

Information sharing:

Understanding its role in the
development of Multi-Agency
Safeguarding Hubs (MASHs)

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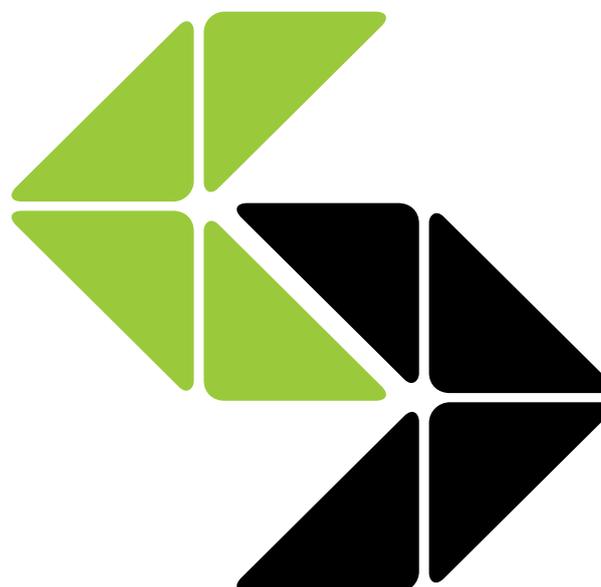
Introduction

The guiding principle under which a Multi-Agency Safeguarding Hub (MASH) model operates is that, by sharing information immediately between a range of agencies, more appropriate decisions can be made quickly about referred cases. This timely and collaborative way of working benefits families who then receive support from the most suitable organisations, which can in turn also prevent an escalation of need.

The first established MASH models were positioned at the threshold of child protection. These took in referrals where there was a clear safeguarding requirement, but where it was not necessary for consent to be obtained in order for information to be gathered from a range of agencies. As more local places have developed their own MASH models, the parameters have broadened to include cases from child protection, through the whole continuum of need, to early help.

Another term is also being adopted by the areas opting to work beyond the traditional safeguarding focus: Multi-Agency Information Sharing Hub (MISH).

Details of the model types that we have been engaged with in our work can be found in the appendix.



Summary of findings from the workshop

A number of features identified in the Home Office July 2014 report¹ were highlighted as ongoing information sharing issues at a local level. These included concerns around what information can be shared, thresholds and resources.

Thoughts about the key requirements of setting up a MASH have since developed further in local places. Now for instance, many partnerships stress the need for a clear information sharing vision that is agreed by all partners before resources are committed. This enables service leads to agree an effective performance management framework that makes partners accountable for the provision of information.

Practitioners attending the workshop also agreed that transformational leadership had been vital in establishing ownership of MASH processes. Strong, visible leadership was cited as a necessary element in obtaining support from across the partnership, as well as in shaping local delivery and creating sustainable change.

Several local places maintained that delivering a successful MASH required whole system change. For this reason, it was agreed that system leadership was required to encourage previously unconnected agencies to share information and to ensure their multi-agency arrangements became more than simply a blue-light service.

Further insight into what places have learnt through the development of a MASH can be found on the Centre of Excellence for Information Sharing website.²



¹ Multi-agency Working and Information Sharing Project: Final Report, July 2014, Home Office

² MASH briefing paper: <http://informationsharing.org.uk/wp-content/uploads/2014/10/P0075-MASH-briefing.pdf>

Learning from the workshop

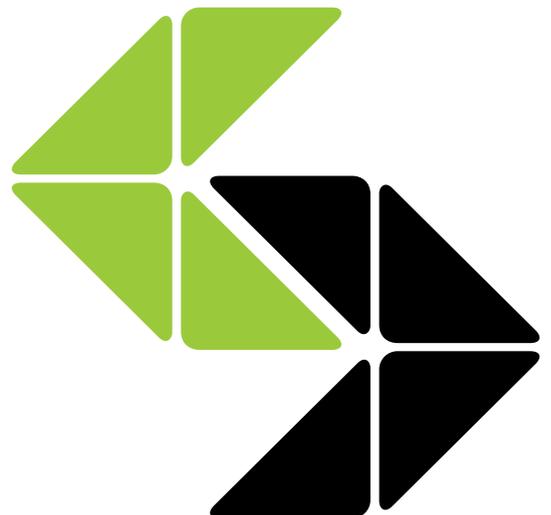
Developing a MASH

Some places operate a MASH at a specific threshold while others take cases from across the spectrum of need, but use specific teams based within the MASH to work on specialist aspects, e.g. early help, child sexual exploitation, domestic abuse.

