Continuum of Need – London Borough of Lewisham

Identifying levels of need and what to do next

Our Continuum of Need document is a guide to assessing and meeting the needs of children and their families. It is not a 'tick list' and should be used as an aid to assist professional judgement and decision making. It is important that assessments of need are based on a 'big picture' view of the child and their circumstances.

Any concerns about a child having been seriously harmed or being at risk of serious harm should be reported immediately by telephone to the MASH on 020 8314 6660. In an emergency always call 999.

_evel of need identified	Early help assessment required?	Referral/action/support
Level 1 Universal	No assessment required	Child, young person or family accesses relevant universal services for advice/support such as GP, school, dentist, children's centre.
Level 2 Universal+	If a single clear issue or area of need identified – early help assessment (EHA) may not be necessary.	Offer support yourself, work with a professional partne or direct to relevant universal or early help support service for additional support
	If a number of issues or needs at Level 2 are identified, an EHA must be undertaken	Contact the early help support service if advice is required: Based on results of early help assessment – access appropriate early help service/s. Establish team around the family (TAF) meeting.
Level 3 Targeted Response	If an early help assessment has already been done, new information should be sent to the services already	Appropriate support can be accessed by the lead professional and TAF.
	If not already done, EHA should be undertaken and recommendations made for services required to meet assessed levels of need should start to populate a plan.	Request for targeted family support via the early help panel which may include the commissioned family support service can be made using the help and support section of the online MASH request form following a consultation with the early help team 020 8314 7333.
evel 4 Specialist/Statutory	Likely that an EHA has been done but if not the EHA process should not be used at this point and referral should not be delayed.	Immediate referral should be made to the Multi-agency Safeguarding Hub (MASH) using the online request form www.lewisham.gov.uk/MASH

Safeguarding

What to do if you are concerned about the safety of a child or young person:

- If a child is in immediate danger and needs immediate protection you should contact the police and/or the ambulance on 999.
- If a child has been harmed or is at imminent risk of significant harm or you need general advice or information about a safeguarding matter please contact the Multi-agency Safeguarding Hub (MASH): 020 8314 6660. For out-of-hours help, contact the emergency duty team (EDT) on 020 8314 6000.











Universal services

Features	Level 1 – Universal example indicators	Assessment process
Children with no additional needs	Development needs	Children should access universal
and children who may from time to	All children whose needs can be met by universal services will occasionally experience difficulties in their	services in a normal way or via the IAG
time require additional support that	lives which may be attributable to situational factors such as loss and separation, a change in their family's	pages on the website.
can be met within universal	circumstances, illness or other short term detrimental factors such as bullying or being the victim of violence	
services.	in the community.	Key agencies that are involved at
	Learning/education	this level:
	General development is age appropriate	Education
	Achieving education key stages	Children's centres
		Health visiting service
	Good attendance at school/college/training	Midwifery
		School nursing
	No barriers to learning	GP
		Youth support services
	Planned progression beyond statutory school age	Police
	Health	Housing
	Good physical health with age appropriate development, including speech and language	Voluntary and community sector
	Social, emotional, behaviour, identity	Early years childcare settings
	Good mental health and psychological wellbeing	Schools (including SEN support)
	Good quality early attachments, confident in social situations	Online counselling services Work It Out! Lewisham
	Knowledgeable about the effects of crime and antisocial behaviour	Parenting groups Adult mental health
		SALT and drop in
	Knowledgeable about sex and relationships and consistent use of contraception if sexually active	Sexual health services
	Family and assist volationships	Dentist
	Family and social relationships	Ophthalmic services
	Stable families where parents are able to meet the child's needs Self ages and independence.	Nurseries
	Self-care and independence	1.00.00
	Age appropriate independent Family and environmental factors	
	Family history and wellbeing	
	Supportive family relationships	
	Housing, employment and finance	
	Child fully supported financially	
	Good quality stable housing/amenities	
	Social and community resources	1
	Good social and friendship networks exist	
	Safe and secure environment	
	Access to consistent and positive activities Parents and carers	
	Basic care, safety and protection	
	Parents able to provide care for child's needs	
	Emotional warmth & stability	
	Parents provide secure and caring parenting – praise and encouragement	
	Guidance boundaries and stimulation	
	 Parents provide appropriate guidance and boundaries to help child develop appropriate values 	
	1 - 1 alone provide appropriate galacines and boundaries to help office develop appropriate values	











