

Independent scrutineer report – MASH and Early Help arrangements in Royal Borough of Greenwich .

As part of the developing role of the Independent scrutineer in the Greenwich Safeguarding Children Partnership, it was agreed by the three key partners that a review of the multi-agency ‘front door’ arrangements into Children’s services would be the initial focus of work. It was agreed that this would involve reviewing access to the Early Help (EH) provision as well as the Multi Agency Safeguarding Hub (MASH) process and how effectively the partners work together. It would also focus on quality of referrals and application of thresholds against the newly published threshold document.

To undertake this review , I met with a number of staff across the Early Help and MASH teams , tracked incoming contacts and referrals both to MASH and Early Help and reviewed a number of cases at different levels ie Early Help, Children in Need (s17) and Child protection(S47). Data was also provided covering aspects of incoming work to both EH and MASH.

Context

The ‘front door’ in a social care context is the arrangement that local authorities have in place to respond to an initial contact from a professional or member of the public who is concerned about a child. At the front door, local authorities provide advice and make decisions about how they will act on information about the health, well-being and safety of children. The front door, therefore, is where professionals gather information and make decisions about which pathways to follow for different contacts and referrals. This may lead to an assessment by children’s social care, early help or a response from universal services.

It is not uncommon for a child to be referred to children’s social care during their early childhood. It is estimated that one in five children will be referred before they start school. This gives a sense of the volume of work that local authorities and professionals at the front door have to manage.

All partners, including schools, health services, the police and others are responsible for providing their own high-quality initial response services. Other agencies need to know what information to share, when and with whom. Everyone involved in children’s lives has a responsibility to identify and share concerns and when to refer if they have concerns about a child.

‘Front door’ arrangements

There are many different ways of organising work at the ‘front door’. Currently in Royal Greenwich there are two ‘front doors ‘ into Children’s services , one through the MASH , which are contacts /referrals for Children’s social care and another through the Early Help service. There are two different referral forms. Staff told me that on occasions, external services may refer to both ‘covering their options’ to ensure a response or service for a family or because they are unclear about thresholds. This can lead to duplication of work. The recent introduction of EH being able to record onto FWi enables both services to view contacts and any previous history, which has assisted this process and enabled better

information sharing between the services. Another positive recent introduced process is the Social workers from EH sitting in MASH to discuss contacts, advise on services available and agree which cases should be referred through to EH. This has led to better communication, understanding and less duplication. Discussion are had about step up and down from each service and MASH workers are now more aware of and able to access community services directly , without stepping down to EH.

Early help processes

The Early Help team has been through a major systems reorganisation and there has been significant targeted training. Staff recognise a wider cultural shift in the service and delivery model.

The front door into EH is via a direct secure inbox, this is also family friendly so families can refer themselves. The front door into the service deals with all incoming referrals and there is facility for consultation for professionals. Once it has been agreed that this is a case for EH, the practitioners from this team can work with families/children and young people for short periods to resolve their difficulties rather than referring onto the other EH teams or Safecore. However, there does not seem to be a clear timescale for intervention and though EH is not expected to be an urgent service response, delays often meant that problems could escalate and might need statutory intervention. The high volumes of referrals into the service have in the past caused delays to this initial response. Step downs from MASH have been addressed partly by better working with the MASH team, see above. There continue to be high numbers of step downs after assessment by C&F assessment teams. The intervention offered to families seemed to be effective with reduced numbers of step ups /backs into children's social care.

The area that is recognised that there needs to be more focus and help provided, is mental health support for young people, especially at Tier 2/3 . This is an area that is being worked on alongside CAMHS.

