

# Pathway to Provision



Nottinghamshire  
SAFEGUARDING  
CHILDREN Board



## Multi-Agency Thresholds Guidance for Nottinghamshire Children's Services Version 4 (updated June 2014)





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## Multi-Agency Thresholds Guidance

Version 4 (updated June 2014)

### Key Amendments to Version 4

<b>1</b>	Early Help Assessment Form (EHAF) to replace the CAF	p.16
<b>2</b>	Complex Case Resolution Meetings to replace Joint Access Team	p.16
<b>3</b>	Updated Step Down guidance	p.20
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## Introduction

In September 2010, the first version of the Pathway to Provision Handbook was launched. The purpose of the Pathway to Provision handbook is to support practitioners to identify an individual child's, young person's and/or family's level of need and to enable the most appropriate referrals to access provision.

It is especially critical that appropriate referrals are made to Children's Social Care to ensure the safety of children and young people in Nottinghamshire.

Version 4 of the Pathway to Provision includes:

- The introduction of an Early Help Assessment Form (EHAF) to replace the CAF. The EHAF is now the accepted format for Common Assessment Framework compliant assessment in Nottinghamshire. The EHAF still uses the Common Assessment Framework to underpin its structure and promotes the involvement of children and families in agreeing what positive change is required. The EHAF aims to provide practitioners across the children's workforce a tool to help them quickly assess need, plan their own interventions and to make onward referral for other services if required. The EHAF replaces the current 'Request for Services' form (also known to some as part A of the CAF), as the form to be used when making referrals through the Early Help Unit or to Children Centres.
- Practice guidance and referral arrangements for Complex Case Resolution meetings, which have replaced Joint Access Teams as the mechanism to support services to manage complex cases in a timely and robust way, thus improving children's outcomes.
- Revised Step Down guidance for the process of stepping responsibility for supporting a child or young person from one service to another. The step-down process typically refers to the transition of a plan from level 4 to level 3, when there is no longer a requirement for statutory children's social care involvement.
- Contact details for safeguarding and Early Help arrangements for the local authorities neighbouring Nottinghamshire.

The appendices section includes detailed practice guidance for practitioners in relation to key parts of the early help and safeguarding pathway. It also includes information about aligned pathways for children and young people with particular needs in relation to concerning behaviour or special educational needs and disabilities, and referral arrangements for children considered to be in need Child and Adolescent Mental Health services (CAMHS).

The Pathway to Provision no longer provides detailed service descriptions. Comprehensive information about the range of services available to support children and families can be found in the following places:

The Children, Families and Cultural Services Service Directory  
(<http://www.nottinghamshire.gov.uk/living/life/children/cfcs-service-directory/>)

The SEND Local Offer (for children and young people with special educational needs and disabilities)  
([http://nottinghamshire.sendlocaloffer.org.uk/kb5/nottinghamshire/fsd/local\\_offer.page](http://nottinghamshire.sendlocaloffer.org.uk/kb5/nottinghamshire/fsd/local_offer.page))

The Early Help Offer

To be published shortly on the Children's Trust website.

## Section A: The Nottinghamshire Continuum of Children and Young People’s Needs

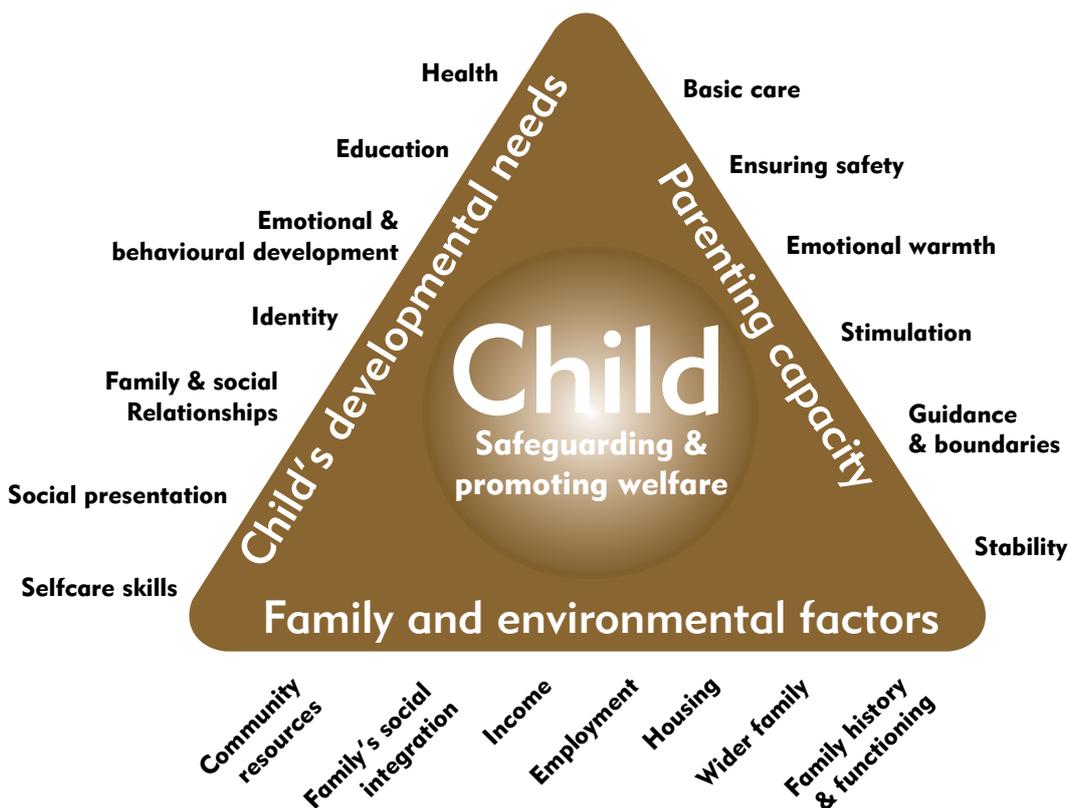
### The Assessment Framework<sup>1</sup>

Assessing the needs of a child or young person requires a systematic and purposeful approach. The assessment framework gives agencies working with children and young people a common language to understand both the needs of the child/young person and what is happening to them. Using the assessment framework provides a way to gather and analyse relevant information within three domains:

- the developmental needs of the child
- the parental capacity (or caregiver capacity) to meet the child’s needs
- the impact of the wider family and environmental factors on both parenting capacity and the child’s development.

Each domain has a number of dimensions (see figure 1) which are consistent with the Early Help Assessment (EHAF) process and are used as the headings on the EHAF.

Figure 1: The Assessment Triangle - Working Together to Safeguard Children (2013)



<sup>1</sup> Framework for the Assessment of Children in Need and their Families (Department of Health et al, 2000)

The model used to illustrate the different levels of children and young people’s needs in Nottinghamshire is referred to as the **Nottinghamshire Continuum of Children and Young People’s Needs** (see figure 2) which recognises that children, young people and their families will have different levels of needs, and that a family’s needs may change over time. The agreed multi-agency thresholds are set out across four levels of need which are:

**Universal (Level 1)** – Children and young people who are achieving expected outcomes and have their needs met within universal service provision without any additional support

**Early Help (Level 2)** – Children and young people who are starting to divert from expected outcomes and will require additional support for a time limited period

**Targeted Early Help (Level 3)** – Children and young people who are not achieving the expected outcomes, and require more intensive but time limited support

**Specialist (Level 4)** – Children and young people who require intensive help and support from a limited range of specialist services including Children’s Social Care

It is important to recognise that children and young people will move between the different levels, as their needs change, for example from Level 4 to Level 3 or from Level 2 to Level 1. The model provides a framework to develop a common understanding amongst practitioners of children and young people’s needs and their vulnerabilities, shared assessment procedures and a platform for inter-agency and multi-agency working through the early help offer which includes early intervention and prevention services, targeted support for young people and Complex Case Resolution Meetings.

