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Sarah Golden
Helen Aston
Ben Durbin

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Introduction

The Local Government Group, on behalf of Devon County Council, commissioned the National Foundation for Educational Research (NFER) to carry out a case study of Devon's Multi-Agency Safeguarding Hub (MASH). This study focuses on:

- the rationale for setting up the MASH
- how the MASH model works
- the key challenges to establishing the MASH
- how transferable the MASH model is
- the impact of the MASH on:
 - decision making at a local level
 - outcomes for children and young people
 - other local authorities (LAs) and partner agencies' systems
 - the culture of agencies
 - Devon County Council's reputation
- future developments for the MASH.

To achieve this, interviews were conducted by telephone and in person with strategic and operational staff involved with the MASH, including partner agencies, as follows.

- **Five senior managers** from Devon County Council's Children and Young People's Services (CYPS), the Devon NHS Primary Care Trust (PCT), Devon and Cornwall Constabulary and the Devon Safeguarding Children's Board.
- **Eight MASH team members:** operational manager, practice manager, social worker, police sergeant, police evaluator, education and health representatives, and a referral coordinator.

- **Representatives from three partner agencies:** integrated services, early years services and the probation service.

An examination of the MASH's value for money and metrics for assessing its impact over the medium and longer term, are presented in a separate companion report, *Devon Multi-Agency Safeguarding Hub: Value for Money Report* (Durbin *et al.*, 2011).

Background and context

Safeguarding children and young people is a central concern for a range of agencies, in particular CYPS, the police and the health service. Through their close involvement with children, young people and their families, each of these agencies has a responsibility to identify and assess risks to children and young people and, where appropriate, take action. Their response could be undertaking a Section 47 investigation and implementing child protection procedures. It could also be conducting a common assessment framework (CAF)¹ and/or engaging in a programme of professional support for the child or young person and their family.

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.

The County of Devon is diverse with coastal and urban areas, town populations and more sparsely populated rural areas. It also has some of the most deprived areas in England, primarily in Exeter and North Devon. Across the county there are 163,390 children and young people (up to the age of 19). In 2010/11, around 620 of these were in care and 431 had a child protection plan. In 2010, a further 4,318 were defined as children in need. In the large and complex county of Devon, located on a peninsula, the range of agencies involved

in safeguarding children operate across LA boundaries. The police and probation services' responsibilities cross both Devon and Cornwall. It was in this context, with families moving across LA boundaries and multiple agencies lacking a unified relationship, that the MASH model was established.

Note

1 The CAF is a key part of delivering frontline services that are integrated and focused around the needs of children and young people. The CAF is a standardised approach to conducting an assessment of a child's additional needs. It takes account of the roles of parents, carers and environmental factors on a child's development when deciding how those needs should be addressed.

1 The MASH model

1.1 Why was the MASH set up?

In 2008, the Devon Safeguarding Children's Board commissioned a multi-agency audit of a number of safeguarding cases. The audit's findings were in line with those of Laming in that key information was not being shared between agencies. It was apparent that there were a number of issues underlying this:

- a view that information held by one agency could not be shared due to perceptions of confidentiality and data protection requirements
- a lack of familiarity between some agencies.

In addition, the system had to manage a very large number of referrals, which were received by CYPs either through direct contact with a professional from one of a number of sectors (typically health and education) or through the police service mechanism (a 121a form) for recording concerns about a child aged between 0 and 17.

The findings of the case audit work coincided with a piece of work being led by the police to establish a more robust and yet secure system for sharing information across the multi-agency system. Subsequently, strategic conversations through the Devon Safeguarding Children's Board and within partner organisations led to the development of the MASH. Its fundamental aim was to bring about change in practice by doing this differently. The stated intent of the MASH is to improve the quality of information sharing and decision making at the earliest opportunity and to reduce the potential risk to children and young people. This was based on the premise that the value is in the collation of an intelligence assessment – gathered from information across health, education, the LA and the police – resulting in a better picture of the child and circumstances on which to inform decision making about further help and intervention.

Senior managers from the key agencies and the Devon Safeguarding Children's Board agreed to the implementation of the MASH: the roll-out with all police referrals across Devon and a phased roll-out of LA children's social care referrals. This began with North Devon in June 2010. It was subsequently rolled out to the remaining areas, with the last area planned to join in April 2011.

