

Compass Team Newsletter

Issue 5 Quarter 1 2024

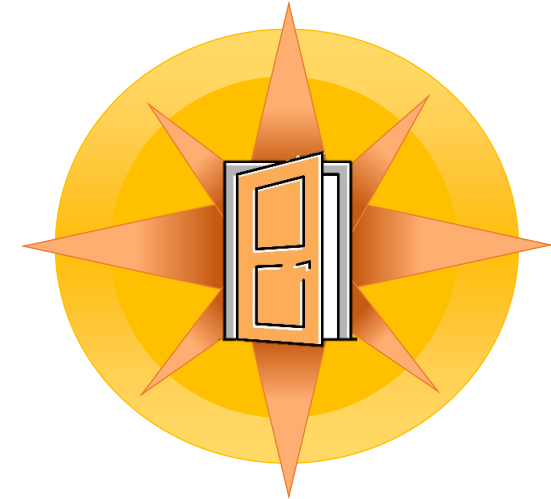
Welcome!

A warm welcome to all our partner agencies to our Fourth edition of the COMPASS newsletter.

We hope that the information contained in this newsletter is both informative and useful and will give you an overview of the work we are completing in COMPASS.

This Newsletter will focus on data obtained from Quarter 1 (April-June 2024)

Gemma Onions & Kate Owen (COMPASS Team Managers)

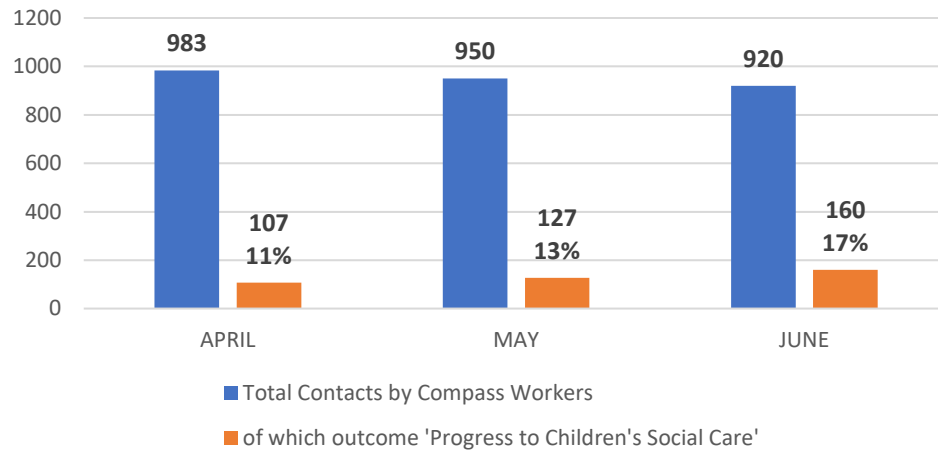


Themes of the Quarter



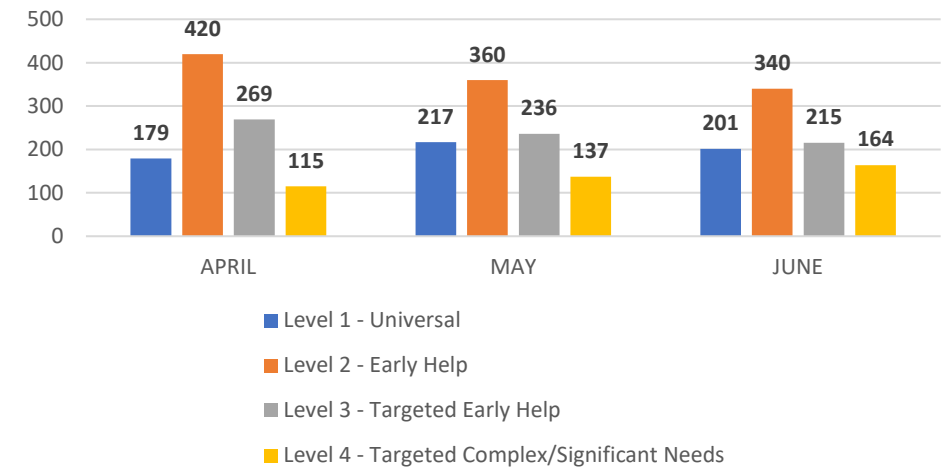
Data taken from Q1 2024 – April, May, June

Total Contacts by Compass Workers of which outcome 'Progress to Children's Social Care' in Q1



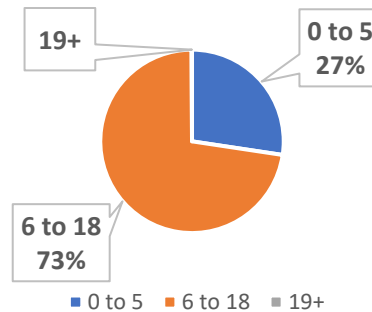
We saw an increase of 5% of Progression to Children's Social Care cases between April and June for Q2. Compared to last quarter, we have seen an increase from 2689 progressions in Q4, to 2853 in Q1, a 6% increase.