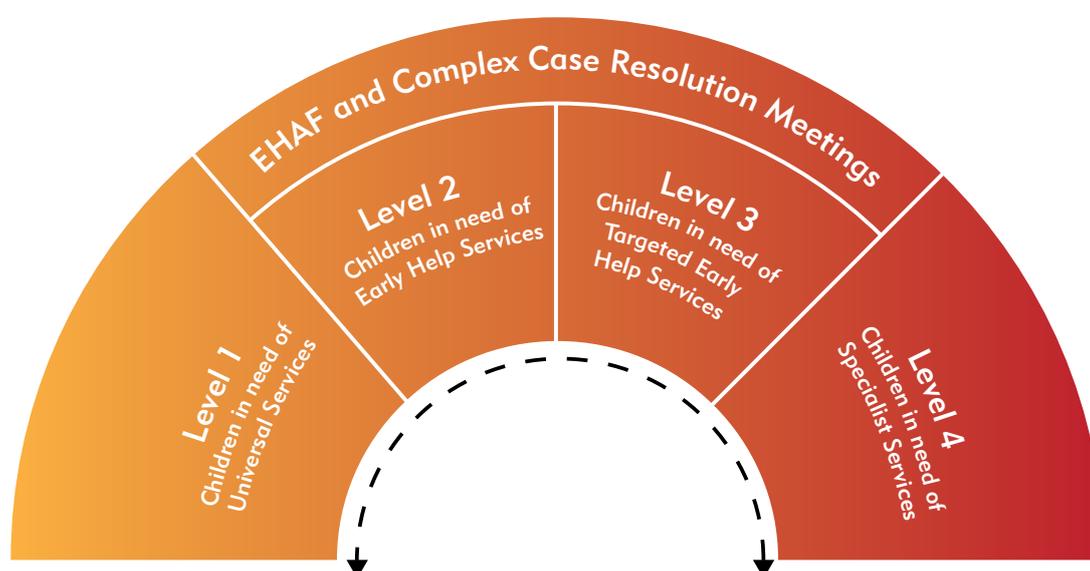
The Nottinghamshire Continuum of Need model is consistent with the Nottinghamshire Safeguarding Children Board (NSCB) Procedures and the national guidance “Working Together” (2013). The model is underpinned by the following principles:

- it is child-centred
- it is holistic in approach
- it is focused on outcomes for children and young people

The model recognises that children and young people’s welfare and safety is everyone’s responsibility and that we all have a duty, as stated in the Children Act 2004, to promote cooperation between the County Council and its partners with a view to improving the well-being of children and young people. All partners have a duty under section 11 of the Children Act 2004, to safeguard and promote the welfare of children and young people and that all services support this objective.

In general, children and young people with disabilities will have their needs met through Early Help and targeted Early help Services. However, some children with a high level of need may require specialist services at level 4.

**Figure 2: The Nottinghamshire Continuum of Children and Young People’s Needs**



NB. The Nottinghamshire Continuum illustrates the levels of need rather than numbers of children at each Level.

## Section B: Multi-Agency Thresholds Guidance

This section provides definitions and indicators for practitioners to assist in the identification of levels of need for children and young people. It also includes guidance on when to commence the Early Help Assessment process and/or make a referral to the appropriate service within Nottinghamshire's Pathway to Provision.

This multi-agency threshold guidance provides definitions and indicators for practitioners to assist in the identification of levels of need for children and young people (from conception to 18 years, or 24 years if the young person has a learning difficulty or disability). A threshold in this guidance is the point at which we "weigh up" what is happening and what action is needed in order to meet a child's needs. This involves professional and personal values. This document is not intended to be a definitive list but provides a framework to identify when a child or young person may be at risk of poor outcomes, alongside guidance on when to commence the Early Help Assessment process or make a referral to early help services including Complex Case Resolution Meetings (CCRs). There is no substitute for sound **professional judgement**, effective inter and intra-agency communication and good evidence based practice based on up to date research.

This document should be read alongside the Nottinghamshire Safeguarding Children's Board (NSCB) Procedures that reflect the legal framework underpinning work with children to promote their welfare and prevent abuse. These procedures are available at:

<http://www.nottinghamshire.gov.uk/caring/protecting-and-safeguarding/nscb/informationprofessionals/procedures-practice-guidance/>

Sometimes there are legal duties to provide statutory services. Where this is not the case, there is no guarantee of service provision by particular agencies at each level as there may be restricting factors such as age limits, specific service criteria and a history of previous interventions. It is acknowledged that children and young people may move from one level of need to another in either direction and that agencies (including universal services) may offer support at more than one level.

Common use of this framework by local agencies and programmes enables them to work better together, share information more easily and facilitates referrals between organisations. It benefits children, young people and families by enabling them to understand what information agencies are seeking and why, and helps them to judge whether they are getting the services they require.

### Threshold Indicators

The following pages provide definitions and indicators grouped around the three domains of the assessment triangle to assist practitioners in identifying levels of need. It is important to recognise that children and young people will move between the different levels as their needs change, for example from Level 4 to Level 3, from Level 3 to Level 2, or from Level 2 to Level 1.

## Level 1 Threshold: Universal Services

Children and young people at this level are achieving expected outcomes within universal provision without additional support. Children, young people, parents and carers can access these services directly by self referral or open access.

Child's Developmental Needs	Parents and Carers
<p><b>HEALTH</b></p> <ul style="list-style-type: none"> <li>• Good physical health</li> <li>• Adequate diet/hygiene/clothing</li> <li>• Developmental checks/immunisations up to date</li> <li>• Accesses health services</li> <li>• Developmental milestones met including Speech &amp; Language</li> <li>• Appropriate height &amp; weight</li> <li>• Healthy lifestyle</li> <li>• Sexual activity appropriate for age</li> <li>• Good state of mental health</li> <li>• No substance misuse (including alcohol)</li> </ul> <p><b>EDUCATION &amp; LEARNING</b></p> <ul style="list-style-type: none"> <li>• Good attendance at school/college/training</li> <li>• No barriers to learning</li> <li>• Achieving key stages</li> </ul> <p><b>EMOTIONAL &amp; BEHAVIOURAL DEVELOPMENT</b></p> <ul style="list-style-type: none"> <li>• Growing level of competencies in practical and emotional skills</li> <li>• Good quality early attachments</li> </ul> <p><b>IDENTITY</b></p> <ul style="list-style-type: none"> <li>• Positive sense of self &amp; abilities</li> <li>• Demonstrates feelings of belonging &amp; acceptance</li> <li>• An ability to express needs</li> </ul> <p><b>FAMILY &amp; SOCIAL RELATIONSHIPS</b></p> <ul style="list-style-type: none"> <li>• Stable &amp; affectionate relationships with care givers</li> <li>• Good relationships with siblings</li> <li>• Positive relationships with peers</li> </ul> <p><b>SOCIAL PRESENTATION</b></p> <ul style="list-style-type: none"> <li>• Appropriate dress for different settings</li> <li>• Good level of personal hygiene</li> </ul> <p><b>SELF-CARE SKILLS</b></p> <ul style="list-style-type: none"> <li>• Age appropriate independent living skills</li> </ul>	<p><b>BASIC CARE, SAFETY AND PROTECTION</b></p> <ul style="list-style-type: none"> <li>• Carers able to provide for child's needs and protect from danger and harm</li> </ul> <p><b>EMOTIONAL WARMTH AND STABILITY</b></p> <ul style="list-style-type: none"> <li>• Carers able to provide warmth, praise and encouragement</li> </ul> <p><b>GUIDANCE, BOUNDARIES AND STIMULATION</b></p> <ul style="list-style-type: none"> <li>• Carers provide appropriate guidance and boundaries to help child develop appropriate values</li> <li>• Supports development through interaction and play</li> </ul> <p><b>Family and Environmental Factors</b></p> <p><b>FAMILY HISTORY AND FUNCTIONING</b></p> <ul style="list-style-type: none"> <li>• Supportive family relationships, including when parents are separated</li> </ul> <p><b>HOUSING, EMPLOYMENT AND FINANCE</b></p> <ul style="list-style-type: none"> <li>• Housing has basic amenities and appropriate facilities</li> <li>• Appropriate levels of cleanliness/ hygiene are maintained</li> <li>• Not living in poverty</li> </ul> <p><b>FAMILY'S SOCIAL INTEGRATION</b></p> <ul style="list-style-type: none"> <li>• Good enough social and friendship networks exist</li> </ul> <p><b>COMMUNITY RESOURCES</b></p> <ul style="list-style-type: none"> <li>• Good enough universal services in neighbourhood</li> </ul>

## Level 2 Threshold: Child in need of Early Help Services

Children and young people at this level are in need of Early Help services and will usually access these using the Early Help assessment process, or through a referral to early help services through the Early Help Unit.

