Title: Overview and Scrutiny Report into changes to MASH

Report of the Cabinet Member for Social Care and Health Integration

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Wards Affected: None | Key Decision: No

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Accountable Strategic Director: Elaine Allegretti, Strategic Director for People and Resilience

Summary
In Autumn 2017 the council moved into its new structure which saw the creation of the Core, Care and Support and Community Solutions. As part of this new arrangement, the MASH (Multi-Agency Safeguarding Hub) was moved from the operational oversight of Children’s Social Care to Community Solutions. The rationale for the move was to strengthen information-sharing; whole family approaches and ensure families get access to a range of targeted early help support.

As part of the development of an enhanced quality assurance arrangement around this change in operational arrangements, this report sets out evidence for Overview and Scrutiny Committee regarding the quality and impact of the current MASH arrangements to protect children and young people from harm.

Since the Ofsted focused visit during March 2018, there has been new leadership within Children’s Social Care including a new Director of People and Resilience (DCS), Director of Operations for Children’s Social Care and more recently, a new Head of Assessment and Intervention. The new leadership has commissioned several independent and internal assurance activities to support greater understanding of the quality and impact of the local MASH arrangements, and the front door.

Recommendation(s):
The Overview and Scrutiny Committee are recommended to agree:

(i) That as part of its quality assurance arrangement that MASH is considered annually by Overview and Scrutiny Committee; and
(ii) To consider the progress and impact of Early Help alongside the ongoing scrutiny of the MASH arrangements.
1. **Introduction and Background**

1.1 The Multi-Agency Safeguarding Hub (MASH) was developed by the Police, Local Authorities and other agencies to co-locate safeguarding agencies and their data into a secure, research and decision-making unit. This was in response to the challenges faced by agencies, on occasions to effectively share information which has been the comment of numerous Serious Case Reviews (SCRs) and public enquiries.

1.2 Implementing the MASH model required Local Authorities to co-locate professionals from core agencies to support the research, interpretation and determination of proportionate risk assessments for those cases being investigated through the MASH. LBBD launched its MASH in 2014. This built on existing positive working relationships with the Met Police and their Public Protection Desk. Additional core partners from across the borough were either co-located or linked to the MASH that sat within Children’s Services as the Front Door to Children’s Social Care. All cases referred are reviewed and risk assessed, but not all cases require a MASH investigation. ‘To MASH’ or ‘not to MASH’ depends on the quality of information being referred in and the consistency and quality of the front door practitioners’ ability to apply the Local Authorities threshold when decision making. The options available at the front door are:

- Advice and guidance provided
- Refer to another agency e.g. potentially as an out of borough case
- Step across for early help
- MASH investigation
- Progress to referral and S47 investigation
- Information passed to existing team (case already known and allocated within Social Care)

1.3 In all instances, the primary focus of the decision-making is to ensure children and young people are safeguarded and protected from harm. For those cases, where threshold is not met, the outcome could be a step across to early help, and may include support at tier 2 around health, housing, or parenting support.
1.4 As part of the wider Council transformation programme and Community Solutions design, the decision was taken to move all staff and services providing early support to residents in Community Solutions and included the team responsibility for No Recourse to Public Funds. This included moving the MASH and the wider Triage front door function for children and young people from children’s social care to Community Solutions in Autumn 2017, as part of a bid to create a single, integrated front door across children and adult’s services. This connected triage function offers a more targeted approach to early help, including closer links to housing and then employment skills. The benefit of moving MASH into Community Solutions has been to bring those services that previously sat across different parts of the Council, closer in both physical proximity under a shared set of objectives, including to foster resilience, intervene early, and reduce demand. Operational accountability for the MASH now sits with the Director of Community Solutions rather than the Director of Operations Children Care and Support. This arrangement does not affect the statutory duties of the Director of Children’s Services and Lead Member for Children.

1.5 This report seeks to bring the range of evidence together in this area to support Overview and Scrutiny Committee to:

- assure the quality and impact of the local MASH arrangements to protect children from harm following the move of MASH arrangements from operational leadership of the Children’s Care and Support to Community Solutions; and

- consider emerging evidence so far on achievements and areas for development regarding work to realise the ambitions and rationale for moving MASH, including the single front door and improvements to the early help offer.