Vulnerability Level Breakdown Q1



Level 2 remains the most common outcome – April saw the largest referrals this quarter, up by 100 referrals compared to January in Q4 2024. In Q4 23/24, there were 947 referrals to level 2 Early Help. In Q1 24/25, there were a total of 1120 referrals – an increase of 18%.

Age Band of Total Contacts



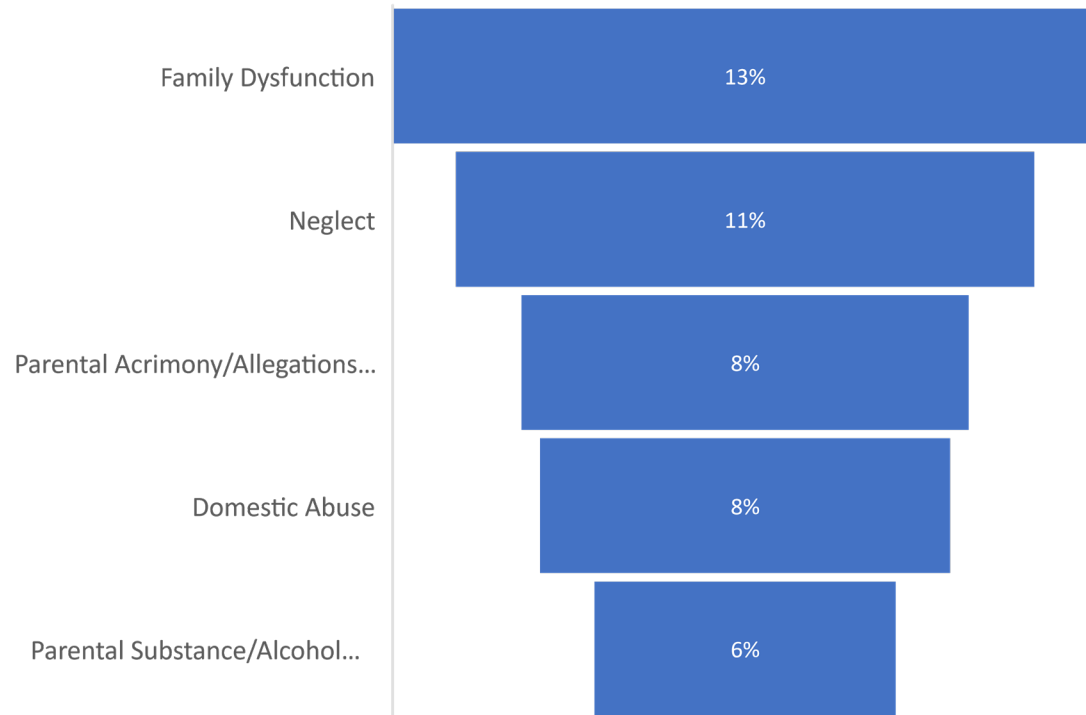
Of the contacts received in Q1, nearly three quarters were for children in the age range of 6 to 18. This is very similar to last quarter's results.



