



Home Office

# Multi Agency Working and Information Sharing Project Final report

July 2014

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# Introduction

The purpose of this report is to share findings from a Home Office funded project to better understand the multi-agency information sharing models that are in place. These models, the most common of which is referred to as a Multi-Agency Safeguarding Hub (MASH), aim to improve the safeguarding response for children and vulnerable adults through better information sharing and high quality and timely safeguarding responses.

The need for effective multi-agency working and information sharing in order to secure improved safeguarding outcomes is clearly stated in a number of reviews, policy documentation and statutory guidance.<sup>1</sup> We do not wish to repeat those arguments here, but instead we will explore some of the models that are being set up to deliver effective information sharing (in particular MASHs) and provide local views on the benefits of such approaches, their key features and the challenges which local leaders face when setting one up. Through this sharing of practice we aim to facilitate the establishment of best practice and more effective models.

The project has brought together information from a number of sources. Initially a survey was undertaken with all local authorities; once responses had been analysed 37<sup>1</sup> local authority areas were selected and visited by the project team, led by National Policing colleagues, between January and March 2013. These visits involved interviews with local safeguarding experts from a range of agencies in the local area.

In late 2013 the findings from those surveys and interviews were validated through two expert panels and a questionnaire to professionals working in multi-agency arrangements, a list of organisations represented at these panels is included at Annex B. In addition, views were sought on the particular issues in the 'links to other policy areas' section from key stakeholders and other government departments working in those fields.

It is important to note at the outset that this report builds on the initial findings report, published in July 2013, and relies on the experience and perceptions of safeguarding experts and professionals as well as reflecting findings from a range of sources and safeguarding professionals. As such, it is not intended as a piece of research, but instead an exchange of information, views and experiences of those safeguarding professionals to inform strategic decision makers as well as those working within a multi-agency team and allow them to consider their local multi-agency approaches and responses.

The start of each section will identify the sources of information drawn upon and we will also try to indicate where there was consensus and where professionals held different views.

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<sup>1</sup> Working Together to Safeguard Children, 2013; Munroe Review of Child Protection, 2011; No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse, 2000; Statement of Government Policy on Adult Safeguarding, 2013

Recognising that every local area will face differing multi-agency challenges and that the safeguarding threats and issues will vary across areas this report does not endorse any particular model to deliver effective multi-agency approaches. Whilst certain factors (for example co-location) are cited as key success factors by many areas, Government is clear that good practice can take many forms and many effective areas will seek their own innovative solutions to overcoming any barriers identified to successful multi-agency working.

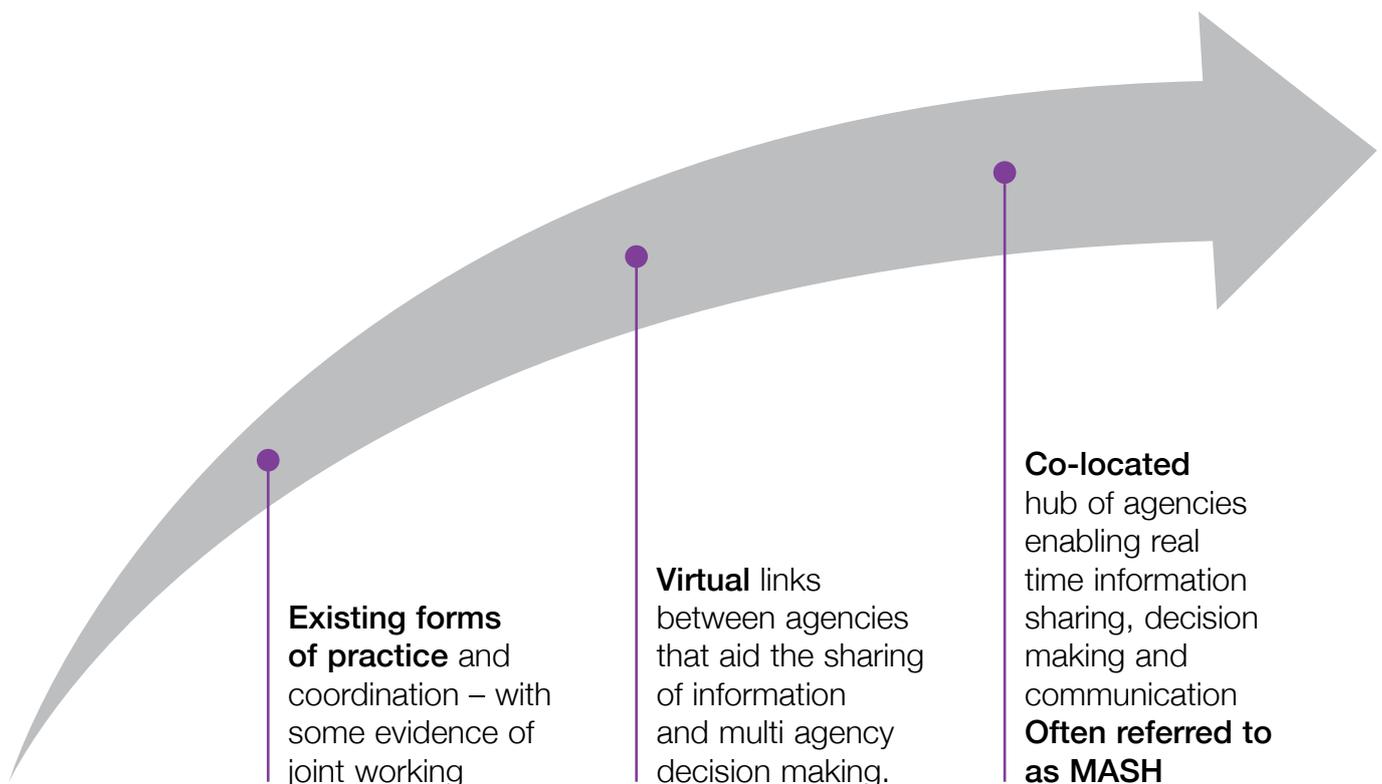
These findings must be read alongside existing statutory guidance, and local authorities and their partners must decide for themselves how to provide excellent services in line with their statutory requirements. Agencies should also ensure in any approaches that they comply with statutory frameworks and legislative requirements in relation to any information sharing arrangements.

# What do multi-agency models look like?

Following a survey of all local authorities, the project team carried out interviews with 37 areas<sup>2</sup> to look at broad issues surrounding the safeguarding of vulnerable adults and children. Over two-thirds (26) of the local authorities that were interviewed said that they had multi-agency models in place at the time of interview (between January and April 2013) – around half of these used the term MASH (Multi-agency Safeguarding Hub) to describe their model. The majority of local authorities had some co-location. This often extended to two agencies only at the time of the interview, since then some of those areas have extended the MASH to include more than two agencies.

Although the models appear different in presentation they were all largely based upon **three common principles: information sharing, joint decision making<sup>3</sup> and coordinated intervention**. Agencies represented within multi-agency safeguarding approaches, often co-located or with virtual arrangements in place, included local authorities (children and adult services), police, health and probation.

A spectrum of multi-agency working was identified through the initial interviews with areas:



2 Bath & Northeast Somerset, Birmingham, Bristol, Cambridgeshire, Cheshire East, Cleveland, Cumbria, Darlington, Derbyshire, Dorset, East Sussex, Gateshead, Gloucestershire, Grimsby, Herefordshire, Hertfordshire, Hull, Kent, Lancashire, Leicestershire, Manchester, Newcastle, Norfolk, Northamptonshire & Daventry, North Tyneside, Nottinghamshire, Portsmouth, Reading, Scarborough, Sheffield, Stoke, Suffolk, Torbay, Winchester, The Wirral, York.

3 In the case of children, a local authority social worker has the statutory duty to decide on the type of response that is required following a safeguarding referral.

All of the local authorities who had established a MASH (the third model) or were working towards it, reported that MASH's improved outcomes for children and families.

It became increasingly clear throughout this project that areas are opting to put in place multi-agency teams to drive improved safeguarding approaches for children and vulnerable adults through better information sharing and high quality and timely safeguarding responses. As a result, the findings presented in this report mostly relate to the third model – a co-located hub of agencies – though findings concerning other models are also included where appropriate. It should be noted that some of the barriers and risks that face MASHs may also coincide with challenges to safeguarding more generally.

We have referred to these teams as MASHs for the purposes of this report but recognise that many different terms are used to describe these teams.

The local areas that did not have dedicated multi-agency safeguarding teams all had policies which attempted to facilitate useful cross-agency work. There were also a number of examples of 'single point of entry' teams that act to gather information from victims or those who wish to report a concern. While these teams are not multi-agency, they are reported to facilitate effective allocation of resources. Examples of this include:

- An 'Open Door' team, which covers a slightly wider remit than just safeguarding, but acts as a single point of entry for victims or those concerned about others.
- 'First Response' teams through which all referrals have to go through. The cases are triaged, but not researched or managed.

## Office of Children's Commissioner – Inquiry into Child Sexual Exploitation in Gangs and Groups

Effective multi-agency working still needs to become more widespread. The Children's Commissioner's 2013 **Inquiry into Child Sexual Exploitation in Gangs and Groups** found that both police and local authorities still identified the inability to share information as a key barrier to safeguarding children from sexual exploitation. The report cited MASHs as an encouraging development, combining the expertise and resources of several bodies in order to identify children at risk of sexual exploitation. This co-ordination was identified as particularly important for children and young people who face several different risks. The inquiry found that:

- 23% of LSCBs reported having a MASH in their area
- 18% had one under development

## Her Majesty's Inspectorate of Constabulary – Domestic Abuse Inspection

In March 2014, HMIC published results from an all force inspection on domestic abuse, 'Everyone's business: Improving the police response to domestic abuse'. This report found that many forces, in order to increase the effectiveness of their partnership working in domestic abuse, are supporting the creation of multi-agency safeguarding hubs (or MASHs). HMIC strongly supports the development of these approaches and recommended that forces and partners make sure there is a clear understanding of the relationship between the MARAC and the MASH, avoiding duplication but not constructing rigidly separate structures.

# Perceived outcomes of multi agency models

Sources of information: interviews with the 37 local areas; expert panels; questionnaire with professionals.

