

Continuum of Need Framework

Nottingham City Safeguarding
Children Partnership



Continuum of Need Framework

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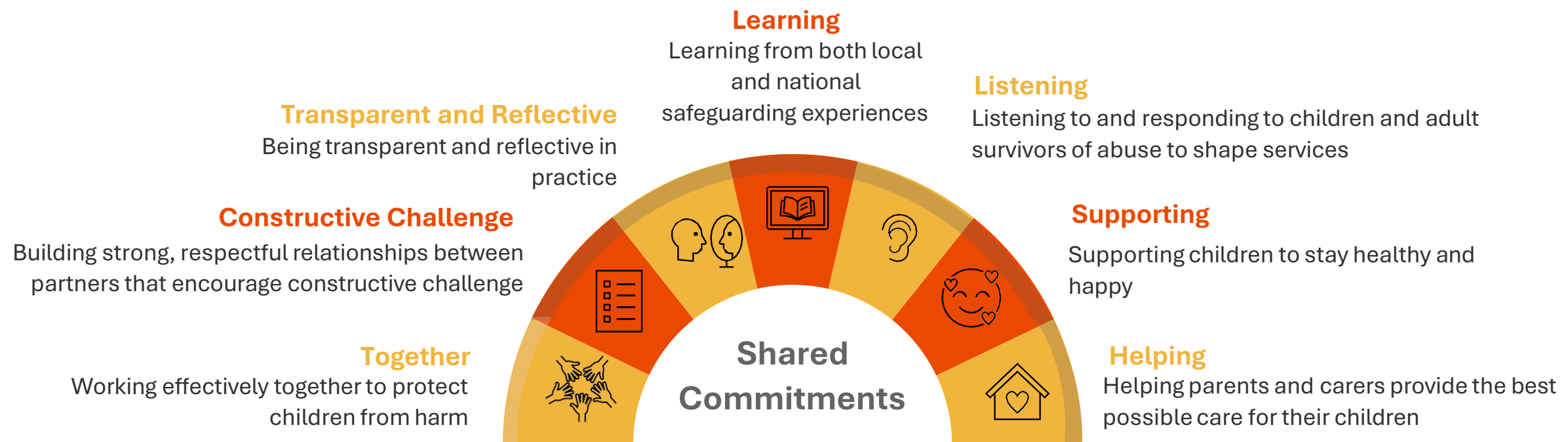
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Introduction

Across Nottingham, our vision as a partnership is that ‘children and families grow up in a safe and stable environment and are supported to lead healthy, happy and fulfilling lives.’ This shared vision is supported by seven shared commitments:



This guidance is designed for all professionals working with children and families across Nottinghamshire’s safeguarding partnership. It offers a consistent framework that reflects our shared approach to understanding and responding to children’s needs, including how agencies can work together across the continuum of support. It supports shared understanding and decision-making and aligns with the expectations set out in Working Together 2023. While the guide provides helpful tools and indicators, it recognises the value of professional judgement, experience, and relationships. Every child and family is different, and it’s through respectful, collaborative working with families, that the most effective support can be offered.

Its purpose is to encourage open conversations that help identify the level of support a child and their family may benefit from. It promotes timely, coordinated responses from the most appropriate services, helping families access support early and reducing the likelihood of needs becoming more complex. You can find more information about how to support a child at the earliest opportunity on the Ask Lion website: [Team Around the Family | Ask Lion - Nottingham City Directory](#)

Professionals are encouraged to use internal support systems, such as supervision, reflective practice, and peer discussions, to explore their views and decision-making. There is a wealth of information about services that is available for professionals and families to access via Ask Lion. <https://www.asklion.co.uk/>

The document also helps professionals recognise when more specialist or statutory services, such as Children’s Social Care, may be needed. It should be used alongside local multi-agency safeguarding policies and procedures. If you have a concern about a child, you should contact the MASH to make a referral: [Multi Agency Safeguarding Children Hub \(MASH\) - Nottingham City Council](#)

When there are different views about the level of support a child may need, it’s important that these are explored through open, respectful conversations. Professionals are encouraged to work together, drawing on each other’s knowledge and relationships with the child and family, to ensure timely and appropriate support is provided. Keeping the child safe and well-supported remains everyone’s shared priority. The agreed escalation processes should be followed where necessary. You can find the escalation pathway here: [Escalating for the right Outcome - Conflict Resolution...](#)

It is key to remember that where neglect of a child has been raised as a concern ALL agencies MUST complete the Neglect Toolkit, which can be found by clicking on the link below: [neglect-toolkit.pdf](#)

Continuum

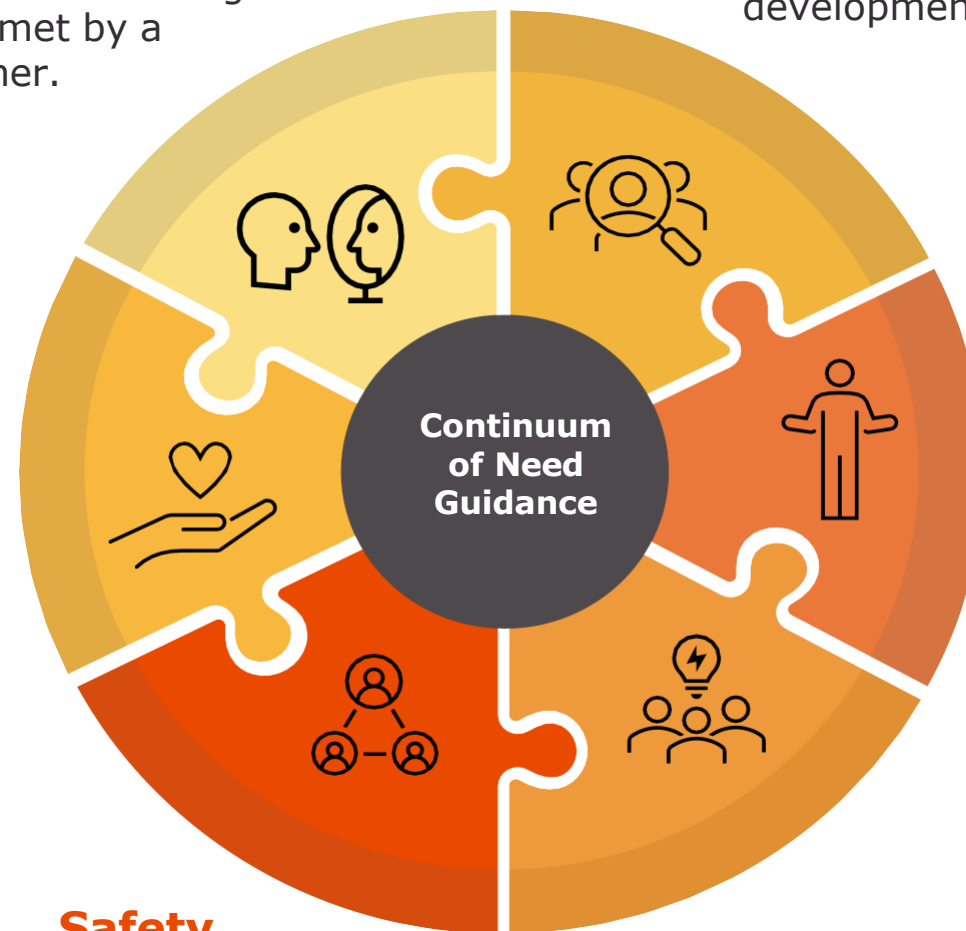
Support can come from different services across the continuum of need. This means that even whatever level a child is receiving support, their needs might be met by a range of people working together.