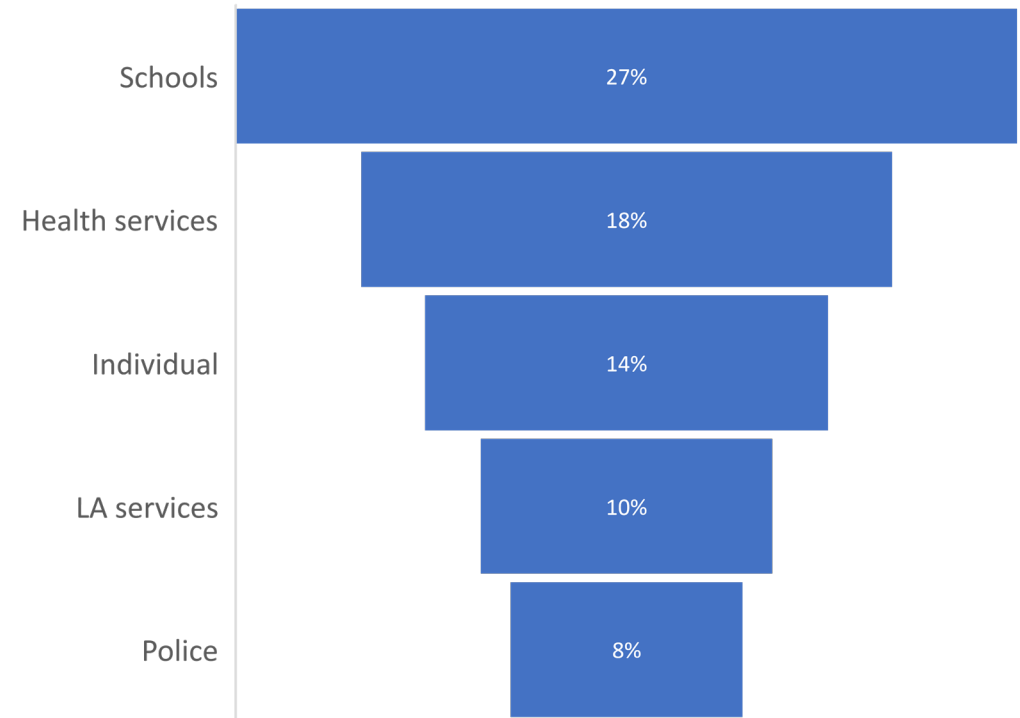
Our data reveals that **Family Dysfunction, Neglect, and Parental Acrimony/Allegations/Contact issues** were the most common reasons for concerns being raised into COMPASS during this Quarter 1. This is the same top 3 that was in Q4.

The most common sources for referrals in Q1 were **Schools, Health Services, and Individuals**. This is also the same top 3 that was in Q4.