Child's Developmental Needs	Parents and Carers
<p><b>HEALTH</b></p> <ul style="list-style-type: none"> <li>• Slow in reaching developmental milestones</li> <li>• Missing immunisations or checks</li> <li>• Susceptible to minor health problems</li> <li>• Minor concerns ref: diet, hygiene, clothing, alcohol consumption (but not immediately hazardous)</li> <li>• Disability requiring support services</li> <li>• Starting to have sex (under 16)</li> <li>• Previous pregnancy</li> </ul> <p><b>EDUCATION &amp; LEARNING</b></p> <ul style="list-style-type: none"> <li>• Occasional truanting or non-attendance, poor punctuality</li> <li>• At risk of fixed term exclusion or a previous fixed term exclusion</li> <li>• School action or school action plus</li> <li>• Few opportunities for play/socialisation</li> <li>• Not in education, employment or training</li> <li>• Identified language and communication difficulties</li> <li>• Not reaching educational potential</li> </ul> <p><b>EMOTIONAL &amp; BEHAVIOURAL DEVELOPMENT</b></p> <ul style="list-style-type: none"> <li>• Low level mental health or emotional issues requiring intervention</li> <li>• Substance misuse that is not immediately hazardous including alcohol</li> <li>• Involved in behaviour seen as anti-social</li> <li>• Attachment issues and/or emotional development delay e.g. adopted child</li> </ul> <p><b>IDENTITY</b></p> <ul style="list-style-type: none"> <li>• Some insecurities around identity</li> <li>• May experience bullying around 'difference'</li> </ul> <p><b>FAMILY &amp; SOCIAL RELATIONSHIPS</b></p> <ul style="list-style-type: none"> <li>• Some support from family and friends</li> <li>• Has some difficulties sustaining relationships</li> <li>• Undertaking occasional caring responsibilities</li> <li>• Child of a teenage parent</li> <li>• Child adopted from care</li> <li>• Low parental aspirations</li> </ul> <p><b>SOCIAL PRESENTATION</b></p> <ul style="list-style-type: none"> <li>• Can be over-friendly or withdrawn with strangers</li> <li>• Personal hygiene starting to be a problem</li> </ul> <p><b>SELF-CARE SKILLS</b></p> <ul style="list-style-type: none"> <li>• Not always adequate self-care—poor hygiene</li> <li>• Slow to develop age appropriate self-care skills</li> <li>• Overprotected/unable to develop independence</li> </ul>	<p><b>BASIC CARE, SAFETY AND PROTECTION</b></p> <ul style="list-style-type: none"> <li>• Parental engagement with services is poor</li> <li>• Parent requires advice on parenting issues</li> <li>• Professionals are beginning to have some concerns around child's physical needs being met</li> <li>• Professionals are beginning to have some concerns about substance misuse (including alcohol) by adults within the home</li> <li>• Some exposure to dangerous situations in home/community</li> <li>• Teenage parent(s)</li> </ul> <p><b>EMOTIONAL WARMTH AND STABILITY</b></p> <ul style="list-style-type: none"> <li>• Inconsistent parenting, but development not significantly impaired</li> <li>• Post natal depression</li> <li>• Perceived to be a problem by parent</li> </ul> <p><b>GUIDANCE, BOUNDARIES AND STIMULATION</b></p> <ul style="list-style-type: none"> <li>• May have different carers</li> <li>• Inconsistent boundaries offered</li> <li>• Can behave in an anti-social way</li> <li>• Spends much time alone (TV, etc)</li> <li>• Child not exposed to new experiences</li> </ul> <p><b>Family and Environmental Factors</b></p> <p><b>FAMILY HISTORY AND FUNCTIONING</b></p> <ul style="list-style-type: none"> <li>• Parents have relationship difficulties which may affect the child</li> <li>• Experienced loss of significant adult</li> <li>• May look after younger siblings</li> <li>• Parent has health difficulties</li> <li>• Some support from family and friends</li> </ul> <p><b>HOUSING, EMPLOYMENT AND FINANCE</b></p> <ul style="list-style-type: none"> <li>• Families affected by low income or unemployment</li> <li>• Parents have limited formal education</li> <li>• Adequate/poor housing</li> <li>• Family seeking asylum or refugees</li> </ul> <p><b>FAMILY'S SOCIAL INTEGRATION</b></p> <ul style="list-style-type: none"> <li>• Family may be new to area</li> <li>• Some social exclusion problems</li> <li>• Victimisation by others</li> </ul> <p><b>COMMUNITY RESOURCES</b></p> <ul style="list-style-type: none"> <li>• Adequate universal resources but family may have access issues</li> </ul>

## Level 3 Threshold: Child in need of Targeted Early Help Services

Children and young people at this level are in need of targeted Early Help services. The assessment process to access these services would be either: statutory assessments, the Early Help assessment process, or through a referral to early help services.

Child's Developmental Needs	Parents and Carers
<p><b>HEALTH</b></p> <ul style="list-style-type: none"> <li>• Some concerns around mental health</li> <li>• Has some chronic/recurring health problems</li> <li>• Missed routine and non-routine health appointments</li> <li>• Concerns re: diet, hygiene, clothing</li> <li>• Conception to child under 16</li> <li>• Sex with multiple partners</li> <li>• Administration of substances in a hazardous manner (sharing equipment etc)</li> <li>• Substance misuse impacts negatively on their risk taking behaviour (e.g. unprotected sex)</li> <li>• Disability requiring significant support services</li> </ul> <p><b>EDUCATION &amp; LEARNING</b></p> <ul style="list-style-type: none"> <li>• Short term exclusion or persistent truanting, poor school attendance</li> <li>• At risk of permanent exclusion or previous permanent exclusion</li> <li>• Identified learning needs and may have statement of special educational needs</li> <li>• Not achieving key stage benchmarks</li> <li>• Limited access to books, toys</li> <li>• Persistent NEET</li> </ul>	<p><b>BASIC CARE, SAFETY AND PROTECTION</b></p> <ul style="list-style-type: none"> <li>• Parent is struggling to provide adequate care</li> <li>• Parental learning disability, parental substance misuse (including alcohol) or mental health impacting on parent's ability to meet the needs of the child</li> <li>• Previously subject to child protection plan</li> <li>• Teenage parent(s)</li> <li>• Either or both previously looked after</li> </ul> <p><b>EMOTIONAL WARMTH AND STABILITY</b></p> <ul style="list-style-type: none"> <li>• Child often scapegoated</li> <li>• Child is rarely comforted when distressed</li> <li>• Receives inconsistent care</li> <li>• Has no other positive relationships</li> </ul> <p><b>GUIDANCE, BOUNDARIES AND STIMULATION</b></p> <ul style="list-style-type: none"> <li>• Few age appropriate toys in the house</li> <li>• Parent rarely referees disputes between siblings</li> <li>• Inconsistent parenting impairing emotional or behavioural development</li> </ul>
<p><b>EMOTIONAL &amp; BEHAVIOURAL DEVELOPMENT</b></p> <ul style="list-style-type: none"> <li>• Difficulty coping with anger, frustration and upset</li> <li>• Physical and emotional development raising significant concerns</li> <li>• Significant attachment difficulties e.g. child adopted from care</li> <li>• Early onset of sexual activity (13–14)</li> <li>• Hazardous substance misuse (including alcohol)</li> <li>• Inappropriate sexual behaviour</li> <li>• Offending or regular anti-social behaviour</li> </ul> <p><b>IDENTITY</b></p> <ul style="list-style-type: none"> <li>• Subject to discrimination</li> <li>• Significantly low self-esteem</li> <li>• Extremist views</li> </ul> <p><b>FAMILY &amp; SOCIAL RELATIONSHIPS</b></p> <ul style="list-style-type: none"> <li>• Peers also involved in challenging behaviour</li> <li>• Regularly needed to care for another family member</li> <li>• Involved in conflicts with peers/siblings</li> <li>• Adoptive family under severe stress</li> </ul> <p><b>SOCIAL PRESENTATION</b></p> <ul style="list-style-type: none"> <li>• Clothing regularly unwashed</li> <li>• Hygiene problems</li> <li>• Is provocative in behaviour/appearance</li> </ul> <p><b>SELF-CARE SKILLS</b></p> <ul style="list-style-type: none"> <li>• Poor self-care for age - hygiene</li> <li>• Precociously able to care for self</li> </ul>	<p><b>Family and Environmental Factors</b></p> <p><b>FAMILY HISTORY AND FUNCTIONING</b></p> <ul style="list-style-type: none"> <li>• Evidence of domestic violence</li> <li>• Acrimonious divorce/separation</li> <li>• Family members have physical and mental health difficulties</li> <li>• Parental involvement in crime</li> <li>• Evidence of problematic substance misuse (including alcohol)</li> </ul> <p><b>HOUSING, EMPLOYMENT AND FINANCE</b></p> <ul style="list-style-type: none"> <li>• Overcrowding, temporary accommodation, homelessness, unemployment</li> <li>• Poorly maintained bed/bedding</li> <li>• Serious debts/poverty impacting on ability to care for child</li> </ul> <p><b>FAMILY'S SOCIAL INTEGRATION</b></p> <ul style="list-style-type: none"> <li>• Family socially excluded</li> <li>• Escalating victimisation</li> </ul> <p><b>COMMUNITY RESOURCES</b></p> <ul style="list-style-type: none"> <li>• Parents socially excluded with access problems to local facilities and targeted services</li> </ul>

