

COMPASS

Is the single point of contact for receiving NEW enquiries regarding concerns for the welfare or protection of Children and Young People in Shropshire.

The aims of Compass are to:

- Co-locate safeguarding professionals who are able to contribute their expert skills and knowledge to share information, build up a holistic picture of the circumstances of a child and family and make good quality joint decisions.
- Make informed decisions in a timely way that provide the right intervention at the right time to protect and promote the child's welfare and ensuring Early Help is offered when appropriate.
- Seek parental consent and engagement to share information unless to do so would place a child at risk of harm or hinder a criminal enquiry.
- Provide early help through information and targeted services at the first point of contact where it is safe to do so enabling families and communities to find supportive and sustainable solutions to meet their needs.
- Promote a shared understanding and compliance with the SSCB thresholds for intervention.
- Act in a timely and coordinated way when children are identified in need of protection including emergency protection.
- Provide parents, referrers and all partners with written rationale for decisions made
- Deliver services against agreed standards and performance measures that will tell us if we are making a difference to the lives of children, young people and families

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1. Legislation and our local approach

Children Act 1989 places a duty on the local authority to undertake an assessment where a child is believed to be a child in need and or is suffering or likely to suffer significant harm.

A Child in Need (S17) is defined as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.

A Child Protection enquiry (S47) is defined as a child who based on the information known is suffering or likely to suffer significant harm.

Children Act 2004 requires each local authority to make arrangements to promote cooperation between the authority, each of the authority's relevant partners and such other persons or bodies working with children in the local authority's area as the authority considers appropriate. The act places a duty on partners providing services to children and families to work with the Local Authority in fulfilling its duties to improving the well-being of all children in the authority's area, which includes protection from harm and neglect.

Working Together to Safeguard Children, 2015: 12 states that "Children are best protected when professionals are clear about what is required of them individually, and how they need to work together."

- 1.1. In 2016 – 2017 (as of Feb 2017); 6007 initial contacts were received regarding the need for support to promote a child's welfare and/or protection. 1310 referrals were received regarding concerns for the welfare of children.
- 1.2. As of Feb 2017; 264 children were made the subject of child protection plans and 278 children were in the care of the local authority to promote their welfare and protect them from harm.
- 1.3. Shropshire local authority and its partners have worked to prioritise a good quality Early Help and Edge of Care support to children and families in order to identify needs early and prevent increased risk
- 1.4. Through multi agency working in localities and in Compass we will continue to promote accessible early help support supporting the professional workforce to identify risk and needs and to deliver good quality plans to children and families.
- 1.5. Compass creates a secure environment where safeguarding partners share information in a dynamic way to identify needs and risk which in turn ensures social care decision makers are able to make appropriate and proportionate intervention decisions based on the best possible information available at a given time.
- 1.6. Shropshire's concept of this model is COMPASS, which represents the four points of geographical reference coming to a single centre. Compass is a front door team of professionals including both co-located professionals and virtual

members as follows: Social Care, Police, Health, CAMHS, Targeted Youth, FIS, NPS Probation, CRC, CSE/Missing lead and Education, who are responsible for early help and safeguarding and promoting the welfare of children is designed to bring about the following benefits:

- Faster, more co-ordinated and consistent responses to new safeguarding concerns about vulnerable children.
- An improved 'journey' for the child with a greater emphasis on early intervention and better informed services provided at the right time.
- Greater ability to identify potential vulnerability by understanding the history as well as presenting needs from the multi-agency information held, enabling more preventative action to be taken and dealing with cases before they escalate (i.e. through Early Help pathways).
- A more straightforward and responsive process for the professional or public raising a concern, with clear guidance and support.
- Closer partnership working, clearer accountability and less duplication of effort.
- A reduction in the number of inappropriate referrals and re-referrals.

