

# Continuum of Support for children and families living in Surrey



Safeguarding Surrey's children together

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## 1. Introduction

This guidance is for everyone who works with children and their families in Surrey, whether in a statutory or voluntary capacity. In this guidance, as in working together, a child is defined as anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people' throughout. The term practitioner is used in the guidance to refer to individuals who work with children and their families in any capacity, including a range of practitioners, such as qualified social workers and those who work for the statutory safeguarding partners or in education settings.

[Working together to safeguard children 2023: statutory guidance \(publishing.service.gov.uk\)](#) states that:

*Nothing is more important than children's welfare. Every child deserves to grow up in a safe, stable, and loving home. Children who need help and protection deserve high quality and effective support. This requires*

*individuals, agencies, and organisations to be clear about their own and each other's roles and responsibilities, and how they work together.*

In Surrey, we all believe that every child should have the opportunity to reach their potential and that they are best supported to grow and achieve within their own families. Our mission statement is to promote the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children. We will work with families to ensure children can remain safely at home and flourish, with their needs being met.

Most families will be able to access opportunities in the community to support them and the needs of their children however some will need extra help to achieve their potential. This may be because they have additional needs or because of family circumstances or adversity or events outside their control. We want to offer a wide range of help to these families at the earliest opportunity in ways that make a difference to them. Some families may find advice and signposting helpful, others will need goals-based help, or have multiple or more needs and require different practitioners to work in partnership together, with the family at the centre.

To help us in our work we have adopted Time for Kids, which help us to consider what we need to do: connect, trust, belong, hope, and believe. Time for Kids encourages us to always be curious as to “what more can I be doing to help this child” – Time for Kids

In Surrey, the approach for helping families early is embedded within the **Continuum of Support** and the Social Work practice model ‘**Family Safeguarding.**’ Within this model we have identified five types of support: **Universal and community, Emerging Needs, Targeted Support, Intensive Support and Statutory services.**

We will be using [The Thrive Framework for system change](#) an essential framework for everyone who are supporting the mental health and wellbeing of children and families, as a way of having shared problem solving and a common language that supports us to work in partnership together and in an open and honest way with the child and their family to gain their confidence, identify strengths and needs, to find practical and achievable solutions, providing the right amount of information, advice, and support. The THRIVE Framework for systems change needs-based groupings, thriving, getting advice and signposting, getting help, getting more help, and getting risk support have been mapped against the continuum to ensure children are supported in the right place at the right time.

## 2. A vision of partnership in Surrey

[The Early Help Strategy Families First](#) sets out our vision, principles, and ambitions for working together so we can act as soon as problems emerge, share information, and provide effective, timely support to enable children and their families to overcome difficulties and become more resilient so that they can manage future life challenges independently.

Early Help refers both to help in the critical years of a child's life (including pre-birth and pregnancy) and responding as soon as possible, **at any age, through childhood and adolescence**, when difficulties arise. We seek to offer support at the earliest opportunity to help families solve problems or to reduce the impact of needs that have already emerged.

It is also important to think about the wider family network of family, friends, and community at the first opportunity, as these can be the most effective and sustainable forces of help, they are what help children to thrive and therefore key partners. Parents and carers are usually the best people to understand their child's needs. Asking for help should be seen as a sign of parents being responsible and not of failure. Parents say that support works well when they are respected and listened to by those working with them.

**Early help** for children and families is relevant to everyone who works in services that support families including the voluntary sector, adult mental health, community health, adult social care, housing, and leisure. It is **everyone's** responsibility to work together in Surrey to promote the welfare and development of our children.

*Early help is support for children of all ages that improves a family's resilience and outcomes or reduces the chance of a problem getting worse. It is not an individual service, but a system of support delivered by local authorities and their partners working together and taking collective responsibility to provide the right provision in their area. Some early help is provided through "universal services", such as education and health services. They are universal services because they are available to all families, regardless of their needs. Other early help services are coordinated by a local authority and/or their partners to address specific concerns within a family and can be described as targeted early help. Examples of these include parenting support, mental health support, youth services, youth offending teams and housing and employment services. Early help may be appropriate for children and families who have several needs, or whose circumstances might make them more vulnerable. It is a voluntary approach, requiring the family's consent to receive support and services offered. These may be provided before and/or after statutory intervention.*

Working together to Safeguard Children 2023

By working together, we will develop flexible services which are responsive to children's and families' needs and provide the right kind of help at the right time. This will shift focus away from managing short-term crises, towards effective help and support for children and their families at an earlier stage.