Compass top 5 Contact reasons in Quarter 1



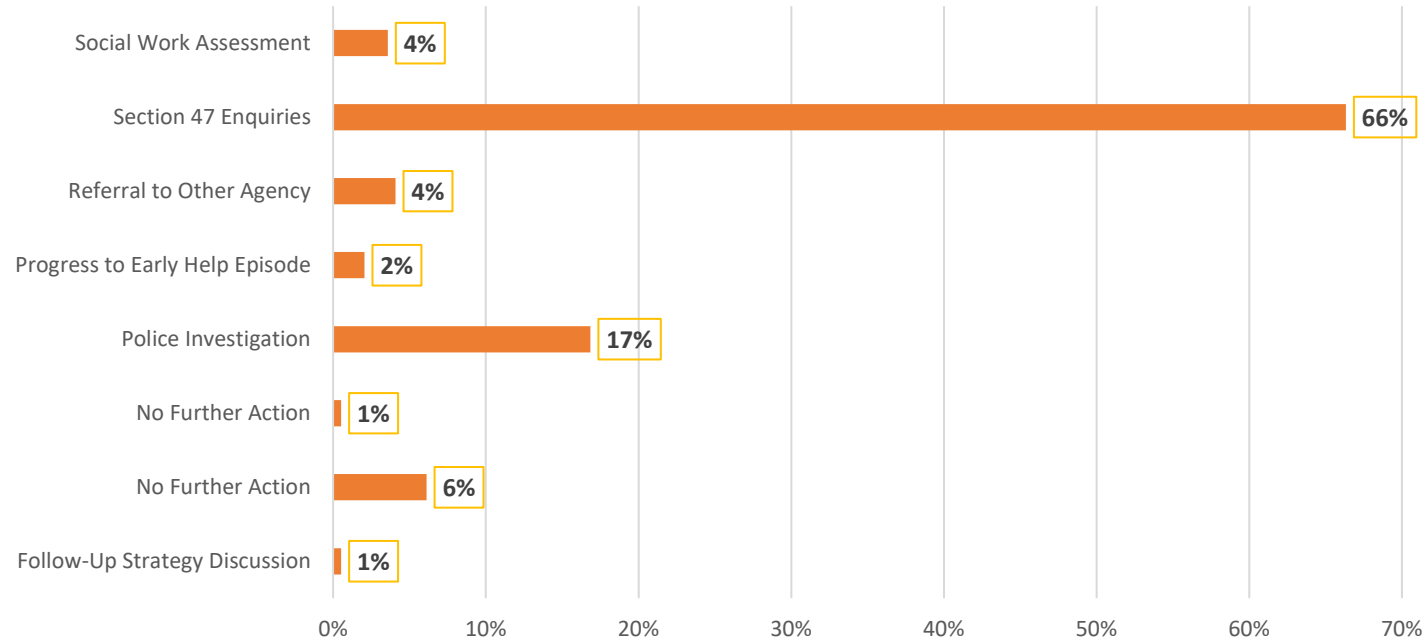
Compass top 5 referrers in Quarter 1



Compass Strategy Meeting Outcomes for Q1



Total Strats in Q1

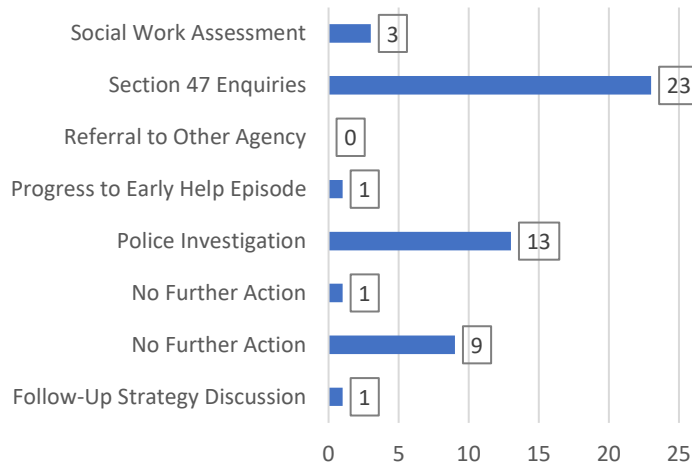


We can see from this data that the majority (66%) of Strategy Meetings in Q1 resulted in Section 47 Enquiries, which has remained relatively stable since Q4 (70%). Police investigation outcomes have risen from 7% in Q4 to 17% in Q1.

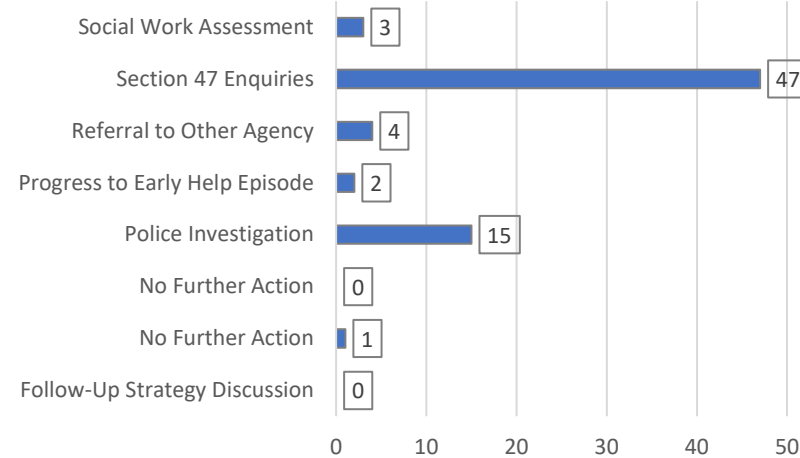
Compass Strategy Meeting Outcomes for Q1 Breakdown month to month



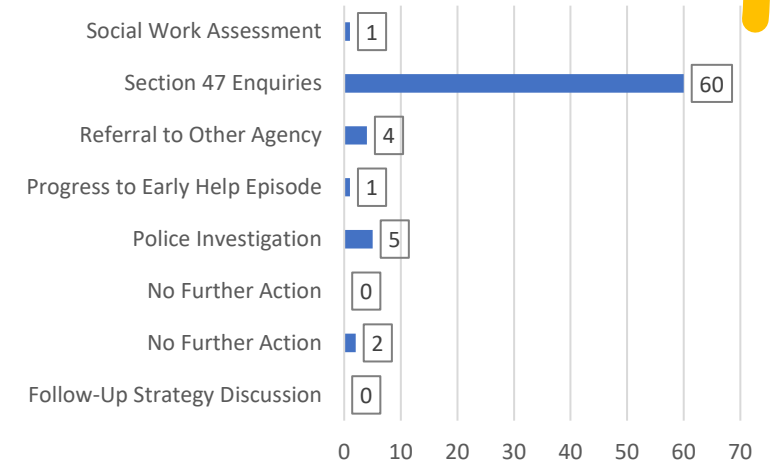
Strategy Meeting Outcomes in **APRIL**



Strategy Meeting Outcomes in **MAY**



Strategy Meeting Outcomes in **JUNE**



The majority of strategy meetings across Quarter 1 resulted in Section 47 (Child Protection Investigations) being undertaken – Meaning that there was evidence of significant harm that needed further investigation. We can see there has been an increasing climb over the three months for Section 47 enquiries: 23 in April, 47 in May, and finally 60 in June.



1. Information received from referrer

Father is reporting he collected the children (A & B) late last night after receiving a call from A in distress. Mother was intoxicated with the children; Grandfather was also present who was also described as drunk. Father is not wishing to return the children to their mothers care due to concerns for her alcohol misuse.