Applies to all

This guidance applies to all children - including unborn babies, infants, children, and young people. When thinking about support, it's important to consider each child's stage of development, not just their age.

Children in Need

Children with disabilities are entitled to a Section 17* Child in Need assessment, which helps identify the support they may benefit from.



Relationships

Working with children always means working with their families and wider support networks. These trusted relationships form the foundation of the Team Around the Family, helping to build on strengths and respond to challenges together.

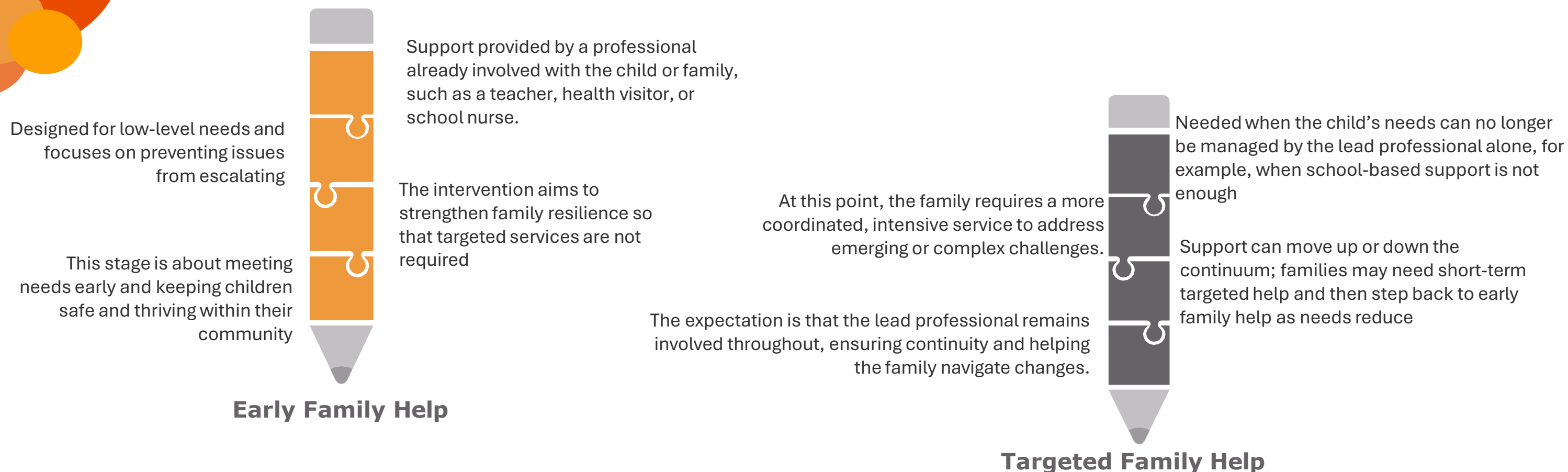
Safety

Where there are concerns about safety, practitioners may need to act without consent to ensure the child is protected, but this should always be done with care and sensitivity.

Support

In most situations, families are best placed to decide when they need help or advice. Practitioners can support this by creating safe, open spaces for conversation. Sometimes, professionals may need to take a more active role in engaging families, especially when early support could prevent difficulties from growing.

Family Help



Family Help is needs-led, not threshold-driven, meaning the level of support adapts to what the child and family require at any given time.

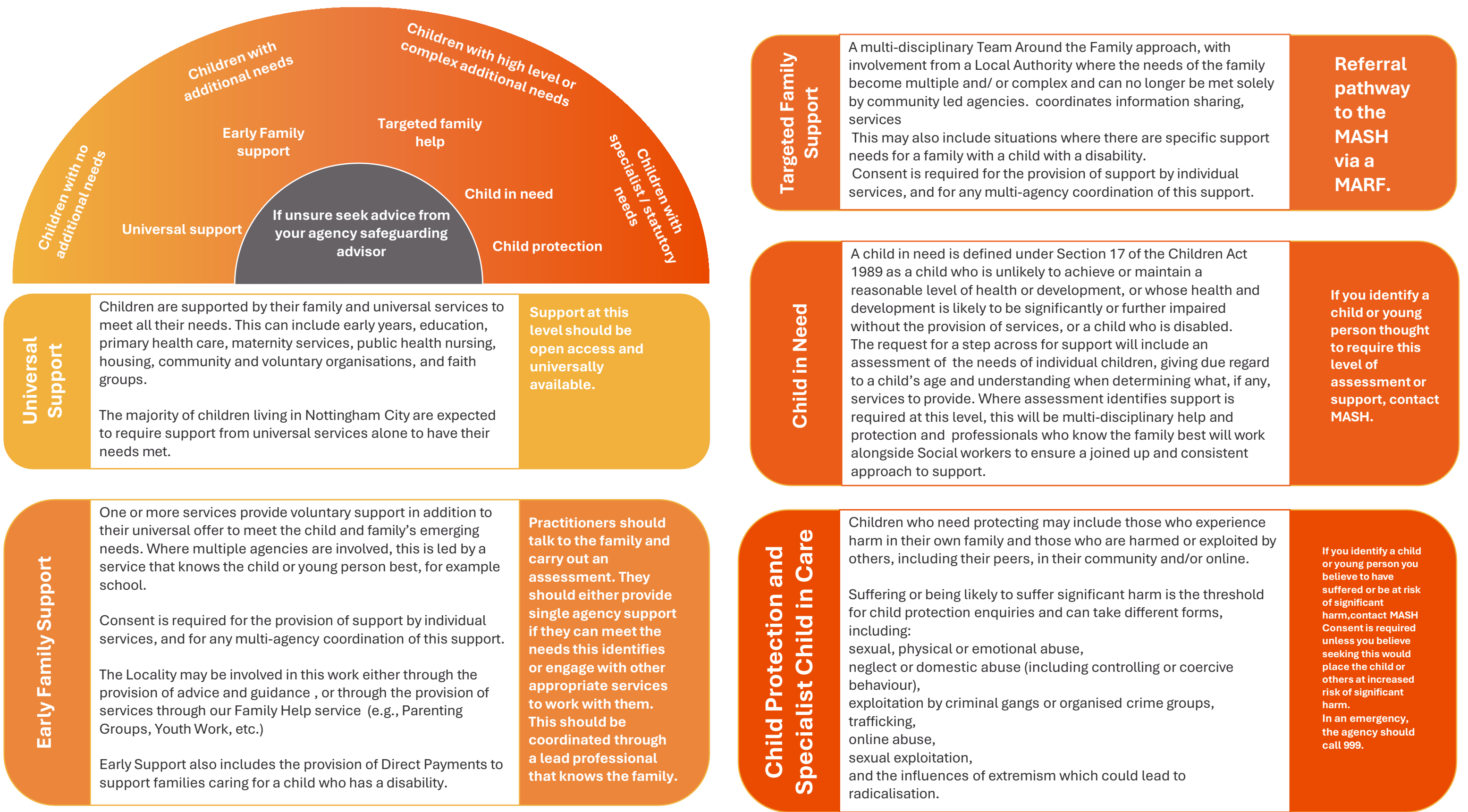
Why Early Family Help Matters

Providing support to children and families early, before challenges escalate, can make a profound difference in a child or young person's life. Early Family Help is not just about preventing harm; it's about recognising strengths, building resilience, and empowering families to thrive. When support is offered at the right time, it can reduce stress, strengthen relationships, and improve emotional wellbeing, helping children feel safe, secure, and ready to learn and grow.

