

# The Guide to the Single Point of Access for services that protect and promote the welfare of children in Haringey



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## Section A: Introduction to the Single Point of Access (SPA)

Haringey Council has an overarching responsibility for promoting the welfare of all children and young people in the area.

This means:

- Protecting children from maltreatment, neglect and abuse
- Preventing harm to children's health and development
- Ensuring that children are growing up in circumstances that are safe and where care is effective
- Taking action to enable all children to have the best outcomes

### **Our Children and Young People's Service plays a key role in:**

- Assessing the needs of children identified as vulnerable or whose welfare is at risk
- Putting in place action plans for safeguarding and improving the outcomes for vulnerable children, working together with other partner agencies such as justice, health, housing and education

**The 'Single Point of Access' (SPA) is the process through which all cases involving vulnerable children are brought to the attention of, assessed and then allocated across teams of professionals in Haringey's Children and Young People's Service.**

All cases sent through to the Council will pass through a **single point of access** where a common framework is used to determine the most appropriate pathway and scale of intervention necessary.

Should you not be satisfied with the response from SPA, MASH or Assessment then you should use the LSCB escalation procedure.

## Principles underpinning the Single Point of Access (SPA):

### 1) Safeguarding children is everyone's responsibility

Effective safeguarding can only work if everybody plays their full part and works together in identifying and responding to the needs of vulnerable children.

The SPA provides a clear point of access for all professionals, residents, children and parents/carers who have concerns over a child's welfare and safety, and believe that additional help or protection may be necessary. It facilitates different agencies to share information relevant to the vulnerable child and their family in a timely way.

### 2) Child centred approach

Understanding the child's needs are critical, and their interests and safety should always be put first before all other considerations. Improving outcomes for the child should be the key focus, and the child's views represented in decisions affecting their welfare.

The SPA places the professional assessment of the child's needs at the centre of its framework. The pathways and level of response given to a case referral will directly reflect the specific circumstances and risks for the child.

### 3) Early help

Early help means identifying emerging issues or problems that may harm the welfare of a child at the earliest opportunity possible. Through being responsive and providing help to the child and their family at an early stage, this can prevent problems escalating and becoming more serious further down the line.

The SPA fully incorporates contacts and pathways into receiving early help support coordinated by the Council's Locality teams.

### 4) Streamlined and efficient processes

Child safeguarding is complex, and often involves different organisations and professionals sharing information and working closely together. The system and processes for accessing and coordinating support for vulnerable children needs to be joined-up, clear and timely to ensure that gaps in services or communication do not emerge.

The SPA is intended to provide a clear and efficient system of arrangements for managing referrals involving vulnerable children, directing each case to the right team and most appropriate level of support. All assessments, information gathered and action plans put in place are recorded securely on a central database, and can be shared as appropriate between different teams and partner agencies.

## Section B: How to make contact through the Single Point of Access

Everyone who comes into contact with children and young people has a role to play in identifying welfare and safeguarding concerns, and taking prompt action to share these concerns and relevant information with the local council.

This includes all professionals working with children and young people and their families, including teachers and nursery staff, children's centres, doctors and health workers, housing support officers, police and probation officers, family support services, social workers and voluntary and community run organisations.

This also includes children and young people who have concerns over their own welfare or issues within their household, or parents/carers and wider family members and neighbours who identify that a child may need some help or additional support.

**Anybody with concerns about a child's welfare should make a referral via Haringey Council's Single Point of Access (SPA) process:**

If you have concerns that a child may be at risk of significant harm or has already been harmed or abused then you should make an immediate telephone contact with Haringey Council to take advice on actions you need to take:

**Tel: 020 8489 4470 (Monday to Thursday 8.45am to 5pm: Friday 8.45am to 4.45pm)**

**Tel: 020 8489 0000 (out of office hours including weekends)**

**If the child is suffering actual significant harm at this point then you should telephone the police on 999. An example would be if a parent collected a child from school and was intoxicated or a parent was in the process of physically abusing a child.**

Following the phone call, you will be asked to complete a referral form within 48 hours, and email it to [spa@haringey.qcsx.gov.uk](mailto:spa@haringey.qcsx.gov.uk)

For concerns that do not involve an immediate risk of significant harm or abuse to the child, but where you believe some early help and additional support may be needed, you should begin by completing a referral form and then emailing this to [spa@haringey.qcsx.gov.uk](mailto:spa@haringey.qcsx.gov.uk)

The SPA form should be used for all referrals to the Children and Young People's Service where there are concerns over child welfare.

