RESPONSE TO A REPORT TO PREVENT FUTURE DEATHS
REGULATION 29 OF THE CORONERS (INVESTIGATIONS) REGULATIONS 2013

Please do not include any living persons' names in this document, in accordance with the Chief Coroner's PFD Publication Policy (2026).

THIS RESPONSE IS BEING SENT TO:

The Senior Coroner, Mrs Tanyka Rawden for the Coroner Area South Yorkshire (West) in response to a **REPORT TO PREVENT FUTURE DEATH REGULATION 28,** made by Hannah Berry, Assistant Coroner following an inquest into the death of Willow Lee aka Ollie Lee that concluded on 8 May 2026.

1.	**RESPONDENT** In line with our duty under Regulation 29 of the Coroners (Investigations) Regulations 2013, Barnsley Metropolitan Borough Council Children's Services provides this response within 56 days of the date of the Report to Prevent Future Deaths.
2.	**DATE OF RESPONSE** 22nd June 2026
3.	**CONFIRMATION OF CORONER'S MATTERS OF CONCERN** The **MATTERS OF CONCERN** identified in the report are as follows: 1) Poor communication and engagement between the agencies involved with the child, including school, CAMHS and Targeted Early Help. 2) A lack of communication and engagement between Targeted Early Help and CAMHS despite both agencies being aware that the other was involved. This led to a confusing picture and a missed opportunity for the child to remain open to CAMHS and receive psychosocial intervention and continued support. 3) There was no record of important discussions between Early Help and the school, and relevant personal information, including the child's

	preference in relation to pronouns, was not acted upon.
4.	**DETAILS OF ACTION TAKEN,** how has the concern been addressed. *Please note that any links to webpages included in the response will not be checked for sensitive information prior to publication, as the information is already online.* **Response to Concern 1: Poor communication and engagement between the agencies involved with the child, including school, CAMHS and Targeted Early Help** Since 2024, Children's Social Care has continued to strengthen multi-agency working as part of our continuous approach to service development, with a clear focus on ensuring communication is proactive, purposeful and embedded in day-to-day practice rather than episodic or reactive. This is underpinned by an expectation that practitioners make early and active contact with partner agencies, including schools and CAMHS, to develop a shared and coherent understanding of children's needs, risks and protective factors at the earliest opportunity. Within Targeted Early Help, communication with schools has been further strengthened through the introduction of named link workers for each school across the whole of Barnsley, which has created clear and accessible points of contact and a more consistent professional relationship. This has been complemented by more structured consultation opportunities, enabling school staff to routinely seek advice from Targeted Early Help practitioners at the earliest sign of concern. In practice, this means emerging issues relating to attendance, emotional wellbeing or family stressors are shared earlier, discussed jointly and responded to through coordinated planning, reducing delay and preventing escalation. In parallel, communication with CAMHS has developed through a more integrated and coordinated approach to emotional health and wellbeing. Targeted Early Help practitioners are now more consistently involved in multi-agency discussions where children present with mental health needs, ensuring that information from CAMHS is understood within the wider family and environmental context. This has been supported by clearer pathways between Early Help and CAMHS, including improved referral processes,

	more timely information sharing following assessments, and joint planning where children meet thresholds for both services. As a result, practitioners are better able to align interventions, reduce duplication and ensure that support provided to children and families is complementary rather than fragmented. These improvements are reinforced through our updated practice standards, which explicitly require practitioners to gather and triangulate information from across the professional network, including education and health partners, rather than relying on a single service perspective. This expectation strengthens professional curiosity and ensures that assessments reflect a comprehensive and multi-agency understanding of the child's lived experience. Our practitioner supervision arrangements provide consistent management oversight of communication, managers routinely check that contact with key partners, including schools and CAMHS, has taken place, that information has been followed up and that actions are clearly recorded and progressed. This ensures that communication is not only expected but evidenced, and that any gaps or delay in information sharing are identified and addressed promptly. Practitioner capability has also been strengthened through targeted training and development. Staff across Targeted Early Help and Children's Social Care have undertaken training focused on multi-agency working, information sharing, professional curiosity and contextual safeguarding. This includes reinforcing expectations around engaging with education and health partners, understanding thresholds for CAMHS involvement, and contributing effectively to multi-agency meetings. This training supports practitioners to communicate with confidence, understand the roles of partner agencies and ensure that information is shared clearly, appropriately and in a timely way. At a system level, Barnsley's Multi-Agency Safeguarding Arrangements (MASA) (updated April 2026) provide the framework that underpins this practice, setting clear expectations for timely information sharing, joint working and collective decision-making across all partners. The MASA arrangements strengthen accountability by defining roles and responsibilities between agencies, including education and health, and by supporting effective escalation and professional challenge where communication is not timely or effective. In addition, service developments such as the move towards a more conversational Integrated Front Door and the alignment with the Families First Partnership model will continue to reinforce the importance of direct

