Barnsley Family Help

Right Support at the Right Time

Multi-agency guidance for identifying need, supporting families and accessing the right help

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BARNSLEY SAFEGUARDING CHILDREN PARTNERSHIP

BARNSLEY Metropolitan Borough Council

Barnsley Family Help

Purpose

This guidance brings together Barnsley's previous guidance on understanding need and accessing support into a single, updated **Family Help framework.**

It supports practitioners across all agencies to:

- **Identify children's and families' needs early and understand what life is like for the child now and in the future.**
- **Have the right conversations with children, families and each other, building on strengths as well as worries.**
- **Coordinate proportionate, timely multi-agency support through Family Help.**
- **Ensure the right decision-making when specialist or statutory safeguarding action is required.**

We are moving away from the term "threshold" as a primary way of describing support (see **Section 2** for the rationale). We describe **Family Help Building Blocks** using the i THRIVE language of **Thriving, Getting Advice, Getting Help, Getting More Help and Getting Risk Support** to support shared understanding across the partnership.

We are also moving away from a distinct separation between "Early Help" and "Child in Need (CIN)" as labels for non-child protection work. Where families need coordinated support, this is described as **Family Help.** Statutory duties and pathways (for example, Children Act 1989 section 17 and section 47) still apply and are referenced where relevant.

Barnsley Family Help

Context and background

National statutory guidance (Working Together to Safeguard Children, revised March 2026) emphasises strong multi-agency safeguarding arrangements, timely information sharing, accurate identification of risk, and coordinated, proportionate help that improves outcomes for children and families. Local authorities and partners must publish transparent assessment frameworks that are timely, proportionate and informed by professional judgement, focusing on the child's lived experience.

We are moving away from the word "threshold" because, in practice, it can unintentionally create barriers rather than understanding. It can lead to rigid thinking, where the focus becomes whether a child or family meets a fixed line, rather than what is actually happening in their lives and what they need.

A more conversational approach allows us to shift that focus. Instead of asking "does this meet threshold?", we ask "what are we worried about?", "what does this child need to be safe and to thrive?", and "who is best placed to respond right now?". This helps practitioners draw out the full picture, recognising that need and risk are rarely static or clear-cut.

By having open, structured conversations, we can better understand the child's lived experience, identify emerging concerns earlier, and avoid delays caused by uncertainty or debate about labels. It also supports stronger partnership working, as agencies can contribute their perspective without feeling constrained by categories or service boundaries.

Most importantly, this approach keeps the child at the centre. It enables clearer decision-making about the level of risk, the nature of need, and the most appropriate response - whether that sits within universal services, Family Help, or statutory intervention.

Ultimately, this is about improving clarity, strengthening professional judgement, and ensuring that support is timely, proportionate, and led by need rather than terminology.

Practice Prompt

If you feel stuck, return to these three questions:

What are we worried about? What is working well? What needs to happen? Then agree who is best placed to act now.

In Barnsley, this guidance should be read alongside the local Assessment and Support Protocol and Barnsley Safeguarding Children Partnership policies and procedures. Children referred to Children's Social Care receives an individual assessment to identify needs and the most appropriate response. Decisions about support under section 17 of the Children Act 1989 (children in need) or action to protect children under section 47 (child protection enquiries) must take account of the child's age, development and understanding, and be informed by multi-agency information and professional judgement.

Barnsley Family Help

Barnsley Conversational Approach

Our conversational approach is how we put Family Help into practice. It shifts the focus from labels and service boundaries to a shared understanding of what is happening in the child's life, what is working well, what we are worried about, and what needs to happen next. The aim is to reach the right decision quickly and proportionately, with the child's lived experience at the centre.

- **Start with the child:** capture the child's day-to-day lived experience, wishes and feelings (and the unborn baby's experience where relevant).
- **Be strengths-based:** identify protective factors, safety and resilience within the family and wider network, alongside worries and risks.
- **Be professionally curious:** test assumptions, explore patterns over time, and consider disguised compliance where applicable.
- **Work with the whole family:** consider how adult needs (e.g. mental health, substance use, domestic abuse, housing, finances) affect the child's safety and wellbeing.
- **Share information and agree next steps:** seek consent where appropriate, share information proportionately, and agree who will do what, by when, and how progress will be reviewed.

