West Mercia POLICE

HM Prison & Probation Service

Preventing victims by changing lives

Probation Service

Shropshire Council

COMPASS

Shropshire's Front door

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 (Children's Social Care, Police, Health, and Education) who are able to contribute their expert skills and knowledge to share information, build up an holistic picture of the circumstances of a child and family and make good quality joint decisions.
- Develop strong and positive relationships with virtual members of Compass, who will contribute to daily domestic abuse triage, strategy meetings and respond to any other requests for information where there is parental consent to do so or where it is necessary to do so in order to safeguard the child.
- Make informed decisions in a timely way that provides the right intervention at the right time to protect and promote the child's welfare and ensuring Early Help is promoted 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.
- Promote a shared understanding and compliance with the SSCP thresholds for intervention.
- Act in a timely and coordinated way when children are identified in need of protection including emergency protection.
- Work transparently to ensure parents, and referrers are informed about information received in respect to a child and actions taken.
- Where escalation processes are instigated by professionals, work in a timely way to review and reach a resolution as appropriate.
- Where complaints are received from parents, work in a timely way to review and reach a resolution where ever possible.

Shropshire Strengthening Families

Shropshire Community Health NHS

NHS Trust

Version: April 2023

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Contents:

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, 2018: 11 states that "*Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.*"

1.1. In 2014-15; 3,854 initial contacts were received regarding the need for support to promote a child's welfare in 2018-19 this number had risen to 13,840 contacts.

1.2. As of March 2015; 250 children were made the subject of child protection plan and 309 children were brought into the care of the local authority to promote their welfare and protect them from harm. As of March 2019 this had risen to 318 children being subject to a CP plan and 386 children coming into care.

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, despite this demands for services are increasing, which mirrors the national picture. According to the Safeguarding Pressures Phase 6 report (November 2018), *'over the 10 year period covered by the six phases of ADCS Safeguarding Pressures research, there have been significant increases in initial contacts (+78%), referrals (+22%), sections 47s (+159%), children subject to CP Plans (+87%) and children looked after (+24%)…nationally published data (DfE, 2017) evidences that approximately twice as many children will be receiving services at any time during the year than the commonly used snapshot figure at 31st March.'* (ADCS, 2018: 8).

1.4. Through multi agency working in localities and in Compass, where we receive contacts that do not meet the statutory thresholds for children's social care support, we will continue to promote accessible early help support.

Domestic Abuse Act 2021 The act will:

- create a statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, controlling or coercive, and economic abuse
- establish in law the office of Domestic Abuse Commissioner and set out the Commissioner's functions and powers
- provide for a new Domestic Abuse Protection Notice and Domestic Abuse Protection Order
- place a duty on local authorities in England to provide accommodation based support to victims of domestic abuse and their children in refuges and other safe accommodation
- prohibit perpetrators of abuse from cross-examining their victims in person in the civil and family courts in England and Wales
- create a statutory presumption that victims of domestic abuse are eligible for special measures in the criminal, civil and family courts
- clarify the circumstances in which a court may make a barring order under section 91(14) of the Children Act 1989 to prevent family proceedings that can further traumatise victims
- extend the controlling or coercive behaviour offence to cover post-separation abuse.
- extend the offence of disclosing private sexual photographs and films with intent to cause distress (known as the "revenge porn" offence) to cover threats to disclose such material
- create a new offence of non-fatal strangulation or suffocation of another person.
- clarify by restating in statute law the general proposition that a person may not consent to the infliction of serious harm and, by extension, is unable to consent to their own death
- extend the extraterritorial jurisdiction of the criminal courts in England and Wales, Scotland and Northern Ireland to further violent and sexual offences
- provide for a statutory domestic abuse perpetrator strategy
- enable domestic abuse offenders to be subject to polygraph testing as a condition of their licence following their release from custody
- place the guidance supporting the Domestic Violence Disclosure Scheme ("Clare's law") on a statutory footing.
- Provide that all eligible homeless victims of domestic abuse automatically have 'priority need' for homelessness assistance