## Level 4 Threshold: Child in Need of Specialist Services

Children and young people at this level are in need of specialist services. There are a smaller group of children and young people who require intensive help and support to meet their needs. Children and young people will access specialist services following a statutory assessment. Specialist services include: Children’s Social Care, the Youth Justice Service, SEND Policy and Provision and CAMHS.

Child’s Developmental Needs	Parents and Carers
<p><b>HEALTH</b></p> <ul style="list-style-type: none"> <li>• Has severe/chronic health problems</li> <li>• Persistent substance misuse</li> <li>• Non-organic failure to thrive</li> <li>• Fabricated illness</li> <li>• Early teenage pregnancy</li> <li>• Serious mental health issues</li> <li>• Seriously obese</li> <li>• Dental decay and no access to treatment</li> <li>• Sexual exploitation/abuse</li> <li>• Sexual activity under the age of 13</li> <li>• Disability requiring highest level of support</li> </ul> <p><b>EDUCATION &amp; LEARNING</b></p> <ul style="list-style-type: none"> <li>• No education provision</li> <li>• Permanently excluded from school</li> <li>• History of previous exclusions</li> <li>• Significant developmental delay due to neglect/poor parenting</li> </ul> <p><b>EMOTIONAL &amp; BEHAVIOURAL DEVELOPMENT</b></p> <ul style="list-style-type: none"> <li>• Regularly involved in anti-social/criminal activities</li> <li>• Puts self or others in danger</li> <li>• Endangers own life through self harm/substance misuse including alcohol/eating disorder/suicide attempts</li> <li>• In sexually exploitive relationship</li> <li>• Frequently goes missing from home for long periods</li> <li>• Child who abuses others</li> <li>• Severe attachment problems and/or severe emotional development delay</li> </ul> <p><b>IDENTITY</b></p> <ul style="list-style-type: none"> <li>• Experiences persistent discrimination</li> <li>• Is socially isolated and lacks appropriate role models</li> <li>• Alienates self from others</li> <li>• Distorted self image</li> </ul> <p><b>FAMILY &amp; SOCIAL RELATIONSHIPS</b></p> <ul style="list-style-type: none"> <li>• Looked after child</li> <li>• Care leaver</li> <li>• Family breakdown related in some way to child’s behavioural difficulties</li> <li>• Subject to physical, emotional or sexual abuse/neglect</li> <li>• Female genital mutilation</li> <li>• Is main carer for a family member</li> <li>• Adoption breakdown</li> <li>• Forced marriage of a minor</li> </ul> <p><b>SOCIAL PRESENTATION</b></p> <ul style="list-style-type: none"> <li>• Poor and inappropriate self-presentation</li> </ul> <p><b>SELF-CARE SKILLS</b></p> <ul style="list-style-type: none"> <li>• Neglects to use self-care skills due to alternative priorities, e.g. substance misuse</li> <li>• Unaccompanied asylum seeker</li> </ul>	<p><b>BASIC CARE, SAFETY AND PROTECTION</b></p> <ul style="list-style-type: none"> <li>• Parents unable to provide “good enough” parenting that is adequate and safe</li> <li>• Parents’ mental health problems or substance misuse significantly affect care of child</li> <li>• Parents unable to care for previous children</li> <li>• There is instability and violence in the home continually</li> <li>• Parents are involved in crime</li> <li>• Parents unable to keep child safe</li> <li>• Victim of crime</li> </ul> <p><b>EMOTIONAL WARMTH AND STABILITY</b></p> <ul style="list-style-type: none"> <li>• Parents inconsistent, highly critical or apathetic towards child</li> <li>• Child is rejected or abandoned</li> </ul> <p><b>GUIDANCE, BOUNDARIES AND STIMULATION</b></p> <ul style="list-style-type: none"> <li>• No effective boundaries set by parents</li> <li>• Regularly behaves in an anti-social way in the neighbourhood</li> <li>• Child beyond parental control</li> <li>• Subject to a parenting order which may be related to their child/young person’s criminal behaviour, antisocial behaviour or persistent absence from school</li> </ul> <p><b>Family and Environmental Factors</b></p> <p><b>FAMILY HISTORY AND FUNCTIONING</b></p> <ul style="list-style-type: none"> <li>• Significant parent discord and persistent domestic violence</li> <li>• Child looked after by a non-relative within scope of private fostering arrangement</li> <li>• Destructive relationships with extended family</li> <li>• Parents are deceased and there are no family/friends options</li> <li>• Parents are in prison and there are no family/friends options</li> </ul> <p><b>HOUSING, EMPLOYMENT AND FINANCE</b></p> <ul style="list-style-type: none"> <li>• Physical accommodation places child in danger</li> <li>• No fixed abode or homeless</li> <li>• Chronic unemployment due to significant lack of basic skills or long standing issues such as substance misuse/offending, etc.</li> <li>• Extreme poverty/debt impacting on ability to care for child</li> </ul> <p><b>FAMILY’S SOCIAL INTEGRATION</b></p> <ul style="list-style-type: none"> <li>• Family chronically socially excluded</li> </ul> <p><b>COMMUNITY RESOURCES</b></p> <ul style="list-style-type: none"> <li>• Poor quality services with long-term difficulties with accessing target populations</li> <li>• Restricting and refusing intervention from services</li> </ul>

## Thresholds for Children's Social Care Involvement

The supplementary Level 4 thresholds are set out below at the following levels of need:

### 4a) Children in Need of Specialist Support from Children's Social Care

### 4b) Children in Need of Protection

### 4c) Children in Need of Care.

The key factors taken into account in deciding whether or not a child or young person requires a Children's Social Care intervention under the Children Act 1989 are:

- What will happen to a child's health or development without services being provided; and
- The likely effect the services will have on the child's standard of health and development

Please read in conjunction with Nottinghamshire Safeguarding Children Board's Safeguarding Children Procedures at:

[www.nottinghamshire.gov.uk/caring/protecting-and-safeguarding/nscb/informationprofessionals/procedures-practice-guidance/](http://www.nottinghamshire.gov.uk/caring/protecting-and-safeguarding/nscb/informationprofessionals/procedures-practice-guidance/)

NB Further guidance on indicators and definitions for child protection in specific circumstances at Level 4 are included in chapter 6 of the Nottinghamshire Safeguarding Children Board Procedures.

