



Thresholds Guidance

September 2014

Help for practitioners working with children, young people and their families in West Sussex





As Independent Chair of West Sussex Safeguarding Children Board I am very pleased to introduce this helpful document. It has been produced as a tool to assist practitioners working with children and young people. The aim of the guidance is to help practitioners to identify when additional support may be necessary to help children achieve their potential and keep them safe. It seeks to provide a common framework that will enable all practitioners to work together effectively and consistently

Understanding a child's situation and being able to help families at an early stage through the provision of clear support pathways can help to address issues before they escalate into larger problems.

An inter-agency group representing the wide range of services working with children and families across West Sussex has been instrumental in developing and shaping this guidance. It supports the shared aspiration of identifying children who need help and protection whilst acknowledging that family life can have a dynamic and many challenges which need to be understood. Meeting the needs of children who require additional support can be complex. This guidance attempts to provide a shared and agreed range of thresholds for targeted and specialist services across the county. It aims to ensure that children will get the help they need as and when they need it.

I commend the document to you and hope that will be useful in your work with children and families in West Sussex.

A handwritten signature in black ink, which appears to read 'Jimmy Doyle'.

Jimmy Doyle, Independent Chair,
West Sussex Safeguarding Children Board

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Overall aims of the Threshold Framework

To improve outcomes for children, young people and their families by creating a common framework that helps us work together more effectively and consistently.

To promote and safeguard the welfare of children and young people

To promote the belief that children are best cared for in their own families and communities wherever possible.

To improve the experience of children, young people

and their families as they pass between services and journey between levels of intervention.

This document does not replace policies, legislation or procedures and these can be found within individual agencies.

All agencies in West Sussex have agreed to work within the Pan Sussex Child Protection and Safeguarding Procedures <http://pansussexscb.proceduresonline.com/index.htm>

Principles

Children's safety is our primary and collective responsibility. We will share information that relates to the welfare of children between different services effectively, respectfully and in partnership with parents.

We will use a strengths based approach to working alongside families – not just identifying problems and risks – but getting to know what is working well in a family and using every opportunity to enable family networks to build their own solutions.

The engaged and enabled voice of the family (parent and child) will be evident and central to our work.

All children and young people have unique characteristics and needs, including those associated with their race, gender, sexual orientation, disability and religion.

We will ensure we identify difference and make sure we do not discriminate when providing services to meet their needs.

The support we provide will focus on building resilience and opportunity in the lives of children and families and the communities they live in.

We will implement Signs of Safety, as a model of assessment and intervention to help us develop meaningful partnerships and purposeful conversations with children, parents and partners

The earlier we offer help to families the better it is for children and young people and we will strive to reduce unnecessary escalation of problems or delay in providing help.



Sharing information effectively

To effectively support children and families we need to share information across different agencies and professional disciplines. This is important when providing early help where a family has emerging problems and can also be essential when putting in place effective child protection services. Serious Case Reviews have shown how poor information sharing has contributed to the deaths of, or serious injuries to, children.

Children and their families have the right to expect that we will be open and honest with them when we are worried about them and think they need some help. If you are worried about sharing information with other professionals and think it may affect your relationship with the family, speak to a safeguarding lead in your agency

or a local Early Help lead. Ultimately the family are likely to prefer that you have been open and honest. Therefore, unless it would put a child at risk by informing a parent/carer that we are going to talk to another professional about them, we should always tell them first.

In some circumstances, parents can consistently refuse early help despite on-going worries about their child's wellbeing. In these circumstances we will adopt an assertive approach, engaging the family to build relationship and address their fears about engagement so that support can be provided.

For more help on sharing information go to: http://pansussexcbs.proceduresonline.com/chapters/contents.html#info_sharing_confid

“Families should be referred on to social workers either because they need support services that the local authorities can provide (for example respite care for a disabled child) or because there are concerns about abuse or neglect. The problem is in determining what level of concern warrants a referral for a child protection investigation. There is always the risk that a sign that is fairly benign might occasionally be the surface appearance of serious harm. There is also the risk, for example that parents who are neglectful may become more harmful.

Professionals need the ability to make an expert judgement about which cases should be referred. The judgment is necessarily fallible. Violence in families can suddenly escalate without any visible warning signs; a minor injury can, with hindsight and fuller knowledge, be seen to have been visible evidence of serious abuse.

Managing this fallible judgment is significantly affected by anxiety and defensiveness, both of which lead to increasing and indiscriminate referrals to social workers. Some referrers for example, automatically refer all cases of domestic violence without any indication of priority. This avoids the referrer making any judgement but increases risk to children and young people because it is difficult for the social work team to respond to so many referrals and the child who is in serious danger might be missed.

“The Munro review of child protection – Part One: (A systems analysis)

What is a threshold?

