

Report to the Failsworth & Hollinwood District Executive

Briefing note: Multi-Agency Safeguarding Hub (MASH)

Officer Contact: Director Community Services

Report Author: Bruce Penhale, Head of Service MASH,
Stronger Communities and Oldham District
Team

Ext. 4196

26 November 2015

Summary of the issue:

The report sets out details of the operation of Oldham's Multi-Agency Safeguarding Hub, and will be supported by a presentation to the District Executive.

Recommendations to District Executive:

The District Executive are recommended to note the information in the report and presentation, and to contribute to the discussion about the MASH and its operation.

Multi-Agency Safeguarding Hub

1 Background

- 1.1 Prior to the formal implementation of the Multi-Agency Safeguarding Hub (MASH) in November 2013, referrals to Children's Social Care were made via the Children's Assessment Team (CAT) which is staffed by qualified social workers with experience in safeguarding. A daily duty system was in operation and referrals were scrutinised and assessed by qualified social workers. All referrals which indicated a child may be 'in need' (Children Act, 1989) were the subject of an assessment undertaken by the CAT.
- 1.2 In Adult Social Care all new referrals where there was a concern for an individual, or individuals in the case of a group setting such as a care home, would go through the Adult Contact Team (ACT). If there was any hint of a safeguarding concern it would be passed to the Safeguarding Team for investigation.
- 1.3 The health protection services for children and adults, and the Police Public Protection Unit were all based separately within their relevant organisations. This arrangement reduced the timeliness of response, created unnecessary barriers to arranging strategy meetings and delayed decision making.
- 1.4 Formal approval to set up the MASH was given by the Local Safeguarding Children's Board (LSCB) in the Summer of 2013. The aims of the MASH were to promote effective and timely information sharing, to strengthen the partnership approach to decision making and to enable that to happen at the point of referral.
- 1.5 In parallel with this, the Public Service reform approach in Oldham was starting to focus on reducing demand in high cost specialist services by providing support at the earliest opportunity. The aim was to enable individuals and families to develop the skills and confidence to become independent, self-reliant and able to care for themselves and their families.
- 1.6 Combining these approaches, it was agreed that the focus of the MASH was not just to be about safeguarding but to provide support and intervention for those individuals and families who clearly had unmet need but did not meet safeguarding thresholds. This was our response to "Early Help" recommendations from the Munro Review of Child Protection (May 2011) to provide support at the earliest opportunity to prevent escalation of issues to the point of crisis.
- 1.7 Within the Council there were already a range of co-located services, which included Community Safety, Community Cohesion, Victim Support and Independent Domestic Violence Advisors. It was felt that the greatest benefit would be achieved by co-locating safeguarding services with these teams.
- 1.8 The MASH was formally established by co-locating a range of professional and administrative staff from different agencies on Level 9 of the Civic Centre. The services

brought together had responsibility for safeguarding children and vulnerable adults, managing the Family Common Assessment Framework (CAF) supporting early intervention for families, and other services where there were clear links to broader safeguarding. Bringing together this range of services enables the MASH to cover the whole spectrum from safeguarding of children and adults experiencing, or at significant risk of, harm to early intervention work with individuals and families.

2 How the MASH operates

2.1 The MASH is Oldham's central point of contact for:

- Safeguarding referrals relating to children, young people or adults;
- Early help referrals for individuals or families to help meet their long-term needs and reduce dependence on public services

It is a multi-agency team which shares information, makes timely decisions and makes referrals to the appropriate services to undertake safeguarding or early help work. The functions and services in the MASH are summarised at Appendix 1.

2.2 The design of the MASH has streamlined the routes for referrals and notifications of concern into the Council. It provides a safe environment in which safeguarding partners share information in a dynamic way in order to identify and assess risk, allowing partners to quickly take informed decisions which lead to appropriate, proportionate and timely interventions.

