AN IMPLEMENTATION AND PROCESS EVALUATION OF MULTI-AGENCY SAFEGUARDING HUBS: EVALUATION PROTOCOL

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Summary

Introduction

What is a Multi-Agency Safeguarding Hub (MASH)?

Multi-Agency Safeguarding Hubs (MASH)[1] deal with incoming contacts and referrals about children and young people who have prompted child concern notifications and, in some cases, may also act as a route to Family Help (until recently known as separate Early Help and Child in Need services).

Why are we evaluating MASH?

Across England, MASH are highly variable in the way they are implemented locally. There are no existing centrally held records on whether there is a MASH in each local area of England, the date that a local MASH was implemented, or the characteristics of each local MASH at any given time.

Currently, there is not a programme theory (also known as theory of change) for MASH as a national intervention. We cannot yet describe how far there are common or diverse functions or features of MASH across England, the main mechanisms by which we expect MASH to work (or not), and the perceived or intended impact of MASH which may vary according to form, function, characteristics of the children and young people referred into MASH and the wider service and population context of each MASH. Although identified as a promising multi-agency system, we lack a well-developed and agreed-upon programme theory for MASH.

Why is this important for policy?

Multi-agency working is a key focus for the Department for Education (DfE) and other government departments including the Home Office and the Department for Health and Social Care (DHSC) regarding the transformation of children's social care services. In 2022, three independent reviews (commissioned by the government) published their findings which together called for fundamental

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[1] For the purposes of this evaluation, we will be using the shorthand 'MASH' to talk about the whole range of multi-agency front door systems in children's services. Other multi-agency front door services sometimes go by the name of Integrated Front Doors, Single Point of Access or Children's and Family Hubs.

reform to children's social care[2][3][4]. In February 2023, DfE responded to these reviews in Stable Homes, Built on Love and committed to working alongside other lead departments for statutory safeguarding (Home Office and DHSC) to commission this Implementation and Process Evaluation (IPE). The DfE is seeking to understand how current local safeguarding arrangements, including MASH, are delivering their services, how they identify children in need of help and protection and how they take steps to safeguard and protect children. The IPE will help government to understand the gaps and challenges in local leadership and practice and how these impact on system level outcomes.

Why is this important for local areas?

Multi-agency networks of professionals failing to share information effectively and showing a lack of critical thinking and challenge are consistently found to be issues in Child Safeguarding Practice Reviews (formerly 'Serious Case Reviews'), most recently into the tragic deaths of Arthur Labinjo-Hughes and Star Hobson (2022). This review of child protection in England described multi-agency arrangements for protecting children as 'fractured and fragmented'. Thorough risk assessment and triggering the right process at the right time can be what makes the difference for the most vulnerable children and families, and this often begins with MASH. As the first port of call for referrers, MASH play a pivotal role in supporting families to keep their children safe and cared for. Understanding more about how local areas design and deliver their MASH service provides an opportunity to highlight emerging practice and identify areas for development, allowing local areas to share learning and improve consistency for children, young people and families, and for practitioners working in their teams.

What do we know currently?

We conducted a survey of 114 local authorities (LAs) in 2023, where 106 LAs reported having a MASH. We collected detail about some key features of MASH across England (Mendez Pineda, 2025). However, we continue to have only limited detail about key features of MASH, how these features are thought to work (i.e. mechanisms) and whether stakeholders think these features of a

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[2] The Independent Review of Children's Social Care that set out how we can put love and the overriding importance of relationships back at the centre of what children's social care does

[3] The Child Safeguarding Practice Review Panel's review into the deaths of Arthur Labinjo-Hughes and Star Hobson with the absolute priority to protect children and keep them safe

[4] The Competition and Markets Authority review that stressed the need for the right care homes in the right places for children who come into care

MASH should/do work differently for specific groups of children and young people or in different service contexts.

Aims

In this study, we will conduct an implementation and process evaluation (IPE) and collect qualitative data from professionals and families to answer questions about the key features of MASH and the ways in which (different) MASH work (Moore *et al.*, 2015; Humphrey *et al.*, 2016; Skivington *et al.*, 2021; Youth Endowment Fund, 2022). We will build on findings from our 2023 survey (Mendez Pineda, 2025) and the wider literature.

Research questions

1. What are the common components, functions or features of a MASH?
2. What are the main mechanisms by which we expect MASH to work (or not)?
3. What is the perceived impact and for whom does MASH work/not work and why?
4. In what contexts will MASH work/not work, and why?
5. What is the place of feedback loops, audits, and quality improvements?
6. If a particular MASH works, what outcomes will we see?

Design and methods

This is a qualitative study that collects and analyses interview, focus group and observational data from practitioners, parents and young people in England. Our main data collection will occur in three local areas of England. These will be sampled according to key characteristics of MASH which we identified in the literature and in our survey of 106 MASH in England (Mendez Pineda, 2025). The sampling framework will be guided by the views and priorities of the cross-government Steering Group with whom we are working as part of this study. Although most of our qualitative data will be collected from three local areas in England, our evaluation takes a broad-deep-broad approach. We start with a broad analysis of all published literature since 2010 and analysis of information from our 2023 survey (objective 1). Then we will conduct a deep dive into three local authority sites, theoretically sampled from our learning from objective 1, to test and refine the programme theory developed in objective 1 (objective 2). Then, we will broaden out again by taking our refined programme theory to a workshop with practitioners and local leaders who were not part of our previous three site sample (invited through our networks, objective 3). This broad-deep-broad structure of the study will allow us to collect in-depth data from a small number of sites whilst at the same time placing those sites in the wider picture of England and testing generalisability to other local areas.