- ensure that where a local authority, for reasons connected with domestic abuse, grants a new secure tenancy to a social tenant who had or has a secure lifetime or assured tenancy (other than an assured shorthold tenancy) this must be a secure lifetime tenancy
- prohibit GPs and other health professionals in general practice from charging a victim of domestic abuse for a letter to support an application for legal aid
- provide for a statutory code of practice relating to the processing of domestic abuse data for immigration purposes

2. Thresholds

2.1. Shropshire Safeguarding Community Partnership (SSCP) 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 at The Right Time'. This document can be accessed from http://westmidlands.procedures.org.uk/local-content/2gjN/thresholds-guidance/?b=Shropshire

2.2 Shropshire Safeguarding Children's Partnership (SSCP) has identified four levels with the continuum of need and intervention. For some children and young people it is clear where they fall on the continuum; for other children and young people a practitioner may need to use the threshold matrix contained in the threshold document to decide whether or not the child or young person has additional needs, and where they might fall on the continuum. This process is better informed through the completion of an early help assessment which will help clarify need. By gaining an understanding of the child's assessed needs it is possible to use the threshold matrix to help inform the level of need and the most appropriate response for the child and family. This enables the child and family to receive the right help at the right time.

2.2. When a contact is received Compass will send a letter to the parent informing the parent of the information received and actions taken, where relevant the referrer will be copied into the letter, or will receive an update by some other means i.e. telephone/email, a rationale for the decision will be provided and recommendations to the referrer on next steps. In all cases it will be expected that the referrer discusses their concerns with the parent, if not already done so by this point.

2.3. 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.

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 Compass.

3.2. Initial Contacts and requests for referrals should be supported by the agency's assessment of the child or young person needs (i.e. WHOLE FAMILY ASSESSMENT (WFA); Webstar). It is the expectation (as per SSCP threshold guidance) that a professional referrer will complete the Multi-Agency Referral Form (MARF) and make specific reference to the descriptors within the Threshold Matrix. For urgent child protection matters, a telephone referral should be followed by a completed MARF.

3.2 **With the exception of child protection matters, referrals to Compass cannot be accepted without parent's consent.**

Consent is not required for child protection referrals where it is suspected that a child may be suffering or be at risk of suffering significant harm; however, the referring practitioner, would need to inform parents or carers that you are making 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 or interfere with any potential Police investigation; or
- Lead to unjustified delay in making enquiries about allegations of significant harm.

The child's interest must be the overriding consideration in making such decisions. Decisions should be recorded.

If consent is withheld by the parent:

- If it is felt that the child's needs can be met through Early Help, then discussion with the family should take place about the completion of an Early Help Assessment and provision of services through an Early Help Plan.

- No assessment should take place. The rationale for this decision will be recorded on the contact form.

- The combination of the concerns and the refusal to consent to enquiries being made may result in the concerns being defined as child protection concerns. In this case, information sharing may proceed without parental consent. The consultation and the decision to proceed without consent must be recorded on the case file.

Compass Operating Procedures – Initial Contacts

4.1. **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. It is important to note (as stated on the MARF) that all information shared with Compass will remain as a contact UNLESS it is accepted for a referral and will then be progressed as appropriate.

4.2. All telephone contacts go via **FPOC** (First Point of Contact) who will create a record of the call on a "Contact Form", on the Children's LCS system; if the MARF is sent by secure electronic means or posted direct to the Compass team the Compass team Coordinator will create the contact form.

4.3. The caller/referrer will be asked whether they want advice or support with regard to **Early Help** (if yes the details will be sent to the Early Help Hub inbox) or if they are wanting to make a referral to Children's Social Care via Compass. Key details and information provided will be recorded to create the contact form.

4.6. Requests for support from the **Disabled Children's Team** are received via Compass and processed in the same way as any other contact i.e. a MARF will be expected as will parental consent, unless the grounds for overriding consent are met as described above.

4.7. The responding Senior Social Workers within Compass will review the contact, within the context of any known history that is recorded on the Children's LCS system, where appropriate further liaison may be required with the referrer and/or parent, before making the final decision on the most appropriate next step.

4.8. **Consent** - It is important for referrers to seek consent of the parent 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.