For this guidance a threshold is a point at which something might happen, stop happening or change, in relation to providing support services to children and families.

For example, it describes the step when professionals are determining if the criteria are met for a statutory intervention in family life, or when professionals are considering if a child should be receiving a specific type of support. It is also a way of services describing a transition between different levels of needs and types of services

Deciding if a threshold has been reached is based on individual judgement, which is affected by both our professional and personal values.

All professionals are encouraged to discuss concerns openly with their agency line manager or supervisor, or a named safeguarding professional in their agency.

Professionals can use other confidential forums to share or discuss their concerns about a child or family. An example of this is the local Children and Young People's Planning Forums.

Understanding the Continuum of Need

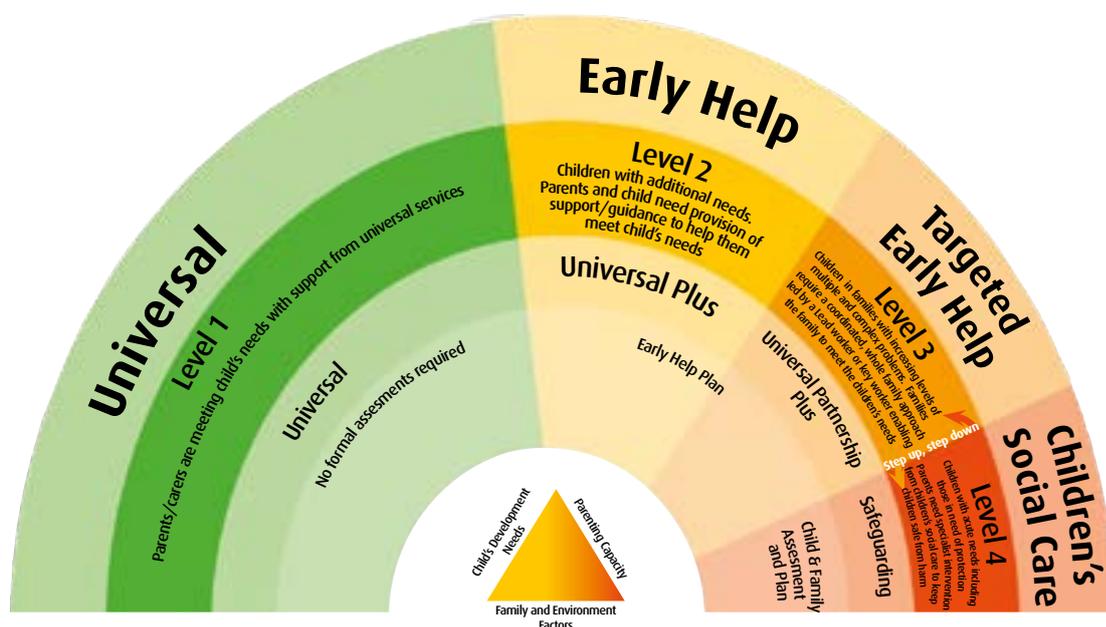
The Continuum diagram and Threshold chart should be viewed together as one tool.

The Continuum diagram provides an overview of the model while the Threshold chart provides indicators which describe the complicating factors that can lead to increased worry at each level and the assessment and plan that would be used at that level to inform the support to be provided.

This model is based on providing the right services proportionate to meet the assessed needs of the child

or young person and in a timely fashion. The aim is to stabilise support for families and prevent escalation to higher levels, providing support to and through universal services and targeted early help support where this is possible.

The model indicates the importance of considering the accumulation of factors within the family, where the sum of the whole can be greater than individual factors or worries alone.



Please view page 10

The model puts an emphasis on Early Help asking workers to think about what has been tried already. We hope that in future, children being referred to Social Care at level 4 will have chronologies of Early Help intervention, telling the story of what has been tried and any change achieved or evidence regarding the lack of sustained

The model will never however replace professional judgement nor can it be used to replace assessment analysis and planning or the importance of evidence that supports the worry held.

Stepping up

Questions to ask yourself when you're worried about a child or young person:

- If nothing changes, or if I do nothing, in what way is the child likely to be harmed or impacted?
- If the worries are related to the parent's needs or abilities, what is the likely impact of this on the child or young person?
- What is it I am most worried about?
- What is prompting me to ask for help or support now? Has the problem or issue got worse recently?
- What has changed if things were working well before?
- What evidence is there regarding needs or concerns identified?
- What positive resources, people, strengths and abilities do the child and family currently have?
- What do we already know about the child's development issues and parental capacity within the family?
- What has already been done to address the needs or concerns? (including actions by other agencies where known).
- Have I asked consent from the parent (and child where appropriate) to share this information? (and if not, why not?)