MASH processes

There are well organised and thorough processes for the management of contacts into the MASH. Decision making by managers is prompt and appropriate, but this is not always recorded onto FWi immediately and therefore the measurement of this is not reflecting the good practice. The data is recording outcomes within 24 hours (which is different from decisions) - data indicates that' contacts completed in 24 hours is 41% for 2018/18' however managers say that virtually 100% decisions are completed in timescale . I believe this is due to managers doing a lot of tracking and instruction of staff by email ie requests for further enquires. This is a secure system and appears to work well, but means that it is not always on the child's record for data purposes at an early stage. Final decisions are recorded on FWi but the 'working out' is not sufficiently recorded on the child's file.

Overall the MASH team worked efficiently and effectively, staff and managers were experienced and committed.

It is worth considering integrating the two teams into one front door with one referral form. This would reduce duplication, streamline the process for referrals and reduce confusion from agencies about what cases to refer where, resulting in a 'no wrong front door'. There also maybe some additional capacity created by combining the two front doors, as admin support was an area that the MASH team felt was under resourced.

Partnership working

One of the strengths of the Greenwich MASH is the strong partnership working and commitment of partner agencies. The sharing of information and multi-agency working within the MASH is secure and sound. There are good working relationships between the individuals within the MASH team and a high level of confidence in the managers. This was being further enhanced by members of CAIT joining the police team. The only concern of note is the capacity of the staff to undertake the checks in a timely way especially for health colleagues who may be seeking information from a number of health sources. The two members of staff were stretched especially when having to cover absences for sickness, holidays or training.

Cases MASHed had excellent multi agency contributions, information sharing and attendance, including housing/youth offending teams.

Multi agency members of the team were also used as representatives to hold strategy discussions when s47 was initiated.

Police were in the process of rolling out Domestic Abuse notifications to schools across Greenwich. Unfortunately at that point in mid-June only half of schools had signed up to the process. The police were encouraged to attend the DSLs meeting to further promote this initiative.

Referrals

The quality and information contained in the 'referrals' was variable with some seen which contained limited and contradictory information (addressed directly with the responsible agency safeguarding lead). Often the role of the MASH was to gather further information from a range of agencies to aid the decision on future action and level of risk. The MASH team went over and above when referrals were of insufficient quality to make decisions, to capture additional information to ensure children were appropriately safeguarded. Other MASH teams might have closed the case down in these circumstances.

As both referral form into MASH and EH are slightly different it would seem a good idea to try to combine them. The referrals form for Children's social care was clear about identifying risk and scoring this.

Threshold application

The focus of the review and of importance to the Partnership is the application and understanding of the 'threshold' document, which has been recently reviewed and relaunched. Ensuring that there is a consistent application of thresholds into Children's social care services and that agencies understand and apply these thresholds when making

decisions to refer cases for intervention when they have concerns about a child, is of key importance. The new threshold document makes it clear that it is not a checklist of tick boxes but about professional decision making and consultation. This new document underpins the collaborative approach applied by the MASH team. On all cases seen, in my professional view, appropriate thresholds were applied. Cases were not escalated to s47 but were held at s17 unless there was good reason and evidence to suggest a child protection response was needed. Good multi agency information sharing assisted this process.

Conclusion

The EH service had been reorganised and was delivering a wide range of services to children and their families at an early help /preventative level. The MASH is well organised and efficient services which cope with the large number of referrals that Greenwich receive on a daily basis. There is good multiagency involvement and information sharing, which enhances decision making and analyses levels of risk. The cases that were reviewed had consistent thresholds applied.

Recommendations

- Review arrangements and consider moving to one front door that processes all contact /referrals for both Children's Social Care and EH, so there is no wrong front door.
- Consider using one referral form – this will make the process of making referrals to Children's services more straightforward for partners.
- As part of this, partner agencies should consider further training for staff about making quality referrals through safeguarding leads to ensure all relevant information is provided.
- Initial management instructions/ decisions should be recorded on FWi, as this obscures the timely response made by managers in MASH.
- A timescale for response needs to be agreed for EH services. Contact should be made with families no later than 5 days after receiving a referral.

Next steps

A suggested short piece of additional scrutiny is to examine involvement of key partners (compliant with WT18) for all strategy meetings being held, not just at the front door.

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