In this study, we take a 'realist' perspective on evaluation i.e. aiming to not only answer the question of 'what works' but also understanding for whom and why. To embed a realist approach to our analysis, we will use Normalisation Process Theory and RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance), both of which provide a structure for evaluating implementation.

Conclusions

We anticipate that our findings can be used by the cross-government Steering Group to generate core principles of an effective MASH. These principles and our wider findings have potential to inform government policy from the Department for Education, Department of Health and Social Care and the Home Office such as the planned revisions of Working Together to Safeguard Children in 2025[5]. Establishing a set of core principles can encourage integrity within interventions or service models which are designed to vary between sites, such as MASH. A set of core principles would acknowledge that the 'form' and 'function' of MASH will differ when implemented in each local context, whilst also facilitating some 'fidelity' to the underlying principles by which the service model works. Programme theory – and a set of core principles – can inform decisions about how to adapt a service or intervention to a local context or how far components can be removed to create 'efficiencies' in a service. This approach provides flexibility, taking into account local context but steers clear of a prescribed or mandated version of a MASH.

Limitations

There will be limitations to how far we can generalise from data collected in three local sites in England. Qualitative data is by its nature deep, not broad. However, we have built in a broad-deep-broad approach to contextualise our qualitative findings in the bigger picture of the whole of England.

Timeline

The study will start on 1 February 2024 and deliver an interim report to the cross-government Steering Group in September 2024 and a final report in December 2024. The final report will be published in early 2025.

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[5] For more information on the Working Together consultation see
https://www.gov.uk/government/consultations/working-together-to-safeguard-children-changes-to-statutory-guidance

Contents

Background and problem statement

The Department for Education's 2023 vision for transforming children's social care places multi-agency working at the heart of a strong safeguarding and child protection system, an approach supported by practitioners in the consultation on this policy (Department for Education, 2023b). The Transforming Children's Social Care policy names multi-agency front door services of local authority (LA) children's services as a promising example of inter-agency working that should be evaluated. Sometimes, these multi-agency front door services go by the name of MASH (Multi-agency Safeguarding Hubs), but similar structures are also known as Integrated Front Doors, Single Point of Access or Children's and Family Hubs[6]. We use the shorthand 'MASH' to talk about the whole range of multi-agency front door systems in children's services.

MASH deal with incoming contacts and referrals about children and young people who have prompted child concern notifications and, in some cases, may also act as a route to Family Support (until recently known as separate Early Help and Child in Need services) (MacAlister, 2022).

MASH is highly variable in the way it is implemented locally. There are no centrally held records of whether there is a MASH in each local area of England, the date that a local MASH was implemented or the characteristics of each local MASH at any given time. We conducted a survey of 114 local authorities (LAs) in 2023, where 106 LAs reported having a MASH. We collected detail about some key features of MASH across England (Mendez Pineda, 2025). However, we continue to have limited detail about key features of MASH, how these features are thought to work (i.e. mechanisms) and whether stakeholders think these features of a MASH should/do work differently for specific groups of children and young people or in different service contexts.

In this study we will conduct an implementation and process evaluation (IPE) and collect qualitative data from professionals and families to answer questions about the key features of MASH and the ways in which (different) MASH work (Moore *et al.*, 2015; Humphrey *et al.*, 2016; Skivington *et al.*, 2021; Youth Endowment Fund, 2022). Evaluation design has also been based on input from the cross-government MASH Steering Group (See Box 1 for more detail). We will build on the 2023 survey we conducted and the wider literature (Mendez Pineda, 2025). We will use

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[6] Some local authorities place their front-door services within their Children and Families Hub. Thus, Children and Family Hubs do not only provide services related to referral, risk assessment, and joint decision-making when a child is contacted or referred to the local authority's children's services. This study only focuses on the front-door and multi-agency arrangements of children's social care.

qualitative data and engagement with stakeholders to develop a programme theory for MASH (also known as a 'theory of change'). A programme theory "describes how an intervention is expected to lead to its effects and under what conditions. It articulates the key components of the intervention and how they interact, the mechanisms of the intervention, the features of the context that are expected to influence those mechanisms, and how those mechanisms might influence the context" (Skivington *et al.*, 2021).

Cross- Government MASH Steering Group

This evaluation is being supported by a cross-Government Steering Group set up to provide expert advice and function as a "critical friend". The steering group is supporting and monitoring the evaluation's progress against agreed milestones to look at the range of services delivered in different samples of MASH, from universal 'front-door' services in early help, across to high thresholds of intervention in child protection and the interlinks between them.

This evaluation is independent from the Steering Group, but the group has a role in bringing together expertise and intelligence about other related work on these local arrangements. This evaluation involves providing regular updates to the Steering Group on progress and relevant emerging findings.

The Steering Group involves representatives from:

- Department for Education (DfE)
- Home Office
- Office for Health Improvement and Disparities (OHID)
- NHS
- Police
- Inspection (Ofsted)
- Association of Directors of Children's Services
- Foundations
- University College London (UCL).