The Families First principles are for organisations throughout Surrey to adopt and use in their work, enabling there to be a consistent approach to supporting families and putting their needs first.

We all:

1. Prioritise the wellbeing, wishes and feelings of children

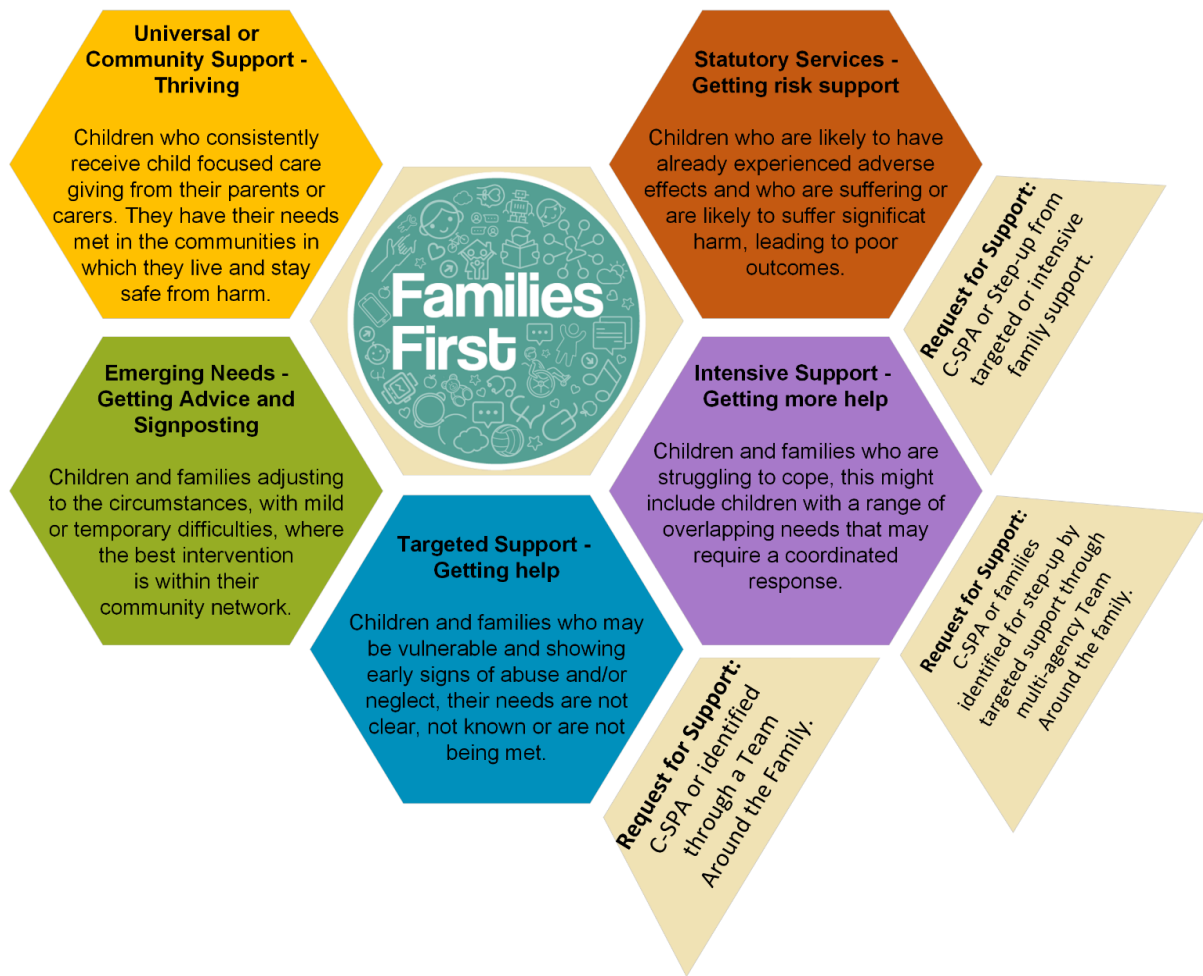
2. Include everyone, supporting whole families, in their communities
3. Empower families in their choices, never assume or judge
4. Promote family strengths and value the family's experience
5. Communicate simply and clearly, with no surprises
6. Respect families and be reliable and trustworthy

