

Kidson workshop presentations



Multi Agency Screening Team (MAST)

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AIMS & OBJECTIVES OF PRESENTATION

- To give an overview of Calderdale MAST
- The journey of MAST
- Team structure
- Referrals and processes
- Case studies
- Any questions?

CALDERDALE

- Calderdale has approximately 45,400 children and young people under the age of 18 years. This represents 22.7% of the population, of which 10% is comprised of minority ethnic communities. Calderdale's minority ethnic population is mainly Pakistani, Indian and Bangladeshi.
- Calderdale is ranked as the 80th of all local authorities on the 2010 Index of Multiple Deprivation, compared with 71st in 2007.

HISTORY OF MAST

- Early in 2012 it was recognised that there was a need to develop an improved system for screening and managing referrals and, in particular, incidents of domestic violence. The initial start date of August 2012 was delayed and the service was established in December 2012.
- MAST has experienced a significant transformation over the last 12 months moving from a co-located pilot team to a substantive multi-agency and increasingly joint decision-making team.

WHY HAVE A MAST TEAM?

- Having one route in and one decision making process ensures a standard of risk assessment and decision making that can be regularly base-lined and audited.
- The introduction of the Multi Agency Safeguarding Hub (MASH) concept was, designed to streamline the routes for referral and notifications of concern into a Local Authority and supports recommendations made in numerous Serious Case Reviews, associated academic literature and by the Lord Laming within his report 'The Protection of Children in England: A progress report' (HMSO, March 2009).

OFSTED JUDGEMENT

‘Children and young people who live in households where at least one parent or carer misuses substances or suffers from mental ill-health, or where there is domestic violence are helped and protected. Incidents are monitored and multi-agency responses are effective and co-ordinated between agencies, including management and MARAC’

DEVELOPMENT OF MAST

- Started in December 2012
- Health representative, police and social care co-located at Halifax police station
- No policies and procedures were in place at the start as it was felt that we would devise these ourselves
- **CHALLENGE 1 – New team that went live from Day 1**

- CHALLENGE 2 – Ofsted came and did an unannounced inspection the week we started!!
- Initially the social workers who were on duty also sat in MAST
- Duty social work team are now based at Northgate House

MAST TEAM STRUCTURE

- MAST Manager - social worker
- Practice Supervisor – 2 social workers
- Referral and Information co-ordinators
- Police
- Health
- 3 screening social workers
- Early Intervention Single Assessment team

ROLES AND RESPONSIBILITIES

MANAGER AND PRACTICE SUPERVISERS -they are the decision makers on all Contacts and Referrals and give the first management oversight on new casework. They undertake all Strategy Discussions and make appropriate recording social care computer system. The Manager has management responsibility for providing management direction and supervision for all social care staff within MAST.

POLICE - The role of the Police within MAST is to contribute to the multi-agency discussions by providing the specialist Police perspective. This is by conducting information searches on the family network. Collating Police information relevant to safeguarding and provides the information to the MAST process of information gathering.

Contributing to the referral meetings, strategy discussions, analysis and decision making that take place.

HEALTH PRACTITIONER - to contribute to the multi-agency discussions by providing the specialist health perspective.

Conduct information search on the family network including siblings and parents

Collate information on any relevant health or social issues identified by health practitioners and provides the information to the MAST process of information gathering

Contribute to the referral meetings and strategy discussions and the analysis that takes place there

Ensure that information from the meetings is placed on the health system, and feedback provided to health staff

Where relevant liaise with health colleagues to follow up tasks as identified in the MAST meetings