At our MASH workshop, there was a consensus of opinion that sharing information is not deemed to be an issue when a case referred is clearly one of child protection. However, in borderline child protection, child in need and early help cases, the issue of sharing information becomes more pressing for local places, particularly in terms of managers' and practitioners' confidence.

Our workshop was designed to encourage practitioners and service managers to share their experience of developing a model that enabled swift and effective information sharing in these instances. Many delegates stressed the importance of building a solid team culture by spending quality time together early on in the development phase, to create a shared sense of purpose and recognition of success. This extended further by later focussing on the training and development needs of practitioners that were seconded into the MASH, strengthening the information sharing message to home organisations.

A comment that struck a chord with many in the room also reflected similar opinions offered during our pre-workshop interviews; that the vision for a MASH should be developed out of an understanding from the whole partnership that something needed to change and that all partners needed to be part of the solution.





During discussions, a number of factors were identified as being important to the successful development of a MASH. These included:

▶ **A common sense of purpose** and vision for the MASH that all partners share. This could be the sense that safeguarding is everybody's business, and as one area put it, "leaders may need to be willing to take a leap of faith".

▶ **Governance**, for example, the Local Safeguarding Board heads up the MASH reporting structure for a number of places. This provides the board with the oversight to carry out their responsibility in ensuring all partners fulfil their safeguarding duty. As one MASH representative said; "Nobody wants to have to explain to the board why they didn't want to take part." Under this structure, places tend to aspire for the MASH to be an equal partnership, rather than an operation led by children's social care.

▶ **Strong leadership** must come from each agency in the MASH. For information to be shared across a number of agencies, leaders from each agency needs to work with information governance managers to provide the appropriate policies and procedures that enable all practitioners to share appropriately.

▶ **Building an information sharing culture** to remove 'fear, ignorance and / or a lack of knowledge'. Places felt that small changes, including revising office layouts and providing more opportunities for communication between staff within the MASH team were important factors in building confidence around information sharing.

▶ **Defining thresholds** by working closely with partners to better understand and fulfil the local population's needs. The MASH structure can provide the space for ongoing conversations about thresholds, instilling confidence with partners that they will be applied consistently.

▶ **Ensuring sufficient resources** by implementing an effective performance management framework. This will allow service managers to monitor the contribution of case information by partners and can be used to support and challenge the ongoing commitment of resources to the MASH.



Benefits of sharing information

Those participating in the workshop and the places we spoke to beforehand relayed stories about the benefits experienced by their local families as a result of having implemented multi-agency information sharing arrangements. However, aside from this anecdotal evidence, places found it difficult to evaluate the wider benefits felt by families of a MASH without reverting to statistics, e.g. a reduction in initial child protection referrals. Furthermore, places have also struggled to provide conclusive evidence of efficiency savings for partner agencies, following the development of their MASH.

Despite this, all participants at the workshop recognised that families benefit when information is shared between relevant organisations, as it supports an appropriate response to individual cases.

In one local area, figures showed an increase in cases that were de-escalated compared to those that were escalated when assessed by the MASH, demonstrating a more proportionate response to the families involved. In this case, more knowledge about the families' circumstances from a range of agencies meant that the appropriate, non-statutory services and interventions could be put in place earlier to support their needs, often preventing situations from escalating to a safeguarding level.

Other places reported that, after a group of staff came together within a MASH team from a number of organisations, their understanding of the information sharing requirements from the perspectives of each of the other organisations improved. It also enabled them to develop a better understanding of how and for what purpose the information that they each held could be used by the others when shared.

Three particular local areas felt that it was essential to develop ways to integrate staff within the MASH team in order to build a successful information sharing culture. Practitioners within one of the MASHs explained how their arrangements, which were based on mutual understanding and respect, particularly helped to break down professional boundaries.

Service managers and practitioners from these areas agreed that confidence could be built between partners within the MASH at a strategic level, by implementing transparent processes and procedures. By opening up the decision-making process to participation from all organisations, the challenge and debate that takes place around individual cases has been more balanced. They also found that challenges from children's social care came back to organisations ensuring that each undertook their own roles and responsibilities, including the lead for child protection cases. For instance, one MASH described how, due to the nature of some cases, it had supported the police to take the lead where appropriate, while children's social care took a supporting role.

Participants also agreed that by incorporating the decision-making process into a MASH model, the process for gathering a team together to discuss cases was much faster and efficient. Establishing a co-located, multi-agency team ensured that all statutory and additional partners can be around one table at very short notice.

Through our work with different MASH models, we have found that practitioners who are based within MASH teams often act as champions for information sharing and actively seek to help the decision-making body by providing requested information on referral forms. In some places, MASH practitioners have gone on to deliver training within their home organisations to cover what information is required when making referrals.