There was clear agreement across the interviews/panels that simply having a MASH or other type of multi-agency safeguarding model does not guarantee a good safeguarding response. The label of a MASH will not deliver any of the benefits described below unless each agency effectively discharges its own safeguarding duties. In this way multi-agency safeguarding hubs are not a panacea for poor inter agency working, but will instead enhance good inter agency working and deliver the benefits below if effective cultures and processes are developed.

There was a strong feeling among those interviewed that multi-agency safeguarding hubs have led to an improved standard of safeguarding practice, **ultimately leading to safer children and adults.**

Specifically, multi-agency safeguarding hubs were claimed to have led to the following improvements:

1. More **accurate assessment of risk and need**, as safeguarding decisions are based on coordinated, sufficient, accurate and timely intelligence.
  - A key aspect of this is the ability to compile intelligence from a wider range of sources – this helps to build a more complete picture of cases in a more timely way.
  - Some areas felt that this improvement in intelligence had led to a **reduction in repeat referrals**, and a reduction in ‘No Further Actions’.

There is some promising evidence that serious risks may be assessed more accurately with the involvement of a MASH. A study of five London boroughs by the University of Greenwich found that, for the areas that could provide data, the implementation of a MASH resulted in a larger proportion of cases being ‘escalated’ to a more serious rating (6% to 11%), and a smaller proportion being deescalated to a less serious rating (42% to 35%). Similarly, evidence from Staffordshire & Stoke-on-Trent suggests that the presence of a MASH often identifies greater risks than do single agencies: 27% of single agency assessments were escalated following work by the MASH, and only 7% were de-escalated.

Source: the report by the University of Greenwich can be found at <http://www.londonscb.gov.uk/mash/>

Importantly, it was felt that improved identification of risk allowed for **earlier intervention**, taking preventative action before risk had escalated. This was particularly the case with repeat cases.

2. **More thorough and driven management of cases.** Some felt that this was the key benefit of multi-agency hubs, as it avoids cases getting 'lost' in the system, and ensures leads are chased up.
3. **Better understanding between professions,** both in terms of the terminology used and the general approach to safeguarding.
  - Some commented that bringing practitioners together improved standards, because of the scrutiny between professional responses that followed.
  - In some cases this was felt to have fostered greater confidence to share information. Some also suggested that this was **the key** to the improvement of safeguarding quality.
4. **Greater efficiencies** in processes and resources.
  - Working together avoids duplication of processes across agencies, and allows practitioners to step-up and step-down risk assessments, contributing to better allocation of resources.
  - Improved efficiency will not necessarily imply lower workloads or lower overall costs. A number of cases highlighted that there can be an increase in referrals upon the implementation of a MASH, as safeguarding information that would not have otherwise been known may highlight a greater number of serious cases.

# Core features of multi agency models

Sources of information: interviews with the 37 local areas; expert panels; questionnaire of professionals.

The agreed core functions of a multi-agency hub were listed as:

1. **Acting as a single point of entry** – gather all notifications related to safeguarding in one place.
2. **Enabling thorough research of each case to identify potential risk** (and therefore the opportunity to address that risk)
3. **Sharing information between agencies**, supported by a joint information sharing protocol
4. **Triaging referrals**, exemplified in the use of agreed risk ratings.
5. **Facilitating early intervention** to prevent the need for more intensive interventions at a later stage.
6. **Managing cases through co-ordinated interventions.**

There was general agreement that success in delivering effective multi agency working relies on:

- **Several agencies working together in an integrated way**
  - However, there were differing views on how many, and which, agencies need to be included. It should be noted that a number of areas without dedicated multi-agency safeguarding teams also felt that they had fostered successful joint working of different agencies.

London Local Safeguarding Children Board states that the following agencies should be involved in a MASH:

- Children's social care
- Police
- Health
- Education
- Probation
- Housing
- Youth Offending Service

Source: 'The Five Core Elements' <http://www.londonscb.gov.uk/mash/>

- The involvement of a health care professional in a multi-agency team was seen to be **especially important**:
  - Their information and perspective were said to be often crucial to decision-making for all safeguarding and particularly in multi agency teams. Health Care Professionals (HCPs) were seen to be more likely to share information with other HCPs than with professionals from other agencies. The inclusion of a dedicated HCP in the multi-agency model, therefore, was perceived to be especially advantageous.

- Education professionals were also seen to be important members of multi agency teams.
- Some stressed the importance of involving the voluntary sector in safeguarding. In particular, the independent voice that a non-statutory agency can provide is reported to make victims feel more confident.

The multi-agency team in **Dartford and Gravesend** recommend that starting small and developing a wholly committed team is a good way of ensuring successful integration of agencies.

- **Co-location of agencies**

Many believed that co-location was instrumental to the improvement of safeguarding practices. While all agreed that co-location is not a panacea – many claimed that co-location could develop:

- i. **Timely exchange of information between agencies**

In particular, there was anecdotal evidence that co-location made it possible for crucial pieces of soft intelligence to be shared between agencies and acted upon.

- ii. **Greater understanding and mutual respect among different agencies, which in turn had led to better working relationships**

Some felt that breaking down the different mindsets of agencies was the most crucial step to developing good multi-agency practice.

- Some felt that virtual models of information sharing and case management could be just as effective as co-located models, but these views were in the minority. For the most part, people felt that some co-location was a necessary aspect of multi-agency safeguarding. Yet, particularly for rural areas, it was acknowledged that virtual communication and decision making could be a complementary addition to co-location.

- **Shared risk assessment tool** that is used by all referral agencies and the multi-agency team to convey clear and sufficient information about cases. However, some felt that cultural barriers and relationships were more important, and that simply using a shared tool would not overcome these barriers. Equally, some areas without dedicated safeguarding teams had developed a common assessment structure across a number of agencies.

- **Good leadership & clear governance** – for the purposes of a multi agency dedicated team, having an operational manager who is seen to be independent acts to bind the different agencies together towards a shared culture.

- Responsibility for the actions of the MASH is shared by all line managers, regardless of the level of seniority.
- Also, some felt that the Local Safeguarding Children’s Board and/or Local Safeguarding Adult’s Board should provide independent oversight of any multi-agency hub.

- **Frequent scrutiny/review** to drive improvement of service. Panel members suggested that scrutiny from a range of sources would work, such as:

- Between agencies within a local area
- From the LSCB and LSAB
- Between different local authorities
- From external bodies – e.g. LGA runs peer-review [www.local.gov.uk/web/guest/peer-challenges/-/journal\\_content/56/10180/3511045/ARTICLE](http://www.local.gov.uk/web/guest/peer-challenges/-/journal_content/56/10180/3511045/ARTICLE)

Using an analyst to examine the monitoring data to identify trends or hotspots was also seen as important in enabling early identification.

- **Strategic buy-in** from all agencies involved and safeguarding boards. This was seen as necessary to avoid excessive risk-averseness

- In particular it was recognised that support from senior managers was key to inspiring confidence in practitioners to deal with what is often a very difficult job.

- **Integrated IT system**

Access to an **integrated IT system** across agencies was seen as important. However, most areas interviewed reported that they lacked an integrated IT system – something that was seen to be a significant barrier to effective multi-agency safeguarding.

- It should be noted there was some scepticism about the value of IT, in part due to disappointing past experiences of IT ‘solutions’. Evidence from the Munro review is clear that IT systems will not be effective unless individuals from agencies cooperate around meeting the needs of the individual child. Instead, professional judgment was seen as the most essential aspect of multi-agency work, which some thought was put at risk if agencies relied too heavily on IT.

- Others felt that fully integrated systems across agencies were simply not feasible – and more said that there was very little appetite in the current climate for expensive IT. Some suggested, therefore, that the training of non-police professionals to access the Police National Computer and other similar ‘patches’ are cost-effective ways of partially integrating IT systems.

## Optional elements – what else does multi-agency safeguarding benefit from?

- **Rotating staff.** This keeps the balance between triage, risk assessment and frontline work, and develops the team’s competence. It also transfers knowledge back to the donor agency when staff members return from their secondment.

- Training for those who may pass on information to multi-agency teams.

- **Joint training and joint information sharing protocols** for Adult and Children’s services supported by sharing champions from each agency.

# Key barriers to effective multi agency models

Sources of information: interviews with the 37 local areas; expert panels; questionnaire of professionals.

Barriers to effective MASHs and risks of poorly designed MASHs were raised throughout this project, specifically:

- Misunderstandings among professionals about **what information can be shared**.
  - While all recognised that there was a fine balance to achieve, many felt that some practitioners withhold information too frequently.
  - Furthermore, some felt that the risk of sharing information is perceived to be higher than it actually is.
  - While some felt that the law was fit for purpose, most felt that guidance for practitioners in this particular area needs to be improved.
  - It was felt that there were particular concerns surrounding the mental capacity of vulnerable adults and how this affected information exchange. These misunderstandings were perceived to have led to anxieties over information sharing, and seen to ultimately have held back inter-agency collaboration and effectively safeguarding individuals.

## Haringey Judgment; (R (AB and CD) v Haringey London Borough Council (2013) EWHC 416

In the course of this project we heard from a number of safeguarding experts that the above judgment was being interpreted by colleagues across agencies as prohibiting the sharing of information within a MASH set up without the consent of the parents.

The judgment identifies the importance of considering the requirements of the Data Protection Act when sharing information. Whilst the case focused primarily on Haringey's duty under section 47 of the Children Act 1989, it included a finding that Haringey's data gathering was unlawful because it obtained data from the child's GP and school without first obtaining consent. The judgment is not inconsistent with data sharing obligations under the DPA and ECHR. The information in question is likely to be sensitive personal data (e.g. if it relates to the child's physical or mental health and/or the commission or alleged commission by a parent of an offence). As such, the DPA makes the processing of this information subject to a number safeguards. One of these is that the person to whom the information relates (i.e. in this case, a parent) has given explicit consent to its processing, but alternatives include that the information sharing is necessary for the exercise of functions conferred on any person by statute (e.g. a body exercising statutory child protection functions).