Universal plus

who would benefit from or who require extra help to improve education, parenting and/or behaviours, or to meet specific health or emotional needs, or to improve material situation. May require multiagency intervention. Who would benefit from or who require extra help to improve education, parenting and/or behaviours, or to meet specific health or emotional needs, or to improve material situation. Limited access to books, toys or educational materials Poor stimulation Some fixed term exclusions Few or no qualifications NEET An early help to some fixed term exclusions NEET NEET An early help to some fixed term exclusions NEET An early help to some fixed term exclusions NEET An early help to some fixed term exclusions NEET An early help to some fixed term exclusions NEET An early help to some fixed term exclusions NEET An early help to some fixed term exclusions NEET	re services work meet child and is, coordinated e that knows the best. Ip assessment completed to gain standing of the eds, a TAF
with additional needs who would benefit from or who require extra help to improve education, parenting and/or behaviours, or to meet specific health or emotional needs, or to improve material situation. May require multiagency intervention. Lead professional and Learning/education Limited access to books, toys or educational materials Poor stimulation Sem fixed term exclusions Some fixed term exclusions Some fixed term exclusions NEET Occasional truanting or non-attendance and poor punctuality together to responsible together together together together together together together together to	meet child and ls, coordinated e that knows the best. Ip assessment completed to gain standing of the leds, a TAF
 and/or behaviours, or to meet specific health or emotional needs, or to improve material situation. May require multiagency intervention. Lead professional and SEN support at school level Health Slow in reaching development milestones Overdue immunisations or checks Minor health problems Inadequate diet e.g. no breakfast, being under/overweight Dental problems and untreated decay – poor dental hygiene Bedwetting or soiling 	elp assessment completed to gain standing of the eds, a TAF
improve material situation. May require multiagency intervention. Lead professional and Color improve material situation. Overdue immunisations or checks Minor health problems Inadequate diet e.g. no breakfast, being under/overweight Dental problems and untreated decay – poor dental hygiene Bedwetting or soiling Sidw if Teaching development milestones a full unders family's nee convened as agreed with agreed with agreed with agreeing clean color in the state of the second problems and untreated decay in the second problems and untreated decay is a full unders family's nee convened as agreed with agreed with agreeing clean color in the state of the second problems and untreated decay is a full unders family's nee convened as agreed with agreed with agreeing clean color in the state of the second problems and untreated decay is a full unders family is need to be achieved by the second problems and untreated decay is a full unders family in the second problems and untreated decay is a full unders family is need to be achieved by the second problems and untreated decay is a full unders family is need to be achieved by the second problems and untreated decay is a full unders family is need to be achieved by the second problems and untreated decay is a full unders family is need to be achieved by the second problems and untreated decay is a full unders family is need