4.10. All Contacts will have one of the following outcomes, recorded on the system:

- Progress to Referral
- Link to Existing Referral
- Non-Agency Adoption
- Provision of Information/Advice
- Referral to Other Agency
- OLA CLA
- No Further Action
- Private Fostering Assessment
- OLA CP notification

4.11. 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 quarterly Compass Steering group meetings.

4.12. Where the contact is deemed to meet the threshold for a referral i.e. a child appears to be a Child In Need (s.17) or suffering or likely to suffer significant harm (s.47) Compass will seek information (parental consent is required under s.17) from co-located agencies and virtual partners, who will share known and relevant information in order to establish the fullest picture of information known.

4.13. Decision makers and Coordinators will collate the information taken from their own agency's recording system and will share 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). Collated information will be recorded within the referral or strategy meeting record.

4.14. Where parental consent has not been provided and the contact is deemed to meet the threshold for a referral a letter will be sent to the parent, to advise them of the contact and that should they wish to access Children's Social Care for assessment and/or support then they can contact Compass directly via FPOC or approach the referring agency with their consent to progress a referral. It is important for referrers to note that in the meantime no action will be taken by Compass and the contact will be closed.

4.15. If a contact is received and the child is currently an open case with Children's Social Care and in receipt of services, then it will be passed immediately to the allocated social worker and his/her Team Manager, 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.

4.16 Should a contact progress to a referral the timescales for responding to this is outlined within Working Together 2018. "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. It is important to note that 'received' is the point in which the contact is 'accepted' as a referral and this includes parental consent being provided and any additional information that has been requested, this will include the written MARF. The exception to this would be where grounds to convene a strategy meeting is met i.e. immediate safeguarding concerns.

4.17 Once the Senior Social Worker has made the decision in regard to the referral re: 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 (or email/phone call) will be provided to the referrer in line with Working Together 2018.

5. Multi Agency Triage (MAT)

5.1 Since April 2019 Compass have implemented a new process 'Multi Agency Triage', this process is applied when a concern about a child have been raised by anyone not working directly with the family i.e. anonymous, NSPCC, West Midlands Ambulance Service (WMAS), Police, NHS 111 where contact with the parent has been attempted but unsuccessful therefore there is no parental consent to progress. MAT is made up of the 3 co-located key agencies: HAU, CSC and Compass Health and will meet daily to discuss (share information from each agency's records) to help inform decision making on these cases; 3 possible outcomes following MAT are as follows:

- No action to take, contact will be closed down with the rationale recorded at MAT;
- Concerns combined with lack of parental response determines level of risk/need to be such that a strategy meeting/discussion is needed, whereby parental consent is not required;
- Risk of significant harm is not identifiable but concerns are at a level whereby further agency checks may be required i.e. with the child's school or nursery, as such a defensible decision will be recorded in regard to reason for overriding parental consent, at this point CSC will assume responsibility for gathering the further information and final decision on the case.

6. Disabled Children's Triage (DCT triage)

6.1 Any request made for an assessment and/or support for a child with a disability will be discussed in triage in the first instance. The purpose of this triage is to ensure the right level of support, at the right time for the child and family. Triage is held as and when needed (depending on volume of demand) and is attended by: Compass Senior Social Worker (SSW), Disabled Children's Team Manager, Targeted Early Help, and SCHT Health representative.

7. Health triage

7.1 Following a joint audit undertaken by Children Social Care and SaTH it was determined that many notifications and contacts into Compass were not meeting threshold for CSC and were leading to no further action, often with no value to the family (no offer of help). Following a successful pilot, we now

hold a weekly health triage in Compass which considers all children staff want to refer to Children Social Care, and also considers any WMAS notifications (unless a strategy meeting is required) this has led to a reduction in no further action contacts and an increase in offer of help and support to children/families. The meeting is held weekly and is attended by: Compass SSW, SaTH, and TEH.

8. Child Protection Strategy Discussions/meetings

8.1. 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.

8.2. The SSW will trigger a strategy meeting request which is circulated to co-located and non co-located partner agencies including: Police, Compass Health (who represent the health economy for 'front door' strategy meetings/discussions. Other health representatives invited as appropriate), NPS, Housing Options, Sexual Health, MFPT, School/College/Nursery, Youth Justice Service and other known involved agencies working with the child/family this may include a Targeted Early Help Worker, etc. The duty Social Worker and Manager will be invited to attend and the CE/Missing Lead will be invited to attend ALL meetings where missing or exploitation are a feature of the concern.