Early Family Help creates space for families to access practical support and build on what's already working well. It helps identify emerging needs, avoiding crisis and promoting stability. You can find out how to support a child at the earliest opportunity here:

[Team Around the Family | Ask Lion - Nottingham City Directory](#)

Providing effective support to children and families



Potential Indicators of Need – Child’s Developmental Needs

Note: This is an illustrative list of potential indicators that provide conversation opportunities to identify appropriate support for children and families. It is important to know that this list is not exhaustive; indicators do cross between different levels of need, as illustrated by the columns without headings.

Child’s Developmental Needs Health, Learning, Emotional & Behavioural Development, Identity, Relationships	Universal	↔	Early Family Support	↔	Targeted Family Help	↔	Child In Need	↔	Child Protection
	- Generally physically well - Nutritious diet - No identified issues around hygiene and dress - Development and health reviews; immunisations up to date - Developmental milestones and motor skills reviewed - No presenting mental health concerns - Good quality early relationships - Able to adapt to change - Understands others’ feelings - Takes responsibility for behaviour - No concerns about sexual activity - Responds appropriately to boundaries and constructive guidance - Understands unsafe situations - Has positive self-image - Stable and affectionate relationships with family - Able to make and maintain friendships - Access to books and toys - Is provided with appropriate education and learning - Enjoys and participates in learning activities - Has experiences of success and achievement - Sound links between home and education provider - Planning for career/adult life	- Pregnancy concerns related to parent’s health or lifestyle - Has some identified additional learning needs - Has some difficulties sustaining relationships - Minor concerns regarding diet, hygiene, or clothing - Low level dental concerns – missed appointments, some decay - Vulnerable to emotional difficulties, perhaps in response to life events such as parental separation - Child appears anxious, angry, or phobic - Delay in reaching developmental milestones - Distances self from others - Language and communication difficulties - Some insecurities regarding identity (e.g., low self-esteem, lack of confidence, sexuality, gender identity) - Showing early signs of challenging behaviour in the community - Experiments with tobacco, alcohol, or cannabis - Some difficulties with adult or peer relationships (e.g., ‘clingy’, anxious, or withdrawn) - Limited engagement in play with others / has few or no friends - Not always engaged in play or learning; poor concentration	- Few positive relationships - Limited access to books or toys - Concerns about developmental progress (e.g., overweight or underweight, bedwetting or soiling) - Missing some routine and non-routine health appointments - May experience bullying or be exhibiting bullying behaviour - Disability limits amount of self-care possible - Lack of positive role models - Not reaching educational potential - A child or young person who has special educational needs (whether or not they have a statutory education, health and care (EHC) plan) - A child or young person who is disabled.	- Disability prevents self-care in a significant range of tasks - Ongoing, challenging behaviour at school; possible risk of exclusion - Consistently poor education attendance and punctuality - Not reaching full educational potential - Emerging mental health issues (e.g., anxiety, depression, eating disorder) - A child who is viewing problematic and/or inappropriate online content (for example, linked to violence), or developing inappropriate relationships online - A child who is bereaved - A Child who may be at risk of exclusion from education.	- Low level self-harming behaviours - Relationships with carers characterised by unpredictability - Mental health needs that are starting to impact on a child’s life - Starting to engage in low level offending behaviours or associate with peers that do - Disruptive or challenging behaviour at school, home, or in the community - Young carer where responsibility is impacting on other areas - Relationships with family experienced as negative (‘low warmth, high criticism’) - Age-inappropriate low level sexualised behaviour – use of language or suggestive	- Ongoing recurring health difficulties not being managed as well as they could be - Concerns about situation but family declining services - Child lacks a sense of safety and as a result may find themselves in dangerous situations - Starting to commit offences or re-offend - Child starting to be reported missing from home - Developmental milestones are not being met due to parental care - Changed behaviour, reference to radicalised thoughts or threats to act	- Concerns around sexual relationships – safe sex, unhealthy relationships, multiple partners - Persistent episodes of missing - Child or young person is out of education or not receiving education and parents are unable to support to improve this - Child using substances regularly - Physical or learning disability needing constant supervision and support - Presentation (including hygiene) significantly impacts on relationships	- Allegation of abuse or physical injury caused by a professional - Refusing medical care: danger to life or development - Failure to thrive, likely to be due to care provided - Seriously obese or seriously underweight - Dangerous sexual activity and/or early teenage pregnancy - Suspected risk of Female Genital Mutilation - Child displaying sexually harmful or abusive behaviour - Acute mental health difficulties (e.g., severe depression or risk of suicide)	- Allegation of abuse or physical injury caused by a professional - Refusing medical care: danger to life or development - Failure to thrive, due to care provided - Concerns about extreme weight issues – underweight, obese - Suspected risk of Female Genital Mutilation - Concerns about sexually harmful or abusive behaviour - Acute mental health difficulties (e.g., severe depression or risk of suicide)

Potential Indicators of Need – Parenting Capacity and Family

Note: This is an illustrative list of potential indicators that provide conversation opportunities to identify appropriate support for children and families. It is important to know that this list is not exhaustive; indicators do cross between different levels of need, as illustrated by the columns without headings.