How to ask for help: - if you are concerned that a child or young person is at risk of harm contact:

Children's Access point: 01403229900
Police on 999 if immediate risk
Out of office hours Emergency: 03302226664

For advice & support on local Early Help services, support or Early Help Plans:

Integrated Support: **Adur** 07595 964 170 **Crawley** 7540 641 848
Arun 07834 614722 **Horsham** 07834 444 408
Chichester 07710 381 983 **Mid Sussex** 07595 236 779
Worthing 07714 920 833

CAMHS Helpline: Western 07765 075 951 **Coastal** 07786 110 157
North 07917 053 468

Please check integrated support website for updates in contact details

Level 1 Universal support, advice and information

All children and families require access to high quality universal provision. Libraries, leisure facilities and youth services including services like scouts and guides and other voluntary agencies are vital in their work to support family and community life at a local level. Universal services are available to all children and families without qualification.

Most parents and families are able to meet the needs of their children with the support of the universal services in their community. Where there are emerging additional needs, universal services can often enhance support

to prevent the problem escalating or provide advice, guidance and support to link families to the right kind of help in a timely way. Universal services will remain

involved with children and their families regardless of where they are on the continuum. For example, children with complex health needs, children looked after and children on Child Protection plans will still receive universal service support.



Universal case example

David and Cassie are 2 year old twins who have recently moved to the area with their mum Carol and step dad Peter. They have a 12 year old brother Carl who is Peter's son. Peter works away from home 3 days a week.

The family are isolated in their new area and are struggling to find and arrange child care. Carol feels she needs some help to manage the demands of parenting twins. Carl is also unhappy at having to move area as he has no friends here. This is causing some rows at home which are escalating. He has started attending a new school but there are rows with Carol every morning because he is worried about going.

Peter and Carol talk through their worries and Peter agrees to do more to give Carol a break when he is home. Peter also plans to spend more time with Carl and talks through his worries about school with him.

Mum, Carol, asks her Health Visitor for information about child minders in the area. The HV provides information via the local children's centre and helps her link to the wider range of family support available there.

Carl's school provide some support to help him integrate into his class group until he is able to make some friends there. He joins a local youth club which helps him build his social network and self-confidence.

Family Strengths

Both parents are committed to meeting their children's needs and can work together to find solutions.

The twins health and development is good, they are well cared for despite mum feeling exhausted.

Carl is attending school regularly and his school are pleased with his progress.

Complicating factors

The family have moved to a new area and have no local support network or knowledge of what is available locally.

Dad, Peter, works away from home 3 days a week which leaves Carol to care for all three children on her own. Carol feels exhausted by the demands of parenting the 3 children with little support.

Carl and his step-mum are rowing at an increasing rate and mum feels their relationship is becoming fraught which is adding to her feelings of stress.

Future danger

Mum's feeling of exhaustion, isolation and unhappiness could impact her ability to meet the needs of the twins and the quality of her attachment with the twins.

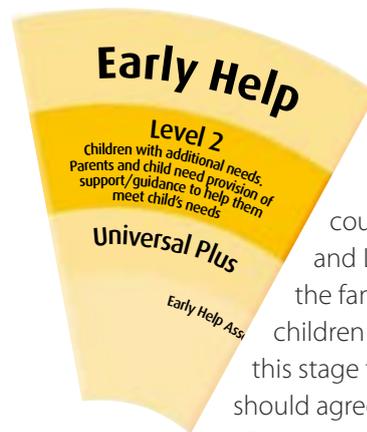
The rows between Carl and Carol could escalate and cause a critical breakdown in family relationships.

If Carl cannot integrate with his peer group in school and overcome his reluctance to attend school, his education could suffer and he may not achieve as he should in school.

Level 2 Early Help

Even when things are going well, additional needs can emerge for children or other family members in a way that impacts the children's wellbeing and life chances. At level 2 these additional needs can be met with enhanced support from universal services and the help of one or two additional, more specialist services that respond to the particular need.

Advice and guidance or simple specialist support from one or two professionals like a health visitor, youth worker, Special Educational Needs support, parenting advice, debt



counselling in school or Speech and Language specialist can enable the family to continue to meet the children or young person's needs. At this stage the practitioner and family should agree together if there is a need for an Early Help plan to co-ordinate a simple plan of support which would ordinarily involve more than two agencies to help the family achieve the changes they have identified.

Early Help case example

Lukasz is 7 years old and lives with his mum, father and baby brother. The school have some worries about him. His school attendance has been getting worse recently. The reasons for his absence are said, by his parents, to do with illness.

He has been assessed by his teacher as having slightly delayed emotional development and learning. He seems to find it hard to concentrate in school and he doesn't seem to be able to form stable relationships with other children.

The school have spoken to the parents about their worries. Although they are aware of the problems, they are not sure what to do. His father wonders whether Lukasz is being bullied in school. The school make a referral to the Family Link Service.