to be achieved by the second problems and untreated decay is a full unders family is need to be achieved by the second problems and untreated decay is a full unders family is need to be achieved by the second problems and untreated decay is a full unders family is need to be achieved by the second problems and untreated decay is a full unders family is need to be achieved by the second problems and untreated decay is a full unders family is need to be achieved by the second problems and untreated decay is a full unders family is need to be achieved by the second problems and untreated decay is a full unders family is need to be achieved by the sec	standing of the eds, a TAF
Parent has undergone FGM procedure but risk assessment undertaken by health professionals identifies there isn't a perceived risk of the	n the family, ear outcomes to d and progress viewed.
needs are best supported by those that already work with them such as children's centres and schools organising additional support with local Social, emotional, behaviour, identity Difficulty making and sustaining relationships with peers and with peers and support with local Social, emotional, behaviour, identity Lack of confidence/low self-esteem which affects behaviour and development Social isolation Lack of confidence/low self-esteem which affects behaviour and development Child subject to persistent discrimination Emerging concerns in relation to attachment Low level mental health or emotional issues requiring Low level concern about child being radicalised or exposed to	vice ce rug and alcohol
intervention is to address these needs Self-care and independence Lack of age appropriate self-care skills and independent living skills that increase vulnerability to social exclusion Attendance children's ce	e and welfare, entres (e.g. rogrammes)
	nd community
that requires targeted services. Family and social relationships and family wellbeing Parents/carers have relationship difficulties which affect the child Child has some young carer responsibilities Family is socially isolated Low level inter-sibling violence and aggression Unresolved issues arising from parents separation and family reconstitution or bereavement Child has some young carer responsibilities Family is socially isolated Services Prevent Job Centre reconstitution or bereavement Online coun	Plus (and other at services)
 Overcrowding in poor housing conditions Housing arrangements are temporary or unsecure Unsecure or unknown immigration status Social and community resources Families financial resources impact on child's basic physical needs being met Serious debt or rent arrears Midwifery Schools (incomposition) Serious debt or rent arrears Social and community resources	cluding SEN
 Families are victim of hate crime Poor access to leisure and recreational amenities and activities Associating with anti-social or criminally active peers Risk of gang involvement or vulnerability to gang activity/exploitation School nurs Early years School nurs Associating with anti-social or criminally active peers Risk of gang involvement or vulnerability to gang activity/exploitation Families are victim of hate crime Associating with anti-social or criminally active peers Risk of gang involvement or vulnerability to gang activity/exploitation Families are victim of hate crime Associating with anti-social or criminally active peers Risk of gang involvement or vulnerability to gang activity/exploitation 	childcare using drop in ers
Parents and Carers	
Basic care, safety and protection	
Inappropriate child care arrangements	