The SPA form provides a common template that collects information on:

- The child and their parent/carer
- The reasons for their contact

- Current family and home situation
- Your initial thoughts on the child and family's strengths and resources, and their needs and worries
- Services that you know are currently working with the child, including their GP and early years/school/further education or training provider
- The child and the parent/carer's comment on the contact and their current circumstances

In the majority of cases, you should also obtain **prior consent** to make the contact from the child's parent/carer. Advice is always available during the day from professionals. The exception is when you believe that contacting the parent/carer could place a child or another adult at risk of significant harm. In these exceptional circumstances, or if consent is refused or cannot be obtained, you should still contact the Council and submit the rest of the SPA form as outlined above. The case will still be reviewed to see whether escalation is needed and consent dispensed with.

## Section C: How SPA forms are triaged

All contacts involving vulnerable children are initially received by the Council's **Single Point of Access (SPA) team**. They act as the point of access for all of the different pathways and services provided by the Children and Young People's Service.

For all cases the SPA team will:

1. Create a new case entry, a contact, or update an existing case record in MOSAIC, the Council's database for children.

If any information is missing or needs further clarification the SPA team may follow this up with the person making the contact.

2. Make an initial judgement over the child's level of risk and need, based on the information supplied through the contact.

There are four levels of need that can be assigned to the case by the SPA team:

- **Level 1 – Children with no additional needs**

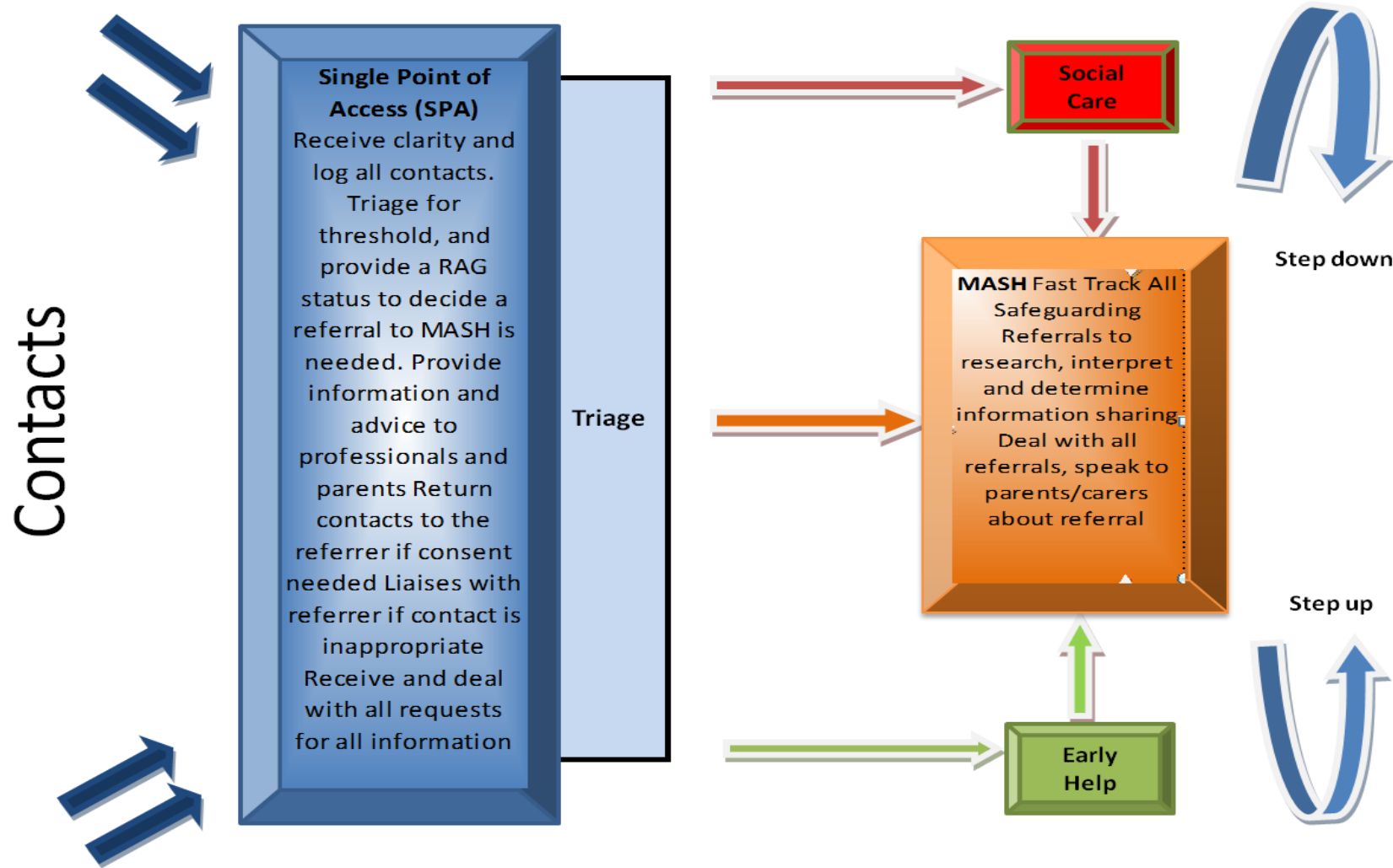
- **Level 2 – Vulnerable children with additional needs**
- **Level 3 – Children with multiple and complex needs**
- **Level 4 – Children who need care and protection, and have acute needs**

