



# **Barnsley Children's Targeted Early Help and Integrated Front Door**

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# Thresholds for Intervention

- Threshold for intervention guidance is to support agencies and practitioners to understand the needs of children, young people and their families and ensure that families receive the right support at the earliest opportunity, from the most appropriate service.

# Thriving

- ▶ The majority of children and families locally and nationally will have their needs met by accessing their local universal services. In general, children who only require universal provision are those with 'no identified additional needs'
- ▶ Universal services include:
  - ▶ GP's
  - ▶ Schools
  - ▶ 0-19

# Getting advice

- ▶ Families who may need advice from, and signposting to other services Within this group are children, young people and families adjusting to life circumstances with mild or temporary difficulties.
- ▶ Families can access support from
- ▶ Families Information Service, SEND Local Offer, 0-19 PHNS, Family Hubs, CYP Hub (H.O.M.E), EWS, COMPASS Be, Branching Minds, Housing Teams, CAB, Adult mental health services, Barnsley Eating Disorder Framework

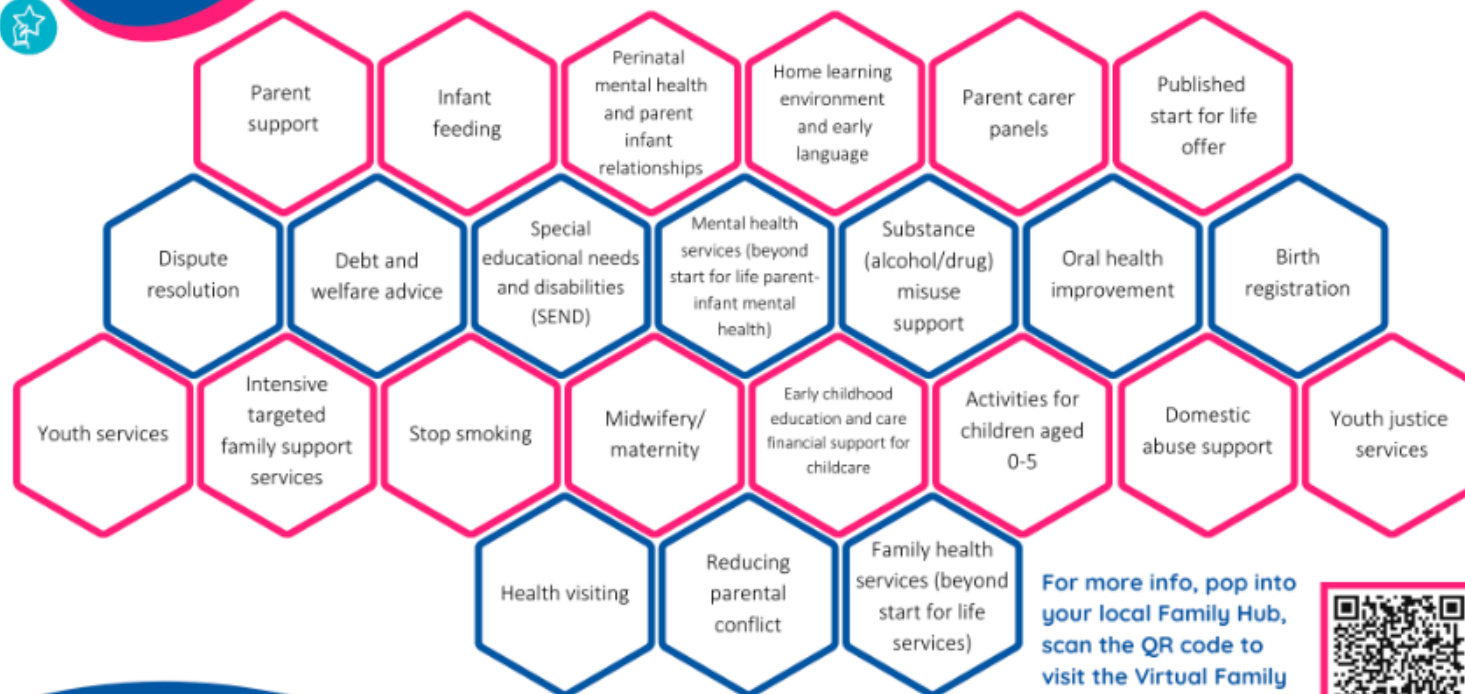
# What are Family Hubs?