Parenting Capacity & Family Basic Care, Ensuring Safety, Emotional Warmth, Stimulation, Guidance, and Boundaries, Stability	Universal	↔	Early Family Support	↔	Targeted Family Help	↔	Child In Need	↔	Child Protection
	- Provide for child's physical needs (e.g., food, drink, equipment, appropriate clothing, medical and dental care) - Protection from danger or harm - Shows warm regard, praise, and encouragement - Ensures stable relationships - Ensure the child can develop a sense of right and wrong - Child or young person accesses play, activities, and leisure facilities as appropriate to age and interests - Good relationships within family, including when parents are separated	- Inconsistent responses to child or young person - Parent or carer offers inconsistent boundaries - No effective support from extended family - Low-level parental substance or alcohol use - Parents struggling to have their own emotional needs met - Provides limited access to new experiences or leisure activities	- Parent or carer stresses starting to affect ability to ensure child's wellbeing – boundaries, routines, response to situations - Unnecessary or frequent visits to doctor/casualty - Parent or carer requires advice on parenting issues - Basic care is not consistently provided - Inappropriate childcare arrangements and/or too many carers	- Parents sometimes find it difficult to positively resolve conflict in their relationship - Lack of routine in the home	- Exposed to low level parental conflict within the household or family - A child or young person is taking on a caring role in relation to their parent or carer, or is looking after younger siblings and there is an evident impact on their wellbeing - Child has multiple carers and as a result lack routine and boundaries - Parents behave in a way which causes distress (shouting, arguing) - Parents do not provide access to positive experiences - Parents unable to set effective boundaries (e.g., too loose or too tight)		- Severe disability – parents who require additional support and breaks in care to meet care needs - Request for child to be accommodated - Parent says someone is/has harmed their child - Pregnant parents or carers who have been unable to care for previous children - No effective boundaries set by parents or carers - Parents' or carers' own needs mean they are unable to keep child or young person safe - Child has no one to care for him/her - Concerns there may be domestic abuse	- Child beyond parental control - Parent's mental health difficulties or substance misuse affect care of child or young person - Parental substance misuse impacts on ability to consistently meet child's needs - Contact with individual posing a suspected or known risk to children	- Non-compliance of parents or carers with services where risk of harm to child has been identified - Family home used for drug taking, sex trade, or other illegal activities - Suspected or evidence of fabricated or induced illness / perplexing presentation - Domestic abuse in the home - Parent or carer's mental health or substance misuse significantly affects care of child - Persistent and high-risk parental substance misuse - Parents or carers involved in violent or serious crime or criminal offences against children - Parent or carer is failing to provide safe physical care or emotional support to child

Potential Indicators of Need – Environmental and Contextual Factors

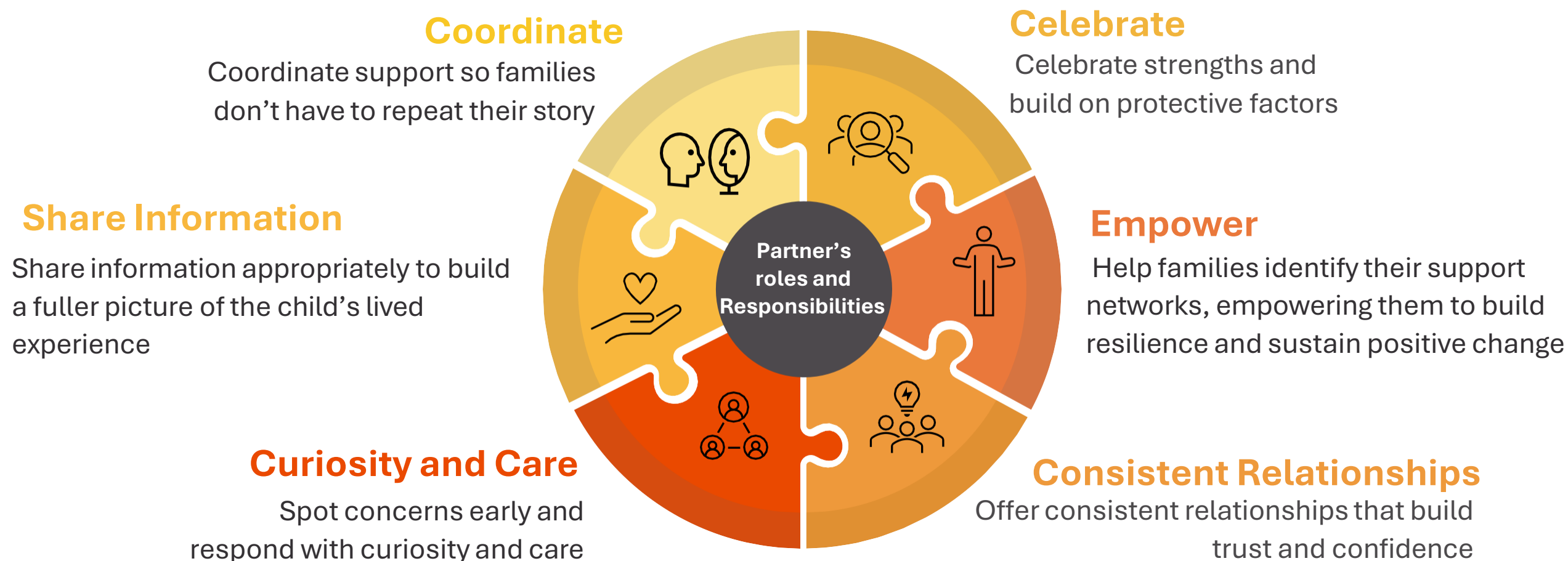
Note: This is an illustrative list of potential indicators that provide conversation opportunities to identify appropriate support for children and families. It is important to know that this list is not exhaustive; indicators do cross between different levels of need, as illustrated by the columns without headings.

Environmental & Contextual Factors Community, Social Integration, Income and Employment Housing, Criminal and Exploitation Risks	Universal	↔	Early Family Support	↔	Targeted Family Help	↔	Child In Need	↔	Child Protection
	- Accommodation has basic amenities and appropriate facilities to meet family needs - Managing budget to meet individual needs - Is able to access local services and amenities - Family feels part of the community		- Parents or carers have a learning need - Difficulty accessing community facilities - Not in education, employment, or training post-16 - Periods of unemployment of parent or carer	- Family have physical and mental health difficulties impacting on their child, - Low income or financial/debt difficulties/rent arrears, - Community is hostile to family, - Known to be at risk of exploitation, sexual exploitation, violence, criminality or radicalisation - Some social exclusion or conflict experiences or victim of crime or bullying, - Child experiences discrimination which is internalised and reflected in poor self-image, - Home conditions are a concern - Child who is showing signs of being drawn into anti-social or associating with those that engage in offending	- Emerging behaviours which are seen as being anti-social or aggressive, - Child subject to persistent discrimination, e.g. racial, sexual, disability, - One parent/carer serving a prison sentence	- Unsuitable accommodation or intentionally homeless, - Homeless, or imminent homelessness if not accepted by housing department, - Unemployment or poverty that severely affects parents' ability to meet the child's needs, - Child/young person is suspected of carrying weapons	- Poverty/debt impacting on ability to care for child, - Child/young person is at risk of radicalisation, - Physical accommodation places child in danger, - Family seeking asylum or are refugees	- Child/young person persistently involved with the supply of illegal substances, - Child/young person is assessed as at risk of sexual or criminal exploitation, including through trafficking, cuckooing, County Lines or modern day slavery, - Child/young person has known involvement with gangs or organised crime groups	Home conditions are dangerous or seriously threatening to health

Our Partners

Partner's Roles and Responsibilities

Our partners across education, health, social care, and the voluntary sector play an essential role in making Family Help effective. When needs become more complex, Family Help can become more targeted, drawing on specialist services and tailored interventions. However, professionals already working with the family remain involved, ensuring continuity and trust. This step-across approach allows for a seamless transition between levels of support, maintaining a consistent network around the child and family. It reduces the risk of escalation, strengthens protective factors, and improves outcomes by keeping the child's voice and family's strengths at the heart of every decision.



In early help, partners such as schools, health visitors, or voluntary agencies are often best placed to act as the lead professional because they have an existing relationship with the child and family and can respond quickly to emerging needs. Typical situations include concerns about school attendance, punctuality, presentation, or where parents need support to engage with education. These issues usually require practical advice, monitoring, and coordination rather than statutory intervention, making a partner-led approach more effective and less intrusive.

