

# Pathway to Provision



Nottinghamshire  
SAFEGUARDING  
CHILDREN Board



## Multi-Agency Thresholds Guidance for Nottinghamshire Children's Services

Version 6 (March 2017)



## 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.

This document mainly applies to young people who are resident in Nottinghamshire (i.e. their home address is in the County) but there may be some exceptions to this (for example children who are on roll at a county school but are persistently absent). If you are in doubt please contact the Early Help Unit or MASH for advice.

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

## A1 The Assessment Framework

Assessing the needs of a child or young person and their family 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.

More information on carrying out assessments can be found at <http://www.nottinghamshire.gov.uk/caring/childrenstrust/pathway-to-provision/early-help-assessment/>

## A2 Levels of Need

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 1) 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 multiagency 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 where some concerns are emerging and who will require additional support usually from professionals already involved with them

**Targeted Early Help (Level 3)** – Children and young people who are causing significant concern over an extended period or where concerns recur frequently

**Specialist (Level 4)** – Children and young people who are very vulnerable and where interventions from Children's Social Care are required

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 and targeted support for young people.

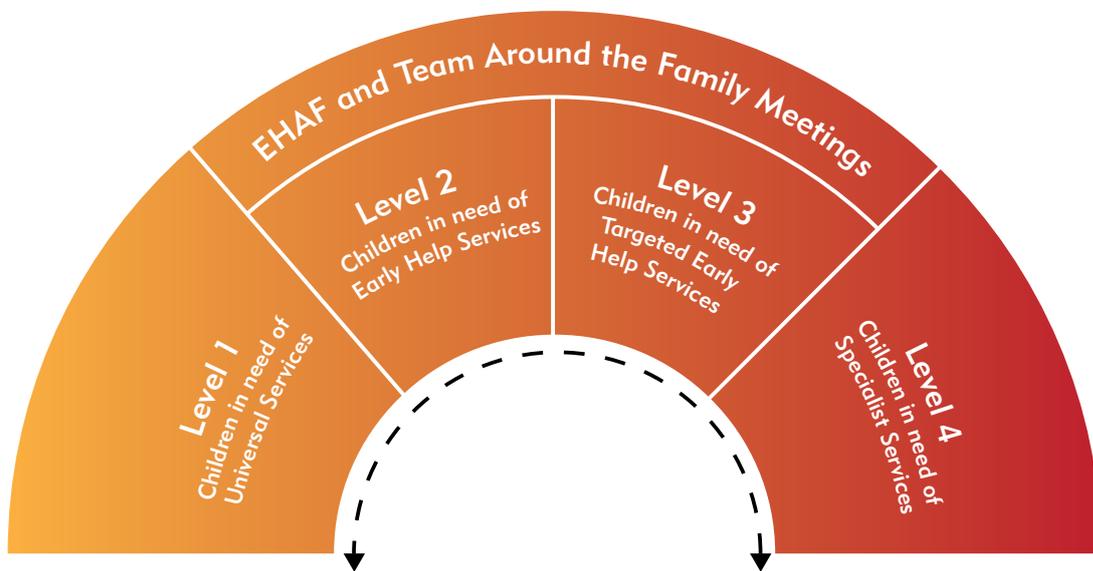
The Nottinghamshire Continuum of Need model is consistent with the Nottinghamshire Safeguarding Children Board (NSCB) Procedures and the national guidance “Working Together” (2015). The model is underpinned by the following principles:

- 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, targeted Early Help Services and the Integrated Children’s Disability Service.

Figure 1: 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 25 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. 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.**

## Level 1 Threshold: Universal Services

- Children or young people who don't present significant concerns and are living in circumstances where there may be worries, concerns or conflicts over time but these are infrequent, short lived and quickly resolved by the family themselves or with support and guidance from extended family, the community or professionals with whom they are normally in touch.
- Universal services have an essential role in creating the circumstances in which safe and happy children and families can flourish.
- Universal services, working with communities, are also those most likely to identify that a problems is emerging with a child or in a family.