The outcome of a good conversation is a clear, shared plan. This includes deciding where the family's needs sit along the iTHRIVE building blocks (**Thriving** through to **Getting Risk Support**) and what help is required. Many needs can be met within universal and community services; where coordinated multi-agency support is needed, this should be organised through **Family Help** with an identified lead practitioner. Where there is reasonable cause to suspect significant harm, practitioners must act promptly through statutory safeguarding pathways (including Children Act 1989 section 47 enquiries).

Conversations should be recorded clearly, including the rationale for decisions and any disagreements, and reviewed regularly with the family and partner agencies. As circumstances change, support should escalate or de-escalate without delay, ensuring help remains timely, proportionate and led by need.

Practice Prompt

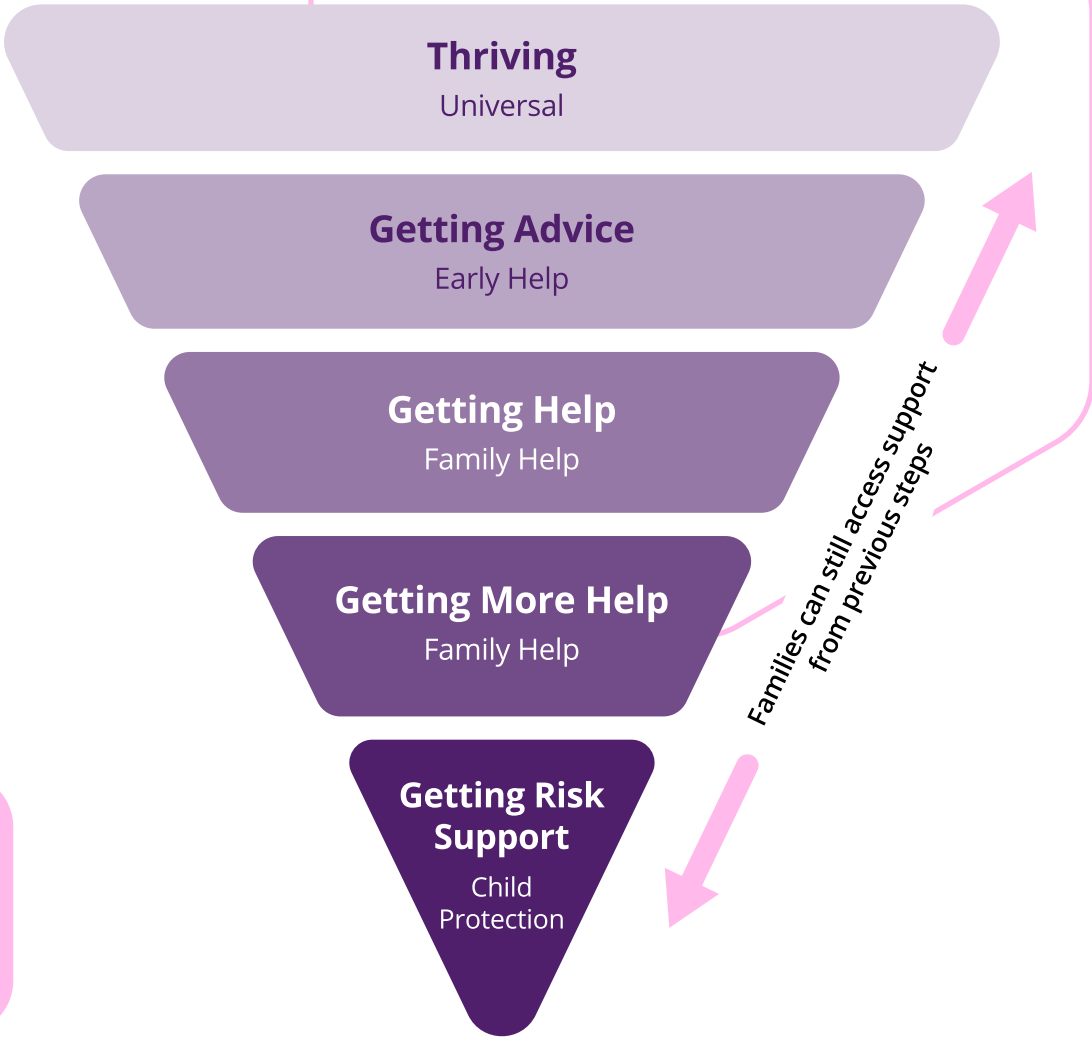
If in doubt, don't debate labels

Hold a multi-agency conversation focused on the child's lived experience.