DEVELOPMENT AREA – to take the lead on referrals from health professionals

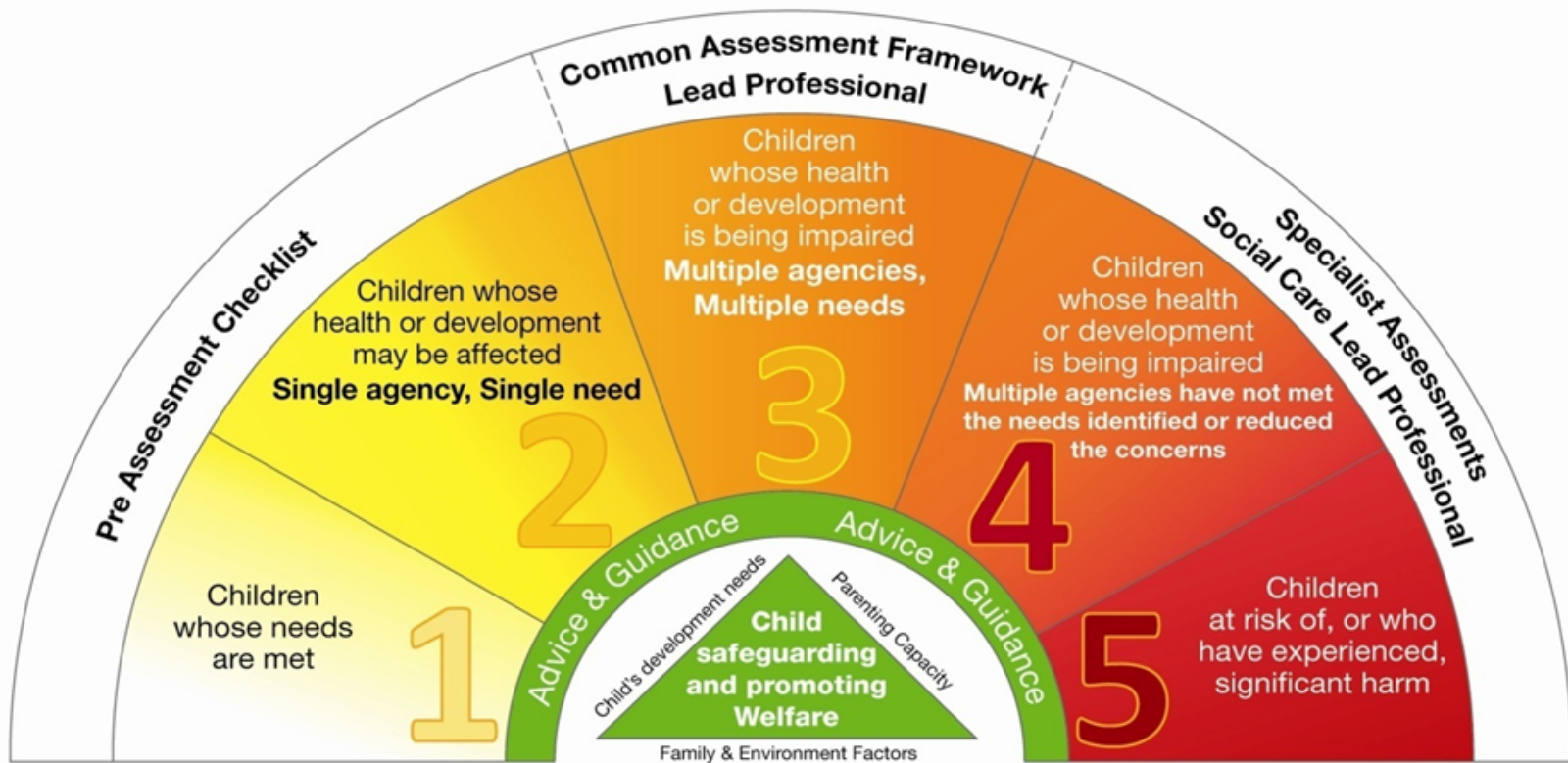
HOW DOES MAST PROTECT CHILDREN?