The judgment does not alter the proposition that this personal data or sensitive personal data can be shared between bodies without first obtaining the specific consent of the data subject and that this sharing will be compatible with the DPA 1998 provided that its requirements are met. Similarly, any interference with the Article 8 rights of the data subject may be justified by reference to the legitimate aims (e.g. prevention of crime or protecting the rights of others) provided that the interference is necessary and proportionate.

- **The inclusion of adults in multi agency safeguarding**

- Some felt there was a risk of adults and older people being overlooked by multi-agency hubs, as they tend to be child-focussed. This was sometimes linked to a perceived absence of a statutory framework for adults safeguarding.
- However, there was widespread agreement that adult safeguarding is different, and in many ways more complex than child safeguarding, (one difference, for example, is the legal right for adults with capacity to choose to remain in risky situations) and that these differences will need to be thought through when setting up any MASH.

- **Cultural barriers**

- Some felt too much emphasis had been placed on the role of structural factors in determining safeguarding practices. Instead it was suggested that the different cultures affecting safeguarding definitions and practices were the main barrier to successful collaboration of different agencies.

- **Assessment of performance**, which was seen to be underdeveloped.

- Many argued that performance management and scrutiny were not well developed in MASHs. It will be important that those responsible for the MASH consider how success is evaluated. The following sources of performance data were referred to as important measures to consider:
  - capturing users' voices,
  - qualitative evaluation of cases,
  - and the analysis of operational data.

The Camden MASH has created a 'Management Information Dataset' consisting of case data showing:

- the initial source of referral,
- the presenting issue for referral,
- changes in risk rating before and after MASH,
- case outcomes,
- and, time taken to complete.

This data enables analysis of the patterns of referrals received and how these are dealt with. In turn this allows evaluation of the service that the multi-agency team delivers, and highlights areas for improvement.

Source: Collecting MASH data, by Michael Hillier. <http://www.londonscb.gov.uk/mash/>

- **Risk thresholds** were seen by some (whether in dedicated multi agency teams or not) to be too high, and inhibited much preventative work. There was a desire to be able to deal with cases with lower risks so as to avoid the escalation of problems into the statutory range.
- **Resources** Areas found that effective scoping of predicted demand was essential to the resource specification and that employment of an overall manager was critical to the smooth day to day running of the hub/its ability to move resources to meet peaks in demand.

- Invariably areas found they had underestimated the demand, which increased as a result of the existence of the model/hub and subsequent rise in awareness. Areas found that building in resilience, particularly in respect of decision makers and research/administrators, was key and having capacity to identify emerging trends/themes assisted in targeting early intervention and prevention
- **Lack of co-terminus boundaries**
  - There were concerns that committing police officers to multiple multi-agency hubs within one force area would place undue burdens on certain forces.
  - Where there are different models in place areas will need to be absolutely clear on what the scope is of each MASH.
- In some cases there was a **lack of clarity as to who was accountable for the multi agency hub**
  - Obtaining strategic buy-in was seen to be crucial to the smooth running of the model and a clear chain of responsibility.
  - Having a strategic board that is able to ‘unblock’ issues as they occur was found to be invaluable by areas.
  - Forming an Operation Group to co-ordinate activity was considered essential to ensuring work was being carried out against an agreed timeline, as was establishing working groups, with clear terms of reference, to deliver on the key components of the project.

# Next Steps

This project has formed a critical part of the Government's Action Plan on tackling Sexual Violence towards Children and Vulnerable People. As too many recent Serious Case Reviews have shown, children and vulnerable people can slip through the safeguarding net when information indicating risk is held by one agency and not appropriately shared with others. Multi-agency teams such as MASHs support professionals to 'join the dots' and understand the overall threat so they can take action to prevent it.

Through this project we have seen a number of challenges arise that central government can take a role in supporting local leaders to overcome. We are taking the following action in the next 12 months to further assist and support these approaches:

- We are developing a programme to disseminate findings from this final report to practitioners and create opportunities through regional events to bring together key professionals in order to **showcase best practice and enable peer-to-peer learning**. These professional led workshops will aim to further embed the effective use of information-sharing models across sectors and establish a peer to peer support network.
- Whilst most professionals report that the law on information sharing is in the right place, many question the confidence of their colleagues in providing a permissive gateway for information sharing. We will therefore review and update the HMG publication: 'Information sharing: Guidance for practitioners and managers' and ensure that it includes a myth busting guide to dispel mistaken beliefs which prevent information being shared appropriately and effectively. In addition to this we will commission the **Centre of Excellence for Information Sharing** to work with local areas to identify operational barriers to effective information sharing within Multi-agency Safeguarding Hubs (MASHs), provide targeted support to a number of MASHs to help them develop solutions, and disseminate the learning.
- The Mental Capacity Act 2005 empowers people to understand risks and manage them, and to feel empowered by the interventions that set out to protect them. The Act requires the careful balancing of 'protection' with promoting the 'autonomy' of the people concerned. We have seen in this project that this balance is not always well understood. Together with the Home Office, the Department of Health will review how application of the **Mental Capacity Act 2005 impacts on safeguarding vulnerable adults from sexual abuse**.
- Ofsted, the Care Quality Commission (CQC), Her Majesty's Inspectorate of Constabulary (HMIC), Her Majesty's Inspectorate of Probation and Her Majesty's Inspectorate of Prisons will roll out a new **joint inspection of multi-agency arrangements** for the protection of children in England from April 2015. These inspections will focus on the effectiveness of local authority and partners' services for children who may be at risk of harm, including the effectiveness of early identification and early help.

# Annex A: Links to other policy areas

## 1. MASH and Gangs

Gangs and youth violence have a devastating impact on the young people who get caught up in them, as well as their families and communities.

The Government's 2011 Ending Gang and Youth Violence Report, and subsequent annual reports, set out a range of measures to deal with gang and youth violence. This includes support to local areas to respond in the most effective way to their particular local challenges, and to look beyond enforcement and towards early intervention, prevention and routes out of violent lifestyles. (<https://www.gov.uk/government/policies/reducing-knife-gun-and-gang-crime/activity>).

Safeguarding is central to dealing with gang involvement and protecting those who are at risk of harm due to gang involvement or association. The safeguarding challenges around gang involvement are wide-ranging and require a positive approach to partnership working and information-sharing from all agencies with a focus on early identification and specific interventions and support.

It is often the case that harm is hidden, and not identified until there is a full picture of the people vulnerable to, or involved in, gang activity. This is particularly true of gang-associated women and girls, who can experience significant harm, including sexual violence and/or exploitation, as a result of their relationships with gang-associated male peers and relatives. Effective partnership working between all agencies underpinned by effective information sharing is therefore central to the success of tackling gang activity at both strategic and operational levels.

A number of areas are beginning to develop positive and innovative approaches to ensure safeguarding concerns for those at risk or involved in gang and youth violence are picked up and fed into multi-agency safeguarding hubs or other relevant agencies. These approaches include the co-location of Integrated Gangs Units within a MASH in order to improve understanding of the safeguarding risks associated with gang involvement and enable early intervention. We have included some case studies below to explore this.

Updated guidance on safeguarding young people affected by gang activity will be published later this year, along with more examples of good practice. This information will be accessible via the Gangs and Youth Violence Special Interest Group on the Local Government Association's Knowledge Hub: <https://knowledgehub.local.gov.uk/group/gangandyouthviolencespecialinterestgroup>.

# MASH and Child Sexual Exploitation and Missing Adults and Children

## Child Sexual Exploitation

Child sexual exploitation is a form of child abuse which is complex and can manifest itself in different ways. Essentially it involves children and young people receiving something – for example, accommodation, drugs, gifts or affection – in exchange for sexual activity or having others perform sexual activities on them. The Office of the Children's Commissioner's found that 16,500 children were at high risk of child sexual exploitation between April 2010 and March 2011 (Source: Office of the Children's Commissioner 2012). The Government has consistently stated that child sexual exploitation is a reprehensible crime which it is determined to stamp out.

That is why it set up a Home Office led National Group in 2013, through which agencies work together to better identify those at risk and create a more victim-focused culture within the police, health and children's services.

In July 2013 the National Group set out a progress report containing clear action already delivered, and an action plan to take forward additional activity.

A number of arrangements have been established to improve multi-agency working in relation to tackling child sexual exploitation and addressing risks to missing children and adults. The area visits undertaken to prepare this report revealed that multi-agency working on Child Sexual Exploitation had resulted in:

- A better focus on the coordination of intelligence for CSE (getting the big picture).
- Good evidence of joined up working with police, social services and the voluntary and community sector, especially agencies like Barnardo's.
- Lessons learnt from recent police operations i.e. Derby, Rochdale etc.
- Strong links with missing teams and joint procedures.

Specifically, teams had:

- Engaged with young people via radio stations and young advisors.
- Campaigned to educate hoteliers, B&B owners and taxi drivers about missing children, CSE and perpetrator profiles which had resulted in enhanced intelligence gathering and greater reporting of suspicious activity by these professions.
- Trained GPs and A&E staff in identification of CSE.
- Identified a CSE champion who acted as a single point of contact.

## Missing Adults and Children

Missing people are vulnerable – children in particular are at serious risk of abuse and sexual exploitation. The Government's Missing Children and Adults Strategy provides a framework for local police and other agencies to look at what they can and should be doing to protect children and vulnerable adults who go missing, this strategy makes the link with local multi agency information sharing arrangements.

We can see from the case studies that we received, these links are being made at a local level. For example, some MASHs were receiving referrals from all missing and absent children and all children suspected to be involved in CSE to the triaging service to ensure safeguarding concerns were identified. Others referred to using data from return interviews with missing children to establish a strategic picture of risk, either to establish hot spots, or types of exploitation and potential offenders.

## **MASH and Domestic Abuse/MARAC**

The 2012/13 Crime Survey for England and Wales estimated that 1.2 million women were victims of domestic abuse in the last year. There are close links between domestic abuse and child safeguarding issues.

The Government's approach to domestic violence and abuse is set out in its Violence against Women and Girls Action Plan, updated in March 2014. The Action Plan identifies the critical role of partnership working to tackle domestic violence and abuse and in particular the role of the Multi-Agency Risk Assessment Conference.