Box 1: National MASH Steering Group

Intervention and theory of change

Currently, there is not a programme theory (also known as theory of change) for MASH as a national intervention. This is something that this study will be seeking to produce. We cannot yet describe how far there are common or diverse functions or features of MASH structures across England. We also cannot explain the main mechanisms by which we expect MASH to work (or not) and the perceived or intended impact of MASH. This may vary according to form, function, characteristics of the children and young people referred into MASH and the wider service and population context of each MASH. Although identified as a promising multi-agency system, we lack a well-developed and agreed-upon programme theory for MASH.

The purpose of this current study is to answer some these questions about MASH and provide an empirically-based description of what MASH are and how MASH are thought to work, in order to produce our programme theory.

As a result, the following section of the evaluation protocol is limited in the detail it can provide.

As a starting point for this study, we will draw upon existing knowledge and data that we have on MASH, for example, our 2023 survey that we conducted with 114 LAs, which described 106 MASH teams across England (Mendez Pineda, 2025). We will also draw on existing studies and reports about what happens in specific models of MASH and how MASH (and multi-agency child safeguarding relevant to MASH) might work in theory (Crockett and et al, 2013; Home Office, 2014; Cleaver *et al.*, 2019; Clements *et al.*, 2019; Baginsky and Manthorpe, 2020; Shorrock, McManus, and Kirby, 2020; Jahans-Baynton and Grealish, 2022). We provide an outline below of what we do know so far about how MASH is implemented and works to improve the assessment and support for children and young people in contact with children's social care services in England.

Why (theory/rationale)?

The fundamental principle of all MASH is to bring key professionals together into a single team to identify risks and needs of the children who come into contact with children's social care and respond with effective and joined-up action through early and better-quality information sharing, analysis of that information and joint decision-making.

Professionals in a MASH will jointly decide whether a child and family will be best supported through universal services (e.g., schools, health visitors), Family Support (previously early help and Child in Need services) or Child Protection services. As Baginsky (2022) writes "By pooling professional expertise and intelligence, the aim is to generate better risk assessments of cases notified to the MASH at an earlier stage [in order to] "spur faster responses in cases where children

are judged to be at immediate risk of significant harm, but also alleviate pressure on children's social care services by filtering out unnecessary referrals"(Baginsky *et al.*, 2022). The idea is that joint risk assessment and decision-making "enhance[es] the likelihood of interventions [from children's social care] being proportionate, necessary, and effective" (Shorrock, McManus, and Kirby, 2020). The first known MASH was in Devon in 2011 (Golden, Aston and Durbin, 2011); MASH were developed in a policy context that highlighted "poor coordination and a failure to share information" between professionals as a contributing factor in more than one high-profile child death from abuse and neglect (Department for Education and Skills, 2003).

Tailoring and adaptation to local context

MASH in England are highly variable in implementation, components, tailoring and contexts, with all elements interacting to influence service delivery and outcomes. The context in which MASH models work will vary across local areas of England, with differences in risk and need in local populations, infrastructure (e.g., information systems) and wider support services for families.

Who receives a MASH assessment?

We know from our 2023 survey (Mendez Pineda, 2025) that in most local areas, there is a single referral pathway into children's social care through a MASH. Most of the MASH teams that answered our survey also acted as a front door to 'Early Help' (which is now combined with Child in Need services and known as 'Family Support'). These survey results suggest that MASH teams in England commonly risk assess every child and young person referred into children's services, whether that referral is for early preventive support or child protection. However, we also found in the survey that MASH exist in areas where there are multiple pathways into children's social care, meaning that these MASH teams will likely only assess a subset of children referred into children's social care in these areas. In some local areas, there are separate pathways for accessing Family Support, meaning that MASH teams may assess a narrower population of children and young people with more serious or entrenched problems than in areas where referrals for earlier, preventive support also come into the MASH team.

Based on our 2023 survey, about three-quarters of responding MASH only assessed children and young people referred to Family Support or Children's Social Care. However, a minority of responding MASH also assessed adult safeguarding referrals. We hypothesise that whether the MASH deals with all ages or just children and young people will affect the ways in which the MASH operates.

What happens in a MASH (what is the intervention and how is it delivered)?

Few empirical studies or accounts detail what happens in a MASH. Based on the rationale of a MASH, we can hypothesise that professionals will gather and share information with each other about the child or young person and their family in order to gain a full picture of risk and protective factors. We have little detail about how this information is shared exactly, how much of what type of information and analysis is shared and with what perceived impact for which types of children and young people. Information sharing may be underpinned by a shared information system and, in many but not all cases physical co-location of professionals in shared offices (Home Office, 2014).

Who is part of MASH (practitioners and partner agencies)?

Based on our 2023 survey of 106 MASH teams in local areas across England, there is very high variation in the number of core partners in MASH teams. The majority of MASH we surveyed reported under 10 core partners in their MASH with a sizeable minority reporting over 10 core partners. As may be expected, MASH who reported that they dealt with adult as well as children and young people safeguarding referrals were most likely to have high numbers of staff, presumably because the team includes representatives from adult services as well. The job role of core partners and the service they represent varies between MASH, which will likely to affect how the MASH works in terms of information sharing and risk assessment.

Implementation and process evaluation

Aims

This implementation and process evaluation aims to identify and explain how and why MASH could contribute to better outcomes for children, young people, and their families to inform principles of best practices for adapting and innovating locally. An implementation and process evaluation can facilitate a more 'realist' perspective on evaluation i.e. helping us not just to answer the question of 'what works' but also understanding for whom and why (Pawson et al., 2005; Sanders, Breckon and Halpern, 2023). This study will contribute to the ongoing work on multi-agency arrangements in England, such as the Multi-Agency Child Safeguarding (MACS) Evaluation7 and a proof of concept retrospective quantitative evaluation of MASH (Mendez Pineda, 2025).