3. The level of need is then used to determine which part of the Children and Young People's Service the case should be handed over to. This is known as a **triage process**:

- Level 1 cases will only require the support of everyday, universal services, and will not need any further help from the Council's Children and Young People's Service
- All Level 2 cases with more than a single issue will be directly allocated to one of the Council's Locality Teams to coordinate early help support.
- All Level 3 and 4 cases will be referred through the Multi-Agency Safeguarding Hub (MASH) and may go on to Children's Social Care

- All level 4 cases involving significant harm will be dealt with by Children's Social Care.
4. Once the above stages are complete, the SPA team will get back in touch with the person who made the contact, and will communicate the decision and any next steps in writing

These levels are based on the Continuum of Help and Support model.

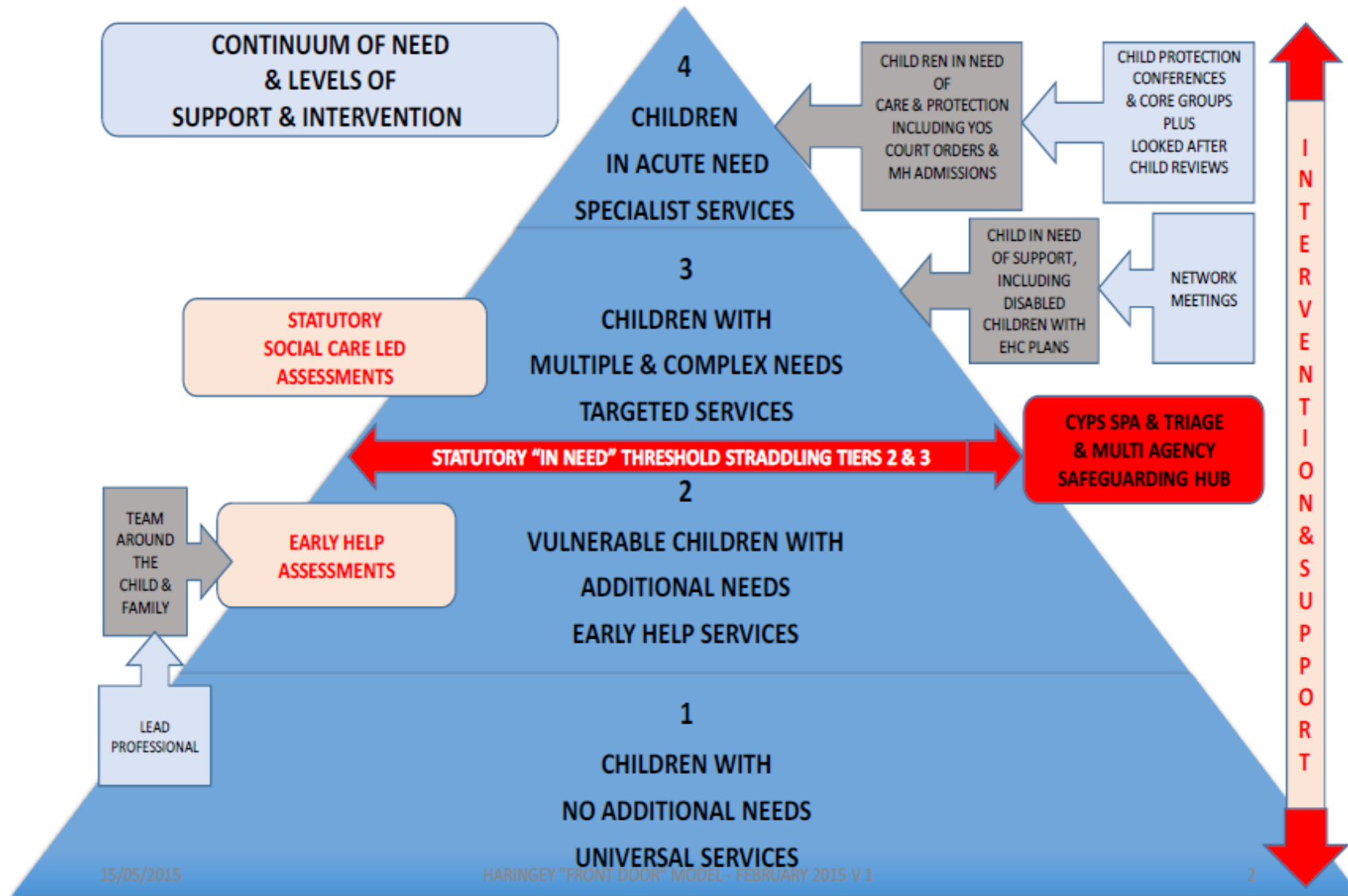


Enquiries to Partner Agencies for key information to be returned within 24 hours. Decision to progress 24 hours. Referral to MASH 24 hours - 72 hours. Referral to social care 4 hours. Feedback to referrals 72 hours of completion of MASH



# Thresholds Diagram: Continuum of Need & Levels of Support & Intervention

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## Multi-Agency Safeguarding Hub (MASH)

All cases that are assessed as meeting the Level 3 threshold by the SPA team will then go through Haringey's Multi-Agency Safeguarding Hub (MASH).

Those cases reaching the Level 4 threshold by the SPA team will pass straight to the Assessment Team for a Child protection strategy meeting and a response within 24 hours.

