

**Children’s Single Point of Access Operational Guidance**

**Surrey’s Multi Agency Partnership (MAP)**

*‘In Surrey, we all believe that every child should have the opportunity to reach their potential and that children are best supported to grow and achieve within their own families.*

*By working together, we will develop flexible services which are responsive to children’s and families’ needs and provide the right level of help at the right time. This will shift focus away from managing short-term crises, towards effective help and support for children, young people and their families at an earlier stage.'*



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# About this document

**Title: Children’s Single Point of Access (C-SPA) Operational Guidance**

**Purpose: To provide guidance for all practitioners on the C-SPA terms of operation.**

**Updated by: Surrey’s Multi Agency Partnership (MAP) Approved by: Surrey’s Multi Agency Partnership (MAP) Date: November 2023**

**Version number: V1.3**

**Status: Final**

**Review frequency: 12 Months Next review date: December 2024**

2

Version Control

TITLE

**Document Location:** The [Surrey County Council Children’s Services Procedures](https://www.proceduresonline.com/surrey/cs/)  [Manual.](https://www.proceduresonline.com/surrey/cs/) This document is only valid on the day it is printed

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| **Date Issued:** | **Version** | **Summary of Changes** | **Created by** |
| May 2019 | Final v 1 | First Issued | Neena Koshla |
| November 2022 | Final v1.1 | Reviewed and reissued | Paul Cooke |
| November 2024 | Final v1.3 | Full review | Fardowsa Ga’al |

##### Intended Audience

This document has been issued to the following people for Review (R) Information (I) and Review and Sign off (S). The Child in Need procedure is mandatory and must be shared with all staff and partners working with Children in Need and their families.

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| --- | --- | --- |
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**Children’s Single Point of Access Operational Guidance**

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*‘In Surrey, we all believe that every child should have the opportunity to reach their potential and that children are best supported to grow and achieve within their own families.*

*By working together, we will develop flexible services which are responsive to children’s and families’ needs and provide the right level of help at the right time. This will shift focus away from managing short-term crises, towards effective help and support for children, young people and their families at an earlier stage.'*



# Introduction

The original Multi-Agency Partnership Hub (“MAP”) concept for children’s safeguarding intends to:

*Provide the highest level of knowledge and analysis of all known intelligence and information across the safeguarding partnership to ensure all safeguarding activity and intervention is timely, proportionate and necessary.*

Information sharing is a vital part of multi-agency working, as it enables professionals to make timely and informed decisions based on accurate, up-to-date information. This in turn ensures that families are referred to the most appropriate services and resources so that they receive help as early as possible. Information sharing within and by the MAP is governed by the MAP Information Sharing Agreement and Protocol and the Guide to Information Sharing. Information sharing by individual agencies outside of the MAP arrangements is governed by each agency’s own information sharing guidance and policies.

Safeguarding children requires a high level of inter-agency co-operation and appropriate information sharing in order to build an accurate picture of the child’s life and to identify risk of harm. Surrey’s safeguarding partners have developed the Multi-Agency Partnership Hub (MAP) in order to ensure that the county is able to meet these objectives.

The Children Act 1989 places a duty on Surrey County Council to provide services for children and families where children are in need or at risk of harm.

* Section 17 defines children in need as:
  + (10a) those children who will need services in order to achieve and maintain a reasonable standard of health and development.
  + (10b) those children whose health or development is likely to be significantly impaired or further impaired, without the provision for of such services.
  + (10c) disabled children.
* Section 47 places a duty on Surrey County Council to carry out enquiries where there are concerns that a child is at risk of significant harm. Organisations such as the police, health, education, probation services and housing have a duty to assist children’s social care with these enquiries.

**The Surrey Safeguarding Children’s Board the Effective** Family Resilience Levels of Need Document for meeting the needs of children and families in Surrey. The document is available on Tri-X

The MAP can help to support good decision-making and improve interventions by ensuring the appropriate and timely consideration of all relevant information.

# Definition of the MAP

The MAP is a partnership of agencies, some co-located and others via virtual links, that have a duty to safeguard children and who have agreed to work within an integrated team in order to improve decision-making whenever there are concerns about a child.

A co-located MAP team shares and analyses information from their agencies database in a safe, managed environment so that social work decisions on intervention can be made quickly and are based on the most accurate information available. All information sharing decisions will be based on the Information Sharing Agreement and Guide, and information will not be shared other than in accordance with those documents. Decisions to share (or not share) information will be recorded and the record retained in the MAP.

MAP co-locates safeguarding agencies and their data into a research and referral unit for notifications and referrals on vulnerable children. By doing this, MAP aims to identify and quantify risk and need by building a full picture on the child and their family.

# Aims of the MAP

The Surrey mission statement for the MAP Hub is “to identify and keep children safe in our communities at the earliest opportunity, ensuring children get the right response at the right time with clear pathways to services across the safeguarding partnership and Early Help by improved information sharing and partnership working”.

All decisions and actions within the MAP will be in accordance with the MAP Information Sharing Agreement and the Surrey Multi-agency Information Sharing Protocol

Within those parameters the MAP aims to ensure that:

* All safeguarding contacts are dealt with in a timely and effective manner.
* Referrers are informed of the outcome of their referral.
* Decisions on contacts are of a high quality following good information sharing from agencies.
* Thresholds for services are consistently applied across agencies.
* Families are referred on to the most appropriate service at the first point of contact.
* Partner agencies are confident as to what information they can share and that they can share this information safely and securely.
* Sharing information outside of MAP is a controlled activity done only with the agreement of the relevant agency and taking into account whether or not there is consent for sharing the information outside of the MAP and, in the absence of consent, whether there is justification for the information to be shared without consent.
* Decision-making for families is streamlined and transparent.
* Intelligence on community-based risk held by individual agencies is shared and analysed at an appropriate forum to ensure a multi-agency response to that risk.
* Motivational Interviewing Model will be used as a strength based approach to working with families.
* Lessons are learnt from serious case reviews.

The MAP will enable an accurate and timely safeguarding picture to be produced across all agencies and types of vulnerability. This will assist the decision making about whether and at what level a service should be offered. Ultimately, the MAP model will be a more effective arrangement for identifying safeguarding concerns and needs at the right level and facilitating appropriate interventions across a broad spectrum of need.

# Status of this Document

The purpose of this document is to provide a reference guide for managers, staff and professionals involved in and working in conjunction with the MAP. This document gives clarity on agreed procedures for the management of contacts and safeguarding activities through the MAP.

This document has been agreed by all MAP partners and should be read in conjunction with the following related documents:

* + MAP Information Sharing Agreement
  + Map Workflow chart (Appendix 1)
  + Health Process Map (Appendix 3)
  + Police
  + The SSCB Multi-agency Information Sharing Protocol
  + Request for Support Team Guidance

# MAP Partners

In Surrey, the MAP is a joint initiative between Surrey Children’s Services, Surrey Police, and Health Services.

Surrey Children’s Services host the Surrey MAP at Quadrant Court in Woking. No financial contributions have been sought from partners in relation to the accommodation, and partners will be responsible for their own hardware/IT equipment.

The following agencies are MAP partners and will provide information from their own agency database. Other agencies/teams/services that are not co-located within the MAP Hub will be known as virtual members. These will provide information from their agency at the request of the MAP subject to having consent to share that information or being satisfied that there are grounds to share the information without consent.

|  |  |  |
| --- | --- | --- |
| **Agency** | **MAP status** | **Lead Operational Role** |
| Surrey County Council Children’s Services | MAP Hub partner | MAP Service Manager |
| Police | MAP Hub partner | DS |
| Health | MAP Hub partner | Designated Nurse Safeguarding Children |

# The MAP Hub

A structure Chart of the MAP Hub is contained in Appendix 2 of this document.