Objectives and research questions

Objectives

We have structured our research on six questions, adapted from (ex)Public Health England guidance on realist evaluations, the Medical Research Council's process evaluation literature and Humphrey et al.'s handbook on implementation and process evaluation (Moore *et al.*, 2015; EIF, 2019; Tony Mercer and Patricia Lacey, 2021).

1. To develop initial programme theory and a logic model (i.e. a graphic representation of programme theory) through a re-analysis of our recent scoping review of MASH in England and survey of 114 local authorities.
2. To test and refine the programme theory and logic model through an analysis of:
    a. practitioner and service manager perceptions and experiences of implementation processes, contextual factors, resources and mechanisms (Moore *et al.*, 2015), that enabled or hindered MASH in their local area
    b. young person and parent experience and views of referrals to and assessments from children's social care and how the MASH impacts (or might impact) upon their needs.
3. To test generalisability of this programme theory with a workshop

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7 https://www.kcl.ac.uk/research/multi-agency-child-safeguarding-macs-evaluation

Research questions

1. What are the common components, functions or features of a MASH?
2. What are the main mechanisms by which we expect MASH to work (or not)?
3. What is the perceived impact and for whom does MASH work/not work and why?
4. In what contexts will MASH work/not work, and why?
5. What is the place of feedback loops, audits, and quality improvements?
6. If a particular MASH works, what outcomes will we see?
7. The table below illustrates the connection between research questions, research design, methods and analysis.

Table 1. Connection between research questions and methods.

Research questions	Research methods	Data collection methods	Sampling size and sampling criteria	Data analysis methods
Fidelity and adaptation and dosage and reach What are the common components, functions or features of a MASH? What is the place of feedback loops, audits, and quality improvements?	Survey Scoping review Focus groups Semi- structured interviews Observational visits	Survey – output from prior work on quantitatively evaluating MASH (Mendez Pineda, 2025) Data extraction from scoping review (Mendez Pineda, 2025) Semi structured interviews and focus groups, unstructured observational visits	Survey – 114 local authorities Scoping review – 36 articles describing research on MASH Focus groups, interviews, observational visits – 3 local authorities, and practitioners from these sites Practitioners from multi-agency front door services Workshops with up to 30 practitioners	Survey – descriptive and cluster analysis Scoping review – thematic analysis Focus groups, interviews, observational visits – deductive coding from Normalisation Process Theory and Re-Aim

			from multi-agency front door services	
Programme differentiation In what contexts will MASH work/not work, and why?	Focus groups Semi-structured interviews Observational visits	Focus groups Semi-structured interviews Observational visits	3 local authorities, and practitioners from these sites Practitioners from multi-agency front door services Workshops with up to 30 practitioners from multi-agency front door services	Deductive coding from Normalisation Process Theory and Re-Aim
Mechanism What are the main mechanisms by which we expect MASH to work (or not)?	Focus groups Semi-structured interviews Observational visits	Focus groups Semi-structured interviews Observational visits	3 local authorities, and practitioners from these sites Practitioners from multi-agency front door services Workshops with up to 30 practitioners from multi-agency front door services	Deductive coding from Normalisation Process Theory and Re-Aim
Perceived outcomes If a particular MASH works, what outcomes will we see? What is the perceived impact, for whom does	Focus groups Semi-structured interviews Observational visits	Focus groups Semi-structured interviews Observational visits	3 local authorities and practitioners from these sites Practitioners from multi-agency front door services Workshops with up to 30 practitioners	Deductive coding from Normalisation Process Theory and Re-Aim

MASH work/not work and why?			from multi-agency front door services Young people and families	

Design and methods

We will use a mixed-method approach to develop a programme theory, implementation, and process evaluation for MASH.

Objective 1: develop initial programme theory and a logic model

To develop the initial logic model (graphic diagram of the programme theory), we will use data that we collected in a separately funded research project: survey data from 114 local authorities about MASH (2023) and a scoping review of literature on MASH published between 2010-22 (Mendez Pineda, 2025). We will also conduct three virtual focus groups, each with up to six practitioners working within MASH in England. We will aim to recruit practitioners from across the core partners (children's social care, health, police and education practitioners) from different MASH across England. Guidance on developing initial programme theory recommends interviewing practitioners rather than programme users (Greenhalgh et al, 2017) as a first step. We will recruit these practitioners through the networks we have established as part of our recent (2023) survey. We aim to include a range of MASH characteristics that we hypothesise are important for understanding programme theory of MASH and have data on for 114 local areas in England. From available literature (Mendez Pineda, 2023), the following list of characteristics were relevant to multi-agency work in front-door services:

- Co-location or virtual connections/networks (Golden, Aston and Durbin, 2011; Luckock, Barlow and Brown, 2017)
- Protocols on interagency collaboration (Cooper, Evans and Pybis, 2016); Clear governance, aims and terms of reference (Golden, Aston and Durbin, 2011); clarity and effectiveness on information sharing (Crockett et al., 2013)
- Adequate IT infrastructure (Golden, Aston and Durbin, 2011)
- Inter-agency communication (Cooper, Evans and Pybis, 2016) and the safeguarding partners (social workers, police, education, health, probation, etc.)
- Joint training (Cooper, Evans and Pybis, 2016)
- Sufficient staffing (Golden, Aston and Durbin, 2011)

- Culture: Willingness to share and overcome issues (Golden, Aston and Durbin, 2011)
- Senior management support (Cooper, Evans and Pybis, 2016); Strategic buy-in (Golden, Aston and Durbin, 2011)
- Raising awareness of MASH amongst external agencies (Crockett et al., 2013).