- We always put the child first
- We always consider, 'What is life like for this child?'
- We genuinely value partnership and work collaboratively to identify and manage risk.
- We support others to improve the situation for children and families by signposting to other services, and empowering them to manage risk

OUR ASPIRATIONS FOR MAST

- To Empower and Improve
- That the service we provide continues to improve
- That the child remains central to all we do
- To ensure all agencies and services working with families know who we are and value what we do
- We empower others to manage and identify risk
- The team enjoys stability and continuity
- We influence the quality of referrals we receive
- We model a positive and supportive team approach to others
- We share our considerable individual knowledge and experience with each other
- We respect diversity and model genuine partnership in all we do

CONTINUUM OF NEED



If in doubt, consult appropriate agency or your agency safeguarding lead

Go straight to level 5 as soon as risk of significant harm suspected

REFERRALS INTO MAST

2 categories of referrals into the team – domestic violence incidents and child protection referrals.

DOMESTIC VIOLENCE INCIDENTS - categorised by the police into either a 'notification' or a 'referral'

- Notifications are sent directly to the Early Intervention team and do not come into MAST
- Referrals – incidents are classified as a referral if they meet certain criteria

- CHILD PROTECTION REFERRALS
- can come from any agency, member of the public or anonymously
- All referrals are assessed by the Manager/ Practice Supervisor and they decide what happens next
- Task and screening social workers, health and police will gather information for a daily meeting
- Screening Social Workers will gather further information

- Screening Social Workers may also contact schools, nurseries and other relevant agencies
- Health Practitioners may look at A&E records and contact other relevant health agencies

CHALLENGE – sharing GP information

- At the daily meeting all relevant information is shared and a multiagency decision is made as to the next course of action
- A multiagency analysis of the risk to the child/ren is made

STRATEGY DISCUSSIONS

- These occur when there is an allegation of significant harm to child/parent (and the child is present) or high level concerns – e.g. neglect/home alone etc.
- Are held at anytime and at short notice
- Information gathered by all agencies as before
- Meeting – duty social workers will be invited up from Northgate House for the discussion and a Detective Sergeant from the police will attend. Health Visitor/School Nurse/Family Nurse may also be invited

DOCUMENTATION PROCESS FOR THE HEALTH PRACTITIONER

- Details of what occurred during the incident are entered on SystemOne
- Date and outcome of the referral/incident is entered on significant events to form a chronology or on the Safeguarding Node if s47 enquiries are to be undertaken
- Relevant health professional tasked when outcome of meeting has taken place
- 'No further action for MAST'

- ‘Accepted into MAST for further information gathering’ –we are not able to update the records with the final outcome, so please contact social care services on 01422 393340 after 7 days
- Health Professionals may be tasked to carry out a recommendation from the multiagency meeting – we do try to speak to professionals on the telephone as well, but it is not always possible

