

**Birmingham Multi Agency Safeguarding Hub (MASH)
Review, March 2013**

**Chris Allen and Bernie Wilde
IE WM Associates**

chris.allen@compass.uk.net
BW205@aol.com

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1 Introduction

This is a report to the Birmingham multi agency Programme Board, which is overseeing the roll out of Multi Agency Safeguarding Hub (MASH) across Birmingham in 2013

In November 2011, a range of Birmingham agencies engaged in shaping and delivering child safeguarding, and initiated a pilot way of working to support improved co-ordination of service delivery amongst partners. The MASH was established in the south of the city to spearhead new models of working, improve joint agency assessments and interventions, and try to make more effective use of resources.

The key partner agencies involved in the delivery of the pilot are the Police, Children's Services, Mental health and Community Health NHS Trust. A Programme Board to oversee the findings from the South Birmingham pilot, and potential roll out across the wider city, was established in October 2012.

In October 2012, Birmingham partners engaged in providing management and governance of the South Birmingham MASH, accessed Improvement and Efficiency West Midlands (IEWM) funding - amounting to 20 days - to provide support for a review of the pilot.

The key deliverables of the review, as outlined in the review Project Implementation Plan (PID), were to:

- Review and evaluate the Birmingham MASH's 12 month pilot, including its strengths and weaknesses
- Inform and support the next phase of delivery across Birmingham to improve outcomes for safeguarding children
- To use an Appreciate Inquiry approach to inform the design and process of the review
- To appraise alternative options and identify the most appropriate and resilient MASH model for rolling out across Birmingham
- Develop a suitable suite of transferable measures to assist the delivery and improved outcomes from the MASH programme that is suitable for all West Midlands stakeholders

Two IEWM Associates, Bernie Wilde and Chris Allen, were commissioned to conduct the review, reporting directly to Detective Chief Inspector Gary Billing - Lead for Child Abuse Investigation-Birmingham Public Protection Unit.

The expectations outlined in the PID were broad and ambitious, with delivery expected within tight timescales of 6 weeks. A copy of the PID is attached as **Appendix one**. We hope that this review has supported Birmingham partners by providing you with a better understanding of 'where you are at' and contributed to the on-going and constructive conversations amongst partners about the next phase for supporting new models of working to improve outcomes for children.

We would like to take this opportunity to thank all those who participated in the review and gave freely of their time and expertise.

2 Methodology and Activity

Qualitative and quantitative techniques were used throughout this review and in the compilation of this report. The wide variety of information received, and new information generated, has assisted in the development of our analysis and conclusions. The techniques used included:

- A documentary review of various internal and external reports, guidance and recommendations
- Comparative analysis with national and regional research
- A series of 1-1 interviews and telephone conversations with key stakeholders and partners
- An Appreciative Inquiry and design workshop with key managers and staff who are involved in providing services around Team Around the Family and Stronger Local labour Force
- Attendance at MASH Programme Board meetings (as required)
- Customer journey mapping
- Collation of internal and external practice examples
- Regular liaison with client contact to report on progress and clarify review key lines of inquiry

Included in **appendix two** is the partnership and health-check template. Included in **appendix three** is the list of those consulted via interview and within the practitioners' workshop.

We hope that this review supports the key partners associated with MASH in Birmingham, by generating constructive dialogue amongst partners about the next phase in enhanced partnership working and the roll out of MASH.

3 Context for Change

The Government wants to oversee a transformation in public services so that service providers work collaboratively to deliver integrated services, with communities and individuals doing more for themselves and on their own behalf, enabling them to be part of the solution rather than part of the problem.

The rationale for the establishment of the pilot is defined in its overarching project initiation document, *Birmingham MASH Pilot Aims and Objectives* (2011):

"The aim of the Multi Agency Safeguarding Hub is to provide a proportionate, timely and coordinated approach to child safeguarding needs through and innovative process of partnership working that ensures the child is at the centre of everything we do"

Ten key objectives were identified as part of the establishment of the pilot. These are listed below:

- To meet the timescales as laid out in Working Together and the Framework of Assessment of Need (Outcome: Timely and Effective Assessments).
- To bring those offenders to justice who cause children harm.
- To ensure that an appropriate, relevant and identified outcome is in place for a child or young person referred. The principle being to "get it right first time".
- To reduce the volume of late Initial Child Protection Conferences (ICPCs).
- To increase multi-agency engagement in ICPCs.
- To increase the percentage of Core Assessments undertaken thereby ensuring that only appropriate cases are taken to ICPC.
- To ensure compliance with the Three Basic Steps of Climbie Recommendation 51 (Outcome: Improved Process for Management of Strategy Discussion's and Strategy Meetings).
- To ensure improved compliance with the West Midlands Joint Protocol (Outcome: Ensuring that where thresholds are met, that joint investigations are undertaken).
- To ensure that any emergency accommodation of a child, who is subject to a section 47 enquiry, is appropriate and that there is an overarching plan to a sustainable outcome for that child.
- To provide improved feedback to agencies involved with the child following MASH engagement in a referral (including the initial referring party).

Due to the timescales associated with this review, we have not been able to analyse in detail MASH outcomes against all of the above ten objectives, but we have been able to provide overview of MASH pilot effectiveness and suggestions for further roll out in 2013.

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

individual or team has a complete picture of a child's circumstances, so the importance of collaboration and partnership between agencies is paramount.

The drive for local authorities, Police, health education services and other key agencies to work more closely together to assess and define need is underpinned by other existing and developing local and national drivers and recommendations, including:

- Climbié Inquiry Report (Laming 2003) and Laming Review (DCSF 2009)
- Working Together to Safeguard Children (2010, 2012)
- Munro Review into Child Protection (2011)
- Berolowitz report (2012)
- Home Office/ACPO National Multi-Agency Safeguarding Support Project (2012-13)

West Midlands Context

The West Midlands IEWM Joint Protocol – *Child Protection Enquiries and related Criminal Investigations* (2011) defines the different roles and responsibilities that Local Authorities and the Police have in safeguarding children. It sets out an agreed protocol for how children protection enquires and, in particular, the circumstances in which joint enquires are appropriate. The MASH pilot is guided by these principles, and is an attempt to develop new models of working to support these protocols.

Birmingham is 'ahead of the game' when it comes to moving towards multi agency working in the area of children's services. Other Regional partners can learn valuable lessons from the dissemination of the findings of this review.

Birmingham Context

Public sector leaders face significant challenges, as they respond to the twin pressures of reducing spending and providing more customer-focused services. This involves looking at new ways of delivering services and providing greater value for money.

Birmingham is the largest local authority in England, with an estimated 274,478 children and young people under the age of 18, representing 26% of the overall population. Only seven of the 40 wards in the council area are below the national average for children living in poverty (22.4%). In the seven wards with the highest levels of deprivation, the percentage of children living in poverty ranges from 52.5% to 61.9%. Around 42% of these children and young people are from minority ethnic groups with more than 50 community languages spoken.

In an 'early days' evaluation of the MASH pilot (covering the period 7th December – 23rd February) by a researcher from the University of Birmingham. The report author, Dharman Jeyasingham, drew positive conclusions about the initial progress of the pilot.

"The MASH evaluation has revealed evidence of positive joint working and high levels of commitment to the initiative's aims. In summary, it can be said that

there are many areas where practice is good and some where the MASH holds the potential for work to improve further”.