The MASH model offers 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. The model's potential for better sharing of information between agencies means decisions can be both quicker and better in that they are based on a more complete understanding of an individual case. It was envisaged as a multi-agency solution that would remove the barrier of information from different agencies being inaccessible to one another.

The MASH was not established in isolation, but as part of a programme of work to improve services for children and young people at risk. It included early identification, prevention and new commissioning strategies. Specifically, cases that do not meet the criteria for Tier 3 action, but still indicate that there is a concern about a child's wellbeing, can be referred for Tier 2 support¹. This could include a CAF assessment and direct support from a single agency. Devon County Council is establishing enhanced support at this level by including social workers in Tier 2 teams, a strategy that is being extended across the LA. This enhanced Tier 2 support aims to improve the capacity, competence and confidence of staff from all agencies to assess children and young people at risk and then implement appropriate action. Enhanced early identification, assessment and risk mitigation are intended to reduce unnecessary escalation to Tier 3 services and subsequent costs and intrusion levels associated with Tier 3 intervention. As such, this support and the MASH are critical components of the wider aim to ensure the safeguarding of children and young people.

1.2 How does the MASH model work?

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

The team originally comprised:

- 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).

However, as the MASH has developed and been rolled out, the team has evolved. For example, the education representative is now supported by a senior practitioner and an administrative assistant. The health representative has recently added a full-time administrator to the team.

The roles of MASH team members are summarised in Table 1.1.

Table 1.1 Team members' roles

Activity	Team members principally involved
Provide guidance and advice to enquirers about safeguarding risks.	Social workers
Receive referrals from professionals and the public by telephone or secure email, and establish all relevant information from the referrer.	Referral coordinators
Identify relevant information from existing databases accessible by the MASH about children and young people potentially at risk of harm.	121a evaluators, education and health representatives, police sergeants, police researchers
Initially rate the level of risk: <ul style="list-style-type: none"> • red – information gathered and decision within four hours • amber – information gathered and decision by the end of the next working day • green – information gathered and decision within three working days. 	121a evaluators, police sergeants, referral coordinators, social workers in consultation as appropriate
Gather and collate information from across partner agencies.	Police sergeants, education and health representatives, business support
Decide the appropriate course of action and allocate this to social work and early response teams in the districts, providing pertinent information from their research.	Practice managers with operations manager
Provide guidance to the social work and early response teams based on relevant information that informed the decision while the detail remains confidential within the MASH team.	Practice managers and other team members depending on the information to be shared

There are a range of partner agencies and institutions associated with the MASH including the probation service, youth offending team, health professionals (including, for example, Child and Adolescent Mental Health Services (CAMHS), health visitors, midwives, GPs and the ambulance service) and staff in individual schools. They can engage with the MASH in three ways.

- Seek information, advice and guidance regarding a safeguarding concern before deciding whether or not to make a referral.
- Respond to a request for information about a case that has been referred to the MASH.
- Take action as a result of an outcome from the MASH. This could include, for example, leading on a CAF or providing support to organisations whose safeguarding procedures need improving. Alternatively, this could trigger an initial assessment through the local social care team.

1.3 What were the key challenges in establishing the MASH?

There were a number of challenges that the MASH team encountered and have sought to overcome.

Mechanism for sharing information

One of the reasons why information had not previously been shared effectively was related to concerns about data protection and confidentiality between agencies. In order to overcome this, the MASH management team worked with the Information Commissioner to establish an approach whereby the MASH itself is a *sterile environment* within which information could safely be shared between team members and used to make a more informed decision about the risk to a child or young person. All relevant information is gathered using secure email and agencies' secure databases, and collated into a MASH form. This then forms the basis of a decision, but the detail remains confidential within the MASH team. Nevertheless, the team to whom the case is allocated is guided to speak directly with specific relevant professionals.

Building confidence in sharing information

In addition to the technical concerns about sharing information, some professional groups were initially reluctant to share information because they were concerned that it could be used inadvertently or inappropriately. However, over time as they have seen information remaining confidential and secure, their confidence in sharing information was said to be increasing. Further research with a selection of these professionals would establish how far this is the case.