There are currently around 250 MARACs in operation across England and Wales. The aim of the Multi Agency Risk Assessment Conference (MARAC) is to safeguard high-risk victims of domestic abuse aged 16+, and their children, and to reduce the risk of serious harm or homicide by putting in place individual plans for interventions that reduce risk and address the behaviour of perpetrators. These are meetings where information is shared about high-risk domestic abuse victims, perpetrators and their children; the IDVA is central to this process and offering an independent perspective and ensuring that solutions are safety focused.

When we asked professionals, including CAADA, how multi-agency safeguarding teams were working with MARACs, we were told that the following elements were important:

### **Risk assessment**

Risk assessments for the MARAC and MASH identify domestic abuse and safeguarding risks, and clear communication between the two follows.

### **Clear information sharing protocols**

A clear information sharing protocol between the MASH and MARAC, which provides a consistent basis for sharing and storing information safely in cases involving domestic abuse. Care needs to be taken at both MARAC and MASH to ensure that the risks to both the children, the adult victim and potentially other professionals are carefully considered and managed and that information is only shared outside the meeting, where it is safe to do so.

### **Co-location of MASH/MARAC**

We were told that there was often a need for a co-located domestic abuse expert to sit within the MASH completing the CAADA – DASH Risk Identification Checklist with adults who were identified as domestic abuse victims.

## Avoiding duplication of efforts

In the same way that MAPPA and MARAC are different, have some overlapping cases, and can work together fruitfully, the same is true for MASH and MARAC. In cases involving the same family at both forums, the MASH, or identified lead professional, needs to be kept informed of the progress with these respective plans and the IDVA needs to be kept informed of safeguarding plans for the children.

In areas where a MASH is child-protection led, such as in Merton, it is clear that allowing the local area's MARAC to conduct their own risk assessment of the most serious cases is of great importance to identifying wider domestic abuse concerns.

Furthermore, by having a representative from the Merton MASH in the MARAC, the links between the two safeguarding models are strengthened.

# Annex B: Panel membership

- Association of Director's of Children's Services
- Association of Police and Crime Commissioners
- Barnardo's
- Care Quality Commission
- Cheshire Police
- Coordinated Action Against Domestic Abuse
- Department for Education
- Department of Health
- Health and Social Care Information Centre
- HMIC
- Home Office
- Local Government Association
- London Borough of Redbridge
- London Health
- National Policing Lead for Public Protection
- NSPCC
- Public Health England

# Annex C: Area suggestions for setting up multi-agency models

Below are some key issues that areas said were important to them in developing their multi-agency models. The following summary of information sharing model was provided by the National Policing Project Manager as part of her overview of the project outcomes across the 37 local areas visited.

<b>Leadership and Governance</b>	<p><b>Get strategic buy in early on:</b> Obtaining early strategic buy-in was identified as essential for the smooth running of the development of a model. Having a strategic board that is able to ‘unblock’ issues as they occurred was found to be invaluable. Forming an Operation Group to co-ordinate activity is essential to ensuring work is being carried out against an agreed timeline. Ensuring working groups are established, with clear terms of reference, to deliver on the key components of the project is key to success.</p>
<b>Co-location</b>	<p><b>Co-locate partners in the same building:</b> Areas commented that in their view co-location was key to building trust and encouraging intelligence and soft information sharing. Areas reported that co-location can create a better understanding of partners’ roles and responsibilities and results in an improved working relationship which is reflected not only inside the model /safeguarding hub but also transfers to relationships and practices outside the model/hub.</p>
<b>Accommodation</b>	<p><b>Ensure accommodation is put in place and future proofed:</b> In order to facilitate effective co-location of staff working in a multi-agency team, early consideration must be given to sourcing and funding appropriate accommodation. Accommodation costs ought to be shared between partner organisations rather than being met solely by any host organisation. Areas also emphasised the importance of effective demand profiling and future proofing the accommodation specification wherever possible. A number of areas had experienced the costly process of having to re-locate the hub within the first year as the original accommodation was found not to be ‘fit for purpose’. Most areas had used existing premises to guard against making the accommodation cost prohibitive.</p>
<b>Resources</b>	<p><b>Plan resources and ensure you have an overall hub manager:</b> Effective scoping of predicted demand is essential to the resource specification. Employment of an overall manager was found to be critical to the smooth day to day running of the hub and its ability to move resources to meet peaks in demand. Invariably areas found they had underestimated the demand, which increased as a result of the existence of the model/hub and subsequent rise in awareness. Building in resilience, particularly in respect of decision makers and research/administrators, was key to the success of models. Having the analytical capacity to identify emerging trends and themes assists in targeting early intervention and prevention.</p>
<b>Contractual/Security Issues</b>	<p><b>Prevent delays by considering contractual and security vetting early on.</b> Contractual issues and security vetting are issues that must be addressed at an early stage as they can present as delaying factors for the project.</p>
<b>Cultural Issues</b>	<p><b>Build trust and engagement through understanding individual working approaches:</b> Cultural barriers should not be underestimated. Understanding differences in language and agendas is important in building trust and meeting people’s expectations.</p>
<b>Staff Training</b>	<p><b>Understand staff training needs and ensure this is costed.</b> Understanding the training needs for staff is essential to the transition to a new way of working. Realisation of costs involved and the time it will take to deliver such training is crucial to the project delivery.</p>

<b>Information Technology</b>	<p><b>Consider an integrated IT solution:</b> This can be a serious inhibitor to effective information sharing. There are a number of solutions available on the market for co-located hubs, although they come with high start up and maintenance costs. Therefore areas often focus on linking into agency systems and working from remote access on laptops, with case investigation and safeguarding processes held on one central site for consistency and auditing purposes.</p>
<b>Performance Framework</b>	<p><b>Consider performance indicators and outcome data on the model/hub activities.</b> Areas identified the importance of having a performance framework for the model/hub, which included Performance Indicators, but more importantly provided data on outcomes for children and vulnerable adults. It is desirable that any IT solution has the capability to capture the necessary performance information. It is important to be able to demonstrate the value which a new model/hub is adding in terms of outcomes, number of referrals, safeguarding activity and financial savings.</p>
<b>Processes</b>	<p><b>Ensure you do some process mapping for all agencies involved in your model.</b> Opportunities exist to streamline processes and reduce duplication. It is important to gain an understanding of which processes feed into the model and what the processes are in respect of routes out of the model, to ensure everything is as seamless as possible for the customer.</p>
<b>Information Sharing</b>	<p><b>Ensure you develop a strong information sharing protocol.</b> More advice information is available at <a href="http://www.informationsharing.co.uk">www.informationsharing.co.uk</a></p>
<b>Communication/ Marketing Strategy</b>	<p><b>Put in place robust communication and marketing strategies agreed by all partners with clear ownership for delivery.</b> The strategy should include three distinct elements: 1) Internal marketing and communication for all agencies involved in the co-located model; 2) External marketing and communication for all agencies who sit outside the model, in particular the wider health community and schools; 3) Wider external communication to the public. Examples were given where the lack of an effective strategy proved problematic to the smooth running of a model/hub where through a lack of understanding staff tried to circumnavigate the model/ hub and revert back to old process.</p>
<b>Multi-Agency Funding/Structured Funding</b>	<p><b>Agree funding input from all multi-agency partners:</b> To minimise the risk of funding having to be provided by a small number of organisations (or just one), as many partner organisations as possible should be involved in the development and implementation of a new multi-agency model including the contribution of staffing and resources. Clear agreement should be gained from each partner organisation on what resource it will provide, when and for how long to allow for more effective business and resources planning. In addition, whether funds/resources are being sought from a new or existing budget, good practice should be to work to identify all associated costs of developing, implementing and running a multi-agency model and committing them to a financial model (or similar). This will ensure greater clarity around expected costs, allow for financial planning, enable cost monitoring, and encourage engagement and contribution from all affected partner organisations.</p>

# Annex D: Case studies

## Case Study – Cornwall Council

Contact: Sharon Wood, Senior Manager.

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### History and remit

Cornwall's Multi-agency Referral Unit (MARU) was set it up in September 2012. It is the single point of contact for all concerns about the welfare or safety of children and young people, especially risks arising from neglect and abuse, mental health problems, alcohol/drug misuse and domestic violence, missing children, sexual exploitation and deals with between 850 – 1000 referrals per month.

### The difference

It is no longer 'all or nothing' in terms of whether a contact meets the LSCB threshold for social care or not. People who have concerns about the welfare or safety of a child do not need to second guess the application of a threshold. They can seek advice and consultation about their concerns. It has enabled information sharing and improved wider partnership working. It is no longer a single agency or profession weighing the risk and deciding the response, all professional perspectives are equal and we have found that this has reduced unnecessary and unhelpful professional disputes about the level of risk or how to progress a case.

### How we work

In terms of staffing, the MARU consists of a:

- Team Manager (1FTE),
- Principal Social Worker (1FTE)
- Specialist Contact Workers (8FTE)
- Social Workers (8FTE),
- Police Sergeant (1FTE),
- Alcohol & Substance Misuse Specialist (0.5FTE),
- Child health practitioner (0.5FTE),
- Ex-deputy head teacher with a safeguarding specialism (1FTE), and an
- Early Help Co-ordinator (1FTE)

At the heart of the MARU is the Multi-Agency Advice Team (MAAT) made up of these colleagues, which provides professionals who have concerns with advice and guidance and signposting or directs a case for a social care assessment. The team also has priority access to named professionals working in Domestic Abuse, Adult Mental Health and Probation Services. We undertake a regular service user survey that closely scrutinises the functioning and performance of the MARU.

## IT

The primary integrated children's IT system used is Frameworki and other professionals have access. Other systems accessible to the unit include the Education data base, the Police and the Health provider IT systems.

## Referrals

On the basis of inter-professional consultation the Team Manager or Principal Social Worker makes the final decision. Referrers are encouraged to use the LSCB Escalation (Resolving Professional Differences) Policy if they are not satisfied with the response and when they believe a child remains at risk. A number of contacts results in no further action, following advice and signposting. The majority are progressed to either Early Help Locality Services or to an appropriate social care team for assessment.

## Plans for the future

We are currently considering putting the children's MARU and the adult's referral unit together.