### 3. Continuum of Support

The guidance sets out the 'Continuum of Support' offered to children and families in Surrey, it offers clarity and guidance to partners working with them and considers who is best to be leading on early support to meet the child and family's needs. It recognises the contribution partners make to children and family's outcomes across the Continuum of Support and is intended to provide clarity to practitioners of the type of support available below the threshold for statutory children's safeguarding services. It promotes earlier help for families to address emerging issues before they escalate to crisis point and aims to ensure that children are kept safe from harm. This Continuum of Support provides examples to help identify some of the factors that may indicate a child requires additional support to achieve their full potential. There is a focus on relationships through partnership working, shared decision making, needs based and evidence-based support.

The guidance document underpins **Families First** and will assist practitioners in using a range of methods and tools throughout the Continuum of Support and the associated processes to facilitate working with the whole family, to provide help to families at the earliest opportunity. It is not intended as a prescriptive guide and recognises that families may have a combination of needs which may require a different response from other services.

The diagram below provides a reference to understand how the continuum of need aligns with [The Thrive Framework for System Change](#) needs-based groupings. Showing how as a continuum of support which different responses across the system are used according to what works and will make a difference.



It is intended that the continuum of support is not used alone when working to identify need and plan interventions, it is important that protective and resilience\* factors are considered alongside potential harm together these factors can explain why some children do well even in the most adverse circumstances whilst others in less stressful situations might struggle to cope. The factors that have been shown to be associated with resilience are listed in Appendix 1: Resilience and Protective Factors.

**\*Resilience:** the capacity to withstand or to recover quickly from difficulties

#### 4. The Continuum of Support Indicators



Continuum of support  
Indicators UPDATED V

The continuum of support clearly shows when children's needs can be best met from universal needs (i.e., the child's needs are met) through to statutory (i.e. a child is suffering or likely to suffer serious harm).

The continuum of support indicators is not an exhaustive list or intended to be a 'tick box' exercise. It provides examples that can be used as a tool to assist assessment, planning and decision making, for practitioners working to safeguard and promote the welfare of children on understanding the need for additional interventions and when to request support from other services. Safeguarding indicators should always be considered alongside a child's other needs. Some children will have additional vulnerabilities because of a disability or complex needs; the parental response to the vulnerability of the child must be considered when assessing needs and risks. By undertaking assessments and offering services on a continuum support, practitioners can be flexible and respond to unique needs in different children and families. The framework recognises that however complex a child's needs, universal and community services e.g., education and health, will always be provided alongside any specialist additional service.

These indicators or needs based groupings are designed to help you and partners to think what will meet a child's or young persons need, and where they can be best met on the continuum. They can be used to support your conversations with other practitioners and guide your professional decisions. There will still always be grey areas and they do not replace professional judgement and partners will be supported to recognise this through the Early Help Assessment and Team Around the Family. Over time children and family's needs are likely to change and this continuum through the needs-based groupings, demonstrates how families can have access to various sources of support. Including those offered as part of [the Healthy Child Programme](#).

## 5. Universal or Community support – Thriving

Children who consistently receive child focused care giving from their parents or carers. They have their needs met in the communities in which they live, and they have local opportunities to flourish and stay safe from harm. This grouping of children are described as Thriving in the Thrive framework.

## 6. Emerging Needs – Getting advice and signposting

Children and families adjusting to life circumstances, with mild or temporary difficulties, where the best intervention is within their community network with the possible addition of self-support. Within this grouping are children who are particularly vulnerable due to a range of social factors such as poverty; environmental factors including injustice, discrimination, and social and gender inequalities; and individual factors such as experience of abuse, a learning disability, or physical health problems. These children and their families may be getting advice within the Thrive framework for system change and supported through the Healthy Child Programme life stage interventions.

We know children in this grouping are best supported by those who already work with them, such as early years settings or schools, who can organise additional



support with local partners as needed. Families tell us that relationships with workers are important, it could be any practitioner, volunteer, or mentor who, in agreement with the family, acts as a child champion to help co-ordinate the support a family needs. It is important for that child or family that they are clear about the help they are offered and the difference it makes to their lives. This is best done through strengths-based practice.