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> <li>• Appropriate use of social media</li> </ul> <p><b>COMMUNITY RESOURCES</b></p> <ul style="list-style-type: none"> <li>• Good enough universal services in neighbourhood</li> </ul>

## Services available at Level 1 include

- **Children's Centres** – support for all parents of children aged under 5 is available through local children's centres. For details visit <http://www.surestart.notts.nhs.uk/>
- **The Youth Service** – local youth workers are based in centres or provide mobile sessions. They can offer advice and support to all young people.
- **Health Visitors** – health visitors will routinely see children aged 0-5 a number of times but can offer extra support when there are difficulties.
- **School Health Service** – school nurses will routinely see school aged children & young people as part of the Healthy Child Programme, but can offer extra support or signpost to services dependant on need.
- **Primary Health Care** – a range of advice, help and resources are available from GP surgeries, health centres and other local health provision.
- **Family Nurse Partnership** - The Family Nurse Partnership Programme (FNP) is an intensive home visiting programme for first time teenage mums aged 19 and under.
- **Details of how to refer can be found at <http://www.nottshelpyourself.org.uk/kb5nottinghamshire/directory/service.page?id=AnUkqg78wj4>**
- **Early Years Providers** – nurseries and other providers of early years education may be able to offer advice and support to parents. Free early years education may be available for some children.
- **Schools** – all schools will work closely with parents and children to ensure that they are happy, safe and ready to learn. Many schools have specific staff who can offer help and advice.
- **Voluntary sector advice agencies** – there are a range of voluntary agencies which provide advice or direct support to children or parents. For children and young people Childline can offer a range of advice services by telephone (0800 111 111) or through online chat at <http://www.childline.org.uk/Talk/Chat/Pages/OnlineChat.aspx>
- **Local Offer:** The Local Offer is a web based resource that is available to children and young people with disabilities and their families. It is a resource that brings together information about the services and provision that can provide support at a universal, early help, targeted and specialist level. As such the Local Offer forms the first stage of Nottinghamshire's graduated response to meeting the needs of children and young people with SEND. The Local Offer can be found at the following link: [www.nottinghamshiresendlocaloffer.org.uk](http://www.nottinghamshiresendlocaloffer.org.uk)

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

Children or young people where there are concerns and are living in a circumstances where the worries, concerns or conflicts over time are becoming more frequent or are over an extended period. In order to resolve the issues these children or families may require, support, advice, direction and sometimes planned intervention or additional resources. These resources would be agreed by professionals already involved.

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>• SEN Support</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> <li>• Involved in bullying behaviour</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/online</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>

## Services available at Level 2 include

- The Early Help Unit can provide support to lead professionals in universal settings and support them to complete Early Help Assessments, to make plans with families and to convene meetings to review progress. The Unit can be contacted on **01623 433 500**.
- **Children's Centres** – support for all parents of children aged 0-5 is available through local children's centres. For details visit <http://www.surestart.notts.nhs.uk/>
- **The Integrated Children's Disability Service** can provide advice and information for professionals working with child and young people with disabilities. They can be contacted on **0115 8041275** or at [icds.duty@nottscg.go.uk](mailto:icds.duty@nottscg.go.uk).
- **The Youth Service** – local youth workers are based in centres or provide mobile sessions. They can offer advice and support to all young people. For details visit: <http://www.nottinghamshire.gov.uk/education/youth-services/young-peoples-centres>
- **Health Visitors** - health visitors will routinely see children aged 0-5 a number of times but can offer extra support when there are difficulties. For details visit: <http://www.nottinghamshirehealthcare.nhs.uk/health-visiting>
- **School Health Service** – school nurses will routinely see school aged children & young people as part of the Healthy Child Programme, but can offer extra support or signpost to services dependant on need. For details visit: <http://www.nottinghamshirehealthcare.nhs.uk/school-nursing>
- **Primary Health Care** – a range of advice, help and resources are available from GP surgeries, health centres and other local health provision. Find the local practice at <http://www.nhs.uk/Service-Search/GP/LocationSearch/4>
- **Family Nurse Partnership** – The Family Nurse Partnership Programme (FNP) is an intensive home visiting programme for first time teenage Mum's aged 19 and under. Details of how to refer can be found at <http://www.nottshelpyourself.org.uk/kb5/nottinghamshire/directory/service.page?id=AnUkqg78wj4>
- **Early Years Providers** – nurseries and other providers of early years education may be able to offer advice and support to parents. Free early years education may be available for some children. Find out more at <http://www.nottinghamshire.gov.uk/care/early-years-and-childcare/find-childcare>
- **Schools** – all schools will work closely with parents and children to ensure that they are happy, safe and ready to learn. Many schools have specific staff who can offer help and advice.