1.1 - Hub Structure and Responsibilities

All MAP Hub members, regardless of their originating agency, will have:

* + 1. The relevant professional qualifications, experience and levels of access to agency databases needed to carry out their MAP role effectively.
    2. An up-to-date enhanced DBS check in place.
    3. Received safeguarding and child protection training at a level that is relevant to their role.
    4. Access to regular and effective supervision from their line manager that meets their needs as MAP Hub members.
    5. MAP Hub roles and responsibilities

##### The MAP Hub will be made up of the following roles:

* + 1. A dedicated full-time MAP Service Manager who will have equivalent qualifications and levels of experience to a safeguarding social work manager and whose role is to maintain working relationships with partners, develop operational policies and procedures, over-see the Quality Assurance of the MAP work and ensure that there is efficient inter-agency information sharing.
    2. Three full-time MAP Team Managers, who will over-see the decision making within the MAP, will work collaboratively with partners to identify risk and needs and agree the way forward, whilst clearly defining ownership of activities and roles. The Team Managers will ensure management oversight and through flow of work allocated to MAP Social Workers and MAP Officers respectively.
    3. Eleven full-time Social Workers who will be responsible for gathering information from a range of professionals, family members and collating the history as contained in LCS and EHM electronic records in complex red rated contacts referred to the MAP. The Social Workers will also provide advice and support to all MAP staff where required, assist the managers in monitoring timescales and support MAP Officers in analysing information in order to make informed decisions with the Team Managers. Social Workers also provide support and assistance to the Request for Support Team where they will offer expertise, and guidance on Contacts where there are grey areas, helping to ensure that such contacts are passed to the right service area.
    4. Two administrators and a senior Co-Ordinator do provide business support to the MAP team.
    5. Multi-agency Partnership Hub Officers (MAPOs) will carry out information gathering and history taking as directed by the Team Managers and Advanced Practitioner on the necessary contacts. This will involve gaining information, obtaining consent (where appropriate), undertaking checks on Children’s Social Care case record systems (LCS) and Early Help Module (EHM), requesting further information from other Local Authorities, and council computer systems (adult social care, housing and education) and liaising with partner agencies to request relevant information.
    6. Full time members of Police staff will carry out checks on police systems and provide analysis of this information, including intelligence, identification of patterns, trends and relationships in order to inform MAP decision making.
    7. Three health professionals undertake checks on health data base for information and liaise with other partners in the health service as appropriate to gather all relevant health information on the child and family.
    8. Two full time Education Safeguarding Advisors offer consultation to DSL’s in mainstream Schools and Early Years Provisions, liaise and gather information from Schools and other education providers as directed by MAP Team Managers to help inform decision making within the MAP.
    9. The Early Help Hub which also sits within the Childrens Single Point of Access (CSPA) is overseen by the same Service Manager as the MAP

team. This enables closer working relationships between the services, smoother transition of cases between the teams where necessary and ensures closer links to enable close working with regards to Early Help Pathways and effective step-down processes from MAP.

### Management, Supervision and Training of MAP team members

Originating agencies remain responsible for the line management and supervision of individual MAP team members in line with the originating agency’s own policies. This includes identifying and meeting the worker’s training needs.

Each partner agency is responsible for ensuring staff have received suitable training to enable them to carry out their MAP role. Core training should include:

* + - * Operating Procedures
      * Confidentiality, Information Sharing & Recording
      * Effective Family Resilience Levels of need.
      * Multi-agency Child Protection
      * Data-Protection

The Police resources in MAP will be supervised by a DS. The supervisor will take an overview of information shared and will decide on further action by Police if criminal offences are established.

The Health staff in the MAP will be supervised by line managers within the various health providers they are employed with.

The Education Safeguarding Advisors will be supervised day to day by the MAP Team Managers.

# IT Systems and Security

Co-located agencies will access their agency database(s) separately from the council IT infrastructure to ensure the integrity and security of the system and data.

Information sharing will take place on request via a qualified Social Worker with the individual agency having decided whether or not they are in a position to share information interrogating their own databases and where appropriate providing information including a RAG/risk rating. The information will be shared verbally or via the **Early** help Module (IT System) to the duty Qualified Social Worker.

Staff from all agencies will be expected to comply with their respective agency’s IT code of conduct in terms of not sharing passwords, locking computers when away from desks etc.

MAP information that is shared within the Early Help Module, this is a secure system and all workers will be fully trained to use this.

All agencies will comply with the MAP Information Sharing Agreement and Protocol and the Surrey Multi-agency Information Sharing Protocol in order to keep information confidential and secure.

The following systems will be used by the partner agencies:

* Police – NCHE, PNC, PND
* Health Practitioners – RIO, EMIS, NHS Spine
  + Children’s Services – Liquidlogic Children’s System(LCS)
  + ALL- Early Help Module

Health practitioners will contact other relevant Health Services as appropriate to the contact.

# Contacts into the MAP Hub

##### Pathways into MAP:

**From April 2019** the MAP Hub will deal with the following types of contacts for children aged 0-18 who are normally resident in Surrey

* + 1. The Request for Support Team (RFST) will continue to receive contacts either via post, email, fax or telephone. The role of the Request for Support team is to ascertain what the presenting issue is for the child, and to refer to the Surrey Effective Family Resilience Level of needs thresholds documents, and the RFST Guidance for thresholds/pathways to determine the appropriate team to manage the contact.
    2. Contacts that meet threshold for the Multi Agency Partnership Hub (MAP) are created on the Early Help Module and sent to the MAP group Triage in- tray. Any contacts that present as high risk but with grey areas, the RFTS will call these through to the MAP so that they are dealt with as a priority.
    3. The RFST will log the contact on their internal spreadsheets for auditing purposes. The information recorded will indicate who the contact was from, what the contact was about and what action was taken (e.g. sent to MAP).
    4. Where a contact is received for a case open to MAP, the Requests for Support team will add a case note onto the Early Help Module System, and will also alert the MAP Hub by telephone. The RFST team do not need to create a new contact on the system when a case is already known/open.
    5. Police Domestic Abuse Notifications will be sent to the Referral for Support Team who will send to the different service areas based on Guidance. Domestic Abuse notification are normally submitted by Police using a SCARF which is reviewed within the service.
    6. All Level 3 contacts should be sent to the Early help Hub group in tray to process and discuss whether advice and information or intervention is required, or a letter sent signposting families for support.
    7. Emergency Duty Team (EDT) contacts where the family is known will be sent directly to the allocated social worker by the EDT Social Worker, and any cases that need to be closed, due to no further action will be closed by the EDT Team Managers. All other EDT contacts that require further follow up will be transferred to the MAP Triage tray as an EHM contact record with the EDT involvement recorded. The MAP Team Manager will review the details of the contact and family history and provide management directions as necessary.
    8. Refer to the Request for Support Team Guidance for further details about contact pathways

# Initial Risk/RAG rating

Only Levels 3 and 4 contacts where there are grey areas will be forwarded to the MAP. However, the MAP Team Manager will review all contact records received from Request for Support Centre and give each case an Initial Risk/Rag rating. It is envisaged that all informed consent would have been obtained on all contacts into the MAP

All **high risk** (**Red) and medium risk (Amber) ‘grey areas’ contacts** will be prioritised and where consent has not been obtained, a MAP worker will always attempt to make contact with the family to obtain verbal consent for agency checks to be undertaken, unless this will place the child at risk of further harm or cause undue delay. If consent is sought and the parents do not consent to checks, the MAP manager will decide on whether or not to continue with checks based on the family’s background history and available information. If the decision is to go ahead with checks without consent, the Team Manager will be responsible for ensuring that the rationale for this is recorded on the MAPE within the Consent Section.

**Cases Remaining in Contact** there will be exceptions whereby a case will remain in contact for further exploration before either being stepped down or progressed into a MAPE. The rationale for doing so will be recorded by a Team Manager and is usually because the **contact is not clear**, **we do not have enough information or the information has come from a third party informant.**

If a decision on threshold and support can be made with the information the MAP are presented with, a call to the parent will be made to talk through the support that could be offered (followed up by contacting the referrer). In these circumstances a MAPE will not be undertaken

# Timescales

* + 1. Level 4 Red/high risk cases will be prioritised, with information from MAP partners expected to be available within 4 working hours. Early warnings will need to be given to the relevant Assessment Team as they may need to go and visit the child in parallel with the MAP gathering information.
    2. Level 3 Amber/medium risk cases will be dealt with within eight hours of the referral into the MAP, including information sharing by MAP partners and referral on to a relevant resource, including the Early Help Hub.
    3. Cases identified as L2 / L3 (green) will be referred on to Early Help Hub so that appropriate service can be identified for the family, and they can start to get the help they need.

All attempts will be made to complete the information gathering and/or to alert the EDT team for contacts coming in at the end of the day. MAP Team managers and EDT managers have an ongoing Teams Chat where they are able to notify one another of cases that will require work being completed after hours.

# MAP information-gathering and decision making

A MAP social worker will liaise with the relevant workers in the MAP team to organise information-gathering on a case from all relevant agencies. The person requesting the information needs to tell the agency whether or not there is consent to information sharing and, if there is no consent, the grounds on which they are seeking the information. The request for information will be sent electronically via the EHM.