See Appendix A for Compass Information Leaflet

2. Thresholds

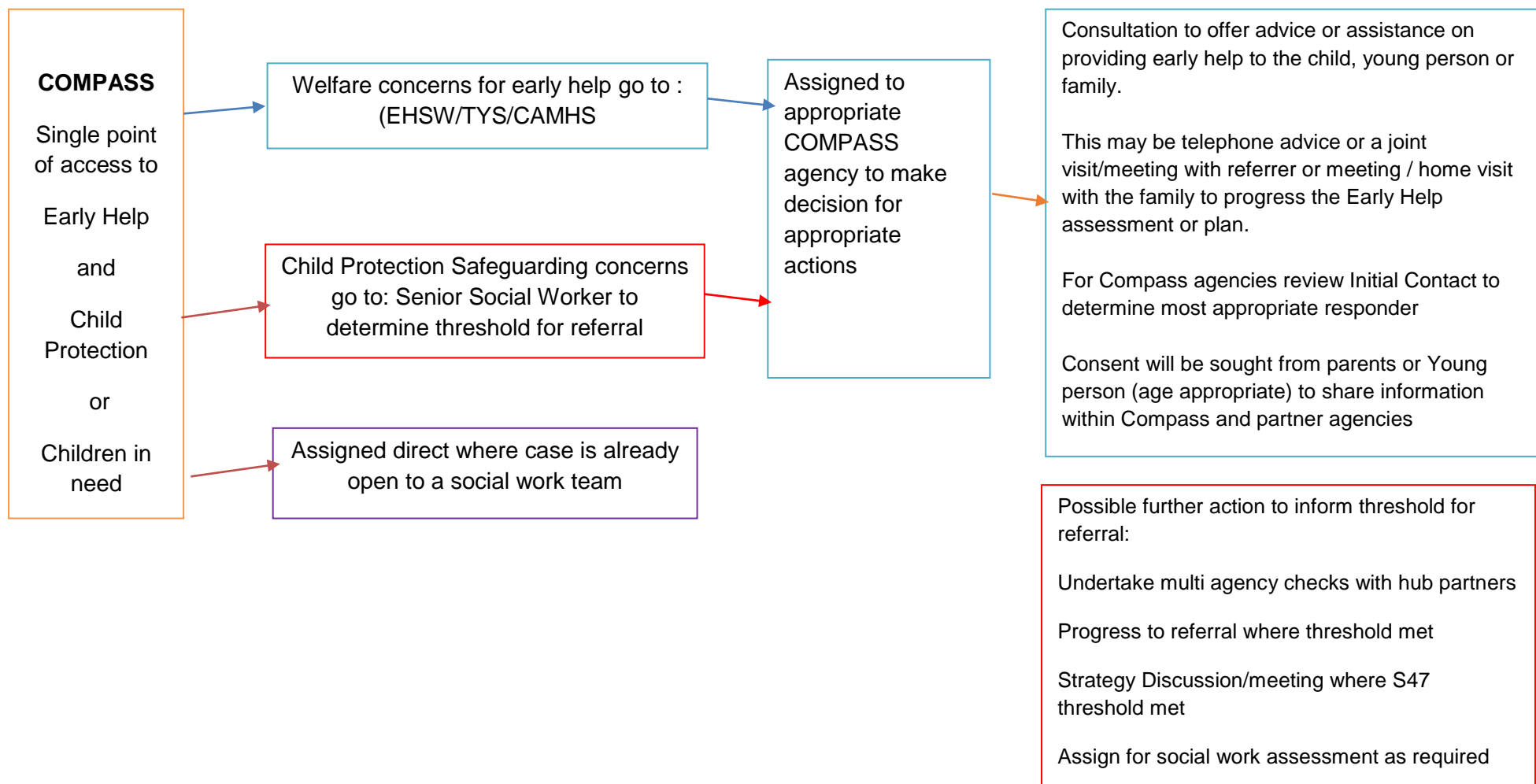
- 2.1. Shropshire Safeguarding Children Board (SSCB) has developed a document on determining levels of need when making assessments. This is called Multi-agency Guidance on Threshold Criteria to help support Children, Young People and their Families in Shropshire: 'Accessing The Right Service @ The Right Time'. This document has recently been updated (April 2017).
- 2.2. Before contacting COMPASS, the professional '**should consider if the child or young person's needs can be met by services from within their own agency, or by other professionals already involved with the family**'. This usually involves conducting an Early Help Assessment Form (EHAF) on the child or young person. Support and guidance about the EHAF can be obtained from an Early Help Social Worker within COMPASS. Other tools are also available such as "Webster" (obtaining the child views) all available tools and support/guidance is accessible via the Early Help website: at <https://new.shropshire.gov.uk/early-help/>
- 2.3. When a referral is received Compass will send a letter to the referrer confirming the decision and confirming the level of need identified in order to promote consistency in application and understanding in the application of the agreed SSCB thresholds.
- 2.4. In Shropshire our approach is to Strengthen Families through Early Help and as such Early Help should be offered to children and families in the first instance unless a child is thought to be at risk of harm.

See Appendix B Pathway for sharing concerns with Compass

3. When and How to make an Initial Contact and or referral to children's social care

- 3.1. First Point of Contact (FPOC) is the single telephone contact for Compass. Trained staff will receive Initial Contacts and through guided questioning will record basic but key information before routing the caller to the appropriate person/agency in Compass most likely to be able to provide information, advice, and assistance or to take action on the contact received.
- 3.2. Initial Contacts and Referrals should be supported by the agency's assessment of the child or young person needs (i.e. EHAF; Webster). Where this assessment has identified needs which cannot be met through universal or targeted early help then a contact through FPOC should be made to help determine the most appropriate next steps to promote the child's welfare
- 3.3. To support professionals in this work Compass has representation of;
 - Qualified social workers
 - Qualified Youth workers
 - Primary Mental Health Workers (CAMHS)
 - CSE and Missing Coordinator
- 3.4. These staff provide a duty system and field work support to those acting as lead professionals offering support to identify risk and need, undertake early help assessments, develop targeted early help plans and engage young people and families.
- 3.5. Further advice and discussion about thresholds and when to make a referral can be obtained through having a professional consultation with a member of compass who can explore your concerns with you, look at the evidence you have and what further may be required to access children's social care.