2. What we know so far

2.1 A range of information, both qualitative and quantitative is available to help us scrutinise the impact of moving the MASH into Community Solutions, achievement of anticipated benefits and quality and impact of decision making. The most substantial of these, as discussed throughout this report are:

- Performance data and trends
- Findings from audits
- Quality assurance activity undertaken by Community Solutions;
- The MASH Peer Challenge findings
- OFSTED Focused Visit findings
- Findings from recent external reviews and internal assurance activity

2.2 In analysing the effectiveness of our MASH we need to test ourselves against the four core elements of the MASH as identified in the recent LSCB MASH challenge 2018:

1) All notifications relating to the safeguarding or welfare of children go through a single point of contact.
2) Engagement with children and families is a vital part of the assessment of need and risk.

3) A co-located team of professionals from core agencies research, interpret and determine what is proportionate and relevant to share.

4) Risk is analysed and assessed, based on the fullest information picture and used to decide what action should be taken.

**Quality and Impact of MASH Arrangements**

All notifications relating to the safeguarding or welfare of children go through a single point of contact.

2.3 Managers in the MASH risk-assess and rate cases, as red, amber, or green (RAG). This ensures that the most urgent work is prioritised. Overall, safeguarding concerns are promptly recognised and passed on quickly for assessment and action. For children in need of protection, strategy meetings are identified swiftly and prioritised for urgent action. Cases are immediately forwarded to the referral and assessment duty team whilst MASH checks are completed. Most referrals are dealt with in a timely manner with over 90% dealt with within the 24-hour timescales. Evidence suggests that performance of right first-time decision (repeat referral within previous 12 months) is at 16% and in line with London performance and below the national and similar area averages of 22% and 20%.

2.4 MASH offers the opportunity for referrers to receive consultation from a MASH social worker, to explore whether a case meets threshold for a referral to early help or social care. This is used effectively and supports partners in understanding our threshold and should support improved quality of referrals, and decreased numbers of inappropriate referrals. Scrutiny on the consultation process since July 2018 has highlighted some recording issues requiring remedial action and this is in now being undertaken.

2.5 As a result of improved knowledge of service provision and better connections and relationships across Community Solutions services, more cases are directed for support or advice in areas outside of safeguarding. Contacts not progressing to a service sat at 65% in 2017/18 and currently sit at 30% as of October 2018, illustrated this shift in approach. Over the same period, re-referrals into Triage has dropped from 15.6% (17/18) to 14.5% across 2018/19.

2.6 Out-of-hours arrangements are effective. Interventions are timely and proportionate, and followed up by prompt recordings and liaison with daytime staff. Communication and handovers are well managed, resulting in continuity for children and families.

2.7 Since summer of 2018, the increased focus by senior leadership on the MASH and front door regarding consistency and quality of thresholds has identified there are improvements needed. This has resulted in enhanced arrangements to strengthen operational oversight and revised quality assurance arrangements to check, balance and drive continuous improvement of threshold applications. To further support this, a revised threshold document is due to be presented to the LSCB in December and discussions between the independent chair and DCS regarding how the board can support improvements in quality of referrals by partners, which is a significant
contributing factor to the appropriateness, quality and timeliness of decision making in MASH.

**Engagement with children and families is a vital part of the assessment of need and risk.**

2.8 Recent audit activity and external review has highlighted MASH decision making needs to give more focus to the child’s lived experience i.e. basing decisions on the impact of the referred concerns upon the child. Parents and carers are often spoken to and their views obtained as part of the MASH enquiries.

2.9 Going forwards, scrutiny of MASH activities will continue to test whether the parent’s views are taken at face-value, ensuring curiosity and child focussed decision making is given priority at the front door. An independent review challenged identified the use of language not being reflective of our current developing practice framework to adopt a whole service approach instead of, at times, a possibly perceived punitive and risk averse approach to families.

2.10 Consent checks are generally recorded, but it is not always clear when the discussions took place.

**Sharing information appropriately and quickly. (A co-located team of professionals from core agencies research, interpret and determine what is proportionate and relevant to share.)**

2.11 Information sharing within the MASH is generally good. A MASH Information Sharing Agreement is in place. The information shared includes family demographics, previous involvement with the council and its partners, known or suspected safeguarding concerns and any other information as per the professional judgement of the MASH Social Worker. The LBBD MASH has strong multi agency working and sharing of relevant information to make informed decisions on how to progress a referral. Health, Police, National Probation Service, Victim Support, and early help social workers are co-located in the MASH, enabling routine engagement in information sharing including in strategy meetings. Staff and their expertise are deployed flexibly across range of services within the single front door.