From these characteristics, the scoping review, and the survey, we include specific MASH characteristics such as: number and type of core partners within the MASH, whether adult safeguarding is also included in the MASH, whether there is physical co-location of MASH partners, whether Early Help is nested within the MASH and the model of referral pathways (singular or multiple). We will adopt a staged invitation process to the focus groups so that we can monitor the range of MASH characteristics and geographical regions represented by practitioners in the first focus group and then purposively sample practitioners for the second and third focus groups.

Objective 2: test and refine the programme theory and logic model

In order to test and refine the programme theory, we will collect qualitative data from professionals in three local authority sites in England and from groups of parents and young people in different areas of England.

Choosing our three local authority sites

We will use the survey results and scoping review to determine a sampling framework for selecting three local authority sites for qualitative data collection. The characteristics in our sampling framework will include the same set of characteristics that we used to sample for our focus groups (see Objective 1 above): number and type of core partners within the MASH, whether adult safeguarding is also included in the MASH, whether there is physical co-location of MASH partners, whether Early Help is nested within the MASH and the model of referral pathways (singular or multiple) (Franklin, Larkham and Mansoor, 2023). We will also use sociodemographic and geographical characteristics of the local authority to select our three sites (e.g. deprivation, ethnic composition and urban/rural), which forms part of our commitment to representing areas which are home to diverse range of families. We will share our sampling framework with the cross-government steering group and seek their priorities regarding important characteristics to sample in our three local authority sites. For example, if the Steering Group members prioritise co-location as an important aspect for investigation, we will aim to sample at least one MASH with physical co-location and one without, using data from our 2023 survey results. Or, if the Steering Group members prioritise number and type of core partners, we will aim to sample MASH that have representation from different combinations of agencies. We will still aim to explore all the potentially important characteristics we have identified in our previous work, regardless of which three MASH we sample. For example, even if we do not prioritise physical co-location in our

sampling strategy for our three sites, we can elicit views about co-location versus virtual MASH from the staff within the MASH we do sample even if they happen to all be MASH with a physical co-location model. This is a purposeful sampling approach (Palinkas *et al.*, 2015), where we select sites based on their important characteristics rather than our existing networks (i.e. convenience sampling). Recruitment of sites will benefit from the fact that we can recontact respondents from our survey, who gave consent for this as part of the survey data collection. We will not disclose the identity of local authorities in our sampling framework or at any point in our study.

Interviews and observations in our three local authority sites

We will collect the views and experiences of a minimum of 40 participants overall. This will include professionals who are part of the MASH in our three local authority sites or have roles relevant to the MASH. We will also collect the views and experiences of young people and parents who have been referred to children's social care and/or through a children's social care assessment. We will talk to more professionals than young people and parents, in order to capture the views and experiences of the full range of professionals that work in or have a role relevant to the running of a MASH (we know that in some MASH there more than 10 core partners).

In each area, we will interview MASH staff from the statutory agencies that are part of that particular MASH (children's social care, health, education, police) and other agencies relevant to the local area, guided by what our interview participants tell us. We will offer one-to-one interviews in person as the first option to participants with an option for virtual interviews if needed. Our topics guides will be developed around our main research questions (see above) and our prompts will be iteratively updated as we collect and analyse data and have new and emerging hypotheses. We will take a snowballing recruitment strategy in each site, starting by interviewing our 'gatekeeper' (the professional who answered our survey and has helped us onboard the local authority) and ask this interviewee to identify other potential interviewees within the MASH. We will ask each interviewee if there is anyone else of high relevance that we should speak to about the local MASH. We will also use our 2023 survey results to check who we have interviewed against the core partners reported in the survey, using this information to identify further potential interviewees. We will offer three focus groups for theory consolidation in the same three local authority sites and seek permission to observe a MASH meeting at each site. Data from the observational visits will be used in conjunction with the interviews and focus groups to build a rich picture of the context and mechanisms identified in our data; the use of observational visits also responds to the flexible and iterative design of this study. These observations may support us in identifying habitual tasks that practitioners may find difficult to articulate – such as culture – as well as providing more insight into context and settings (Freeman and Hall, 2012; Guest, Namey and Mitchell, 2013, chap. 3; King and Stevahn, 2013; Harvey, 2018).

We will recruit young people and parents who have been through an assessment with children's social care via our charity networks to take part in an interview, asking them to reflect on the experience of assessment by children's social care and how professionals did, could or should have worked together. These young people and parents will not necessarily be from the three in-depth data collection sites. However, in the first instance, we will reach out to charities within the service area of the three in-depth sites. If we cannot obtain interviews for young people and families from these areas, using the survey, we will approach national charities or charities in other areas. We will design the focus and approach for this part of the study iteratively, based on emerging findings from our interviews with professionals in three MASH. We will work closely with our charity networks to make sure that young people and families are fully supported to take part in the study, and afterwards. Our final report will clarify the evolution of this iterative process. Themes and questions for the young people and parent interviews will focus on their experiences and expectations of their initial path with social care and the local authority; these may include questions related as to who they think should know about their case, why should they know and how practitioners should talk to each other.