Barnsley Family Help

Family Help Building Blocks of Support

A child's and family's needs can increase or reduce over time. In Barnsley we describe support as a set of **Building Blocks**: starting with universal strengths and services, and adding further layers of help as needed. Support is still available wherever a family is - families can access interventions **above or below** their current level when that is the right response at that moment. The building blocks are not rigid stages; layers can be added or stepped down as circumstances change. The aim is to build the right package of support around the child and family, using professional judgement, supervision, and multi-agency discussion



Practice Prompt

Build on what is already working

Add the next layer of support that makes the biggest difference, and step down when safe progress is sustained.

Barnsley Family Help

Building Blocks of Support

Thriving

Children and families are generally doing well and needs are met through universal services and informal supports. They may benefit from prevention, early identification and health and wellbeing promotion to maintain positive outcomes.

- **Continue with universal provision and community support.**
- **Use routine contact to notice emerging needs early and build on strengths.**
- **Offer information on local services and self-help resources where helpful.**

Building Blocks of Support

Getting Advice

Children, young people and families may have mild, emerging or time-limited difficulties. The most appropriate response is usually advice, guidance and signposting. This may also include support from a single service or a coordinated multi-agency early help response to prevent needs from escalating.

- **Provide advice, guidance and practical support within your service.**
- **Signpost to community, voluntary and Family Hub offers; help families access support.**
- **Consider whether a structured single agency early help intervention or multi agency early help plan assessment would clarify needs and coordinate support.**
- **Review progress and escalate if concerns increase or needs persist.**

Barnsley Family Help

Building Blocks of Support

Getting Help

Children and families would benefit from focused, goals-based intervention and a coordinated plan. This may be delivered through a multi-agency early help response, coordinated by an Early Help Lead Practitioner, or through Family Help led by a Family Help Lead Practitioner. In both cases, there should be clear outcomes, an agreed plan and regular multi-agency review.

- **Identify a lead practitioner and agree a whole-family plan with clear outcomes.**
- **Complete an appropriate whole-family assessment to understand strengths, needs and risks.**
- **Coordinate services around the family, review progress regularly, and adapt support as needed.**
- **Escalate to Getting More Help if needs are multiple / complex or risks are increasing.**

Barnsley Family Help

Building Blocks of Support

Getting More Help

Children and families have multiple and/or complex needs and require more intensive, specialised and goals-based support. This may include intensive Family Help and specialist services working together through a coordinated plan. There should be clear outcomes, closer oversight and more frequent multi-agency review.

- **Ensure there is a clear lead practitioner (and supervision) with access to specialist advice.**
- **Use multi-agency planning to address overlapping needs and barriers to change.**
- **Increase the intensity/frequency of contact and review; test whether the plan is making a difference.**
- **Escalate to Getting Risk Support if there is reasonable cause to suspect significant harm, or risk becomes unmanageable within this level.**

Building Blocks of Support

Getting Risk Support

Children are experiencing significant harm or there is a likelihood of significant harm, or the level of risk remains high despite support. This includes statutory assessments and interventions led by children's social care (including section 17 children in need work) and child protection enquiries under section 47. Where a child protection plan is required, a qualified social worker will be the lead practitioner.

- **If a child is in immediate danger, call the Police on 999.**
- **If you believe a child may require statutory social care involvement, contact the Children's Services Integrated Front Door / MASH (details to be confirmed for this draft).**
- **Share relevant information promptly and record decision-making, including the child's lived experience, protective factors, and the rationale for escalation.**

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Assessment and decision making

Assessment should be proportionate to the needs and risks identified and should be informed by the child's lived experience and multi-agency information. Practitioners should use professional judgement and, where appropriate, seek supervision and multi-agency discussion to support timely decision-making.

Consent and information sharing

As a general rule, seek informed consent from children and families before sharing personal information or starting a coordinated assessment and plan. You may share information without consent where there is a compelling safeguarding reason - for example, where seeking consent would increase the risk of harm or where delay would increase the risk of significant harm. Always record your rationale.

