Staffordshire & Stoke on Trent Multi-Agency Safeguarding Hub

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MASH Development Officer
Information Sharing in action
Your Speaker today and the dark arts!!
WHY?
• Why do we need MASH in Staffordshire

• The Evidence was clear and difficult..we lost children

• BSK410 & NS10
• To Safeguard the Vulnerable…Be Radical or same
  inputs equal same outcomes

• Learn from mistakes…Demonstrate it, tangibly

• Shrinking Together…More for Less

• Being Brave…Lift the Stone!

• Asking hard questions…where is our focus
• Sharing more information.

• Undertaking Early Risk Assessment

• A ‘whole family’ approach to safeguarding.

• Enhanced data sharing and analysis to join up the information available about a family to support and/or intervene to protect the vulnerable.

• Creating a confidential environment where proportionality necessity & justification allow information to be released to operational staff.
• **Who is in MASH**

• Staffordshire County Council Children & Adults
• Staffordshire Police
• Staffs & Stoke NHS Partnership Trust
• Stoke on Trent City Council Children & Adults
• SWMPT (MAPPA)
• North Staffs Combined Mental Health
• South Staffs & Shropshire Mental Health
• Complexity of the partnership
• Culture of Information management
• How we deal with mistakes
• The hypocrisy within leadership
• Trust & Confidence
• The Environment our people are in
The Challenges

- Culture
- Fear
- Knowledge
- Ignorance
- The law
- Doing what we have always done
- Not my responsibility
Solutions

- Having a face to face process
- Creating a Confidential Environment
- An agreed MOU
- Right level of decision maker
- Professionally Disagree
- Applied Multi agency thinking
- Professional judgement
- Trust & Confidence
• Builds on existing agreements
• Two stage process – Reveal & Disclose
• Audit Process
• Have a legal basis
• Handling Protocols & info ownership
• Escalation process
We view full information sharing as a compliment to already established systems.
• So how do we make this work?
  • Governance
Cohorts/Populations:-
High Risk Children referrals (Safeguarding & above)

Vulnerable Adult (No secrets) referrals

Domestic Abuse-Victims & Perpetrators and repeat cases

Domestic Violence screening for Children & Vulnerable Adults

Missing persons

Child Sexual Exploitation

Hate Crime

Some Professional Concern cases (issues raised by professionals but not clear as to the cohort at referral stage)
SO WHAT !!

More referral's equals more information sharing

More Information Sharing equals more opportunity for Safeguarding

More Safeguarding means opportunity for early intervention

Early intervention means less need acute services

More discussions mean better decisions about who should attend
MASH Performance Framework

Summary of Referrals Infographic

Period: February 2013 – July 2013

Total number and % of cases MASHed

4646  50%

Total number and % of cases not being MASHed

4577  50%

Total number of Referrals received by all agencies*

9223

*Adjusted to remove element of double counting referrals
MASH Performance Framework

Summary of Referrals

Period: February 2013 - July 2013

Type of Referrals to MASH

- Children - Section 17: 5.9%
- Children - Section 47: 35.2%
- Adult Protection: 13.8%
- Missing Persons: 0.2%
- Hate Crime: 0.1%
- Domestic Violence: 44.3%
- Professional Concern: 0.6%
- Police: 74.3%
- SSOTP: 0.1%
- SCC - Childrens: 16.9%
- SCC - Adult: 5.5%
- SOTCC - Childrens: 1.1%
- SOTCC - Adult: 2.1%

Agencies Referring to MASH (Demand)
### IASH Performance Framework

Percentage of cases where the priority has changed

Period: February 2013 - January 2014

<table>
<thead>
<tr>
<th>Month</th>
<th>Year to date</th>
<th>Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1411</td>
</tr>
<tr>
<td></td>
<td>Priority Increased</td>
<td>305</td>
</tr>
<tr>
<td></td>
<td>Priority Lowered</td>
<td>1106</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Month</th>
<th>Highered %</th>
<th>Lowered %</th>
<th>Unchanged</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb</td>
<td>7.0%</td>
<td>27.0%</td>
<td>66.0%</td>
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<tr>
<td>Mar</td>
<td>6.4%</td>
<td>24.7%</td>
<td>68.9%</td>
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<tr>
<td>Apr</td>
<td>5.9%</td>
<td>23.3%</td>
<td>70.8%</td>
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<tr>
<td>May</td>
<td>7.0%</td>
<td>28.0%</td>
<td>65.1%</td>
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<tr>
<td>Jun</td>
<td>6.6%</td>
<td>17.1%</td>
<td>76.3%</td>
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<td>Jul</td>
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<td>Aug</td>
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<td>Oct</td>
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<td>Nov</td>
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<td>Dec</td>
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<tr>
<td>Jan</td>
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<td>100.0%</td>
</tr>
</tbody>
</table>

The chart above visualizes the percentage of cases where the priority has changed from February 2013 to January 2014. The data shows the distribution of cases increased, decreased, or remained unchanged throughout the year.
• Prepare for change

• How to eat an elephant – one piece at a time;
  ➢ Gradual introduction of cohorts of cases
  ➢ Design of the physical change of information sharing
Introducing a wave of multiagency demand through a single point of information sharing is likely to result in a monumental bottle neck.
It’s worth it
• Questions