4. Shropshire Children's Front Door – Receiving and managing contacts via FPOC - FLOW CHART



5. Compass Operating Procedures – Initial Contacts and Early Help

- 5.1. **INITIAL CONTACTS** : All contacts by professionals or the public will follow the same requirements in the initial stages, whether the referrer is raising concerns about possible child abuse, or a child who may be in need for other reasons. This gives us consistency in the collation and management of data and a streamlined response to concerns while we assess the level of risk and need. This is outlined in the flow chart above section 4.
- 5.2. All telephone contacts go via **FPOC** (first point of contact) who will create a record of the call on a “Initial Concerns” form (IC); if the referral is by secure electronic means or post direct via the MARF, to the Compass team the team Coordinator will create the initial concerns form.
- 5.3. The caller/referrer will be asked whether they want advice or support with regard to **Early Help** or if they have a **Child Protection concern** regarding the safety of a child. Key details of information provided will be recorded to create the Initial Contact form.
- 5.4. **EARLY HELP**: All requests for consultation and advice about early help are passed directly to Early Help team in Compass where qualified social workers, primary mental health practitioners and targeted youth workers will provide professional consultation. The most appropriate professional to respond will be based on presenting need. For example but not exclusively; CAMHS workers will respond to concerns about emotional health and wellbeing, Youth workers to problems with relationships and teenage behaviours and social workers to concerns regarding parenting capacity and neglect.
- 5.5. In all cases the workers have access to each other’s advice and expertise and will use this to discuss a contact to determine the most appropriate first responder.
- 5.6. **Consent** - It is important for referrers to seek to obtain consent of the family to make their contact or referral unless to do so would place a child or worker at risk. Obtaining consent saves time and delay in Compass being able to respond in an effective and timely way. Consent should be given to making the contact and to the exchange of information between Compass professionals and can be emailed as part of the initial contact or referral.
- 5.7. Not all initial contacts will be progressed to a referral, but all will be subject to information gathering and analysis by the Senior Social Worker or Early Help professional in compass to determine the right response. The responding professional will complete and close the Initial contact form and inform the referrer and/or family of the outcome.
- 5.8. All Initial Contacts will have one of the following outcomes, recorded on the system:
 - Allocation for Early Help assessment/Webstar/EHAF
 - Allocation for brief Early Help intervention by CAMHS/TYS/EHSW/CSE
 - Send resources, information, tools, signposting with no further action
 - CAMHS consultation only
 - Escalate to Tier 2 CAMHS
 - Escalate to Tier 3 CAMHS
 - EHSW consultation
 - TYS consultation
 - Open to DCT as a referral
 - Open as Safeguarding referral
 - Actioned by open Children Social Work team

- 5.11. These outcomes provide us with data upon which we can analyse; the incoming needs and outcomes as well as workloads. This will inform service developments. Management information on this data will be presented to future steering group meetings.
- 5.12. Where the contact is deemed to meet the threshold for a referral i.e. a child might be a Child In Need the Compass agencies will share known and relevant information in order to establish the fullest picture of information known on which to base a decision as to the most appropriate next steps. See Management of Referrals section 6.
- 5.13. Decision makers and Coordinators will collate the information taken from their own agency's reporting system, or responses received from information requests and will record this information as quickly as possible the same day (unless immediate action is required to safeguard children when information will be shared within 2-4 hours) as this allows an appropriate decision to be made as quickly as possible. Collated information will be recorded in a single multi agency record.
- 5.14. Where Parental consent has not been provided and the contact is deemed to meet the threshold for a referral contact will be undertaken to the parent/family to obtain the parents views and wishes on the need for early help and support and obtain consent to share information as necessary. This will help determine the decision on the referral and need for a social work assessment. Unless specified the source and detail of the contact and referral will be shared with the parent. In all cases the best person to seek the parental consent will be considered and could either be the referring professional/agency or a Senior Social Worker within Compass.
- 5.15. If a concerns form is received and the child is currently an open case and in receipt of services, then it will be passed immediately to the allocated social worker and his/her Team Manager, along with any workers currently assigned as co-workers, who will make a decision as to any further action required in response to this incoming information, this includes a response to the caller/referrer. It will be the responsibility of the allocated social worker to ensure the information is recorded onto ICS. This includes specialist teams of Children with Disabilities and 18+ team.

6. Compass Operating Procedures – Safeguarding Referrals

- 6.1. Where an Initial Contact is received that identifies a child may be a child in need (S17) or a child may be at risk of suffering significant harm (s47) the initial concerns form will be progressed to a referral (in the event of this being a s.17 it is considered good practice for parental consent firstly to be sought as this promotes parental engagement and demonstrates partnership working).
- 6.2. All **REFERRALS** are passed directly to the Senior Social Worker (SSW) within Compass, who along with the information coordinator will check internal systems to establish what is already known about the child and if the child is currently in receipt of services.
- 6.3. All Compass agencies; Social Care, Police, Health, Probation, Camhs and Targeted Youth will be asked to identify any “relevant” known information relating to the child or family or home address. Relevant information is any information considered by the agency to have a potential impact on the safety or welfare of the child.
- 6.4. A multi-agency information sharing form (MAIS) will be completed by each participating agency and will form a single record of the information shared and a copy held by each agency for audit purposes (see appendix C)

