

Multi-agency safeguarding hubs bring together different professionals to share intelligence about children at risk. As they spring up nationwide, *Joe Lepper* examines what impact they are having

CENTRAL INTELLIGENCE

It is no wonder that social workers often regard child protection as a jigsaw, since information from a wide range of services is required to complete the picture. But too often – through a lack of information sharing and understanding across health, social care, police and other agencies – pieces are left out, sometimes with tragic consequences.

The 2009 Laming report into the death of Peter Connelly in Haringey was one of a number of inquiries and serious case reviews in recent years to come to the same conclusion: children are best protected when agencies work together and share intelligence.

With this purpose in mind, a particular set-up is now taking hold across the country: the Multi-Agency Safeguarding Hub (widely referred to as “Mash”). Here, social care, police and other professionals are co-located and investigate safeguarding concerns as a team.

For every referral made to the hub, Mash staff will gather all the information available on a child and family from each agency to decide the most appropriate level of response. It is increasingly seen as the best way of ensuring that partnerships are formed and that they are effective. Among high-profile supporters is Professor Eileen Munro, who said that Mash teams were “proving more efficient than previous arrangements” in her review of the child protection system in England.

England’s first Mash was set up in Devon in 2010. Ofsted praised it as “an example of effective joint working” in its subsequent report, *Good Practice by Local Safeguarding Children Boards*.



A typical Mash can include representatives from (clockwise from top-right): the police, social work, health, housing, educational welfare and strategic analysts

Further evaluation by the National Foundation for Educational Research (NFER) judged that the Devon Mash was helping children’s social work teams to prioritise the most urgent cases, resulting in saved time and resources. That early-stage study showed that 48 per cent of enquiries to the hub resulted in a referral to children’s social care, four per cent more than before its introduction.

Another 24 per cent were referred to

“early response” services. No data was available on cases referred to Tier 2 services prior to the Mash but interviewees said that the provision of additional support became more common.

Cheryl Coppel is chair of the cross-capital London Safeguarding Children Board and chief executive of the London Borough of Havering. She says evidence such as this has helped persuade every London borough to set up a Mash by 2014. Eighteen Mash teams are already up and running nationwide but Coppel predicts every English area will have one, particularly as specific examples emerge of how they are improving children’s and families’ lives.

For instance, Coppel recalls a recent police referral to Havering’s Mash involving a young boy suspected of stealing a bike. She says: “Because they could work together on this, the Mash team quickly uncovered a bigger picture. The boy had a dad in prison that was about to be released and a mum with mental health problems.”

The police lead for Havering’s Mash, Detective Sergeant Keith Oddy, lauds the benefits of co-location for instant information sharing across agencies. He cites the example of a call from the police to the hub regarding an antisocial behaviour incident at a house where a child lived. “Through working together we were able to quickly assess this was a child neglect case,” he says. “The house was used by drug dealers and was unsafe for them. The children were removed from the house the same day that the call came to us.”

The links between police and social care in the Mash are particularly important in targeting paedophiles, adds Oddy.

“We have had three incidents over the last

five months of paedophiles being highlighted as moving on and making contact with another family. That process of identifying such a person would have taken far longer before the Mash," he says.

Mash teams across the country vary in shape and size. Most have a core team of social workers, police officers and at least one health professional. Other members might include education welfare and support officers, probation officers, youth offending services workers and housing officers.

Researchers, who are sometimes referred to as "Mash officers", are another crucial component of the hubs, says DS Oddy.

"What they do is chase up information, making calls and ensuring that referrals from us are taking place," he says. "They make the operation run smoothly."

Where it is not possible to co-locate a professional to the hub full-time, some will work part-time. Sometimes "virtual members", who follow the information-sharing ethos of the Mash but remain located in their own agency, are created.

A Mash team might acquire personnel over time, starting out by building on existing strong relationships between agencies where they might already be co-located. The Mash in Blackburn with Darwen, for example, launched in 2011 following a partnership between the council's children's social workers and local domestic violence support workers. As a result, its 12-strong team includes a domestic abuse co-ordinator.

Close links between the council's adult and children's services means it also handles calls relating to vulnerable adults, through a virtual link with adult social care. Its health practitioner works with both children and adults. Nottinghamshire's Mash, which went live in December, has also chosen to take adult referrals as part of its work.

Simon Holmes, who led the pioneering Mash in Devon as operations manager, is now employed in the same capacity in Nottinghamshire, overseeing a 60-strong team. He urges all hubs to take referrals relating to vulnerable adults. This is particularly useful for highlighting issues such as parental mental health problems. "If you want a true view of harm I think this is something all authorities need to consider," says Holmes.

Local funding arrangements for each agency can also influence the size of a hub and the personnel involved. Reading's six-strong Mash was set up in August 2012 but has no police presence, with only social care, health and education agencies co-located. Reading Borough Council's head of children's social care Karen Reeve, explains: "Thames Valley Police has nine council areas and they are working out how they can resource people in all of those if each set up a Mash. It's not an

MASH: THE KEY FACTS

What is a Multi-Agency Safeguarding Hub (Mash)?

