

thrive

earlier help, better outcomes

The Continuum of Need

Information & guidance for services
providing early help

Why do we need a continuum?

- Teams have told us they want support with managing risk
- The Continuum of Need is being made available to all teams who work with children and their families across East Sussex
- It is intended to provide a shared understanding and common language around needs and risks surrounding children and their families, to support decision-making and discussions between services
- Children's social care will use it as the basis for all conversation with other services:
 - When a team is requesting advice, support or reassurance from social care to help them manage a case
 - when a child's needs are escalating and a team is requesting social care involvement
 - when social care are making a decision about whether or how they should be involved
 - when a child's situation has improved and social care involvement is no longer required but there may still be a need for ongoing support by others
- We are encouraging all teams working with children and their families to become familiar with the tool

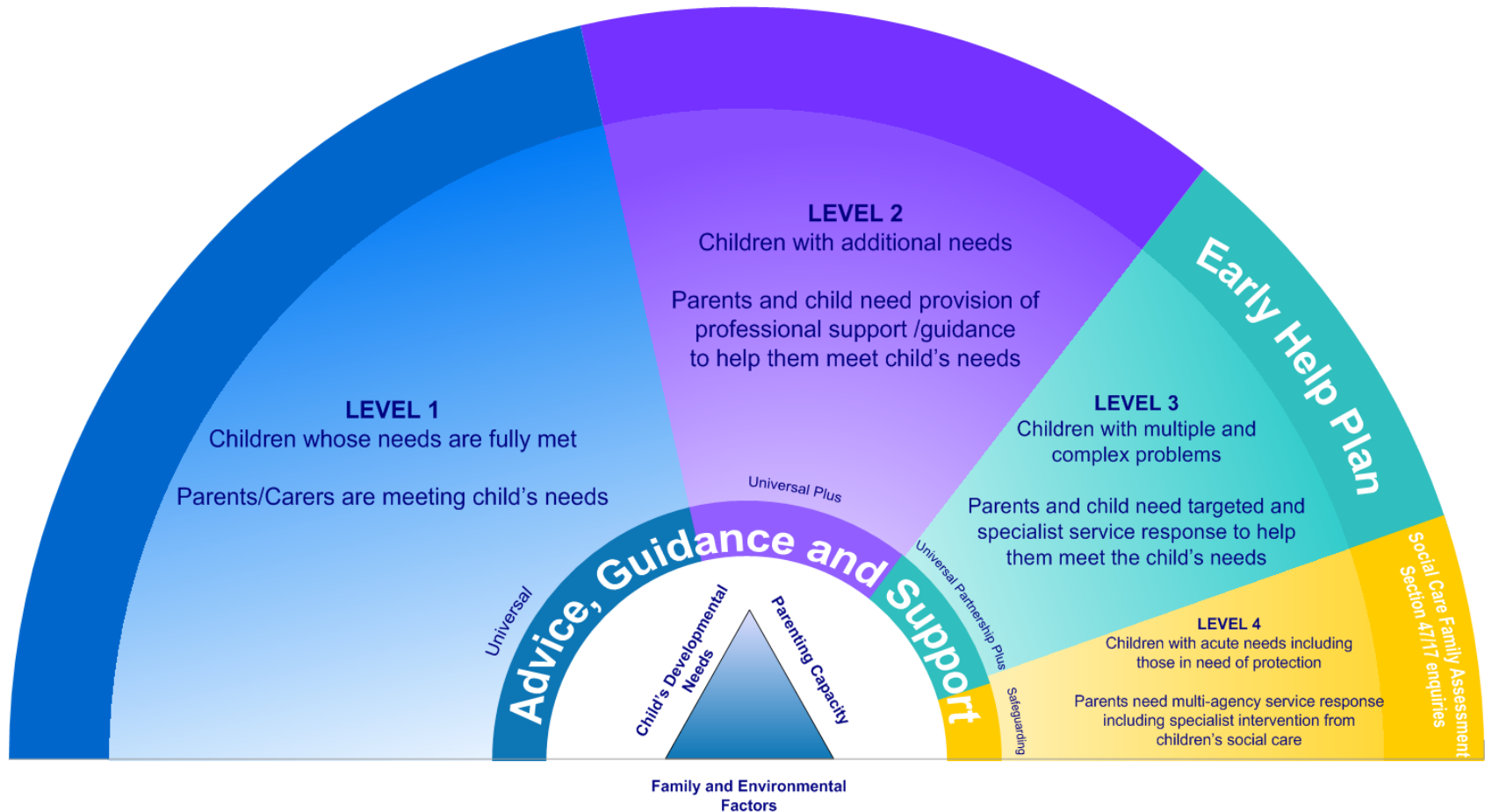
How was the Continuum of Need developed?