The unannounced Ofsted inspection, of 10-19 September, highlighted several major areas for improvement, and Birmingham City Council was judged to be “inadequate” in how it delivers child protection services. It is not the intention, or remit, of this review to provide commentary on this. However, work around a post Ofsted improvement plan is moving forward, and any roll out of MASH will impact on the effectiveness of the future arrangements for the protection of children. The Ofsted report drew attention to the positive multi agency work in the south, and therefore developing and rolling out multi-agency working further would seem to support improvement measures. The MASH south approach was commended by Ofsted:

“When cases of immediate child protection concern are notified to, or identified by, children’s social care, strategy discussions with the police are conducted routinely and some evidence was seen of multi-agency strategy meetings taking place. This is particularly evident in the south area of the city, where co-location of agencies in a multi-agency safeguarding hub is adding considerable value to the joint delivery of child protection processes, including a satisfactory process for screening and prioritising domestic violence notifications. Emergency duty arrangements are satisfactory, suitably resourced and link well to day time provision”.

Inspection of Local Authority Arrangements for the Protection of Children Birmingham City Council (Ofsted P. 9, 2012)

The MASH pilot has been commended by external review and validation, which bodes well for any proposed city-wide roll out.

4 The South Birmingham MASH Model

A key cornerstone of MASH is the collocation of partners, as well as enhanced (and more timely) decisions made on appropriate levels of action and intervention. Decision making is, mainly, via on site joint strategy meetings held between the social worker team leader and the detective sergeant on duty. Decisions are recorded on a 'risk assessment' form, which is maintained in paper form and filed securely.

In order to gain an insight into what a rolled out MASH might look like, it is important that the Programme Board looks at current and future staffing levels when re-designing the service.

The **Police Investigation Team across Birmingham and in the south** comprises:

Birmingham south

- DCI – looks after *all* of Birmingham Child Protection
- 2 Investigation Teams in Birmingham South (team 1 and 2) – with 1 Sergeant on duty (who carries out the Strategy meetings with CS Team Leader) and a team of 5/6 Detective Constables
- Cover is 8am – 10 pm via a 2 shift system

City wide

- DI for each 4 areas covering Child Protection for North, East, West Birmingham
- There are 8 teams across whole of Birmingham

The **Children's Services Teams** are organised around a rota system, which changes every *third* week, with the on duty team located at Bournville Police station. There are two area managers with responsibility for other work, including first response, safeguarding and children in care, although The MASH team is supported by a dedicated area manager. There are 3 teams in the south of the city, and each team comprises of:

- 3 Team managers
- Senior practitioner (currently not filled)
- 4 social workers (Grade 4)
- 1 clerical/administrator (T.A.)

Average caseload per south team member social worker averages 37-32. The team leaders interviewed as part of this review expressed concern about current caseload levels, with their preference that social workers in their team carried an average of 20-25 cases.

The standard team as dictated in the new operating model is:

- 1 x Team Manager GR6
- 1x Senior Practitioner GR5 (currently one team has a vacancy)
- 1 x Senior Social Workers GR5
- 4 x Social Workers GR4
- 1 x Social Work Assistant GR3
- 1 x Team Assistant GR2 (Currently one is vacant)

N.B. 26 social workers have been vetted to work in Mash. 25% of these have not been successful in securing approved vetting to work in secure Police areas and are, therefore, not eligible to locate to Bournville Police Station.

The complementary Social Services staff list indicates there are 602 full time equivalent staff across the City of Birmingham. However, according to the Business Information & Technology Support Officer CYPF/Integrated Services *"Though this data is viewable by Team Mangers I cannot guarantee that it is 100% accurate so should really only be used as a rough guide. FTE numbers have been provided, though there were gaps and all gaps have been filled in with the average FTE (you will see a number of workers with 35.213333 as their working hours, this is the average and actuals are not available)."*

Health

Initially the Domestic Abuse lead was able to spend 3 days per week co-located, with 2 days of that on MASH. Due to unexpected circumstances the capacity for real presence from the Community Trust's Named Nurse team over the duration of the pilot was not sustainable. The virtual (or remote) model (available for consultation via the telephone) was tried - but did not prove to be as effective or robust as it only captured specifically requested information, and not the 'accidental' information, which comes through on site conferencing. Access to Trust systems using remote technology proved a frustration with only intermittent and slow connections being achieved. Birmingham and Solihull Mental Health had also trialled the use of remote access to Trust ICT services within Bournville Lane Police station. This was not successful as the access to systems was intermittent and very slow.

An internal audit was conducted in April 2012 looking at 10 cases that had followed the 'real presence' model, and 10 that had followed the 'virtual' or 'remote' model in order to identify if there was a significant loss in value using the latter approach.

The audit identified the 'journey' of the cases. It is difficult to assess from the audit whether moving from 'real' to 'remote' impacts negatively on the quality of process. However the value of 'real' over 'remote' was universally seen as preferable during this evaluation as the audit showed wider information gathering from across the health community, improved feedback to the professionals sharing information for the assessment.

Practitioners recognised the added value in terms of time saved through team co-location - bringing partners together into one room.

The Barnardos screening figures are, based on about 10,000

30%	No issue to address
40%	Single agency intervention
7-13%	Initial assessment needed
24-27%	S47 intervention

In addition to the above staffing resource, there is a Domestic Violence Joint Screening Triage Team and a Disability Team. These other teams are connected, but not fully part of the current MASH pilot. It was unclear from our review how this area of work relates to the core work of MASH and how referrals and information is shared.

The indication from the senior health staff member interviewed regarding roll out is that they would be able to put a named nurse into each MASH (even if the decision is made for two hubs). This would be achieved as previously via the Domestic Abuse lead within the triage team.

Referrals

Feedback we received from key on site decision makers in MASH, the Detective Sergeants and the Team Leaders, drew attention to the fact that often cases referred to MASH are not at the right level eg non-crime/S47, and could be dealt with by existing duty police/social worker teams who sit outside MASH.

We have examined the feasibility of co-located Birmingham Police and Children's Services research, intelligence and referral systems. This would enable partner organisations to pool intelligence information at an early stage and provide *smarter* referrals. However, in light of the fact that both the Police and Social Services have/or are in the process of reconfiguring their referral mechanisms, proposing additional change in this area seemed a non-viable option.

Initial Child Protection Conferences (ICPCs)

The October Ofsted report (paragraph 14) highlighted a lack of police attendance at Child Protection Conferences. Since then, both the Police and Children's Services have been meeting together to discuss criteria and protocols for attendance. The Police have developed a central referral system (based at Bournville) and a city wide monitoring system. The Police prioritise cases where there has been previous involvement, plus cases where there is potential or actual criminal activity. Children's Services expect more universal attendance. A further meeting between the two agencies regarding this matter is scheduled for January 2013.

Below are figures collected from Police and Children's Services regarding ICPCs that cover the period between October and December 2012.

Police Figures

Data relates to the month in which the ICPCs took place.

* The October figure does not include September invites.

	Oct 2012	Nov 2012	Dec 2012	Jan 2013
Total ICPCs	58*	90	61	10
ICPCs requiring attendance using Police criteria	12	18	14	2
Not attended	2	1	1	
Yet to take place			3	

Children's Services Figures

The figures cover the period 1st October 2012 to 10th December 2012

	North	East	West / Central	South
Number of invitations issued to police	28	33	52	84
Cases meeting Police criteria	11	9	12	8

5 Staffing resources and activity

The South Birmingham Children's Services pilot staffing levels can be put alongside section 47 levels, to give an indicative level of required resources. As the South Birmingham Children's Services team are not working exclusively on section 47 cases, the staffing patterns are far from straightforward.