It is a team of professionals in one location, who come from a range of disciplines to jointly investigate child protection and safeguarding referrals, and assess risk. Referrals come from professionals and the public and cover issues such as child abuse, drug and alcohol addiction and mental health. Some Mash teams also take referrals with concerns about vulnerable adults.

How many are there?

There are currently around 18, including eight in London. Both the Association of Directors of Children's Services and London Councils are predicting that every local authority area will set up a Mash over the coming years. All 32 London boroughs are expected to have a Mash in place by April 2014.

Who is part of a Mash?

An operations manager, who often has a social work background, will lead a Mash. Core members will tend to include police officers, social workers and health professionals. Other members can include probation workers, housing officers, educational welfare officers and domestic abuse specialists. In addition, a team of researchers will gather information. Some Mash teams also have an analyst, who will examine local trends to help commissioners better target services and predict risk. All members of a Mash are employed by their individual agencies.

How are they funded?

They are funded jointly by the agencies involved. Some premises are also funded jointly but in many cases, the Mash team is based in council offices.

ideal situation but we are negotiating with them and they are keen on the principle."

Despite the absence of such a key agency, the Mash is still showing successes, particularly among its co-located team members covering education, health and social care.

"There was a low-level concern about a child at a school", says Reeve, recalling one recent case. "Because of the links with health we quickly identified a mental health problem with the mother and were able to discover, from her recent visits to the GP, that she was not coping well. This was passed to the social care team who were able to give the family a far stronger package of support."

"Being co-located means we can literally get off our seat and go and talk to a practitioner in a different agency and probe further"

Emma Pattison, team manager, Redbridge Mash

Redbridge in north-east London will launch its Mash next month. A 20-strong co-located team will include eight social care workers, police officers, a health visitor, and education welfare and housing officers, as well as representation from the probation and youth offending services.

Team manager Emma Pattison says co-location cannot be underestimated in terms of speeding up investigations and fostering an understanding of each others' roles. She says: "Being co-located means we can literally get off our seat and go and talk to a practitioner in a different agency about a piece of information and probe further. It's a logical way of working."

An IT system that is able to establish security walls based on sensitivity of information is also important, according to NfER, which lamented the lack of such a system in Devon during the time of its evaluation.

Kate Soutter, who is now operations manager for the Devon Mash, says that an IT system designed specifically for it by OLM Systems will launch within weeks.

Such a system also gives professionals peace of mind when passing on certain information to colleagues in the hub, she says. Already in Devon, all information is categorised by the agency that supplies it as either "non-sensitive", which can be shared, or "sensitive", where permission is needed for sharing.

Police intelligence about an alleged – but not convicted – sex offender is an example of such sensitive information, explains Soutter. "If someone like that was in contact with a family, we would go back to the police and explain it is pertinent to the assessment to share the information. We ask not only whether we can but if they have a preference for how we share it."

The number of referrals of each Mash can vary markedly depending on the size and scope of the team. Nottinghamshire says it anticipates handling 77 a day. The team in Blackburn with Darwen deals with 100 referrals a month involving vulnerable children, 150 relating to domestic abuse and a further 40 concerning vulnerable adults.

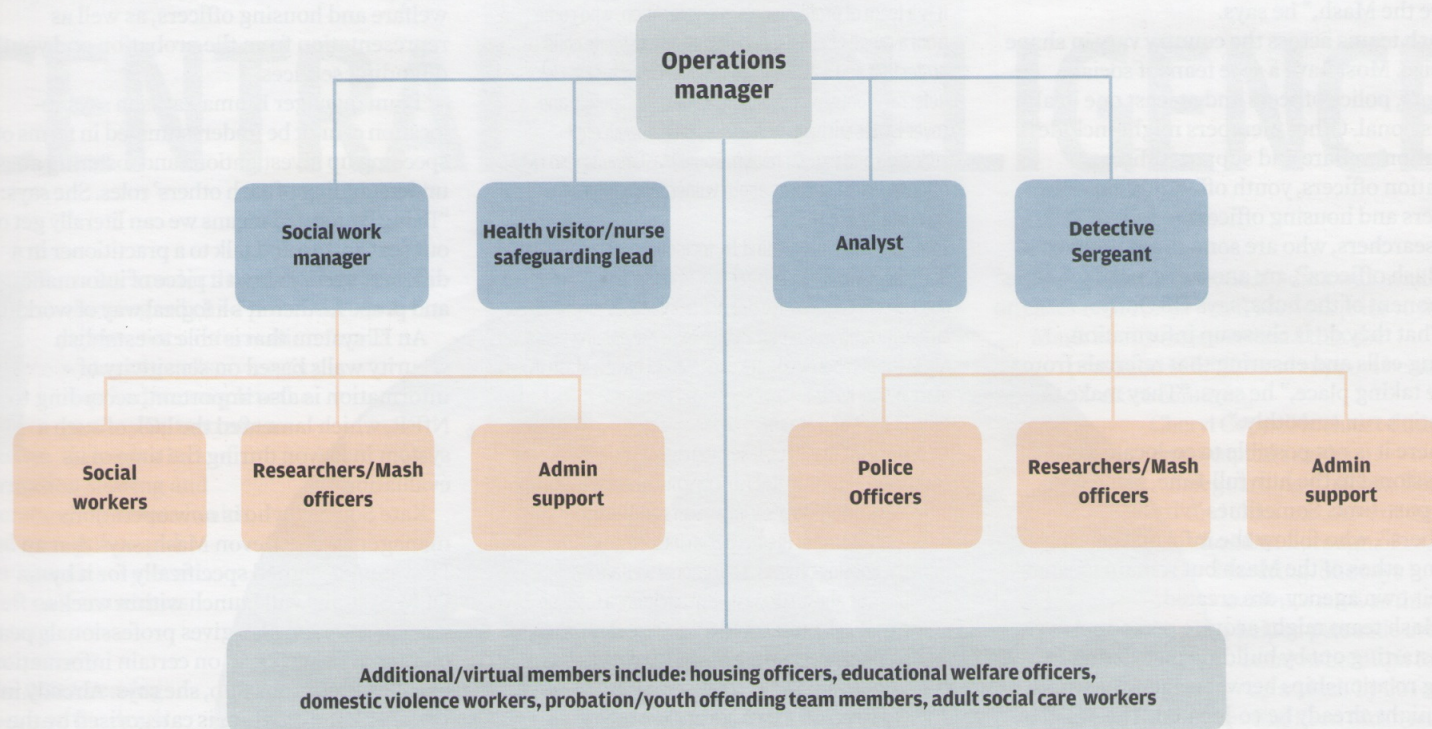
When a Mash is promoted to professionals and the public alike, it can help boost referrals from a wide range of sources, helping to complete the "child protection jigsaw".