As we will be approaching professional interviewees based on their role within MASH, we will be limited in seeking a range of ethnicity and other protected characteristics in our professional interviews. We will ask for anonymous information on the children and parents we talk to, to monitor diversity and inclusion. This will be collected by survey and will include questions on self-reported ethnicity, income-band, and number of children in the family, but without collecting names or contact details of individuals.

Objective 3: testing generalisability of findings

We will test the generalisability of our programme theory and logic model (objective 2) using a single workshop with ≈30 practitioners, where we will ask for comments and discussion of our findings in the context of their own local areas. We will adopt an invitation process for the workshop to monitor the participation of practitioners from different partner agencies (social care, police, education, health, and others) and diversity in geographical areas. We will use a short form for practitioners to register their interest, which will collect their role, local authority site, partner agency they belong to and email to contact them if they are selected to participate. This sampling will enable us to gain broad representation and variability from England and partner agencies. We will treat this as data, adding it to the final analysis and comparing and contrasting the content from the workshop with what we learned in the three local authorities where we collect in-depth data. This workshop aims to gain insight into how far our results from objective 2 (based on three local areas) resonate with and reflect practice, experience and views in other areas of England, i.e., contextualising our deep learning from three sites with a broader picture.

Analysis

To embed a realist approach to our analysis, we will use Normalisation Process Theory and RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance), both of which provide a structure for evaluating implementation (Nilsen, 2015; May *et al.*, 2022) and align well with realist methodology (W.K. Kellogg Foundation, 2004; Moore *et al.*, 2015; Nilsen, 2015; The Strategy Unit, 2016; Smith, Li and Rafferty, 2020; Holtrop *et al.*, 2021; May *et al.*, 2022). We will transcribe interview data and then code this data using Normalisation Process Theory constructs and RE-Aim definitions to pragmatically understand core components, implementation, mechanisms of change, and context.

NPT is an explanatory model concerned with the social organisation of work (implementation), of making practices routine elements of everyday life (embedding), and of sustaining embedded practices in their social contexts (integration) (May *et al.*, 2022). NPT also has a framework for implementation evaluation and research which sits easily alongside the Context-Mechanism-Outcome configuration of realist evaluation studies and contains 12 domains. Thus, we will use its coding manual to guide our analysis (see the Appendix for a description of the domains and constructs considered). NPT originally consisted of four constructs: (i) coherence, the sensemaking work people do, individually and collectively, when faced with operationalising the new practices; (ii) cognitive participation, the relational work people do to build and sustain a community of practice around the complex intervention (iii) collective action: the operational work people do to enact the new practices, and (iv) reflexive monitoring: the appraisal work people do to understand the ways the new practices affect them and others. This framework has been updated to include domains relating to context and outcomes, resulting in eight additional constructs. Within the framework, contexts are events in systems unfolding over time within and between settings where implementation work is done (primary NPT constructs: strategic intentions, adaptive execution, negotiating capability, reframing organisational logic). Outcomes are the effects of implementation work in context. They show how practice changes as implementation processes proceed (primary NPT constructs: intervention performance, normative restructuring, relational restructuring, sustainment).

In conjunction, we will use the RE-AIM framework to analyse MASH reach, uptake, and acceptability/appropriateness (Holtrop *et al.*, 2021). RE-AIM is a framework to guide the planning and evaluation of programs according to the 5 key RE-AIM outcomes: Reach, Effectiveness, Adoption, Implementation and Maintenance (Glasgow and Estabrooks, 2018; Holtrop, Rabin and Glasgow, 2018; Kwan *et al.*, 2019). RE-AIM is one way to approach the "ultimate use" question of what intervention (programs or policies) components, conducted under what conditions and in what settings, conducted by which agents for which population (and subgroups) are most effective in producing which outcomes; and under what circumstances (Glasgow, 2013). Mainly, RE-AIM

provides practical information that can improve translation of evidence-based interventions into practice and their public impact (King *et al.*, 2020). However, RE-AIM does not explain the conditions that influence implementation success and that is why we use it together with NPT.

Transcripts will be coded using NPT constructs and RE-Aim definitions to understand pragmatically core components, implementation, mechanisms of change and context. We will consolidate these results by presenting them back to practitioners and local leaders from the three sites and the cross-government Steering Group based on a context, mechanism and outcome approach, to ensure robustness and translatability for impact as well as gaining internal and external validity.

We will present results back to practitioners and local leaders from the three sites in the form of a presentation and/or written briefing if a meeting is not possible due to operational demands in the local areas. We will listen to feedback and comments from practitioners and managers in these meetings and incorporate these into our final interpretation of results. We will also feed results back to the Cross-government Steering Group.

Conclusion

The programme theory that we will develop in this study can be used by local leaders when planning or innovating their own front door for children's services (W.K. Kellogg Foundation, 2004; The Strategy Unit, 2016; Smith, Li and Rafferty, 2020). We anticipate that our findings can be used by the cross-government Steering Group to generate core principles of a MASH. These principles and our wider findings have potential to inform government policy from Department for Education, Department of Health and Social Care and the Home Office such as the planned revisions of Working Together to Safeguard Children (Department for Education, 2023a). Establishing a set of core principles can encourage integrity within interventions or service models which are designed to vary between sites, such as MASH (Hawe, Shiell and Riley, 2004). A set of core principles would acknowledge that the 'form' and 'function' of MASH will differ when implemented in each local context, whilst also facilitating some 'fidelity' to the underlying principles by which the service model works (Hawe, Shiell and Riley, 2004). Programme theory – and a set of core principles – can inform decisions about how to adapt a service or intervention to a local context or how far components can be removed to create 'efficiencies' in a service.