## Top Tips

1. Undertake a multi-agency review of current arrangements against agreed success measures
2. Go and look at different arrangements elsewhere
3. Consult widely with those who use the process – not just on the functioning of the current arrangements but what would work better – encourage innovation
4. Run all of this through both the Children's Trust Board and the Safeguarding Children's Board to get support and tangible commitment from agencies to resource the new arrangements
5. Get your independent chair to encourage partners to make that vital resource commitment
6. Set your success measures for the new arrangement
7. Review and tweak after 6 months and 12 months – including a close look at the performance data.

## Case Study – Hampshire

Contact: Sarah Clapham, Central Referral Unit  
sarah.clapham@hampshire.pnn.police.uk

## History and remit

Originally a multi-agency process was implemented with Hampshire Children's Services (CSD) and Health to triage all of our CYP 'others' i.e. all those CYPs referring to children at risk but not involving a crime/child protection. Process involved joint information sharing and joint decision making. The Hampshire MASH project grew from this multi-agency process and was led by Hampshire CSD. The referrals received by the MASH are child and adult protection referrals, encompassing neglect, CSE and all abuse.

## The difference

The MASH enables face to face joint information sharing and decision making. As a result we have seen a faster, more co-ordinated and consistent response to safeguarding concerns about vulnerable children and adults. The MASH has enabled early intervention and better informed services provided at the right time. We have developed closer partnership working, clear accountability and improved multi-agency communications.

## How we work

In terms of staffing, the Hampshire MASH consists of:

- Police sergeants (6 FTE)
- Police staff (11 FTE)
- Social Work team (11 FTE)
- Children's Reception team (15 FTE)
- Adult Services team (6 FTE (increasing to 15))
- Health staff (4FTE (increasing to seven))

Hampshire Children's Services, Adult Services, Out of Hours and Health are all co-located in an open plan office in county council premises. We also have virtual links with other organisations, for example Hampshire Fire and Rescue.

## IT

Hampshire MASH does not use an integrated system, all agencies work only on their own IT systems. The MASH employs the use of secure e-mails.

## Plans for the future

We plan to include MARAC in the MASH and also to incorporate domestic abuse into our referrals.

## Top Tips

1. Get the right people around the table from the earliest opportunity and ensure that they are communicating with each other e.g. Police IT people need to be talking to Council IT people etc.
2. Base yourself in a good location (don't forget issues such as access and parking!)
3. Involve the team in building processes and keep them fully engaged and updated through the change.

## Case Study – Department of Services to Children & Young People, Bradford

Contact: Melanie John-Ross, Group Service Manager, Social Work Services. Tel: 01274 437077

## History and remit

The Children's Specialist Services Integrated Assessment Team (IAT) was implemented in February 2012 when a Police Officer, health Visitor and Education Social Worker were all seconded into the Children's Social Care's Assessment Team, to work with and alongside Children's Social Workers. The team was developed as a means of identifying and responding to children at risk of harm more effectively, whilst supporting professionals already engaged with the family in facilitating alternative interventions, for those who children who are not judged to be at risk of harm. The aim of the team was to improve information sharing across agencies, improving communication and joined up responses to referrals received by Children's Social Care (CSC). Referrals consist of pre-birth to 18 yrs and concern child welfare, safeguarding and child protection issues.

## How we work

The IAT currently has:

- Police Officer (1 FTE)
- Health Visitor (1 FTE)
- Education Social Worker (1 FTE)
- Social Workers (10 FTE)
- Social Care Team Manager (1 FTE)

The Police, the Health Authority and Bradford Access & Inclusion Service all seconded one professional, and all are co-located into the existing Children's Social Care – Social Work Assessment Service. The IAT complete all assessments in respect of any child referred to Children's Social Care. At the end of the assessment cases may be stepped down to early help and universal children's services or, transferred to the Children & Family Social Work Teams, if a statutory social work service is required. Children's Social Care are the lead agency for assessing children's needs and therefore all decisions are made by a qualified Social Work Manager.

## IT

The IAT uses ICS Liquid Logic to record all referrals and assessment activity. This is Children's Social Care's electronic recording system that all Social Workers access. Partners, i.e. Health, Police and Education can access their own agencies database/IT systems from within the team. Because all practitioners are located and based together, information held on the respective agencies database, can be shared between them where appropriate.

## Plans for the future

We plan for the Police Officer, who undertakes police checks and screens DV Notifications, to be able to conduct Section 47 strategy discussions/meetings with the team

## Top Tips

Forming a multi-disciplinary and integrated team is not just about seconding professionals from one agency into another. It requires consideration of the professional background, experience and skills of the practitioners, the role and duties that they will perform, matched against the purpose and objective of the service.

## Case study – Kent County Council

Contact: Karen Graham Tel: 0300 410527 Email: [karen.graham@kent.gov.uk](mailto:karen.graham@kent.gov.uk)

## History and remit

Kent's Central Referral Unit was successfully launched jointly by Health (then NHS Kent and Medway), Kent Police and Kent County Council in May 2012. In particular, this built on the national research by the Association of Chief Police Officers, which in a local review identified that an integrated referral and assessment service was a helpful model, and was part of the plan to address concerns that had been identified in the Ofsted Inspection of Safeguarding and Looked After Children (October 2010). We see an average of 338 child referrals per week. These consist of all children's consultations, contacts and referrals into social care (including safeguarding, children in need, domestic violence, child sexual exploitation, and transfers from Other Local Authorities and disabled children). We also see an average of 330 adult contacts per quarter progressing to Adult Protection Alert in relation to new service users. These include all new Adult Safeguarding referrals (neglect, physical/sexual abuse, institutional/systemic abuse, financial abuse, emotional abuse and discriminatory abuse).

## The difference

This joint service deals with all children's contacts and referrals and all new matters of adult protection across the county. This approach has delivered: more consistent decision making and application of thresholds; better identification of themes of risk; effective and timely information sharing, which has supported improved interventions eg recall to prison on licence; improved multi-agency planning in strategy discussions; stronger application of understanding in domestic abuse notification; a Single data set across partners; more seamless transition day/night for emergency arrangements; more consistent decision making; economies of scale for all agencies and more effective dispute resolution, underpinning shared learning and development.

## How we work

All partner agencies are co-located in the same office premises in the centre of the county, and from where the out of hours service is delivered. Partners include Children's social care and early help, Adult Social Services, Police, including Independent Domestic Violence Advisor, Health, Local Authority Designated Officer, Probation and CAFCASS who attend on a weekly basis.

CRU Staff includes:

- Service Manager for Central Referral Unit and Out Of Hours Specialist Children's Services (SCS) (1 FTE)
- Team Managers (SCS 2 FTE)
- Senior Practitioners (SCS 16 FTE)
- Support Staff (SCS 16 FTE)
- Family CAF co-ordinators (SCS 2 FTE)
- Senior Practitioners (Adult Services 3 FTE)
- Support Staff (Adult Services 4 FTE)
- Specialist health Lead (Health 1 FTE)
- Safeguarding Advisor (Health 1 FTE)
- Local Authority Designated Officer (1 FTE)
- Probation Officer (0.4 FTE)
- Police Inspector, Public Protection Unit (1 FTE)
- Detective Sergeants, Public Protection Unit (9 FTE)
- Independent Domestic Violence Advisor (Kent Police 0.6 FTE)
- Administrators (Kent Police 9 FTE) and a
- Family court advisor (CAFCASS 0.2 FTE)
- Missing person Liaison Officers (6 FTE) are now within Public Protection Unit

The Out Of Hours Service is managed as part of the overall service; PPU input continues through this service.

## IT

Separate databases and storage drives exist for all agencies. CAFCASS have view-only access to the Children's Social Care system and probation have limited access to the Children's Social Care shared drive. The Independent Domestic Violence Advisor has view only access to some Police data. In addition all agencies have access to Secure E-mail.

## Plans for the future

We plan to engage with Adult Mental Health Services and include them as an integrated partner. We are working towards a paper-free environment.

In addition we hope to see a more robust qualitative approach to missing children information (from returner interviews across social care, early help and with MPLO).

## Top Tips

1. Include telephone/video conferencing facilities from the start; this enables easy engagement of other partners in key decisions e.g. strategy discussions
2. An open-plan office promotes a good working relationship and effective communication between agencies
3. Decision making capacity (rather than a triage/screening approach) in the service promotes timely delivery, and avoids replication of read/review/decide
4. Early Help are a core part of building community capacity, and we have found it valuable to include them in the service rather than a 'signposting' arrangement
5. Robust communication with partners detailing clear and simple contact details and referral route – engagement of children and adult safeguarding boards is important
6. It has been a real benefit linking the CRU with our Out of Hours Service – is worth planning this into any service design
7. Agencies using different staff on a rota basis can cause continuity issues. A dedicated staff member has proven to be more effective
8. Be prepared to make regular changes, nothing is set in stone!

## Case Study – Bury

Contact: Dorcas Taylor, MASH Manager, Email: [Dorcas.Taylor@bury.gov.uk](mailto:Dorcas.Taylor@bury.gov.uk)

### History and remit

In early 2013 a review of Safeguarding and Early Help services in Bury indicated the need for a more systematic and coordinated multi-agency response to children in need, children in need of protection and children and families who required Early Help.

In October 2013 a Multi-agency Safeguarding Hub (MASH) was launched. The type of referrals dealt with by the Bury MASH includes children at risk of significant harm (physical, sexual, emotional, neglect), domestic violence, CSE/trafficking and children/families in need of targeted services/Early Help.

### The difference

The central purpose of the Bury MASH was conceived to be the provision of a 'centre of excellence' by way of a single integrated gateway for safeguarding and community safeguarding referrals, which efficiently shared information (within agreed protocols) to protect and safeguard the most vulnerable.

The enhanced communication in the physically multi-agency environment has supported the early identification of risk, harm and need and also the timely, coordinated and proportionate interventions consistent with the provision of Early Help. The MASH team ensures that children and families receive a timely response which targets their identified needs.

The MASH is the portal for referrals to the multi-agency Early Help Panel and the Early Help Team. Professionals/partner agencies consider that the MASH has made a positive difference in terms of consistency of response and decision making.

Co-location has provided the opportunity for positive relationships between partner agencies to develop. Co-location has enhanced collaborative working and has engendered a culture in which mutual trust and respect for partner agencies is evident.