2.3 The diagram on page 6 below summarises the referral pathways for the MASH.

Safeguarding referrals

2.4 When a safeguarding referral is made into the MASH, Adults or Children's Social Care staff decide whether it passes safeguarding thresholds. In relation to children, if a child is believed to be suffering, or is likely to suffer, significant harm the MASH would initiate a (Section 47) child protection enquiry. Information would be gathered from police and health safeguarding colleagues in the MASH, and a multi-agency strategy meeting held. These are chaired by the MASH Team Leader, but also involve the social worker from the Childrens Assessment Team (CAT) who will then take forward the investigation and assessment process (a recommendation from the recent Ofsted inspection).

2.5 If the threshold for child protection is not met, but there is believed to be a high risk of a child's health and development being impaired without assessment and intervention, the MASH would gather information from partners, and then pass the referral to CAT for a (Section 17) Child in Need assessment.

2.6 The processes and lines of accountability for children's safeguarding are clearly documented on the Local Safeguarding Children Board website in the "Thresholds of Assessment" document at:
http://www.oldham.gov.uk/lscb/downloads/file/18/thresholds_for_assessment

2.7 A similar process applies to adult safeguarding referrals into the MASH. Under the Care Act 2014 the local authority has a safeguarding duty to an adult if the person :

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- (a) has needs for care and support (whether or not the authority is meeting any of those needs),
 - (b) is experiencing, or is at risk of, abuse or neglect, and
 - (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

If it is believed an adult meets these criteria the Council must undertake, or cause others (such as the police, health services or a care provider) to undertake a (Section 42) enquiry to establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom. Consent is a key principle in adult safeguarding, and the Council is committed to supporting the principles of “Making Safeguarding Personal”. This involves working with individuals towards the safeguarding outcomes that they want – “doing with” them rather than “to them”.

Early Help

2.8 If it is decided that a referral does not meet safeguarding thresholds, the referral can be passed to Early Help which provides an alternative source of support to individuals and families where there are complex dependencies, vulnerability or emerging needs (a “Step Down” referral). Early help referrals can also be made directly into the MASH, and there is an on-line form at: www.oldham.gov.uk/early_help_referral

2.9 Early help support and/or intervention is provided to families or individuals who are experiencing, or are likely to experience, social and/or environmental factors which negatively impact on their physical, intellectual and emotional wellbeing. These have been described as complex dependencies. Typically individuals/ families would be considered ‘complex’ where they are experiencing a number of issues such as:

- Crime or anti-social behaviour;
- Emotional or mental health problems;
- Alcohol and/or drug use;
- Domestic violence or relationship issues within a family;
- Parental learning disability (mild);
- Unemployment;
- Poor school attendance, persistent absence or disruptive behaviour in schools;
- Exhibiting risky behaviour that increases their own and/or peer vulnerability (e.g. at risk of sexual exploitation, social media bullying, association with inappropriate social groupings).