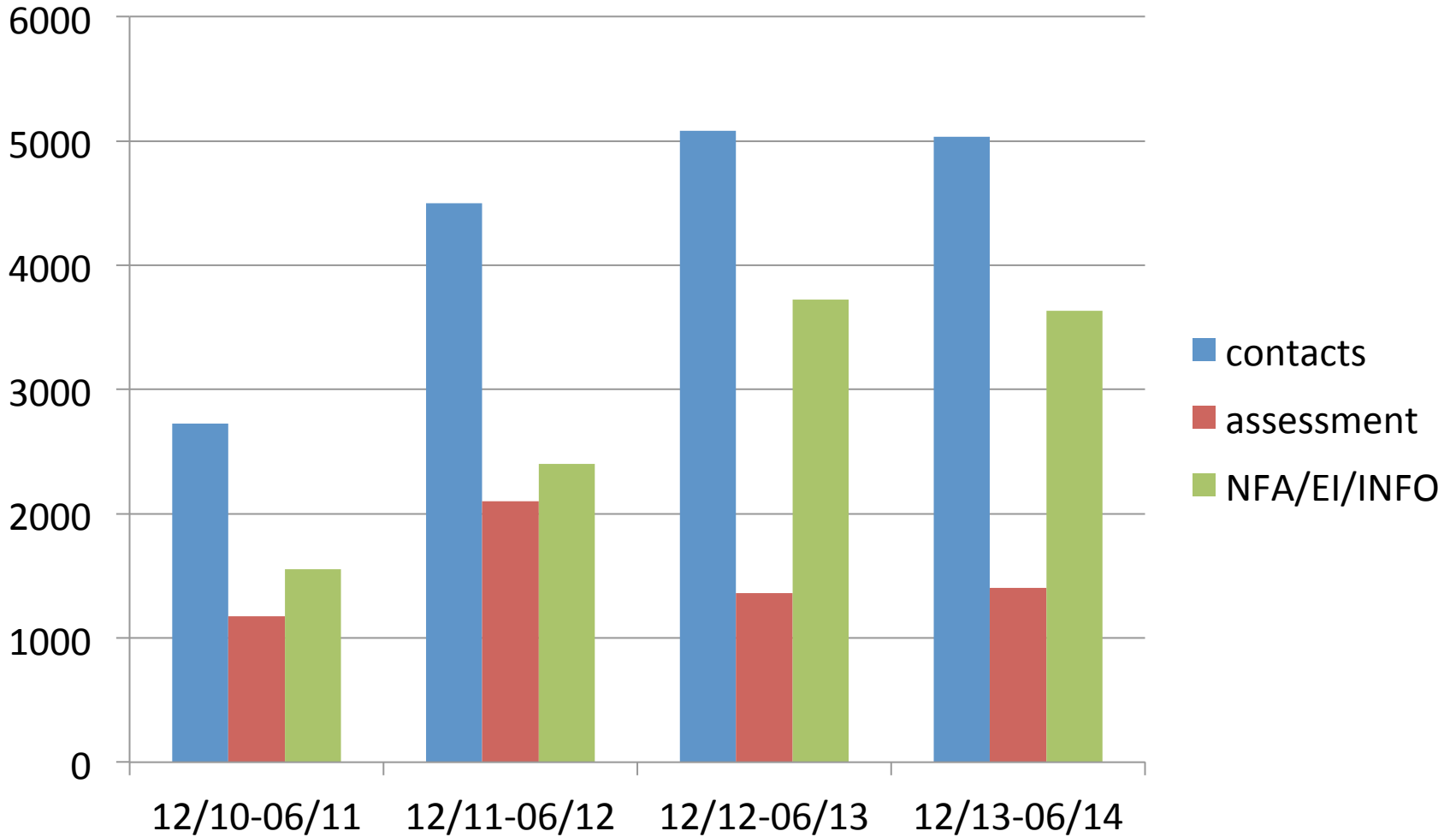
USEFUL INFORMATION IN RECORDS

- Families linked in groups and relationships
- Name and date of birth of current partner in groups and relationships – link as a ‘textual relationship’
- Who was present when you visited
- What did you see – e.g. cleanliness of the house/room, age appropriate toys available?/ child clean and appropriately dressed etc. Remember that as a Health Visitor/School nurse, you are the eyes and ears for the MAST team as to what is happening in the home’
- Chronology of significant events

DIFFERENCES MAST HAS MADE

- Referrals are now processed with 36 hours of receipt
 - Strategy discussion are held within 2-4 hours of receipt
 - Referrers are notified of the outcome of their referral
 - Audits of referrals have been undertaken by several agencies and improvement made to referrals being sent in (work in progress)
 - Improvement in communication between partner agencies
- ULTIMATELY – better outcomes for the children!!

STATISTICS



WISH LIST

- Dedicated MAST IT system – would enable us to share very sensitive information as part of the decision making process
- Representation from Education and mental health services within the team

CASE STUDIES



ANY QUESTIONS??



THANK YOU FOR LISTENING
CONTACT DETAILS
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