Schools & early year's settings can, through their Family Springboard, seek advice & guidance from the Schools & Families Specialist Service & the Educational Psychology Service. Additional Family Needs funding can also be requested through Families of Schools to support the inclusion of pupils with more complex SEND; and Higher Level Needs funding requests for children with very significant needs can be requested through the Higher Level Needs Panel; an Education, Health and Care Plan (EHCP) is not required to access either level of additional funding.

Likewise some short breaks and support services are available without the need of an EHCP or a Children's Social Care assessment. These services can be accessed through the Integrated Children's Disability Service on **0115 8041275** or at **icds.duty@nottscc.go.uk**.

- **Voluntary sector advice agencies** – there are a range of voluntary agencies which provide advice or direct support to children or parents. For children and young people Childline can offer a range of advice services by telephone (**0800 111 111**) or through online chat at **<http://www.childline.org.uk/Talk/Chat/Pages/OnlineChat.aspx>**.

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

A child or young person presenting significant concern and living in a circumstances where the worries, concerns, behaviour or conflicts are frequent, are multiple and over an extended period or are continuous. The young person or family may be resistant to help offered and may require proactive engagement. Specialist assessment, plans and interventions are required if the situation is not to escalate into neglect, abuse or long term dysfunction.

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>• Has an Education and Healthcare (EHC) Plan</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>• Persistent bullying behaviour</li> <li>• Inappropriate sexual behaviour including online and via social media</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> <li>• Gang membership</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> <li>• Child is subject to a Special Guardianship Order</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>

## Additional Services Available at Level 3 include

- **The Family Service** – families at level three where the child causing concern or the majority of children are school age will be allocated a case worker within the Family Service who will coordinate all assessments, plans and interventions. Referrals are made through the Early Help Unit.

At times the Family Service can experience high volumes of referrals and so there may be a wait before a case manager is allocated. We carry out a risk assessment on all cases awaiting allocation and prioritise those in most need. We will write or text to let you know how your referral is progressing. Any cases awaiting allocation are regularly reviewed by managers and our aim is for waits never to exceed ten weeks.

- **Family Service through the Children’s Centres** – families at level three where the child causing concern or the majority of children are under 5 may be allocated a case worker within the local Children’s Centre who will coordinate all assessments, plans and interventions. Referrals are made through the Early Help Unit. For details visit <http://www.surestart.notts.nhs.uk/>
- **CAMHS** – details of how to refer to CAMHS is detailed in section D.
- **Youth Justice Service** – where a child’s behaviour causes significant concern that they may commit a crime in the future the local Youth Offending Team will provide case management and specialist interventions. Referrals are made through the Early Help Unit.
- Additional support with interventions is available to social workers and other practitioners working at Level 3 from the Family Service and Children’s Centres.
- **Integrated Children’s Disability Service (ICDS)** – contact the ICDS for children and young people with complex and severe learning difficulties and, or physical disabilities, who may require an assessment of their special educational needs (Education, Health and Care (EHC) Plans).

Children, young people and their families assessed at Level 3 may also be eligible for:

- Short breaks
- Support with Personal Care
- An Occupational Therapy assessment for equipment and adaptations in the home environment.

These support services do not require either a EHC Plan or a social work assessment and can be accessed via the Integrated Children’s Disability Service ([icdsa.duty@nottscg.gov.uk](mailto:icdsa.duty@nottscg.gov.uk))  
Tel **0115 8041275**.

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

A child or young person living in circumstances where there is a significant risk of abuse or neglect, where the young person themselves may pose a risk of serious harm to others or where there are complex needs in relation to disability.

