learning from recent serious case reviews, and practice within the MASH demonstrates how that learning has been used to improve practice.

9 Key developments:

- 9.1 The Multi-agency commitment to MASH to include Probation, Adult Mental Health and Substances Misuse Services. Adult substance misuse and mental health issues feature significantly in a number of child protection cases. Ofsted Inspectors saw strong engagement with and by these services in safeguarding children, including good quality, timely referrals and good information sharing and joint working with children in need of protection. However, engagement with these services will be strengthened further by being present in MASH.
- 9.2 It is recommended that a multi-agency data analyst role is developed in MASH as this is central to the identification of potential families and children at risk across a range of areas such as child sexual exploitation or gangs. This information would then be used to identify patterns of behaviour to build up MASH intelligence.

10 **What will the outcomes of improvements be?**

10.1 Through the development of MASH and Early Help the right service will be identified for the right child at the right time. Consistent evidence based preventative casework interventions to children and families will be delivered at the earliest stage of identified concern(s). Assessments and interventions are offered through the Early Help Teams and by universal service providers' use of the universal help assessment/plan with children, young people and families.

10.2 Specific improvement outcomes will be:

- Improved school attendance across the City.
- Reduction in the number of cases re-referred into the MASH within 12 months – indicating that the right intervention is being offered to families.
- Reduction in the numbers of cases being “stepped up” to higher threshold interventions (such as children subject to child protection plans and children placed in care).
- Improvement in the quality of referrals received by MASH through increased use of the UHA within universal settings.
- Reduction in duplication and gap.
- Children and families will be able to name their Lead Professional

11 **Key messages:**

11.1 In conclusion it is clear that the MASH has come a very long way in a relatively short time. The introduction of a new working model has involved a period of substantial change both in the process of referrals to LA children's social care, but perhaps more importantly, in the way professionals from different agencies relate to each other and share information. There are good indications that a MASH culture is emerging which facilitates working together and information sharing.

11.2 There are also promising signs that MASH working can lead to improvements in safeguarding outcomes. Speedy access to information from a range of different agencies means that social care professionals are now beginning to get a fuller picture of the child in his or her situation. This makes it possible to make more informed decisions that are appropriate to the level of risk. The audit data also revealed an improvement in the turnaround time for referrals.

11.3 However, there are still a number of challenges which must be met if MASH is to reach its full potential and improve safeguarding services for children and young people. This includes wider agency resourcing of adult services, including Probation, Mental Health and Substance Misuse. Plans are in place for these to be achieved in January 2014.

11.4 The difficulties in the collection of data held by different agencies arises partly from the fact that information is held in many different databases. Taking a proactive approach by having a dedicated analyst in MASH would reduce the weaknesses in multi-agency data collection, sharing and analysis which inhibits the development of safe care strategies for individual and groups of children and young people and means that risks may not be identified and patterns of

behaviours and trends are not tracked. For example, Ofsted identified that arrangements for identifying and tracking children and young people missing from home and care are under-developed with patterns and trends yet to be identified. The key components to analyst role would be performance management and analysis of vulnerable cohorts.

12 **Resource Implications:**

<u>MASH - Staff Costs</u>		
Post	£	Calculation based on:
<u>SCC posts</u>		
Team Management	52,800	1 x Grade 12 TM
Assistant Team Management	127,900	3 x Grade 10 ATMs
Social Work	148,200	4 x Grade 9 SWs
EWO	37,000	1 x Grade 9 SW
Early Years	37,000	1 x Grade 9 SW
Housing	37,000	1 x Grade 9 SW
YOS	8,000	0.2 x Grade 9 SW
IDVA	18,500	0.5 x Grade 9 SW
Vulnerable Adults	37,000	1 x Grade 9 SW (not yet In MASH)
Admin	23,100	1 x Grade 6 BSO
Total SCC MASH Staff	574,000	
Voluntary Sector	20,000	
Total SCC MASH	545,500	
<u>Non-SCC posts</u>		
Police	42,600	1 x Grade 10 ATM
Health with Admin	48,600	1 x Grade 9 SW and 0.5 Grade 6 BSO
Adult Mental Health	37,000	1 x Grade 9 SW (not yet in MASH)
Probation	37,000	1 x Grade 9 SWs (not yet in MASH)
Total Partner Agencies	165,200	
Costs are an approximation; based on the mid-point of the grade		

RESOURCE IMPLICATIONS

Capital/Revenue

5. None

Property/Other

6. None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

10. The Information Sharing Protocol which underpins the activity of MASH is in place and has been agreed by partnership legal bodies.

Other Legal Implications:

11. None

POLICY FRAMEWORK IMPLICATIONS

12. Compliant with Working Together 2013

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All
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SUPPORTING DOCUMENTATION

Appendices

1.	Appendix 1 MASH Data Set
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Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No
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Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)

Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

1.	None	
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