What is working well?

During the workshop discussions, a number of common elements were identified around what was working well across the represented local places. Although not inclusive of all MASH models, these included:

▶ **Staff:** those working within MASH teams are passionate and proud of the work that they do and understand that sharing of information provides a much richer picture around cases, and informs decisions which ultimately benefit families because they receive the most appropriate response to their needs.

▶ **Co-location:** many local places considered this to be the quickest way to forge effective relationships between multiple partners. Although this is not always a viable option, those places that have been able to co-locate agencies could demonstrate a difference between contributions that co-located teams are able to make to the MASH compared to those from virtual partners.

▶ **Multi-agency decision making:** this approach allows a range of perspectives to be used within case discussions, enabling debate and challenge between agencies. In some areas, multi-agency meetings have provided the forum for discussions on thresholds to be discussed and re-evaluated on an ongoing basis. As defined in the Haringey Judgement, all decisions are recorded and challenges noted on case records.

▶ **Supporting provision and commissioning:** some places have used their analysis of MASH information to assess cases that do not meet the threshold of child protection e.g. low-to-medium needs identified.

▶ **Recognising and sharing success:** places have recognised the importance of monitoring progress and acknowledging success across the team and the wider partnership. For instance, members of one MASH team reported that attending a regional MASH conference and sharing their successes with other local areas had been an important step for building staff confidence and providing a benchmark on the progress of their MASH.



Asks and issues

Participants at the workshop split into two groups to discuss and explore two specific areas of interest: operational issues and national asks.

Operational issues

Consent was the most regularly raised discussion point throughout the workshop and the final session of the day explored two elements of this in more detail; rights to privacy and transparency, and interpretation of guidance. Another discussion point in the final session centered around the development and application of thresholds.

Discussions were held around each partnering organisation operating to different levels of legislative requirements in relation to the sharing of information, e.g. health partners have the additional consideration of the Common Law Duty of Confidentiality, which places a greater emphasis on obtaining the consent of each individual, whereas local authorities and other agencies hold different responsibilities to protect and support vulnerable children and adults, providing them with a legal rationale for data to be shared. A number of questions were raised, including:

- ▶ How is a person asked or informed about what will be shared?
- ▶ Does a person give consent for themselves, a child, a young person or the whole family at the address concerned?
- ▶ How confident are the practitioners that the family understands the extent of the information that will be shared?

There was also some concern and confusion about where the multi-agency information was collected and stored. In most places, the full range of information was available on children's social care records for access by the social worker. In one local

place, each agency's system held a note detailing the outcome of the case, together with contact details for practitioners if they required further information or had particular concerns. Another early help MASH circulates a record of multi-agency information to all attendees of the decision-making meetings held on the family; the note is then destroyed once a keyworker for the case has been appointed.

The way in which a place determines its thresholds was also raised as having a potential effect on the operation of MASH teams, particularly those that were not initially set up to take in all referrals on behalf of children's services.

During the establishment of one MASH, the partners worked together to develop a threshold document and continued to address this during multi-agency decision-making meetings. The team credited this way of working as an important factor for clarifying roles and responsibilities, right down to operational staff, so that an understanding of thresholds became embedded across the partnership.

A number of references were made about the value of staff training and development through a variety of methods. For example, in one MASH, an education officer based within the team provided ongoing, multi-agency training on thresholds and another MASH developed masterclass training on new or developing issues, e.g. child sexual exploitation (CSE) and female genital mutilation (FGM).

For the system to work effectively, it was also acknowledged that a flexible workforce was necessary, made up of practitioners who could apply professional judgement to cases, e.g. understanding when they needed to speak with other practitioners or make a referral to get further or specialist support at the appropriate time. Places felt it was important that seconded agency representatives were able to analyse and include relevant information to a case. An analytical ability was seen as a distinctive element of the MASH role and that being an active part of a MASH team was not about cutting and pasting notes on cases from different agency systems. For example, one MASH model that was designed for decision-making had a partner that originally sent an administrative staff member to join the team, but it soon became apparent that this did not fit with operational requirements, and the partner subsequently replaced them with a practitioner instead.

During discussions, it was acknowledged that feedback loops are not always in place in MASH models, particularly for children in need and early help cases. This was also the case when specialist teams which are not co-located within the MASH, provided information. These virtual partners reported that, because they were outside of the physical decision making meetings, they missed out on hearing the outcome of a case.

Monitoring the MASH at an operational level and evaluating its overall success was discussed with mixed perspectives. One model with a well-developed performance management framework enables partners to be held to account for the overall contribution from their own team members. However, this is still an area for development, particularly in relation to capturing the benefit to the supported families against the cost for organisations to commit resource to a MASH.