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 including online/through social media</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> <li>• Extremist views or behaviour</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 (FGM)*</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> <li>• Extremist views or behaviour</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>
	Family and Environmental Factors
	<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>• Restricting and refusing intervention from services</li> </ul>

\*FGM must also be reported directly to the police

## 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
- A risk of causing serious harm to others

#### **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 or being significantly harmed
- 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

- Child is at risk of being taken from the country to an area where there is war or significant conflict or is otherwise being drawn into extremist activity by another person
- 16/17 year olds who are homeless
- Child has complex needs related to adoption and requires a multi-agency response

#### 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 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/)

### What is neglect?

Neglect is “The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment

### 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.

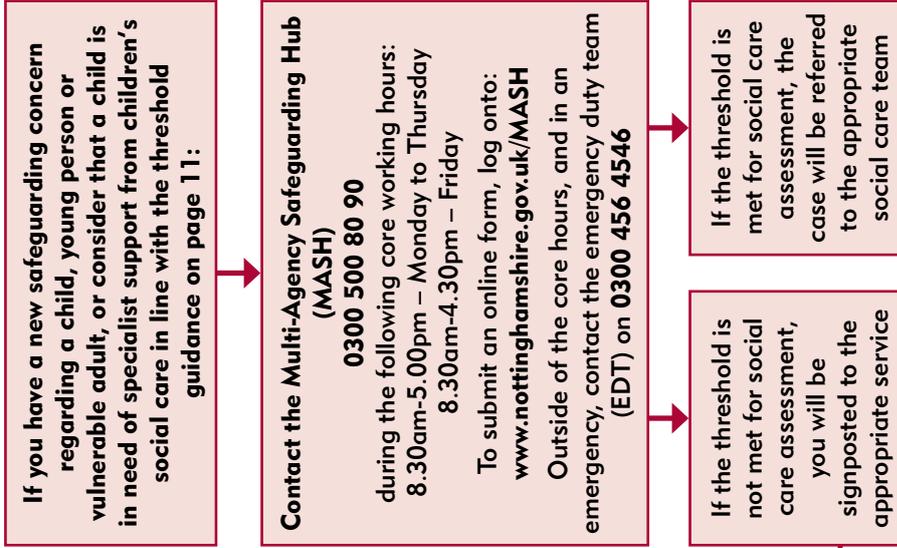
#### Additional Services Available at Level 4 include

- The CAMHS looked after team, Fostering Support, Support After Adoption, the Youth Justice Service

# C1: Outline of the Pathway to Provision

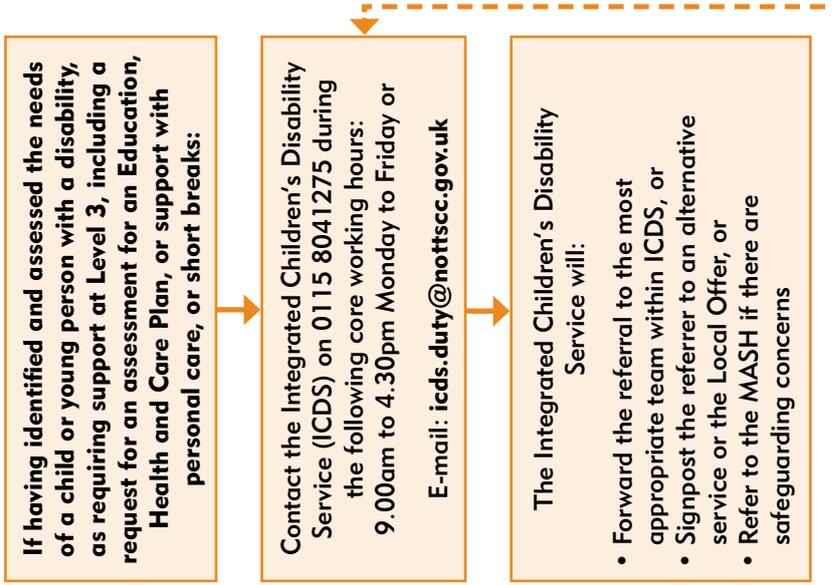
## Safeguarding (Children's Social Care) Pathway