MAP partners will check their agency database(s) and return this information via the EHM system to the requesting MAP Social worker, in some cases the

information may also be shared verbally. Provided there is consent to information sharing or grounds to share information without consent there should be no limits on sharing specific, relevant and proportionate information within the MAP. Partner agencies will consider all information known by their agency and how it will help in deciding what action to take to support and protect a child. Where consent has not been given, a MAP Team Manager will record the reason the checks are being completed without this so it is clear to partner agencies.

The MAP Social Worker will screen information about a family via all systems to gather information and will obtain consent where appropriate from parent/s or those with parental responsibility prior to information sharing. If consent is sought and refused consideration needs to be given as to whether there are grounds to share information without verbal consent, the Team Manager will make this decision.

The MAP Social Worker may be directed to contact other relevant agencies; this may include housing, other local authorities, adult services, substance misuse services, specific health professionals that Safeguarding nurses do not have the capacity to gather from, schools and other child care providers.

# Health Practitioners

The role of health within MAP is to support timely information sharing and influence effective decision making to safeguard, improve outcomes and reduce risk for children and young people. The Health Practitioner will manage health information and analyse risks with MAP partners through established processes. It involves liaising with other relevant health practitioners across the local health economy to gather and share information in accordance with the MAP Information Sharing Agreement and Protocol for Surrey and the Surrey MAP Guide to information sharing to support multi-agency decision making.

# Health processes

##### In all cases the following actions should be followed:

On receipt of a request for information to undertake a MAP enquiry the Health Practitioner will review relevant information available on appropriate health record systems for the child or young person, their parents and any significant others in the household.

If the case is complex or sensitive information is identified the Health Practitioner will make telephone contact with relevant health care providers as necessary to gain additional relevant information (See Appendix 3)

The health practitioner confirms that the MAP is undertaking a child safeguarding enquiry and that there is a need to know information held by the health care provider on the child, and other relevant information regarding adults and other children in the house who may impact on the child, to help inform an assessment to safeguard a child.

The health practitioner must give the full safeguarding context, nature of incident/event/injury/concern with the purpose of enabling the health care provider to give proportionate information. Lack of information from the MAP may result in a limited and potentially unhelpful response.

The health care provider may agree to respond by phone, in this case information via the telephone must be recorded verbatim onto the MAP EHM system, however, a request in writing by email is preferred; if the health care provider requests the enquiry be confirmed by email the MAP health practitioners should complete the MAP enquiry form with the context and nature of the safeguarding concern/s and email to the relevant practitioner in the health care provider.

##### The MAP response timeframe must be clearly confirmed.

If any difficulties or delay in obtaining information arise, the MAP health practitioner should inform the MAP team Manager for children’s services in the first instance.

After gathering the information, the health practitioner will complete the health sections with specific, relevant and proportionate information with an analysis.

If at any stage in the information gathering process it is felt that information gathered indicates the need for the RAG rating to be changed, this must be communicated immediately to the MAP Team Manager.

The health practitioner will ensure that the relevant health record is updated with details of information shared.

**Information requests - GPs**

The health practitioner will identify the child’s GP and contact details and will make contact with the surgery as appropriate or if indicated in the MAP enquiry, for example the GP is the referrer.

Contact the Practice Manager/safeguarding lead for the GP practice, with the purpose of giving them the earliest possible warning of the need for information.

Where the Practice Manager/safeguarding lead indicates that they must liaise with the GP before releasing the information **it is important that the RAG rating time scales are clearly communicated by the MAP health practitioner.**

If any difficulties arise in working collaboratively with any GP practice, the MAP health practitioner should raise the matter with the Named or Designated GP for Safeguarding Children and the MAP Service Manager.

**Information requests Health Visitors and School Nurses**

The MAP health practitioner will find the name and contact number of the child’s allocated health visitor;

Children 0-5 years –If the health visitor is not identified on any health system it may be necessary to contact the health visitor base to establish who it is and arrange a call back or suitable time for MAP health practitioner to make contact.

The MAP health practitioner will alert the health visitor to the enquiry giving the child’s name, dob and demographic details.

Telephone calls should always be made to the Health Visiting office landline in the first instance.

Where it has not been possible to identify the individual health visitor from the contact sources/lists, or in case of difficulty contact the appropriate Named Nurse Safeguarding Children in the relevant provider organisation.

After establishing the allocated Health Visitor for the child, the MAP health practitioner must ascertain if health visiting records (electronic or paper) identify any other health worker for the child that the MAP team should be communicating with?

Where there is significant involvement from other clinical Health staff, i.e. Speech Therapists, it is vital that they are contacted too.

Where a child is over 5 years the MAP health practitioner will establish the contact for the relevant School Nurse. If this is difficult to establish it may be necessary to contact the relevant health Provider’s safeguarding children team or child health department.

It may not be necessary to contact the School Nurse as part of the health research – only if indicates the nurse has had some meaningful contact with the child or young person.

Children who attend private schools, home educated or not in education may not have a school nurse.

It should be noted that an administrator or nurse assistance to the health visiting/school nursing teams can only take information from the MAP health practitioner to pass to the Health Visitor/School Nurse they should not be asked to health give information.

**Information requests - Mental Health Trust**

The Health Practitioner will contact the Surrey & Borders NHS Foundation Trust (SABP) Single Point of Contact (SPA) to find out if the child/young person or adult is known to any SABP service and to see whether there are any safeguarding concerns.

After viewing any available health care records and discussion with the care coordinator/safeguarding lead the level of safeguarding risk to the child/adult will be considered.

Only Information that is necessary, relevant, and proportionate to the safeguarding risk will be shared as part of a MAP enquiry.

The MAP health practitioners **must always** be mindful of the nature and sensitivity of a patient’s health information and any disclosure of information must relate to the safeguarding risk.

**Information request - Acute Hospitals**

The health practitioner to contact the relevant Named Nurse, Named Doctor, Named Midwife or a member of the hospitals safeguarding team

Where it is indicated on the child/adult’s records that there has been significant contact with the hospital, or the enquiry involves a pregnant women contact should be made with the relevant hospital’s safeguarding team. Each Hospital has a Named Doctor, Named Nurse for Safeguarding Children, an Adult Safeguarding Lead Nurse and a Named Midwife for Safeguarding Children.

If there are concerns that a child and their family may have accessed different Emergency Departments (ED) or a variety of health care settings such as urgent treatment (UTC), walk in centres (WIC), or sexual health clinics then it may be necessary for the MAP health practitioner to contact the appropriate care setting to obtain information following the process outlined above.

**Information request - Sexual Health Clinics (CASH)**

* The Health Practitioner to contact the Lead Nurses for Safeguarding

##### Recording and sharing the outcome of a MAP enquiry

The MAP health practitioner will communicate the outcome of the MAP enquiry by phone and send a MAP summary outcome via email to the child’s allocated health visitor and the NHS Providers safeguarding children team.

##### Child Health Record

The MAP health practitioner will record on the relevant health system and child health record the decision and outcome of the MAP enquiry. The MAP health practitioner will ensure that the outcome of the MAP enquiry is communicated to the allocated health visitor/school nurse and inform them that a summary of the MAP enquiry will be sent via email to their safeguarding children team. If the allocated health visitor/school nurse requests feedback via email, then the summary must be sent to the health visitor/school nurse’s generic team email address and not an individual email.

The MAP health practitioner will negotiate with the GP surgery how they would like to be informed of these incidents ensuring that any request is compliant with IG requirements.

Contacts for the local hospitals and Community Providers Safeguarding Children Team should be maintained by the MAP health team.

# Recording of information

All MAP partners will research cases on a priority (risk) basis and the sum of the information collated will be placed onto each agencies’ designated IT systems, which securely stores the sensitive information and restricts access to only those who ‘need to know’. The specific details of each referral will be held by the originating agency. Where a decision is made to share information in respect of a referral, the decision to share and details of the information shared will be recorded on each agency’s individual database. Any subsequent discussions within the MAP will be recorded on each participating agency’s individual database.

The duty of care and decisions in respect of further information disclosure for all information provided to the MAP remains with the originating agency. The originating agency alone has the right to withhold or allow information which they have provided to be disseminated from the MAP, unless at the time they originally disclosed the information they confirmed that they do not consent to further sharing of the information and any limits on this consent. This duty also requires the originator to ensure that any editing or revision of information is authorised by them prior to release and that it remains specific, relevant, and proportionate. Where an agency has disclosed information provided to them by a third party (for example health sharing information provided by the GP) any request to disclose that information further needs to be made to the agency for them to liaise with the original source, unless consent has been provided at the time the information is provided.