- Some exposure to dangerous situations in the home or community
- Low level concerns about parental alcohol or substance use
- Young or inexperienced parents
- Parental lack of insight into effects of child's exposure to parental conflict

Emotional warmth and stability

- Inconsistent parenting, but development not significantly impaired
- Inconsistent responses to child/young person
- Failure to pick up on the child's emotional cues

Guidance, boundaries and stimulation

- Lack of routine and inconsistent boundaries
- Poor supervision within the home
- Low level physical chastisement that does not cause physical injury
- Inappropriate parental chastisement e.g. puts child in stress positions
- Threatening and menacing behaviour towards the child











Targeted

Features	Level 3 – Targeted e	xample indicators	Assessment Process
Children and families	Developme	•	
with complex needs requiring integrated targeted support. Because of the complexity of needs, especially around	Short term exclusions or at risk of permanent exclusion, persistent truanting Children who are electively home educated where there are concerns that their educational needs are not being consistently met Parent does not engage with school and actively resists support	 SEN school support or EHCP No access to books, toys or educational materials Inadequate stimulation leading to developmental concerns 	Where practitioners identify that a child and their family would benefit from a more intensive multidisciplinary response than they can provide, they should discuss this with the family
behaviour and parenting, a multidisciplinary/agency coordinated plan developed with the family is needed, coordinated by a lead professional. Vulnerable children and their families with multiple needs or whose needs are more complex, such as children and families	 Health Child has some chronic/recurring health problems or a disability; badly managed Developmental milestones not being met due to parental care Regular substance misuse Lack of food Unsafe sexual activity Self-harming behaviours Social, emotional, behaviour, identity Child under 18 is pregnant where there are significant social family concerns Low or medium level indicators of CSE (please see LSCB CSE 	 Mental health issues emerging e.g. conduct disorder, ADHD, anxiety, depression, eating disorder, self-harming Failure to engage in antenatal services History of FGM in family Parent has undergone FGM procedure but risk of child being subject to procedure is unknown and needs to be further assessed within partnership Growing professional concern about fabricated and induced illness but there is no current evidence of significant harm Evidence of regular/frequent drug use which may be combined with other risk factors Evidence of gang affiliation and gang related activities Concern about child being radicalised or exposed to extremism 	and complete an early help assessment. The early help assessment needs to identify the child's and family's needs and develop a SMART plan to address these. If a more intensive level of family support is needed from the Council's commissioned family support service, a MASH request should be
who: have a disability resulting in complex needs, exhibit antisocial or challenging behaviour, suffer neglect or poor family	 risk assessment guidance and MET strategy) Starting to commit offences and reoffend Prosecution of offences resulting in court orders Child is engaging in cyber activity that potentially places others or themselves at risk of harm Self-care and independence 	 Child or young person engaging in risk taking behaviours Mental health/physical needs impact adversely on the care of the child Significant low self esteem Clear concerns about parent and child attachment 	submitted, ticking "help and support". A TAF is to be convened and a lead professional to be identified. There is an
relationships, have poor engagement with key	Lack of age appropriate behaviour and independent living skills, likely		expectation that the TAF will have worked intensively
services such as	Family and enviro	nmental factors	together to meet the
schools and health, are not in education or work long term. The object of the work of the TAF is to enable	 Family and social relationships and family wellbeing History of ongoing domestic violence Risk of relationship breakdown leading to child possibly becoming looked after Child is a young carer and this is adversely impacting on their development and welfare 	 Parental illness or disability leading to inability to provide basic care Concerns about inter-sibling violence and aggression which does not result in significant emotional or physical harm Destructive or unhelpful involvement from extended family 	additional needs of the child and the family. These indicators are meant as a guide but clearly rely on professional analysis
the family to have their needs met within the universal and additional services tier.	Housing, employment and finance Severe overcrowding, temporary accommodation, homeless, unemployment Social and community resources Family require support services as a result of social exclusion	 Intentionally homeless No recourse to public funds 	and interpretation. If you are in doubt about whether the child's circumstances are at level 3 or 4 you can ask for a consultation with a
Where the TAF has attempted to work with the family but	Parents socially excluded, no access to local facilities	 Families financial resources seriously compromise child's basic physical needs being met/their general wellbeing 	qualified social worker in the MASH.
serious safeguarding concerns remain, a referral to the MASH is to be made.	Basic care, safety and protection Child is left at home alone but this does not seriously place them at significant risk		Key agencies that may provide support at this level:
.s to so made.	 Inappropriate child care arrangements which are consistently prejudice. Health and safety hazards in the home. Escalating concerns that parental alcohol or substance use is adverse. Parent fails to prevent child's exposure to potentially unsafe situation. 	ely impacting on the child	Mental health services Health Schools











Emotional warmth and stability Attendance and welfare Family support service • Inconsistent parenting impacting emotional or behavioural development Drug and alcohol services (e.g. CRI) Parent is unresponsive or fails to recognise child's emotional needs Athena YOS FNP • Parent ignores child or is consistently inappropriate in responding to child **Guidance boundaries and stimulation** Voluntary & community • Parent provides inconsistent boundaries or responses services (e.g. Young Women's Resource Project) Prevent Specialist health or disability services Youth services All services listed under additional needs.