The difference between partner-led early family help and targeted family help from the local authority lies in the complexity and risk level. Early family help addresses lower-level needs that can be managed through collaboration and voluntary engagement, while targeted family help is provided by the local authority when concerns escalate and despite support and intervention the needs of the children remain unmet.

Our Approach

Our Approach to Safety and Support

Family Support Networks

Across the partnership, we recognise family support networks are vital for long-term change because they create a stable, resilient foundation that helps children and families thrive, even in the face of adversity. We aim to identify and build on the strengths within these networks to offer support at the most appropriate and least intrusive level.

A key principle of our approach is that families know their children best. By listening carefully and working in partnership, we can better understand each family's unique strengths, relationships, and circumstances. This helps us to co-create support that is meaningful, respectful, and rooted in what matters most to the child and their family. You can find out more here: <https://nottinghamcitycs.trixonline.co.uk/chapter/family-networks-and-family-group-decision-making>

Ways of Working

Across the partnership, a strength-based approach is used when working with children and families. Nottingham City use three models of practice - Signs of Safety, Restorative and Trauma aware. These models focus on relationship-building with families to fully understand their current situation. You can find out more about Signs of Safety here [Signs of Safety - Nottingham City Council](#). All the models focus on the strengths for the child and their family that can be built upon to stabilise and strengthen a family's situation, assessed as:

What's working well?

The next question is worried about?

This is the part of the assessment where the family and professionals can share their concerns for the child.

After these two questions are considered, the assessment leads to

What needs to happen?

which allows for next steps to be considered and for safety to be strengthened.

The family and professionals are asked to provide their views on a 1-10 scale of their concern. This shows those involved the level of concern and highlights any changes as the family are supported. It is

- Strengths-based
- Trauma-informed
- Relationship-focused
- Restorative in nature

Both Nottingham County and Nottingham City have committed to commissioning restorative practice as a partnership.

Conversation Opportunities

Every interaction with a child or family, whether it's a phone call, email, or face-to-face visit, is an opportunity to offer support and build a relationship. These conversations help us understand what's going well, explore any worries, and identify how we can work together to support the child and family at the earliest opportunity.

EVERY VOICE MATTERS

We understand that some conversations may be challenging, but every voice matters. Everyone should be given the opportunity to share both the strengths within the family and any worries that may need support.

BUILD RELATIONSHIPS ON OPENNESS AND TRUST

Relationships built on openness and trust allow professionals and families to explore needs together, drawing on existing strengths and insights each person brings.

USE A VARIETY OF ENGAGEMENT METHODS

Achieve meaningful involvement through open discussion, identifying networks, family group decision making, and engaging children and families in assessment and planning



RECOGNISE AND VALUE DIFFERENT PERSPECTIVES

Different professionals will have valuable perspectives shaped by their roles, experience, and relationships with the family. Similarly, families are best placed to know what they need and to identify what works best for them.

EMPOWER FAMILIES IN DECISION MAKING

Families should feel empowered to take part in decision-making, recognising their central role in helping, supporting, and protecting their children. This can be achieved through discussion, identifying networks, family group decision making and engaging children and families pro-actively in assessment and planning.

COMMUNICATE HONESTLY, CLEARLY AND RESPECTFULLY

Conversations should always be honest, clear, and respectful. This creates a culture of transparency and ensures everyone shares a common understanding of the child's situation and the support being offered

Assessment

Model of Assessment

Assessment is a purposeful process that helps us build a clear understanding of a child or young person's needs, strengths, and lived experiences, and always within the context of their family and wider network.

It supports decision-making about how best to help children thrive and ensures that support is tailored to what matters most to them and those who care for them.

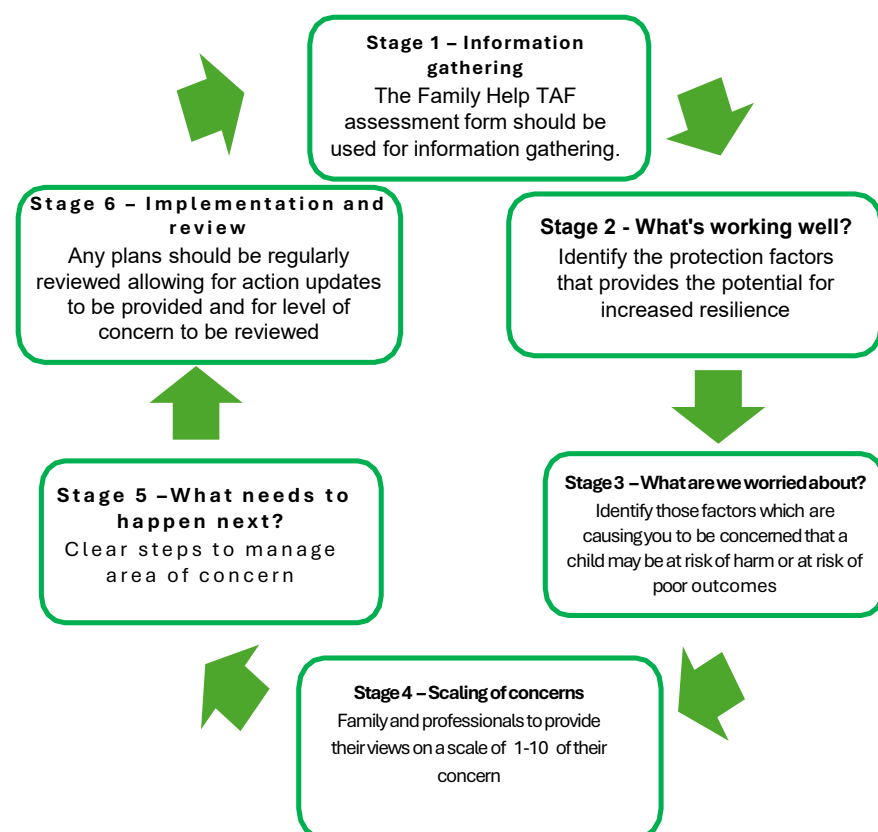
This may also involve exploring concerns about a child's circumstances and considering any potential risks to their wellbeing. This is done with care, curiosity, and a commitment to working alongside families to understand what's happening and what support might be needed.

Professional curiosity is central to this process, asking thoughtful questions, listening deeply, and being open to different perspectives.

It's through this reflective and relational approach that we can identify when a child may be at risk of poor outcomes and respond in a way that is timely, proportionate, and grounded in partnership working. [Signs of Safety Assessment and Planning Tool](#)

It is key to remember that where neglect of a child has been raised as a concern ALL agencies MUST complete the Neglect Toolkit, which can be found by clicking on the following link [neglect-toolkit.pdf](#)

Nottingham City Assessment Diagram



Information Sharing and Escalation

Effective information sharing is essential to safeguarding children and supporting families. It enables professionals to build a fuller picture of a child's lived experience, understand their strengths and vulnerabilities, and coordinate timely, appropriate support across agencies. Across the partnership, we recognise that families benefit most when professionals work together transparently, sharing relevant information to promote safety, wellbeing, and positive outcomes.