IT infrastructure

A number of IT-related issues emerged in the initial stages of establishing the MASH. Information is gathered from a range of agencies, each with separate databases and IT systems. Consequently, it was not possible to have one MASH form into which each agency could insert their information. Currently, the information is gathered from agencies and pasted into one document at the MASH by the business support team. The MASH is exploring enhanced IT systems to better facilitate this process.

Understanding the MASH

The MASH has been widely promoted at road shows, in printed and electronic information, and by team members in their individual agencies. Even so, it is felt that some professionals are still uncertain about the MASH's role and purpose:

some see it as a panacea to all things child protection ... but it really is just a referral system for the information gathering for those decisions to be made and sent out to those people who are going to deal with it operationally.

To address this, the MASH team has hosted visits from professional teams. It is anticipated that this, together with the MASH becoming more embedded over time, will help to improve wider understanding of the MASH.

1.4 Is the MASH model transferable and what are the key components required?

There was a widespread consensus among those interviewed that the MASH model was transferable to other LA areas. It was generally considered to be *scalable* to both larger and smaller areas. Interviewees identified a number of key components needed for the MASH model to be successfully implemented elsewhere.

Strategic buy-in

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

Clear governance, aims and terms of reference

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

Willingness to share and overcome issues

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

Sufficient staffing

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

Co-location

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

Adequate IT infrastructure

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

An infrastructure of provision at Tier 2

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

Note

1 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.

2 What are the outcomes and impact of the MASH to date?

2.1 What is the impact on decision making?

The MASH aims to ensure that better-informed decisions are made about risks to children and young people, and that these decisions are made more quickly than they have been in the past. This includes identifying cases where early intervention could remove the risk of harm.

There are early indications that more informed decisions are being made. Prior to the MASH, police officers would pass the 121a forms to the CYPS, who also received direct referrals from professionals and the public. This information was logged and the CYPS Social Care's *Care First* database searched to identify any existing information about the child to supplement the referral information. As a result of limited information, further action was not taken in a number of these referrals. The prevailing view among interviewees is that the additional information gathered as a result of the MASH would necessarily lead to better decisions. As one interviewee expressed it:

It speaks for itself – decisions are made with all of that information taken into consideration [...]. We marvel at how it worked before MASH [...] there are many instances where you think you wouldn't have picked that up before.

The example in Box 1 illustrates the impact of enhanced information.

Box 1: The effect of enhanced information

A child had spent a lot of time away from school. There were concerns about why this was, and the case was referred to the MASH. Research in the MASH revealed that police information relating to the parents indicated some instability in the family. Insights from education revealed that the father had expressed concerns that the mother was fabricating illnesses: consistently keeping the child off school and making him go along with

her stories about why he had not attended. Further checks with the health team found that the child had attended hospital a large number of times over a short period. It became apparent from the information gathered across the three sources that the mother was fabricating illnesses and giving the child medication unnecessarily, which was then investigated.

Appendix A has further examples of the impact of the MASH on individuals. These illustrate the value of better access to multi-agency information when taking safeguarding action, including de-escalating a case that transpired to be less of a concern.

The data gathered during these early stages of development of the MASH includes the areas that have yet to be fully integrated into the MASH, and hence can only be seen as indicative. It is estimated that around 48 per cent of MASH enquiries result in a referral to CYPS social care while 24 per cent are referred to Early Response Services (ERS). Therefore, in most cases some action is taken as a result of a concern being raised about a child's wellbeing. In 26 per cent of cases, no further action is taken, but it is worth noting that the majority of these (66 per cent) arise from police 121a referrals which are not all related to areas where there is Tier 2 ERS support available. Furthermore, in the year prior to MASH being established (2009/10), 44 percent of contacts in CYPS social care met the threshold for referral. Whilst data is not available on the extent to which cases were referred to Tier 2 services prior to the MASH, interviewees indicated that this is now more common. This suggests that there is an increased likelihood of some action resulting from a referral to the MASH and may reflect the MASH's ability to identify potential risks earlier and put an early intervention response in place.

Interviews revealed that there are instances of referrals to the MASH being escalated to Tier 3, as a result of information supplementing the CYPS information. However, there are also instances of cases being de-escalated from Tier 3 as the information gathered

through the MASH process indicated that the initial level of concern was not warranted. This saved a social work assessment team from unnecessarily embarking on an initial assessment.