Barnsley Family Help

Using this guidance and practice

We start with a conversation, not a form. The first step is to understand the child's lived experience and agree, with the family and partner agencies, what support will help. Where possible, practitioners should engage partners and services through shared planning and professional discussion, rather than relying solely on a referral form to trigger help.

1. Start with the child's lived experience: what is life like day-to-day, what are the worries, and what is working well?
2. Consider the whole family and wider context (including protective factors and networks).
3. Agree the most helpful response using the Building Blocks **(Thriving, Getting Advice, Getting Help, Getting More Help or Getting Risk Support).** Support remains available wherever a family is - interventions can be used above or below the current level when that is the right response.
4. Be clear about the next steps: engage the right partners and services through professional conversation and a shared plan - who will do what, by when, and how progress will be reviewed.
5. If professionals disagree about the right response, use the local escalation process and seek timely resolution.

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Practice Prompt

Don't wait for perfect information

Share what you know, bring partners together, and review quickly as the picture becomes cleaner.

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Practice Prompt

Use the outcome areas to structure the converstaion

But let the child's lived experience, not the category name drive the plan.

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Family Help outcomes mapped to the Family Help Building Blocks

This section sets out **Barnsley's Family Help outcome areas** to structure indicators of need and support effective multi-agency conversations. The outcome areas are aligned to the legacy Supporting Families framework, but are presented here as **Family Help** outcomes for practice use.

For each outcome area, practitioners should consider what is working well, what we are worried about, and what needs to happen, then agree the most helpful response using the iTHRIVE **Building Blocks (Thriving - Getting Risk Support).**

The indicator lists are illustrative, not exhaustive, and should support - not replace - professional judgement.

How to use the outcome tables

Use the columns, on the following page, to agree where the family's current situation best fits within the Building Blocks. Start with the child's lived experience and protective factors, and use professional judgement to decide what support will make the biggest difference.

Support remains available wherever a family is - interventions can be used **above or below** the current level when that is the right response.

- **Think whole family:** consider how adult needs (e.g. mental health, substance use, housing, finances) affect the child.
- **Agree actions and outcomes:** who will do what, by when, and how progress will be reviewed.
- **Escalate or de-escalate as needs change:** the level of support should move with the family's circumstances.

Family Help outcome area	How to use the building blocks (Thriving - Getting Risk Support)
1. Getting a Good Education	Consider attendance, progress, inclusion, additional needs, safeguarding risks linked to education; match the response to the child's lived experience and level of need.
2. Good Early Years Development	Consider antenatal engagement, mandated health contacts, early attachment, development milestones, early years access, and any risks to an unborn/baby's wellbeing.
3. Improved Physical and Mental Health	Consider physical health, growth, diet, immunisations, emotional wellbeing, self-harm/suicidality, access to services, and impact on daily functioning.
4. Promoting Recovery and Reducing Harm from Substance Use	Consider substance use in the family, impact on routines and parenting capacity, engagement with support, and any linked exploitation or safeguarding risks.
5. Improved Family Relationships	Consider attachment, routines, parenting capacity, conflict, supervision, and whether relationships are stable, deteriorating, or at risk of breakdown.
6. Children are Safe from Abuse and Exploitation	Consider indicators of abuse/neglect/exploitation (including online), missing, harmful sexual behaviour, radicalisation, and immediate safety needs.
7. Crime Prevention and Tackling Crime	Consider antisocial behaviour/offending, peer group influences, exploitation links, school/community context, and the need for targeted or specialist responses.
8. Safe from Domestic Abuse	Consider patterns of domestic abuse/coercive control, impact on children, safety planning, MARAC links, and escalation where significant harm is suspected.
9. Secure Housing	Consider suitability/stability of housing, risk of eviction/homelessness, overcrowding, and the effect on children's health, development and safety.
10. Financial Stability	Consider income, debt, hardship, impact on meeting basic needs, and any compounding risks (e.g., neglect, exploitation, homelessness).

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Outcome 1.

Getting a Good Education

Thriving

Attends regularly and on time.

Progressing as expected; meeting milestones.

No concerns from setting.

Accessing appropriate universal support.

Getting Advice

Early concerns about progress /provision.