All agencies involved in the MAP will record the information shared and gathered on their cases notes. All information sharing decisions – with or without consent - will be recorded in those records. Where an agency has indicated that they hold information that they are not in a position to share with another agency this needs to be noted on the case record.

# MAP meetings

There will a daily meeting of MAP partners at 10am. The meeting will be attended by one representative each from the core MAP partners, who will take it in turns to chair the meeting. The daily meeting will serve the following purpose:

* + A forum for in-depth threshold discussion of cases and recommendations based on the levels of need
  + Give partners the ‘heads up’ about urgent cases received from OOH/Request for support centre that requires urgent prioritization of information gathering from partners.
  + Agencies update on significant incidents that may impact on partners
  + Operational issues
  + Staffing/IT issues
  + Review of actions identified at previous meeting

In general, cases proceeding through the MAP process will be dealt with via the EHM

# Pathways out of the MAP

Once the final analysis and recommendation has been made by the Social Worker, a MAP Team manager must make the final decision on the response to a contact within the agreed timescales, according to the risk rating given. The MAP Team manager must outline the rationale for the decision with one of the outcomes indicated below.

##### MAP contact outcomes:

The outcome of MAPE could be any of the following:

* Outcome L4 – Send to Assessment Duty Tray
* Outcome L3 – Send to TYS
* Outcome L2/3 – Send to EH/FSP/ FC
* Outcome – Information, advice and guidance

The designated MAP Social worker responsible for gathering the information from partner agencies, must respond to the referrer to provide feedback on the next course of action in accordance with Working Together to Safeguard Children 2018.If a contact is closed within the MAP, feedback will be provided by the MAP team. For cases which have transferred to the area Quadrant Teams for a Child & Famliy Assessment (CFA) the responsibility for referral feedback is that of the newly allocated social work team.

Urgent Child Protection Cases

All cases where it is deemed to be high risk and or that the child has suffered or likely to suffer significant harm, are transferred directly to the Quadrant

Assessment teams via the Request For Support Team. It is the responsibility of the area teams to then hold any relevant safeguarding meetings and or strategy discussions with partner agencies to determine the most appropriate course of action to ensure the ongoing safety and wellbeing of the child(ren) referred in. Where cases are being held within the MAP and information ascertained heightens the level of risk to a child, the MAP social work will raise this with the TM who will subsequently record a Team Manager decision and ensure the case is transferred to the area assessment team without delay.

A contact is to be raised on LCS and reassigned to the relevant Assessment Team. This will be followed by an urgent telephone call by the MAP Social Worker to the relevant Assessment Team Manager in order to alert them of the child protection case and to prevent any delay in referring the case from MAP to the Assessment Teams.

# Managing the MAP

The MAP Service Manager is responsible for coordinating and directing MAP & EHH operations and ensuring that MAP team members carry out their respective roles so that the process runs smoothly and the main objectives of the MAP are met.

To do this, the MAP Service Manager should liaise and work collaboratively with police colleagues, health representatives and other virtual MAP partners. Issues relating to individual MAP team members, who are from partner agencies, should be raised with their originating host agency Line Manager.

# Quality Assurance of the MAP

* Each agency will be responsible for ensuring the quality and accuracy of information provided.
* Agencies remain responsible for the professional conduct and quality of work of their staff working within the MAP and should take action to address any capability or disciplinary matters.
* These operating procedures and the MAP Information Sharing Agreement and will be reviewed annually.
* The operation of the MAP will be evaluated on a quarterly basis by the MAP Strategic Board using management information provided by the MAP team.
* The MAP Service Manager will provide a quarterly report to the MAP Strategic Board outlining outcomes of cases dealt with by the MAP, timescales for decision making and any issues arising from multi-agency working, as well as details of any emerging issues or new risks identified within the community.
* Feedback will be compiled within the MAP from Service users and virtual partners, to provide an opportunity for service development.

# Resolving Disagreements

These operating procedures aim to provide the framework for multi-agency working that improves outcomes for children and families. In the event of any disagreements arising between partner agencies relating to MAP operations or decision-making, this will be dealt with in the first instance at local level through discussion with partner team members.

The MAP Manager will have discussions with partners around the rationale of the final decision making and if this is not sufficient a concerns meeting between partners and CS will take place, which will be written up and a final decision will be recorded and shared with the representatives present at the meeting.

If this does not resolve the disagreement; the matter will be escalated to the Service Manager who will resolve this issue. In doing this, the Service Manager **may** raise the issue with senior staff/line managers from relevant partner agencies in order to find a resolution.

### MAP Partnership Meetings and Managing Contact and Referrals Meetings.

Other than the daily meeting referred to in 8.6 above, there will also be a monthly MAP Operational meeting, which will aim to resolve any issues relating to decisions made within the MAP.

##### Purpose of the group

* + To enable regular communication about effective Multi-Agency sharing of information.
  + To share Partnership pressures and plans to reduce these.
  + To discuss Performance and Data and look at exploring areas for improvement.
  + To discuss ongoing development of the MAP and discuss the opportunity for any work streams that may be required.
  + To plan/explore Multi-agency Training Opportunities

##### Managing Contact and Referrals Meetings

There will be a Quarterly multi- agency C-SPA meeting which will aim to resolve any issues relating to pathways into and out of MAP, and EH.

This will also identify whether the Request for Support Centre Guidance needs to be updated to reflect changes to pathways or to keep abreast of local and national policy changes. It is expected that nominated operational leads for relevant services in Children’s Services will attend and membership will also include representatives from FSP and Children’s Centres. This meeting will be chaired by a service manager in any of the Children’s Services teams.

## Appendix 1 RFS - MAP / EHH Workflow

The workflow below sets out the MAP/ EHH workflow of responding to a Level 3 and Level4 Request for support contacts from the RFS

#### Enquiry Received into Request for Support Team (RFS)

Is the child already open to services or a Targeted Early Help Service within Surrey?

Yes

**NO**

Is the enquiry to Request /

Provide information or Request support?

Yes, within

1 month

Yes

Yes, within

3 month

#### Has the child been closed to an Area Team recently?

No

**Request for support** Contact information reviewed and child record created and or checked against Surrey ICS /

EHM system.

Information Request

Create contact on LCS & send to the Assessment Team in the area the child has been recently closed to.

Upload to Wisdom Close to RFS

Create Contact on EHM and transfer to MAP for management review and decision to close or transfer back to previous area.

Upload to Wisdom Close to RFS

Triage Referral based on RFS Operational Guidance and contextualise recent history.

Contact to be sent to MAP or EHH for Triage / management review dependent upon Level of Need.

Close to RFS

* Verify identify and right to obtain information.
* Provide minimal information as appropriate
* Create General Note
* If full agency check is required forward to MAP
* Create contact to Area Team if child

has been closed within one month

* Close to RFS 19

**Level 3 /4, Level 4**

**Level 1**

Child’s needs can be met by Universal Service (school, housing, legal, GP)

Provide L1 response transfer to Family

Information Service

**Level 2, Level 2/3**

Child may benefit from an Early Help or Targeted Early Help Service

Create Contact to EHH Triage

Upload to Wisdom

Child may benefit from

a statutory Service

Create Contact to MAP Triage, upload to

Wisdom

**Level 4 Assessment** Court Orders S.7 / S.37 Sec.47 Immediate Harm

UASC (Unaccompanied



Asylum Seeking Child)

Create Contact to Assessment Duty, based on quadrant where child resides.

**Children with Special Needs or Disability**

CWD (SG concerns relating to sibs of a child open to CW)

OT Assessment for Aids and Adaptations

SCNA- Social Care

Advice as part of EHCP

Contact closed

to FRS

**Early Help Hub**

Cases Progressed Via RFS Team where cases have been initially

identified as L2 / L3 Early help as

per RFS Guidelines / pathways

Contact closed

to FRS

**Multi Agency Partnership**

Case progressed via RFS team where threshold is met for L3/ L4 as per the RFST pathway guidance this will progress to the MAP triage tray with a tagline which will reflect more urgent cases, i.e. L4 along with a

summary of the concerns

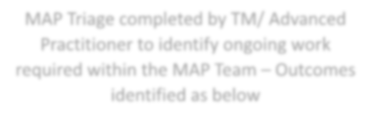
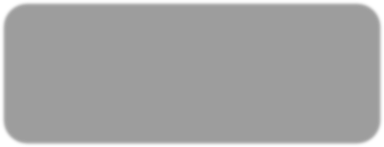
Contact closed to FRS

20



1st level Management

Oversight across EHH & MAP



MAP Triage completed by TM/ Advanced

Practitioner to identify ongoing work

required within the MAP Team – Outcomes identified as below

Contact

transfer to EHH &

losed to

MAP

C

Contact

reviewed and closed to MAP

Case allocated to

MAP SW / MAPO,

Education Officer to undertake work as necessary to include, agency checks/ phone calls. Identify needs under S.17 to be completed.