- 6.6. The timescales for responding to a referral received are outlined within Working Together 2015. "Within one working day of a referral being received; a local authority social worker should make a decision about the type of response that is required and acknowledge receipt to the referrer". Shropshire's procedures note The Children and Young People's Services should acknowledge receipt of a written referral within **ONE** working day. If the referrer has not received an acknowledgement within **THREE** working days they should make contact with the relevant manager in the Children and Young People's Services Team.
- 6.7. The possible referral outcomes are as follows:
- That the child appears to be a **Child in Need** (s17) and concerns about the child's health and development justify a Social Work Assessment;
 - That there is reason to believe that child has suffered or is likely to suffer **Significant Harm** (S47) which justifies the need for a strategy meeting to be held and consideration for a child protection enquiry and a **Social Work Assessment**;
 - That emergency protective action should be taken to safeguard the child or children (this will usually be determined by an immediate **Strategy Discussion**); or
 - That the Early Help Assessment intervention is appropriate at this stage to meet the identified need; or
 - That the provision of advice and information is appropriate to meet the identified need; or
 - That no further action is required.
- 6.8. Once the SSW has made the decision on the appropriate course of action this will be recorded as an **outcome to the referral**. A rationale will be provided against the threshold document for why the decision has been reached, which threshold has been determined as appropriate and what next steps should be taken and an outcome letter will be provided to the referrer in line with Working Together 2015. (See appendix D Outcomes of a Referral)
- 6.9 Education Welfare
- The Education Welfare Service (EWS) are a team within the LA Children's Services. The EWS will provide named Education Welfare officers (EWO) for identified school clusters.
 - These officers will be a single point of contact for Compass staff to obtain and share information regarding a child school attendance, registration and where appropriate academic needs/progress.
 - The EWO will act to engage with schools supporting them to contribute to the Compass processes where necessary and where no-one is identified for a child, will act as Education representative at strategy meetings.

7. Child Protection Strategy Discussions/meetings

- 7.1. If Senior Social Worker (SSW) decides that a child or young person is at risk or suffering abuse, harm and/or serious neglect a strategy discussion/meeting will be held.
- 7.2. The SSW will notify the Police, Probation and Health representatives within Compass of all referrals containing suspicions or evidence that the child or young person is being abused or neglected or where it is likely that other criminal offences may have been committed against the child or young person.

- 7.3. The strategy meeting / discussion will usually be held in compass but other agencies such as Paediatrician, School or GP will be invited to attend or contribute via a range of methods including in person and telephone conferencing.
- 7.4. The strategy discussion/meeting will be chaired by the SSW or Team Manager and a single record of the meeting and agreed action will be made and distributed by social care. Where the meeting was chaired by a senior social worker the strategy record will be signed off by the duty manager to ensure robust management oversight of decision making.
- 7.5. The purpose of the strategy discussion /meeting is to determine the need for a Child protection enquiry and or a police criminal investigation. Where one or both are required the strategy forum will agree a plan for the investigation which will include making contact with the parent; and interview of the child and identify any risk to other children associated with the risk identified. In each case the LA and Police will outline the rationale for the decision making in each case and this will be included in the strategy meeting record.
- 7.6. Where the outcome of the strategy meeting is for a S47 enquiry and or a criminal investigation to be undertaken the case will be closed to Compass and allocated to the duty assessment team and the local police who will complete these enquires. A copy of the referral and strategy meeting record will be passed to the staff to ensure there is no delay in sharing information or decisions made.

8. Information sharing and working together - Consent

- 8.1. Working Together to Safeguard Children (2015) highlights “Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision. Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective child protection services. Serious Case Reviews (SCRs) have shown how poor information sharing has contributed to the deaths or serious injuries of children.
- 8.2. Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children.
Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (2015) (can be found at <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>) supports frontline practitioners, working in child or adult services, who have to make decisions about sharing personal information on a case by case basis. The advice includes the seven golden rules for sharing information effectively and can be used to supplement local guidance and encourage good practice in information sharing.” (Pg. 17).
- 8.3. It is expected that information will be shared in line with the following levels of intervention:
- Under the Early Help Assessment Framework where additional needs, difficulties or emerging vulnerabilities are starting to emerge (with consent);
 - In the Compass Hub environment to inform a quality decision making on referrals (with consent or defensible decision recorded where no consent available to enable timely and appropriate decisions to be made on a referral);
 - In the process of undertaking a strategy discussions/meetings (without consent under S47 child protection procedures)
- 8.4. SSCB procedures highlight that referring agencies should seek consent from parents before making contact, **‘consent must be obtained from a parent or carer beforehand, except where**

the child or young person is considered to be at risk of harm and the agency believes that seeking consent may increase this risk’.

Where all reasonable attempts have been made to obtain parental consent to share information and raise a referral if appropriate, have failed, the Initial Contact will be reviewed and consideration made to override parental consent to share information if this is considered to be in the best interests of the child, in these cases a defensible decision will be clearly recorded on the child’s record.