	dialogue between practitioners across agencies. These developments prioritise real-time information sharing and joint problem-solving, ensuring that schools, CAMHS and Targeted Early Help are part of a coordinated response from the outset of involvement. Overall, these combined practice expectations, management oversight, system frameworks and workforce developments provide assurance that communication between Targeted Early Help, schools and CAMHS is more consistent, purposeful and effective. This reduces the risk of fragmented information, strengthens shared understanding and supports earlier, more coordinated intervention for children and families. **Response to Concern 2: Lack of communication and engagement between Targeted Early Help and CAMHS, despite both agencies being aware of involvement** Our current arrangements set a clear expectation that communication between practitioners is active, timely, and accountable. Practitioners are expected to make direct contact, be clear about why it is needed, and ensure that children known to more than one service are not supported through separate or disconnected activity. At the point involvement begins, where a Targeted Early Help practitioner identifies CAMHS involvement direct contact takes place at the earliest opportunity. This does not rely on records alone or on assumptions that another service already holds the full picture. In most cases, this means a same-day phone call or secure email to the practitioner who knows the child. That contact is used to confirm current involvement, understand the child's presentation, clarify risk, and identify any active intervention. The outcome is recorded clearly, including agreed actions and any differences in professional view. Where CAMHS are actively involved with the child they are invited to family network meetings, child in need meetings, strategy discussions, child protection activity, or other relevant consultations The right practitioner is identified so that contributions are based on direct knowledge, and where this does not happen, practitioners are expected to follow up and escalate. Communication is not treated as a one-off event. It forms part of routine case coordination, with updates shared when risk changes, plans understood across services, and clarity maintained about who is leading each part of the response. This is particularly important where emotional wellbeing, safeguarding, and family support overlap.

	We recognise that supervision is central to ensuring this happens consistently. Managers check whether contact with CAMHS or other relevant agencies has been made, whether their current assessment and plan are understood, and whether this is properly reflected in the assessment of risk and need. Communication is therefore reviewed and challenged rather than assumed. Where there is drift, limited engagement, or lack of clarity, practitioners use escalation routes. This may include discussion between managers, use of professional resolution processes, or escalation through safeguarding partnership arrangements, with the aim of avoiding delay and resolving issues quickly. These expectations are reflected in current case management guidance. Practitioners are required to establish contact with key services at the start of involvement, clarify roles, gather information directly, and maintain communication throughout ongoing coordination. This reinforces active professional curiosity, clear information gathering, and purposeful oversight. Practice standards, supervision frameworks, and quality assurance activity reinforce the same expectations. Audit work tests whether there is clear evidence of multi-agency contact, role clarity, and recorded communication between services. Where this is not evident, the response includes management oversight, reflective supervision, and feedback into team learning and wider partnership discussion. Communication routes with CAMHS are therefore clear, including expectations about involvement in safeguarding processes, participation in professional discussions, and ensuring that the practitioner with direct knowledge of the child is involved. This reduces the risk of parallel working and makes it more likely that shared concerns are translated into shared action. Management oversight is equally explicit. Team managers check whether contact with relevant agencies has taken place, whether follow-up actions are recorded clearly, and whether safeguarding or wellbeing actions are progressing within the right timescales. Where multi-agency engagement is not evident, supervision records challenge and escalation. Where concerns are urgent, follow-up action happens quickly. High-priority actions are progressed within set timescales and with active management oversight. Compliance is monitored through case tracking and