## Strengths Based Practice

All practitioners, will work honestly and openly with families, discussing any needs with them using our strengths-based approach, ensuring that they are involved in decision-making. All families deserve openness, honesty, and fairness from us.

Where an agency working with a child or family identifies additional support needed that their agency could deliver under **Emerging Needs**, they should use their own internal processes for doing so. Sometimes, it is helpful for them to use an Early Help Plan to identify how they will support the needs of the family. Where the family would benefit from other services to support them, the agency must seek consent from the family and then contact can either be made directly to the other agency or make a request for support via the Early Help Hub for statutory services.

Parents should always provide written consent for any referrals and for practitioners to share information, as part of the decision-making process. In the spirit of openness and respect it is important that we ask children who demonstrate understanding and competency, especially those aged over 15, to also give their consent. [Capacity and Consent \(proceduresonline.com\)](https://www.proceduresonline.com/capacityandconsent)

There is a graph on how and when to share information, on the [HM Government Document: Information sharing Advice for practitioners providing safeguarding services to children, , parents and carers \(July 2018\)](#)

## 7. Targeted Support – Getting help

Children who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or are not being met. Within the Thrive framework for system change these children are described as getting help and supported through the Healthy Child Programme life stage interventions.

These are children who require a lead practitioner for a co-ordinated approach to the provision of additional services such as family support services or parenting programmes. Where there is more than one service working alongside a child and family, it is helpful for the family and involved services to hold a Team Around the Family Meeting, to share information and co-ordinate the [Early Help Assessment](#) together. Any agency can be the child's champion, the best person for the role can be identified through a Team around the Family approach.

## 8. Intensive Support – Getting more help

Children who are struggling to cope, this might include children and families with a range of overlapping needs that mean they may require greater input as they have

multiple interconnected needs and need a coordinated targeted response. They may require longer term intervention from specialist services to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled. The Thrive framework for system change defines these children as getting more help.

The need to provide intensive support may be due to continued efforts of earlier interventions that have not effectively reduced the difficulties for the child and their family. In some cases, these children's needs may be secondary to the adults needs. This grouping also comprises those children and families who would benefit from focused, evidence-based interventions, with clear aims, and criteria for assessing whether these aims have been achieved.

Before requesting the addition intensive support services, practitioners should have worked together with the family to meet the additional needs of the child or young person, using an Early Help Assessment and Team Around the Family approach.

## 9. Statutory Services

Children are likely to have already experienced adverse effects and who are suffering or are likely to suffer significant harm, leading to poor outcomes. This is the threshold for an assessment led by children's social care under Section 17, Children Act 1989, although the assessments and services required may come from a range of provision outside of children's social care. Their needs may not be considered by their parents. This support includes health services which are very specialised services in residential, day patient or outpatient settings for children and adolescents with severe and/or complex health problems. This is likely to mean that they may be referred to children's social care under section 20, 47 or 31 of the Children's Act 1989. The Thrive framework for system change identifies this as getting risk support. This would also include those children remanded into custody and statutory youth offending services.

Children and families involved with a statutory service will still be involved with other practitioners and services including those that are volunteer led throughout the Continuum of support.

## 10. The Family Safeguarding Model

In Surrey, our chosen model of practice for Statutory Social work is Family Safeguarding, this is a partnership approach to working with families, its principles are rooted in understanding family needs.

- Promoting the upbringing of children in their families, by identifying, supporting, and meeting the needs of the children and parents to make a difference for the child or young person.
- Is strengths-based, needs-led, and seeks to work in partnership with families to facilitate sustained change.
- Using a motivational interviewing approach to find out and draw out people's own motivation for positive change.



- Has multi-disciplinary teams providing services to CIN (Children in Need) & those in need of protection and their families. Working to create change for children, not monitoring their circumstances / enforcing compliance.
- One of the key objectives is Supporting more families to create sustained change that supports capacity to parent at the earliest opportunity.