2. Review the history on child's record

History:

July 2023 – July 2024 – During this period 6 separate concerns were raised regarding mother's alcohol misuse and poor mental health, concerns were also raised regarding parental conflict.

Additional concerns were received from school having spoken to Child A who has told them that they were at home with Mom and her friend on recently, Mom was drinking, was drunk and fell over and she couldn't get her Mum up. *Outcome: Social Work Assessment and Early Help declined by mother. Insufficient information to escalate.*

3. Analyse the referral information, considering previous history

- Both parents have been spoken to and checks completed. Mother vehemently denied drinking alcohol and alleged being controlled and coerced by the children's father who she said was manipulating Child A against her.
- Father has been consistent with his concerns for mother's alcohol use and mental health, raising concerns for the impact of this upon her parenting, lack of emotional and physical availability as well as exposing the children to her intoxication placing the children at risk of harm. Despite mother denying all allegations, father has now provided video evidence on the contrary resulting in mother proceeding to provide a different account. Furthermore, mother continued to demonstrate disguised compliance during our telephone discussion, when in fact she was in A&E receiving a mental health review after suspected suicide attempt.
- There is a high risk for the children to continue to receive instability due to mothers unaddressed mental health needs for which she appears to be using alcohol as a coping mechanism. The risks are increased due to mother's lack of insight into how these impact on her parenting and was lacking accountability.
- Father has not demonstrated his capacity to manage the risks as he had previously returned the children to their mother's care despite his concerns due to fear of reprisal but also the implications for her mental health. There is a risk to the children's emotional and mental health stability, and their welfare should the local authority not assess these circumstances and ensure decisions are made in the children's best interest.
- I would recommend a social work assessment to assess the circumstances and lived experiences for the children, identify intervention to prevent the children continuing to be exposed to parental conflict, mothers' mental health, alcohol misuse and explore mother's allegations around father being controlling and coercive. Children are currently in father's care.



An example of a Level 4 Scenario – Page 2

Compare the concerns with the Threshold Document

LEVEL 4 THRESHOLD EXPLAINED

Parents' own needs mean they cannot keep child/young person safe. Parent/carer has unresolved mental health difficulties which affect the wellbeing of the child.

The children have been exposed to mother's excessive alcohol misuse on numerous occasions. Mother is heavily intoxicated whilst the children have been in her care. Mother has unresolved mental health needs and has experienced bereavement, using alcohol as a coping mechanism. Mothers lack of insight into this increases the risks to the children's physical safety and emotional security. Child A was heard on video footage to be distressed. Child B was also present. Their age reflects their vulnerability, and Mother was unable to demonstrate insight into these concerns and the impact on the children.

Parents own emotional needs/experiences persistently impact on their ability to meet the child/young person's needs.

This is the 6th incident reported of similar concerns for mother being intoxicated and the children being exposed to this. Mother has persistently denied these incidents, until evidence was presented to her on the contrary, but she continued to minimise the incident. Furthermore, Mother presented to A&E intoxicated and having had an accident initially stating to paramedics it was a suicide attempt but later retracted this. There is also a previous report for an ambulance being called after she took an overdose with alcohol but later denies this was the case.

Assessment identifies risk of emotional neglect.

From the information presented, the assessment identifies mother's alcohol use is problematic and impacting on her physical and emotional availability for the children. From our enquiries, mother's poor mental health is longstanding, the children have low school attendance and Child A has an understanding of her mother's alcohol use from witnessing her in drink and expressing concerns in school about this. Child B is described as being closed and displaying behaviours indicative of emotional distress by sharing thought of suicide ideation. Mother's dishonesty with professionals increases the risk of harm.



A day in the life: Compass Manager

Gemma Onions, Compass Team Manager

I'm Gemma and I've worked in the Compass Team for the past 8 years as Team Manager and been a qualified Social Worker since 2006. My responsibilities include supervising Senior Social Workers (SSW), overseeing timely allocation and progression of the work that comes into Compass, developing and updating policies and procedures, responding to any escalations or complaints, providing management oversight / decisions, recruitment and retention. In addition to this I also practice educate Social Work Students and provide mentoring to Trainee Practice Educators.

The first task of the day is reviewing what new work has come in overnight or work that the SSW have that needs any management decisions or advice and guidance in order to progress it. At 9.30am we meet as a team to plan out the day in terms of what work we have on such as planning any strategy meetings, any other meetings that require attendance, ensuring adequate staffing cover is available and managing any other tasks that need completing that day.