### 4a) Child in Need of Specialist Support from Children's Social Care

#### Level of Need:

Children and young people who have:

Highly complex needs (including children with disability or adopted children)

- A need for multi-agency high level support and are experiencing compromised parenting
- A significant risk of family breakdown or of being harmed
- A likelihood of significant harm but where initial assessment suggests the risk can be managed outside of a Child Protection Plan

#### Threshold Criteria:

Issues not resolved by interventions at Levels 1-3 and:

- Significant parenting capacity problems impacting on child's development/ wellbeing to a level where this may result in the child coming into care
- Child is posing a risk to self or others that may, without multi-agency intervention, result in the need for a Child Protection Plan or the child coming into care
- Child is looked after by someone who is not a close relative as defined within private fostering regulations
- Child has highly complex needs related to disability and requires a multi-agency response including Children's Social Care services
- Child is a young carer
- Child is an unaccompanied asylum seeker
- Court request for report where there has been significant current or previous involvement by Children's Social Care

- Highly vulnerable 16/17 year olds who are homeless
- Child has complex needs related to adoption and requires a multi-agency response including Children's Social Care, in addition to Support After Adoption Services
- Respite care for adopted children

#### 4b) Child in Need of Protection

##### Level of Need:

Children and young people who are suffering or likely to suffer significant harm

##### Threshold Criteria include:

- Child is likely to be physically, significantly harmed through a deliberate act, neglect or domestic violence
- Child has been sexually abused or is being groomed for sexual purposes
- Significant developmental delay due to neglect/poor parenting
- Significant emotional/ psychological problems due to neglect/poor parenting
- Reported pregnancy where there have been previous child protection concerns
- Fabricated illness
- Forced marriage of a minor
- Non-organic failure to thrive
- Parent involved in serious criminal acts that may impact on the child e.g. abusive images of children, drug dealing
- Sexual exploitation through prostitution and grooming
- An adult assessed as being a risk to children is having contact with/living with a child in the same household
- Child witnesses domestic violence or other violent or sexually harmful acts

It is also essential to refer to the guidance regarding these issues set out in Chapter 5 of the NSCB Safeguarding Children Procedures:

[www.nottinghamshire.gov.uk/caring/protecting-and-safeguarding/nscb/informationprofessionals/procedures-practice-guidance/](http://www.nottinghamshire.gov.uk/caring/protecting-and-safeguarding/nscb/informationprofessionals/procedures-practice-guidance/)

#### 4c) Child in Need of Care

##### Level of Need:

Children who are in need of care or have been in the care of the Local Authority

##### Threshold Criteria:

- Child has been abandoned and there are no family/ friends options
- Parents are deceased and there are no family/friends options
- Parents are in prison and there are no family/friends options
- Child whose welfare can only be safeguarded through provision of accommodation outside of the family home
- Child is beyond parental control placing themselves/ others at serious risk
- Meets criteria for secure accommodation
- Child remanded to Local Authority care by the court
- Unaccompanied asylum seekers who require accommodation
- Eligible & Relevant Care Leavers
- Children and young people whose adoption placement has broken down.

## C1: Outline of the Pathway to Provision

This diagram shows the Pathway to Provision for the different levels of need experienced by children and young people in Nottinghamshire. If at any point on the pathway child protection concerns arise, then these must be discussed with Children’s Social Care without delay.

### Early Help Pathway

For more detail on the Early Help Pathway see page 16

**If having identified and assessed the needs of a child or young person using the Early Help Assessment Form (EHAF)\*, you are unable to secure sufficient support to deliver the required outcomes:**



Contact the Early Help Unit  
01623 433 500 during the following core working hours:  
9.00am – 4.30pm Monday to Friday

Email: [early.help@nottscgcsx.gov.uk](mailto:early.help@nottscgcsx.gov.uk) (from a secure email address)  
or [early.help@nottscg.gov.uk](mailto:early.help@nottscg.gov.uk) and password protect documents



The Early Help Unit will:

- Allocate the case to an NCC Early Help Service, or
- Signpost the referrer to the appropriate service, or
- Refer to the MASH if there are safeguarding concerns, or
- Refer the case to a Complex Case Resolution Meeting (CCR)

\* All EHAFs should be logged with the Early Help Unit

## Safeguarding (Children's Social Care) Pathway

For more detail on the Safeguarding (Children's Social Care) Pathway see page 17

**If you have a new safeguarding concern regarding a child, young person or vulnerable adult, or consider that a child is in need of specialist support from children's social care in line with the threshold guidance on page 11:**

**Contact the Multi-Agency Safeguarding Hub (MASH)**  
**0300 500 80 90** during the following core working hours:  
8.30am-5.00pm – Monday to Thursday  
8.30am-4.30pm – Friday

To submit an online form, log onto: [www.nottinghamshire.gov.uk/MASH](http://www.nottinghamshire.gov.uk/MASH)

Outside of the core hours, and in an emergency, contact the emergency duty team (EDT) on **0300 456 4546**

If the threshold is not met for social care assessment, you will be signposted to the appropriate service

If the threshold is met for social care assessment, the case will be referred to the appropriate social care team

**Service request forms and guidance can be found at**  
[www.nottinghamshire.gov.uk/pathwaytoprovision](http://www.nottinghamshire.gov.uk/pathwaytoprovision)

**In an emergency always dial 999**

**For information on Neighbouring Authorities Contact Points**  
**see Appendix E**

## C2: The Early Help Pathway

### Completing an Early Help Assessment Form (EHAF)

Where children and young people are identified as being in need of early help, meaning that indicators of need are present at level 2 or 3, the practitioner should in most cases complete an Early Help Assessment form. This is a CAF compliant assessment. The EHAF is a standard holistic assessment and referral tool that can be used by all services working with children, young people and their families. The EHAF supports practitioners to work in partnership with parents/carers to identify a child or young person’s strengths, needs and goals. It can be shared between agencies/services, with parental and/or child or young person’s consent, and used to inform coordinated multi-agency support and actions. Prior to initiating an EHAF, contact should be made with the Early Help Unit to check to see whether an EHAF is already open and to log all new ones. Further information on the EHAF process and supplementary information can be found at [www.nottinghamshire.gov.uk/caring/childrenstrust/pathwaytoprovision](http://www.nottinghamshire.gov.uk/caring/childrenstrust/pathwaytoprovision)

If having completed an EHAF, the practitioner has identified that additional services are required to meet the needs of the child or young person then they can either:

1. Make a referral to the Early Help Unit if there are unsure about the service required; or
2. Make a referral directly to the appropriate service, Children’s Centre Services can be accessed directly via the local centre or by contacting the Early Help Unit.

### Complex Case Resolution Meetings (CCRs)

Complex Case Resolution Meetings (CCRs) provide a mechanism to support services to manage complex cases in a timely and robust way. CCRs use a whole family approach to support families with children from pre birth to nineteen years. For Complex Case Resolution Meetings practice guidance see Appendix A.

### The Early Help Unit

The Early Help Unit provides a direct contact point for professionals and families requiring early help services in Nottinghamshire. The Unit acts as the referral point for family support for 0-12 year olds provided by Children’s Centres and for targeted support for 8-18 year olds. Referrals for these services can be made using the EHAF. All referrals will need to evidence that consent has been provided by the child, young person, parent/carer, except where the referral relates to attendance matters or assistance in applications for parenting contracts, parenting orders, acceptable behaviour contracts and anti-social behaviour orders. If you wish to seek advice on how best to approach the issue of consent, please contact the Early Help Unit.