Specialist/ acute

Features	Level 4 – Specialist/ acute example indicators	Assessment process
Children with complex additional	Development needs	Immediate safeguarding
unmet needs that require a	Learning / education	concerns/child protection
children who are at risk of significant harm which require a child protection response or legal	 Chronic non-attendance, truanting, permanent exclusions, consistently poor educational attainment/progress, which are attributable to the parenting that the child is receiving and the parent has consistently failed to cooperate with services at the early help level to address this Children who are EHE where there are significant concerns that the child's educational needs are not being met Inadequate stimulation leading to significant developmental delay 	If a child is at risk of physical, emotional, sexual abuse, or neglect, refer to MASH using the single request form and selecting "protection"
intervention.	Health	M/h and an increasilists necessarie
Children who need to be accommodated by the local authority either on a voluntary basis or by way of a court order.	 Serious physical and emotional health concerns that are consistently not addressed by the parent e.g. failure to thrive, seriously obese/underweight, serious dental decay, persistent and high risk substance misuse, acute mental health problems including self-harming behaviour, risk of suicide, specific physical or medical conditions which require specialist interventions 	Where an immediate response is required because of the child's physical / medical health dial 999 for an ambulance.
such of by may of a count cracin	 Concern about serious unexplained injury Persistent presentation to professional with injuries: raising concerns about child safety/ parental behaviour Child is at serious risk of FGM 	Where a child's safety is at immediate risk contact the police by dialling 999.
	There is evidence of FGM from a lead clinician	After any immediate protective action
	 Social, emotional, behaviour, identity Serious persistent offending behaviour attributable to neglectful absent parenting Allegations of child on child sexual harmful behaviour Serious concerns that the child is being sexually exploited 	has been taken you need to speak in person to children's social care. If this incident occurs out of hours contact
	 Child under 16 is pregnant where there are significant social family concerns 	Lewisham's EDT service.
	 Safety and welfare seriously compromised by gang involvement and parents failure to manage these significant risks 	A request for help and support or protection form is to be completed and submitted to the Lewisham MASH.
	 Complex mental health issues requiring specialist interventions which are consistently not being adequately managed by the parent Frequently go missing from home for long periods which seriously compromises the child's safety and wellbeing 	Children's social care child-in-need assessment.
	 Child emotional health and physical safety is compromised by exposure to radicalisation and extremist ideology Child is engaging in cyber activity that places them at risk of harm from others and is not managed by the parent 	Where using the continuum of need a professional considers that a statutory social work assessment of the child's
	Child goes missing and child's age/level of vulnerability means that welfare and safety is seriously compromised Self age and independence.	needs and circumstances should be
	Self-care and independence	undertaken the single request form
	Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm Family and environmental factors	should be completed. In submitting
	Housing, employment and finance	such a request the referrer should
	Clear evidence that a family is destitute	attach any supporting documentation
	Social and community resources	such as a description of the TAF
	High levels of domestic violence that put the child at serious risk	activity, early help assessments and
	Imminent risk of parental/carer and child relationship breakdown leading to child possibly becoming looked after	early help reviews.
	Child is young carer and this is significantly impacting on their development and welfare	
	There are indicators that a child/young person is at risk of honour based violence or forced marriage	
	Parental illness or disability resulting in inability to provide basic care leading to serious neglect of the child's needs	
	 Concerns about inter-sibling violence and aggression which does result in significant emotional or physical harm and is not managed by the parent 	
	Child is subjected to physical, emotional, sexual abuse or neglect	
	Persistent but unsubstantiated concerns about physical, emotional or sexual abuse Obild in privately factors of	
	Child is privately fostered There is nebedy with parental responsibility to ensure the child's wellbeing and stability of care.	Koy agonejos that may provida
	There is nobody with parental responsibility to ensure the child's wellbeing and stability of care Lipaccompanied minors	Key agencies that may provide support at this level:
	 Unaccompanied minors Trafficked children 	שטאסונ מנ נוווס ופיפו.
Parent has had a child/children	Parents and carers	Children's social care
previously subject to care	Basic care, safety and protection	CWCN
	METROPOLITAN Voluntary Action	











proceedings.	Parents mental health or substance misuse seriously compromises the health, welfare and safety of the child	Youth offending team
	Parent has a history of being unable to care for previous children	CAMHS
	Parent has a severe physical or learning difficulty that seriously compromises their ability to meet their child's	Family support service
	basic needs	Voluntary and community services
	Parental disclosure of serious harm to the child	Prevent
	Parent is unable to assess and manage serious risk to the child from others within their family and social network	
	Emotional warmth and stability	
	Inconsistent parenting significantly impairing emotional or behavioural development	
	Guidance, boundaries and stimulation	
	Consistent lack of effective boundaries set by the parent leading to risk of serious harm to the child	