2.12 During the Ofsted focused visit, inspectors noted delays for a small number of children in the sharing of information before early help services were offered; recent activity shows that this remains the case with work in hand to improve tracking and reporting of this within early help quality assurance developments. However, effective systems are in place once children are provided with the help they need. When a case receives no further action from a safeguarding perspective, an appropriate signposting is taking place with partners are engaged across the system. Where cases may previously have been closed at the initial point as NFA (no further action), a greater number are now signposted and 30% of the cases receive targeted assistance from the intervention or support lifecycles in Community Solutions.

2.13 Once a case is being ‘MASHed’, information sharing, and partnership working is largely effective. However, we continue to experience issues with the quality of referrals from across the partnership, with improvements needed to completion of the MARF (multi-agency referral form) and in context of declining use of the common assessment framework. Work is currently under development regarding how to
improve quality of referrals and to review and refine pathways to and from early help with universal services (health and schools) and children’s social care.

Risk is analysed and assessed, based on the fullest information picture and used to decide what action should be taken.

2.14 The Ofsted Focused Visit in March 2018 found that no child is being left at immediate risk of harm by decisions made by the MASH. Independent and internal quality assurance activities since July 2018 echo this however go on to say that risk is not always sufficiently explored, and there is not enough curiosity and challenge of referring agencies and some variation in application of thresholds.

2.15 In supporting the decision as to whether threshold is met, the MASH refers to its own threshold document as well as the LSCB Section 47 threshold document and Barnardo’s risk assessment for Domestic abuse cases. There is evidence in MASH manager decision records that these are being applied. There are other risk assessment tools that would further support the MASH decision makers e.g. Brook Sexually Harmful behaviour risk tool and Child Exploitation risk tool.

2.16 Data indicates we currently have a high number of S47 investigations and single assessments resulting in no further action, which suggest greater work is needed on quality of referrals, and the quality of decision making in the front door. This includes greater clarity in referral pathways and clarity of the early help offer both within Community Solutions and across the wider partnership, in order to provide a robust alternative to statutory assessments. This area of work is currently under development with external support from the LGA and oversight of the local safeguarding board. This work has led to further deep dives of practice areas, such as pre-birth assessments and focus on early permanency, both are likely to inform practice changes in these areas.

2.17 Requests for support services are made using the Multi Agency Referral Form (MARF). Internal quality assurance activities and external scrutiny have consistently found the quality of these to be too variable and insufficient and in turn, impact on decision making and ability to apply the threshold accurately. This is a priority for the LSCB and considerable work is underway to improve in this area. The location of MASH within Community Solutions could be a significant asset in improving this area, as it should provide improved communication and opportunities for consultation between a wider set of partners and its pathways into universal services. This is currently being explored by Community Solutions managers.

Achievements and areas for development to realise ambitions and rationale for moving MASH

2.18 A key ambition of Community Solutions is to contribute to the reduction in demand of children in need of statutory support services within children’s social care, and although not exclusively, was a key driver of moving MASH and enhancing the Early Help offer as part of work to ensure a joined-up approach.

2.19 As within the national context, local children’s social care demand has continued to see a steady increase over the last 12 months. Although, our numbers of Children in Care are bucking national trends, our rise in child protection cases is significantly above national rates and we are seeing increases in our high needs SEND population (those with Education, Health and Care Plans) and unaccompanied minors.
Caseloads remain higher than average rates, as do numbers of agency staff and turnover. This area is currently being reviewed at the highest levels of the organisation to identify how this can be improved in both the short and longer term. These pressures are a significant factor in the current overspend position within Children's Social Care, which does remain below the London average rate of overspend of approximately 12% over budget.

2.20 This evidence suggests that Community Solutions has, as yet, not been able to significantly impact on the demand of children’s social care, which is made up of several issues, and amongst those above includes, changing population needs, national austerity measures, quality of decision making and threshold application, clarity of early help offer and pathways between statutory services. As described above, several work areas are in hand or in development to deliver reduced demand, some of which are targeted at Community Solutions including getting the right pathways and offer, for those who can be stepped down from statutory children’s social care support. Work within Care and Support is in development to look at how current practice models within a statutory support can be strengthened to better tackle underlying causes and deliver good quality intervention, both of which will contribute to longer term demand reductions and a sustainable social care model.