Interviews with team managers highlight the complexity of the current system, which operate around three teams on a weekly rota. The picture further complicated by cases that are escalated to section 47 level remaining with the assigned social worker and are not being transferred into MASH.

The MASH is dependent on agencies sharing insight from their respective perspectives and, therefore, assigning staff from the range of agencies identified in the benchmark case studies is a key element. The effectiveness of any MASH is directly proportional to the number of agencies involved. Those agencies can include Children's Services; Education; Health; Housing; Mental Health; Police; Probation; Youth Offending Services.

The key staffing demands, however, fall on both Police and Children's Services in terms of direct intervention and handling caseload.

Over the period April 2012 to November 2012 inclusive (8 months), where full data is available, South Birmingham handled about 72 cases per month, as indicated by the table below. This would indicate that in order to MASH a city-wide caseload approximately four times the staff within the South Birmingham pilot would be needed, especially taking into account the anecdotal evidence from the lead agencies.

Strategy meetings (SM) usually comprise the Duty Sergeant and the team leader, with other partner staff brought in on an ad hoc basis to improve the quality of intelligence about a case. However, the Children's Service staff interviewed indicated that they felt that there were too many joint strategy meetings. We were also unable to gather enough evidence about what constitutes a joint strategy discussion (SD) and what criteria is used to move this up to a joint strategy meeting.

End Month	South			All			Percentage in South		
	SD	SM	S47s	SD	SM	S47s	SD	SM	S47s
2012 - April	81	25	114	247	47	244	33%	53%	47%
2012 - May	85	31	73	398	60	248	21%	52%	29%
2012 - June	80	4	68	299	25	290	27%	16%	23%
2012 - July	62	2	68	265	23	251	23%	9%	27%
2012 - August	84	3	55	303	27	236	28%	11%	23%
2012 - Sept	115	8	55	283	33	249	41%	24%	22%
2012 - Oct	112	5	77	392	34	293	29%	15%	26%
2012 - Nov	98	6	68	387	37	298	25%	16%	23%
Grand Total	717	84	578	2574	286	2109	28%	29%	27%
Monthly Average	89.6	10.5	72.3	321.8	35.8	263.6	28%	29%	27%

Whilst we understand that teams and geographical areas are not exactly co-terminus in terms of staff numbers and referrals, nonetheless, there does appear to have been an increase in activity since the co-location of MASH partners in the south. This would seem to point towards smarter discussions and improved decision making, with the ability to make on site decisions about how to classify cases, and when / if to 'escalate' to S47.

A snapshot of the activity figures from 10th November 2011 to 24th November 2012 during the MASH pilot and also for the same period before the MASH pilot, supports the increase in formal activity as a result of joint working.

	10-24 Nov 2010	10-24 Nov 2011	10-24 Nov 2012
Total Reports	53	116	151
Reported Crimes	5	9	8
Non-Crime	46	34	37
Joint Screening		77	106
Misc	2		

Source: West Midlands Police

6 Practitioner perspectives (insights gleaned via workshop)

A multi-agency workshop was held on the 5th December 2012 for child safeguarding practitioners. The 32 attendees provided insight from those working directly with families as well as those with a strategic perspective. Agencies included Police, Social Services, Health and Mental Health. The purpose of the workshop (for methodology see **appendix 4**), which followed an Appreciative Inquiry methodology, was to

- Provide information to the Strategic Board to enable a more informed decision regarding rollout of the MASH in line with the options presented below.
- Identify core values, principles and design suggestions that would be relevant whichever option was chosen.

A full separate report of the workshop is available, but included here are the aspects as identified within a **SOAR** analysis (**S**trengths, **O**pportunities, **A**spirations, **R**esults), which was used to capture and summarise the findings of the workshop, along with suggested service changes. The points summarised below were highlighted across several groups, and reworded to capture different perspectives. All are arranged alphabetically.

Strengths (What are our greatest assets?)

- Children are safer sooner – greater efficiency in early stages of investigation
- Common goal and shared values with regard to safeguarding children
- Face to face interaction enabling the discovery of relevant information
- Greater consistency in approach
- Honesty, openness, trust and confidence between agencies
- Insights from health and mental health to enhance context and understanding
- Quality, experience, knowledge and commitment of staff
- Quicker response enabling the completion of section 47s within timescales
- Shared ownership, persistency and accountability regarding decision making
- Understanding of the differences between agencies

Opportunities (What are the best development opportunities?)

- Better engagement of other agencies (eg schools and probation)
- Clarity and expectation regarding vetting requirements
- Consistency across thresholds
- Consistency and clarity across borders and shared areas
- Greater alignment of services in consideration of logistics
- Improved response times
- Joint training to enable greater understanding and quality
- Robust decision making assessment
- Rollout across Birmingham building on experience in the South
- Simplification of IT systems and standardised use of documentation

Aspirations (What is our preferred future?)

- A fit for purpose IT system that supports process and practice (single recording)
- All agencies fulfil their roles and responsibilities, not relying on other agencies
- Better prioritising to reduce inappropriate caseload
- Consistency across the whole of Birmingham
- Develop range of agencies involved (schools, probation, youth offending, CAF, CVS)
- Ensure parents and children understand response is planned and not 'knee jerk'
- On going learning and development within the implemented model
- Real (not virtual) presence to enhance information and insight sharing
- Review of the joint screening processes
- Two MASH (West & Central and South – East and North)

Results (What are the signs of success?)

- Better use of section 47 for appropriate cases
- Cost savings
- Evidence that risks are being identified sooner (better timescales)
- Good to Outstanding Ofsted assessment
- Greater communication with families
- Increased staff morale evidenced by reduced sickness and increased retention
- Joint, relevant key performance indicators
- Less repeat referrals (increased 'getting it right first time')
- More children remain safely at home
- Service user increased satisfaction (less complaints, recognised benefits)

Further service design suggestions are included at **appendix 5**.

Core Values and Critical Success Factors

Practitioners highlighted the following as required to enable a multi-agency approach to work effectively (arranged alphabetically). A more extensive list is contained within the separate workshop report:

- Avoid delays at all costs
- Awareness of prejudice – willingness to look at things differently
- Be open to challenge, persistent and honest
- Be sensitive to the demands on colleagues
- Clarity who does what, when, and who leads on what
- Conduct effective risk assessment to enable focus on priorities
- Develop mobility across service boundaries act as a multi-agency team
- Engage schools
- Expertise across the agency spectrum. No-one knows everything
- Focus on the outcome (keeping children safe)
- Have a 'can do' philosophy
- Knowing the full family context
- Not take information at face value (dare to question and listen)

Workshop observations

It is clear from the practitioners' workshop that there is a body of core values and principles that people are able to 'buy in' to, along with a common vision of partnership working that focuses on the safeguarding of children.

However, 'buy in' is not universal as there still remains cultural and perceived barriers to working in a multi-agency context.

7 Multi-Agency Framework

In order to assess the MASH pilot development, a framework was designed based on general principles of multi-agency working (table one). Elements that are shown have also been critical success factors in similar safeguarding initiatives such as MARACs – Multi-agency risk assessment conferencing (table two).

The content and conclusions below are drawn from one-to-one interviews, documentary review and the multi-agency workshop (5th December 2012). The questions within the framework are exemplars to give context to the topic area.

TABLE ONE: MULTI-AGENCY CRITERIA – GENERAL PRINCIPLES

Common Outcomes

- Is the added value of a multi-agency approach recognised?
- Does every agency know what they are trying to achieve?