As the MASH process results in more information, and there is more to read and consider than was the case when basing a decision on one agency's information, the decision-making process becomes slightly longer than previously. However, less time is now spent on deliberating and/or gathering additional information, compared to when the initial referral information was limited, as used to be the case

2.2 What is the impact on outcomes for children and young people?

Interviewees felt that the work of the MASH is contributing to an improved service for children and young people.

Increase in early intervention

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

Greater efficiency

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

More informed teams

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

It is important to note that outcomes for children and young people are not only affected by decisions made by the MASH team, but also by appropriate action being taken by the Tier 2 and Tier 3 teams in the districts. For example, re-referrals will still occur if there are gaps in provision at Tier 2.

It will be vital to measure the impact of better decision making by the MASH team in the future. As a number of interviewees commented, the impact on outcomes will take some time to become observable with one saying that staff 'feel that children are safer but it is hard to quantify'.

2.3 What is the impact on other systems in the LA and partner agencies?

There are indications that the MASH has had a wider impact across agencies in some respects, some of which were unintended. Interviewees from police, health, CYPS and education teams all identified cases where the MASH has identified a gap in information (such as non-crime completion) or in practice (such as institutions waiting too long to refer a case), which the specialist teams were then able to address with the professionals concerned. Over time it is felt that identifying and addressing areas for improvement will enhance safeguarding practices generally across the area.

Having more information gathered at an earlier stage is also considered to assist police and social work teams in their work on child protection cases. For example, police could access research and make use of this in their enquiries. In addition, earlier identification of children at risk provides the opportunity to pursue evidence at an earlier stage and cases referred to police child abuse teams were said to be more appropriate than before. Social workers also benefit

from having more information before they investigate a case. For example, in one case, knowing that a person was violent meant social workers could make a paired visit in order to manage risks to their own safety.

2.4 Has the MASH led to a cultural change?

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

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

You find they say 'oh we've been so worried about this child', but they know it is not meeting the criteria for significant harm, so they've not always got a reason for acting.

The MASH, as a clearly identified brand, is felt to assist in encouraging the view that safeguarding children and young people is everyone's responsibility:

It is one place to go to. It doesn't matter which professional group you come from, it is the same brand.

2.5 What impact did the MASH have on Devon County Council's reputation?

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

3 What are the future developments for the MASH?

A number of issues emerged from the interviews that relate to the MASH's future developments. As already noted, the MASH is part of a wider structure and, if it increases the identification of risk at an earlier stage, and this is then targeted by early intervention teams, there may be an associated reduction in Tier 3 activity. Over the medium term, the infrastructure could be adapted further to comprise greater provision at Tier 2 and less at Tier 3 partly as a result of the MASH.

Feedback on MASH outcomes could be developed that can be provided to agencies making referrals. The MASH

itself in the future could be developed by extending its role to other groups such as vulnerable adults. Such an extension in nature, or the extension in scale as it is rolled out, may need to be accompanied by becoming more streamlined as it becomes more established.

The MASH Board and Devon Safeguarding Children's Board are focused on developing a sustainable MASH model that is located in an infrastructure and wider system that supports its effective implementation in order to build capacity for safe processes in safeguarding.

Appendix A: Case-study examples of the impact of the MASH

Case study 1

The MASH received a 121a form with concerns about the unborn child of a woman who had been arrested with her boyfriend. Their flat had been searched and 150 Valium pills were found, which the woman admitted using to help her sleep. The risk was assessed as amber by the police due to the drug taking in pregnancy and possession of a high number of pills. This was the twentieth 121a form completed by the police, and their information showed that the woman's partner had been warned for violence, drugs and weapons, with 57 crime links.

CYPS had three historic contacts for the mother, as she had presented as homeless, and there had been previous concerns about her drug use following an arrest for possessing amphetamine.

Health research yielded a large amount of information regarding the maternal family history, which showed a pattern of non-engagement, and the maternal grandmother being known for substance misuse. The health information also highlighted that it did not appear that the woman had engaged with any antenatal services.

Information received from the education service showed that, although the woman was no longer of school age, there had been frequent interventions due to non-attendance while she was at school.

The housing team also contacted the MASH with concerns about unsavoury characters at the property. They told the MASH that the couple had been given notice of eviction due to anti-social behaviour.