Emerging behaviour concerns; no exclusion risk.

Attendance/ punctuality starting to dip.

Transition/ change affecting engagement.

Getting Help

Attendance impacting learning; frequent absence/ late.

Behaviour incidents; risk of suspension.

Additional needs affecting learning (SEND support).

Education unstable and vulnerability increasing.

Getting More Help

Persistent low attendance/non-attendance.

Escalating suspensions/ exclusion concerns.

Complex needs/ disability; may need EHCP.

Home education or weak home-school link.

Getting Risk Support

Missing from education/not engaged.

Permanent exclusion/NEET with high-risk factors.

Safeguarding concerns linked to abuse/neglect.

Urgent statutory response may be required.

Action / typical response

Notice early:
strengthen universal support

Agree small actions:
review and seek advice

Family Help plan:
multi-agency goals and review

Intensive plan:
specialist input - frequent review

Urgent safety planning:
contact CSC / Pollice

Outcome 2.

Good Early Years Development

Thriving

- Antenatal and 0-19 contacts attended.
- Child healthy; development age-appropriate.
- Immunisations and checks up to date.
- Secure attachment and responsive care.
- Positive access to early years provision (where appropriate).

Getting Advice

- Some missed antenatal/health appointments.
- Parents seek advice on feeding, sleep, bonding or behaviour.
- Concerns on developmental progress or social interactions.
- Limited family support or isolation.
- Not yet accessing eligible early years provision.

Getting Help

- Repeated non-attendance at key health checks.
- Inconsistent care affecting routines or attachment.
- Early developmental delay / emerging SEND.
- Limited stimulation, play or self-care development.
- Low engagement with 0-19 service or non-attendance at 2 year review.

Getting More Help

- Majority of antenatal appointments missed and/or ongoing risk behaviours.
- Significant developmental delay or complex physical needs.
- Serious attachment or caregiving concerns.
- Aggressive/ unpredictable behaviour raises safety concerns in the home.

Getting Risk Support

- Avoidance/refusal of essential antenatal or healthcare.
- Inability to prioritise unborn/baby's needs.
- Profound or multiple disabilities with unmet needs.
- Immediate concerns about neglect, abuse or significant harm.

Action / typical response

Thriving	Getting Advice	Getting Help	Getting More Help	Getting Risk Support
Routine contacts, promote healthy development and attachment, signpost universal support.	Supportive conversation, agree small actions, review and link with services as needed.	Whole-family assessment and Family Help plan with a lead practitioner.	Intensive multi-agency Family Help plan with specialist input and frequent review.	Urgent multi-agency action and referral to Children's Social Care.

Practice Prompt If progress stalls, ask "what needs to change in daily life by next week" and adjust the plan - more support, different support or different lead.

Outcome 3.

Improved Physical and Mental Health

Thriving

Physical: Health needs met; growth and development as expected; immunisations/ checks up to date; registered with GP/ dentist.

Emotional: Positive wellbeing; supportive relationships; age-appropriate coping; engaged in education/ activities.

Promote healthy development and wellbeing; strengthen universal support.

Getting Advice

Physical: Emerging concerns (diet, hygiene, sleep); some missed routine care; advice sought.

Emotional: Mild or short-term worries (low mood/anxiety); early self-esteem or peer difficulties.

Have a conversation, agree small actions, link early support and review.

Getting Help

Physical: Weight or health concerns; inconsistent healthcare; home conditions affecting health; concerning A&E patterns.

Emotional: Ongoing anxiety/low mood affecting daily life; relationship or behaviour difficulties linked to emotional needs.

Multi-agency conversation and coordinated Family Help plan.

Getting More Help

Physical: Chronic health problems; poor management of needs; repeated A&E; delayed treatment seeking.

Emotional: Serious mental health difficulties, self-harm or suicidal ideation; repeated crises or low engagement.

Intensive multi-agency plan with specialist input and frequent review.

Getting Risk Support

Physical: Severe unmet health needs; concerns about growth/ nutrition; suspected non-accidental injury.

Emotional: Acute mental health crisis or serious safeguarding concern.

Urgent information-sharing, safety planning and referral to Children's Social Care/Police.

Action / typical response

Outcome 4.

Promoting Recovery and Reducing Harm from Substance Use

Thriving

Adults: No substance use concerns in the household; safe choices; children's needs prioritised.