Agencies recognise the value of working in a joint manner, and can identify a range of outcomes that would not be achieved by a single agency approach. However, there seems to be a number of restraints that mean working practice within individual agencies takes priority over a full multi-agency approach. The central common outcome of safeguarding children is constrained by the respective systems and working practices of the agencies involved (eg work rotas, vetting, information systems, management).

Agreed Process

- What is the process that enables a multi-agency approach? How does it work?
- Is the process usable / accessible to all relevant parties? Do all understand it?

There is understanding of the process as it is currently being practised. There are, however, a range areas for development identified by practitioners such as single recording systems, common information technology and better prioritising that would enable increased efficiency in terms of early intervention and information sharing.

Strong Relationships

- Have you any examples of the mutual understanding / respect between agencies that helps MASH?
- Does the multi-agency ethos lie with individuals or with the partner agencies they represent?

Practitioners testify to the fact that relationships have been enhanced through multi-agency working. This has been achieved through a greater understanding of the respective agencies leading to a developed respect. However, it has also been recognised that there is room for development through joint training and greater clarity regarding expectations of the respective agencies.

TABLE TWO: MULTI-AGENCY CRITERIA**SPECIFIC TO MULTI-AGENCY WORKING IN A SAFEGUARDING CONTEXT****CLARITY OF FOCUS**

- Is there clarity over the cases that are relevant, and those that are not relevant to MASH?

The South Birmingham model focuses on Section 47 cases. The current screening methods are enabling a focus on the most relevant cases.

Domestic Violence and Abuse screening enables the reduction from a potential 10,000 cases to 2,500.

However, the rota system operated by Children Services means that not all S47 cases go via MASH. Some cases stay with the assigned team even when they are not on 'MASH duty' for that week. There is also some evidence of cases being referred that are not S47, which results in reduced capacity.

It is also recognised by practitioners that consideration needs to be given to the thresholds, especially those that escalate from section 17 to section 47. The case studies we have offered elsewhere in this report offer a wider focus than section 47 cases.

CAPACITY

- A multi-agency approach demands more capacity than a single service one. Is the importance of the MASH approach backed up by agencies providing that extra capacity?
- Are appropriate personnel involved with access to necessary authority, knowledge and information?

It is recognised that the MASH process is saving time and thus enabling capacity. One practitioner observed, "We did in an hour what would take a day and a half".

There seems to be a disparity within Children's Services regarding the time demands on staff regarding cases being dealt with via MASH. Team leaders state they need the two weeks off MASH duty to catch up on caseload and that to be permanently on MASH would not be feasible, whereas there is some concern amongst management that a dedicated team would not have a sufficient work load to justify working solely on MASH.

The value of school insight has been highlighted throughout the evaluation process, yet it is recognised that there is difficulty in encompassing schools due to their own capacity. However, it has been recognised that it may be more efficient to delay strategy discussions and conferences until late afternoon in order to increase the potential for school involvement.

Capacity is clearly being diminished through two on going issues, namely The requirement of non police agencies to meet the higher vetting requirements

to work with police sensitive information. The inadequacy of mobile technology equipment, which requires Children's Services staff to travel between bases.

QUALITY OF INFORMATION

- Is there an agreed and signed information sharing protocol in place that enables agencies to share relevant information for the sake of those at risk? Is there a 'can do' approach?

There is a 'can do' attitude with regard to sharing information, and there is no evidence of aversion to sharing information due to data protection fears. Agencies recognise the priority of sharing information to safeguard over data protection legislation. The clear value of working face to face in strategy meetings is also clearly recognised. When that was normal practice during the early days of the pilot the value of information sharing was higher than when a 'virtual' team approach was taken. When people share information in a conference setting unexpected insights emerge, whereas when consultation is dependent on specific telephone calls, the information is much more narrow. It was also observed that telephone calls were not regularly made.

The vetting issue remains an area that needs addressing. It is thought by some agencies that the need to meet the higher vetting levels is because the MASH has been based in a Police Station. However, the same issue would arise in other contexts as it is access to Police information that demands the vetting, not the location of the MASH. This would indicate that this will be an on going issue unless all agencies only assign staff to MASH that are able to meet the necessary vetting levels.

INSIGHTS FROM BENEFICIARIES

- Is there a mechanism by which insights from beneficiaries can shape the approach (eg foster carers, front line workers, even children themselves)?

This is recognised as an area for development. It is particularly difficult to draw insight from beneficiaries when they are in a very vulnerable and emotionally demanding situation. However, insights from parents and children are available from those who have been supported by less acute interventions (such as via the Common Assessment Framework), that will be able to help shape service design and development.

SUPPORT AND LEADERSHIP

- Is their leadership at an appropriate senior level? How are blockages dealt with? How is learning shared?

There has been positive engagement between agency managers that enabled MASH to develop initially. This good will and co-operative attitude remains, which will enable the teething problems of any roll to be honestly addressed.

The team leaders in children's services express a great deal of frustration with MASH, which may arise out of the perceived barriers created by vetting and information, or maybe because they have yet to fully buy into the multi-agency concept.

WILLINGNESS OF PARTNER AGENCIES TO ENGAGE

- How are partner agencies adapting their way of working to facilitate engagement with the process (eg time commitment, new patterns of working, financial commitment)?
- Are there any obvious gaps with regard to partner engagement?

As highlighted above, there is evidence that partner agencies have adapted their way of working to engage with the pilot stage of the process. However, at the roll out stage there will be the need to embed patterns of working for a more permanent multi-agency approach. Issues that will need attention will include

- The respective work rotas within partner agencies
- Endeavouring to achieve face to face strategic assessments rather than virtual
- Engagement of schools
- Engagement of further partners (eg probation, youth offending, integrated services, etc)

This evaluation has not had within its remit the potential for alignment of budgets for multi-agency facilities and working.

A STRATEGIC GROUP TO ENABLE DEVELOPMENT & SUSTAINABILITY

- What shape is the Partnership Board taking? What is its remit?
- What mechanisms are in place to shape future service delivery through performance management and improvement planning (eg New Ways of Working)?

The Programme Board is still establishing its patterns of working, but will have a critical role in enabling effective delivery through addressing issues in a multi-agency culture as they arise.

In addition to developing joint appropriate Key Performance Indicators, the Board will need to monitor the on going effectiveness of the multi-agency model. The criteria within this assessment framework may be fit for that purpose.

Further recommendations on how to develop the model are outlined later in this report.

8 Leading cultural change and service transformation – taking people with you

At the heart of the public service transformation agenda is the desire to decentralise and deliver bespoke, integrated local services that meet the needs of service users while increasing efficiency.

The implementation of the MASH in the south has been a cultural change, to some extent with staff co-located and working arrangements and joint activity between the police and social workers enhanced and more effective.

In 2009 the Government commissioned a report (MacLeod and Clarke), looking at the key success factors for successful businesses. Two of the key recommendations for success were around strong leadership and staff engagement.

"Leadership provides a strong strategic narrative which has widespread ownership and commitment from managers and employees at all levels. The narrative is a clearly expressed story about what the purpose of an organisation is, why it has the broad vision it has, and how an individual contributes to that purpose. Employees have a clear line of sight between their job and the narrative, and understand where their work fits in. These aims and values are reflected in a strong, transparent and explicit organisational culture and way of working"

Engaging for success, (MacLeod and Clarke 2009)

Whichever structure options are chosen for the forthcoming MASH roll out, there is an absolute requirement for clear leadership to manage the process. You will need to have a strategy to win over hearts and minds for the need for change and transformation - amongst staff, communities, non-statutory partners etc. Therefore, it is important to get the strategy right, and to understand the implications and consequences of that strategy from the outset.