The MASH sent a referral to the assessment team the following day regarding child protection concerns for the unborn child. This initial assessment identified the following concerns:

- the mother was not attending antenatal appointments
- the mother was not registered with her local GP
- concerns about drug use prior to and during pregnancy
- there had been previous CYPS involvement when the woman was 16 and homeless
- concerns raised by housing because a notice of eviction had been served due to anti-social behaviour, but the family had not engaged with housing to remedy this
- the father's level of violence: he was well known to the police with warnings for weapons, violence and drugs.

An initial child protection conference was held within 15 working days, and the unborn baby was placed on a child protection plan under the neglect category. The plan was put in place to coordinate support and safeguarding for the child when he was born. The child remains on a child protection plan, and is thriving in the care of both parents. Both mother and father are engaging with services, and have shown a positive motivation to provide a stable and nurturing environment for their child.

The early identification of need for this unborn baby led to a timely and appropriate response by the CYPS, with information gathered from a number of agencies.

Case study 2

A MASH enquiry was received from the senior designated officer at a school. The school was concerned that a child had been present when his stepfather had been stopped for driving dangerously in a car without MOT or insurance. The school had also heard a rumour that the child's stepfather and mother had been involved in a violent incident that the police had responded to. CYPS had no previous contact with the family and the MASH enquiry was initially risk assessed as *green*.

Police research discovered evidence of serious violence in which both the mother and stepfather had been involved in a robbery where a man had been stabbed in the arm. There had also been numerous police attendances to incidents that indicated that both parents were heavy drug users.

Health research identified an extensive history of attendances by the child and a history of bereavements. The education information revealed that the child had learning and emotional difficulties and was a low achiever for his age. The school was concerned about his lack of academic and social progress.

A referral was sent through to the local assessment team to undertake an initial assessment, in order to ascertain whether child protection procedures should be implemented. The local office completed its assessment and convened a child protection strategy discussion.

Given the lack of information at the point of the initial MASH enquiry, it is highly likely that, prior to the MASH, no further action would have been taken. The MASH process ensured that there was a timely and appropriate response.

Case study 3

A police report was submitted with concerns that there had been a number of reports regarding low-level verbal arguments between a mother and her partner. On processing through the MASH, the school was made aware of these concerns, and the child then disclosed to a teacher that she was very upset by the serious incidents of domestic violence she had seen. The case was immediately sent to the district assessment team for assessment.

Case study 4

A MASH enquiry was received regarding a three-year-old child with burns to the soles of both feet due to walking across a cooker. NHS Devon was concerned about the explanation, which seemed unusual, and the fact that the father had not called an ambulance. The enquiry was risk assessed in the MASH as *red*. The health link to the MASH contacted the consultant paediatrician who said he had no concerns and had assessed the injury as accidental. The MASH was able to ascertain within an hour of the enquiry that there were no immediate safeguarding concerns and the enquiry was downgraded to *green*.

References

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Governance models in schools

This report reviews current models of school governance and considers alternative models that may be appropriate for the schools of the future. It covers current approaches to governance, the impact and effectiveness of school governance, governor services, support and training, changing contexts and future developments, and implications for policy and practice.

<http://www.nfer.ac.uk/nfer/publications/LGMS01>



Safeguarding children peer review programme: learning and recommendations

Based on telephone interviews with staff from five local authorities and their partners, this study draws out key messages from the programme, covering the impacts of a safeguarding peer review, key benefits and challenges, organisational and contextual factors, and learning and recommendations for the sector.

<http://www.nfer.ac.uk/nfer/publications/LSGP01>

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Safeguarding children and young people is a central concern for a range of agencies, in particular CYPS, the police and the health service.

The Local Government Group (LG Group), on behalf of Devon County Council, commissioned the National Foundation for Educational Research (NFER) to carry out a case study and value for money study of Devon's Multi-Agency Safeguarding Hub (MASH). This case-study report covers:

- the MASH model (its rationale, how it works, key challenges and components, how transferrable it is)
- outcomes and impact of the MASH
- future developments for the MASH.

An examination of the MASH's value for money and metrics for assessing its impact over the medium and longer term are presented in a separate companion report, *Devon Multi-Agency Safeguarding Hub: Value for Money Report* (Durbin et al.,2011).