Information sharing helps practitioners make informed decisions, identify risks early, and ensure that children and families receive the right help at the right time. It supports relational practice by fostering trust and clarity between professionals and families, and by creating a shared understanding of what's happening and what support is available.

This practice is underpinned by key legislation and guidance, including:

Children Act 1989 <https://www.legislation.gov.uk/ukpga/1989/41/contents> and 2004 <https://www.legislation.gov.uk/ukpga/2004/31/> which place duties on professionals to safeguard and promote the welfare of children.

Working Together to Safeguard Children (2023) – the statutory guidance that outlines expectations for inter-agency working. <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Data Protection Act 2018 and UK GDPR – which provide a framework for lawful, proportionate, and secure sharing of personal information. <https://www.legislation.gov.uk/eur/2016/679/contents>

Information Sharing: Advice for Practitioners Providing Safeguarding Services (DfE, updated 2024) – which clarifies that data protection legislation does not prevent information sharing when a child's safety is at risk, and that consent is not always required in safeguarding contexts.

Challenge and Escalation

Across the partnership, safeguarding practice is built on a foundation of open communication, professional respect, and shared responsibility. When professionals have differing views about a child's needs or the appropriate level of support, it is important that these differences are explored through constructive, relational dialogue and are not avoided or delayed.

Escalation is not about conflict; it's about ensuring that concerns are heard, understood, and acted upon in a timely and proportionate way. The aim is to safeguard children by promoting a culture of "respectful challenge", where professionals feel confident to raise concerns and seek resolution through agreed pathways. [Escalating for the right Outcome - Conflict Resolution...](#)

Consent

Gaining informed consent across all levels of the continuum is a vital part of working respectfully and collaboratively with children and families. Across the partnership, professionals are encouraged to build trusting relationships where children and families feel safe to share their experiences and confident that professionals are working alongside them to offer support.

Consent means that families understand:

- Why support is being offered
- What services they are being referred to
- What information is being shared, with whom, and for what purpose

When families are fully informed and agree to the referral or information sharing, it strengthens partnership working and helps ensure that support is meaningful and well-received. Consent also empowers families to take an active role in shaping the help they receive, reinforcing their strengths and capacity to make positive changes.

Professionals should always aim to discuss concerns openly and honestly with parents, carers, and, where appropriate, the child. **The only exception is when doing so could place someone at immediate risk of harm. In such cases, information can be shared without consent to protect the child or young person, in line with safeguarding duties. More information about consent can be found here: [Capacity and Consent](#)**

Thresholds

Successful outcomes for children depend on strong partnership working between parents, carers and the professionals working with them. We know that a child-centred approach is fundamental to safeguarding and that promoting the welfare of every child is paramount. Children are usually best looked after within their families, with their parents or carers having a full-time role in their lives, unless intervention in family life is necessary.

Working Together



Working Together states that “nyone working with children should see and speak to the child, listen to what they say, observe their behaviour, take their views seriously, and work with them and their families and the people who know them well when deciding how to support their needs.”

Children at the heart



Holding children at the heart of their work, professionals must understand the often-complex lives of children and families and offer the right support at the right time to meet their needs. This approach is grounded in a whole-family way of working, where the needs, strengths, and experiences of each family member are explored both individually and as part of the wider family dynamic.

Co-create



Practitioners take time to understand how each person’s wellbeing affects, and is affected by, others in the household. This helps build a fuller picture of the family’s life, relationships, and resilience. By working in this way, professionals can co-create plans that are more holistic, responsive, and sustainable, ensuring that support is meaningful and rooted in the family’s own goals and values.

Most children thrive in their communities, living with their families and supported by their personal networks. They will have access to and support from a range of open access and universal services, including education and health care. Extended family and networks wrap around the child and family to ensure their safety, welfare and development is maintained and secure. However, some children and families may need additional help from one or more services to support them at times.

We know that providing support families early is more effective in improving outcomes for children and all practitioners have a responsibility to identify any worries and work with families to reduce these. The type of support families need will vary depending on a number of factors, including type of need, what protective factors they have in place already, if a child’s safety is at risk or what has worked previously

EVERY VOICE MATTERS

Support should be tailored to each family’s unique circumstances, considering protective factors, previous experiences, and what has worked well before



TRUST

Families can request help from any practitioner they trust.

PROFESSIONALS

Professionals should use available tools, guidance, and reflective spaces to inform their assessments and planning

Thresholds are not rigid barriers, they are guides that help us work together to offer proportionate, timely, and effective support. They ensure that children and families receive the help they need, when they need it, and in a way that builds on their strengths and relationships.

Continuum of Need

Making a judgement on need and threshold is not an exact science and is very much about the individual child and family and their needs

It should be emphasised that this document seeks to provide guidance to support a consistent understanding and applications of thresholds by professionals from across the spectrum of services for children and families. The key to getting it right for children in terms of identifying a family’s level of need will always be an evidence based professional judgement.

Continuum of Need and Support - Thresholds are often illustrated using a continuum which includes:

Universal Services: No additional needs; support provided by services like schools, health visitors and GPs.	Team Around the Family - Family Help: Emerging needs; coordinated support from multiple agencies.	Child in Need – Family Help: Significant concerns; specialist services may be required, often led by children’s social care under Section 17 of the Children Act 1989.	Child Protection – Family Help and MACPT: Immediate risk of harm; statutory intervention under Section 47 or 31 of the Children Act 1989, including child protection.
- Children and families are thriving and having their needs met by open access, universally available services and practitioners. - Children are progressing as expected in all areas of their development	- Children and families need some additional help, primarily from a targeted service - Services work with families to stop the problems getting worse - Team Around the Family helps to co-ordinate the support and will be led by a professional the family know and trust.	- Children are unlikely to achieve or maintain a satisfactory level of health or development without the provision of targeted services, or their health and development could be impaired if targeted services aren’t - Child in Need is led by a Social Worker with the support of other professionals in the family’s network.	- Children are thought to have suffered or be at risk of significant harm and there is a need for immediate safeguarding - Compulsory intervention in family life for the best interests of the children - Child Protection is led by a Social Worker with oversight from the Multi-Agency Child Protection Team.