- 8.5. Parents will be informed contact and concern and their permission sought to share information with other agencies/raise a referral, unless to do so may:
- Place the child at increased risk of Significant Harm; or
 - Place any other person at risk of injury; or
 - Obstruct a Police investigation.
- In these circumstances, a manager/SSW from Children and Young People’s Services may decide to consult other relevant agencies without seeking parental consent. Any such decision must be recorded with reasons.
- 8.6. Although where a child is deemed to be at risk of significant harm parental consent to share information is not required good practice is that parental consent and contribution to an investigation will be sought unless to do so may place a child at increased risk. Agencies in Shropshire will work positively to engage parents and obtain consent where possible and record their decision making and rationale where consent is not sought.
- 8.7. In the case of young people it may be appropriate given their age and understanding that parental consent is not required in order to provide advice, assistance or support to a young person. In such cases a clear record of why the young person does not wish parents to be informed must be made and a rationale for why the professional believes it is in the best interests of the child not to inform and seek parental consent to continue to work with the young person.
- 8.8. Further information about how, when and from whom consent should be obtained, can be found in the West Mercia Consortium Inter Agency Child Protection Procedures at <http://westmerciaconsortium.proceduresonline.com/>
- 8.9. At the earliest opportunity the Compass staff will share information with the multi agency partners regarding a Referral accepted. Agencies agree to supply information which they consider to be **relevant and proportionate** to the enquiry. Each Decision Maker/coordinator from the partner agencies understands and adheres to the procedures for sharing information within Compass.

9. Domestic Violence Notifications

- 9.1. All Domestic Violence incidents reported by West Mercia Police are recorded as initial concerns. Each domestic abuse initial contact will be reviewed by a SW, Health, Police representative and Probation (NPS and CRC) to agree an appropriate response, taking into consideration the history of all referrals and previous contacts. The West Mercia police Domestic Abuse risk assessment tool (DASH) will be used to triage each notification.
- 9.2. **Process for joint Triage of all police notifications**
The purpose of the Triage is to ensure that the right service at the right time is promoted to ensure all vulnerable children and young people, where domestic abuse is a feature, will have their needs appropriately responded to and that decision making around the threshold is a joint responsibility within Compass between the agencies.

9.3. In Domestic abuse the risk of serious harm is described as follows (Home Office 2002):

'A risk which is life threatening and/or traumatic and from which recovery, whether physical or psychological can be expected to be difficult or impossible'

The definition of domestic abuse that Compass current work to is, the cross-government definition of domestic violence and abuse (2013):

'Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

Controlling behaviour

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

This is not a legal definition.' (Found at <https://www.gov.uk/guidance/domestic-violence-and-abuse>)

Compass DV Triage identify the following risk levels:

STANDARD/LOW – current evidence does not indicate likelihood of **causing serious harm**

MEDIUM – There are identifiable indicators of risk of serious harm. The offender has the potential to **cause serious harm** but it unlikely to do so unless there is a change in circumstances, for example, failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse.

HIGH – There are identifiable indicators of **risk of serious harm**. The potential event could happen at any time and the impact would be serious.

9.4. Staff should use professional judgement along with known information to arrive at a risk level. Compass have adopted and adapted the Barnardos' DV Risk Assessment Matrix to use as a

screening tool at the front door in order to help determine the level of risk and the appropriate level of intervention, which will be further informed by the risk and protective factors known (see screening tool).

- 9.5. The policing team will nominate a key person each day to form part of the triage, social care will nominate a senior social worker to form part of the triage each day and the health representative within compass will join the triage, each day, supported by NPS and CRC and Education representative as appropriate (virtual members).
- 9.6. The responsibility of the triage will be to share information from each partner agency to greater inform the information picture and determine the response required.
- 9.7. For **STANDARD/LOW RISK which is cross referenced to Shropshire's threshold guidance - Level 1 Threshold – Universal**

Outcome: No action to take by children's social care.

Action: Information to be retained by police: Notification details and outcome decision sent to health via health recording system and education welfare via secure mail. Education Welfare identify the child's school and pass on the notification and decision within next working day.

- 9.8. **STANDARD/LOW RISK – Cross referenced to Shropshire's threshold guidance - Level 2 Threshold – Early Help**

Outcome: No action to take by children's social care.

Action: Information to be retained by police and recorded on social care records: Notification details and outcome decision sent to health via health recording system and education welfare via secure mail. Education Welfare identify the child's school and pass on the notification and decision within next working day. Letter to be sent to parent following triage, advising we have received and discuss the information shared by police and inviting parent to ring in to compass if they wish to access support and advice.

- 9.9. For **MEDIUM RISK – Cross referenced to Shropshire's threshold guidance – Level Threshold – Targeted early help**

Outcome: Compass for early help social worker to make contact with the family and discuss targeted early help.

Action: Police to retain information and recorded on children's social care records : Notification details and outcome decision sent to health via health recording system and education welfare via secure email, Education Welfare identify the child's school and pass on the notification and decision within next working day. Early help social worker establishes contact with the family to discuss information and support needs. If no response then escalation back to triage for review via the senior social worker.