The MASH is an integrated multi agency team of professionals from different public agencies, including:

- Haringey's Children Social Care Services
- The Metropolitan Police
- The Probation Service
- Health Visiting Service
- Barnet, Enfield and Haringey Mental Health Trust
- Haringey's Education Welfare team
- Homes for Haringey (local social housing provider)
- Safer London missing children specialists
- Domestic violence specialists
- Early Help practitioners
- No Recourse to Public Funds team

The purpose of the MASH is to facilitate key partner agencies to share information relevant to the case.

The sharing of information helps to quickly build up a fuller picture of the child and their family, helping to identify risks and needs that may otherwise not be disclosed.

For example the police and probation services will know if the family has had any contact with the criminal justice system, the health agencies will be able to identify mental health records, the education welfare team will know about school attendance and truancy, whilst Homes for Haringey will know about housing needs.

The MASH is fire walled, keeping any information shared between agencies confidential and separate from their operational activities.

This ensures that sensitive information will remain in a confidential environment, and that information is only disclosed to those professionals who need to know in order to make effective decisions that protect and promote the child's welfare.

Having received a case referral from the SPA team, the MASH staff will undertake the following:

1. A MASH Red/Amber/Green (RAG) screening criteria is used based on the information supplied by the SPA team (see table on next page):