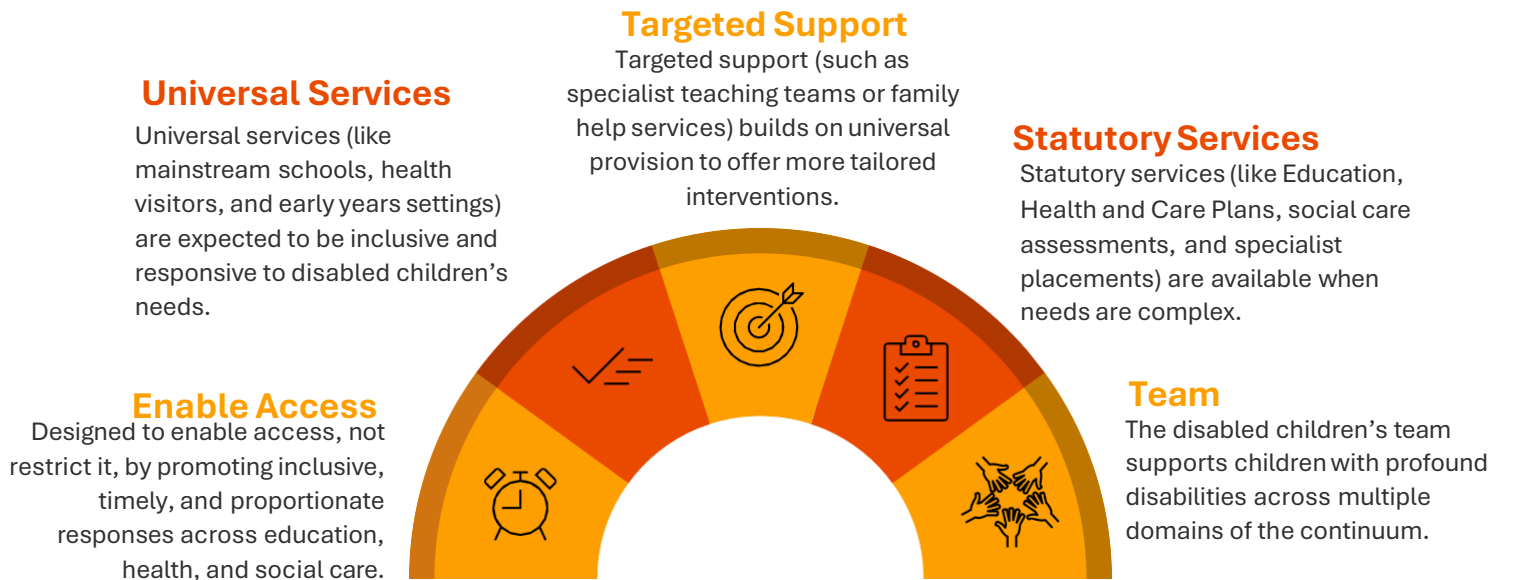
Professional Judgement

Thresholds are not rigid checklists. They require dialogue between families and professionals, use of assessment tools, and consideration of contextual factors, such as family history, previous interventions, and the child’s lived experience.

For some families and children, services become involved for other reasons. These specialist services can provide a very specific response to a very specific need or circumstance within the family or child’s life. This would sit outside of the normal decision-making process around threshold but are still important for professionals to be aware of as there are implications in relation to ensuring a coordinated, multi-agency plan of support.

Children with Disabilities in the Continuum of Need

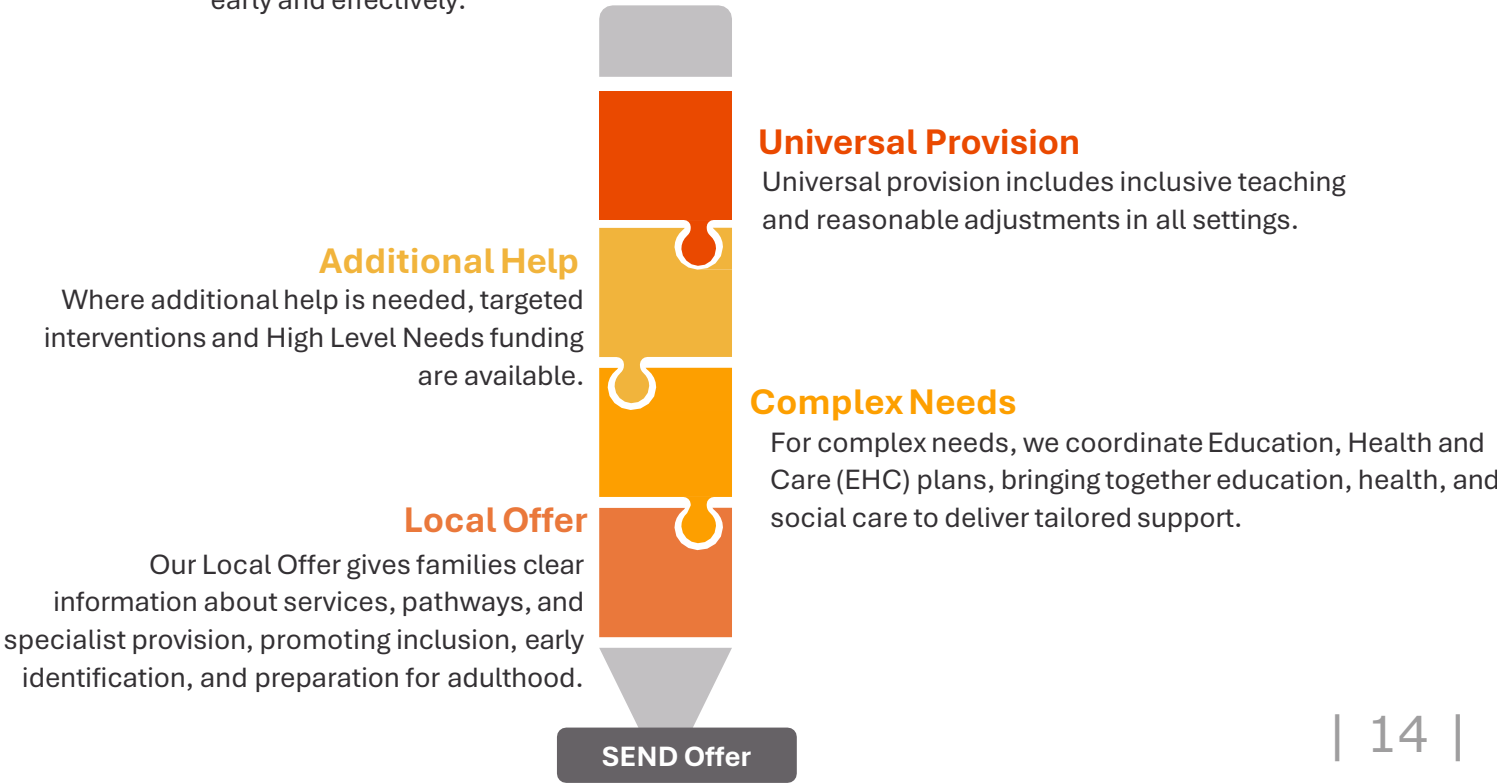
All disabled children have a right to support under Section 17 of the Children Act 1989 at any time it is requested by a family or professional. An assessment will be completed and would identify specific needs and a decision about support would be made, based on this. The Continuum of Need and Support Pathway is a tool to help practitioners identify and coordinate the most appropriate support for children with disabilities, ensuring that decisions are rooted in a holistic view of the child and family



SEND Offer and Continuum of Need

We provide support for children and young people aged 0–25 with special educational needs and disabilities (SEND) through a graduated approach, ensuring needs are met early and effectively.

The Continuum of Need framework ensures SEND support escalates proportionately, from universal to specialist, so every child receives the right help at the right time.



Continuum of Need

Understanding the child's journey

A key part of any assessment of a child's needs within the family is **understanding key life events in sequential order**. Learning about any patterns related to needs and risk, that may include repeat, accumulative and escalating concerns will greatly assist assessments, communication with others, and inform plans. The practice of reviewing and analysing the **child's lived experiences**, including any previous or current services and support for the child or the child's family, will help in highlighting gaps in understanding and details that are needed, such as who holds information to give 'the bigger picture'.