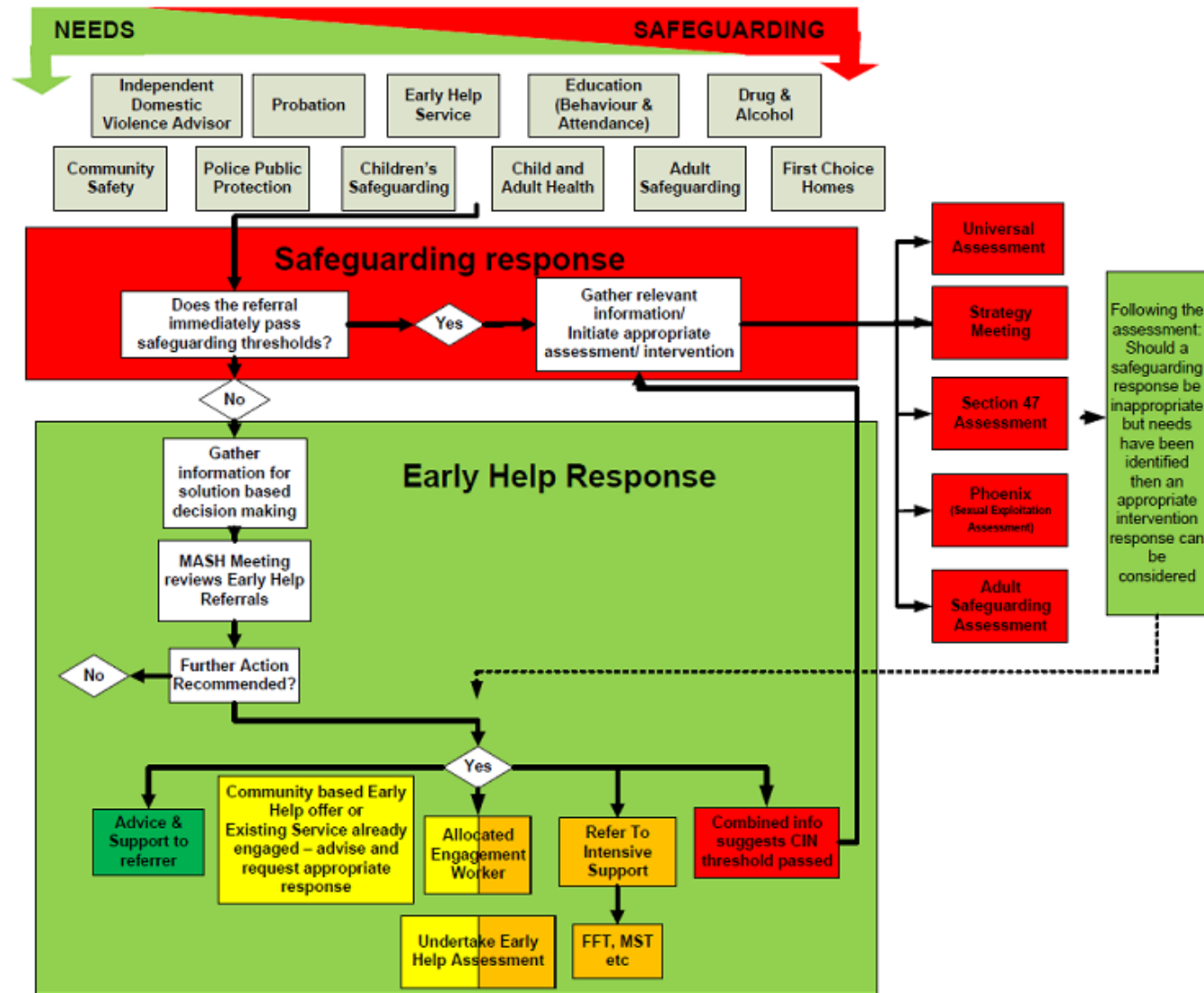
The MASH does not take referrals when there is only a single issue that an agency could deal with itself, or where the sole presenting features are the result of an acute exacerbation of a health condition.

2.10 When an early help referral is received, information is gathered from partners to inform decision making about the most appropriate support or intervention. This is gathered through an electronic system (Mosaic) which can be accessed by a range of partners. The information is reviewed at a weekly multi-agency meeting, which agrees the most

