



## executive summary

# devon multi-agency safeguarding hub: case-study report

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### **Background and context**

The Laming review (DCSF, 2009) identified key weaknesses in the way that a range of agencies and individuals, who are separately in contact with a child at risk, share pertinent information with one another. As a consequence, no individual or team has a complete picture of a child's circumstances.

In 2010/11 around 620 children and young people in the county of Devon were in care and 431 had a child protection plan. In 2010, a further 4,318 were defined as children in need. The range of agencies involved in safeguarding children operate across local authority (LA) boundaries: the police and probation services' responsibilities cross both Devon and Cornwall. In this context, with families moving across LA boundaries and multiple agencies lacking a unified relationship, the Multi-Agency Safeguarding Hub (MASH) model was established.

The Local Government Group, on behalf of Devon County Council, commissioned the National Foundation for Educational Research (NFER) to carry out a case study of Devon's MASH.



The case-study report focuses on:

- the rationale for setting up the MASH
- how the MASH model works
- the key challenges to establishing the MASH
- how transferable the MASH model is
- the impact of the MASH
- future developments for the MASH.

## About the MASH model

The MASH is a team of people who continue to be employed by their individual agencies (LA, police and health services) but who are co-located in one office. It operates on the basis of a sealed intelligence hub where protocols govern how and what information can be released from the intelligence unit to operational staff. Co-location was considered the most effective way of building relationships, trust and understanding between agencies so that staff are confident about sharing information.

The stated intent of the MASH is to improve the quality of information sharing and decision making at the earliest opportunity and to reduce the potential risk to children and young people. This was based on the premise that the value is in the collation of an intelligence assessment – gathered from information across health, education, the LA and the police – resulting in a better picture of the child and circumstances on which to inform decision making about further help and intervention.

The partner agencies and institutions associated with the MASH include the probation service, youth offending team, health professionals and staff in individual schools. They can engage with the MASH in three ways, by:

- seeking information, advice and guidance regarding a safeguarding concern before deciding whether or not to make a referral
- responding to a request for information about a case that has been referred to the MASH
- taking action as a result of an outcome from the MASH.

## Key components of the MASH model

### Strategic buy-in

The MASH was established following a multi-agency review with senior officer leadership across the local authority, police and the NHS, which also included the respective governance arrangements for all the organisations and the LA, through the Leader and Portfolio Holders and through the Police Authority. The Devon Safeguarding Children's Board has fulfilled a significant support and challenge role by holding partners to account. Such initial and ongoing active support is critical to success.

### Clear governance, aims and terms of reference

It is important that governance arrangements, terms of reference and protocols are clearly established at the outset. This is essential for ensuring accountability and assessing outcomes. Clear structures are vital for ensuring that there is oversight of a team comprising staff from different agencies.

## **Willingness to share and overcome issues**

At both strategic and operational level, it was felt that it was important to have individuals who were committed to the overall aim of improving safeguarding for children and young people, and were willing to proactively find solutions to address any issues or potential barriers.

## **Sufficient staffing**

The MASH team manages an average of 20 referrals a day. Meeting the target deadlines for making decisions requires sufficient staffing levels and the ability to cope with staff absences, leave and time for professional development. The team also needs scope for growth as new areas are included.

## **Co-location**

Interviewees were in agreement that having various agencies and specialists located in one office is very beneficial. Specifically, it eases the speed and nature of inter-agency and inter-specialist communication as team members are able to consult one another immediately. In addition, team members can enhance their knowledge of one another's specialism, procedures and language. This creates a common goal and breaks down barriers. It was widely agreed that a virtual team would not be as effective.

## **Adequate IT infrastructure**

An IT infrastructure that supports information gathering and collation is central to the model's success.

## **An infrastructure of provision at Tier 2**

The MASH is a means for identifying need and allocating cases. In order for it to be effective in enhancing the safeguarding of children and young people, it is essential that it is underpinned by provision at Tier 2. There has to be a range of professionals and agencies able to provide early intervention support to cases that are not identified as requiring Tier 3 action. The provision of this early support can prevent a case escalating to Tier 3.

## **Impacts and outcomes of the MASH model**

### **Cultural change**

The implementation of the MASH has been a cultural change to some extent. Within the MASH team, the engagement with other agencies has enhanced understanding and reduced any reluctance to share. This is attributed, in part, to being co-located and to the aim of working to a common goal as a team. Negotiations and discussions helped overcome differences in language and in assessments of thresholds for identifying the appropriate course of action in a case. To some extent, this cultural change is said to have preceded the MASH, having emerged from the openness required at a senior level when the need to improve information sharing was identified.

Outside of the MASH the extent of cultural change is more limited. Nevertheless, there is a view that GPs are becoming more willing to share relevant information and increasing in confidence in its use. Schools are also reported to value engagement with the MASH.

### **Reputation**

Interviewees identified two aspects to the MASH's impact on Devon County Council's reputation. Firstly, it is commonly seen as enhancing the reputation of Devon County Council as it has generated interest from other LAs, police authorities and safeguarding specialists nationally, as a model worthy of consideration. Secondly, it is seen as reducing the risk of a serious case review being required, or any such review finding that poor information sharing contributed to a child being harmed.

## Benefitting partner agencies

There are indications that the MASH has had a wider impact across agencies. Interviewees from police, health, CYPS and education teams all identified cases where the MASH has highlighted a gap in information or practice, which the specialist teams were then able to address with the professionals concerned. Over time it is felt that identifying and addressing areas for improvement will enhance safeguarding practices generally across the area. Having more information gathered at an earlier stage is also considered to assist police and social work teams in their work on child protection cases.

## More informed decisions

The prevailing view among interviewees is that the additional information gathered as a result of the MASH would necessarily lead to better decisions when assessing referrals.

## Increase in early intervention

The improved information being gathered through the MASH means that referrals are more likely to result in a response, as reflected in the decline in cases classified as not requiring any further action. Interviewees identified that referrals from health professionals, which would previously have not resulted in any action, are now leading to a response. Moreover, it was reported that early response service teams are experiencing an increase in workload in order to provide early intervention.

## Greater efficiency

As a result of being co-located and with access to basic information through agencies' databases, interviewees feel that the MASH enabled a response to be completed in hours and for decisions to be based on better information, in contrast to the single-agency approach used previously.

## More informed teams

Teams at Tiers 2 and 3, to whom cases are referred, are reported to have found it helpful to have more detailed information, resulting from more research being undertaken across agencies at the referral stage. Moreover, police officers have access to comments resulting from 121a referrals relating to their area, which potentially enables them to be better informed.



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## Further information

For more information about this report visit [www.nfer.ac.uk/publications/LGMX01](http://www.nfer.ac.uk/publications/LGMX01) or email Helen Aston at [h.aston@nfer.ac.uk](mailto:h.aston@nfer.ac.uk).

## Related reading

An examination of the MASH's value for money and metrics for assessing its impact over the medium and longer term are presented in a separate companion report (Durbin *et al.*, 2011). This can be found at [www.nfer.ac.uk/publications/LGMX02](http://www.nfer.ac.uk/publications/LGMX02)

## References

Durbin, B., Golden, S. and Aston, H. (2011). *Devon Multi-Agency Safeguarding Hub: Value for Money Report*. Slough: NFER.

DCSF (2009). *The Protection of Children In England: A Progress Report*. Norwich: The Stationery Office [online]. Available: <https://www.education.gov.uk/publications/eOrderingDownload/HC-330.pdf> [27 June 2011].