9.10. For **HIGH RISK – Cross referenced to Shropshire’s threshold guidance - Level 4 Threshold – Targeted – Complex/Significant Needs**

Outcome: notification progressed to compass for safeguarding as threshold met for Social Work Intervention. Compass SSW to make contact if the family if child is identified as child in need or seek consent to undertake raise a referral and undertake a Social Work Assessment, if the child is identified as suffering or being at risk of suffering significant harm then Senior Social worker to facilitate any strategy discussion required – School and Health will be invited to contribute to the strategy discussion. Case allocated to duty assessment team for completion of the assessment/CP enquiry – School and Health will be contacted by allocated Social Worker to contribute to the Social Work Assessment.

Action: Notification details and outcome decision sent to health via health recording system and education welfare via secure email, Education Welfare identify the child’s school and pass on the notification and decision within next working day.

9.11. For cases that are **open to a social worker** the notification (via a concerns form) will be sent to the allocated manager to review the incident in the context of the existing assessment and plan for the child and will be responsible for making a decision on action taken in response to any new incident.

9.12. For those **cases already open to Targeted Early Help (TEH) plan** confirmation of the notification AND level of harm identified through triage (**Low** and **Med**) will be passed to the Lead Professional (LP) (via a concerns form, by the early help SW) in order that a consultation can be held to review the incident in the context of the TEH plan. Any identified as **High risk**, through the triage (following consideration of the risk and protective factors) will be progressed to a referral and the LP informed. (See **high risk** process above).

10. Shropshire Fire & Rescue Service

10.1 Whilst the Shropshire Fire & Rescue Service are not physically based in Compass we are keen to develop the partnership arrangements and to promote fire safety in the family home.

10.2 All Compass staff will consider issues regarding fire risk when reviewing contacts and referrals and when undertaking home visits. Where a fire risk concern is identified and the need for a fire safety home visit considered as appropriate a referral will be made using the attached form. This form also covers deliberate fires in the home.
The “I learn” Fire Education scheme is a free programme available to children up to the age of 17 who are either exhibiting firesetting behaviour or threatening to do so. The referral can be made using the same email address as on the Home Visit form.

10.3 Shropshire Fire and Rescue Service recognise the role they can play in protecting the home environment for individuals, families and young people. Home safety checks are a free method of ensuring that smoke detection, information and advice on safe cooking methods, use of electricity, storage and escape planning can be delivered to those households that require Early

Help. We will proactively work to support partners to achieve this in order to maximise the opportunities to protect vulnerable people within our community.

- 10.4 Consent to the fire safety check will be obtained by the visiting fire officer at the point of contact with the family.

Shropshire Fire & Rescue Service Safety Home Visit referral form



Shropshire Fire &
Rescue Service Safet

11. Allegations against a person in a position of trust

- 11.1. Allegations against a professional are subject to a separate workflow. If FPOC receives such a referral, they will process the initial concerns form in regard to the victim child/young person (if linked to a named child) and this will be processed as per all other initial concerns i.e. the SSW and Coordinator will screen the contact to ensure that potential child/young person in contact with the person are safeguarded from harm.
- 11.2. The Local Authority Designated Officer (LADO) concerns form which concerns the adult in a position of trust who is the alleged perpetrator, will be reassigned to the LADO working desktop on Care first (ICS). The LADO will initiate and complete all work on the **Allegations Against a Person who works with children Workflow**. Such allegations will be dealt with in accordance with the agreed Managing allegations against those that work with children policy and procedure. *This guidance corresponds to section 4.1 of the West Mercia Child Protection Procedures.*

12. Person Posing Risk to Children (PPRC) Notifications and Referrals

- 12.1. In the case of people who pose a risk to children, the relevant SSCB Safeguarding Procedures should be followed and where a child is identified as having contact or intended contact with a person with PPRC status a social work assessment will be undertaken (West Midlands Regional Good Practice Guidance for PPRC).

The West Midlands Regional Good Practice for PPRC can be found at <http://www.staffsscb.org.uk/Professionals/Procedures/Section-Five/Section-Five-Docs/Section-5A-People-who-Pose-a-Risk-to-Children.pdf>

13. Requests for information from external agencies and responses

- 13.1. Request from an external agency to any single agency to provide information must be owned and dealt with by the appropriate single agency.
- 13.2. The LA Compass business support staff act on behalf of the Local Authority children social work services only where responding to checks such as CAF/CASS / EHC / Probation / Fostering and other LA request for information. They are not the responsible referral point for providing multi agency information checks. All partner agencies within Compass will use their own required process and procedure for seeking information/checks and making disclosure.

14. Management of confidential Information

- 14.1. Agencies agree that, due to the high sensitivity of the information contained within communications from the Compass Hub, letters, emails and other correspondence must be kept secure and only accessible by persons within the agency on a strict 'need to know' basis.
- 14.2. Agencies agree not to use or disclose information they receive from the MASH to the child or young person, their family or any other person, without permission from the relevant agencies data controller via the appropriate agencies Decision Maker within the MASH. This is to ensure that a child or young person is not put at increased risk of danger and any potential criminal investigations are not prejudiced.



COMPASS

Getting the 'right help at the right time'
to strengthen families and safeguard children



What is COMPASS?

- Compass is the single point of contact for receiving NEW enquiries regarding concerns for the welfare or protection of Children and Young People in Shropshire.
- Compass promotes the offer of early help to children and families in the first instance, where it is safe to do so.
- Compass provides other professionals with support and guidance in completing assessments for early help and delivering early help plans.