## How we work

The team is co-located in Bury police station. Prior to co-location there was considerable preparation between partner agencies including the drafting and agreement of Terms of Reference for both a MASH Operational Steering Group and a Strategic Lead Steering Group. Subsequent Operating Principles and Memorandum of Understanding, formulated by the partner agencies of Bury MASH, provide a framework and clarity around information sharing in a secure, confidential and protected environment.

The team comprises of:

- Health safeguarding specialist (1 FTE)
- Level three social workers (4 FTE)
- Administrative support officers (police 2 FTE Children's Services 3 FTE)
- Police officers (rotational) with identified Domestic Violence and Safeguarding Children roles (3 FTE)
- Police sergeant (1 FTE)
- Children's Services Team Manager (1 FTE)
- Development Officer (1 FTE)
- Education Attendance Officer (1 FTE)
- Probation Officer (1 P/T)
- Housing Officer (1 P/T)
- Early Break (substance misuse) Officer (1 P/T)
- Child Sexual Exploitation Police Officer (1 FTE)
- Police Mental Health Liaison Officer (1 FTE)

The MASH is governed by a strategic leadership group and there is a steering group below this that oversees the protocols and operational activity. Performance indicators for the MASH have been set and include; reduction in re-referral rates, timely and proportionate interventions, improved quality of referrals through shared information/decision making and diversion of cases to the most appropriate intervention/resource.

## IT

All partner agencies have access to their parent organisation's IT system. All partner agencies based in the MASH have a secure email address.

## Referrals

The MASH team holds daily meetings to discuss and review all high and medium risk referrals received that day. All referrals are RAG (Red – High, Amber – Medium/Complex, Green – Low to Vulnerable) rated. Parental consent for the referral to be made and information to be shared is secured at the point of contact unless it is a child protection issue.

The daily meetings are a critical element in ensuring that all high and medium risk cases receive an appropriate, timely, proportionate and coordinated response. The risk assessments are well informed through the information sharing process and situations are being responded to in real time increasing risk reduction through minimal delay.

In critical situations where there is an immediate safeguarding concern identified the team are able to coordinate a rapid response. All initial strategy meetings are held within the MASH and in most cases take place within twenty four hours of referral.

In instances where the threshold for social care intervention is not met, the MASH team work closely with schools, children's centres and other universal services as well as with targeted services to ensure that Early Help is put in place to reduce the risk of a crisis requiring statutory intervention.

## Plans for the future

Continue to strive to become a centre of excellence for the protection and safeguarding of the most vulnerable members of our society and to build on the knowledge and experience of partner agencies.

We plan to engage with Adult Services, develop targeted services for children/young people exposed to or at risk of CSE, continue to monitor and evaluate the MASH and its impact on the experience and progress of children in need of Early Help and in need of Safeguarding and Protection. In addition we want to develop links with other MASH/CSE teams across Greater Manchester to promote consistency in service delivery

## Top tips

1. Adopt a 'can do' attitude
2. Detail in the planning
3. Demonstrable commitment from all partner agencies
4. Development of a shared vision/aim/goals
5. Learn from others but develop your own model around your own circumstances and resources
6. Sensitivity to those who perceive a transference of control away from them
7. Building in capacity to identify emerging trends/themes in order to target early intervention and prevention.
8. Create a coalition of the willing based upon three common principles: information sharing, joint decision making and coordinated intervention
9. Co-location creates a stronger reality
10. Recruitment of personnel that have the right skill set and openness to collaborative working
11. Plan and implement systems for monitoring impact and outcomes
12. Agencies should ensure that they comply with statutory frameworks and legislative requirements in relation to any information sharing arrangements

## Case Study – Blackburn

Contact: Lee Wilson: Email: [Lee.Wilson@lancashire.pnn.police.uk](mailto:Lee.Wilson@lancashire.pnn.police.uk)

### History and remit

The Blackburn with Darwen pilot began in December 2011 dealing with Police generated vulnerable child and domestic abuse referrals. In April 2012 the remit expanded to manage vulnerable adult referrals and adult social care provided a senior adult social worker from the Safeguarding team to visit the MASH on a daily basis. In the months to follow the authority was subject to OFSTED inspection and received an 'outstanding' classification for multi-agency working as a result of MASH. Individual child referral numbers vary from around 650 – 950 per month, giving an average of 750.

### Difference

The hub contributes to improved outcomes for safeguarding children and adults because it has the ability to swiftly collate and share information held by various organisations and to provide a multi-agency risk assessment of each case for 'actual or likely harm'.

### How we work

Presently, there is co-location of current partners including the police, health, Wish and Local Authority and links with early help services. This enables the collation of up-to-date information in relation to a child and their family. Others, that are not co-located, still contribute to the process.

All partners work together to provide the highest level of knowledge and analysis to ensure that all safeguarding activity and intervention is timely, proportionate and necessary.

Staffing includes:

- Detective Sergeant
- Referral Administrators
- Senior Social Worker
- Health Administrator (1 FTE)
- Health Practitioner (1 FTE)
- Independent Domestic Violence Advocate (the Wish Centre)
- Referral and Information Co-ordinators (3 FTE)
- Child Support Officers (2 FTE)
- Deputy Team Manager (1 FTE)

## IT

All the multi-agency information is recorded within a contact record on our ICS Liquid logic database, health have access to this system. Information shared between the police and children's social services is shared via secure email.

From a police perspective we designed an in house ICT system to streamline four or five existing safeguarding ICT systems into one. There were various schools of thought regarding this, not least now if an officer attends an incident they file one report as opposed to double or triple keying (as per previous arrangements) should they find multiple 'issues' at a scene. (DA, VC, VA, etc...). Whilst this is yet to integrate with our colleagues at BwD Council it has allowed for a much more coherent and detailed information share.

## Plans for the Future

We would like to see the development of ECAF and an education presence within the MASH. We are having ongoing discussions around an e-portal system into the police database where they could accept direct referrals.

We intend to move to a RAG model with timescales of 4 hours, one day and 3 days and we would also like to introduce a single referral point, with a specific MASH referral form – currently professionals refer via CAF forms.

## Top Tips

1. Use a MASH database in order to facilitate swift and safe information sharing, with the opportunity to redact information as necessary.
2. Have clear management arrangements in order to co-ordinate and mobilise partners.
3. Good and clear governance along shared principles and a 'near miss' or significant incident scrutiny process.
4. Personality types are crucial, the ability to give and accept professional challenge is key.
5. Ensure your MASH has shared goals.
6. High level commitment to the project and the good old standby – sufficient resource.

## Case Study – Camden

Contact: John Chisnall, Team Manager: Phone: 0207 947 3317

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### History and remit

The MASH in Camden went live in December 2012. Camden MASH screened the Police Merlin reports for the first six months whilst additional social workers were appointed into MASH and whilst universal services were identified and joined the hub. As the MASH team has expanded Camden has merged the two assessment teams together so there is now one central assessment service. The assessment service is linked in with the MASH team and communication between MASH and the assessment team is key in order for a smooth throughput of case work from MASH to the assessment service.

The MASH team deals with the following types of referral into for children who are normally resident in Camden and for whom there are safeguarding concerns:

- all Police MERLIN reports where the child comes to the attention of the police
- all e-CAF referrals from members of the children's workforce in Camden
- all requests for information from courts, local authorities and other services about whether a family are known to FSSW and
- EDT reports where family not known to FSSW.

### The difference

The purpose of the MASH is to improve the identification of unknown risk by building up a picture of the child's journey in addition to ensuring that the family receive the right service first time. Following the introduction of the MASH we have seen 90% of red rag rated cases being completed within the four hour timescale, this is a significant improvement as prior to MASH assessment team social workers often had to wait for one/two weeks into their assessment for our universal services to get back to them.

Decisions are made sooner and assessing social workers are attending their first home visits being well equipped with all the background history, analysis and a recommendation of how the single assessment should proceed. Prior to the MASH all cases were given to the assessment services, now they only deal with those that meet threshold.

We are also able to develop a better understanding of the histories and patterns of behaviour in cases, which works with the getting it right first time and no delay principle. The MASH helps in identifying any emerging issues or risks within the community that need a more strategic response – for example, child sexual exploitation – and enables agencies to share information and intelligence on risks to groups of victims, or risks associated with specific perpetrators or locations.

### How we work

We have one assessment team in Camden – the MASH and assessment team. The MASH is co-located and overseen by the MASH manager (who is a social worker).

The MASH has representatives from Camden Council's Family Services and Social Work division, Camden police and health services and has close links with probation and Camden's housing, education and youth offending services.

The team currently consists of

- Social Workers (2 FTE)
- Senior Practitioner (1 FTE)
- Administrator (1 FTE)
- Police Officers (2 FTE)
- Detective Sergeant (1 FTE)
- 2 researchers
- Children's Society Representative (0.4 FTE)
- Children's Centre Representative (0.4 FTE)
- A Probation Officer (0.2 FTE)
- Family Workers (2 FTE)
- A health visitor (0.5 FTE)
- Integrated Youth Services ("IYSS" – 3 mornings per week), and
- Families in focus (3 mornings per week – cases can be directly referred by the MASH into this services)

## IT

The two social workers and the family workers have access to the IYSS, Northgate housing, impulse (education) and the residents index systems. Each team member also has access to their agency's database and can lawfully share this information in a safe and managed way. No other agency is able to access another agency's database; information sharing takes place on request and information is sent via secure email.

## Plans for the future

In due course the MASH team will take all referrals, including telephone referrals. We will soon have a full time data analyst who will look at the data and do a mapping exercise as to hotspots in Camden of missing children, this will link in with pathways placements.

## Top Tips

- Make your MASH as streamlined as possible – do not try to over complicate things
- Go live but start screening each referral type at a time – not all at once start slowly and build your team
- Understand what your vision is for the MASH team, what are your objectives and goals and how can that be achieved but remember that your vision will change with reality
- Consider what rewards the MASH will bring e.g. efficiencies, reduction in contact records into assessment services, reduction in repeat referrals etc. You need to understand what the reward is, if you don't understand this people will not engage with your vision.