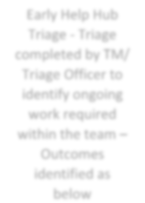
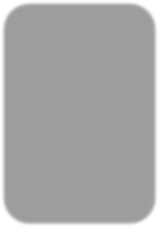
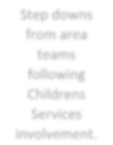
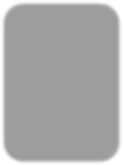
Contacts allocated as Red / Amber MAPES

Contact transferred to

Quadrant Assessment Team for immediate

intervention & or CFA /

21



Step downs

from area teams following Childrens Services involvement.

Early Help Hub

Triage - Triage completed by TM/ Triage Officer to identify ongoing work required within the team – Outcomes identified as below

Case allocated to EHH

Advisor to undertake work as necessary to include, agency

checks/ phone calls to parents to gather

additional information where necessary to do so. Analysis/

Recommendation to be completed.

Contact

reviewed and

Mindworks

daily

discussion

L3 Contact

Work

Domestic

Abuse daily discussion with Police

Missing

work – Contact created & Transfer to Quad for RHI

Completed Contacts sent to EHM Authorisation Tray for TM to review and add TM decision RE: Outcome

### 2nd level Management

Oversight across EHH & MAP



Once the MAPE analysis has been completed and

there is evidence of threshold, the MAPE will be sent to the MAP TM for authorisation.

Contact

transfer to

EHH &

losed to

MAP

C

Contact

reviewed and closed to MAP

Contact

reviewed and closed to MAP

Contact

reviewed and closed to MAP

Contact transfer to EHH &

Closed to

MAP

Contact reviewed and closed to MAP

Contact reviewed and closed to MAP

Contact reviewed and closed to MAP

Referral Feedback Provided on Cases Closed at EHH & MAP on completion of Contact

22

## Apendix 3 – Health Diagram for a MAP Enquiry Process

Enquiry form received from main decision maker with RAG

status and timescales outlining reason for request, consent status and justificatio n to override if necessary



**Ye**

**RECORD IN APPROPRIATE HEALTH RECORD ON-GOING ACTIVITY INCLUDING, ANAYLSIS AND RATIONALE FOR INFORMATION SHARING**

MAP Health Practitioner makes telephone enquiries to other health providers as appropriate (e.g.

GP’s maternity, A&E, Walk in/Urgent treatment centres, therapists specialist health services, FNP, sexual health clinics, CAMHS)

**No**

Complex or sensitive information identified in child health record or enquiry indicates potential involvement of specialist services

MAP

Health Practitio ner reviews informati on on enquiry form and relevant informati on on availabl e health systems

MAP Health Professional to share necessary, relevant and proportionate information within MASP on EHM and contribute to multi- agency case discussion in the MAP as required



### Appendix 4 – Partner Signatures

**I, the undersigned, agree on behalf of the agency / organisation that I represent, to adopt and adhere to the terms as set out in these Operating Procedures.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agency** | **Name** | **Designation** | **Signature** | **Date** |
| Children’s Services, Surrey County Council |  |  |  |  |

**I, the undersigned, agree on behalf of the agency / organisation that I represent, to adopt and adhere to the terms as set out in these Operating Procedures.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agency** | **Name** | **Designation** | **Signature** | **Date** |
| Health |  |  |  |  |

**I, the undersigned, agree on behalf of the agency / organisation that I represent, to adopt and adhere to the terms as set out in these Operating Procedures.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agency** | **Name** | **Designation** | **Signature** | **Date** |
| Surrey Police |  |  |  |  |

### Appendix 5 – NFA outcome letter for parents who have been spoken to

Tel: 03311 435571

Email: [cspa@surreycc.gov.uk](mailto:cspa@surreycc.gov.uk)

|  |  |
| --- | --- |
| **PRIVATE AND CONFIDENTIAL**  ADDRESS | **Surrey Children's Services Multi Agency Partnership** Quadrant Court  35 Guildford Road Woking  Surrey GU22 7QQ  **Our ref:** |

Date

Dear

**Re: Referral to Children’s Services concerning your child/children**

Thank you for speaking with us about the referral we received Source, which raised concern about your child/children.

Following our enquiries, we wish to advise that there will be no further action taken on this matter.

Input any further information that the social worker may have.

Should you require information and advice about services available to children and families in Surrey, please contact the Children’s Single Point of Access on 0300 470 9100. Alternatively, the Family Information Service (FIS) offers a free and impartial information and signposting service on all aspects of family life for parents of children and young people aged 0 – 25.

FIS can be contacted using the following methods:

Website: [www.surreycc.gov.uk/fis](https://www.surreycc.gov.uk/people-and-community/family-information-service) Telephone: 0300 200 1004

Email: [surrey.fis@surreycc.gov.uk](mailto:surrey.fis@surreycc.gov.uk)

They also have a comprehensive Family Information Directory to find services, support groups, activities, events and more. This directory can be found at: [https://familyinformationdirectory.surreycc.gov.uk](https://familyinformationdirectory.surreycc.gov.uk/)

The Parent Handbook is a reference book for parents and carers in Surrey. It includes

information and contacts on 20 topics, ranging from alcohol, drugs and substance misuse to support for young carers. It can be found at: [https://www.surreycc.gov.uk/people-and-](https://www.surreycc.gov.uk/people-and-community/families/publications/the-parent-handbook) [community/families/publications/the-parent-handboo](https://www.surreycc.gov.uk/people-and-community/families/publications/the-parent-handbook)k

There are also FREE online parenting guides for families to self-access. They cover the following topics: Understanding your pregnancy, labour, birth, and your baby, understanding your baby, understanding your child 0 to 19 years, Understanding your teenagers brain.

They can be found at:

[https://www.surreycc.gov.uk/people-and-community/families/support-and-advice/parenting-](https://www.surreycc.gov.uk/people-and-community/families/support-and-advice/parenting-courses-and-advice/online-guides) [courses-and-advice/online-guides](https://www.surreycc.gov.uk/people-and-community/families/support-and-advice/parenting-courses-and-advice/online-guides)

Yours sincerely

**MAP Officers**

1.1.25.1.1.1.1.1 Notes and Actions

**MAP Roles and Responsibilities**



[**www.surreycc.gov.uk**](http://www.surreycc.gov.uk/)

* Undertake information Gathering on non-MAP amber (undecided) contacts
* Undertake Information Request
* Read and Review the authorised Contact in order to fully understand the referred concerns
* Engage with families over the phone, establish a rapport, explain the SW role in the MAP and seek consent for information gathering and sharing, whilst seeking further information about the child’s circumstances.
* Gather information from a range of professionals/agencies to verify family details and to collect and collate relevant information and history contained in LCS and EHM electronic records to add to a multi-agency risk assessment.
* Identify strengths in the existing network
* Record, interpret and present Social Care information in a professional and timely way
* Consult and evidence the use of Surrey’s Effective Family Resilience Level of Needs Threshold

document to determine threshold decision making

**MAP Social Worker**

**As above with the following additional responsibilities**

* Will deal with mainly Contacts determined at L4
* Provide advice and support to all MAP Staff where required
* Assist the MAP Team Managers in monitoring timescales and support to MAP officers in analysing information in order to make informed decisions.
* Be familiar with Surrey’s EH offer and work with families and professionals to ensure that

families get the right support at the right time to prevent needs escalating or re-referral.