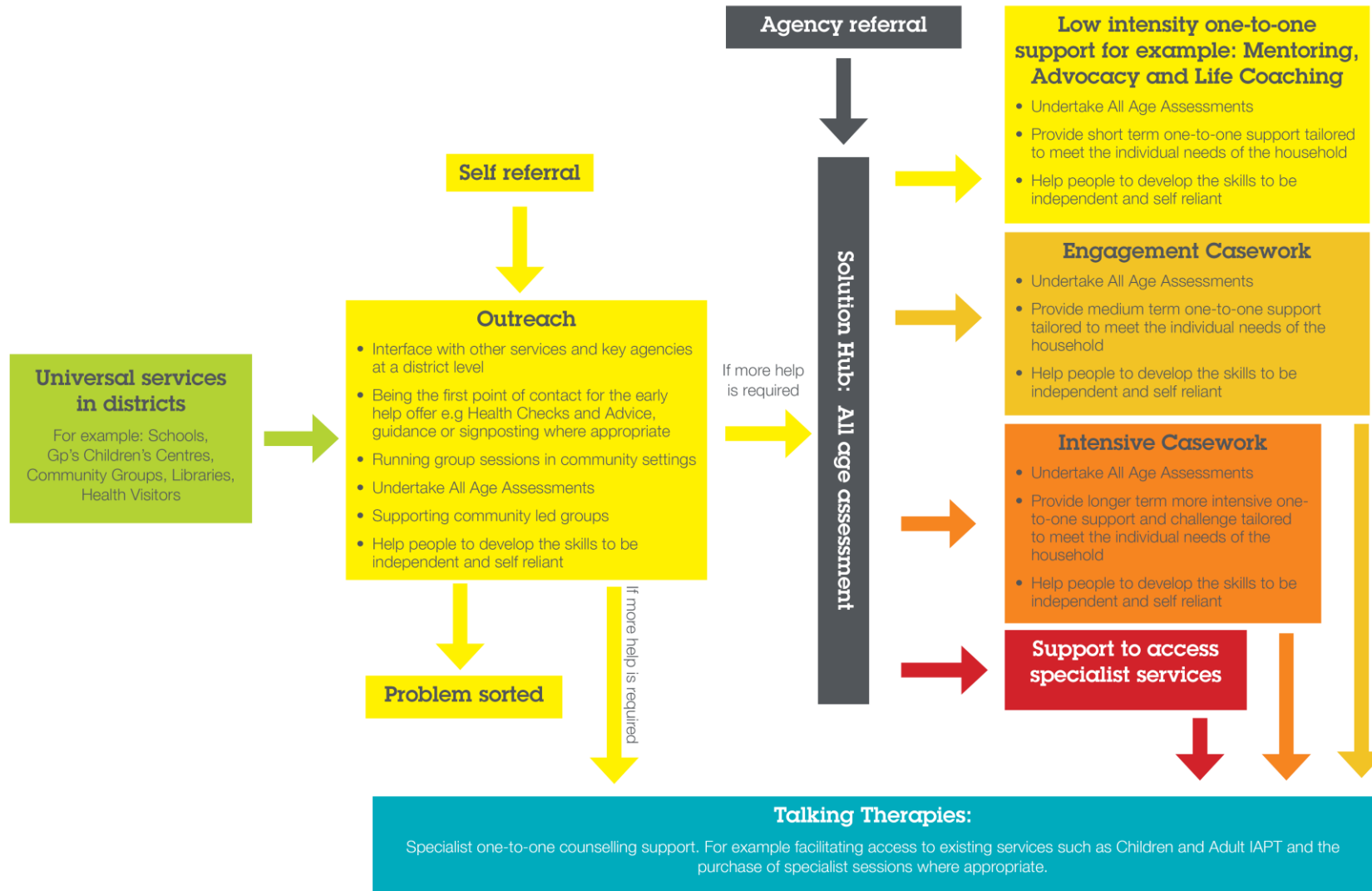
appropriate response, support and early intervention. This meeting has now completely replaced the Family Panels which used to take place in each district.

- 2.11 On occasion, when information is shared by partners through the early help process, it becomes apparent that the level of risk requires a safeguarding response. In these circumstances the referral would be escalated to Children's or Adult Safeguarding as appropriate (a "Step Up" safeguarding referral).
- 2.12 The Early Help offer is summarised in the diagram on page 6 below.

Referrals into MASH



What will be available to people?