**This document must be read in conjunction with the [Surrey Safeguarding Children Partnership's Procedures](#).**

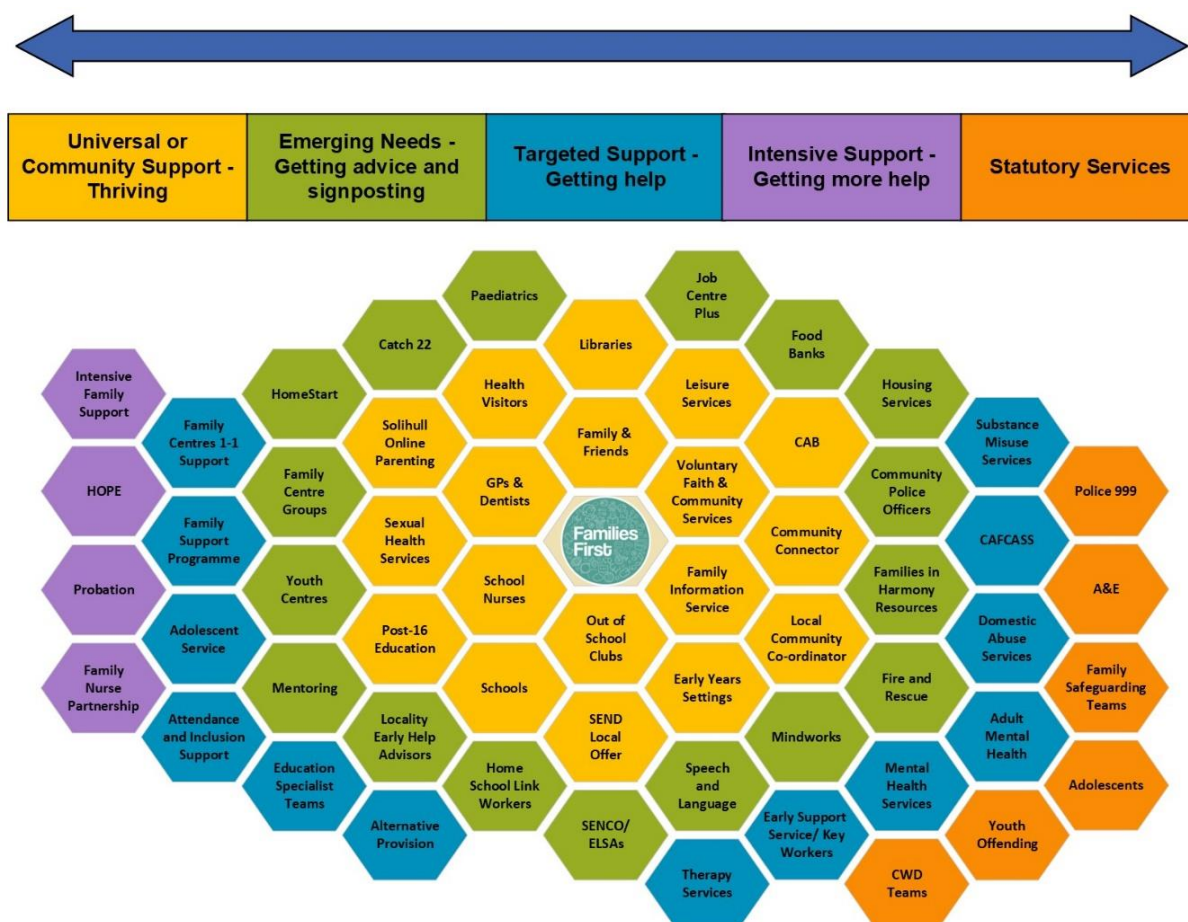
## 11. Finding the right needs-based support

Most children and families will be able to access local and community universal services and are encouraged to make use of the Family Information Service to identify services that may be able to support them and the needs of their children.

Any practitioner, child or family member can directly access the [Family Information Service on the Surrey County Council Website](#). This directory provides a detailed list of a variety of services that are available in the community by typing in a keyword search. Details of the services in Surrey for children with Additional Educational Needs and Disabilities are available to view as part of the [Surrey County Council's Local Offer](#).

There are a wide range of services available across Surrey to assist school-based staff, wider services, and partners in supporting the needs of children and families. This [Surrey Support Map at Healthy Surrey](#) provides signposting to some of the key services, placing them at an early point of contact strengthening a preventative approach.