The Family Link Worker knows that there is also a baby in the family. Mum tells the FLW that she is not sleeping well because she is worrying about growing debt and the risk of her husband losing his job.

Family Link Worker contacts the Health Visitor and they meet with the parents and school to agree a plan to support the family. The HV links mum to the children's centre for support and a local debt advice service helps the family sort their debt worries.

Family Strengths

The family have a good understanding of the worries regarding Lukasz

Both parents are open to the help of other services and have drawn in other family members to help them.

Both Lukasz and the baby are healthy children.

Lukasz's relationship with both parents is warm, loving and positive

Lukasz has a good relationship with his uncle Peter who he talks to about his worries

Complicating factors

The family debt problems and risk of unemployment have created pressure on mum and dad which is impacting their emotional and physical resilience.

Lukasz attendance at school is decreasing and he is struggling to concentrate and form good peer relationships. We are unclear as yet why this is and need to understand more about the causes of this.

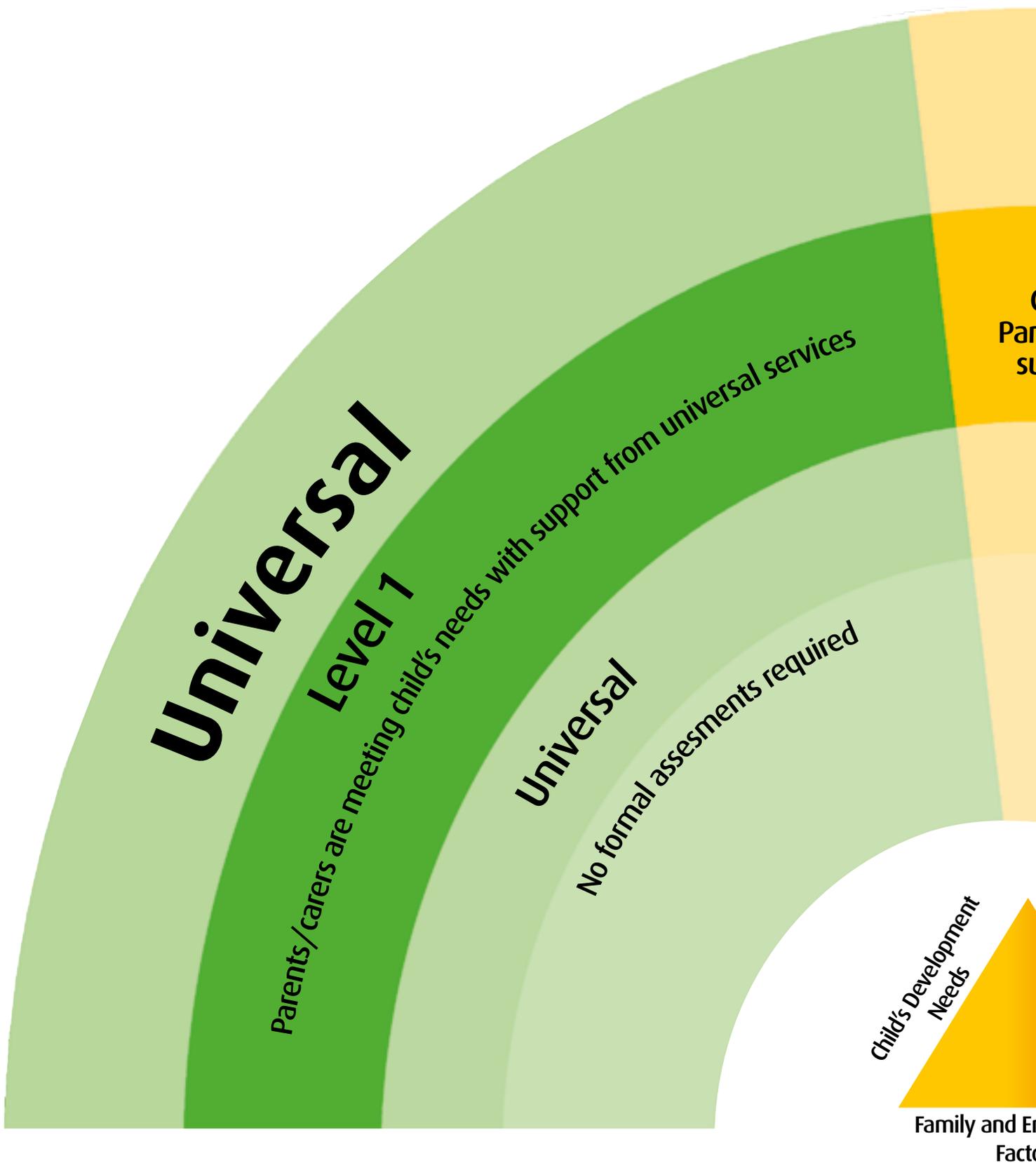
Future danger

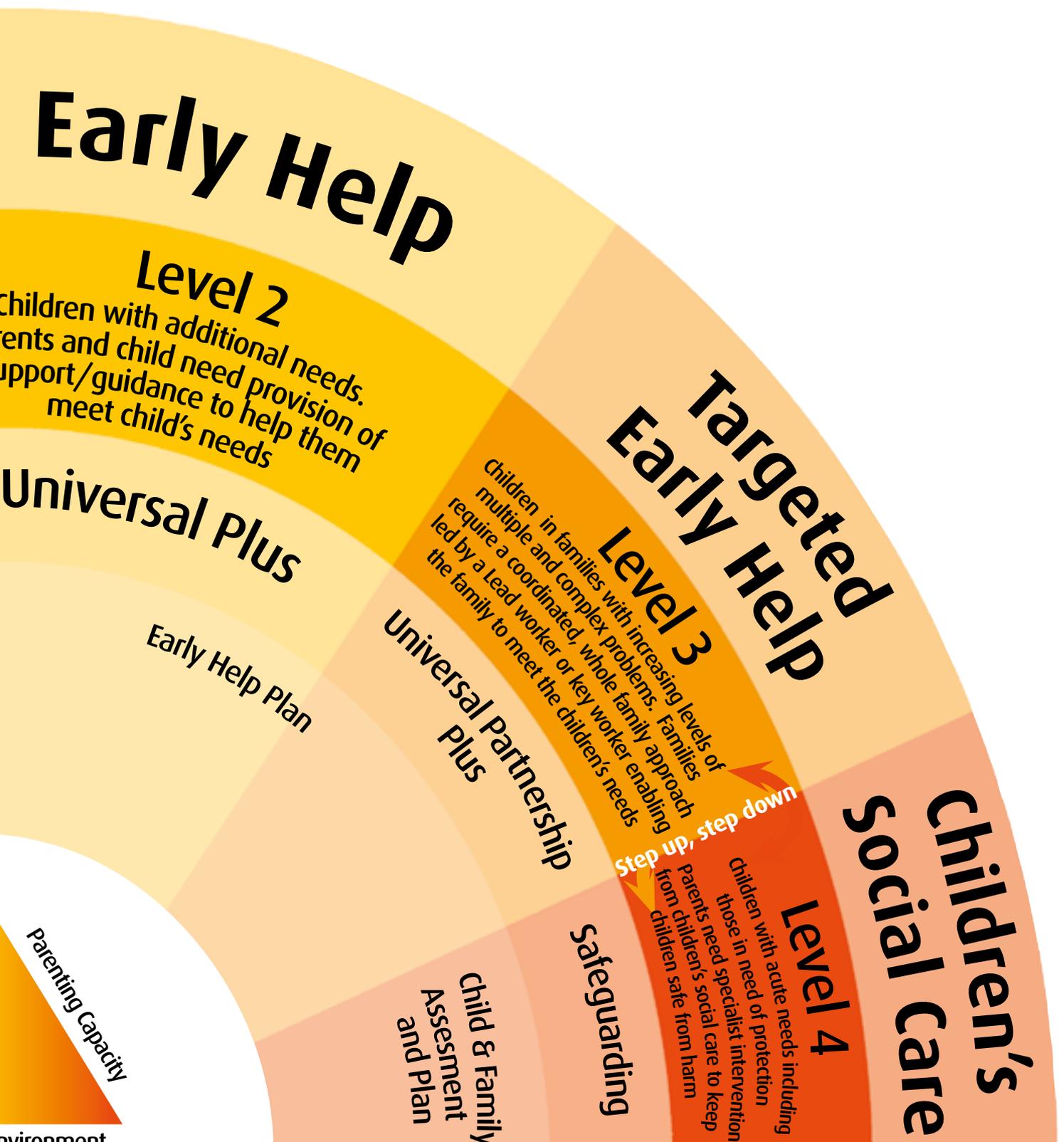
If the worries about unemployment and debt increases this could cause the level of parental resilience to drop further impacting their ability to meet the children's emotional and physical needs.

If Lukasz's school attendance declines further there is a risk of the parents being penalised.

Lukasz is at risk of not achieving good educational outcomes.

West Sussex Continuum of Needs





Level 3 Targeted Early Help

Some children will not achieve their full potential without targeted support through their school, health setting, family network or in their community. Agency professionals particularly health, education, and community services are often best placed to identify if a child or their family are experiencing difficulties and have additional needs.