Limitations

This is a qualitative study, which collects and analyses views and experiences of professionals, parents and young people. Qualitative data is by its nature deep, not broad and we will need to be careful in generalising from our three local authority sites to the whole of England. Although most

of our qualitative data will be collected from three local areas in England, our evaluation takes a broad-deep-broad approach. We start with a broad analysis of all published literature since 2010 and analysis of information from 114 Las collected in our 2023 survey (objective 1). Then we will conduct a deep dive into three local authority sites, theoretically sampled from our learning from objective 1 to test and refine the programme theory developed in objective 1 (objective 2). Then we will broaden out again by taking our refined programme theory to a workshop with practitioners and local leaders (invited through our networks) and ask for their comment and feedback on our findings especially in relation to their own local setting. This broad-deep-broad structure of the study will allow us to collect in-depth data from a small number of sites whilst at the same time placing those sites in the wider picture of England and testing generalisability to other local areas.

We will use this data to generate a theory of the key features of a MASH and how these features might work to improve services and outcomes for children and their families. As we are collecting qualitative data, we will not be able to <u>quantify </u>the impact of a MASH on any child and family outcomes.

Outputs

We will produce an interim report for the cross-government Steering Committee (Sept 2024) and a final report (December 2024).

The findings of this study will feed into our ongoing impact evaluation of MASH, which tests whether we can use a quasi-experimental design and administrative data to conduct an impact evaluation of MASH in England (Mendez Pineda, 2025). As part of Mendez Pineda's work, we will also present complete results from the survey we used to identify our sample for this study.

Ethics & participation

Ethical approval will be obtained from the ethics committee at the IOE, UCL's Faculty of Education and Society and if required from the Health Research Authority (for interviewing professionals employed by NHS Trusts). For direct data collection (e.g. surveys, interviews etc) informed consent will be completed prior to all participation by individuals. We adhere to key standards of ethical research including honesty in data gathering and interpretation, transparency in findings dissemination, care and respect for participants, and accountability. We will seek informed consent from all professionals, parents and young people who provide interview data.

All individuals interested in participating in this study will have been provided with a Participant Information Sheet (PIS) when approached ensuring they have enough time to make an informed decision about whether they want to take part or not. Participants will be given the option to meet with the researcher prior to the interview providing them with an opportunity to become familiar

with the researcher and to ask any initial questions. There will be at least a 48-hour cooling off period between agreeing to participate and the interview taking place. During this period, participants are invited to make contact with the principal investigator either via telephone or through a gatekeeper to discuss or clarify any concerns they may have. Following this, they will be asked to provide consent to be contacted. The researcher will then contact prospective participants to arrange an interview at a time and place convenient for the individual; we will also provide options to carry out interviews online via Teams or Zoom. The consent form requires all participants to tick all of the boxes prior to being interviewed. All information regarding participant's rights and data protection notices will be included in the PIS and we follow Data Protection legislation. For more information on Data Protection at UCL please visit Understanding Data Protection at UCL.

All information gathered in the study will be kept securely, and participants and sites will be referred to as code numbers. Some direct quotes will be included in the study report. Still, no names will be included, and care will be taken to ensure sites and participants cannot be identified. Taking part in the study will be confidential. We will not disclose identity or local authorities in our publications or presentations.

UCL confirms it shall delete all Personal Data and Shared Personal Data 6 months after the delivery of the final report. The agreed date for UCL deletion of all evaluation and research data shall be June 2024. We will anonymise or pseudonymise the personal data provided. We will endeavour to minimise the processing of personal data wherever possible. The retention period for anonymised data will be for ten years – for more information on UCL's Records Retention Schedule for Research Data please see https://www.ucl.ac.uk/library/collections/records-office/records-retention/retention-schedule/research-data. After the end of the study, fully anonymised data, i.e. not subject to data protection legislation or in any way sensitive, will be uploaded into the UCL Research Data Repository. We will archive this data for ten years and allocate a DOI as part of a full data citation. More information can be found here: https://www.ucl.ac.uk/library/open-science-research-support/research-data-management/ucl-research-data-repository. The catalogue can be found here: https://rdr.ucl.ac.uk/.

The topic of children's social care and statutory service involvement in families is a sensitive subject. As experienced researchers in this field, we are aware that we may encounter vulnerable individuals (including young people) during data collection. The safety of all participant's during research is imperative. Each member of the team is familiar with safeguarding procedures for vulnerable adults and children and understand the duty of care we have to others. If at any time during the study a situation arises where a participant indicates that they are of risk to themselves or others, the researcher on site will take the appropriate action to maximise their safety and the safety of others which may mean terminating the confidentiality agreement. The PI will be informed. If the risk warrants further review, statutory services will be informed of the disclosure.

This will be outlined in detail in the participant information sheet and discussed before interviewing commences.

At the end of each interview, participants will be debriefed and asked for feedback on their experience of taking part in the study. This will not be recorded on the digital recording device but will be written down verbatim. It is not expected that interviews will cause stress or discomfort to the participant however, if the participant does become distressed, the interview will be paused until they are happy to continue, if they are not happy to continue the interview will be stopped. The participant will also be directed to the contact details of the research team included in the information leaflet should they have any questions about the research. The debrief will also offer signposting to appropriate services that may benefit.