The Unit will also:

- Provide information and advice on the range of early help services in Nottinghamshire;
- Provide advice and support on the completion of EHAFs; and
- Log EHAFs and cases for discussion at a Complex Case Resolution meeting (CCR).

Opening Hours	Contact	Address
Monday to Friday 9am-4.30pm	Tel: 01623 433500 Fax: 01623 433245 Email addresses: early.help@nottscgcsx.gov.uk (If from a secure e-mail address) or otherwise please use early.help@nottscgcsx.gov.uk and password protect confidential information	Meadow House, Littleworth, Mansfield, Nottinghamshire NG18 2TB

## C3: The Safeguarding (Children’s Social Care) Pathway

If a practitioner has a new safeguarding concern regarding a child, or considers that a child is in need of specialist support from children’s social care in line with the threshold criteria outlined on page 15, they should contact the **Multi-Agency Safeguarding Hub (MASH)**.

If a practitioner working with a child, young person or family has immediate concerns about child protection, they should contact the MASH urgently, without delay. If it is outside normal office hours, the Emergency Duty Team (EDT) should be contacted on 0300 456 4546.

A practitioner can raise a concern to the MASH either by telephone or by completing an online form. All telephone calls should be followed up with an online form or in writing. Where possible, a completed Early Help Assessment Form should be submitted to supplement the online form, with the consent of the child, young person, or parent/carer. If you believe that a child is in immediate danger, call the Police immediately on 999.

It is important that the practitioner raising the concern to the MASH gains consent from the parent/carer (and where appropriate the child or young person) to contact Children’s Social Care unless the following criteria apply: ‘there is a concern that a child or young person may have suffered or be at risk of suffering significant harm and to do so would place the child at further risk of significant harm.’

### Contact Details for the Multi-Agency Safeguarding Hub

Opening Hours	Contact	Address
Monday to Thursday 8.30-5pm Friday 8.30-4.30pm	Tel: 0300 500 80 90 Fax: 01623 483295 <a href="http://www.nottinghamshire.gov.uk/MASH">www.nottinghamshire.gov.uk/MASH</a> email: <a href="mailto:mash.safeguarding@nottscs.gov.uk">mash.safeguarding@nottscs.gov.uk</a> <a href="http://gcsx.gov.uk">gcsx.gov.uk</a>	Mercury House Little Oak Drive Sherwood Business Park Annesley Nottinghamshire NG15 0DR

## What happens next?

The MASH will assess the risks and prioritise the safeguarding concerns it receives. It will collate relevant information about the child, young person and their family from a range of agencies including the NHS, Police, Probation and Early Help.

Possible outcomes are:

1. The concern is assessed to have met the threshold for children’s social care involvement and will be passed onto the appropriate team for a social care assessment.
2. The concern is assessed and does not meet the threshold for children’s social care. The practitioner is signposted to appropriate support from other services, or no further action is taken.

The practitioner will be informed by telephone or in writing of the outcome of their enquiry and the reasons for the outcome. Normally, this will happen within 3 working days and always happen within 5 working days.

If the person raising the concern remains dissatisfied with the Children’s Social Care decision not to accept the contact as a referral, then the Nottinghamshire Safeguarding Children’s Board’s escalation process should be followed. Details of the escalation process can be found in the *Nottinghamshire Safeguarding Children Procedures (2011)* (Chapter 14). These are available at: [www.nottinghamshire.gov.uk/caring/protecting-and-safeguarding/nscb/informationprofessionals/procedures-practice-guidance/](http://www.nottinghamshire.gov.uk/caring/protecting-and-safeguarding/nscb/informationprofessionals/procedures-practice-guidance/).

## Appendix A:

### Complex Case Resolution Meetings - Practice Guidance

Complex Case Resolution Meetings (CCRs) provide a mechanism to support services to manage complex cases in a timely and robust way. CCRs use a whole family approach to support families with children from pre birth to nineteen years. The guidance below sets out the details of how the CCRs operate in Nottinghamshire.

#### Complex Cases

- Cases discussed will be at level 3 on the Pathway to Provision.
- Agencies will already have worked with the families using the Early Help Assessment Form (EHAF), Team around the Child (TAC) and Early Help Services as appropriate.
- When a case becomes more complex or there is a lack of progress with outcomes then the CCR mechanism should be used.
- Complex cases referred into the Early Help Unit (EHU) where there is not an obvious service response will also go to CCRs.

#### Pathway

- Table 1 outlines the pathway into CCRs for agencies via the Early Help Unit.

#### Membership

- Named representatives from Social Care, Targeted Support, Children's Centre, CAMHS, School Health shall form the "core membership" of the CCRs.
- Named representatives will be at senior practitioner level within their service area.
- If a named representative is unable to attend a specific meeting they will send a substitute from their service with the relevant information.
- Schools and other agencies attend the CCRs when they bring a case to the meeting. Time slots will be allocated for discussion of cases from other agencies.
- Other agencies relevant to specific case discussions will be contacted by the chair for input to the meeting as and when required. Such agencies may include NCC Youth Justice, Nottinghamshire Police, Local Housing Authority etc.
- CCRs will be chaired by a team manager within the Early Help Services.

#### Referral

- Referrals will be made to the Early Help Unit using the EHAF.
- Families must consent to involvement with the CCR process.
- Professionals making a referral must attend the CCR meeting.

#### CCR Schedule

- There will be two CCRs per district, each meeting monthly but with staggered dates so that a meeting is accessible each fortnight if there is a pressing need.
- Meetings will be cancelled when there is no business to discuss.

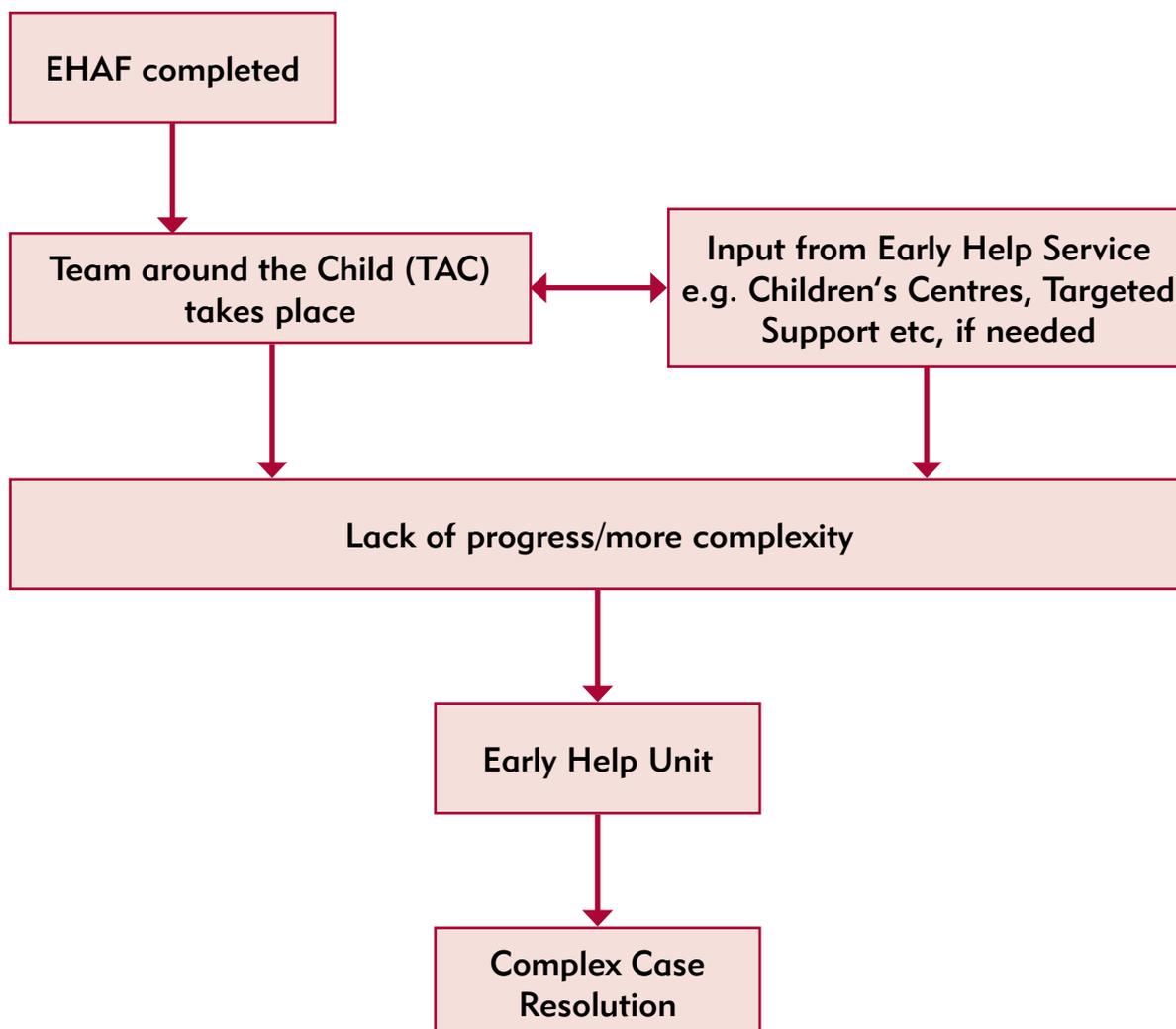
### Parent/Carer/Young Person involvement