- ▶ Synergy - Enquiry
- ▶ There are 7 Family Hubs across Barnsley
- ▶ Central (Kendray and Worsbrough)
- ▶ Town Centre (Glassworks near Market Kitchen)
- ▶ South (Wombwell)
- ▶ North (Athersley)
- ▶ North East (Grimethorpe)
- ▶ Penistone
- ▶ Dearne (Thurnscoe )

# What do Family Hubs do?



There's lots of support you and your family can access through our Family Hubs:



For more info, pop into your local Family Hub, scan the QR code to visit the Virtual Family Hub or call 0800 0345 340



# Getting Help

- ▶ Children, young people and families whose health and wellbeing may be adversely affected and would benefit from focused, evidence-based support
- ▶ Practitioners should consider the needs of the whole family and ensure that an Early Help Assessment has been completed by the most appropriate person. Additional support may or may not require a multi-agency response, this will be established through completion of the early help assessment.
- ▶ Support services include: Local voluntary and community sector services Family Hubs, Parent Education Programmes, Targeted Early Help Support, Targeted Youth Support, Youth Justice Service, EWS, COMPASS Be, Assessment and Primary Intervention Team - CAMHS, Branching Minds, CYP Hub (H.O.M.E), Barnsley Eating Disorder Framework, Housing Teams, Adult mental health services

Early in the life of the problem - whatever the age of the child or young person.

Early to respond when problems emerge or re-emerge.

## Early Help

Help to prevent problems getting worse and avoid the need for statutory intervention.

Support in school, home and community with a graduated response.



# Early Help Assessment

- Early Help is our approach to providing support to vulnerable children, young people and families as soon as problems start to emerge, or when there is a strong likelihood that problems will emerge in the future.
- Key to Early Help is the way we can **all work together, share information, and put the child and their family at the centre.**
- It's about providing effective support to help them solve problems and find solutions at an early stage, so we avoid needs becoming so great that specialist statutory interventions are required.
- In Barnsley, our approach is that **Early Help is everyone's responsibility**, and we utilise the early help assessment (EHA) to **support the understanding of needs, strengths and risks** that exist for the child, young person and their family.

# Early Help Assessment Data

- ▶ Currently 4347 children have an open EHA in Barnsley
  - ▶ 2076 open EHA's
  - ▶ 65% of EHA's are instigated by education settings
  - ▶ 18% Targeted Early Help
  - ▶ 9% 0-19 Public Health Services
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- ▶ Lowest area for EHA's being open are Penistone and The Dearne (6% and 11%)
  - ▶ Highest is North East (23%)

# Getting More Help

- ▶ Children and families with multiple and complex, additional needs.
- ▶ Children whose health or development is being impaired or there is a high risk of impairment. Practitioners should consider the needs of the whole family and ensure that an Early Help Assessment has been completed by the most appropriate person. The child, young person and family may require intensive, focused support.
- ▶ Additional support will require a multiagency response.
- ▶ Support services include: Targeted Youth Support, Youth Justice Service, Targeted Early Help Support, Children's Social Care, Assessment and Primary Intervention Team - CAMHS, Mood and emotional pathway - CAMHS, Complex Behaviour pathway - CAMHS, Barnsley Eating Disorder Framework2 Branching Minds, Housing Teams, adult mental health services

# Targeted Early Help

- ▶ 6 Locality TEH Teams aligned to Family Hubs
- ▶ 1 Targeted Response Team
- ▶ 1 IFD EH Team (1 Manager and 3 screeners)
  