In Havering, this has included talks to local head teachers, school child protection leads and GPs.

"When we first set up Havering's Mash, some GPs hadn't heard of us so were reluctant to share information," says Coppell.

"We picked up on that quickly and did more work with the local clinical commissioning group to make sure they were aware of what we do. Also, one of our researchers visited local GPs, which helped improve relationships." »

SAFEGUARDING TOGETHER: HOW A MASH IS ORGANISED*



*Every Multi-Agency Safeguarding Hub will have its own structure; this organogram shows a typical set-up

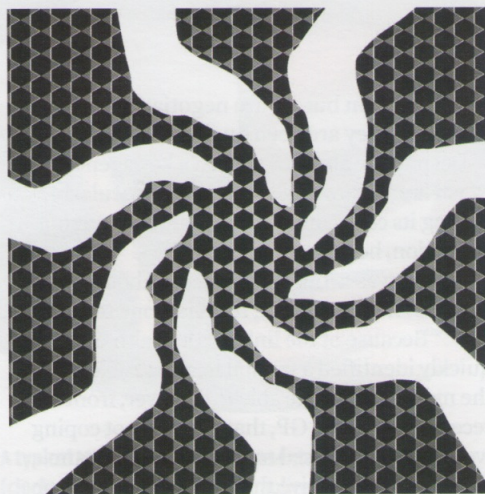
In Devon, schools were aware of the Mash, but initially they would often wait to make referrals on the last Friday of each term. “We sent our educational safeguarding lead into schools to explain to them the importance of reporting concerns quickly rather than waiting, and that if they report on a Friday we can’t respond until Monday,” explains Soutter. “Having one of ‘their own’ telling them that was important ensured it didn’t look like social workers telling them what to do.”

As the first Mash in the country, Devon has had the chance to expand on its core work of investigating child protection concerns. Its hub also includes a police-employed strategic analyst, who looks at the information that is gathered to identify families where a child is not in immediate danger but could be in the future.

She also uses this information to support local commissioners in highlighting specific locations where services can best be targeted. Local drug and alcohol misuse teams as well as adult social care services, are already interested in using this data to inform their commissioning, says Soutter.

Holmes is looking to replicate Devon’s analytic approach in Nottinghamshire. He says: “Being able to predict risk is a very exciting development. No information is lost this way.”

In the more established areas such as Devon,



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Cheryl Coppell, chair, London Safeguarding Children Board

the Mash handles all child protection safeguarding concerns.

But as one of the initiative’s foremost architects, Holmes does not believe the Mash concept should evolve from advising children’s social workers over the urgency of cases and level of need, to becoming the central decision making hub of what specific action is taken. He is also against them taking on case management responsibilities.

He says: “My belief is that a successful Mash is one where the team are not involved with the operation of the case. The case passes through us, we make our decision and refer it on. That works best.”

Coppell, a key figure in co-ordinating safeguarding efforts across the capital, is convinced that through the Mash, social care has finally found the solution to working with its partners effectively. She predicts it will lead to a nationwide reduction in serious case reviews that highlight poor information sharing in instances of child abuse and neglect.

“Time and again with these serious case reviews, you read about how drugs, domestic violence and mental health are involved and how information hasn’t been shared. The Mash can ensure that happens and really transform social work.” ■