## Case Study – Northamptonshire

Contact: Chief Superintendent Paul Phillips, Email: PPhillips@northamptonshire.gov.uk

### History and remit

The initial concept started in mid 2012 with children services and police involvement. A project team established and this was accelerated with other agencies joining in the spring of 2013. At this stage all partners increased their resourcing of the MASH under the leadership of the LCSB. The MASH deals with approximately 1200 referrals per month. The MASH takes referrals for children including neglect, abuse, child sexual exploitation, sexual assaults and assaults.

### Difference

The MASH allows for the efficient assessment of risk to children, by agencies using appropriate information sharing to understand and mitigate risk. Other benefits seen include an improvement in the quality of information shared and in the decision making. We also now have the ability to feed back to referrers appropriately. In addition the number of agencies involved in child safeguarding at this tactical level has increased.

### How we work

The MASH is located in a secure location within a police operational base in Northampton with all partner's IT systems accessible from this facility.

Currently, 68 staff are associated with the MASH either on a permanent or rotational basis. This includes representatives include police, education entitlement, health – nursing, children services (social workers), targeted prevention workers from Northamptonshire County Council (NCC), plus single point of contact links with youth offending services, the ambulance service and probation and drugs workers.

The Northampton MASH currently has the following agency representation:

- Children's services (26 FTE)
- Health (2 FTE)
- Police (7 FTE)
- Targeted Prevention Team (1 FTE)
- Education (2 FTE)

### IT

We use an IT system called 'MASH protect' for all MASH partners to allow appropriate information to be shared on. Plus sharing from agency systems into MASH protect when threshold for safeguarding concerns are met (risk of significant harm).

### Plans for the future

We plan to introduce a MASH customer advice line to further speed referrals and to provide advice to professionals and public who have safeguarding children concerns.

### Top tips

1. Joint systems for the MASH
2. A joint venue for those working in the MASH
3. Good staff
4. Effective feedback for those referring cases to the MASH

## Case Study – Sandwell

Contact: Carol Singleton, Group Head

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### History and remit

Before the Sandwell Multi-Agency Safeguarding Hub (MASH) was created, we encountered some challenge in the way the partnership was working together to safeguard children in Sandwell. A significant number of strategy discussions did not include health or the police being physically present and the quality of decision making at the ‘front door’ of the service was hampered by poor quality partner information being sought or provided to inform the screening and assessment of vulnerable children.

In addition, there were significant challenges in the way domestic abuse incidents were screened in Sandwell – with screening often involving very quick reviews of DA referrals from the police between the Police Inspector and Access Team Manager. A lack of rigour in the review of DA referrals – or multi-agency focus was raised in a number of Domestic Homicide Reviews in the borough.

The MASH received 171 referrals in the month February 2014, primarily relating to children but also vulnerable adults subject to domestic violence. Guidance has been produced to improve response to specialist cases such as child sexual exploitation and gang links. We have an initial RAG rating (Red 4 hours; Amber 24 hours, Green 72 hours) and then following the MASH Meeting for Red and Amber cases, there is a further Rag rating to determine where the child's needs will be best met.

### The difference

Previously checks against other agency's systems were only ordered on a case-by-case basis. Now, in cases given a ‘red’ risk rating, multi-agency information is compiled and a MASH meeting takes place within 4 hours. The responsible social worker chairs the meeting and all agencies are given the opportunity to input into their final decision.

The MASH has strengthened the relationship with the Early Help service so that cases are transferred between the two units effectively and a local awareness campaign has improved accuracy in initial referrals going to the appropriate unit.

Staff have anecdotally seen significantly improved information to inform screening and future assessment for children deemed to be at risk of harm – with particularly pertinent information coming from housing and health colleagues (for example details of other people in specific households and immunisation information)

In addition the all strategy discussions now completed on a multi-agency, face to face basis we have seen an improvement in the timeliness of Initial Child Protection Conferences.

### How we work

The MASH co-locates 12 different agencies to enable timely and wide reaching multi-agency information sharing. The Sandwell MASH comprises approximately 30 staff, the majority of whom only spend a proportion of their time in the MASH. The agencies include:

- Police
- Social Work
- Housing

- Probation
- Health – Safeguarding Nurse
- Mental Health Nurse
- Targeted Youth Support
- Education
- Domestic Violence Nurse
- Adults
- CAF coordinator
- Sandwell Women’s Aid

## IT

MASH staff use a shared case management database, onto which information from each agency’s systems is inputted as standard practice. Staff also use an integrated multi-agency database alongside their own agency systems which contains the shared information.

## Plans for the future

The performance of the MASH is being evaluated at 3, 6 and 12 months including a 12 month audit which will assess decision making. There are also plans to introduce a virtual link to the MASH with the drugs and alcohol team and CAFCASS.

More work will be done to increase the number of ‘green’ risk rated cases going to Early Help rather than the MASH, and to reduce the number of section 47s which do not belong in the MASH.

## Top Tips

1. Putting all agencies on an equal footing with a role in all parts of decision making has been key to maintaining buy-in.
2. Securing support can be more difficult if one of the relevant agencies is undergoing restructuring.

## Case Study – Wiltshire

**Contact: Detective Superintendent Caroline Evely, Head of Public Protection Department. Email: [caroline.evely@wiltshire.pnn.police.uk](mailto:caroline.evely@wiltshire.pnn.police.uk)**

## How we work

The Wiltshire MASH manages all child safeguarding referrals across Wiltshire and Swindon, with Swindon Local Authority being a virtual partner. Wiltshire police, Health and Children’s Services are integrated within the one space and Swindon Health and Children’s Social Care are virtual partner.

Currently only child referrals are managed within the MASH. This includes all missing and absent children and all children suspected to be involved in CSE. These cases are Triage’d and then MASH’d if they meet the threshold (there are systems in place if they do not ). As of the end of March 2014 all Domestic Abuse referrals – with or without children, will be subject of a Daily Domestic Abuse Conference Call which will be managed form the Triage element of the MASH. Any cases identified as meeting the Child Protection threshold will be fast tracked through to the MASH.

Those working within the MASH include:

- At the Swindon Triage element (Swindon Family Contact Point) there are 3 social workers, an assistant team manager, 4 advice and information officers, 7 administrative staff from child health, a Domestic Abuse co-ordinator from Children’s Services, 2 Family Assertive Support Team (FAST) workers and a police officer from the Public Protection Department.

- The police have five decision makers, five researcher/administrators, one CSE coordinator, one Domestic Abuse specialist Administrator: who facilitates the Daily Domestic Abuse Conference Call and is supported by the Domestic Violence Disclosure Scheme researcher, and one Missing Person Coordinator. All are full time staff.
- Health nurse (1 FTE)
- Children's Social Care have one Service Manager, three Assistant Team Managers, seven social workers, six information officers, four minutes takers, one Common Assessment Framework (CAF) co-ordinator who is on a duty rota, utilising 4 staff. All of these Children's Social Care staff work full time. The MASH also has an administrator (0.5 FTE).

## The difference

The MASH has two elements – Triage where low level information is shared to allow Children's social services to make informed decisions in respect of early intervention with a view to preventing cases escalating to safeguarding/protection stage. In Wiltshire LA the Triage function is located within the same space as the MASH. In Swindon the Triage element is located with partners in Swindon Family Contact Point. A joint decision between Police, Children's social care and health results in whether a case is escalated to protection/safeguarding and referred into the MASH where all strategy discussions take place against a common threshold – allowing for consistency of approach and service delivery. All agencies present at the strategy discussion decide on the next course of action which could be a joint investigation under section 47 or a single agency investigation. The investigations are then allocated out to the localities.

## IT

Currently police, Children's Services and Health use our own agencies systems with secure email addresses. We are currently attempting to source a MASH IT solution and/or build our own version which will track the case throughout the MASH process.

## Plans for the future

The official launch of our MASH is scheduled for the 22nd April 2014 and we are currently in phase 2 – the testing and tweaking processes.

We intend to build up the Health capacity to allow them to service both the MASH and Triage elements. In phase 3, we will be encouraging adult services, probation, youth services and others to join the MASH and currently this dialogue is on going.

With regard to communications, we intend to look towards an integrated IT system. This may be a custom built system or the purchase of existing software from a company.

## Top Tips

1. Ensure you have strong strategic buy in at the outset.
2. Ensure you have agreed your governance structures and you have clear Project Definition Document.
3. Set up a strategic Board and an implementation board – have clearly identified leads for each area of the development.
4. Make sure all key stakeholders are around the table even if they are not yet ready to join.
5. Do as much demand profiling as possible but realise you will generate more referrals than you had before you started.
6. Make sure you have a performance framework in place at the beginning.
7. Have a system of filtering out all non MASH enquiries otherwise you will swamp and break your MASH quite quickly.

## Case Study – Merton

Contact: Mawuli Beckley-Kartey, MASH & Child Protection Service Manager.  
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### History and remit

The Merton MASH has been operational since April 2013; prior to this we had a social care only team undertaking responses to referrals. We deal with referrals relating to children & their families and these cover issues pertaining to child sexual exploitation, domestic violence, neglect, substance misuse, mental health, housing/homelessness/no recourse to public funds, unaccompanied minors (notifications), private fostering (notifications), physical abuse and missing children etc.

Typically we process 400 contacts per month. Cases are allocated to a Social Worker who completes a single assessment. Prior to the referral stage contacts are reviewed by the Duty Manager in the MASH and given a “BRAG” (Blue, Red, Amber or Green) rating.

Red rated cases proceed directly to allocation to a Social Worker to undertake child protection investigations. Cases rated Amber or Green are the cases that typically have checks undertaken by the MASH, as these are cases where additional multi-agency information assists in deciding whether Children’s Social Care need to undertake an assessment or whether support can be identified for families from partner agencies. Blue rated cases are typically information request. The ultimate responsibility for decisions rests with the MASH & First Response Team Manager.

### The difference

The co-location of professionals has led to improved and more efficient response times to referrals, better engagement and co ordination of responses and services being provided to families. We are currently undertaking an evaluation of the difference that the MASH is making.

### How we work

The MASH is co-located with the First Response Social Work Team who undertake child in need assessments & child protection investigations arising out of the referrals made to the MASH. The manager of the MASH & First Response Team oversees the delivery of both operations.