You will need commitment, clarity of direction and passion amongst senior leaders and delivery managers to drive the change. Clarity and shared consensus is important around defining what are you trying to do and why.

Resources should also be released to ensure that there is capacity and oversight for the management of change. A clear framework for agreed values and a detailed project plan, will be important tools in ensuring that there is consensus amongst partners for what some of the critical success factors are in taking MASH forward.

A recent report published by the Chartered Institute of Personal and Development into public sector transformation underlines the importance of sharing and leading your vision, and taking people with you.

"Organisational development and leadership development lie at the heart of the change process. The main levers to achieve culture change are organisational

development in combination with leadership and management development. The two activities are regarded as mutually dependent and reinforcing.

Leading Cultural Change, Employee Engagement and Public Service Transformation, Chartered Institute of Personnel and Development and Public Sector People Managers Association (p. 3 November 2012)

Employee Voice – Staff Engagement

Staff engagement describes what happens when people think and act in a positive way about the work that they do, the people that they work with and the organisation that they work for. High levels of staff engagement have been shown to have a positive impact across organisations including; better outcomes for service users, performance, financial savings, sickness, quality, safety, staff retention and recruitment.

Employee engagement is a valuable framework for a values-based culture change. It is widely regarded as important, both as a framework to drive change and as a means to evaluate the success of change. The ability of employees to feel involved in shaping change, with the ability to feed their views back to management, is crucial if employees on the front line are to be involved in developing as well as delivering innovative ways of providing excellent services to children.

However, local service organisations tasked with responding to this agenda also face an unprecedented people management challenge in engaging employees and maintaining their motivation against a backdrop of pay freezes, pension reform and job cuts. In meeting this challenge, they also have to deal with the fallout from frequent political and media criticism of the public sector and negative publicity - the recent national and local reporting of the recent Ofsted inspection underlines this.

Our methodology sought to take a holistic approach, giving practitioners a clear opportunity to shape the development of this initiative.

9 April 2013 'Go Live' Date – Key Service Redesign Principles

Activity up to the 'go live' date will run more smoothly if it is planned, transparent and inclusive. These should be guided by a:

1. **Framework document** - which outlines your key aims, objectives and overarching outcomes
2. **Consolidation and options appraisal** – what do you require of your MASH function
3. A **Project Implementation Plan** - overseen by the project sponsors – the Programme Board
4. **Information and communication** – persuasion that change is necessary, and support strategies for change and counter resistance from staff
5. Consensus around **key design** principles - to maintain business clarity and staff engagement

Key Design Principles:

- Support the successful establishment of the new organisation and MASH brand, with clear time scales.
- Consider the arrangements for determining which business functions and employees are in the scope to transfer to the new MASH.
- Remain customer focused, a design any new system with this in mind.
- Mirror good partnership relationships at the leadership level.
- Streamline – are there any economies of scales and opportunities for quality assurance/professional services?
- Develop good infrastructure arrangements for the new MASH.
- Retain, as well as to support and develop employees, wherever possible.
- Outline the generic HR principles and processes required to support consistency and encourage best practice.
- Support value for money and minimise costs.
- Consider the numbers, locations, application processes and grades required in the new MASH.
- Consider management structures and governance arrangements.
- Develop joint performance indicators/KPIs to measure success.
- Support business continuity during the transition.

- The *NHS HR Transition Framework (July 2011)* was developed to support organisations through service redesign and change. It outlines the key *HR Transition Principles* and these are summarised below: consult and engage with employees and their representatives and make sure they are kept fully informed and supported during the change process
- promote transparency, equitability and fairness in all transfer, selection and appointment processes
- ensure professional and respectful behaviour towards all employees moving between organisations

- work with pace to minimise disruption and uncertainty for employees affected by change
- ensure the consistent treatment of employees at all levels
- actively promote equality and diversity standards through all transfer, selection and appointment processes
- work to ensure that valuable skills and experience are retained
- promote compliance with relevant employment legislation
- undertake early engagement with employees and unions to enable effective and sustainable change.

Whatever options for MASH roll out you choose, careful planning, transparency and stakeholder engagement will be key to success and staff buy in.

10 Options for MASH rollout

Based on our evaluation, interviews and insights from practitioners, we have identified below four possible options for the new MASH model. Your preferred timetable for roll out is April 2013, and therefore an early appraisal of options is critical.

Option 1: Defer City wide roll out

South Birmingham MASH continues in present form - but wider roll out across the City is dependent upon:

- A further review and evaluation of the pilot impact and outcomes
- Further work/feasibility studies on infrastructure issues e.g. IT/information systems and potential locations
- Results of national Home office/ACPO Multi Agency Safeguarding best practice project (findings expected April 2013)
- Community budgets roll out, 2014-14 budget decisions etc.

Option 2: 1 MASH Hub

One Central location (City centre)

- All vetted staff located in central location
- **OR** just locate key operational/delivery managers e.g. CS/team managers, Police Sergeants, etc. to facilitate regular and timely joint strategy meetings
- Co-location options include 2 local hub offices with co-location of partner operational staff *OR* staff remain in partner buildings and communicate via non face to face methods e.g. phone, email, Skype etc.

Option 3: 2 MASH Hubs

2 Hubs - (1) Birmingham North and West Central (2) Birmingham East and Birmingham South

- Investigate potential for location of staff into two 'hub locations'
- Continue research/feasibility studies on improving infrastructure and process challenges (IT, information sharing, recording etc.)
- Identify potential savings from co-location for reinvestment into infrastructure/systems improvement

Option 4: 1 Central MASH Team (recommended)

Central location of managers and operational staff

- Open to vetted staff only.
- Application process for roles to get 'best fit'.
- Deal with new S47 cases only – DCs and SW have continued responsibility for on going cases.
- More staff may need to be relocated in central MASH team as it could be more resource intensive.

11 Conclusion and Recommendations - the next phase of MASH

Substantial investment has been made by individuals and partner organisations into new ways of working. Staff, (in particular those from Children's Services), have had to relocate for part of the working time, use unreliable information technology and integrate into a new working environment. However, the benefits of co-location are that it does enhance discussions and smart decision making, and is pre-requisite for a wider MASH roll out.

However, there is a huge commitment towards building quality, specialism and improvements into the service delivered, and in seeing criminals brought to justice. MASH partners are responding proactively to the emerging local and national drivers and are keen to find the 'best fit' before further roll out.

There are still major challenges that remain and that were identified as part of the previous 'early day' evaluation relating to the working environment and infrastructure associated with collocation - such as vetting, IT and data sharing and administrative support. These are still providing challenges and will need to be incorporated into any service redesign.

Based on our findings, it is our view that a 'go live' date of April 2013 is feasible, providing the Programme Board provides clear leadership, direction and commitment to the roll out. In order to ensure a smooth, inclusive and transparent transition, the roll out would benefit from being underpinned by implementing the recommendations below.

Recommendations:

- 1. Appraise the identified options** and agree the service redesign process.
- 2. Develop a clear framework of aims, values and objectives** for rolling MASH out across the City of Birmingham.
- 3. Identify and implement key design principles** ensuring staff and stakeholder engagement.
- 4. Develop a project plan and clear roll out timetable** directed and sponsored by the Programme Board.
- 5. Share current Key Performance Indicators and develop joint indicators** as the project develops.
- 6. Develop a mechanism for capturing value for money**, which also includes Social Return on Investment.
- 7. Continue to address identified barriers**, including Information Technology, vetting, data sharing and administrative support.