At level 3 increasing levels of multiple and complex problems are identified by professionals supporting children, young people and their family. Often previous

efforts to support the family as the issue emerged at levels 1 & 2 have not been successful and it is

clear that there is a need to coordinate support to families adopting a whole family approach. These children or young people may have additional or multiple needs because of emotional or physical difficulties, or may be affected by problems in their family. Support may be



Level 3 Targeted Early Help case example:

Lilly is 10 years old and lives at home with her mum, older brother Jack 14 and younger sister Amy 8. The school are worried about Lilly and Amy because they are regularly late for school and on two occasions mum has not come to pick them up at all. The school have had to contact brother, Jack, who has said that mum isn't well and has come to get the girls himself.

The school know that mum has mental health problems and she takes medication for this. They have talked to mum about getting the children to school on time and offered breakfast club to help with this but when mum is ill this is not taken up.

There is previous history of social care involvement when the children were much younger because of the impact of mums mental health on her ability to care for the children and worry about domestic violence from a previous partner. Mum responded well to support from services and the case was closed. Despite this there are periods of poor mental health when the worry can increase.

Mum is part of a local church who provide her and the family with on-going support particularly when mum is ill. Jack also takes responsibility for his sisters and their daily care.

School and Family Link worker work together with the family to gather information using an Early Help plan and bring together wider family, church members and professionals to put together a plan to support the family and ensure the children's needs are met particularly when mum is ill. The Young Carers Service also work as part of the TAF to support Jack ensuring he has time out from his caring responsibilities in the home

Family Strengths

Mum loves her children and wants help to ensure their needs are met when she is ill. She has shown that she can work with agencies well to create change in the past.

The children understand that sometimes their mum can't always meet their needs and are resilient in how they manage this.

Extended family/church friends and Jack are able to provide help to care for the mother and younger children.

The children and their mother really value education and are well engaged with school staff.

Complicating factors

Mum has periods where her mental health is poor and this impacts her ability to care for the children and get them to school on time or even pick them up on time.

Mum's illness is unpredictable and it is difficult to have a plan in place that identifies correctly when her illness is worse and greater care and support needed.

The family have to rely on Jack to notify others that mum's mental health is poor. Jack is embarrassed by his mum's illness and sometimes doesn't like to say.

Future danger

If support to the family is not available when the mother is unwell in the future, the children's needs will not be met and they might suffer harm.

Jack's role as a Young Carer could impact his ability to study and get the grades he is capable of in GCSEs because caring for his family impacts on his attainment..

needed from one or several specialist services like health, education, housing, CAMHS, and/or from voluntary agencies. If not addressed, the issues faced by this child or young person could get worse so their support needs increase.

At this level there is usually a need to implement an Early Help Plan (EHP). Any worker from a service that supports families can initiate this process. Working in partnership with the family, the lead worker will use the EHP to gather information and co-ordinate a multi-agency 'Team

Around the Family' (TAF) to support the family to achieve agreed change.

A smaller number of families will require additional support from a targeted family support service. These services will provide a keyworker skilled in supporting families, who will lead the TAF and provide additional intervention to support change. Examples of this kind of service are the Think Family Programme, Integrated Support Teams, Intensive Youth Support, Family Resource Team, Family Outreach workers and Early Support Team.



Level 4 Children's Social Care Specialist or Statutory Intervention



A small proportion of children have more complex or significant needs where intensive support is required to keep them safe and make sure their needs are met. These children meet the threshold for intervention by statutory and specialist services.

This group includes those children who require an assessment undertaken by a social worker to determine whether or not they are 'children in need'.

This is defined under section 17 of the Children Act 1989; and includes those who have already been assessed as children in need; and those who have suffered or who are at risk of suffering significant harm as defined under section 47 of the Children Act 1989.

Children with disabilities are also children in need. It is important for these children that appropriate access to Universal services and Targeted services is ensured before specialist services are considered.

The Threshold Framework sets out a range of indicators that can lead to a child being a child in need or a child at risk of significant harm.

It is important to note that, at times, the accumulation of a number of factors is the trigger that escalates the need to level 4 rather than a single indicator. Non-engagement with early help services to address the worries may also be a contributing factor.



Case study level 4 Social Care Intervention

Bella is 12 years old and lives with her Mum, Sue and younger sister Jane who is 7. They have a step dad Dylan and half-brother Riley 4 years old. The school contact CAP to say they are worried about Bella who is aggressive and non-compliant in school. They have already a CAF and TAF in place but Bella's behaviour is escalating. Bella has come into school after the weekend looking very dishevelled and sleepy. Her mum has informed school that Bella went missing at the weekend and was returned by the police last night. School believe Bella is using cannabis which affects her mood. She has formed a friendship with a much older group of young people in the area and school have heard that she is in a sexual relationship with a 16 year old boy who is known for violence which the school feel is putting her at risk of significant physical and sexual harm. Mum suffers from low mood and Bella has said before that she steals her cannabis from her step dad.