The Compass team is made up from a range of agencies, and professions which include:

- Social Workers
- Police
- Probation
- Health
- Targeted Youth workers
- Child and Adolescent Mental Health Services (CAMHS)
- Family Information Service
- Child Sexual Exploitation/Missing Coordinator
- Information coordinators



What happens in Compass?

Whenever anyone is worried about a child, for example a school teacher, they make contact with Compass to discuss their worries, this is called an 'initial concern'. One of the compass team will talk to the referrer to agree how best to offer early help to a child, young person or family. As part of this process a compass worker may contact the family direct or this contact may be done through the referring professional.

Where an initial concern identifies that a child may be a 'child in need' by this we mean they may need services to promote their welfare the initial concern, consent will be sought from the parent for information sharing and where appropriate a referral/social work assessment.

A Child in Need is often referred to as Section 17 child in need, referencing the Children Act 1989.

Where a concern identifies that a child might be at risk of significant harm, a social worker will liaise with professionals within and outside of Compass to decide what actions need to be taken to keep a child safe.

A Child at risk of significant harm is often referred to as Section 47 child protection, referencing the Children Act 1989.

Information will be shared without your permission if:

- A child or young person is believed to be at risk of significant harm
- The information could be used to prevent or solve a crime.





The next steps:

Early Help:

If the COMPASS Hub believe that the child would benefit from extra help, or that the parent/carer needs support, they will signpost the family on to the right service, ensuring that support is provided quickly.

No Further Action:

If the Compass Hub believe that child's needs can be appropriately met by services and support already in place then no further action will be taken and the contact will be closed down.

Social Work Assessment:

If Compass decide the child is a 'child in need' or at risk of harm then the referral will progress to a Social Work Assessment and a social worker from the duty assessment team will be allocated to complete the assessment.

Can a parent access help and support directly?

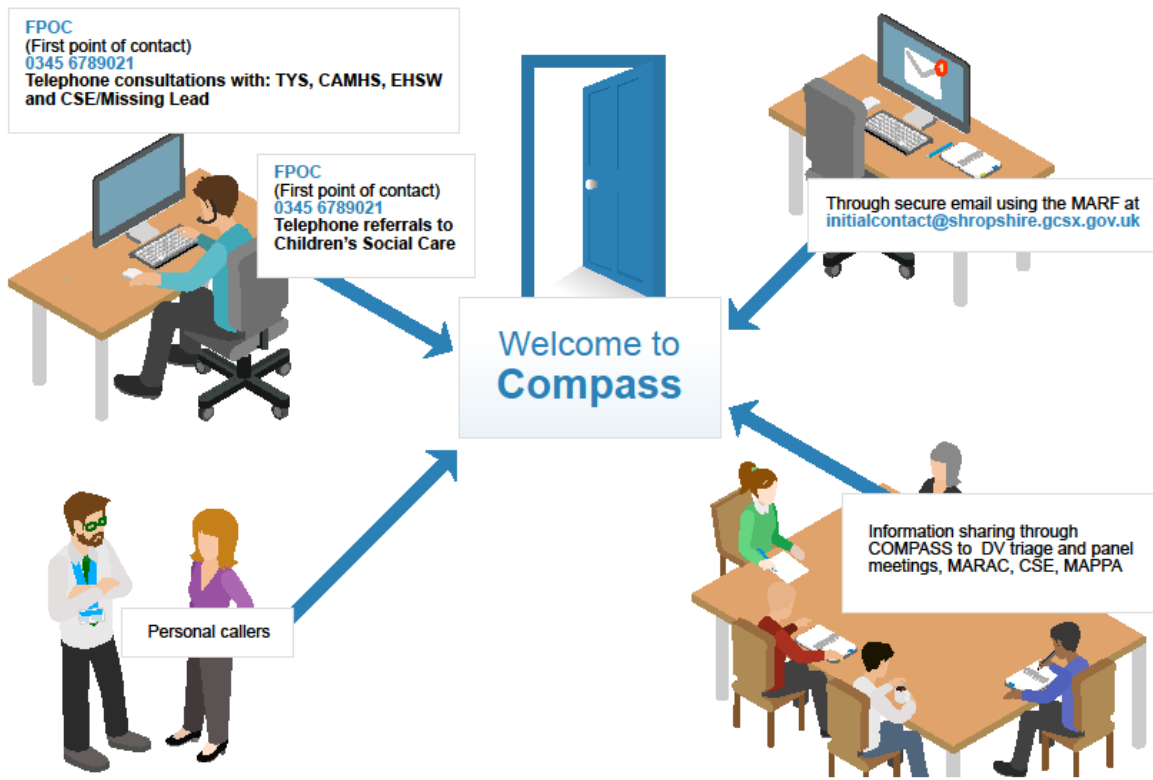
...Yes!