- 8. Develop and implement a staff engagement strategy** in order to enable transition and development, which will include further co-design processes with broader stakeholder engagement.
- 9. Develop a joint training programme** in order to increase knowledge, understanding and consensus around protocols, thresholds and appropriate interventions.
- 10. Continue to benchmark the development of MASH** against the national ACPO Home Office programme and other case studies (**see appendix 6**).

Appendix 1

Birmingham Multi Agency Safeguarding Hub (MASH) Pilot Review Project Implementation Plan (PID)

PID Objectives and Deliverables

- To review the Birmingham MASH's 12 month Pilot, evaluate its strengths and weaknesses
- Inform and support the next phase of delivery across Birmingham to improve outcomes for safeguarding children
- To use an Appreciate Inquiry approach to inform the design and process of the Review
- To appraise alternative options and identify the most appropriate and resilient MASH model for rolling out across Birmingham
- Develop a suitable suite of transferable measures to assist the delivery and improved outcomes from the MASH programme that is suitable for all stakeholders

Project Management Arrangements

- IEWM Associate Bernie Wilde will act as the project manager and act as the main point of contact for the duration of this review. Chris Allen, IEWM Associate will also provide high level input and delivery.
- Client project Management will be provided by Gary Billing DCI, (Birmingham Public Protection Unit), with support from Detective Sergeant Dave Reynolds.

Delivery Timescales

- The Review will be completed by the 21st December 2012, with the final report and recommendations presented to the newly established Programme Board end December.

IEWM

- Act as a key point of contact
- Provide opportunities and input for shared learning across the West Midlands

MASH Review - Project Implementation Plan

Outputs	Timescales
Phase 1: Set up and strategic Overview DEFINE	
<ul style="list-style-type: none"> • Project scoping meeting to meet key points of contact, agree the process, design project plan • Documentary review of relevant literature • Set up 1-1 meetings/telephone discussions with key agencies • Develop key insights and headlines 	October 29 th – 9 th November
Phase 2: Documentary Review/1-1 Meetings & Groups DISCOVER	
<ul style="list-style-type: none"> • Review documents as supplied e.g. PHD research finding and outcomes, WM joint protocol, pilot objectives, national reports • Design key questions - based on the MASH partnership Health check Framework • Undertake 1-1 meetings/group meetings • Benchmark against national/regional expectations and identify possible objectives and suite of potential measurements for success • Explore options around costs, staffing numbers and structures, co-location support issues etc., and collate good practice protocols • Develop options to inform roll out and approaches around new models of joint working and service delivery 	9 th November – 3 rd December
Phase 3: Stakeholder Engagement and Co-design – DREAM AND DISCOVER	
<ul style="list-style-type: none"> • Bring all agencies together to review practice, identify and <i>own</i> outcomes • Design and deliver half day event 1st week in December 	3 rd – 7 th December
Phase 4: Review Report and Recommendations - DELIVER	
<ul style="list-style-type: none"> • Produce report and recommendations which specifies strengths and weaknesses and options for further collaboration and roll out • Present final report to Programme Board 	7 th – 21 st December

Appendix 2: Partnership health-check and interview template.

MULTI-AGENCY CRITERIA - GENERAL
<p>Common Outcomes Is the added value of a multi-agency approach recognised? Does every agency know what they are trying to achieve?</p>
<p>Agreed Process What is the process that enables a multi-agency approach? How does it work? Is the process usable / accessible to all relevant parties? Do all understand it?</p>
<p>Strong Relationships Have you any examples of the mutual understanding / respect between agencies that helps MASH? Does the multi-agency ethos lie with individuals or with the partner agencies they represent?</p>
MULTI-AGENCY CRITERIA – SPECIFIC TO MULTI-AGENCY WORKING IN A SAFEGUARDING CONTEXT
<p>CLARITY OF FOCUS Is there clarity over the cases that are relevant, and those that are not relevant to MASH?</p>
<p>CAPACITY A multi-agency approach demands more capacity than a single service one. Is the importance of the MASH approach backed up by agencies providing that extra capacity? Are appropriate personnel involved with access to necessary authority, knowledge and information?</p>
<p>QUALITY OF INFORMATION Is there an agreed and signed information sharing protocol in place that enables agencies to share relevant information for the sake of those at risk? Is there a 'can do' approach?</p>
<p>INSIGHTS FROM BENEFICIARIES Is there a mechanism by which insights from beneficiaries can shape the approach (eg foster carers, front line workers, even children themselves)?</p>
<p>SUPPORT AND LEADERSHIP Is their leadership at an appropriate senior level? How are blockages dealt with? How is learning shared?</p>
<p>WILLINGNESS OF PARTNER AGENCIES TO ENGAGE How are partner agencies adapting their way of working to facilitate engagement with the process (eg time commitment, new patterns of working, financial commitment)? Are there any obvious gaps with regard to partner engagement?</p>
<p>A STRATEGIC GROUP TO ENABLE DEVELOPMENT & SUSTAINABILITY What shape is the Partnership Board taking? What is its remit? What mechanisms are in place to shape future service delivery through performance management and improvement planning (eg New Ways of Working)?</p>

Appendix 3: People consulted

Interviewees

- Detective Chief Inspector and Lead for Child Abuse Investigation- Birmingham Public Protection Unit
- 2 Detective Sergeants, Mash South Birmingham
- 1 Detective Constable, MASH South Birmingham
- 1 Detective Inspector (on secondment out of MASH)
- Birmingham South Children's Services Team Leaders (2 of 3)
- Linda Joyce (Birmingham Children's Services)
- Clare Edwards (Birmingham NHS)
- Catherine Evans (Birmingham & Solihull Mental Health Trust)
- Jon Needham (Birmingham Family Common Assessment Framework)

Workshop attendees

- Amanda O'Boone
- Beverly Mann
- Carla Thompson
- Catherine Evans
- Christine Wellington
- Clare Edwards
- Dave Amos
- Dave Wallbank
- David Raymond
- Debbie Currie
- Gareth Blake
- Garry Billing
- George Faulder
- Ian Burman
- Jill Patterson
- Josie Fielding
- Kath Davis
- Kay Child
- Leanne Lowe
- Linda Joyce
- Lorraine Wade
- Lyndsey Beaumont
- Mary Spencer
- May Porter
- Neil Hunt
- Neil O'Toole
- Preet Shergill
- Rob Grace
- Robert Sutton
- Shafiq Qasim
- Simon Cross
- Steve Rudd
- Sue Boyce

Appendix 4: Workshop methodology

The approach used within the workshop was based on a 'whole system' review. In order to make the most of the evaluation process, we sought to establish a '360 degree' consideration of the pilot. This holistic approach seeks to gather all stakeholders into the process. We would work with the local project to ensure all stakeholders **ARE IN** the dialogue.

The mnemonic stands for

- A** Authority – those who can enable change
- R** Resources – those who can provide the means for delivery
- E** Expertise – those with the real insights into what works
- I** Information – those who can enable an evidenced based approach
- N** Need – those on the receiving end of the initiatives to provide insight and focus.

This also highlighted gaps in the engagement that will need addressing as development rolls forward. The workshop failed to engage health commissioners, education and beneficiaries, mainly due to the tight delivery window.