Young people: Do not use substances; understand risks; positive relationships and engagement.

Getting Advice

Adults: Early or low-level concerns; advice sought; minor impact on routines.

Young people: Curiosity or experimentation; emerging peer influence; advice sought on boundaries and harm reduction.

Getting Help

Adults: Substance use affecting routines or parenting; health incidents; increased stressors.

Young people: Use affecting education or routines; risk-taking or health incidents linked to substances.

Getting More Help

Adults: Persistent or escalating misuse reducing parenting capacity; limited engagement; unsafe contexts.

Young people: Escalating use or dependency; repeated crises; increased vulnerability to exploitation or offending.

Getting Risk Support

Adults: Severe misuse placing children at risk of significant harm (neglect, unsafe supervision, exposure to danger).

Young people: Serious or Class A substance use linked to exploitation, serious violence or trafficking.

Action / typical response

Thriving	Getting Advice	Getting Help	Getting More Help	Getting Risk Support
Use routine contact to promote healthy choices and strengthen protective factors.	Have a conversation, offer advice and signposting, agree small actions and review.	Multi-agency conversation and coordinated Family Help plan with relevant services.	Intensive multi-agency plan with specialist input, risk management and frequent review.	Urgent information-sharing, safety planning and referral to Children's Social Care/Police.

Outcome 5.

Improved Family Relationships

Thriving

Parenting / attachment: Stable, affectionate relationships; consistent care; predictable routines and boundaries.

Family conflict: Conflict managed safely; supportive networks; stable home environment.

Reinforce positive relationships and routines; strengthen universal support.

Getting Advice

Parenting / attachment: Advice sought on routines or boundaries; emerging parenting stress; limited support networks.

Family conflict: Relationship strain and stressors; early signs of escalation; advice needed to prevent conflict.

Have a conversation, agree small actions and review.

Getting Help

Parenting / attachment: Inconsistent care or supervision affecting the child; young carer identified.

Family conflict: Child exposed to frequent arguments; wellbeing or routines affected; parental vulnerabilities present

Hold a multi agency conversation to agree a Family Help plan; review outcomes.

Getting More Help

Parenting / attachment: Relationship nearing breakdown; limited change despite support; chaotic routines.

Family conflict: Persistent or high conflict; child drawn into conflict; non-engagement; edge-of-care indicators.

Intensive multi-agency plan with specialist input, frequent review and a clear safety plan.

Getting Risk Support

Parenting / attachment: Unable or unwilling to meet basic care needs; severe emotional unavailability.

Family conflict: Imminent breakdown or family unable to continue caring; significant harm risks.

Urgent information-sharing, safety planning and referral to Children's Social Care/Police.

Action / typical response

Outcome 6.

Children are Safe from Abuse and Exploitation

Thriving

Abuse / neglect: Child feels safe; consistent care and supervision; safe home environment.

Exploitation / online / missing: Clear boundaries; positive activities; age-appropriate understanding of safe and unsafe relationships.

Build safety through prevention and positive relationships; talk with families early.

Getting Advice

Abuse / neglect: Advice sought; minor concerns about supervision or home conditions; early household stress.

Exploitation / online / missing: Emerging online or peer concerns; testing boundaries; early worries about gifts, money or relationships.

Have a conversation about concerns, agree small safety actions and review.

Getting Help

Abuse / neglect: Concerning patterns of accidents or injuries; home conditions affecting safety; harsh discipline or emotional harm concerns.

Exploitation / online / missing: Early indicators of exploitation vulnerability; emerging missing; online coercion or early harmful sexual behaviour.

Hold a multi agency conversation to agree a Family Help safety/risk plan; review outcomes.

Getting More Help

Abuse / neglect: Deteriorating basic care; persistent poor supervision; non-engagement or disguised compliance.

Exploitation / online / missing: Escalating missing; strong exploitation indicators; trafficking or modern slavery indicators; escalating harmful sexual behaviour or radicalisation concerns.

Use multi agency discussion for intensive risk management and frequent review; maintain a clear safety plan.

Getting Risk Support

Abuse / neglect: Disclosure or strong suspicion of abuse or neglect; non-accidental injury; immediate protection required.