Regarding researcher wellbeing, the interviewing team will undertake peer-support, self-care strategies (e.g., scheduling in time after each interview to decompress, go on a walk etc), and integrating reflective practices (e.g., researcher reflexivity statements). We will also consistently provide feedback to wider and senior team as well as access independent support.

Registration

The evaluation protocol will be registered with the Open Science Framework (https://osf.io/) and also uploaded to the Foundations website.

Data protection

The data we collect will be used solely to address our research questions. The identities of individuals involved in the study will be kept confidential and data will only be used for research purposes. During presentation of information sheets and consent processes, participants will be informed of their rights, not to take part or to withdraw at any time and will be provided with UCL and Foundations Data Privacy Notices (DPN). This DPN identifies UCL and Foundations as joint data controllers, the purposes for which personal data are collected and used, how the data is used and disclosed, how long the data will be kept, and the controller's legal basis for processing. Foundations and UCL will sign Data Sharing Agreements with sites before data collection. The reason for the Data Sharing Agreement is to make clear to all parties the roles and responsibilities around the use of data and personal data within the Project whether or not there is personal data shared between parties. Where parties are identified as Joint Controllers this agreement shall act as a Joint Controller Arrangement between all Joint Controllers. The aim of the data being shared is to allow an evaluation to be conducted on an Intervention called Multi Agency Safeguarding Hub We will register the study with UCL Institute of Education and Society's data protection team,

which forms part of the ethical approvals process and runs to the same timelines as the ethics committee. All identifiable data will be stored securely on UCL's Data Safe Haven.

Project management

Research team

The research team is a partnership between UCL and Newcastle University, led by UCL.

- Dr Jenny Woodman – Principal Investigator, University College London
- Rocio Mendez Pineda – Research Assistant, University College London
- Claire Grant – Research Fellow, University College London
- Dr Ruth McGovern – Co-Investigator, Newcastle University
- Dr Hayley Alderson – Co-Investigator, Newcastle University
- Claire Smiles – Research Associate, Newcastle University

Timeline

Milestone	Activity	Date	Responsible
1	Project initiation: Agreement of project aims, outcomes, and outputs.	1 February 2024	Jenny Woodman
2	First draft of the evaluation protocol sent to Foundations	22 February 2024	Rocio Mendez Pineda
3	Intervention protocol submitted to Foundations. TIDIeR checklist and an early-stage logic model.	4 March 2024	Claire Grant and Claire Smiles
4	Evaluation protocol ready for publishing	7 March 2024	Jenny Woodman

	Final version ready to be published on Foundations website Final version ready to be uploaded to Open Science Framework		
5	Sites are identified so that onboarding and data protection can begin.	7 March 2024	Jenny Woodman
6	Ethical approval submitted	25 March 2024	Rocio Mendez Pineda
7	Ethical approval achieved	30 April 2024	Rocio Mendez Pineda
8	Data processing and sharing agreements in place (with all sites)	30 April 2024	Rocio Mendez Pineda
9	Present a first draft of an empirically based logic model of MASH to steering Group followed by a Q&A session	10 May 2024	Jenny Woodman and Rocio Mendez Pineda
10	Emerging findings submitted Present headline emerging results from the in-depth data collected in 3 local sites followed by a Q&A session.	15 July 2024	Jenny Woodman and Rocio Mendez Pineda
11	Field work completed: Conduct a minimum of 40 interviews (up to 60)	31 July 2024	Rocio Mendez Pineda, Claire Grant and Claire Smiles

	Keep the Steering Group and Foundations informed on the interview process Conduct 3 focus groups Conduct 3 observation visits from 3 sites		
12	Transcription and analysis of interviews completed.	30 August 2024	Rocio Mendez Pineda
13	Emerging findings submitted Submit interim report to Steering group, followed by Q&A session between the steering group and research group	30 September 2024	Jenny Woodman and Rocio Mendez Pineda
14	Final reporting Draft final report completed and returned to Foundations for review, quality assurance and comments. Foundations to circulate report for peer review.	11 November 2024	Jenny Woodman
15	Final report submitted Final version of the final report submitted to Foundations with all required comments and feedback incorporated, ready for publishing.	16 December 2024	Jenny Woodman

Risks

Anticipated risk category	Owner of risk	Impact of the risk - From 1 (low) to 5 (high)	Anticipated impact	Likelihood of risk happening	Proposed mitigating actions
Sampling sites – non agreement on priorities for sampling at Cross-government Steering Group meeting	Jenny Woodman	2	Delay ethics application and data collection	2	Liaise with Chair in advance
Recruiting sites – local authorities slow to respond or decline	Jenny Woodman	2	Delay ethics and data collection	2	We will prioritise sites who have expressed willing to be involved in research on MASH within the agreed sampling framework discussed with Steering Group – drawing on existing networks.
Usefulness of results - Challenges in	Jenny Woodman	2	Limit relevance / usefulness of findings		We use the national survey and broad review of existing literature alongside workshops with practitioners and

generalising from 3 sites					leaders to test and develop generalisability of our findings beyond the 3 sites in which we will collect in-depth data
Ensuring confidentiality	Jenny Woodman	2	Harm to participating LAs / staff		Participants' names will not be used in any publications (only pseudonyms), and to disguise participant identity, it may be necessary to obscure identifying information or present characteristics as aggregate data.

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