

Adult MASH

Can we afford not to?



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Current picture in the MPS

- Fully functioning adult MASH – 2
- ASC worker sitting in MASH – 9
- Trial of ASC worker in MASH – 1
- Adult MASH on a different floor in the same building – 7
- In another building – 14 (email/phone only)
- In another building with limited access - 1



Enfield

- Use S42 – Single point of entry
- Material care and support needs and refer very quickly
- Share information
- RAG rate, identify and manage risk speedily
- Capture information
- Have a person centred response
- Engage with service users face to face
- Referrals that do not meet the statutory criteria are progressed
- Complete the three stage test for S42
- Refer to MARAC promptly
- Signpost people to services
- Link in with other services, identifying suitable pathways – MH, DA etc



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Havering

- Safeguarding all sits in one place
- Are able to triage cases as everyone is present
- ASC staff have direct access to the police
- Clarity and progress in cases can be easily sought
- Safeguarding roles and responsibilities are clear
- Children and adult SC staff can link in together
- Cases get passed on
- Honour based crimes are identified and dealt with



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What is an ACN?

- A vulnerability report on any adult using the VAF assessment
- Upon arriving in MASH it is initially risk rated
- A researcher then does five years of research
- A final risk rating is then recorded and if appropriate it is sent to the LA.



ACN's

- In 2012 police, local authorities and health services joined forces and MASH's were born. These focused wholly on children's vulnerabilities and children's merlin's (PAC's) were the reporting system used by police
- In 2014 Adult Merlin's were launched (ACN's)



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ACN's

Volumes across London

- 2015 to 2016 - 92, 887
- 2016 to 2017 - 112,150
- 2017 to 2018 – 120,700*



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Help!

- No clear process identified and enquiries not recorded properly (phone calls, emails and paper requests)
- No updates
- No action plan. Partner agencies do not have clear directions or responsibilities
- One way communication
- People are not dealt with appropriately according to their needs
- No MASH referral request process
- No continuity when dealing with vulnerable adults
- No daily or regular meetings to identify high risk cases, arising issues.
- No partnership training to assist with signposting

Any questions?

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