Exploitation / online / missing: Exploitation occurring or imminent; serious violence or coercion; urgent protection needs.

Urgent information sharing, safety planning and referral to Children's Social Care / Police.

Action / typical response

Practice Prompt Step up support early when risk is increasing, and step down confidently when safety and outcomes are improving - record the rationale either way.

Outcome 7.

Crime Prevention and Tackling Crime

Thriving

No concerns about antisocial behaviour or offending.

Positive community relationships and pro-social peer group.

Engaged in education, training or employment and positive activities.

Good awareness of safe and unsafe choices and consequences.

Getting Advice

Early low-level behaviour concerns in school or community.

Family seeks advice on boundaries, consequences or supervision.

Emerging association with peers involved in risk-taking.

Time spent in community locations causing concern, but no clear pattern of harm.

Limited positive activities or community connect.

Getting Help

Impulsive behaviour, poor self-control or repeated incidents.

Emerging antisocial behaviour or early offending indicators.

Increasing influence of risky peer group.

Concerns linked to supervision, routines or parental capacity.

Parent in custody or family stressors impacting behaviour and engagement.

Getting More Help

Regular antisocial behaviour, offending or escalating violence/ risk-taking.

Regularly missing from education, employment or training.

Risk of suspension or exclusion linked to behaviour.

Peer group involved in serious risk-taking or criminal activity.

Indicators offending is linked to exploitation (criminal/sexual) or coercion.

Getting Risk Support

Serious offending or high-risk violence placing the young person or others at risk.

Persistent or prolonged missing linked to criminality or exploitation.

Involvement in gangs, organised crime, weapons, trafficking or serious exploitation.

Parents involved in serious criminal behaviour placing the child at risk.

Action / typical response

Promote positive activities and relationships; strengthen protective factors with the young person and family.

Have a conversation about worries, boundaries and consequences; agree small actions and review.

Hold a multi agency conversation to agree a Family Help plan with school/youth/ community partners; review outcomes.

Use multi agency discussion for intensive risk management with specialist partners (e.g., YJS/community safety); frequent review.

Act urgently where serious risk is present: contact Police/YJS and Children's Social Care as needed; immediate safety planning.

Outcome 8.

Safe from Domestic Abuse

Thriving

Stable, affectionate family relationships.

Conflict managed safely without fear or control.

Strong supportive networks beyond the home.

Child feels safe, secure and able to express needs.

Promote healthy relationships and protective networks; talk with families early and reinforce safety messages.

Getting Advice

Low-level relationship difficulties or unhealthy conflict patterns.

Advice sought on communication, boundaries or support.

Family isolation or stressors (e.g. housing, finances) increasing conflict.

Early professional concerns about possible controlling behaviour where risk is unclear.

Have a conversation to understand concerns and agree small actions; link with domestic abuse information/ support and review.

Getting Help

Occasional or suspected domestic abuse; emerging control or intimidation.

Child exposed to conflict or abuse affecting wellbeing or routines.

Relationship difficulties identified during pregnancy or early years.

Historic domestic abuse continuing to impact the child or non-abusive parent.

Hold a multi agency conversation to agree a safety focused Family Help plan with domestic abuse informed support; review outcomes regularly.

Getting More Help

Persistent, chronic or escalating domestic abuse; coercive control indicators.

Threats, stalking or high levels of fear requiring safety planning.

Unborn/child regularly exposed with significant impact.

Non-engagement or disguised compliance; high risk remains.

May meet thresholds for specialist multi-agency arrangements (e.g. MARAC).

Use multi agency discussion with specialist domestic abuse services for intensive support, risk assessment and safety planning; frequent review.

Getting Risk Support

High-risk domestic abuse with immediate danger or serious violence.

Child suffering or likely to suffer significant harm.

Assault/injury, HBV/FGM/forced marriage risks, or unsafe adult access to the home.

Act urgently where high risk is identified: contact Children's Social Care/ Police and specialist pathways as needed; immediate safety planning.

Action / typical response

Outcome 9.

Secure Housing

Thriving

Long-term, suitable accommodation.

Safe, warm home in good repair with appropriate facilities.

Housing supports stable routines and school/early years attendance.

Family connected to community with positive networks.

Getting Advice

Advice sought on housing suitability, repairs or housing costs.