- ▶ Referrals come from:
  - ▶ Social Care (IFD, Assessment and CYPT)
  - ▶ Partner Agencies, including education health, police,
  - ▶ VC's from Ambulance, Police, Hospital
  
- ▶ Currently 475 families open to Targeted Early Help

# TEH Data

2336 contacts (4470 individuals)

| Month          | Number of referrals | Allocated to TEH | Advice and Guidance | No Further Action |
|----------------|---------------------|------------------|---------------------|-------------------|
| March 2024     | 201                 | 105              | 16                  | 11                |
| April 2024     | 187                 | 112              | 8                   | 14                |
| May 2024       | 183                 | 90               | 8                   | 22                |
| June 2024      | 166                 | 72               | 19                  | 21                |
| July 2024      | 211                 | 120              | 19                  | 14                |
| August 2024    | 165                 | 88               | 26                  | 5                 |
| September 2024 | 189                 | 108              | 17                  | 11                |
| October 2024   | 206                 | 105              | 20                  | 3                 |
| November 2024  | 180                 | 82               | 19                  | 2                 |
| December 2024  | 196                 | 104              | 21                  | 2                 |
| January 2025   | 249                 | 132              | 42                  | 4                 |
| February 2025  | 203                 | 88               | 35                  | 5                 |

# Getting Risk Support

- ▶ Children who are experiencing significant harm or where there is likelihood of significant harm.
- ▶ Practitioners should complete a request to Children's Social Care Multiagency Safeguarding Hub (MASH).
- ▶ Where concerns relate to radicalisation or risk of radicalisation, a Prevent referral should be submitted (prevent referrals should not be disclosed to the child or young person or their family at the time of referral).
- ▶ The child young person and family may require focused risk support. Support services include: Children's Social Care, Crisis and homebased treatment team - CAMHS, Youth Justice Service, Eating Disorders Team - CAMHS, adult mental health services, Adults Social Care

# Who are we and what do we do?

- ▶ The Integrated Front Door (IFD) operates as the gateway into Children's Social Care (CSC).
- ▶ Works collaboratively with partner agencies to reach effective decisions regarding next steps for children.
- ▶ We aim to provide a timely response - within 24hrs - and focus is on identifying the right support for children at the right time.
- ▶ Separate front door into Early Help services - close liaison and processes in place to enable children to seamlessly move between services, to ensure the response they receive is proportionate.
- ▶ The IFD operates under the management of 3 Social Work Team Managers who support 12 FTE Senior Social Workers. Partners providing a physical presence/contribution in the IFD currently consist of South Yorkshire Police; Health, via 3 Specialist Safeguarding Nurses from the 0-19 Service; Targeted Early Help Manager and 3 EH Screening Workers; 1 Education Practitioner; 1 colleague from South Yorkshire Probation Service. The IFD also has virtual links with IDAS and Recovery Steps to further support information gathering/sharing and effective decision making.

# Workflow

- ▶ **Triage System** to manage the high level of incoming demand - every Contact is triaged to ensure families are allocated to the most appropriate service. Decisions are made in line with current Barnsley “Thresholds for intervention” guidance.
- ▶ **Triage workers** provide advice and signposting for those children not requiring CSC assessment to ensure that the IFD Screening workers can focus on children who require immediate protection from harm and those with complex needs where the referral indicates CSC Assessment and intervention under S17 may be required.
- ▶ **Screening** is undertaken for children whose needs appear to be a **Level 4** (where the presenting worries would indicate that a targeted early help approach will not be sufficient) or **Level 5** (Getting Risk Support).
- ▶ **Screening assessments** - underpinned by the sharing of proportionate and necessary multi agency information, the use of professional judgement, reference to the threshold of intervention guidance, direct contact with families and referrers to ensure right decisions are made at the right time.
- Barnsley Children’s Services use the Signs of Safety model to help us understand what life is like for the child. Through Screening we try to engage with the family and professional network to identify:
  - What are the worries?
  - What’s working well?
  - What needs to happen next?