RAG rating	Description	Pathway
<b>Red (Level 4 case)</b>	<p>Flags up a serious safeguarding concern requiring immediate allocation and action to ensure the safety of the child and to secure physical evidence that might be otherwise lost.</p> <p>This includes information received that the child is suspected to have been physically assaulted/harmed within the last 48 hours and is still or is likely to go back to the suspected abuser within 24 hours.</p>	<p>The Assessment team will immediately inform the relevant Police operational team and other agencies.</p> <p>A Section 47 child protection investigation will be required.</p>
<b>Amber (Level 3 case)</b>	<p>This is where there are substantial concerns that the child is in need and that the nature of harm would be categorised as significant, but there is no information at this time to suggest that the child is at imminent threat of serious assault/sexual abuse</p> <p>This can include serious neglect cases, households with lower risk domestic violence or repeat referrals, transient families, and gang issues.</p>	<p>The MASH process of sharing information between partners will be completed within 1 working day.</p> <p>Further research is required to quantify the level of operational response, which may include either a single or joint agency S47 child protection investigation.</p>
<b>Green (Level 2 case)</b>	<p>This is when there are concerns about the child's wellbeing but there is no information at this time to suggest child protection concerns</p> <p>This includes if there are circumstances that might undermine the child's wellbeing or if the parent/carer is not addressing the child's physical/emotional welfare.</p>	<p>The MASH process of sharing information between partners will be completed within 3 working days.</p> <p>No S47 child protection investigation will be required at this time.</p>

- Having determined the RAG pathway, there is then a 'MASH information gathering episode' where research by the different agencies is carried out and information shared as appropriate.

The RAG rating given to the case sets the level of priority and timescale for completing the MASH information gathering episode. For the more complex cases there may be a real time MASH discussion between

professionals from the key agencies.

- The case records on MOSAIC are updated following the MASH information gathering episode and a report on the MASH exercise is produced.
- The MASH team will then hand over the case, along with the completed MASH report, to a responsible manager within Haringey Council's Children's Social Care team to

progress, and relayed to the person

who made the contact

## Pathway for case referrals requiring Children's Social Care (Level 3 or 4)

Once a case has been allocated to Children's Social Care, via the Single Point of Access (SPA) and MASH, a qualified social worker will be appointed to manage the case. This person is known as the '**lead professional**'.

The lead professional will be responsible for coordinating the following actions and processes. The pathways taken by the lead professional will differ depending on whether the case has been assigned Level 3 or Level 4 by the SPA teams:

Level of need that the SPA team assigned:	Pathway to be taken by lead professional in Children's Social Care
<p><b>Level 4 (Red MASH)</b> These are cases where the child is at risk of suffering significant harm and is in need of protection or care.</p> <p>This includes cases that reach the threshold for Section 47 child protection inquiries</p> <p>Level 4 cases can also include circumstances when a child has no identified parent or carer with responsibility for them, or if the child is lost or abandoned</p>	<ul style="list-style-type: none"> <li>• A <b>strategy discussion</b> between Children's Social Care, the Police, Health, Schools and other any other agencies relevant to the case should be convened as soon as possible, to determine the child's welfare and plan any emergency action necessary.</li> <li>• The lead professional should see the child to help inform how best to protect them.</li> <li>• If it is necessary to remove a child from their home, the social worker if necessary will apply to the court for an Emergency Protection Order. This gives the authority to remove a child from their home and places them under the protection of the local authority, or the police may use their powers of protection</li> <li>• A Section 47 enquiry should be undertaken, one of the many outcomes of which can lead to an initial child protection conference and a <b>Child Protection Plan</b> being put in place to safeguard the child.</li> </ul>
<p><b>Level 3 (Amber MASH)</b> Cases where the child is in need of specialist intervention, sometimes on a long-term basis, to achieve a satisfactory level of health or development.</p> <p>This includes children with more complex disabilities, special educational needs or long-term mental health issues that significantly affects everyday functioning and access to education.</p>	<ul style="list-style-type: none"> <li>• The social worker should lead an assessment of the child's welfare and needs under Section 17 of the Children Act 1989, working together with partner agencies as appropriate. This assessment needs to be completed within 35 working days at most.</li> </ul> <p>The social worker should see the child to help understand their needs and perspective. Interviews with the child and family members will be undertaken by the social worker as part of the assessment, and agencies should provide further information and be involved as this is a joint assessment.</p> <ul style="list-style-type: none"> <li>• A multi-agency '<b>Child in Need Plan</b>' or Team Around the Family may be put in place, which sets out which agencies will provide services to the child and family. The plan will set out clear</li> </ul>

<p>Level 3 also includes 'child in need' cases that are at risk of moving/returning to level 4 if they do not receive support from child social care and other specialist agencies</p>	<p>measurable outcomes for the child and expectations for the parents based on the signs of safety model</p> <ul style="list-style-type: none"> <li>• If at any point during the assessment it is found that the child is likely to suffer significant harm, then the lead professional needs to 'step up' the case to Level 4, through calling a Strategy Discussion and initiating Section 47 enquiries (see above)</li> </ul>
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## Pathway for case referrals involving children with additional needs, and require early help (Level 2)

Level 2 case referrals are those involving children and families where more than one additional need has been identified and could benefit from early help before problems become more acute.