Recent change in circumstances affecting stability.

Early overcrowding or discomfort with no immediate safety risk.

Needs signposting to housing options, benefits or landlord support.

Getting Help

Housing instability affecting routines and family wellbeing.

Overcrowding impacting sleep, health or ability to study.

Emerging eviction risk (e.g. arrears) or unstable temporary arrangements.

Home conditions beginning to affect health (e.g. damp, pests).

Getting More Help

Poor or temporary accommodation; repeated moves.

High risk of eviction or homelessness with limited options.

Harassment or victimisation affecting safety and wellbeing.

Housing significantly increasing safeguarding vulnerability.

No safe informal options; engagement affected by crisis.

Getting Risk Support

Homelessness or imminent homelessness; child excluded from home.

Accommodation placing child at serious risk of harm.

Intentional homelessness concerns impacting child welfare.

No safe access to basic facilities or supervision.

Action / typical response

Maintain stable routines; talk with the family and strengthen universal/community support to sustain housing.

Have a conversation about housing pressures and agree small actions; engage housing/benefits partners and review progress.

Hold a multi agency conversation to agree a Family Help plan with housing/community partners; address arrears/repairs and review outcomes.

Use multi agency discussion for intensive support with housing/ homelessness services; frequent review and contingency planning.

Act urgently in crisis: contact housing/ homelessness services immediately and Children's Social Care where needed; multi agency safety planning.

Outcome 10.

Financial Stability

Thriving

Household income is stable and meets basic needs.

Parents/carers manage finances and bills effectively.

Employment or unemployment arrangements are stable.

Family knows how to seek advice if circumstances change.

Promote early advice and prevention; talk with families about finances and strengthen universal/community supports.

Getting Advice

Low-level debt or short-term financial hardship.

Emerging budgeting, benefits or income changes.

Early concerns about affording essentials (food, fuel).

Needs signposting to welfare rights, budgeting or employment advice.

Have a conversation to understand pressures and agree small actions; link with welfare rights/ budgeting support and review.

Getting Help

Ongoing financial hardship affecting children's wellbeing.

Difficulty managing finances; stress impacting parenting and routines.

Low income linked to housing stress or reduced access to activities.

Children affected by parental unemployment or underemployment.

Hold a multi agency conversation to agree a Family Help plan with financial inclusion/ community partners; review impact on children.

Getting More Help

Long-term unemployment with significant barriers.

Severe or persistent debt; rent arrears and eviction risk.

Repeated financial crises; multiple compounding stressors.

Family may be disengaged due to crisis; multiple compounding stressors (housing, domestic abuse, substance use).

Use multi agency discussion for intensive support with welfare/ housing partners; frequent review and contingency planning.

Getting Risk Support

Extreme poverty or debt preventing basic care (food, warmth, clothing, supervision).

Financial hardship contributing to neglect or risk of significant harm.

Children at serious risk due to homelessness, unsafe housing or exploitation.

Act urgently where basic needs or safety are at risk: share information, hold safety planning, and contact Children's Social Care where needed.

Action / typical response

Please contact the following organisations should you have any queries regarding this document or would like to discuss any subject further:

- **Barnsley Safeguarding Children's Partnership** - www.barnsley.gov.uk/bscp
- **Barnsley Virtual Family Hub** - tinyurl.com/Barnsley-Virtual-Family-Hub
- **Barnsley Early Help Toolkit** - www.barnsley.gov.uk/early-help-toolkit
- **Barnsley Council Prevent and Channel guidance** - www.barnsley.gov.uk/services/community-safety-and-crime/prevent-and-channel
- **Children's Social Care Emergency Duty Team** - 01226 787 789
- **South Yorkshire Police** - 999 (emergency) - 101 (non-emergency calls)
- **Children's Social Care Integrated Front Door** - 01226 772 423
- **Families Information Service** - 0800 0345 340 (Option 1) - email - infoFIS@barnsley.gov.uk
- **Branching Minds** (emotional health and wellbeing support) - 01226 107 377
- **0-19 Public Health Nursing Service Single Point of Access** - 01226 774 411
- **Community Safety and Enforcement** - 01226 773 555

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BARNSLEY SAFEGUARDING CHILDREN PARTNERSHIP

BARNSLEY Metropolitan Borough Council