* Will offer support, expertise and guidance on Contacts, and helping to ensure that such Contacts are passed to the right service area.
* Carry out analysis of information gathered
* Act as mentors to MAP officers

**MAP Senior Social Worker**

**As above with the following additional responsibilities:**

* + Identify information that is necessary, relevant and proportionate to be shared with other agencies and do so accordingly
  + Induct new members of staff into the team and provide shadowing opportunities to other professionals
  + Represent Children’s Service MAP in multi-professional forums
  + Provide a level of training to new members of staff
  + Mentor and coach Social Workers/MAP Officers assisting them in the prioritisation of their work tray and assisting TM’s to ensure that children’s needs are reviewed within timescales
  + Deputise for TM’s when the latter are unavailable
  + Develop and demonstrate expertise in specific areas of practice, for example, CSE, Substance Misuse, MH

**MAP Team Manager**

* Review and authorise the work of MAP officers, Social Workers and Senior Social Workers, making decisions on the outcomes for children where Social Workers have made a recommendation about thresholds
* Supervise MAP officers and qualified members of staff, providing relevant, professional supervision and offering opportunities for learning, development and reflection, in accordance with the requirements set by the HCPC
* To identify any concerns relating to the performance of staff, highlight these to the Service Manager
* Record, interpret and present social care information and needs that can impact on the development or well-being of a child
* Respond to any concerns or complaints about case management generated from within the MAP
* Immediately highlight to the Service Manager any issues that require escalation or the case that is likely to become subject to press or public interest
* To assist the Service Manager in the recruitment of members of staff and participate in interviews of MAP Officer, Social Workers / Senior Social Workers
* To attend and where required chair multi-agency meetings within the MAP
* Liaise with receiving Quadrant teams to discuss threshold decisions
* Provide support to all staff who have concerns about a child or family
* Provide support, guidance and advice to members of the staff team
* Complete audits on cases to promote learning and consistency of thresholds
* Support Senior Management in the provision of performance data
* Support the management team to promote and contribute service development
* Facilitate daily staff briefings
* Have an awareness of the strategic overview of the team
* Participate in improvement work of individuals, the team and service
* Support multi-agency planning by attending multi-professional meetings, deputising for the Service Manager
* To ensure the requirements of the Complaints Procedure are complied with and, if required, respond to complaints
* Provide management oversight and conclude/authorisations of contacts

**MAP Service Manager**

* Identify service gaps and issues relating to service pathways and / or cross boundary arrangements
* To supervise Team Managers
* To manage, monitor and ensure the effective delivery of the service to the highest professional standard
* To ensure the effective allocation of work within the team, ensuring that processes, procedures are adhered to, within the guidelines of Working Together, and Surrey’s MAP procedures.
* To support all team members by ensuring that regular supervision and communication takes place on an individual and team basis
* To contribute to the development and dissemination of operational instructions and provide practice guidance
* To be responsible for the delegated budget
* To provide the Social Care Lead with effective management information
* Quality assure work that is completed within the MAP
* Lead on Multi-agency audits within the MAP to promote learning

1.1.25.1.1.1.1.2 Notes and Actions

**MAP Guidance for Recording Contact Outcome**



[**www.surreycc.gov.uk**](http://www.surreycc.gov.uk/)

There have been recent changes to the Contact Record in EHM. ALL SW’s and MAP officers should

familiarise themselves with this document. The Form has four different sections:

1. **Contact Details**
2. **Consent & Information**
3. **Reason for Contact**
4. **Identified Factors, and**
5. **Management Decision.**
   * **Contact Details:** This contains details of the concerns as shared by the referrer. If this is a written Contact, a hard copy of the Contact will also have been uploaded as an attachment by the RFST.
   * Based on the referred concerns above, if a TM decides a MAPE is not warranted at this point, but that further information is required from the referrer, parent or a partner agency, the TM must input their decision in this same section with the time and date of the decision eg **MAP TM Review 12:15 06/05/19.** The TM must specify a time for the completion of the tasks identified.
   * The Contact is then reassigned to a SW/MAP Officer to complete the identified tasks.
   * The SW/MAP Officer will record their findings in the **Further Details** Column under **Identified Factors Section** in the Contact Form under the following headings:
     1. Family Composition
     2. History
     3. Actions
     4. Analysis & Recommendation
   * **Family Composition:** You should outline the family demographics e.g who is who and who is in which home etc.
   * **History:** This should be a review and summary of the history both in EHM and LCS. NOT a list of dates/events and NOT a copy and paste from previous assessments. History should include a summary of previous contacts, frequency, themes, patterns, period in which concerns and issues have arisen, and any impact on the child/ren
   * **Action:** Detail your information gathering here. Who you spoke to, when, what was said. For each agency/parent contact put a header detailing date/time of contact; who contacted and their position/relationship with the child e.g. **12:29 9/7/18 T/C to (name) DSL (name of school)** or **12:29 9/718 T/C to (name of parent etc) .**

Outline the information gathered from the agency/parent under each heading Information under each should be a summary of the key information (.e.g. rather than a narrative) – bullet points or text is ok, so long as the information is written clearly and the key information comes across. Please always ensure in both the conversations and the write up this considers the impact on the child (actual or potential)

* + **Analysis & Recommendation**

This needs to include reference to the following:

* + This needs to summarise the referral concerns (including how this impact on the children)
  + Reference to a summary of the history (as per previous guidance) highlighting key events, themes, patterns and again considering impact on the children and prior interventions and services
  + Identify any strengths/protective factors/what is working well – please consider any reference to any current services/family/friend support in place
  + Identify the key concerns/risks – ensure you are specific to each child if these risks differ between siblings and how this impacts on the child
  + Clear recommendation and rationale for this recommendation based on the above – please consider prognosis for change based on the above and ensure this comes back to the impact on the child and what the child needs.
  + Ensure you consider the decision for each child in the sibling group e.g. if only one child need a specific outcome, state why and why the other children need different outcomes. Likewise if issues are specific to one child but you view an intervention is needed for all siblings, state why
  + Include consideration of urgency of when the child needs to be seen based on the impact to the child in your analysis
  + **Threshold Criteria** Making reference to the Level of Needs Thresholds outline your rationale why you view the recommended outcome is needed as opposed to other outcomes (e.g. why C&F and not EH) and why now.



[**www.surreycc.gov.uk**](http://www.surreycc.gov.uk/)

**What is a MAP Enquiry?**

1.1.25.1.1.1.1.3 Notes and Actions

**MAP Enquiry**

A MAP Enquiry is an enhanced information sharing process which enables agencies within the MAP Hub to share information they hold about a child and their family. This information is gathered by social care within the MAP team and is held within EHM. This information can be shared with other Children’s Social care teams, but will only be shared with other external agencies if it is deemed necessary, relevant and proportionate to safeguard the child.

**When to initiate a MAP Enquiry;**

* + There is insufficient information to make a threshold decision at L3 (Amber) or L4 (Red)
  + Information is needed from more than 1 or 2 agencies

**Do not to progress with a MAP Enquiry if any delay would place the child at greater risk**

**There are particular circumstances when a MAP Enquiry should be considered and these include the following (but are not limited to):**

* + NSPCC / Anonymous Referrals
  + CSE / Missing indicators are present (refer to NSPCC website)
  + More than one indicator of neglect (refer to NSPCC website)
  + Information suggests that there is an escalation or emerging pattern of domestic abuse
  + Parental mental health; substance misuse and domestic abuse all exist with the family
  + Concerns about FGM, HBV, Forced Marriage, Trafficking, Radicalisation, Extremist Views

**Consent**

* + Consent will be sought before initiating a MAP Enquiry from those with PR and others where appropriate
  + If consent cannot be gained (eg unsuccessful attempts to contact parents), a Team Manager can decide to proceed with a MAP Enquiry. The decision to override consent must be clearly recorded and should evidence that it is necessary, relevant and proportionate (NRP) to proceed
  + If consent is refused, just as above, a Team Manager **MUST** outline and evidence the rationale for proceeding with a MAP Enquiry. The decision must be clearly recorded and should evidence that it is NRP
  + Adults cannot consent in relation to another adult; consideration to be given on a case by case basis as to whether consent is appropriate

**Completing a MAP Enquiry**

A Team Manager will make the decision whether or not to launch a MAP Enquiry on a Contact received via the Referral for Support Team. MAP Enquiry will only be undertaking on L3 (Amber) L4 (Red) Contacts with grey areas. This process will be started on the Initial Contact record in EHM.