CAP have received notification of Bella being missing over the weekend and this is the second report this month. Police confirm that Bella was found in the company of Jack Danes who is 17 years old and known for selling cannabis, violent crime including carrying a knife. Step father also has a history of selling drugs. The Health Visitor has contacted CAP previously with worry about poor home conditions when she visited. Mum was suffering from post natal depression and with the support of the children and family centre the home situation had improved. The decision is made to set up a strategy meeting with the police to agree a plan of assessment and investigation.

Family Strengths

Sue and Dylan love their children and want to work with services to make sure they are safe

Sue has shown that she can respond to help to improve home circumstances by the work she did when Riley was a baby.

Bella is home and safe and has said that she wants to stay at home and work out why people are worried about her and why she runs away.

All three children are healthy and have a good relationship with their parents.

Complicating factors

Bella has made friends with a group of teenagers much older than her which has brought her into contact with activities that put her at risk including using drugs, alcohol and an older boyfriend.

Jack Danes is 17 years old and is known to police for violent activity. Bella ran away to be with him and there is suggestion that the two may be sexually active.

Bella is aggressive and defiant at home and in school. Parents and school feel this is escalating and both are struggling to manage her.

Allegations that Dylan stepfather sells and uses drugs need to be investigated as this may impact the chance for change in relation to.

Mum's history of depression and low mood means she struggles to be consistent in her responses to her children.

Future danger

Bella is too young to be in a sexual relationship with Jack. There is also a risk that she could get pregnant which would impact her life opportunities and that of her child. Bella is at risk of significant harm. A child of 12 years in a possible sexual relationship requires a Section 47 enquiry as it would be physically and emotionally harmful.

If Bella continues to use Cannabis and drink alcohol she will be at increased risk of being harmed and it will reduce her own ability to keep herself safe.

Bella's relationship with older teenagers put her in danger of being harmed because she wants to stay out late, use drugs and drink alcohol to be like them and be part of the group. If Bella can't recognise the risks that this creates or respond to the boundaries that her parents set for her then she could get hurt or damage her health by misusing substances.

Bella's use of drugs means that she is at risk of starting to use more serious classes of drugs and she could become dependent, which will impact on all areas of her life and could also lead to overdose.

Because Jack is older than Bella and has a history of violence, Bella could be physically harmed if he is violent towards her. She could also end up with a criminal record if she gets caught up in any ie criminal activity or violence by Jack against someone else.

Stepping down

Refers to the process supporting a family as they pass from an intensive or statutory led, support plan at Level 4 to support at a lower level 1 – 3. It is important that there is clear communication and good coordination that enables a new support plan to be agreed with the child and family and an effective handing over of the

Lead worker role if required.

The role of the social worker in helping to outline how the level 4 concerns have been addressed and agreeing new outcomes is vital to a successful and sustainable Early Help Plan.

This script outlines a conversation that could be had not just with the social worker but ideally in the step-down Team around the Family (TAF) meeting with the parents, professionals and if appropriate the children and other relevant family members present. This should help achieve the following:

- An agreed understanding and open discussion about what the worries have been and if any risks remain.
- Celebration/ affirmation of the hard work and achievements so far.
- Identification of the coping strategies/ new skills within the family that have enabled things to improve.
- Address any anxieties that other agencies, family members have about past or outstanding risks and how to manage this.
- Agree together, an ongoing safety plan with early warning and contingency arrangements to address the potential for escalation of risk. (What would it look like if things started to go wrong? Who would notice? What action would be taken?)
- Agree clear outcomes for the next phase of support
- Agree who the new lead worker will be and how the TAF will work together with the family to achieve their goals.

Questions to aid Step down planning

1. What were the worries in this situation that required social care intervention?
2. What level of social work intervention has there been recently, Child in Need plan Section 17, CP Section 47, Looked after Child (LAC)
3. What work has been done to address/reduce level of risk and strengthen
4. What are the current strengths and protective factors? (the things that keep the child safe and well in the current situation)
5. What are the outcomes that still need to be achieved through an Early Help Plan?
6. What would it look like if risk were to increase again? (early warning signs)
7. What actions should be taken if risk increases (who would we contact, CAP, Social Care consultation etc.)

Social worker will attach their latest assessment and start an Early Help plan on Holistix before transfer to a new lead worker.

Stepping down from Social Care

Questions to consider at the transition TAF



What concerns led to Social Care intervention & why is it not needed now

What change has been achieved and how has the worry reduced

What are the new and existing strengths and protective factors in this family now as social care end their work

What do you think needs to be achieved by supporting the family through an Early Help Plan

**What would it look like if it started to slide downhill again?
Can you advise on potential triggers for agreed escalation
Who can help if we are worried?**

Introducing Signs of Safety

In West Sussex Childrens Social Care are in the process of adopting the Signs of Safety approach to working with children and families where there are worries about abuse or harm. As a step towards building a common language and a consistent experience for families receiving support, Signs of Safety has also been incorporated into the new model of Early Help Plan which will replace CAF in West Sussex.

