

KIRKLEES HEALTH & WELLBEING BOARD
MEETING DATE: 28 April 2016
TITLE OF PAPER: Integrated Front Door Proposal (Multi-Agency Safeguarding Hub)
<p>1. Purpose of paper</p> <p>This paper provides a proposal for the remodelling of the Multi-Agency Safeguarding Hub (MASH). It includes an outline of the current operational model and the opportunities available to strengthen the service by having a fully integrated front door. The Board are asked to consider the information within the report and ratify the proposed model.</p>
<p>2. Background</p> <p>Local authorities have overarching responsibility for safeguarding and promoting the welfare of all children and young people in their area. They have a number of statutory functions under the 1989 and 2004 Children Acts which make this clear, and the Working Together Guidance 2015, sets these out in detail. This includes specific duties in relation to children in need and children suffering, or likely to suffer, significant harm, regardless of where they are found, under sections 17 and 47 of the Children Act 1989.</p> <p>Whilst local authorities play a lead role, safeguarding children and protecting them from harm is everyone's responsibility. Everyone who comes into contact with children and families has a role to play. Local agencies, including the police and health services, also have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions. Under section 10 of the same Act, a similar range of agencies are required to cooperate with local authorities to promote the well-being of children in each local authority area. This cooperation should exist and be effective at all levels of the organisation, from strategic level through to operational delivery. An effective MASH operation facilitates joint inter agency working.</p> <p>A joint letter from four government departments to all Local Authority Chief Executives and local safeguarding leads in March 2015 stated that their Secretaries of State were 'clear on the need for genuinely integrated multi agency approaches to underpin information sharing...every agency should commit to this approach.'</p> <p>The first Mash's were developed in 2011 in response to the failure of agencies to work together to safeguard children and young people. This was documented in numerous serious case reviews and highlighted in national reports such as the Munro Review of child protection. Many of these early models were based on an approach developed by the Devon Local Safeguarding Board and rolled out across local authorities.</p> <p>Kirklees have been operating a MASH since April 2015. It consists of co-located professionals from health, education, police and children's social care. The current structure of the MASH is outlined in Appendix 1.</p> <p>Although the principles used to set up the Kirklees MASH were sound, it was always envisaged that the model would need to be reviewed and strengthened. In the last three months there has been a considerable amount of work undertaken within the service to understand the current practice, how it fits with the journey of the child through the system and what activity can be undertaken to improve outcomes for the children and young people of Kirklees. In relation to the MASH, the activity has highlighted that although there is evidence that the joint working is</p>

improving information sharing, this is on a very limited basis. The MASH needs to have links to a larger network of agencies to improve information sharing.

One of the key findings from recent audit activity is that there is delay and drift in the completion of strategy discussions. The police who have responsibility for the discussions are based in Dewsbury and the social work staff are based in Central Huddersfield. The logistical difficulties have resulted in poor quality strategy discussions, which are usually done between the social work team and the police over the phone. This is not compliant with current statutory guidance.

Due to the limited way that the MASH has been set up, there are insufficient links to early help, and they do not have a presence in the MASH. This is a missed opportunity to share information and to ensure that children and families get the right help at the right time. There are limited links to key agencies that hold valuable information that would ensure a more robust assessment of risk, such as probation, housing, drug and alcohol services, youth offending services and adult services. This has diluted the effectiveness of the information sharing value of the MASH.

Recent research has shown that places, which have put such arrangements in place, are already starting to see positive results. Information sharing between partners leads to high quality and timely safeguarding referrals.

To safeguard children and young people effectively it is essential that the MASH is strengthened to improve information sharing in line with current practice expectations. The key role of the MASH is to share information in a multi agency way, jointly analyse risk and agree a multi agency response to referrals.

The integrating of the services also provides an opportunity for efficiencies by having a single entry point into a service, which reduces duplication and when effective prevents cases escalating to more costly interventions. This has beneficial budget implications for all agencies.

There is a need to have a single point of entry into the service as this ensures that there is no opportunity for children to 'slip through the net.'

In conjunction with the strengthening of the model, there are key supporting practices that need to be reviewed. This includes reviewing the continuum of need, the consent policy and the multi agency referral form. MASH is currently overwhelmed by poor quality referrals that are not on a referral form and where professionals have not gained consent of parents and children (where appropriate) to make a referral. A referral form that clearly outlines the issues of concern and lists all the family members should be completed in writing. Making a referral over the phone should only be done when there is a serious safeguarding issue that requires an urgent response. This ensures drift and delay are avoided and a decision about the next steps can be made within 24 hours which is in line with the statutory guidance. Currently, MASH receives referrals in the form of short emails, telephone calls and half completed referral forms. MASH social workers and admin staff have to spend an inordinate amount of time calling back professionals to gain a clear understanding of what the issues are and to clarify details. The information quality is very poor and as a result of this, MASH struggle to make a threshold decision in the best interest of the child within the required timescale. Often, professionals are unavailable to clarify the information and this causes delay to decision making.