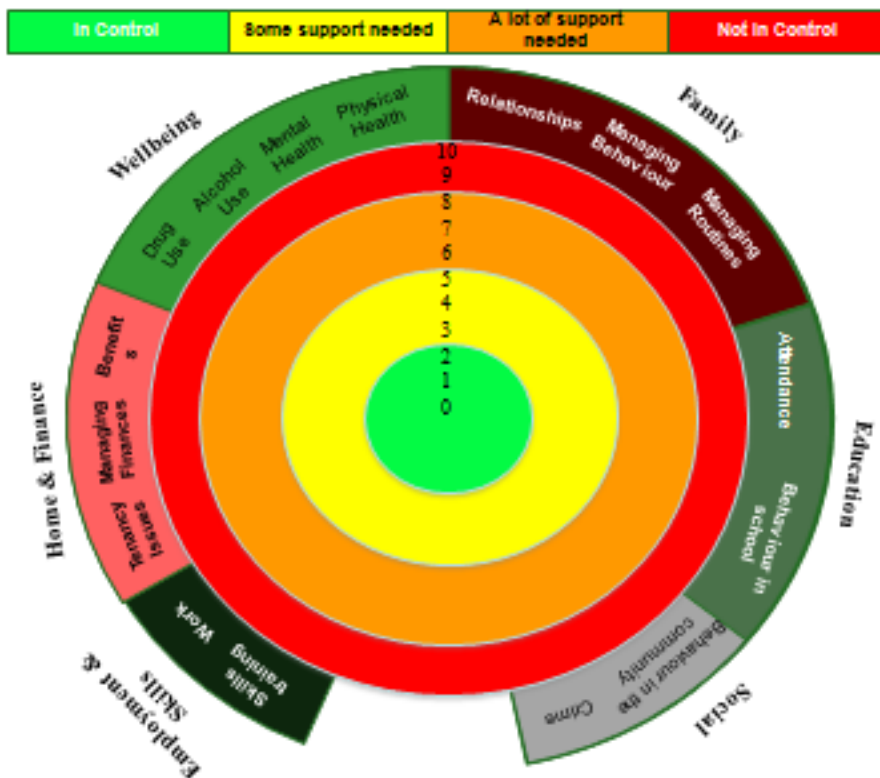
2.13 The Early Help Offer was recommissioned during 2014/15 and went live on 1st April 2015. It will work with 3,500 households and 4,000 people per year either in group activities or by individual appointments. Early Help is for individuals, households and families of any age who:

- Have some problems or issues that need support in order to stop them getting worse or reaching crisis point;
- Have had problems or issues that mean they have needed involvement from specialist services and now just need some further help to develop their support networks.

Early Help assessment

2.14 Integral to the operation of Early Help is the assessment process. This adopts a whole family approach which considers all aspects of people’s lives. The Early Help assessment has replaced the previous Common Assessment Framework (CAF). The assessment tool aims to help individuals and families to understand what their needs are, where they have strengths and where they may need help and support to plan how to make the changes they want to their lives. It is therefore focused upon building independence and self-reliance. The assessment tool is shown below. It results in scores on a scale of 0-10 on different dimensions, based upon a conversation with the individual/family about the extent to which they feel in control of the different aspects of their lives. Staff have been trained in the effective engagement needed to hold these conversations.

Early Help Assessment



I cannot resolve this situation	10	Specialised Support
I cannot resolve this situation unless someone does something for me	9	
I need someone to work with me intensively to ensure I can resolve my own problems	8	Intensive support
I need someone to show me how I can change some things, in order to enable me to do things for myself	7	
I need someone to help me understand why I might feel I can't do this for myself	6	
I need a lot of practical support to help me solve this problem for myself	5	Engagement Caseworkers Outreach workers
I need some practical support to help me solve it for myself	4	
I need some guidance to help me solve this problem for myself	3	
With a little direction I can find a solution for myself	2	Self Help & Universal Services
I can usually find a solution myself	1	
This isn't an issue for me	0	

2.15 The profile of the individual / family's needs enables a tailored support plan to be developed with the appropriate intensity of support. Problems or issues might include, for example: mental wellbeing; need for practical support with housing advice or help in managing household finances; assistance with low level drug and alcohol problems; or enabling individuals to move towards being ready for work. Early help also offers health checks so people can check their overall health, and provides health advice and support for people who want to stop smoking.

Linkages to other areas of work

2.16 Arrangements are in place linking the MASH to a range of other inter-related areas of work. For example, where a concern about child sexual exploitation (CSE) is identified this is initially referred to the MASH to initiate information gathering from partners, but then transferred immediately to the Phoenix Oldham team who undertake the CSE risk assessment and then initiate the appropriate response. This could also include actions delivered through early help.