It is important to take time to understand a child's journey. This may also provide insight into positive aspects of the child's experiences that include when there has been support, leading to planning that includes **building on strengths** and support networks.

Stepping Across the continuum of care

As situations change, children may present with different needs. When it appears that a change in the support pathway is needed, we ask professionals to **pause and reflect** together with partners and children and their families, taking time to understand **hat's han ed or the hild and amily**, and **what support now fits best**.



Professionals need to use **reflective conversations** with their professional partners to ensure any response to a change of circumstances is proportionate and collaborative, ensuring the **right people are involved at the right time**, with the **hild's voi e at the entre**.

When we need to recalibrate a plan, we will use **professional curiosity** and shared decision making to agree the next steps, ensuring continuity and clarity for the family. We want to ensure that any shift in support is purposeful, timely, and clearly communicated, with a focus on maintaining trust and relationships. This means all partners will work together to ensure that the transition points, such as stepping across the continuum of care to access different levels of support, are seamlessly as possible.

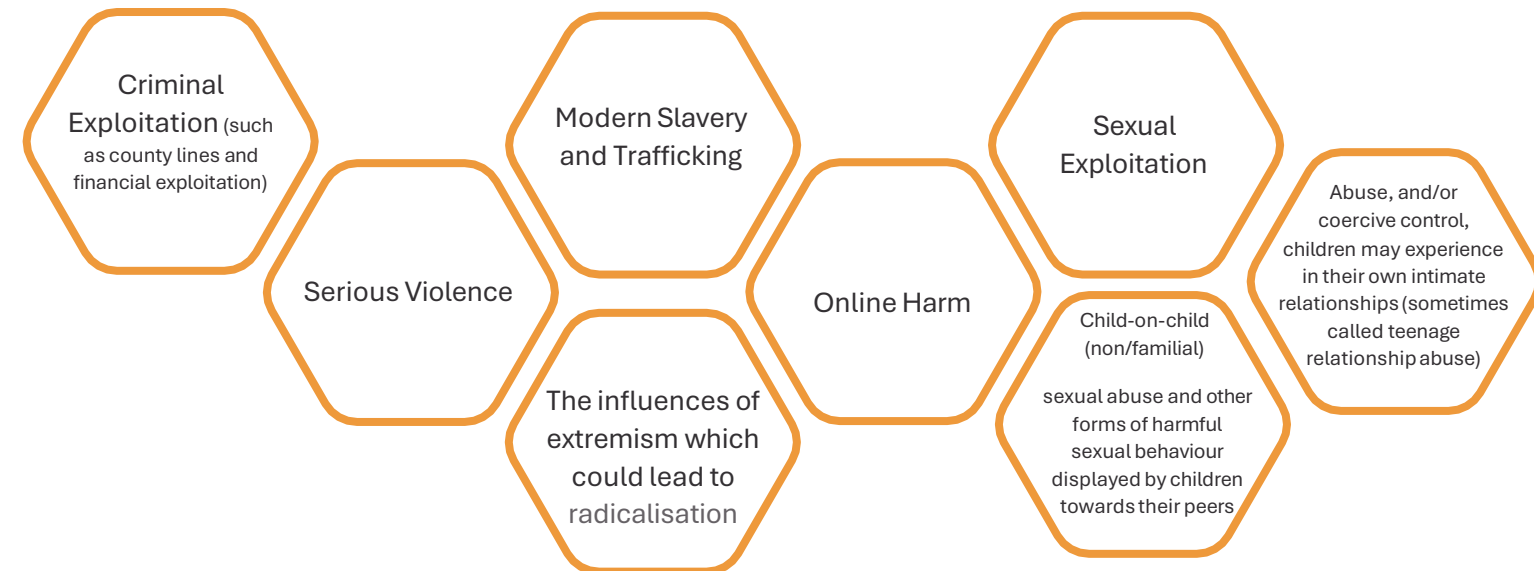
Safety Planning

safety plan is a preventative tool designed to help someone navigate their own and/or their child's safety. Safety planning seeks to bolster existing safety and address concerns in respect of any immediate risks that have been identified or when there are known situations or changes that can impact on risk. Whatever, model of practice is used, safety plans should:



Harm Outside the Home

Examples of extra-familial harm may include (but are not limited to):



Working Together to Safeguard Children, 2023.

For some children, a safe, loving and protective family is not enough to protect them from these risks. For others, harms in the home, like abuse and neglect, mean that they may be even more vulnerable to abuse in the world outside. The joint report of the DfE with other inspectorates, 'Growing up neglected' found that older children often want to spend more time away from a neglectful home. Yet spending so much time away from home in turn leaves children at risk of exploitation and other forms of abuse.

In cases of HOTH, the source of that harm is often external to the family, yet the impact on the child is no less serious; the impact on the family and siblings of the targeted child can also be immense. A key message is that there should be a consistent response to risks of harm both in and outside of the home.

Support should be considered at the earliest possible opportunity and intervention offered from across all areas of the continuum to prevent escalation.

Young Carers

Identification, assessment, and support of Young Carers who are caring for any family member who is physically or mentally ill, frail, elderly, disabled or misusing alcohol or substances should be considered by all professionals when working with families. **The presence of a young carer in the family will always constitute a level of need** and will trigger either an assessment, or the offer of an assessment to the person needing care and to the young carer themselves. The assessment of the young carer's needs should ascertain why a child is providing care and what needs to change to prevent them from undertaking excessive or inappropriate caring responsibilities which could impact adversely on their wellbeing, education, or social development. More information on how to identify and support Young Carers can be found here: <https://www.nottinghamcity.gov.uk/hsw>

Education Expectations

For children who are not electively home school educated, attendance is vital, not only for academic success but also for safeguarding. Educational settings will often have the strongest relationships with children, young people and their families and will often be the first to identify when support or protection is needed.

Early intervention should identify **risk factors** like **poor school attendance**, **behaviours that may lead to exclusions in the future** and **factors at home that may impact** on a child accessing education.

Educational provisions must ensure that their exclusion policy reflects the DfE statutory guidance 'Suspension and Permanent Exclusion from Maintained Schools, academies and Pupil Referral Units in England, Including Pupil Movement', as appropriate. ' There is a duty on educational provisions to consider contributory factors that are identified after an incident of poor behaviour and aims that this guidance should only be utilised when strategies, practices and interventions have not been successful.

Elective Home Education and Continuum of Need

We support families who choose to educate their child at home by providing **guidance, safeguarding checks**, and **advice** to ensure a suitable education. We maintain an EHE register and offer signposting to resources and services. For children with an Education, Health and Care Plan (EHCP), we review provision to ensure needs are met. The Continuum of Need framework ensures proportionate support: universal advice for informed choices, family help where concerns arise, and specialist multi-agency involvement for complex needs or safeguarding risks. This approach keeps home-educated children **visible, safe, and supported** while respecting parental rights. More information can be found here:

<https://www.nottinghamcity.gov.uk/information-for-residents/education-and-schools/elective-home-education/>

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