# Decision making in the Front Door

- Analysis of risk, threshold and needs will determine next steps. These can include :
  - Strategy Meeting - convened within 24hrs in relation to children where there are identified worries about likely or continuing significant harm - to determine whether S47 Investigation is required
  - Multi Agency Domestic Abuse Meeting (MADA) - daily safety planning meeting to safeguard victims and children in the aftermath of a high -risk domestic abuse incident.
  - S17 Assessment - child transferred to CSC Assessment Service or Children with Disabilities Team (as appropriate).
  - Short breaks provision (CDT)
  - Targeted Early Help Support - child referred to Targeted Early Help Service
  - Alternative Early Help Provision
  - Advice and Signposting

# Front Door Demand

| <b>2024/2025</b> | <b>Total Number of Contacts (Incoming Demand)</b> | <b>Number of Children Screened (Full Contacts)</b> | <b>Number of Children Recorded for information only/advice guidance</b> | <b>Number of Children Progressed to Referral</b> | <b>Number of Children Progressed to Assessment</b> |
|------------------|---|--|---|--|--|
| <b>March</b>     | 1448  | 652  | 796   | 287  | 137  |
| <b>April</b>     | 1487  | 748  | 739   | 306  | 165  |
| <b>May</b>       | 1532  | 742  | 790   | 285  | 159  |
| <b>June</b>      | 1417  | 770  | 647   | 291  | 230  |
| <b>July</b>      | 1536  | 722  | 814   | 326  | 250  |
| <b>August</b>    | 1334  | 600  | 734   | 236  | 179  |
| <b>September</b> | 1342  | 664  | 678   | 273  | 210  |
| <b>October</b>   | 1825  | 799  | 1026  | 356  | 270  |
| <b>November</b>  | 1600  | 710  | 890   | 262  | 183  |
| <b>December</b>  | 1352  | 652  | 700   | 261  | 191  |
| <b>January</b>   | 1625  | 706  | 917   | 255  | 165  |
| <b>February</b>  | 1331  | 634  | 697   | 206  | 113  |

## Number of Contacts received from Health Services 2024/25

| Year   | 2024  | 2025  |
|--|---|---|
| Contact Source   |   |   |
| Health Services - A&E                                      | 359   | 85  |
| Health Services - GP                                       | 28 (0.42% of total number of Contacts received) | 14 (0.85% of total number of Contacts received) |
| Health Services - Health Visitor                           | 36  | 3   |
| Health Services - Secondary other (e.g. Hospice, Hospital) | 86  | 22  |
| Health Services - other Primary health service             | 637   | 146   |
| Health Services - School Nurse                             | 6   | 3   |

## Making a referral to the IFD: What do we need to make the best decision?

- **Referrer details** - if this is a written request for service, the SW will need to contact you to discuss the referral.
- **Threshold** - Use the **Thresholds of Intervention Guidance** to support decision making about services that are best placed to help and support the family (Level 5 worries will require a referral to CSC)
- **Consent** - Unless it increases the risks to the child (immediate safeguarding concern) or is a risk to your own personal safety - then having the consent of parents (or the young person if they are old enough) is **required**.
- **Quality of Information** - With poor information, the Integrated Front Door can't make appropriate and proportionate decisions. This can put a child or young person at risk or lead to overly intrusive interventions. When making a referral (by telephone or in writing) we need:
  - Family details - address, tel numbers, names, relationships, DOBs, family network - who else lives with the child, or is significant but lives elsewhere?
  - Be specific/clear about your worries and the impact on the child.
  - **Remember to separate Facts and Opinions** - You can have a professional opinion but make sure this is clear. For example; *the young person said "I wanted to have sex with Tom" however in my view they were coerced and are being sexually exploited because.....*

# What's next?

**Children's Social Care National Framework** (Statutory guidance)- Transformational Change Programme has commenced which will involve Partners at a strategic and operational level. The National Framework provides detailed information on how local areas should design and deliver services that allow children and young people to grow up to thrive.