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



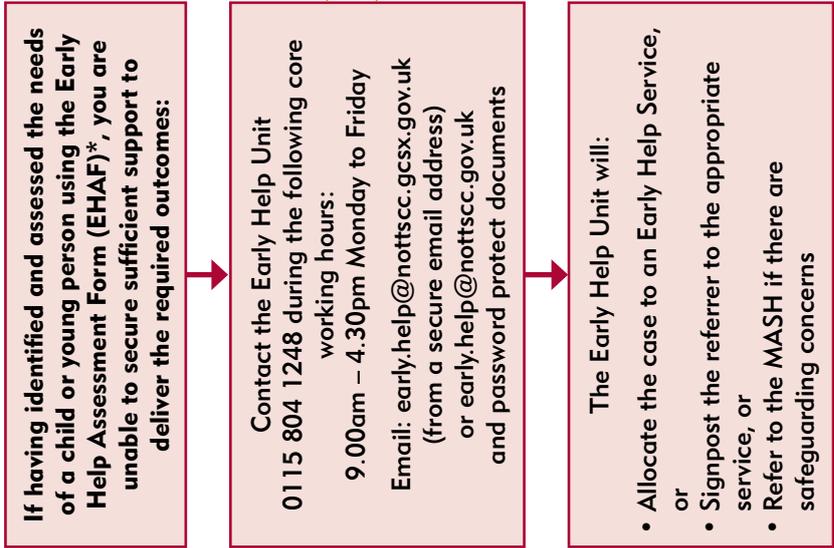
## Children and Young People with Disabilities Pathway

For more detail on the Pathway for children and young people with disabilities see page 18



## Early Help Pathway

For more detail on the Early Help Pathway see page 16



## 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.

### 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 Early Help Services. 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/carers, 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.

Opening Hours	Contact	Address
Monday to Friday 9am-4.30pm	Tel: 0115 804 1248 Email addresses: early.help@nottscc.gcsx.gov.uk (If from a secure e-mail address) or otherwise please use early.help@nottscc.gov.uk and password protect confidential information	The Piazza Little Oak Drive Sherwood Business Park Annesley Nottingham NG15 0DR

## 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 12, 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.gcsx.gov.uk">mash.safeguarding@nottscs.gcsx.gov.uk</a>	The Piazza Little Oak Drive Sherwood Business Park Annesley Nottingham 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 (2015)*. 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/).**

## C4: Children & Young People with Disabilities Pathway

Nottinghamshire has a graduated response to meeting the needs of children and young people with SEND. The **first stage** of the graduated response is the Local Offer. The Local Offer is produced in partnership with education, health, social care and the voluntary sector. It is a web based resource that brings together information about the services and provision that can be accessed by children and young people with disabilities and their families. The Local Offer can be found at the following link: [www.nottinghamshiresendlocaloffer.org.uk](http://www.nottinghamshiresendlocaloffer.org.uk).

As part of **second stage** of the graduated response, schools and early year's settings can, through their Family Springboard, seek advice and guidance from the Schools and Families Specialist Service and the Educational Psychology Service. Additional Family Needs funding can also be requested through Families of Schools to support the inclusion of pupils with more complex SEND; and Higher Level Needs funding requests for children with very significant needs can be requested through the Higher Level Needs Panel; an Education, Health and Care Plan (EHCP) is not required to access either level of additional funding. Likewise some short breaks and support services are available without the need of an EHCP or a Children's Social Care assessment. These services can be accessed through the Integrated Children's Disability Service.

The **third stage** of the graduated response is for those children, young people and young adults aged 0-25 years with the most complex SEND, an EHC assessment may be required. In determining whether or not an EHCP assessment is required evidence of the graduated response being applied will be required. The threshold criteria for EHC assessments is currently under review, but a summary of the existing criteria is provided below:

### Summary of the threshold Criteria for an Education, Health and Care Assessment (currently under review)

#### Summary Threshold criteria

An integrated assessment and Education, Health and Care (EHC) plan may be required for children and young people with SEND aged 0 to 25 years, if the following apply:

1. The child or young person has severe and/or complex long terms needs that affect everyday life and functioning
2. The child/young person required provision and resources that are not normally available
3. Intensive help and support is required from more than one team
4. There is evidence of a graduated response from the school and other agencies involved in supporting the child/young person
5. Despite high levels of support, the child/young person is making limited or no progress

If you wish to seek advice about whether a child or young person might be eligible for an EHCP, you should contact the Integrated Children's Disability Service.

### Contact details for the Integrated Children's Disability Service

Opening Hours	Contact	Address
Monday to Friday 8.30am-4.30pm	Tel: 0115 8041275 Local Offer website: <a href="http://www.nottinghamshiresendlocaloffer.org.uk">www.nottinghamshiresendlocaloffer.org.uk</a> E-mail: <a href="mailto:icds.duty@nottsc.gov.uk">icds.duty@nottsc.gov.uk</a> (please password protect confidential information)	Nottinghamshire County Council Integrated Children's Disability Service (Duty) Meadow House Littleworth Mansfield NG18 2TB

If you have safeguarding concerns about a child or young person with a disability or considers that a child meets the threshold criteria for specialist support from Children's Social Care, then please contact the Multi-Agency Safeguarding Hub (MASH).