Asks of local places to national partners

Local places are at varying stages of development with their MASH arrangements, though a large number have been developing their models over a longer period of time and therefore have more experience in what has and hasn't worked in their local area.

The local places that were represented at the workshop collectively agreed on the following asks of Government departments:

- ▶ A lot of time and energy has been invested in developing MASH models that suit the needs and requirements of a local area. As a result, there is now an appetite to work with Government departments to further this learning.
- ▶ Technology featured as an area for development because most MASHs manually gather information from a range of systems and draw this information together onto another system to form a holistic picture around a case. Local places were keen for Government to support the use of existing data sources and other technological solutions, to develop the process of gathering information from multiple agencies into one system or area for use within MASH teams.
- ▶ Local places are keen for clear leadership around MASH development and for a national MASH vision to be identified. They wish to work in partnership with Government departments to develop a set of national, guiding principles that can be interpreted to suit local circumstances for developing MASHs.
- ▶ Local places would like to see a framework or quality assurance process that accredits areas in the development of their MASH.

Questions for development

Participants of the workshop were very keen to continue developing their respective MASHs, and sought further national guidance as well as the establishment of self-sustaining support networks to help them achieve whole system change for vulnerable children and families.

There was a sense that the MASH models developed so far had grown through gradual, iterative steps, bringing partners on board when they were ready (although one model had opted for an 'all or nothing' approach to co-location). However, genuine concerns were raised at the workshop about how places could move to the next stage in their information sharing journey. In particular, participants raised questions and considerations about:

- ▶ Whole system change – This can put pressure on other parts of the system not geared up to share information transparently and pro-actively, as happens in the MASH. How can their MASH influence the provision and commissioning of services?
- ▶ Implications for the partner organisations – Will they need to start doing things differently, in response to the development of a MASH? What does this mean for mainstreaming the approach?
- ▶ Sustainable resourcing of the MASH – What would the net effect be on organisations in continuing to have seconded staff within the team?
- ▶ Cultural and organisational development – How is the culture of information sharing built into a MASH team? How can this be transferred to practitioners taking on the case?
- ▶ Sharing information outside of the MASH whilst the case is being actioned – How can good information sharing practices be fostered with practitioners outside of the hub environment?
- ▶ Co-location versus virtual team – Can a virtual MASH be as successful as a co-located team?
- ▶ Roles and responsibilities – What is the justification for having practitioners within the hub, gathering information from systems rather than having caseloads? Is there a case for a mix of admin and practitioners working together on the data gathering and analysing of the information? Could admin staff collate background information on cases from across a number of different systems?
- ▶ Working flexibly across the continuum of need – How can the MASH manage referrals from practitioners to bring down the level of need for families from child protection into early help (this can still be quite a high need) whilst providing a consistent and sustainable response to all cases referred to the MASH?
- ▶ Proving the monetary case – What can be put in place to convince partners that their staff are beneficial within the MASH?
- ▶ Identifying the benefits to families – How can practitioners use compelling case studies to enable families to realise what might have happened if the MASH had not provided an intervention at that time? Is the voice of the family evident within audits?

Conclusions

Where MASH models are in place or are being established, it has been apparent to us that increasing numbers are now supporting borderline child protection cases, as well as child protection cases. These borderline cases require information to be shared between multiple agencies in order to develop a rich picture of the circumstances around an individual which enables a more comprehensive assessment of risk to be carried out, and therefore more appropriate and timely responses to be delivered. In order for this way of working to be effective, local needs must be taken into account in the development of these models, and as a result, there is no single exemplar model for a MASH.

Through our work, we have seen that places which have been most successful in developing their MASH have recognised the need for strong local leadership, together with an active and equal partnership of agencies. These aspects combined have ensured that the partnerships are empowered to debate the information that the MASH handles and to challenge decisions. In these cases, partners are also fully involved in the development of thresholds owned by the local safeguarding children's board (LSCB), and they regularly attend daily, multi-agency, decision-making meetings to provide a nuanced analysis of the information being shared.

Strong leadership of this agenda is sought at a national and local level; delegates participating in the workshop requested joined-up direction and guidance from national partners. Given current financial restrictions on local places, it is likely that the next stage in the development of MASH models will only be reached by Government departments working with local leaders to support the development of these models within the context of whole system transformation.

Of the areas that we have engaged with, we have seen that the MASH models which have been most effective are those that have been clear on how and when they will obtain consent to share the information of families whose cases they handle. However, this remains a complex and at times, unresolved issue for

agencies within the partnership. This is mainly due to the fact that consent is interpreted differently by various agencies, for instance, health partners have the additional consideration of the Common Law Duty of Confidentiality, which places a greater emphasis on gaining the consent of each individual.