- The continuum concept was piloted within the West Area Integrated Screening Hub that was launched in April 2012
- A series of Early Help partner workshops took place during the summer of 2012 during which practitioners from a range of services, including schools, health, local authority, voluntary organisations and the police, gave their views on the usefulness of the tool
- Using feedback from the workshops a multi-agency group tailored the tool to meet the needs of services in East Sussex

How does the continuum work?

- The continuum tool is made up of two parts
 - A windscreen tool showing levels of need and the relationship between them
 - An indicator tool outlining a set of possible descriptors for each level
- The continuum is broken down into four levels of need: 1, 2, 3, 4.
- Each level indicates a rising or escalating level of need across a wide range of key indicators relating to an individual child young person or their family, for example:
 - Level 1 is compatible with a child who is achieving and developing at a satisfactory level, with no identified areas of additional need.
 - Level 4 is compatible with a child or young person who is identified as requiring statutory assessment and intervention from Children's Social Care.

East Sussex Continuum of need / Service response Windscreen tool



Continuum of Need:
Information & guidance for services providing early help

East Sussex Continuum of need / Service response Indicator tool (section)

	Level 1 - Achieving Expected Outcomes	Level 2 - Children with additional needs	Level 3 - Children with Multiple and complex needs	Level 4 - children with acute needs, including protection
Early years level descriptors	(Universal)	(Universal Plus)	(Universal Partnership Plus)	(Safeguarding)
Health	Physically well	Susceptible to minor health problems	Severe/chronic health problems	Severe/chronic health problems & appropriate services not being accessed. Life threatening health problems
	Balanced healthy diet/good hygiene/clothing	Adequate diet	Problematic diet e.g. obesity, faltering growth	Severe health effects from problematic diet
	Developmental checks/immunisations up to date, health appointments kept, incl. ante-natal	Slow in reaching developmental milestones. Starting to default on appointments	Slow in reaching developmental milestones. Non attendance for appointments	Developmental milestones unlikely to be met. Non organic faltering growth
	All physical health needs met	Minor concerns regarding diet/hygiene/clothing	Escalating concerns regarding diet/hygiene/clothing	Regularly unfed. Very unclean/dirty, clothing smell
	Speech & language development appropriate	Emerging speech & language difficulties	Failure to access / engage with some speech & language services.	Significant impact of not accessing or engaging with speech and language support
	Dental and optical care as required	Defaulting on dental and optical appointments	Dental and optical concerns not being met	Severe impact from dental and optical concerns not being met.
	Sexual activity and awareness appropriate for age	Emerging concerns around sexual activity and awareness	Increasing risk of vulnerability from sexual activity and awareness (inc teenage pregnancy)	Sexual exploitation/abuse
Good state of mental health & emotional well-being	Emerging concerns around mental health & emotional well-being	Significant concerns not being met. Failure to access support and services	Serious mental health issues. Serious risk to self or others. Sustained bouts of depression/self harm. Threats of suicide	
No use or exposure to substances	Exposure to substances which impact on health and development	Exposure to problematic use. Experimental use by adolescent	Problematic and chaotic use of substances which impact significantly on the health and well-being of the child. Class A drug use or daily use of any substance by an adolescent	
Learning & Education	Success/achievement reaching educational potential	Not thought to be reaching educational potential. Some identified learning needs that require school-based support	Identified learning needs that are not being met. Evidence of non-engagement with appropriate support	
	Regular school attendance and good punctuality	Pattern of regular school attendances	Some fixed term exclusions. Permanent exclusion. High percentage of non-attendance	Repeated permanent school exclusion. Permanent school exclusion with other risk factors
	Age appropriate cognitive development. Positive and stimulating environment	Reduced access to books/toys. Not always engaged in learning, e.g. poor concentration, low motivation & interest	No access to leisure activities/stimulation. No interests/skills displayed	Denied access to stimulation
Emotional & Behavioural Development	Feelings & actions demonstrate appropriate responses	Some difficulties with peer group relationships & adults. Evidence of inappropriate responses & actions	Difficulty coping with anger, frustration & upset	Regularly involved in anti-social/criminal activities
	Good quality attachment with caregivers	Disrupted attachment due to parental or child factors. Can be overfriendly or withdrawn with strangers	Disruptive/challenging behaviour by parent or child linked to poor attachment	Dysfunctional attachment between parent and child leading to significant harm
	Behavioural difficulties well managed	Emerging difficulties around managing challenging/disruptive behaviour	Challenging / disruptive behaviour impacting on daily life, achievement & relationships etc	Challenging / disruptive behaviour putting others or self in danger