8.3. The strategy meeting / discussion will usually be held virtually via Microsoft Teams, any agency invited and not able to attend MUST send a written report outlining their agencies involvement with the family (historically or current).

8.4. 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.

8.5. 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.

8.6. 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 Police PVP (Protecting Vulnerable People) Team who will complete these enquiries.

9. Information sharing and working together - Consent

9.1. Working Together to Safeguard Children (2018) 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. Child Safeguarding Practice Reviews (formerly known as Serious Case Reviews) have shown how poor information sharing has contributed to the deaths or serious injuries of children.

9.2. 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).

9.3. 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 Compass to inform a quality decision making on referrals (with consent);
- In the process of undertaking a strategy discussions/meetings (without consent under S47 child protection procedures).

9.4. SSCP 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'.**
Information will NOT be shared between agencies on the basis of an initial contact being received. In all cases the consent of the parents will be obtained. Where all reasonable attempts have been made to obtain parental consent to share information on an Initial Contact have failed the Initial Contact will be reviewed and consideration made to progress to the multi agency triage within Compass.

9.5. Parents will be informed of the contact and their permission sought to share information with other agencies (where appropriate) 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.

9.6. 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.

9.7. 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.

9.8. Further information about how, when and from whom consent should be obtained, can be found in the Regional Child Protection Procedures for West Midlands at 2.10 Information sharing and confidentiality | West Midlands Safeguarding Children Group (procedures.org.uk)

9.9. At the earliest opportunity Compass staff will share information with the multi agency partners regarding a Referral received/accepted. Agencies agree to supply information which they consider to be **relevant and proportionate** to the Multi Agency Information Sharing (MAIS) form. Each Decision Maker/coordinator from the partner agencies understands and adheres to the procedures for sharing information within Compass.

10. Domestic Abuse Notifications

10.1. All domestic abuse incidents reported by West Mercia Police are shared by the Harm Assessment Unit (HAU) via an EVODA spreadsheet which HAU distribute to all relevant partners each morning. All incidents are reviewed by CSC, HAU, Health and Education and TEH each day via Domestic Abuse Triage (DAT) (see below). The West Mercia police Domestic Abuse risk assessment tool 'Domestic Abuse Stalking and Harassment Risk Indicator Checklist' (DASH) will be used to triage each notification.

10.2. **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 three key agencies.

10.3. 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'

Three risk levels are identified (important to note these are police risk levels and relate to the adult not the child):

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.

10.4. Staff should use professional judgement along with known information to arrive at a risk level.

10.5. The HAU will nominate a key person each day to form part of the triage, social care will nominate a qualified social worker and the Specialist Public health nurse (SPHN) who is co-located within Compass will form part of the triage each day, with the contribution of virtual members including The Probation Service, Shropshire Recovery Programme and Shropshire Domestic abuse Service (SDAS). The lead for Operation Encompass (Education representative) will also attend DAT.

10.6. 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.

10.7. For **standard or low level risks**, (Level 1) no action will be taken but CSC will record the information on LCS as a case note, (Level 2), HAU will contact the family and ascertain if support is required, information will be recorded on LCS as a case note, no other action taken. An action for health may also be made and if so the health representative will feedback those actions to health colleagues within the local communities.

10.8. For **medium risks** (Level 3) an early offer of help should be the outcome and as such social care will record and create the contact form which will then be

reassigned to Targeted Early Help to establish contact with the family and discuss support options. An action for health may also be made and if so the health representative will feedback those actions to health colleagues within the local communities.

10.9. For **high risk** (Level 4) cases (following consideration of the risk and protective factors) a recommendation for a referral will be the outcome and for s.17 threshold the parent will be contacted to discuss the concern and seek consent and for s.47 threshold a strategy meeting will be convened (consent in these cases is not required). An action for health may also be made and if so the health representative will feedback those actions to health colleagues within the local communities.

10.10. 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.

10.11. 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) 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 (as detailed above) and the LP informed.

