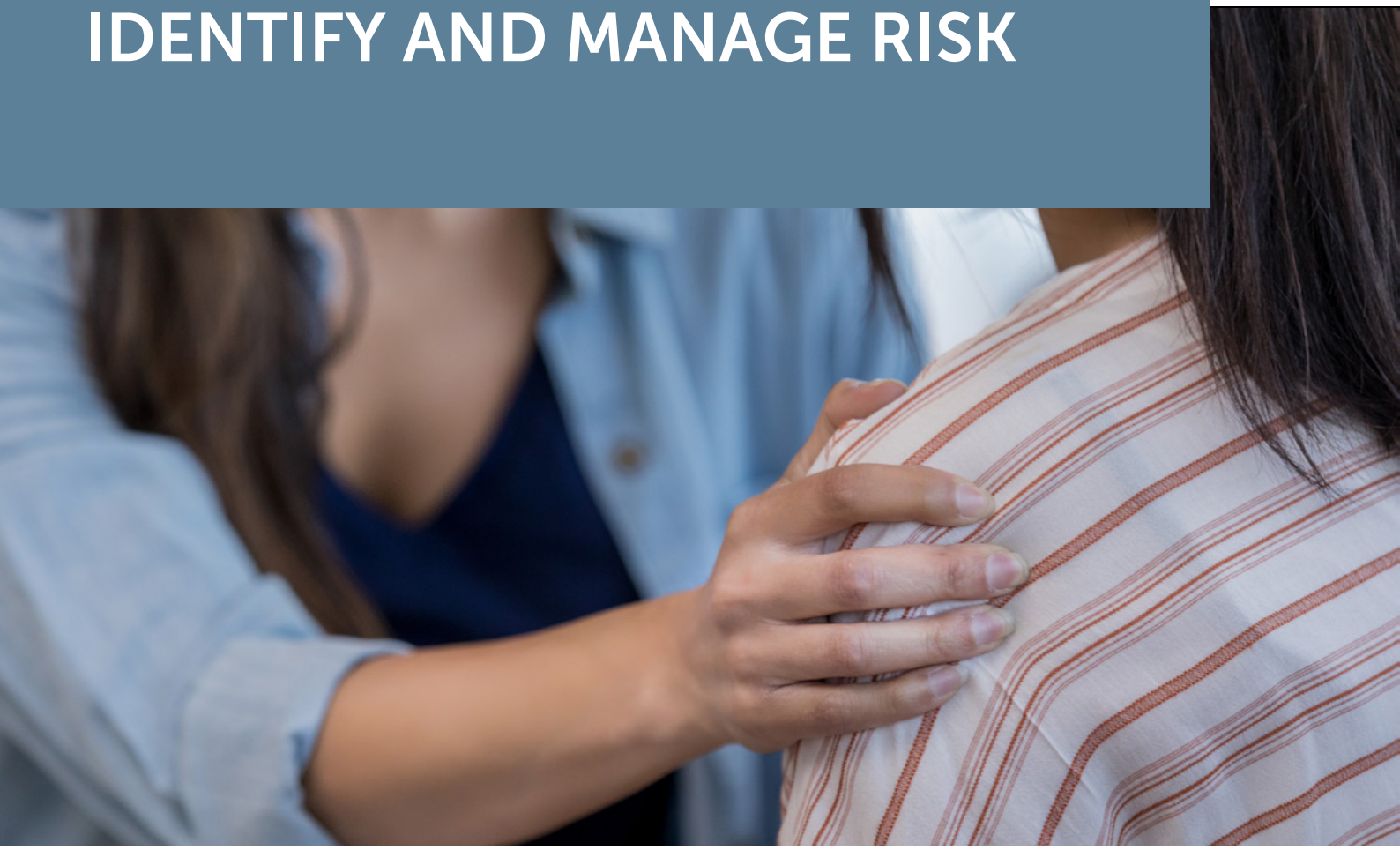
STANDARDISING MULTI-AGENCY SAFEGUARDING HUBS (MASH): BUILDING A FRAMEWORK TO EFFECTIVELY IDENTIFY AND MANAGE RISK



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Executive Summary

MASH has been a feature of safeguarding practices in England and Wales since 2011, bringing safeguarding agencies together to effectively share information and prevent organizational silos. Core agencies include the police, social care, and health, with key features of co-location, joint decision-making and co-ordination. A standardised definition for MASH implementation does not exist, and this lack of a clear definition has meant various structures have emerged, impacting on safeguarding practices. This policy brief draws on workshops with a range of safeguarding practitioners between May and July 2022, about the challenges of collaborative working practices and how MASH can become more standardised. Whilst national standardisation is required, there needs to be flexibility when implementing guidelines, so that practices and processes reflect regional needs and resources.