Consent is an extremely important issue. MASH like every other children's service is governed by the data protection principles. It is therefore expected that unless gaining consent will negatively impact the circumstances of the child consent should always be gained for section 17 cases.

Professionals in Kirklees do not routinely gain consent from parents and carers or from young people where it is appropriate. Research evidences that good practice stems from good engagement with families from the very start of the intervention. As you would expect, parents are extremely upset and angry to find out that professionals have made referrals without their knowledge and this is not a good starting point for future working relationships.

The continuum of need that is in place needs to be reviewed to provide absolute clarity about

where cases sit. It is recognised that it would assist professionals if the threshold document was clearer and also if the multi-agency referral form was more succinct and easier to complete.

3. Proposal

The future proposed structure of the MASH is outlined in Appendix 2. The key principle of this model is that there will be one entry point into the service and all agencies will fulfil their statutory responsibilities to safeguarding by working closely together to deliver an integrated front door. This will improve the response to risk and need and lead to better outcomes for children and young people.

Early help will have a team in the MASH to support the triage and information sharing function. This team will have strong links to the early help hubs that are being developed. When it is agreed that a family do not require a social care response they will be able to decide that wherever possible an early help offer is put in place. This will ensure that families get the right help at the right time, reduce the escalation of low-level cases and reduce re referrals.

It is unlikely that all agencies will be able to have a physical presence within the MASH, the structure outlines agencies (with broken lines around) that would have a virtual link to information share with the MASH. This would ensure that information sharing takes place with as many agencies as possible that might be working with a family. Having good quality information allows a full picture to be quickly gained to form the basis of a robust analysis of risk and need.

The addition of a Detective Sergeant from the police will allow strategy discussions to take place much quicker and reduce drift and delay. A joint multi agency response to risk can be managed at the point of referral and compliance will improve with statutory guidance. Considerable travelling time will improve the capacity for the social work teams and relationships with the police will be strengthened.

In the new model there will be a CSE and missing lead. This will allow one person to understand both cohorts of young people and provide a more robust response to intelligence and risk. In recognition of the importance of key work that needs to be undertaken in relation to the Prevent Agenda, the police representative will act as the lead professional in these areas of work and provide a link to key representatives to all agencies to ensure there is a robust response.

The numbers of staff from the Integrated Domestic Abuse Team (IDAT) have not yet been confirmed. It is really important to have a strong response to domestic violence given the high number of cases where this is a factor. The current IDAT function and impact is under review and when this is better understood the details of how they will integrate into the front door will be finalised.

There is a need for matrix management arrangements to be put in place. The MASH manager will have day-to-day line management responsibility for all agencies. This will allow holidays and low level staffing issues to be managed effectively. Clinical supervision will remain the responsibility of the relevant agency.

A review of the current accommodation has highlighted that there will be a need to move to alternative premises. There is a possibility that the police may have some suitable space in central Huddersfield and this is currently being considered alongside a proposal to relocate the MASH to the Civic Centre.

A multi-agency task and finish group has been set up to work on the remodelling and review the consent policy, the information sharing agreement and the multi-agency referral form. This group is linked to the group who are currently reviewing the continuum of need. The review of the threshold document will ensure that thresholds are clear. The managers in the MASH will be able to make clear decisions about whether the threshold requires an early help response or a social care response. This will ensure cases are not closed with no further action and that help is

provided at the right time for families. The clear processes that are in place will help the service to reduce re referrals by providing help that stops cases escalating. As part of the quality assurance framework, a threshold review meeting has been set up. This meeting will scrutinise all the MASH processes including re referrals and performance will be measured against the revised threshold document. One of the core functions of the task and finish group will be to review the systems and processes that support the function of MASH. There needs to be a clear process that outlines how cases will step up to social care and step down to early help when appropriate. It is proposed that the multi agency group is strengthened with some key senior representation from all agencies until the model and the review of associated documents and systems is completed.

The task and finish group will be producing an evaluation framework which can provide information on the difference the remodel has made to outcomes for children and young people. It is envisaged that the implementation of the remodel could be done within twelve weeks as long as suitable accommodation was identified.

4. Financial Implications

Should the outline proposal be agreed, a further paper will be presented to the board, which will outline the full financial implications.

4. Sign off

This report was signed off by Assistant Director family support and child protection, Carly Speechley and Director of Children's Services Sarah Callaghan on the 18th of April.

5. Next Steps

- Multi agency partners to nominate key strategic leads who can work with the current task and finish group to deliver the remodel proposal. This will include each agency providing a paper on the financial implications.
- Outline proposal to be presented at the safeguarding board
- Review of supporting documentation (referral form, continuum of need, consent policy, step up/down process) to be completed through the task and finish group.
- Premises to be confirmed
- Detailed project plan to be put in place to outline the twelve week timeline from agreement to implementation. This will include information relating to the financial and HR implications.

6. Recommendations

The Board are respectfully asked to give agreement in principal to the suggested model.

7. Contact Officer

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**FRONT DOOR STRUCTURE
AT 11th April 2016**