11. Shropshire Fire & Rescue Service

11.1 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.

11.2 All Compass staff will consider issues regarding fire risk when reviewing contacts and referrals. 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.

11.3 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.

11.4 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

12. Allegations against a person in a position of trust

12.1. 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.

12.2. 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 work tray on LCS. 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.*

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

13.1. In the case of people who pose a risk to children, the relevant SSCP 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 Procedures can be found here:

https://westmidlands.procedures.org.uk/pkply/regional-safeguarding-guidance/persons-posing-a-risk-to-children

14. Requests for information from external agencies and responses

14.1. Request from an external agency to any single agency to provide information must be owned and dealt with by the appropriate single agency.

14.2. The LA Compass business support staff act on behalf of the Local Authority children social work services only where responding to checks such as CAFCASS / 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.

14.3. For disclosure requests Compass will keep a record and audit trail of all requests and information disclosures along with the justification provided by the third party as to what they need.

Requests for information need to demonstrate proportionality and justification so firstly any agency requesting information needs to state exactly what information they want and need and why they need it so that Compass can then assess if it is lawful without consent to share the data and also if what they are asking for is proportionate.

In terms of when disclosure can happen without consent there are a few exemptions that can apply:

- If information is needed for the purposes of safeguarding;
- If the information needed is relevant to an investigation and not having it would prejudice that investigation;
- If the agency can show they have a court order requesting the information;
- If the agency can show there is a legal obligation in place that means we have to share the data with them in order that they can comply;

Most requests are likely to fall within one of these four areas and the agency needs to justify why the relevant one applies, if they can't then they need to provide consent from the individual.

15. Management of confidential Information

15.1. Agencies agree that, due to the high sensitivity of the information contained within communications from Compass, letters, emails and other correspondence must be kept secure and only accessible by persons within the agency on a strict 'need to know' basis.

15.2. Agencies agree not to use or disclose information they receive from Compass to the child or young person, their family or any other person, without appropriate permission from a representative from within Compass. 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.

16. Compass Steering Group – Terms of reference

Purpose

The purpose of Compass Steering Group is to focus local partner agencies around key issues affecting children, young people and families that may result in Children Social Care intervention. The group will share data and information to help better understand the demands and pressures points and support the drive in practice standards and delivery, to ensure the right service is being delivered at the right time and level to support need.

The group will:

- Focus on Compass performance and data information around contacts, referrals, strategy meetings;
- Bring together services and partners to better understand local need, demands, pressures, good practice, as such there is an expectation that all members will bring performance data from their own agency;
- To demonstrate and evidence effective multi agency activity in tackling poor or inappropriate contacts and referrals into Compass, or to challenge poor decision making/practices in order to ensure and promote best outcomes for children and young people;
- Provide a forum for data-sharing, review, and collective problem-solving to ensure continuous improvement and achieve better outcomes for our communities;
- Form a strong local multi-agency partnership to reduce demand, harm, risk and vulnerability;

Membership

Children's Social Care - Jeanette Hill, Service Manager, Compass and Assessment Team – CHAIR
The Probation Service - Louise Cotton, George Branch
YJS – Lucia Malin
Education – Chris Kerry and Jane Parsons
Shropshire Domestic Abuse Service – Kate Connor
Shropshire Recovery Partnership – Sonya Jones/Jan Burrows
Housing Options – Charlene Parris
Shropshire Community Health NHS Trust – Caroline Brennan, Jayne Christie, Ruth Martin
HAU – Phil Shakesheft
Safeguarding Midwifery – Sally Burns
SATH – Teresa Tanner
Early Years – Charlotte Percival
Operation Encompass Lead – Karen Flynn
Wendy Bulman - Domestic Abuse Development Officer

Structure

- The Group will meet quarterly and will be chaired by The Service Manager for Compass and Assessment Teams.
- Previous minutes and agenda will be circulated at least five working days of the planned meeting.
- Administrative support will be provided by Children's Social Care.
- The meeting will be held virtually via MST.
- Any apologies to the meeting will need to be received timely and an update provided in written format for circulation at the meeting.
- Any requests for AOB need to be emailed to the chair at least 5 working days before the meeting.