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Introduction

MASHs emerged from the recommendations of serious case reviews into the deaths of children and vulnerable adults. Lord Laming's 2003 report on the death of Victoria Climbie identified the need for collaboration between agencies, rather than a siloed approach. The report found that the agencies involved held different pieces of information relating to Victoria's abuse, but which were never joined together to provide a complete picture. Since Laming's report, there have been further examples of vulnerable individuals losing their lives due to agencies not sharing relevant information. This raises questions about the motivation and capacity for agencies to work collaboratively, to identify and protect individuals at risk.

Findings

Who should be referred to MASH?

In some local authority areas, MASH only processes referrals relating to children, with others focusing on adults, and a smaller number processing both types of referrals. How individuals are referred into MASH can vary. Some MASHs only process referrals generated by a specific agency, such as the police, whilst others have a triage system to screen referrals from a range of sources to identify who will meet the thresholds.

Who manages MASH?

Some MASH structures have an overarching manager with strategic oversight of their hub and who are accountable for all practices, processes and decision making. Other structures are less well defined, with the various organisations having their own individual management. This may result in an imbalance of respective levels of management influence and responsibility.

How is MASH resourced?

How a MASH is financially resourced is not yet fully understood by the research team. In some structures, funding comes from health services, whereas in other areas the police contribute more finances. Feedback from practitioners indicated that the main MASH funder influences strategic leadership and direction, alongside which profession predominates within it.

Where should practitioners be located?

COVID forced MASH practitioners to work remotely, and although this made it harder for practitioners to debrief, processing referrals were generally processed in a timely manner. In some cases, referrals were processed quicker than before COVID, due to individual professional judgement.

Can information be shared?

Information sharing was agreed to be a core requirement for effective collaborative working, but practitioners can be reluctant to share information for fear of breaching data protection rules. Concerns were raised about how much information needs to be shared, as too little was unhelpful but too much might breach privacy.

Implications

The findings illustrate that whilst it may be easy to co-locate safeguarding agencies, it is not guaranteed that effective practices will emerge. Collaboration needs time to develop, with processes clearly communicated to MASH practitioners and relevant stakeholders. Practices and processes must continuously evolve and be influenced by evidence rather than based upon individual preferences. This will ensure proactive safeguarding interventions and better outcomes for individuals at risk of harm and abuse.

Recommendations

MASH has the potential to provide solutions but needs to be designed and implemented in a systematic manner. For this to happen, national guidance is required to outline the core requirements of a MASH that need to be implemented consistently. To translate these suggestions into policy, established groups, such as the National Police Chief's Council's MASH group, would need to use their influence to embed recommendations into everyday practices. Based on interactions with MASH practitioners and stakeholders, initial guidance needs to:

1. Provide a standardised definition of MASH and how it aligns with safeguarding practices and processes. This will help to define the purpose of the hub, what referrals should be made to it (children, adults, or both), and which agencies and practitioners need to be involved.
2. Provide a managerial and strategic leadership framework outlining mandatory roles and responsibilities, including the identification of one manager with oversight and accountability for all practices and processes.
3. Set out which agencies must be actively part of MASH decision-making processes, such as police, social care and health, and other agencies linked to MASH who contribute information when appropriate. This may include education, probation, or housing.
4. Detail core documents and agreements MASH structures must have in place which all agencies sign up to. These would include information sharing agreements, data protection protocols, needs thresholds, and accountability processes.
5. Develop a framework for MASH settings to record and monitor progress in a standardised way, so that best practice can be demonstrated at a national level. This framework would include guidance about what information must be reported by the agency making the referral, the way in which decision-making is rationalised, alongside recording what actions were agreed upon.
6. Provide transparency on funding and resources, so that procurement processes can be monitored and replicated by other hubs. This will help to highlight the contribution various agencies make to the hub and the influence such contributions may have upon management structures and decision-making processes.

To acknowledge regional differences, MASH structures will require flexibility alongside the national framework. This would require local authority areas to reflect upon the national guidance and think about how core requirements are embedded into established processes and the type of changes that may need to occur. Flexibility could include:

1. Ability to utilise funding in meaningful ways to reflect local priorities, with local MASH structures having autonomy when appointing management and strategic roles. For instance, in one area the manager may represent police, whilst in another, they may have a health background.

2. Deciding upon the wording of core documents, agreements, and thresholds, so that practices and processes are moulded to reflect localised needs, demands and approaches. This would also take account of other safeguarding pathways established within a local authority area, ensuring practices and processes are not duplicated.
3. Decisions around flexible working and co-location to help maintain practitioner wellbeing and commitment to the role, without compromising the effectiveness of decision-making processes.

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References

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