We will use this model to improve how we engage and work in partnership with whole families. It will help us to ensure the voice of all family members, including each child is heard in the plans we make with them to support change.

Signs of Safety is a strengths based approach that uses 4 simple questions to ask when thinking about and working with a family.

1. What are we worried about (Past harm, future danger and complicating factors.)
2. Whats working well? (Existing strengths and safety)
3. What needs to happen? (future safety/ positive change)
4. How worried are we on a scale of 0 – 10 (Judgement)

For more information about Signs of Safety go to: <http://theintranet.westsussex.gov.uk/Library/Pages/Signs-of-Safety.aspx>

Glossary

CAMHS

Child and Adolescent Mental Health Service. Provides Early Help and specialist support and intervention for young people and children where there is a worry regarding emotional wellbeing or Mental Health.

Child

A child is anyone from birth up to the age of 18 years. For the purposes of this guidance, we also use 'child' to refer to unborn children. Once they reach 18 years old they cease to be defined as a child. However, they may continue to get services from children's service providers in certain circumstances, for example, if they are care leavers or have a learning disability.

Child in Need

A Child in Need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled.

Child in Care or looked after child

A child in care or looked after child is a child who is provided with accommodation by the Local Authority as a result of:

- (a) there being no person who has parental responsibility for them
- (b) having been abandoned
- (c) The person who has been caring for them being prevented (whether or not permanently, and for whatever reason) from providing them with suitable accommodation or care. This could include children where the Local Authority has the permission of the family court to remove a child from the care of their family in order to protect them from significant harm.

Child Protection

Process of protecting individual children identified as either suffering, or at risk of suffering, significant harm as a result of abuse or neglect.

Children's Access Point, (CAP)

CAP is the first point of contact where there are concerns about a child's safety. A skilled team of Social Workers respond to calls, triaging and initiating appropriate response

Child with disability

The Disability Discrimination Act 2005 (DDA) defines a disabled person as someone who has "a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities." According to the DDA 'substantial' means 'more than minor or trivial' and 'long-term' means that it 'has lasted or is likely to last more than a year'.

Children's Social Care

The work of local authorities exercising their social services functions with regard to children.

Complex needs

Such children have a number of discrete needs that require additional support from more than one agency. Their needs are often chronic and may be life-long. Different needs tend to interact, exacerbating their impact on the child's development and well-being.

Early Help Action plan.

A document that sets out the approach to design and deliver Early Help within West Sussex through partnership working

Early Help Plans

This is the name given to the common process that will replace CAF in West Sussex. Providing a system for identification, assessment and multi-agency planning. With Signs of Safety at the centre of the new common process Early Help plans will promote clear conversations and partnership with the whole family.

Edge of care

Children and young people who live in circumstances that suggest there is a risk that they may lose their place in their own family and need to be looked after by the Local Authority. This may be due to poor family relationships, or other circumstances

Family

A social unit, usually living within the same household, consisting of both adults and children. Can be an 'extended family' which includes those not living in the same household, but who have close social ties to the core family unit.

Family Support

A means of providing advice and support to parents and carers, at the earliest opportunity, so they can access appropriate services for the family's needs. This support offers them help in raising their children.

FGM

Female Genital Mutilation.

HolistiX

Electronic case management system that supports the newly developed Early Help Plan which will replace CAF in West Sussex.

Intentionally homeless

Those who have been found by the Housing department to have taken actions that caused them to lose their housing

NEET

A term used to describe young people not in employment, education or training

Safeguarding and promoting the welfare of children

Defined for the purposes of this guidance as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with safe and effective care
- taking action to enable all children to have the best life chances.

Significant Harm

Significant harm is the threshold that is used to justify compulsory intervention in family life if it is in the best interests of the child. Where a local authority have reasonable cause to suspect that a child who lives, or is found in their area to be suffering, or is likely to suffer, significant harm, the authority should make such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare. There are no absolute criteria to make judgments on what constitutes significant harm, since this may depend on the severity, extent, duration and frequency of abuse or neglect, as well as an assessment of the impact of this on the individual child.

Single Front Door

Brings together staff and functions of the existing Children's Access Point (CAP) and the new Early Help Resource Centre (EHRC) into one geographical location to provide a single gateway into statutory, social care and early help.

Team Around the Family (TAF)

A multi-agency group formed of agencies and family members with the purpose of working together to help the family achieve desired change as part of an Early Help Plan.

Think Family Programme

This is the West Sussex name for the National Government Troubled Families initiative which targets families meeting specific criteria. The Think Family providers are an integral part of early help and the services that are offered to families.

Universal Services

Services available to the whole child population e.g. Health Visitor, School, School Nurse etc.