* + TM will input a management oversight and outline in the Management Decision section of the Contact Form the rationale for the decision made.
  + TM will select MAP Enquiry L3/4 as an outcome of the Contact. This action will launch a MAPE Episode.
  + The TM sets the Initial Rag Rating priority at L3 (Amber) 8hours turn around or L4 (Red) 4hours Turn around in the MAP Form
  + The TM will identify, which agencies (Police, health etc) to delegate the enquiry to, and task the the named agency accordingly.
  + A Social Worker/MAP Officer will also forward the MAP Enquiry Form by email to partners who are virtual and not co-located in the MAP to request information they hold about a child, family and any other significant person. In sending the email, the SW/MAPO will use the following wording:

***A MAP Enquiry is an enhanced information sharing process which enables agencies to share information they hold about a child and their family. This information is gathered by social care within the MAP Hub. Information will only be shared with other agencies if it is deemed necessary, relevant and proportionate to safeguarding the child.***

***Please return all MAP Enquiries to*** [***childrensmap@surreycc.gov.uk***](mailto:childrensmap@surreycc.gov.uk) ***ONLY. Please put the name of the child in the subject heading***

***\*\*If the subject, their siblings, parents or any other family member mentioned on the form are known to your team, please provide as much information as possible – i.e Why they are known to you, for how long and any outcomes etc\*\*\****

***Should you need to speak to anybody regarding this enquiry please call the Multi Agency Partnership (MAP) on 0331 143 5554***

* + The SW/MAPO will then follow this up with a phone call to said agency to ensure a speedy response.
  + The allocated SW/MAPO will then collate the information from the various partners, completes an analysis and makes a recommendation. The MAPE is then re-assigned to the MAP Authorisation Tray.
  + A TM then makes a final decision/authorisation. The TM will also complete a Final Rag Rating and this may be different from the Initial Rag Rating depending on the risk.
  + The outcome of MAPE could be any of the following:
    1. Outcome L4 – Send to Assessment Duty Tray
    2. Outcome L3 – Send to TYS
    3. Outcome L2/3- Send to EH/FSP/CC
    4. Outcome –Info & Advice NFA.
  + The allocated SW/MAPO must feedback to contributing virtual agencies on the outcome of the MAP Enquiry.
  + Allocated SW/MAPO **MUST** feedback to the referrer and parent the outcome of the Request for Support Contact.



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**COMPLETING THE ANALYSIS AND FINDINGS SECTION OF THE MAPE FORM**

1.1.25.1.1.1.1.4 Notes and Actions

**MAP Guidance for Recording MAPE outcome & Management Oversight**

**The MAPE form should be completed by a SW/MAP Officer after a review of all of the information shared by partner agencies who contributed to the MAPE.**

* + **Outline in as much detail as possible the reason/rationale for the MAPE and the needs you have identified for the family, yp or child**: This section should contain the managers reasons/rationale for requesting the MAPE
  + **What does the history tell us?:** This should be a review and summary of the history held by

Children’s Services and other partner agencies. History should include a summary of previous

contacts, frequency, themes, patterns, period in which concerns and issues have arisen, and any impact on the child/ren.

**MAP Guidance on Information Sharing and Parental Consent**

* + **What are the Family’s strengths and how can these be built on?** Based on the details shared by partner agencies and also details held in Children’s Services records, outline what you consider to be the family’s strengths - what is going well for the child/ren, yp, any positives in parenting, impact on the child/ren or yp
  + **What support do the family currently have? What support have the family tried? Which agency/friend/family members does this include? What support is needed from services?** Other than the current involvement, this section should also include any previous involvement and intervention the family has had. Is there any evidence of the impact of intervention? Consider the family’s abilities to engage and capacity for change.
  + **Are there any complicating factors?** Such as MH, Special Needs such as LD, Social Disorders,

the family’s legal status etc

* + **Are there any gaps in information?** Consider any gaps that may be in the chronology of significant events eg. period of missed education
  + **Is any immediate action required?** Please use this section to complete your **Analysis and Recommendations**. (For guidance on recording analysis and recommendations, please See **MAP Guidance for Recording Contact**) Other than this, SW/MAP Officer should also make a recommendation based on the risk analysis evidencing the use of the **Level of Needs Threshold document.**
  + **Management oversight:** MAP TM to include MO of the worker’s recommendation. This is different from the worker’s analysis, and it should not repeat content and factors in the worker’s analysis. Good management oversight should include:
    1. Outline consideration of different threshold outcomes in coming to the decision e.g. C&F decision should document consideration of an EH approach
    2. Justify why the threshold outcome and level decided is therefore needed (reference to the LON)
    3. In doing so, refer to the past harm and likelihood of future harm
    4. Record authoriser’s name, and date of oversight



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**Members of the Public**

It is not an expectation that members of the public will have gained consent from the child/parent, or at least one person with parental responsibility (PR), to make contact with C-Spa

**Professionals**

Best practice dictates that when professionals make contact with C-SPA to ‘request for support’, they will have already gained the **explicit consent** of the child/parent, or at least one person with parental responsibility to do so. If the professional is requesting family/targeted support (Level 2/3- Early Help/Targeted Help) or a s.17 ‘Child in Need’ assessment (L4 – Specialist Service) and do not have consent, C-SPA may ask the professional making contact to discuss the matter with the child/family, before they will accept the contact.

If it has not been possible to get consent and/or there are potential safeguarding concerns, it is expected the professional will have **informed** the child/parent, or at least one person with PR that they are making contact with C-SPA to ‘request for support’

**Basic Screening Checks**

Consent from child/parent or person with PR is not required for screening checks, because no sensitive information about the child or family is being shared in this circumstances.

The purpose of screening checks is to identify which Services are or have been working with the family, to prevent any duplication of activity.

**MAP Enquiries**

Obtaining consent for information sharing is best practice. MAP **should always attempt to obtain the explicit consent** (where this has not been obtained by RFST) from the child/parent or at least one person with PR, to share information with other agencies when conducting MAP checks. Unless specific criteria apply (see below).

Circumstances where consent can be overridden to share information during MAP Enquiries.

*“****The key factors in deciding whether or not to share confidential information are necessity and proportionality, i.e whether the proposed sharing is likely to make an effective contribution to preventing the risk and whether the public interest in sharing information overrides the interest in maintaining confidentiality”***

***Information Sharing: Guidance for practitioners and managers. DCSF p21***

There are some circumstances where sharing information without consent will be justified in the public interest. These are:

1. When there is evidence of reasonable cause to believe that a child is suffering, or at risk of suffering significant harm; or
2. To prevent significant harm to a child, including through prevention, detection and prosecution of serious crime.

When there is justifiable public interest, there are some circumstances where consent can be overridden, furthermore there may also be times when it is also NOT appropriate to inform the child/parent or person with PR that the information will be shared. If do so would:

1. Place a person at increased risk of significant harm; or
2. Prejudice the prevention, detection or prosecution of a serious crime; or
3. Lead to an unjustifiable delay in making enquiries about allegations of significant harm to a child

A decision to override consent in these circumstances will need to be agreed between the requesting MAP Team Manager and the agency who owns the information. **The rationale and decision will be clearly recorded on the Contact record.**

Where a MAP TM makes a threshold decision to step down a Referral to EH/TYS, consent **MUST** be gained for a referral for these provisions.

If consent cannot be gained, a referral cannot be made to EH/Targeted Support, and a decision will have to be to either step up or close, dependent on the level of risk.

During contact with parents, MAP Officers/SW’s can discuss that a C&F or a step down to EH service

might be an outcome. The parental view should be clearly documented.

If parents do not consent for a C&F Assessment but the MAP officer/SW and Manager’s view is that an assessment is still needed; the analysis and management oversight must evidence the rationale and outline the need for further efforts to be made to engage with the parents by the Assessment Team

If we have spoken to parents during our MAP information gathering, it is essential they are informed of the MAP decision.

1.1.25.1.1.1.1.5 Notes and Actions

1.1.25.1.1.1.1.6 Notes and Actions

**MAP OUTCOME LETTER**



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* Notifications of child deaths usually originate from CDOP (Child Death Overview Panel).

**RFST & MAP Processes for Child Death**

* Where RFST gets information about suspicious/traumatic death via Police, hospital or EDT, before the CDOP notification, the process will start as per any L3/4 MAP Contact, and the incoming CDOP notification will then follow. **(See Exceptions to this in the Guidance below)**
* It is essential if we are notified of a suspicious/concerning child death outside of CDOP, that

MAP/the Area Team notify CDOP of the child’s death.

* The following **must** be notified on a need to know basis of **all** cases of child death notification received by the RFST/MAP:

**- Director, Quality Assurance and Performance**

**-Assistant Director for the Area the deceased child lived**

**--Assistant Director (Family Resilience & Safeguarding)**

**-MAP Service Manager**

See below for further guidance.

* If a Contact outcome is a Referral, the Service Manager for the Assessment Hub should also be notified.
* If the case is open to Early Help at the time of the child’s death, the Service Manager for EH

together with the Assistant Director for Family Resilience & Safeguarding must be informed.