- Parents/Carers and young people are welcome to attend the CCR.
- Professionals referring the case will be required to accompany the parent/carers/young person if they choose to attend and have informed parent/carers/young person of the CCR process.

### Accountability/Tracking

- Business Support will record agreed actions from CCRs.
- CCRs will not hold cases.
- The lead professional will have responsibility for ensuring actions and outcomes are completed.
- Case notes and actions will be recorded on the Care Works system.
- The CCRs will report on an information basis to the Early Help Implementation Groups at a locality level.

**Table 1 - Pathway into CCR**



## Appendix B:

### Step down Practice Guidance for a child or young person with a Child in Need or Child Protection Plan

Step down refers to the process of stepping responsibility for supporting a child or young person from one service to another, as outlined in the Nottinghamshire Pathway to Provision. The step-down process typically refers to the transition of a plan from level 4 to level 3, when there is no longer a requirement for statutory children's social care involvement.

In most cases there will be a need to transfer the role of lead professional to ensure that a named person assumes responsibility for co-ordinating the plan once the children's social work tasks have been completed. Throughout the planning and review process the multi-agency / family team should be working towards the early identification of the step-down lead professional to promote a seamless change. This is an important step towards reducing risk and meeting children's needs.

The child's plan should always be based upon a shared understanding of the assessed needs, risks, and strengths within the family context. It should always clearly define the required tasks and timescales, and should link these to measurable outcomes. Meeting these standards within the planning and review process should maximise the effectiveness of the help on offer to the family, and should ensure that once children's social care tasks are completed, that everyone in the multi-agency / family team understands what needs to happen after the withdraw of children's social care.

As a child's plan reaches the step-down point, it should include details of any contingency plan that has been identified, and should be clear about what would have to happen to constitute a re-referral to children's social care.

There are a **number of principles** that should be taken account of when stepping a case down:

- The transition for the child, young person and family should be as smooth as possible, with no gap in service;
- The child, young person and family should provide their consent to the step-down to another service
- Families should be encouraged to take an active role in identifying a lead professional
- Prior to stepping the case down there should be a specific and agreed plan arising from the assessment, which identifies the support required to effect positive change in the child or young person's life;
- Where general monitoring is required the case should be stepped down to a universal service such as a school or health visitor.
- The change should be clearly communicated to the child, young person or family by the services involved in the step across process.

These following **questions should be considered** when planning to step a case down:

- What were the risks and needs in the child or young person's situation that required children's social care intervention?
- What specific work has been done to reduce the level of risk and address any needs?
- What are the current protective factors?
- Why is the case being stepped down at this time?
- What outcomes still need to be achieved through a team around the family approach?
- What would it look like if risk were to increase again?
- What actions should be taken if risk were to increase again?
- What information needs to be shared to ensure a smooth transition to the team around the family approach?

The **process for stepping a case down** from children's social care to an early help service is as follows:

1. A decision is taken at the relevant multi-agency meeting that children's social care's involvement is no longer required in a child or young person's case, but that there are specific support needs from early help services, and that a team around the child/family/multi-agency approach should be used. The parent/carer or young person gives consent to this.
2. If there is already a professional involved in the multi-agency arrangements that is able to take on the role of coordinating the support required from early help services, this should be agreed at the meeting, and the child/family/multi-agency plan agreed with the child, young person and family.
3. If the ongoing support needs need to be provided by a service that is not already involved in the child's case, the social worker should provide the Early Help Unit with the most recent plan which should include any outstanding work to be completed by an appropriate early help service. This information will be used to ensure that the case is allocated to the most appropriate service (early help or universal). Consider if Complex Case Resolution Meetings CCRs could support this process.
4. Once the early help co-ordinator (lead professional) has been identified, an Early Help SMART Action Plan should be developed and agreed, based on the most recent social care assessment. To assist with this the early help co-ordinator will contact the social worker to discuss the case.

## Appendix C:

### Aligned Pathways

#### Concerning Behaviours Pathway

Concerning behaviour can arise for many different reasons which could be social, emotional or medical - or indeed, a combination of all and or any of these factors. The Concerning Behaviours Multi-Agency Pathway, which replaces the autistic spectrum pathway, is based on NICE guidelines, and has been developed in partnership between a broad range of agencies to ensure that the reasons for concerning behaviour are fully explored and that the right support is available at the right time and at the right place. To download the Pathway, please visit <http://www.nottinghamshire.gov.uk/caring/childrenstrust/developmentwork/concerningbehaviourspathway/>

#### Education, Health and Care Plan Pathway

The majority of children and young people with special educational needs and disabilities will have their needs met through the SEND Local Offer ([http://nottinghamshire.sendlocaloffer.org.uk/kb5/nottinghamshire/fsd/local\\_offer.page](http://nottinghamshire.sendlocaloffer.org.uk/kb5/nottinghamshire/fsd/local_offer.page)). This sets out the support available across education, health and social care from 0 to 25 years and how to access it.

A minority of children and young people with particularly complex needs will require support through a statutory Education, Health and Care (EHC) plan. This plan replaces the statement of special educational needs. For further information about the EHC Plan pathway, please visit <http://www.nottinghamshire.gov.uk/learning/schools/special-educational-needs/>

#### Child and Adolescent Mental Health Services (CAMHS)

The CAMH Service aims to achieve an improvement in the mental health and well-being of all children and young people across Nottinghamshire, through effective and meaningful multi agency partnership working, ensuring that:

*"All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders, have access to timely, integrated, high quality, multidisciplinary mental health services to ensure effective assessment, treatment and support, for children and young people and their families."*

*Children and Young Peoples NSF (DH 2004)*

The CAMHS Delivery Triangle provides an overview of the range of CAMH Services delivered at universal, targeted, specialist and highly specialist levels, sometimes described as tiers.

#### How to Access CAMHS

**Tier 1 - Universal services** - through your usual contact with a range of professionals delivering services in your local area.