## D1: 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 case 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.

Other than in exceptional 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 children's social care have ended their involvement. If step down is a likely outcome following children's social care assessment / involvement then the allocated social worker should be working towards early identification of the level 3 lead professional throughout the review and planning process. Before a child's plan reaches the step down point it is essential that the level 3 lead professional understands what needs to happen once children's social care withdraws. It is the responsibility of the allocated social worker to ensure that they have clearly defined the areas where support is required, and defined the required tasks and timescales and linked these to measurable outcomes. At the point of step down it is also the responsibility of the allocated social worker to ensure that a contingency plan is identified and that the level 3 lead professional is fully aware of what would have to happen to warrant a re-referral to children's social care.

There are a number of principles that should be applied 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 consent to the step down to another service.
- Families should be encouraged to take an active role in identifying a lead professional.
- Prior to the case being closed to children's social care the lead professional should have been identified and there should be a specific and agreed plan which identifies the support required to effect positive change.
- The services involved in the step down process should ensure that the child / young person or family is kept fully informed throughout.

The following should be considered by the allocated social worker and their Team Manager when the plan is to step down a case:

- What were the risks and needs present in the child or young person's situation that led to children's social care intervention.
- What specific work has been undertaken to reduce the level of risk and address needs.
- What are the current protective factors.
- Why is the case being stepped down at this time and is this appropriate.
- What outcomes still need to be achieved.
- Does the case need to be stepped down to an Early Help Service or (where general monitoring is required) should it be stepped down to a universal service.
- What would it look like if risk were to increase again.
- Has all the relevant information been clearly communicated to the child / young person and family and the lead professional in order to ensure that there is a smooth transition
- to the team around the family approach.

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

1. A decision is made at a multi-agency meeting / during the assessment process or in case supervision that children's social care involvement is no longer required in a child or young person's case but there remain specific support needs that can be met through early help services.
2. This decision is communicated clearly to the child / young person and family who give their consent to step-down.
3. If there is already a professional involved in the multi-agency arrangements that is able to take on the role of co-ordinating the support required from early help services this should be confirmed in the appropriate forum and the multi-agency plan agreed.
4. If the ongoing support needs need to be provided by a service that is not already involved with the family the social worker should provide the Early Help Unit with the most recent plan / assessment which clearly outlines what the support needs are and the expectations of then appropriate early help service.
5. Once the lead professional has been identified they will develop a SMART Action Plan based on the information provided by the social worker.

## D2: Nottinghamshire's Multi-Agency Concerning Behaviours Pathway

This pathway has been developed in partnership between Health, Education and Social Care organisations to ensure that the reasons for a child or young person's concerning behaviour are fully explored and that the right support is put in place, at the right time and in the right place. The pathway is based on NICE guidelines.

Concerning Behaviours Pathway – [www.nottinghamshire.gov.uk/concerningbehaviourspathway](http://www.nottinghamshire.gov.uk/concerningbehaviourspathway)

## D3: Child and Adolescent Mental Health Services

CAMHS offers treatment for mild to severe emotional and mental health needs for children and young people and their families up to the age of 18 years old who have a GP within Nottinghamshire.

CAMHS also provide Specialist services where the mental health needs is moderate to severe for those children and young people up to the age of 18 years old registered with a Nottingham City GP.

There are 3 multi-disciplinary Community Teams supporting Nottinghamshire, there are also CAMHS Specialist Teams; Eating Disorders Team, What About Me (WAM), Head 2 Head, CAMHS Crisis and Home Treatment Team, Intellectual Disability Team (IDD), Children Looked After and adoption Team, Paediatric Liaison Team, Primary Mental Health Team and Substance Misuse Service (SMS) and Face It.

Referrals can be made by email to **not-tr.CAMHSreferrals@nhs.net** or by post to:  
SPA Administrator, Nottinghamshire Healthcare NHS Trust, Child & Adolescent Mental Health Services  
Entrance 2, Thorneywood Unit, Porchester Road, Nottingham NG3 6LF.

