Calderdale Multi Agency Screening Team (MAST): a multiagency approach to child protection referrals

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In 2012 it was recognised that there was a need to improve the system for screening and managing child referrals into social care and, in particular where there were incidents of domestic violence. The initial start date for Multi Agency Screening Team (MAST) was planned for August 2012, but this was delayed to December 2012.

The team started without any policies or guidance but over the first 12 months these were devised and put into place. There have been a lot of changes to procedures and staff since the team went ‘live’, but the team is now enjoying stability.

A multiagency team approach to child protection has been highlighted in many serious case reviews and by Lord Laming, and is considered to be a way of standardising risk assessment and making a more informed decision as to the best outcome for children and families.

The team consists of representatives from social care, police and health and all the child protection and domestic violence referrals are processed by MAST. There is a separate procedure for the domestic violence notifications (lower level) which are processed by an early intervention team, but they do work closely with MAST.

All referrals are screened by social care and those that may need further long term involvement and assessment are discussed at a daily multiagency meeting, where information from all the agencies is shared. A joint decision is then made as to the best course of action to safeguard the children – e.g. single assessment or referrals to other agencies. Where a child is felt to be at risk of significant harm a strategy discussion is held (with the same information sharing), and this may proceed to a section 47 child protection investigation.

The benefits to the children are that cases are processed within 36 hours of receipt of a referral (or 2-4 hours if it is a strategy discussion). This also means that a referrer will have the outcome of their referral within the same timescales.

Challenges – working in a multiagency team – it has taken time to build relationships within the team and to develop an understanding of roles and responsibilities. This was aided by an ‘away day’ during which we each spoke about previous experience, education, training and expertise.

Information sharing has been another challenge, particularly for health as we have access to health visiting and school nurse records which we can share information from, but we can also see the GP records which is more complicated to share from. Work is ongoing to address this at present.

Having a specialised computer system would be useful for all three agencies to use, which would enable us to share sensitive information used for decision making within the team only.

There is a lot of information available on the internet regarding multiagency safeguarding hubs (MASH) and is useful to look at how teams operate in other areas.