## 12. Service Examples



If the child or family is not already receiving support, the next step is to work out what type of support they require. Children's needs require different responses. Assessing a child need ensures they receive the right kind of help. In Surrey, children's needs are assessed through an Early Help Assessment and the appropriate response to their needs considered against the Continuum of Support.

## 13. Neglect

Responding to Neglect in Surrey Neglect is the most prevalent type of harm affecting around 10% of all children (Radford, L. et al (2011) Child abuse and neglect in the UK (United Kingdom) today) and the reason most children in Surrey, and across the UK, are on child protection plans. To try and address this, Surrey is implementing tools across the partnership to support the assessment, interventions, and response to concerns regarding neglect and the quality of parenting provided to children. [Risk-Assessment-Tools-General-Guidance.pdf \(surreyscp.org.uk\)](https://surreyscp.org.uk/Risk-Assessment-Tools-General-Guidance.pdf)

The Graded Care Profile 2 (GCP2) is an evidenced based tool that helps practitioners to work with parents and care givers, to measure and score the quality of the care they are providing, whilst keeping the child at the centre. The tool helps to

identify parents' strengths as well as areas of care which require improvement.

Although the GCP2 can support practitioners with collecting evidence to escalate their concerns to Surrey's Children's Single Point of Access (C-SPA), the main purpose of the tool is to identify neglectful care as early as possible and put in place the right support to improve outcomes for children.

The Neglect Subgroup of the SSCP (Surrey Safeguarding Children Partnership) has also developed a briefer neglect screening tool. This tool supports practitioners who are not able to complete a GCP2, to identify signs of neglect at an early stage and to helps them to discuss concerns with their manager or Safeguarding Lead, to decide the next appropriate steps. Please refer to the [Surrey Safeguarding Children Partnership \(SSCP\) Neglect Screening Tool](#).

It is to be acknowledged that exceptional circumstances will still occur where a families' needs do not fit neatly into locally defined categories. In these exceptional circumstances, it is expected that agencies will work together in a consultative, solution-focused way with the family to identify pathways of support and protection that safeguard children and promote their welfare.

Where agreement cannot be reached about how best support a family practitioners should follow the steps outlined in the [Surrey Safeguarding Children Partnership's FaST Resolution Process](#).

## 14. Appendix 1: Resilience and Protective Factors

The factors that have been shown to be associated with resilience are listed below in relation to child, family, and community domains, and in relation to school-age children and adolescents (Daniel and Wassell, 2002) \*.

### Summary of Factors Associated with Resilience During School Years

Individual factors associated with resilience	Family factors associated with resilience	Wider community factors associated with resilience
Female	Close bond with at least one person	Neighbour/other non-kin support
Sense of competence and self-efficacy	Nurturance and trust	Peer contact
Internal locus of control	Lack of separations	Good school experiences
Empathy with others	Lack of parental mental health or addiction problems	Positive adult role models
Problem-solving skills	Required helpfulness	
Communication skills	Engagement for autonomy (girls)	

Sociable	Encouragement for expression of feelings (boys)	
Independent	Close grandparents	
Reflective, not impulsive	Sibling attachment	
Ability to concentrate on schoolwork	Four or fewer children	
Autonomy (girls)	Sufficient financial and material resources	
Emotional expressiveness		
Sense of humour		
Hobbies		
Willingness and capacity to plan		

### Summary of Factors Associated with Resilience During Adolescent Years

Individual factors associated with resilience	Family factors associated with resilience	Wider community factors associated with resilience
Male responsibility	A close bond with at least one person	Neighbour and other non-kin support
Internal locus of control	Nurturance and trust	Peer contact
Empathy with others	Lack of separations	Good school experiences
Social maturity Positive self-concept	Lack of parental mental health or addiction problems	Positive adult role models
Achievement orientation	Required helpfulness	
Gentleness, nurturance Social perceptiveness	Encouragement for autonomy (girls)	
Intelligence	Family harmony	
Willingness and capacity to plan	Close grandparents Sibling attachments Four or fewer children Sufficient financial and material resources	

\*Daniel and Wassell Assessing and Promoting Resilience in Vulnerable Children  
2002 Jessica Kingsley

Further research on factors associated with resilience is available [Educational attainment of children in need & children in care - Nuffield Foundation](#)