Things to consider when using the continuum

- The Continuum of Need cannot replace professional judgement or decision-making, and cannot be used as a checklist or an assessment of need
- Children, young people and their families rarely fall neatly into one level. They may have elements of need across the levels and it is up to the practitioner to consider which needs take priority when identifying the appropriate level
- The lines between each level are inevitably blurry, and there will always be room for different interpretations. The continuum provides a framework for thinking and conversations; it is not intended to provide answers
- Children, young people and their families do not have a fixed position on this Continuum. Their position will change and move as their needs and individual situation changes

The continuum and social care

- You do not need to wait until you are certain that a child or young person's needs meet level 4 before seeking advice or support from social care teams:
 - If you have concerns about a child's welfare and want general advice, support or reassurance regarding a situation before it reaches that stage you can contact the Children's Social Care Duty Teams for an active consultation
 - In most instances the Duty Team will just need to provide you with advice and signposting. However in some cases they may consider that a child's needs are significant enough to require further information. In these instances they will request that you share the information formally with children's social care and a referral will be taken
 - It is good practice to talk to appropriate family members about your concerns before contacting social care, and let them know you will be sharing their information. Except where you think this would place a child or adult at risk of harm.

The Family Assessment

- If Children's Social Care identify that a child or young person you are contacting them about needs a formal Children's Social Care assessment they will carry out a Family Assessment
- This is a single assessment that has replaced the separate Initial and Core assessments
- It is based on the Framework for the Assessment of Needs, with a focus on the child's needs, parenting capacity, and family and environmental factors.
- The length, detail and scope of each Family Assessment will depend on the presenting issues and the circumstances surrounding the child, young person and their family
- In East Sussex we aim to complete 90% of our Family Assessments within 35 working days.
- During the assessment the children's social care practitioner will seek the views of all other practitioners working with the child or family

Further information & guidance

- For downloadable copies of the continuum go to:
<https://czone.eastsussex.gov.uk/partnerships/thrive/Pages/Continuum.aspx>
or contact the Early Help & Commissioning team at:
cypt@eastsussex.gov.uk
- For practice support on applying the continuum to individual cases speak to your team leader, line manager or safeguarding lead
- For contact details for children's social care teams go to:
<https://czone.eastsussex.gov.uk/childprotection>