Not one day is ever the same, below is what I did on a day last week:

9.30am – Compass daily check in

10am – Supervision session with SSW

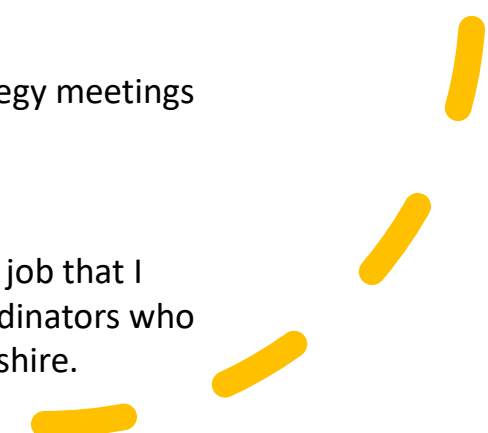
11.30 - Mentoring session with Trainee Practice Educator

1- 3pm – reviewing cases, management decisions, signing off strategy meetings

3pm – Audit

4pm – Over seeing Inbox and allocation of new work

Whilst the job is demanding, fast paced and ever developing, it's a job that I enjoy. We have a fantastic team of Senior Social Workers and Coordinators who all work together to ensure that children are safeguarded in Shropshire.

A series of four yellow brushstroke-like lines of varying lengths and orientations, arranged in a curved pattern on the right side of the page.



Level 2 Early Help in Schools

**For the attention of Schools supporting Families at Level 2
Early Help –**

**Please ensure any old episodes are closed. We have seen
a few episodes that remain open but no involvement for
one or two years. If early Help support has been
completed, please close the episode on EHM to ensure
records are kept up to date**

Many Thanks





For social care/ early help colleagues only: **Liquid Logic – Good Housekeeping**

Addresses

When adding addresses to LCS or EHM, please only use address type **“Primary Address”**.

When Home/Current address is used, this creates unnecessary work for Coordinators to correct all addresses to use “Primary Address”.

If children live 50/50 at two addresses, please choose one to have as the main recorded address, both address do not need to be added to the child. A note can be added to say “50/50 between mum and dad”

Phone Numbers

Please only **add parent’s phone numbers to the parent’s record** – Do not add to the child’s record. This ensures that numbers can be kept up-to-date.

If the child has a number of their own, add this to the child’s record and add a note accordingly.



A note
about our
new MARF

Compass now have a new MARF – please use this document for all referrals moving forward.

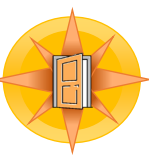
[Child Safeguarding and Protection Practice – Shropshire Safeguarding Community Partnership](#)