Early help can include:

- Family and parenting programmes
- Youth services
- Assistance with health issues and help for problems relating to drugs, alcohol and domestic violence
- Services that focus on improving family functioning and building the

family's own capacity to solve problems

- Improving educational attendance
- Support in terms of employment and preparation for employment
- Information, advice and guidance on a range of issues, and signposting to community support available

For full guidance on Haringey's Early Help and Locality services please see

<http://www.haringey.gov.uk/children-and-families/early-help>

## Section D: 'Stepping up' and 'stepping down' cases when risks and needs change

### 'Stepping up' cases

There may be instances after the initial allocation when the circumstances around a case change or where new factors are discovered affecting the child or their family's needs or risk of significant harm .

**If the lead professional has any safeguarding concerns or believes that needs have escalated since working with the case, then they should refer the case back to the Single Point of**

**Access (SPA) following the processes outlined above in Section B.**

If there is an immediate risk of significant harm the lead professional should telephone the SPA as soon as possible. In less immediate cases, the lead professional should convene a Team Around the Family (TAF) and gather information and then submit a referral to the SPA with all information attached.

The SPA team will then assess whether the thresholds may have changed and if necessary will 'step up' and refer the case on to Children's Social Care.

This will have implications for the pathway

taken, and if the case was previously Level 2 and has been stepped up to Level 3 or 4 then it is likely that the lead professional will change to a qualified social worker

### 'Stepping down' cases

There will be a point when the lead professional that is responsible for managing the case believes that the level of need or risk has significantly reduced. In these instances the case should be 'stepped down' from its present level.

The SPA team is **not** involved in the stepping down of cases, and unlike with stepping up, lead professionals do not need to refer the case back to the SPA.

Instead the lead professional will need to present the stepping down processes at a case transfer meeting:

Level to be stepped down from	Process for stepping down that should be taken by the lead professional:
<p><b>Level 4 to Level 3:</b></p> <p>When the lead professional believes that there is no longer a significant risk of harm or safeguarding issues</p> <p>(if a child protection plan has been put in place this may be after a child protection review conference or when the plan comes to an end)</p>	<ol style="list-style-type: none"> <li>1. Lead professional from Children's Social Care normally will stay the same during and after the step down</li> <li>2. A multi-agency '<b>Child in Need Plan</b>' should be put in place, which sets out which agencies will provide services to the child and family. The plan will set out clear measurable outcomes for the child and expectations for the parents</li> </ol>
<p><b>Level 3 to Level 2:</b></p> <p>When the lead professional believes that needs and risks have subsequently decreased and that the intervention of Children's Social Care is no longer needed</p>	<ol style="list-style-type: none"> <li>1. Lead professional from Children's Social Care sends a notification message to the relevant Early Help Locality Team manager, including the rationale of stepping down the case, and how this would contribute towards the targeted outcomes. This will be discussed at the transfer meeting.</li> <li>2. Convene a joint 'Children in Need' and 'Team around the Family' meeting to agree case allocation and transfer. This meeting should include relevant managers from the Children's Social Care and the Early Help Locality Team, as well as the family whose consent should be sought for the transfer.</li> </ol>

	<ol style="list-style-type: none"> <li>3. In most cases the new lead professional is likely to be assigned from the Early Help Locality Team. However consideration must be given to ensuring the new lead professional is best placed to support the achievement of identified outcomes and may be from another service or universal setting.</li> <li>4. If a Children and Family Assessment has not been completed by Children's Social Care in the past 6 months, then the Early Help Locality team should undertake an Early Help Assessment as soon as the case is stepped down</li> </ol>
<p><b>Level 2 to level 1:</b></p> <p>When the lead professional believes that needs have subsequently decreased and that additional support and early help is no longer required</p>	<ol style="list-style-type: none"> <li>1. Convene a 'Team around the Family' meeting and present recommendations to step down</li> <li>2. Agree the new level of need and identify universal services required</li> <li>3. Organise a case allocation meeting to include the proposed universal services which the case is being stepped down to</li> </ol>