2.17 There are similar linkages in relation to other specific issues, including:

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- the Channel safeguarding process addressing the risk of extremism and radicalisation into terrorism;
 - Operation Challenger which tackles involvement in organised crime (including safeguarding from immediate harm and longer term work to prevent future involvement as well as enforcement activity);
 - Work in relation to domestic abuse including Multi-Agency Risk Assessment conferences (MARAC) and the STRIVE project which is providing an enhanced response for standard risk (as opposed to medium or high risk referrals);
 - Project Solution which seeks to reduce repeat demand on the emergency services; and
 - Integrated Offender Management.

3 MASH performance and accountability

- 3.1 Performance of the MASH will be monitored on a quarterly basis through the Councils performance recording system (CORVU). The MASH is accountable to the LSCB and the Safeguarding Adults Board, and quarterly reports are to be provided to these linked in with wider safeguarding reporting arrangements. Work on Early Help is reported through the Early Help and Early Intervention Board. Periodic updates will also be provided to the Community Safety and Cohesion Partnership and Health and Wellbeing Board because of the linkages to their wider work programmes.
- 3.2 Performance measures are still in development. The current numbers of referrals per month are around: Children's safeguarding 300+; Adult Safeguarding 50-60 ; Early Help 60-70. While it is useful to measure the numbers, sources and actions which result from referrals, the key challenge is to understand the outcomes of referrals – for example: do safeguarding arrangements keep people safe? Are people satisfied with the outcome? Is the risk of future referrals reduced? Does early help prevent the escalation or recurrence of problems?
- 3.3 The Early Help Assessment tool is particularly valuable in relation to this because it provides a means of quantifying changes over time. Scores are recorded in an electronic case management system (Holistix) which is used by all partners delivering interventions, but managed centrally by the Council. It is in the process of being implemented as part of social work assessments in Children's services, which will potentially assist in evaluating the impact of care plans for children in need.
- 3.4 The Council's Head of Stronger Communities was seconded for 6 months into a role co-ordinating the operation and development of the MASH. This arrangement commenced in June and management arrangements will be reviewed later in the year.

Data sharing

- 3.5 An Information Sharing agreement is already in place, but this is being reviewed and updated. Systems and processes are in place to make sure that data is shared appropriately and legally within the MASH. Statutory partners can, if necessary, share information without consent in order to safeguard individuals or, under the Crime and Disorder Act, to prevent or detect crime. The MASH operates in accordance with the principles of the Data Protection Act.

3.6 Consent is required in order to share information in relation to early help referrals, It is explicitly asked about within the referral process, and is an integral part of the early help assessment. Where there are children in households, parental consent is sought and clearly documented.

4 Feedback from the Ofsted inspection

4.1 Some of the work in the MASH was within the scope of the Ofsted inspection of Services for children in need of help and protection, children looked after and care leavers which took place during 22 May - 10 June 2015. The report was generally very positive about the MASH and Early Help Services, though it identified some areas for improvement. Some of the feedback was:

- That the (MASH) responds promptly to contacts and concerns, which are swiftly allocated to either early help or children's social care as appropriate. The increased volume of contacts was attributed to an increased understanding and positive impact of the MASH.
- Physical co-location of a wide range of agency representatives supports prompt and effective information-sharing and joint planning.
- Early help and preventative services are increasingly effective. Inspectors were positive about: the interface between early help and social care, the accessibility of the system for agencies and the public, and the coordinated multi-agency responses being provided to families which meet their needs.

4.2 The MASH plays a key role in delivering a number of areas of partnership work about which Ofsted were positive.

- There is a good strategic response to major criminal activity such as child sexual exploitation, human trafficking and drug distribution. These issues are becoming increasingly better understood and this is enabling partners to protect children and young people more effectively.
- There is effective information-sharing in relation to children who go missing, those who may be at risk of child sexual exploitation and those at risk of domestic abuse. Work to tackle domestic violence is well coordinated. Services for victims of domestic abuse have improved and independent domestic violence advisers (IDVAs) can now offer support to all victims, not just those at the highest risk.
- Partner agencies are positive about the support and guidance they are able to access, for example in relation to early help, safeguarding, radicalisation and child sexual exploitation.