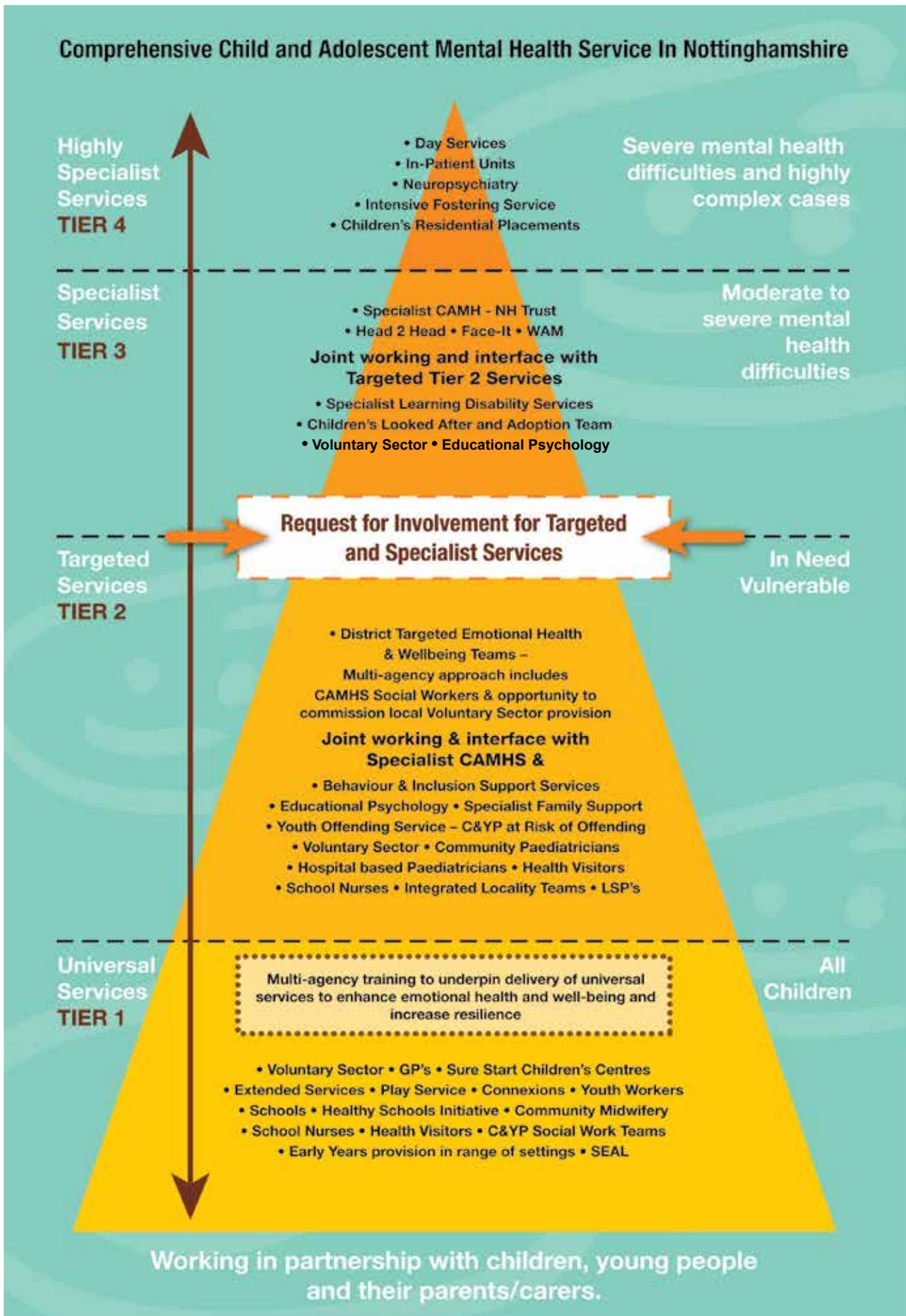
**Tiers 2-4** A Single Point of Access has been established for Requests for Involvement or access for direct support from Targeted, Specialist, Highly Specialist Services, Specialist Learning Disability Services and Community Learning Disability Team.

For consultation, advice and joint working with children, young people and their families between Universal and Targeted Tier 2 please contact the District Lead for the District Emotional Health and well-being Service in your district.

The local authority district boundaries of Ashfield, Broxtowe, Gedling, Mansfield, Newark & Sherwood and Rushcliffe apply – call 0300 300 0022 for contact details. For Bassetlaw call 01777 274422.

The Single Point of Access requires you as the 'referrer' to gain consent from the child, young person and/or family, to request involvement from an expert multi-agency panel that will assess and allocate the case to the most appropriate service. Requests to a specific service within this system are not possible. It is the responsibility of the referrer to gain informed consent from the client for the information in the Request for Involvement to be shared within a partnership of provision (this includes services commissioned from NHS, Nottinghamshire County Council and Voluntary and Community providers).

For further information about CAMHS services in Nottinghamshire, please visit:  
<http://www.nottinghamshirehealthcare.nhs.uk/our-services/local-services/specialist-services/child-and-adolescent-mental-health-services/>



## Appendix D: Neighbouring Authorities Contact Points

These are the links to contact details for safeguarding and Early Help for the local authorities neighbouring Nottinghamshire.	
Authority	
<b>Nottingham City Council</b>	<a href="http://www.nottinghamcity.gov.uk/article/23726/Are-you-worried-about-a-childs-well-being">www.nottinghamcity.gov.uk/article/23726/Are-you-worried-about-a-childs-well-being</a>
<b>Derbyshire County Council</b>	Safeguarding: <a href="http://www.derbyshire.gov.uk/social_health/children_and_families/default.asp">www.derbyshire.gov.uk/social_health/children_and_families/default.asp</a>  Early Help: <a href="http://www.derbyshire.gov.uk/social_health/children_and_families/support_for_families/default.asp">www.derbyshire.gov.uk/social_health/children_and_families/support_for_families/default.asp</a>
<b>Lincolnshire County Council</b>	Safeguarding: <a href="http://www.lincolnshire.gov.uk/parents/caring-for-children/how-to-contact-childrens-social-care/">www.lincolnshire.gov.uk/parents/caring-for-children/how-to-contact-childrens-social-care/</a>  Early Help: <a href="http://microsites.lincolnshire.gov.uk/children/practitioners/team-around-the-child-(tac)/concerns-for-a-child/120791.article">microsites.lincolnshire.gov.uk/children/practitioners/team-around-the-child-(tac)/concerns-for-a-child/120791.article</a>
<b>Leicestershire County Council</b>	Safeguarding: <a href="http://www.leics.gov.uk/index/social_services/children_young_people/children_at_risk.htm">www.leics.gov.uk/index/social_services/children_young_people/children_at_risk.htm</a>  Early Help: <a href="http://www.leics.gov.uk/index/children_families/early_help.htm">www.leics.gov.uk/index/children_families/early_help.htm</a>
<b>Doncaster Metropolitan Borough Council</b>	<a href="http://www.doncaster.gov.uk/sections/socialcareforchildren/childprotection/index.aspx">www.doncaster.gov.uk/sections/socialcareforchildren/childprotection/index.aspx</a>
<b>Rotherham Metropolitan Borough Council</b>	Safeguarding: <a href="http://www.rotherham.gov.uk/info/200593/social_care_and_support/408/get_help_for_someone_being_abused_or_neglected/2">www.rotherham.gov.uk/info/200593/social_care_and_support/408/get_help_for_someone_being_abused_or_neglected/2</a>  Early Help: <a href="http://www.rotherham.gov.uk/forms/form/299/en/targeted_family_support_team_-_referral_form">www.rotherham.gov.uk/forms/form/299/en/targeted_family_support_team_-_referral_form</a>
<b>North Lincolnshire Council</b>	Safeguarding: <a href="http://www.northlincs.gov.uk/people-health-and-care/worried-about-someone/worried-about-a-child/worried-about-a-child-or-young-person/">www.northlincs.gov.uk/people-health-and-care/worried-about-someone/worried-about-a-child/worried-about-a-child-or-young-person/</a>  Early Help: <a href="http://www.northlincs.gov.uk/people-health-and-care/children-and-young-people/keep-children-safe/child-and-family-support-services">www.northlincs.gov.uk/people-health-and-care/children-and-young-people/keep-children-safe/child-and-family-support-services</a>

For further information contact:

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