The MASH has the following staff membership:

- Team Manager (CSC 1 FTE)
- Duty Manager (CSC 1 FTE)
- 14 Social Workers (14 FTE)
- Senior Administrator (1 FTE)
- Administrators (2 FTE)
- First Contact Officers (3 FTE)
- Police Officers (3 FTE)
- Police Administrators (2 FTE)
- Health Navigator (1 FTE)
- Education Navigator (1 FTE)
- CASA Lead (1 FTE)
- Youth Justice Navigator (1 FTE)
- Probation Navigator (1 P/T but full time coverage via phone support)
- Substance Misuse Worker (1 P/T)
- Early Years Navigator (1 P/T)
- Voluntary Sector Navigator (1 P/T)

The MASH & First Response Team is based on the 12th Floor of the CIVIC Centre in Merton. All core agencies (Police, probation, social care, youth offending, Education & Early Years, Voluntary Sector & Substance Misuse) are represented within the MASH and co-locate at the Civic Centre.

## IT

Our CSC Electronic Social Care Record has been adapted to allow for secure and restricted access sharing of information between professionals and agencies within the MASH. Agencies such as health & police & probation have access to their own databases on site at the civic centre. Partners have access to their own systems; information is accessed by the individual partners and then shared appropriately with other MASH members.

## Plans for the future

We are using data analysis of MASH referrals to help shape service delivery and structure. We would like to see increased input from Mental Health Services & housing into the MASH to help improve responses to those children and families.

## Top Tips

1. Engagement & buy in from partner agencies at strategic and operational levels is key for a successful MASH.
2. SITE visits to existing MASH's can help shape ideas and learn from others in respect of setting up MASH and avoiding pitfalls.

## Case Study – Nottinghamshire

### History and remit

Preparations for the development and implementation of MASH began in late 2011. The first MASH go-live was in November 2012 with co-location between police, health and Children's Social Care. Adult Safeguarding and Probation both physically joined the MASH in early 2013 and it was found to be beneficial to appoint a project manager at an early point. The development of the MASH cost approximately £1 million initially, however this was seen as an 'invest to save' project.

### The difference

One of the main benefits of the MASH is the ability to gather information from partner agencies on the Amber and Green RAG rated cases, so that appropriate support can be provided earlier, before the child or adult's situation deteriorates.

Within Children's Services there has been a huge cultural change. Professionals are now becoming used to the exchange of information through a secure system and there are fewer telephone calls and written requests for information as a result. This in itself is resulting in recording of more accurate information. The area reports an increased confidence in a shared vision for the MASH.

Probation joined the MASH in February 2013. Early indications are that the arrangement is proving very beneficial and supporting the building of professional relations and resolution of issues.

It has encouraged and prompted professionals, over time, to flag up concerns and engage on a greater level with other professionals – particularly so for Health. Staff are being encouraged to be more aware of who they need to engage with around individual cases and take more opportunities to have conversations with these partner colleagues.

Additionally, the MASH has provided value to professionals work as they feel that the information which they now provide is seen as useful and contributes to overall decision making.

## How we work

There is an Operational Manager who previously set up and ran the Devon MASH. He oversees daily practice of the MASH and is responsible for line managing social care staff and the MASH officers. Health and Police officers within the MASH retain their original line management structure.

To enable continuous development and no loss of front line experience/skills, the MASH operates a rotation methodology. Training programmes are accessible to all staff (both internal and external of MASH) which encompass cultural change, working together and frontline practice.

GPs and Health Visitors within the county have been quick to come on board with the MASH concept, as it is seen as a secure network for sharing information. The issues around information sharing are purely strategic. Work is underway with the Mental Health Trust to improve access to information. Since opening, the MASH has recruited a Headteacher and a Probation Officer.

## Referrals

To support staff in progressing Early Intervention and Child in Need cases, Children's Services developed a single point of referral for professionals to utilise. The telephone service acts as a sign posting service and support regarding next steps in relation to these cases, the staff dealing with enquiries were co-located with the MASH (late 2013).

Referrals are rated using the RAG system in the MASH, which enables enquiries to be risk assessed according to their urgency. This system enables a full view to be taken of all enquiries. It is time consuming though and is under constant review.

To manage the cases the team utilise two large display screens which highlight the RAG rating, who is involved and whether partners are replying within required time frames. Where there is a disagreement over the RAG rating by professionals within the MASH, the determining agency will be the Social Care Representative. If still unresolved, the Operational Manager within the MASH will have the final decision.

Families and young people being referred to MASH will be told in advance and should expect that professionals will have a large amount of information about them when first contact is made. Unless the referral is a Section 47 investigation, permission will always be sought from the person being engaged with.

## IT

The County Council has developed a bespoke ICT system, the MASH Portal, which securely holds the sensitive and non-sensitive information provided by partner agencies, as well as acting as a case tracker, showing the status of each case that passes through the MASH. This makes the ability to complete an audit trail much easier rather than partner agencies each having to interrogate their own systems to confirm what information they provided.

Business Support are the glue that hold the MASH process together. There are currently 5 Business Support staff within the MASH and they are responsible for transferring information onto the MASH Portal from Frameworki and from partner agencies information returns, as well as administering letters to referrers, amongst other things.

## Plans for the future

The Fire & Rescue Service are not currently represented within the MASH but the Service is currently exploring whether they will join. There is still some development and training needs of staff with regard to the functioning of MASH as often professionals find the expectation levels slightly blurred as to where their role ends and the operational team role begins. To ensure that the MASH has the capability to identify potential or future cases of harm, they are currently recruiting an analyst to sit within the MASH to examine profiles and identify hot spots and trends. Through doing this they will be able to be more preventative and provide more early intervention

## Top Tips

1. Historically, information sharing protocols have caused confusion over what information can be released, however Nottinghamshire have found that professionals sitting together within the MASH have overcome this issue.
2. Within the MASH an Information Sharing Agreement and Information Sharing Protocol were developed by a working group and signed by all partner agencies. The partnership is also underpinned by a Memorandum of Understanding.

## Case Study – Ealing

Ealing has been working in this way for nearly 2 years and became a fully accredited MASH in Autumn 2013.

The MASH service is based within our wider first point of call referral and response service (ECIRS) and the MASH includes Social Care (safeguarding) and early intervention (our SAFE service), Health Visitors, Youth Justice, Education Welfare, Schools, Probation, Police and Community Safety.

## How we work?

The Team work in an integrated, fast time, multi agency way to share information and intelligence and plan and review multi-agency interventions on complex cases involving Domestic violence, safeguarding, gangs, child sexual exploitation, trafficking and missing children issues.

There are daily MASH meetings with all partners involved to research and pool database information and intelligence, start to look and identify the bigger picture and strategic linkages, particularly re Gangs and sexual exploitation work and provide much earlier detection of wider networks and concerns re criminal and other exploitative activity. There is a strong focus on Girls and young women and expertise within the service.

## Referrals

These are from a range of services – predominantly Police, Schools, Health Visitors and the Youth Offending Service.

Information sharing agreements between the partners underpins the information sharing process.

Databases are shared and include real time information sharing across Police, Health, Community Safety, Housing.

When the MASH withdraws and a clear ongoing plan is in place, this is referred on to the local Children's Social Care Locality Teams or stepped down to the early intervention SAFE service.

Key themes or very complex cases are referred to the multi-agency Vulnerable Adolescents Panel (VAP) for further strategic discussions across multi-agency senior leads.

### The difference

The MASH approach saves time by enabling information to be researched and pooled at a very early stage, therefore helping improve the timeliness and effectiveness of the safeguarding response to children, young people and families.

The Team Manager Jenny Palmer feels services no longer think in a silo way but start to work as a collective, breaking down barriers “there’s no hierarchy – the focus is on the children”.

The aim is to understand all the relevant information that may be around quickly and share it and agree the best way forward.

### Plans for the future

Widen the remit further to include Adults services more systematically eg Mental Health, Substance Misuse and physical disability so more comprehensive information is shared.

### Top Tips

- Work on building good understanding and breaking down cultural and professional barriers across agencies, as well as the practical issues re developing information sharing protocols
- Avoid hierarchies between services
- Address issues re availability of partners with different staff having different working hours and build on strengths of extended cover.
- Continue to develop skills and practice across the service in key specialist areas such as Gangs, girls and young women and sexual exploitation.

## Case studies exemplifying links with Gangs:

### Manchester

Lead contacts: Jayne.Horan@manchester.gov.uk, Children Service Manager, Manchester Council (0161 2266351)

Debbie.Dooley@gmp.pnn.police.uk, Xcalibre Task Force & Integrated Gang Management Unit (0161 856 4103)

L.Conroy@manchester.gov.uk, Policy Office, Crime and Disorder Team, Manchester City Council (0161 856 9271)

An example of effective practice in safeguarding in the context of gang and youth violence is the approach of Manchester Community Development Partnership which has a developing Multi Agency Safeguarding Hub. This co-locates in the same building as the Integrated Gangs Management Unit (IGMU) and the child sexual exploitation response “Phoenix Protect” and includes a social worker working with the IGMU to support area social workers in all gang related work. It has been successful in managing complex gang specific cases and in the provision of an intensive package of support in partnership with other agencies encompassing enforcement, prevention and early intervention.

Referrals are brought to the team by core agencies of Children's Services, Youth Offending Service, Probation and Greater Manchester Police. The operational management team identify cases considered high risk not just due to the level of criminality involved but primarily due to the safeguarding concerns presented by gang members to themselves and their family. Central to the Manchester assessment and early identification of those at risk of involvement in gangs is the use of the Manchester Common Assessment Framework.

## Westminster

**Lead Contact: Adam Taylor, Strategic Crime Commissioner, Westminster City Council ([ataylor3@westminster.gov.uk](mailto:ataylor3@westminster.gov.uk))**

Westminster Integrated Gangs Unit has been fully integrated and co-located within the local MASH which includes staff from Children and Families; St Giles Trust; Girls and Gangs (Independent Sexual Violence Advisor); Child and Adolescent Mental Health; Probation; Community Protection and the Police.

Daily briefing meetings allow for swift knowledge of gang associated activities and the rapid agreement of allocation of work amongst all involved agencies with information coming from a wide range of organisations. This approach has allowed for improved and early interventions aimed at those young people at risk and associated family members.

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