This means:

- Likely expansion and development of the Front Door (and move to a Conversational approach)
- Implementation of Family Help service delivery model
- Streamlined specialist Child Protection services.

# Case examples - thresholds/referral pathways

Mum, Kim attended surgery with her 7yr old daughter Ellie. Kim reported feeling stressed and that she is finding Ellie increasingly difficult at home. Ellie will not settle at night, taking several hours to get to sleep and then waking throughout the night. Ellie will not get up for school in the morning, is refusing breakfast and gets cross when Kim tries to brush her hair and clean her teeth. Kim said that because of this Ellie is late every day for school. Kim said Ellie is getting more upset and has lashed out at her on a few occasions, causing scratches to Kim's arms. Kim said that due to Ellie's behaviour she cannot stay overnight at her grandmother's anymore and therefore Kim is not getting a break.

Ellie is awaiting an Assessment for ASD and Kim says that Ward Green Primary school have shared some worries that Ellie is finding it difficult to concentrate in class and that she is finding it difficult to make friends and spends much of her time alone. Ellie was much quieter in surgery than she has been previously and was focused on her hands throughout the appointment. I couldn't get Ellie to engage with me at all during this appointment which was different to the previous times I have seen her.

Which pathway do you think the family need?

Kim and Ellie attended surgery today. Kim was tearful and said she cannot cope with Ellie's behaviour any longer. Kim said that Ellie doesn't do anything Kim tells her to do. Ellie won't settle at bedtime and is constantly up through the night. Ellie has got increasingly fussy at mealtimes and is refusing to eat anything other than chicken nuggets, Ellie does not want to get ready for school and there have been 5 occasions when Kim has not taken her because "she couldn't be bothered to argue anymore"

Kim said that Ellie continues to push and scratch her when she's cross and Kim said that on a couple of occasions she has "pushed her back". Kim is asking for help. Kim also mentioned that Ellie's father has turned up at the house a few times recently and has been shouting through the letterbox. This has frightened Ellie and made her cry. Kim and Ellie's father separated due to domestic abuse which was witnessed by Ellie and Kim remains fearful of him.

Ellie looked very sad today and did not make eye contact. I tried to divert Kim from talking negatively about Ellie in front of her, but she continued to say that Ellie was too much for her.

Kim came into the surgery on her own today. She was tearful and very agitated. Kim said that she can't cope with Ellie any longer and wants her to go into care. Kim said that no-one in the family will look after Ellie for a few hours to give her a break anymore, as Ellie is naughty and just misbehaves.

Kim said that Ellie is still lashing out at her and that she has had to pin Ellie down and sit on her until she stops screaming on several occasions in the last few weeks. Kim said Ellie had a scratch on her face last week due to Kim accidentally catching her when she was pushing Ellie away. Kim admitted that she feels really angry with Ellie and that she has had to lock Ellie in the house and go for a walk to calm down as she worries she might hurt her. She has raised her hand to Ellie but managed to stop herself from hitting her, although in the moment she did want to hurt her.

Kim said that she had attended the parenting group but this hadn't helped as the other children "weren't as bad as Ellie". Kim has met with the Early Help worker a few times and is trying to stick to the plan they agreed but that this is not changing anything.



A close-up photograph of wooden letter tiles spelling out the word "THANKS". The tiles are light-colored wood with black letters and numbers indicating their point value. The word is arranged horizontally in the center of the frame, surrounded by many other unsorted wooden tiles. The tiles are slightly irregular in shape and are scattered across the entire frame, creating a textured background. The word "THANKS" is clearly visible in the middle row, with each letter tile showing its point value: T (1), H (4), A (1), N (1), K (5), and S (1).