If a young person is presenting an immediate risk of significant harm to themselves or others due to symptoms of mental illness/ psychological distress please contact the SPA by telephone on **0115 854 2299 / 0115 844 0501** who can signpost to CAMHS crisis service immediately if needed.

If you experience these concerns out of office hours please contact the CAMHS Crisis team via **0115 969 1300** until 10pm weekdays and 10am-6pm weekends and bank holidays. Outside of these hours, and in emergency, call **999**.

The following presentations need to be taken in context with the child/young person's chronological, emotional and cognitive developmental stage.

It would be expected that a child/young person would present with several or more of the following factors to be considered appropriate for an assessment within CAMHS. CAMHS clinicians will use the referral information, relevant liaison and their clinical experience and judgement to assess if there is mental health which requires an assessment within CAMHS.

## CAMHS presentation factors

Risk factors	Health Needs
<ul style="list-style-type: none"> <li>• Self-harm behaviour (increasing frequency, unsafe methods, intent to harm, few coping strategies, lack of resilience)</li> <li>• Harm to others</li> <li>• Suicide ideation; intent to end life, plan in place, little or no protective factors, means to carry out plan, previous attempts</li> <li>• Misuse of substances impacting on safety and functioning of the child/young person</li> <li>• Engaging with risky/harmful sexual activities</li> <li>• Harmful use of social media which is negatively impacting on emotional/mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Increased or reduced appetite</li> <li>• Concerning changes in sleep pattern</li> <li>• Concerning changes in weight</li> <li>• Concerning eating habits</li> <li>• Excessive exercise</li> <li>• Increased somatic symptoms (headaches, stomach aches with no other explanation etc.)</li> <li>• Worsening of diagnosed chronic health conditions (with no other explanation)</li> <li>• Onset of acute physical illness</li> <li>• Co-morbidities e.g. ASD/ADHD/Tics/Tourette's/Intellectual Disability</li> </ul>
Cognitions	Mood
<ul style="list-style-type: none"> <li>• Distorted thought patterns</li> <li>• Acting on intrusive thoughts</li> <li>• Increasing level of distress from intrusive thoughts</li> <li>• Unhelpful thoughts impairing functioning</li> <li>• Flashbacks</li> </ul>	<ul style="list-style-type: none"> <li>• Irritability</li> <li>• Aggression</li> <li>• Withdrawn</li> <li>• Isolating</li> <li>• Manic</li> <li>• Low</li> <li>• Tearful</li> <li>• Over-sensitive</li> <li>• Difficulty with emotional regulation (Outside of usual development of the individual child/young person and current circumstances)</li> </ul>
Impact on Education and Learning	Impact on Social relationships
<ul style="list-style-type: none"> <li>• Attendance dropping</li> <li>• Persistent absences/truanting</li> <li>• Attainment changing</li> <li>• Change in motivation/lack of engagement</li> <li>• Change of concentration level</li> <li>• Behaviour pattern changing (withdrawal/challenging etc)</li> </ul>	<ul style="list-style-type: none"> <li>• Changes in friendship groups</li> <li>• Bullying behaviour</li> <li>• Subject of bullying</li> <li>• Change in quality of friendships</li> <li>• Loss or bereavement</li> <li>• Engaging with inappropriate relationships</li> </ul>
Impact on Social functioning	Impact on family functioning and relationships
<ul style="list-style-type: none"> <li>• Decreased enjoyment of previously enjoyed activities and/or interests</li> <li>• Withdrawal from activities</li> <li>• Lack of engagement</li> <li>• Change in self-care skills (change in how they dress/present themselves)</li> <li>• Offending behaviour/persistent anti-social behaviour</li> <li>• Over-familiar/over-friendly</li> </ul>	<ul style="list-style-type: none"> <li>• Withdrawing from family members</li> <li>• Needing to have more contact with family members than before</li> <li>• Increased arguments/conflict</li> <li>• Concerns regarding parenting ability/lack of parent support/comfort</li> <li>• Excessive reassurance seeking form child/young person</li> <li>• Change in family activities</li> <li>• Change in family set up/dynamics</li> <li>• Loss or bereavement</li> <li>• Consider mental health of family members</li> </ul>
Previous support/involvement from other agencies	
<ul style="list-style-type: none"> <li>• Consider duration of presenting difficulty</li> <li>• Has there been a meaningful level of support offered and completed?                             <ul style="list-style-type: none"> <li>o School health service involvement</li> <li>o Student support within school</li> <li>o Family Service Intervention</li> <li>o Private/voluntary counselling</li> <li>o School counselling</li> <li>o Domestic Abuse Services</li> <li>o Bereavement Services</li> <li>o Concerning Behaviours Pathway</li> <li>o Relevant voluntary agencies</li> </ul> </li> </ul>	