	supervision so that critical safeguarding actions are not delayed. This will be strengthened further through planned CAMHS co-location within the Integrated Front Door during 2026 to 2027. This will support earlier shared discussion, faster information exchange, and better visibility of children whose needs sit across both emotional health and safeguarding systems. Taken together, this approach reduces parallel working, prevents partial understanding of a child's circumstances, and supports earlier alignment of plans where mental health needs and safeguarding concerns exist at the same time. Expectations are clear, management oversight is explicit, audit activity tests practice directly, and wider system design supports agencies to work together earlier and more effectively. **Response to Concern 3: No record of important discussions and relevant personal information, including pronoun preference, was not acted upon** Our Practice Standards and case management guidance set clear expectations that all significant events—including professional discussions, key contacts, decisions, actions and the reasons for them—are recorded promptly, accurately and proportionately. This promotes more consistent recording and ensures that key information is clearly captured in the child's record, accessible to managers and partners, and able to inform ongoing assessment and decision-making. Practice is not reliant on informal communication or individual recollection; there is a structured and transparent record that supports continuity, particularly in complex cases involving emotional distress, self-harm or changing risk. Management oversight is exercised through both formal supervision and day-to-day operational case discussions, providing regular scrutiny of the quality and timeliness of recording and decision-making. Managers review actions, address gaps and ensure that recording reflects the lived experience of the child. Actions arising from supervision or broader case oversight are specific, outcome-focused and linked to identified risks, with clear timescales for completion. Urgent actions are prioritised and progressed within 72 hours. Managers track these actions and escalate where necessary to maintain oversight and ensure that recording remains timely, accurate and complete. There has been a sustained focus on practice development, underpinned

	by training for all staff in Signs of Well-being, restorative practice and trauma-informed practice as core models within our practice framework. This reinforces the importance of understanding the whole child and ensuring that key aspects of their identity, lived experience and expressed wishes are accurately captured and consistently reflected in planning and intervention. Practitioners are clear about their responsibility to record relevant personal information that supports respectful and effective engagement, including how a child wishes to be addressed and understood. Within Targeted Early Help, this approach is embedded through direct work with children and young people that is relational, respectful and attuned to identity. Practitioners are expected to create safe, trusting environments where young people feel able to express their views about who they are, including any aspects of gender identity or how they wish to be addressed. Where a young person shares information about preferred pronouns or gender identity, practitioners respond sensitively and without assumption, recognising that this may be an important part of their sense of self and wellbeing. Practitioners record this information clearly within the Early Help assessment and ongoing case notes where it is relevant to supporting the young person effectively. This ensures that communication is respectful and consistent across professionals, reducing the risk of misunderstanding or disengagement. At the same time, practitioners are supported through supervision and guidance to approach these conversations with professional curiosity and care, recognising that identity can be fluid and that young people may be exploring or uncertain. The focus is therefore on listening, acknowledging and responding appropriately, rather than categorising or making premature conclusions. Where issues of gender identity intersect with other vulnerabilities such as mental health, emotional distress or family dynamics Targeted Early Help practitioners ensure that this is understood within the broader context of the young person's lived experience. This informs proportionate planning, the identification of appropriate support, and, where necessary, liaison with specialist services. Supervision plays a key role in supporting practitioners to navigate these areas thoughtfully, ensuring that practice remains respectful, evidence-informed and centred on the young person's welfare. Taken together, these developments mean that current practice is strong, consistent and child centred. Recording is clear and reliable, professional discussions are visible and inform decision-making, and the child's identity

	including their expressed preferences is understood and incorporated into planning. Oversight arrangements provide greater assurance that standards are being applied consistently, and that any gaps are identified and addressed.
5.	**DETAILS OF FURTHER ACTION PROPOSED** *Please note that any links to webpages included in the response will not be checked for sensitive information prior to publication, as the information is already online.* Further action is planned through Barnsley's social care reform and Families First programme. Barnsley has agreed the move towards a preventative, conversational Integrated Front Door model, developed with partners across health, police and education. The model will prioritise professional conversations as the main route for triage and decision-making, with MASH-style safeguarding checks retained where risk is high or unclear. Its purpose is to improve information sharing at first contact, reduce unnecessary hand-offs, support more proportionate decisions and create a clearer single pathway between Family Help, Targeted Early Help, CAMHS and statutory safeguarding. Implementation is planned through phased test-and-learn activity during 2026/27, with the model due to be operational by March 2027. There is a planned rollout of Mental Health First Aid training for all Targeted Early Help staff in August 2026 which is part of a wider service update and practice refresh, ensuring that workforce development keeps pace with the increasing complexity and prevalence of emotional wellbeing needs among children and families. This training will strengthen practitioners' confidence, competence and consistency in recognising and responding to emotional distress, self-harm and suicide risk, providing them with a clear, evidence-informed framework for early identification and appropriate intervention. For practitioners, this offers practical tools, a shared language across the service, and greater assurance in decision-making, reducing uncertainty and reliance on escalation where earlier help may be more effective. In turn, families will benefit from more timely, skilled and compassionate responses, with practitioners better able to build trusting relationships, offer immediate support, and safely navigate pathways into specialist services where required. Collectively, this enhances the quality of early help, promotes resilience, and contributes to improved outcomes through earlier, more confident and coordinated responses to mental health need.

6.	**SIGNATURE**  [redacted], Executive Director – Children's Services