We have learned that resolving the issue of consent depends on the consistent application of procedures and processes at a local level, where leaders are clear about the requirement to share information. This must be underpinned by transparency about how and when information will be shared within the MASH. Families should be made aware of what will happen to their information at the earliest opportunity, and that what is shared will be relevant and proportionate. Likewise, practitioners need to be confident that the right level of consent has been obtained from the family, before they will be willing to share information. We have seen that this transparency needs to be reinforced by feedback loops throughout the MASH so that referrers, practitioners and recipients of the service understand how personal information is shared and used.



Next steps

From our initial conversations with places, through to the delivery of the workshop, it was clear that participants welcomed a forum in which they could share their own experiences and issues in a frank and honest manner. Learning from this work will be used to inform our ongoing engagement with local places and will be shared through our channels, to support the development of information sharing practices nationally. With consideration for the discussions that took place at the workshop and the issues raised, we have identified a number of steps to take forward.

Follow through with case studies on approaches taken by places to implement a MASH:

- ▶ Work with local areas to identify key learning based on aspects raised during the workshop
- ▶ Identify the key ingredients to lead and provide accountability for MASH development, and for on-going operational working
- ▶ Publish top tips for information sharing relating to safeguarding through articles in relevant industry press, including CYP Now, Municipal Journal, Local Government Chronicle
- ▶ Support local places in providing input to national MASH conferences, e.g. Capita

Continue to uncover and share some of the issues identified by local places:

- ▶ Identify how local places are gaining consent to share and if there is any follow-up with the family after their information has been shared within a hub / outside of a hub
- ▶ Link places together so they can discuss the different approaches taken to gain consent

Provide a repository for sharing good practice:

- ▶ Further develop the MASH area on the Centre of Excellence for Information Sharing website to act as a repository for good practice and learning

Local places to follow up in their respective areas:

- ▶ Ensure that documents and procedures for gaining consent in cases that fall below the child protection threshold are deemed compliant by local information governance and legal teams
- ▶ Produce guidance to support practitioners
- ▶ Instill confidence in teams and empower staff around gaining consent and communicating a family's consent to share information with other organisations
- ▶ Commit to take on learning from other places when developing a MASH
- ▶ Use case studies to evidence the benefits of the work with families completed by the MASH team

Appendix: Examples of MASH models that we have engaged with

Early Help

Operating below child protection and children in need, this model potentially works with families receiving support from the Troubled Families programme and those needing multi-agency support.

Referrals enter a central referral unit and are then assigned as early help. Consent from a key person, e.g. a parent is requested before a manual trawl of systems takes place. These include children's social care, children's early help, children's centres, adult social care, police and district systems. If there has been specific consent for health information to be shared, then health records will be included. However,

in most cases this would require a second trawl once a keyworker for the case has been identified and consent has been received.

Local authority officers are co-located in a team, but other organisations are virtually located.

Information is collated into a single product which includes notes on the family held within the system, a chronology of interaction with services and a family genogram detailing information on relationships within the family and beyond. This model is intelligence-gathering only.

Children in need

A number of MASH models operate across the children in need spectrum.

Referrals that are borderline child protection and child in need are considered to require further information from a multi-agency perspective. These cases are worked within the MASH team.

A core co-located team of the following agencies make up the MASH team: children's social care,

police, health, education, probation, housing and youth offending service (YOS). Other professionals can be virtually located.

With a core team in place, practitioners can analyse information and provide only relevant information from their systems related to the case. This information is then passed on to the children's social care team manager who will make a decision on the case.

Front door

In this model, the MASH acts as the front door for all referrals into children's services, encompassing the whole continuum of need. The children's social care team manager assesses all referrals and these are sent to the appropriate part of the team.

A bespoke web application records any cases that require further information for the MASH team and each case is assigned a RAG-rating to enable practitioners to prioritise the provision of information.

Information on each case is sent back through the web application. Throughout the day, meetings are held where the information collated around a case

is projected onto a screen so it is visible to everyone attending the meeting.

The case is discussed with all core agencies based within the hub. Other specialist services co-located in the MASH include: early help, domestic abuse (below threshold for domestic violence), CSE, adult safeguarding, missing people and hate crime.

There is potential within this model to draw together a number of statutory meetings led by children's social care and the police, by having co-located teams who can meet quickly to assess cases.

We have a range of tools and case studies that we update regularly on our website. Sign up for updates on the site or connect with us to keep updated.

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