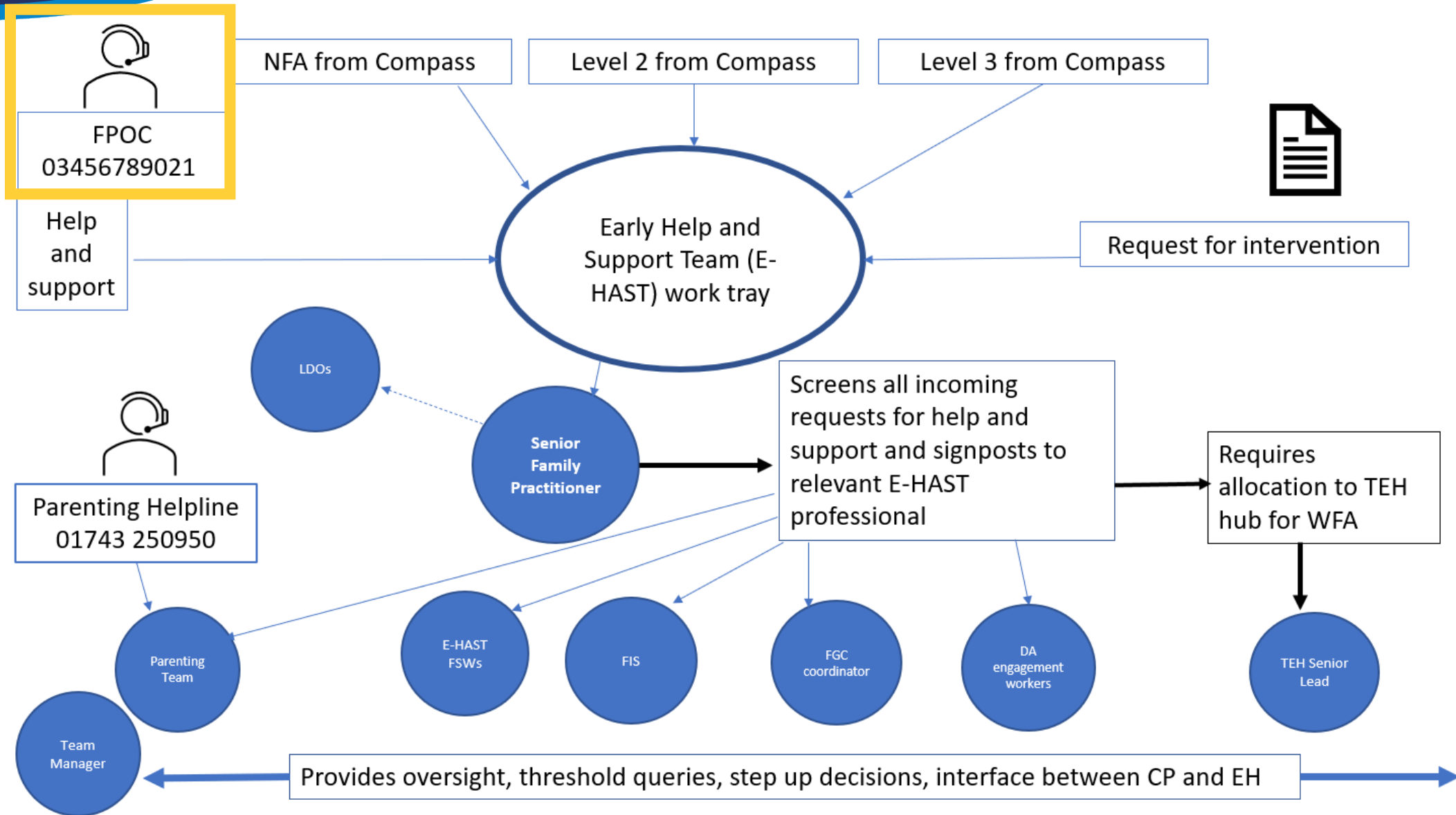
MARF May 2024

This is a reminder that MARFS should only be completed for concerns that are deemed to meet Level 4 of the threshold document.

Should you wish to access Level 2 or 3 support please follow the correct pathway (see next slide) or call First Point Of Contact (FPOC): 03456789021



NEW Early Help Front Door Process





Cool for School Campaign

Make a Referral

What is Cool for School?

School uniforms can prove costly for growing families and often parents need support with uniform which is essential for their child to attend school and fit in with their peers.

How does it work?

A family may have moved into new schools and a new area at short notice due to them fleeing domestic violence; children may have outgrown their school uniform just before the end of term and finances make it difficult to buy a full new uniform and P~E kit at that moment in time - there are many scenarios why families need our help with school uniform.

Families across Shropshire donate preloved uniforms to our donation points. Schools and organisations can refer families to us to provide what they need if we have the sizes in stock. In specific circumstances, we may use charity funds to buy new uniforms for families and of course, this helps the planet as fewer uniforms are thrown away.

Professionals such as social workers, teachers, family support workers and pastoral staff make a referral for a child in need of school uniform and Little Stars collates and delivers the required items.

Charity Spotlight

In each Newsletter we would like to highlight a charity that is close to someone in our team.



Donate

Moving Mountains for Riley

On 29th September 2024, in memory of the beloved Riley Evans, six of Shrewsbury's finest specimens-Riley's Dad Andrew Evans (Evo), Ben Tomkinson, Dave Peach, Ian Hughes (Ziggy), Steve Peach and Dean Suter will be heading over to Tanzania, Africa to take on Mount Kilimanjaro - the highest freestanding mountain in the world (5895m above sea level - 6 times the height of Snowdon!!).

The 11-night trip will see them climb through the 5 climate zones -Cultivation, Forest, Heather Moorland, Alpine Desert and Artic Summit where they will attempt to climb and sleep in temperatures as high as 35°C and as low as -20°C towards the summit.

Unfortunately, in Summer of 2023 Riley was diagnosed with Burkitt Lymphoma, a rare form of blood cancer, and although he fought the illness with the utmost bravery, he very sadly lost his battle in November. Through such adversity, Riley still maintained his huge happy personality, continuing to make his family smile and laugh through the hardest of days, whether it was prank calling the Chinese take away, singing Bob Marley to his family or making TikTok videos.

He continuously kept the doctors, nurses and all the lovely and dedicated staff amazed by his kind and caring nature and alongside his Mum, Natalie Choudhury with the amazing donations from our home town 'Shrewsbury' and followers from the Facebook page 'Riley's Journey', creating the best Halloween, 'The Waterfall House at Birmingham Children's Hospital' has ever seen!! A real testament to his strength and resilience and his family couldn't have been any prouder of him.