The workshop on the 5th December 2012 used an Appreciative Inquiry (AI) approach, which reflect the overall approach of the assignment. AI is built around a number of stages

- **Define** – the topic of inquiry (in this case MASH good practice to shape roll out)
- **Discover** – appreciate the best of what is (capturing the stories of best practice)
- **Dream** – imaging what could be (setting the vision for what might be achieved)
- **Design** – determining what could be (identifying what changes are needed for development)
- **Deliver** – creating what will be (progress towards the results that are hoped for)

A key part of the evaluation that will help meet the criteria within the ITT will be the production of a SOAR analysis which will help projects identify success criteria against outcomes.

- **Strengths** – What are our greatest assets?
- **Opportunities** – What are our best development opportunities?
- **Aspirations** – What is our preferred future?
- **Results** – What are the signs of success?

**Appendix 5: Further workshop service design suggestions
(arranged alphabetically):**

- Separate hubs for East, South and North / West Central
- Access to partner data
- Aligned Police and CS duty rotas
- Other agencies to shadow MASH e.g. voluntary sector
- City wide building with good access/resources – all agencies come together
- Clarity regarding what is single agency and what is multi-agency
- Clearer structures and policy and procedures – keep them simple
- Co-locate PPU to share some offices at CSC
- Commitment from senior leaders from agencies to support MASH
- Communication strategy (mobile, emails & telephone calls can often take too long)
- Consistency and support to front line staff
- Children Services need own printers
- Effective and on-going review of cases
- Good and robust IT systems, that are easily accessible
- Good relationships and information sharing resources should be accessible without lengthy referrals and gate keeping
- Group thinking – stop working in silos
- Having reps from education
- Improve screening of D.V. and consistency in joint screening and thresholds
- Joint commissioning and resources
- Location doesn't need to be a police station
- Six monthly reviews
- More face to face conversations
- Need on going review BUT it would be helpful to have people/systems in place for a settled 3-5 year period – don't make changes for the sake of it!
- Need to agree (and not deviate) about who is required for a MASH assessment
- No access to budget for S17
- No further change for at least a year – reflect and monitor what we have
- Police sharing info more freely
- Police slips re notifications not working/getting them too late – should email to central south email, which is screened by IAT for forwarding on
- Provision of better staff welfare – e.g. rest areas, mobile phones etc
- Share mobile/email numbers
- Shared KPIs
- Standardise MASH paperwork, IT and processes
- Strategic leadership – health commissioners involved
- Strategy minutes and meetings and decisions recorded safely
- Structured recording and information sharing
- Transparent and visible communications at commissioning level and city strategic leadership – what dialogue are you having re MASH?
- Understanding of multi agencies contact points

Appendix 6: Benchmarking

Case Study 1: London Boroughs

Relevance

The London Boroughs case study has particular pertinence to the Birmingham MASH model for two particular reasons

- It is dealing with complex multi-agency issues in a large metropolitan environment
- It is addressing issues relating to premises and confidential police data.

Methodology

London MASH asks all participating London Boroughs to sign up to a Governance Framework which outlines the expectations of partner bodies. Boroughs can determine what their MASH hubs look like, but there are a number of key, overarching themes. Boroughs are expected to sign up to the framework, before going live. These are:

- All notifications relating to safeguarding and promoting the welfare of children to go through the hub.
- Co-location of professionals from core agencies to research, interpret and determine what is proportionate and relevant to share.
- The hub is fire walled, keeping MASH activity confidential and separate from operational activity and providing a confidential record system of activity to support this.
- An agreed process for analysing and assessing risk, based on the fullest information picture and dissemination of a suitable information product to the most appropriate agency for necessary action.
- A process to identify victims and emerging harm through research and analysis.

A number of pilots are already underway in London, and the first hubs went live in Haringey and Harrow in February 2012. A 'go live timetable has been developed across London, with all but two boroughs expected to be operating some form of MASH model by April 2012.

Other Key learning points

- The agencies in a MASH are: Social Care, Health, Mental Health, Police, Probation, Education, Housing, YOT/YOS.
- Operational activity must take place outside the MASH office so that the confidential aspect of MASH is maintained with a clear 'firewall'.
- There is a London multi-agency audit tool, which is used in local areas to review all cases (including MASH) to review what worked well/not so well and identify areas for improvement. Cases are marked according to the Ofsted definitions
- An annual meeting is held for all boroughs across London for practitioners and partners. The last meeting is due to be held on the 11th December, and will showcase two areas of MASH good practice

Premises checklist

The main MASH office

Multi Agency Safeguarding Hubs (MASH) have core agencies co located to research, interpret and determine what Information is proportionate and relevant to share. These staff members will be co - located in the same office and the numbers of staff will vary according to volumes of Merlin and contacts/referrals from the Local Authority perspective. The agencies in a MASH are:

- Education
- Health
- Housing
- Mental Health
- Police
- Probation
- Social Care
- Youth Offending Services.

Others could include Adult Social Care and 3rd Sector or Social Enterprise.

The Health, Mental Health, Probation, Education, Housing and YOTs will be represented by staff from each agency. The staff numbers will vary from Borough to Borough. There are considerations for every Local Authority partnership. These include the "future proofing" of every MASH. There are considerations around the role of Integrated Offender Management (IOM), Gangs partnership and Adult Safeguarding and the Troubled Families agenda. There are other rooms that are linked to the main MASH office.

Police Confidential Data Room

- A secure room within a room, Inside or adjacent to the MASH
- Police National Database (PND) and VISOR (Sex and violent offenders database)
- Secure Printing and Secure shredding
- Not overlooked by non accredited staff
- Min 3 work stations (1x Inuit, 2x Foundation)
- Min 1x Met landline (confidential discussion)

Confidential Discussion Room

- For secure discussion of sensitive information within or adjacent to MASH room
- Is within the 'Red-Line' when in use
- Allows negotiation and professional resolution without interruption to main MASH room.
- This is a 'neutral' room for secure discussion of sensitive information.

Other considerations

- A secure MPS IT Cabinet is required (SEAP)
- Size is 1000 x 800 x 800 mm (Floor space of 3500mm X 900mm)
- It gets hot so very small rooms are unsuitable
- 2 x13A fused spur sockets & separate bonding EARTH from building main ring circuit is required for the SEAP
- Independent MPS trunking and cabling

- These will future proof MPS IT and telephony equipment.

The other factors to consider are that operational activity must take place outside the MASH office so that the confidential aspect of MASH is maintained with a clear 'firewall'.

For further information contact:

richard.henson@met.police.uk

jeanne.king@hackney.gov.uk.

Case Study 2: Devon County

Relevance

The Devon County case study has been recognised as good practice

- It has undergone a two stage roll out similar to Birmingham
- It also deals specifically with the handling of confidential information.

Methodology

The MASH Devon roll-out, with all police referrals across Devon and a phased roll-out of LA children's social care referrals, began with North Devon in June 2010, with subsequent roll out into other areas in 2011.

The context and operation of MASH was outlined by Rory McCallum, Head, Child and Adult Protection, Devon County Council in oral evidence taken before the House of Commons Education Committee on Wednesday 7 March 2012.

"Within Devon you can conceptualise the MASH as having some kind of imaginary red box around it; we have said to the partnership, 'You can share whatever intelligence you want within the MASH.' It stays in that box, and it will not be broken out unless you, as a professional, consent for that to happen or if we have a lawful basis to break that out, such as stopping crime, prevention of harm to a young person and so on. That is even true with information that is highly sensitive. One of the benefits of co-locating with the police has been that they are used to managing very sensitive intelligence on a daily basis..."