As a parent you can contact Compass for advice and/or support, if you are not a professional who can help and you do this through **First Point of Contact (FPOC)** on **0345 678 9021**

For more information on the definitions of Children in Need and the Local Authority responsibilities see the Children Act 1989 and/or the Shropshire Safeguarding Referrals and Thresholds at www.safeguardingshropshireschildren.org.uk/

Appendix B

PATHWAYS FOR SHARING CONCERNS WITH COMPASS (Single Point of Contact)



Appendix C

MULTI AGENCY INFORMATION SHARING (MAIS)

Date of Referral:

A referral has been received that indicates the child/ren identified below may be a child in need (s.17 (10) of The Children Act 1989). This is a multi-agency information sharing record that will help inform decision making around social care thresholds and level of risk posed.

Please provide all relevant information held by your agency. Relevant means any information you believe may impact on the welfare or safety of the child.

Checks should include the names of the child/ren, parent, any relevant other person named in the referral as presenting risk and the home address. If the case is currently open/active plz confirm details.

Please complete your agency section on page 2 and return to:

compass.admin@shropshire.gcsx.gov.uk

This is a first request

Yes / No

Timeliness of information required: RAG STATUS

- Red** – Information required back in 2 hours
- Amber** – Information required back in 4 hours
- Green** – Information required back within 24 hours.

This is a review update

Yes / No

Child/ren: (Names, Alias and Dob)

Parent: (Names, Alias and Dob)

Relevant other person named in the referral as presenting risk: (Names, Alias and Dob)

Brief outline of concerns

Address:

haunorth@westmercia.pnn.police.uk
Police

REQUIRED

Please sign and date

lesley.dale-patteson@probation.gsi.gov.uk
Eleanor.Smith@probation.gsi.gov.uk
Probation - NPS

REQUIRED

Please sign and date

jacqueline.armstrong2@wwmcr-probation.co.uk.cjism.net
natalie.lewis@wwmcr-probation.co.uk.cjism.net
helen.cannon@wwmcr-probation.co.uk.cjism.net

Probation - CRC

REQUIRED

Please sign and date

camhs_triage@shropshire.gov.uk

Child Adolescent Mental Health Services (Camhs)

Please sign and date

Other agency please state

Adult mental health

Safeguardingteam.sssft@nhs.net – Parental consent needed (unless under s.47)

Please sign and date

Appendix D

Shropshire Council
COMPASS/ICT
Mount McKinley
Shrewsbury Business Park
Anchorage Avenue
Shrewsbury
SY2 6FG

REFERRAL OUTCOME NOTIFICATION – SHROPSHIRE CHILDREN’S SOCIAL WORK SERVICE

Referrer’s name.....

Agency.....

.....

Child referred..... DOB:.....

Thank you for your recent contact.

Your referral has been considered alongside information held by Children’s social care and in line with the agreed SSCB thresholds the following action will be taken as an outcome to your referral:

Level 1 Threshold - Universal

Children with no additional needs and where there are no concerns. Typically, these children are likely to live in a resilient and protective environment where their needs are met. These children will require no additional support beyond that which is universally available.

1. No further action will be taken but your referral is recorded for information only.

Level 2 Threshold – Early Help

These children can be defined as needing some additional support without which they would be at risk of not meeting their full potential. Their identified needs may relate to their health, educational, or social development, and are likely to be short term needs. If ignored these issues may develop into more worrying concerns for the child or young person. These children will be living in greater adversity than most other children or have a greater degree of vulnerability than most if their needs are not clear, not known or not being met a lead professional will coordinate a whole family assessment and plan around the child.

1. You continue to offer single agency support and you may consider completing an EHAF with the parent/carer and child/young person to identify what additional supports are needed.

Level 3 Threshold – Targeted Early Help

This level applies to those children identified as requiring targeted support. It is likely that for these children their needs and care are compromised. Only a small fraction of children will fall within this band. These children will be those who are vulnerable or experiencing the greatest level of adversity. Children with additional needs: These children are potentially at risk of developing acute/ complex needs if they do not receive early targeted intervention.

1. An offer of targeted early help needs to be made in the first instance and an EHAF with the family/child completed. You may wish to book a consultation with an Early Help Social Worker or Targeted Youth Worker within Compass to support your delivery of the early help plan.

Level 4 Threshold – Targeted – Complex/significant needs

These are children whose needs and care at the present time are likely to be significantly compromised thereby requiring assessment under Section 47 or Section 17 of the Children Act 1989. These children may become subject to a child protection plan and need to be accommodated (taken into care) by Children’s Social Care either on a voluntary basis or by way of Court Order. Section 17-1989 Children Act states a child shall be taken to be in need if: (a) He is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part; (b) His health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or (c) He is disabled.

1. Social work assessment (child in need)
2. A strategy discussion/meeting was held and the following outcome was the result:
 - Social work assessment (child in need)
 - Child protection enquiries (child protection)
 - An offer of Early Help to be made to the family
 - Police only investigation (no action under taken by social care)
 - No further action for either police or social care

Where it has been decided that a social work assessment will be undertaken a Social worker from our duty assessment team will be in touch to discuss and agree your involvement in this assessment. If you do not receive contact you can call (0345 6789021) to follow this up.

Thank you for your call, if dissatisfied with the outcome or require more specific rationale, please contact me on 0345 6789021

**Name:
Senior Social Worker:**

FPOC contact number is: 0345 6789021

EDT contact number is: 0345 6789040