2.21 However, to successfully stem demand to acute services, the local offer needs to be much further reaching than Community Solutions and include priorities to work together to improve wellbeing in schools, health, voluntary sector and community safety including youth crime and contextual safeguarding.

**Improvement activity includes:**

- The Care and Support quality assurance framework is being enhanced to extend to assuring the quality and impact of MASH and Early Help arrangements and to be reported to the DCS and Corporate Leadership team through forums such as Assurance Board and Corporate Performance Group (CPG).
- The strengthening of assurance activities in line with Ofsted recommendation to continue to embed and maintain oversight of threshold management between Community Solutions and Children’s Care and Support.
- Continued support and refocus of the Community Solutions dedicated service improvement function to work more jointly with the Operational Director for Children’s Care and Support and Director of Children’s Commissioning to develop and refine appropriate oversight, scrutiny and assurance systems at all levels to regularly test the quality and consistency in decision-making in early help, MASH and front door and that reflect the whole journey of the child.
- Regular thematic multiagency audits to inform learning and improvement, this includes recent audits being undertaken under the Children’s Safeguarding Board across early help and quality of front door, indicative findings suggest both strengths and areas for development.
- Taking part in an LGA led project to further support development of the local early help offer which includes multiagency live action learning sets to refine practice and impact.
- With three distinct components to our system needing to work in harmony, and further developments in our quality assurance arrangements must ensure that
local arrangements do not impact adversely on the journey and experiences of our children.

These developments include support and challenge from the Independent Safeguarding Board Chair, the DCS and Principal Social Worker.

(iii) Conclusion

3.1 There is no evidence to suggest moving the MASH from children’s social care into Community Solutions has compromised safety and quality and approach to decision making, with much of the activities remaining unchanged since its move from one part of the system to another. However, enhanced scrutiny of these arrangements since Summer 2018 has shown that although there are strengths, there is a need to improve further so that children and families to get the right help, in the right place and the right time and as a result achieve better outcomes. This has resulted in the development of an enhanced quality assurance approach that includes oversight of the Operational Director of Children’s Care and Support and Director of Children’s Services and Lead Member roles. This strengthened arrangement includes greater operational and strategic oversight of consistency and quality of threshold management and decision making and includes work with the safeguarding board.

It is recommended that as part of this enhanced quality assurance arrangement that this area is annually reviewed by OSC. Next due January 2020.

3.2 Secondly, in regarding the achievements and areas for development to realise the ambitions for moving MASH, including a reduction in demand for children’s social care through an improved early help offer – evidence reviewed suggests we are still early in this journey, and although aspirations remain this ambition is yet to be realised. There is much work in hand to continue work to achieve this aspiration, with some early indications showing there are strengths to build upon. In the short term, there is work needed to develop better pathways, interfaces and thresholds between early help and statutory child protection services. Longer term work to improve the impact of whole system offer Early Help, of which Community Solutions is just one component, will be the priority and includes how we work across health, schools, voluntary sector and the police.

It is recommended that developments in this area are reported back to OSC during summer 2019.

4. Financial Implications

Implications completed by: Katherine Heffernan, Head of Service Finance

There are no financial implications arising directly out of this report which concerns a review of the Councils arrangements for the Multi Agency Safeguarding Hub. The budget for this team is contained within the Triage Service in Community Solutions – the total budget for which is just under £2m.

5. Legal Implications

Implications completed by: Lindsey Marks, Deputy Head of Legal Community
The Local Authority has a general duty to safeguard children by virtue of Section 17 Children Act 1989. Section 10 Children Act 2004 details the requirements for the Local Authority to make suitable arrangements for co-operation between relevant partners in order to improve the wellbeing of children in the Local Authority’s area. Section 11 Children Act 2004 creates a duty for the key agencies that work with children to put in place arrangements to ensure that they take account of the need to safeguard and promote the welfare of children when undertaking their duty. The MASH co-locates safeguarding agencies and their data, into a secure assessment, research, and referral unit for notifications of vulnerable children.

Public Background Papers Used in the Preparation of the Report: None

List of Appendices:

- **Appendix A**: Frontdoor flowchart for End of Year 17.18
- **Appendix B**: Frontdoor flowchart for Q2 17.18
- **Appendix C**: Frontdoor flowchart for Q2 18 19