The MASH model is seen to offer a more consistent, timely and unified multi-agency response to individual situations, rather than children's social care services making unilateral decisions in response to referrals. Staff are co-located, and an evaluation of MASH by the Local Government Association and the National Foundation for Education Research in 2012 has identified confidence in the model and better outcomes for children's assessment.

The original MASH team:

- An operations manager (CYPS),
- Two practice managers (CYPS)
- Two social workers (CYPS)
- 10.9 full-time equivalent (FTE) referral coordinators (CYPS)
- Two police sergeants (police service)
- Four 121a evaluators (police service) who assess the referrals from police officers who have concerns about a child or young person
- Police researchers (police)
- Business support (CYPS)
- One part-time education representative (CYPS)
- A team of health representatives who collectively equate to one FTE staff member (health service).

The MASH team has continued to evolve. Now the education representative is supported by a senior practitioner and an administrative assistant. The health representative has recently added a full-time administrator to the team.

MASH Devon has a ratings (tier system). Tier 2 services are targeted where the level of need for the child or young person is early, and where they are experiencing additional specific difficulties not addressed by Tier 1 universal services. Tier 3 services are for those children and young people with substantial and complex needs.

For more information contact:

Rory McCallum, Head of Child and Adult Protection, Devon County Council

Appendix 7:

Following an internal reorganisation by Birmingham Children's Services and a strategic decision to provide a 'front door' service for all safeguarding cases, Birmingham City Council offered the following report to contextualise the next stages regarding MASH development.

BIRMINGHAM CITY COUNCIL

Report

Date:	21 st March 2013
Report of:	IAS / MASH MAIT board
Subject:	Implementation and Operational delivery of partnership services: Information and Advice Service Joint Investigation Team (MASH currently)

1. Summary

Two areas of developing practice and partnership engagement are evolving beyond that initially considered.

- IAS
- MASH / joint investigation team

The opportunities offered can provide a significant strategic fit with CYPF vision for improved service delivery.

The delivery models will have the potential to drive significant improvement in outcomes for children and families.

There are significant co-dependencies between the services.

2. Purpose of Report

1. Given the change in direction and the changes proposed within CYPF in relation to 'remodelling SW', partners have requested clear strategic sign off for MASH (or joint safeguarding / investigation service) within CYPF to facilitate next steps as required.

Strategic sign off will enable a clear proposal to be formulated by engaged partners to their governance leadership in

- W Midlands Constabulary,
- Birmingham Community Healthcare NHS Trust,

- BCH,
 - HEFT
 - Health Commissioning Trust.
2. The proposals require accommodation decision making, logistical preparation including enabling ICT capacity. Without paced and focussed consideration we could build potential delay into proposals
 3. Accountability and responsibility for management of the centralised services described (IAS, MASH/ JIT) requires consideration
 4. There is a formal request through remodelling consultation to provide direction and information on MASH / JIT to enable team managers to consider their options.

3. Context of developments

MASH / Joint Safeguarding / Investigation team.

- I. A pilot MASH service is currently delivered in South Area. An evaluation of the model was commissioned early in 2012 and reviewed positively with some logistical issues identified. This service was positively received by Ofsted in September 12 and is viewed very positively by W Mids Police.
- II. Immediately following the Inspection a MASH board was set up to drive development with a delivery date of 16th April 13.
- III. Partners engaged in the MASH board include:
 - a. Police
 - b. CYPF
 - c. Birmingham Community Healthcare NHS Trust
 - d. BCC estates – logistics group includes service B’ham with Health ICT linkage as required.
 - e. Adult mental health (agreed in principle)
 - f. BCH & HEFT expressed a wish to be involved
 - g. Health commissioners have committed funding for 3 wte Health practitioners. **(NB Birmingham Community Healthcare NHS Trust have advised this should be 1.75 wte)**
- IV. Whilst initially called a MASH, the model of service is actually a **joint safeguarding / investigation service**.
- V. There are many benefits to delivering the joint safeguarding / investigation service model citywide.
 - a. Time delay will be driven out
 - b. Face to face strategy discussions / meetings will be easy to facilitate
 - c. Growth in trust and respect between police, social workers and health colleagues through joint working
 - d. High quality risk management and critical analysis is more likely
 - e. Paediatric and forensic medicals will be booked earlier and therefore more likely within the child’s timeframe.
 - f. Children engaged at times favourable to them will elicit better evidential quality.

IAS (potential MASH arrangement)

Currently the improvements in IAS have centred around centralisation of delivery and improvement in practice of CYPF IAS staff and a wider development of Customer First bringing together all CYPF information and Advice Services into a Call Centre approach.

Simultaneously there are strands of work commissioned by the BSCB which will improve how partners interact and engage with IAS

- Right Service, Right Time (KC)
- Improvement in partner referrals (JJ)

Partners specifically within part of the health community have expressed a desire to deploy staff in IAS and there is the potential for school DSP's engagement on a rotational basis. Driven by the Schools Safeguarding Group, Heads are now offering their DSP for rota cover.

Birmingham Community Healthcare NHS Trust have added this supplementary comment "*whilst other partners, such as BCHC are supportive in principle, they recognise the need to engage their children's services teams in order to shape and influence the model of care*".

A multi disciplinary IAS, with clear intelligence sharing arrangements and working protocol will fit a traditional MASH model.

At this point there is an obvious gap in partnership engagement as Police colleagues have made a significant staffing resource commitment to the Joint Safeguarding / Investigation team. However Police colleagues are motivated to ensure that intelligence they hold assists decision making in IAS. There are three possible means to facilitate this:

- W Midlands Police CRU development provides a virtual link and relations between the HOS IAS and the CRU senior officer are robust
- W Midlands Police facilitate staffing for IAS alongside the Joint Safeguarding / Investigation team.
- The Joint Safeguarding / Investigation team is co-located alongside the IAS enabling a police senior officer presence, police administration and ICT systems can provide intelligence in specific circumstances which the MASH board will draw up.

4. Senior management capacity for IAS: MASH and HSW

The current model is for the management of the service teams MASH / JIT, IAS and HSW is within the current area structure

1. managed directly by AD as per the remodelling concept with ADs directly impacting on practice across the piece.
2. recognising the co-dependency of all three teams; rather than silo, route through a single HOS who consolidates and leads the operational partnership and relates to the focus these teams have within the Ofsted Inspection Framework.
3. management structure offered will include:
 - a. 1 x Head of Service

- b. 6 team managers (plus current roles identified as HSW team manager, EDT team manager and CAF team manager)
 - c. 2 x practice supervisors
4. 30 social workers / snr practitioners / snr social workers.

Finance/Resources

Resources including staffing for IAS from CYPF is as the current model describes

Resources including staffing for the current MASH / Joint Safeguarding / Investigation team from CYPF are dependent on location of service:

Resource required as mapped by MASH board data on throughput

- 5 team managers (*requires further negotiation and consideration depending on the delivery model agreed for IAS*)
- 30 social workers although a few of these posts may be social care workers to assist with transporting and ancillary duties
- Administration
- 5 Detective Sergeants
- 15 Detective Constables

Efficiencies

co-location with IAS may be achievable
or / &

the 5 Team Managers provide team manager workflow management and consolidation for colleague team managers in IAS and areas, to ensure effective management of 'clipboards'.

Report of

Name: Jacqui Jensen
Title: service Director children's services
Tel: 675 5570
E-mail: Jacqui.jensen@birmingham.gov.uk

Lead Contact Officer

Name: as above
Title:
Tel:
E-mail:

Management structure for 3 co-dependent teams