Riley's Mum, Natalie, is in the process of setting up a charity called 'Life of Riley' to remember Riley and to raise funds for various resources connected to his hospital stay that we were invaluable to the family during this difficult time. The main aim is to raise enough money to sponsor a room at the Ronald McDonald for a year, to help support other families, as well as smaller things like providing children with birthday/party packages to help them decorate and celebrate on the ward – a fitting legacy for a boy who loved to party with his family!

We invite you to follow the lads training progress on their Facebook page 'MOVING MOUNTAINS FOR RILEY' and to show your support by donating whatever you can afford. Every penny raised will be much needed motivation for the lads as they embark on gruelling training hikes during the upcoming months and will be well spent on providing comfort and joy to families in their darkest hours. 100% of all proceeds will be donated directly to the charity as the lads have paid for the trip themselves.



Key Contacts & Useful Documents



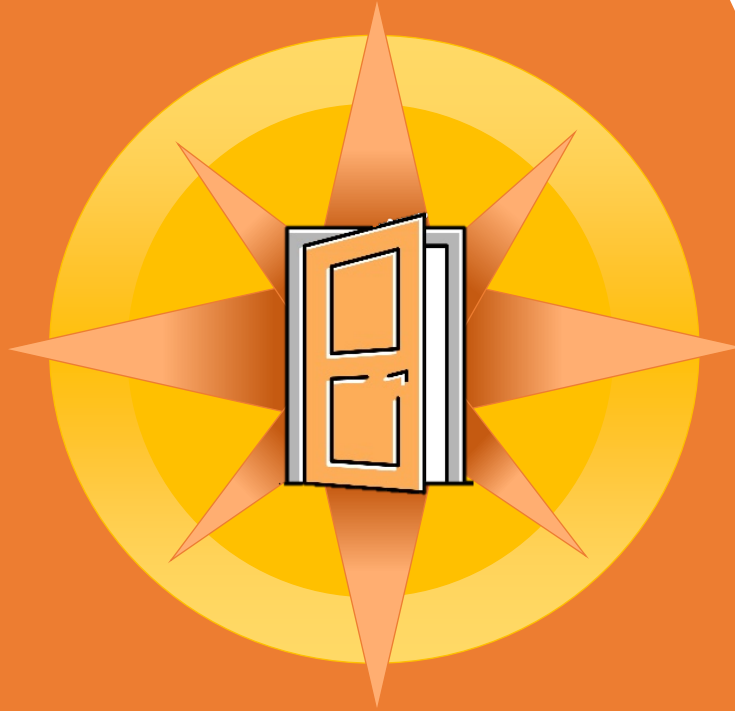
First Point of Contact (FPOC) (Compass and Initial Contact Team)	0345 678 9021
Emergency Social Work Team	0345 678 9040
West Mercia Police	101
If you think a child is in immediate danger, call the emergency services	999
Shropshire Early Help	Earlyhelp@shropshire.gov.uk
Shropshire Strengthening Families	Shropshirestrengtheningfamilies@shropshire.gov.uk
Compass - For safeguarding concerns for children	Compass.referrals@shropshire.gov.uk
Shropshire Family Information Service	01743 254400 and ShropshireFIS@shropshire.gov.uk
Shropshire Housing Options	0345 678 9005
Citizen's Advice	https://www.citizensadvice.org.uk
Domestic Abuse Helpline 24-hour	0808 2000 247
NSPCC	0808 800 5000
Family Lives – parent helpline	0808 800 2222 Parenting and Family Support - Family Lives (Parentline Plus) Family Lives
Local Offer website	The SEND local offer Shropshire Council
Shropshire Choices	Shropshire Choices Shropshire Council
All In Registrations	All In Programme Shropshire Council
Occupational Therapists via First Point of Contact	0345 678 902
We Are With You - Substance Misuse Treatment Provision	01743 294700 Shropshire - With You (wearewithyou.org.uk)

Useful links & Documents

Multi-agency guidance on Threshold Criteria to help support Children, Young People and their Families in Shropshire
[Childrens Threshold Document](#)

Shropshire Safeguarding Community Partnership
[Shropshire Safeguarding Community Partnership](#)

West Midlands Children's Safeguarding Procedures
[West Midlands Safeguarding Children Group \(procedures.org.uk\)](#)



Thank you!

Thank you for reading this issue of the Compass Newsletter.

We look forward to bringing you the next newsletter for Q2.

Gemma Onions & Kate Owen (COMPASS Team Managers)

Designed by Rebecca Bean (Compass Coordinator)