* CDOP have agreed that, where a child / family is not known to us we do not need to complete a **Form B**. This is usually applicable to deaths marked “Expected” on the Form A (notification), often either young people receiving palliative or hospice care or very premature babies delivered early.

**Circumstances where the death is NOT suspicious or concerning**

* 1. **Child is not known**

No EHM Contact to be created.

RFST officer to send an email to [CDOP@surrecc.gcsx.gov.uk](mailto:CDOP@surrecc.gcsx.gov.uk) that family are not known and therefore

**no Form B will be completed**.

E-Mail to be sent to the Jacqui Burke, Assistant Director Lisa Bursill, and to notify of the death that the child is not known and no further action is required.

* 1. **Child is previously known but closed**

EHM Contact to be created and assigned to MAP Triage Tray

MAP TM inputs management overview in the Contact Record and re-assigns to a SW. SW completes the Contact, including history, and a chronology of significant events. The SW completing the Contact adds the Date of Death to EHM.

MAP TM authorises the Contact.

The SW who completed the Contact **must** complete the **Form B** and sends to CDOP, via email address above.

E-Mail to be sent to the Jacqui Burke, AD for Family Resilience & Safeguarding, and the area Assistant Director, to notify of the death but to advise that no further action is required and MAP are responding and completing the **Form B.**

**Circumstances where the death IS suspicious or concerning**

1. **Child is not known and there are NO siblings**

EHM Contact to be created and assigned to the MAP Triage Tray

MAP TM inputs management overview in the Contact Record and re-assigns to SW/Senior SW.

Upon receipt of the contact, E-Mail to be sent **immediately** by the MAP TM to the Director Jacquie Burke, and the AD for Family Resilience & Safeguarding, to notify of the death and advise that MAP are responding and no further action is required by the area team. Ensure CDOP cc’d into all communication.

SW sends email to CDOP (via email above) to notify that the child is not known therefore **no Form B will be completed**.

1. **Child is previously known but closed and there are NO siblings**

EHM Contact to be created and assigned to the MAP Triage Tray MAP TM assigns the Contact to a SW.

Social Worker completes Contact, including history, and a chronology of significant events. SW adds the Date of Death to EHM, and MAP TM authorises the Contact as normal.

E-Mail to be sent to the Jacquie Burke – Director of Children’s Services, and the area Assistant Director, AD for Family Resilience & Safeguarding to notify of the death and to advise that MAP will complete the **Form B.** Ensure CDOP cc’d into all communication.

A named worker to be identified in Children’s Services to attend the Rapid Response Meeting, and liaise with the Multi-agency network, including the Police as regards any possible criminal investigations.

**SW completes the Form B and sends to** CDOP.

1. **Child is not known and there ARE Siblings**

Contact is screened by the RFST, and EHM updated with the Date of Death

RFST re-assigns the Contact directly to the Area Team for strategy discussion/C&F Assessment

RFST sends an e-mail to Jacqui Burke, the area Assistant Director, AD for Family Resilience & Safeguarding to notify of the death and inform of the action taking.

The Area Team TM/SW emails CDOP to advise that the family are not previously known – **No Form B is completed**

1. **Child is previously known but closed and there ARE siblings**

Contact is screened by the RFST, and EHM is updated with the Date of Death.

RFST re-assigns the Contact directly to the Area Team for strategy discussion/C&F Assessment

RFST sends an e-mail to Jacqui Burke, the area Assistant Director, AD for Family Resilience & Safeguarding to notify of the death and inform of the action taking.

The Area team completes the **Form B** and sends to CDOP

1. **Child is open to Social Care**

Contact is screened by the RFST, and EHM is updated with the Date of Death.

RFST re-assigns the Contact directly to the Area Team. The latter attends the Rapid Response Meeting The Area team completes the **Form B** and sends to CDOP



RFST sends an e-mail to Jacqui Burke, the Area AD and Service Manager for the team the child is

opened to, and AD Family Resilience & Safeguarding to notify of the death and inform of the action taking.

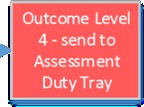
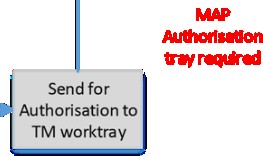
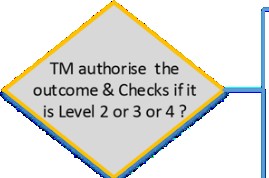
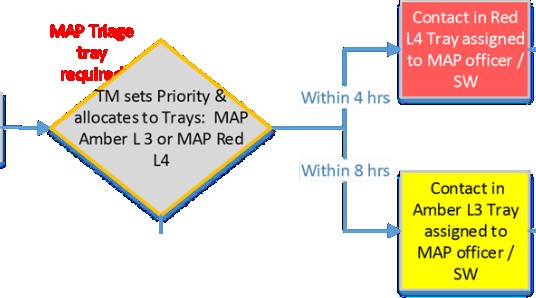
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3. Front Door Swim Lane overview of Contact received and completed by Multi Agency Partnership team

**March 2019 ver.S**

**M**.**A**..**P**,**l**,**lld**



**.\_,rec1**

**Start**

**Contact received into** MAP Worktray

**MN'Mk**

In¥

**...,i,.d**

**Contact in** Ambe, Tray **deemedat L2 is** assigned to EHH

**Outcome level 2**

- **send to EHH**

Tray



**Work done**

**Process:**



Management Decision – confirm outcome ‘Progress to Children’s Social Care (Level 4)’ and click ‘Finalise Record’ button and then ‘OK’.

**Processing a contact (From MAP Tray), Level 4 to LCS**

**Please note:** If record is for more than 1 child, there will be a section in this form for each child.

Navigate to the MAP Triage Worktray in EHM – Pick up ‘Contact – Authorise’ task

Click on

‘**Authorise’** button and ‘OK’



Click ‘Referral to LCS’ link.

Click ‘Created’ box and then the ‘Copy Forward Selected’ button





Completed the form with:- ‘Date of Transfer’ and any comments.



Transfer Recipients: using the dropdown menu, select team to who you will be transferring this case.

Select relevant forms to include with the transfer (most recent only) and click ‘Finalise Assessment’ and then ‘OK’’

END OF PROCESS



Action Taken – Click ‘Progress to Children’s Social Care (Level 4) and add a reason. Select yourself as the authorisor and decision date.



A picture containing text  Description automatically generated**Process:**

From Worktray, pick up ‘Contact – Please do Contact Record for Person’ task read through until you get to Management Decision Tab

This process applies to Contact Centre staff starting new contact in EHM.

If you need to progress through to Transfer to LCS, please see crib sheet ‘Authorising New Contact from MAP tray - Level 4 to LCS’



Click on ‘**Finalise Record’** button



In the ‘Assign’ screen and select the ‘Multi-Agency Partnership

Triage’ radio button and click the ‘Assign’ button

Form will now be in the MAP Triage worktray

END OF PROCESS.

A picture containing text  Description automatically generated**Process:**



Click the ‘MASH Enquiry’ box on left and then ‘Start Assessment’

Please note: You will find that LCS will reference MAPE, MAP and MASH during points of this process. This is a programming issue which the suppliers will address in time – however, all refer to one and the same.

Navigate to your worktray and pick up the relevant ‘MAPE’ task.

Click the ‘Copy Forward Selected’ button



Navigate to next ‘MAP Enquiry’ tab and tick the box for ‘Police.’ A tab called ‘Police’ should appear.





Click the ‘Delegate’ Tab. Tick the ‘Police’ section to highlight. Now click the ‘Add New Professional Contributor’ link

In the Assessor box, start to type the name of the person to whom you will be delegating this session, select and then click ‘Confirm’ button and ‘OK’

The section will now be in the appropriate worktray END OF PROCESS



Click on

‘**Authorise’** button



Management Decision – confirm outcome ‘MAP Enquiry (level 3/4) and click ‘Finalise Record’ button and then ‘OK’.

Please note:-

* Level 4 – RED lozenge will appear
* Level 3 – AMBER Lozenge will appear.

A picture containing text  Description automatically generated**Process:**



Navigate to the MAP Triage Worktray in EHM – Pick up ‘Contact – Authorise’ task



MAP Episode screen – click the link ‘**Add Priority**’



Click either of the following as appropriate:-

* Level 4 (4 hours) RED
* Level 3 (8 hours) AMBER Then click ‘Create’ button



Navigate to the Decision Tab:-

Click the ‘Start’ button and select ‘Today’s Date’ and then ‘Confirm’

The task is now in your worktray. END OF PROCESS.