## D4: Concerns about extremist views or behaviour

Where there is a concern that intervention at school level is insufficient or is concerned that a young person might become actively involved in violent extremism (including promoting or supporting it as well as through direct violent actions) a referral to the local Youth Offending Team should be made via the Early Help Unit.

Where there is concern that a young person or a parent with children may be planning to go abroad to support extremism, enquiries should be directed to the MASH.

If there is concern that a parent or other adult is involved in extremism these referrals should be made directly to the Police Prevent Team. They can be contacted directly on 101 Ext 801 5060 or via [prevent@nottinghamshire.pnn.police.uk](mailto:prevent@nottinghamshire.pnn.police.uk).

## D5: Concerns about children displaying sexually harmful behaviour

Concerns about children who display behaviour which may cause sexual harm to others (and in some cases to themselves as well) are some of the most challenging for professionals. To help determine whether a behaviour might be normal in terms of a child's development we suggest that professionals refer to the Brook Sexual Behaviours Traffic Light Tool. <https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool>

Additional guidance can be found in the NSCB safeguarding guide 'Sexually Harmful Behaviour' which can be found at [http://www.proceduresonline.com/nottinghamshire/scb/p\\_sexually\\_harm\\_behav.html](http://www.proceduresonline.com/nottinghamshire/scb/p_sexually_harm_behav.html)

If after using these resources you are still concerned or need support to reach a judgement on what further action is required please contact the MASH.

## D6: Neighbouring Authorities Access 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>	Safeguarding <a href="http://www.nottinghamcity.gov.uk/children-and-families/are-you-worried-about-a-childs-well-being/">www.nottinghamcity.gov.uk/children-and-families/are-you-worried-about-a-childs-well-being/</a> 0115 876 4800  Early Help <a href="http://www.nottinghamchildrenspartnership.co.uk/5624">www.nottinghamchildrenspartnership.co.uk/5624</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> 01629 533190  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/family-support/safety/child-protection/">www.lincolnshire.gov.uk/parents/family-support/safety/child-protection/</a> 01522 782111  Early Help <a href="http://microsites.lincolnshire.gov.uk/children/practitioners/team-around-the-child/">http://microsites.lincolnshire.gov.uk/children/practitioners/team-around-the-child/</a>
<b>Leicestershire County Council</b>	Safeguarding <a href="http://www.leics.gov.uk/index/children_families/professionals/firstresponse.htm">www.leics.gov.uk/index/children_families/professionals/firstresponse.htm</a> 0116 305 0005  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>	Safeguarding <a href="http://www.doncaster.gov.uk/services/emergencies/how-to-report-an-immediate-concern-about-a-child">www.doncaster.gov.uk/services/emergencies/how-to-report-an-immediate-concern-about-a-child</a> 01302 734100  Early Help <a href="http://www.doncaster.gov.uk/services/schools/early-help-what-is-it-in-doncaster">www.doncaster.gov.uk/services/schools/early-help-what-is-it-in-doncaster</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> 01709 336080  Early Help <a href="http://www.rotherham.gov.uk/earlyhelp">www.rotherham.gov.uk/earlyhelp</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> 01724 296500  Early Help <a href="http://www.northlincs.gov.uk/people-health-and-care/children-and-young-people/early-help-offer/">www.northlincs.gov.uk/people-health-and-care/children-and-young-people/early-help-offer/</a>



For further information contact:

**Nottinghamshire County Council  
Children, Families and Cultural Services  
County Hall  
West Bridgford  
Nottingham  
NG2 7QP**

**Telephone: 0300 500 80 80**

**Email: [pathwaytoprovision@nottscc.gov.uk](mailto:pathwaytoprovision@nottscc.gov.uk)  
[www.nottinghamshire.gov.uk/pathwaytoprovision](http://www.nottinghamshire.gov.uk/pathwaytoprovision)**

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