5. Making a MASH referral

5.1 Contacts for the MASH are as follows:

Safeguarding referrals

- **Childrens Safeguarding** 0161 770 3790 (answered in the MASH on Level 9) between 9am to 5pm Monday to Friday. E-mail: cat-duty@oldham.gov.uk
- **Adult Safeguarding** (and other adult social care enquiries) 0161 770 1122 between 9am to 5pm Monday to Friday. This is the Adult Contact Team number at Southlink. Choosing option 2 for concerns about abuse or neglect transfers calls to the Adult Safeguarding staff in the MASH. E-mail: safeguarding.adults@oldham.gov.uk
- **The Emergency Duty Team (EDT)** for social care operates at all other times on: 0161 770 6936 and other phones transfer to this outside office hours.

Early Help referrals

- **Early Help** 0161 770 6672 between 9am to 5pm, Monday to Friday.
- **On-line Early Help referral form:** www.oldham.gov.uk/early_help_referral

5.2 All safeguarding referrals by agencies need to be followed up in writing.

APPENDIX 1

Functions within the MASH

Services	Function within the MASH
Children's Assessment Team social care	Receive safeguarding referrals, provide advice on safeguarding to other professionals and make a decision to either carry out an initial assessment or, if the referral does not meet the criteria, they can refer into the MASH Early Help team for alternative support
Adult Safeguarding Team	Receive safeguarding referrals regarding vulnerable adults, undertake triage of referrals to determine appropriate action, provide safeguarding advice, review safeguarding responses and make referrals to MASH Early Help when appropriate.
Health Safeguarding Children and Adults team	Receive referrals when there are safeguarding concerns about children or vulnerable adults from primary care, residential homes, hospitals (both local and national), the police and ambulance service. Provide advice and support to Pennine Care health practitioners in relation to Safeguarding issues and members of the MASH team in relation to health issues
GMP Public Protection Service	The Police Public Protection Investigation Unit is based in Chadderton, but have an officer based in the MASH. They investigate crime and provide public safeguarding. They offer support, advice and guidance on public protection matters such as domestic violence
GMP strive Team	STRIVE is improving support for families who report standard (as opposed to medium or high) risk domestic incidents. STRIVE recontact victims following initial Police attendance and attempt to identify any issues, offer support and refer them to other appropriate agencies. STRIVE also liaise with partners sharing information, identifying investigative opportunities for any disclosed offences.
Early Help	<p>Works with families/individuals referred into the MASH. They undertake Early Help Assessments and deliver a graduated response according to need, through teams of engagement and intensive case workers.</p> <p>The Early Help team now incorporates the Independent Domestic Violence Advisors (IDVAs) who work with victims of domestic abuse, particularly focusing on those at high and moderate risk of harm. They provide support during crisis and plan safety management strategies. The team will help improve skills of the wider Early Help team in supporting domestic abuse victims.</p>
Community Safety Services	The team work with local partners and communities to reduce crime and disorder and tackle anti-social behaviour. They work closely with each of the Council's District Teams.
Criminal Justice Co-ordinator	Co-ordinates implementation of the Drug and Alcohol strategy, with a particular focus on drug services within the criminal justice system (courts, probation, police and prison). Also working on the potential support of Early Help to Integrated Offender Management (IOM).
Stronger Communities team	Work to prevent and manage risks to good race and community relations in the Borough. Produce the weekly Community Tension Assessment and lead Council work on preventing extremism. Also commission a range of

	activity from the voluntary, community and faith sector.
Shared Analytical team	Collect and analyse partnership data and information coming into the MASH. The team produce problem profiles, and identify hotspots and linkages between intelligence to highlight issues for intervention.
Oldham Alcohol Delivery Plan Co-ordinator	Co-ordinates delivery of the Alcohol Plan for Oldham as part of a wider Greater Manchester approach, addressing the crime and health related harm caused by alcohol.
Business Support	Providing support to enable the effective functioning of the other teams in the MASH.

Other services without staff based in the MASH but participating in information sharing and Early Help meetings

- Schools Behaviour and Attendance Team
- Positive Steps
- National Probation Service
- Greater Manchester Community Rehabilitation Company
- Child & Adolescent Mental Health Service (CAMHS)
- First Choice Homes Oldham
- Oldham Clinical Commissioning Group