

Nottinghamshire County Multi-Agency Concerning Behaviours Pathway: A Short Guide for Education.



1. About the Pathway

The pathway is informed by [NICE](#) guidance and has been endorsed by [Nottinghamshire Childrens Trust Board](#) and NHS Nottinghamshire County's Clinical Commissioning Groups (CCGs). The pathway supports children and young people 0-19 who are registered with a Nottinghamshire County GP - and up to their 25th birthday where an [Education and Health Care plan](#) (EHC) is in place. It has been developed in partnership between a broad range of agencies including Education 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**. It is for use by all Health, Education, Social Care and third sector partners, as well as families. The pathway mirrors Pathway to Provision and School Behaviour and Attendance Partnerships.

2. There are six stages in the pathway, although many children/young people will not need to go beyond Stage 1. The six stages are:

1	Early identification and exploration of concerns, establishing a key worker and initiating/maintaining holistic support.
2	Gathering and review of information from those involved with the child. Possible specialist assessment and/or onward referral
3	Possible specialist assessment and/or involvement (may be medical or non-medical) whilst maintaining holistic support plan
4	Outcome of specialist assessment/involvement
5	Reviewing and maintaining holistic support
6	Transition to adulthood and/or adult services

There are three likely scenarios whereby the pathway may be initiated;

- The school nurse or GP asks for the pathway to be initiated because the family has been to see them with concerns
- The family/child raises concern with school
- School raises concern with the child/family

3. What should schools do if they have concerns about a child/young person's behaviour or if the child/family raises concern (stage 1)?

- Discuss with child/young person and family
- Consider Safeguarding and/or whether the Common Assessment Process or EHC pathway should be initiated
- Eliminate concerns about hearing and vision or any other medical issues
- Give the family a copy of "Concerning Behaviours Pathway-Information for families" and "Information on accessing education and financial support" available from the webpage for the [Concerning Behaviours pathway](#).
- Agree a key worker – someone in direct day to day contact with child (see notes below)
- Use the [EHAF form](#) to record information and actions. Seek and record families consent to share information. At this stage 1, the EHAF does not need to be logged.

- Develop and implement a holistic support plan and review/amend on a regular basis. See “Services providing information and support” (Under ‘Useful Links’ on the [Concerning Behaviours](#) webpage) and consider [The Local Offer](#).
- Always inform the school nurse or health visitor (dependent upon child’s age).

A few useful notes:

Recording Information:

Schools can use the “Getting to Know Me Form” to record concerns if desired. However, if this is used, also complete the demographic and consent on the EHAF and attach the Getting To Know Me Form to the EHAF. There is also a Getting To Know Me checklist which can be used to help fill out the EHAF. This contains the points covered in the Getting To Know Me Form. Using the EHAF will ensure documentation is complete and correct if the child should need to progress down the pathway or require referral to other agencies such as Children’s Centres.

Developing Support Plans:

When planning your holistic support plans, consider **discussing** with the [Early Help Unit](#) for signposting/suggestions to various routes for family support and other agencies/services in the locality. Similarly, the [Information Service at the Children’s Development Centre on 0115 8831157, 0115 8831158 \(text 07500 102796\) is a valuable resource](#). Referral for a parenting support programme should be considered. Also consider discussing with SENCO or Behaviour Lead/Springboard/Behaviour Partnership. A holistic plan should incorporate a range of interventions to address the concerning behaviour(s). It is important to note that the needs of adults in a household and the social and environmental factors which may be impacting on the CYP’s behaviour/development should be considered when planning support. **A diagnosis is not needed to access most provision**

What if you are very concerned at Stage 1?

In some instances a child’s needs will be very concerning at this early stage. If the child has significant social or medical issues such as developmental regression, developmental delay, self-harm, eating disorder (known as red flags) initiate immediate referral to appropriate services whilst implementing stage 1 (as described above). Most referrals can be made direct, but those to Community Paediatrics currently need to go through the child’s GP. All referrals will need a completed Getting To Know Me Form or EHAF.

4. What should schools do if they are contacted by the school nurse or GP and asked to initiate the pathway because the family has been to see them with concerns?

The GP will assess for red flags. If none are present, and the child has not got a key worker or holistic support plan in place, the GP may contact the school or ask the school nurse to liaise with school to initiate the pathway. If this is the case, follow all the steps in point 3. If the GP did identify red flags, they will have made appropriate referrals immediately. They will however, still ask for stage 1 of the pathway to be initiated so that a key worker is identified and a holistic support plan implemented and reviewed. Because of the immediate referral, the GP may ask you to gather information about the child to follow the referral.

5. Who is the key worker?

The key worker should be someone who is in direct and everyday contact with the child/young person – and everyone who is involved in the pathway implementation for that child/young person should know who the key worker is. They will coordinate and review the support plan. A classroom teacher, teaching assistant or family member can be the key worker.

6. What should schools do if at review of the holistic support plan, concerns continue or escalate?

- Discuss with family and where appropriate, child/young person.
- Give the family a copy of Nottinghamshire County's Concerning Behaviour Pathway-Information for families.
- Eliminate concerns about hearing and vision or any other medical issues
- Discuss with School Nurse/SENCO/Behaviour Lead
- Gather more information about the child/young person. Ask people involved with child to complete the Getting to Know me Additional Information Sheet to help assessment.
- Use the EHAF form to record information and actions. Use the Getting to Know me Checklist to help your assessment.
- Review with child/family/and or School Nurse/SENCO/Behaviour Lead and agree appropriate next steps.

If a referral is going to be made to Community Paediatrics this **must** be requested via the General Practitioner. Send all the assessment information and any relevant reports to the GP via the family or the School Nurse. You can refer direct to CAMHS/SLT/Early Help Unit. Send all assessment information. This should be on an EHAF accompanied by relevant documentation. **Always** inform the School Nurse.

All referrals to CAMHS/Community Paediatrics and/or the Early Help Unit **must** be accompanied by evidence of stage 1 having been implemented (unless significant red flags) **and** the information on the Getting To Know Me Checklist.

If CAMHS or Community Paediatric Services receive requests for assessment without evidence of key worker, holistic support plan and accompanying information, they will be **rejected** unless red flags are present.

7. What should schools do if a child/young person is referred for specialist support?

- Discuss progress with the child/family on a regular basis and update the holistic support plan as appropriate. A minimum yearly review is required.
- Review the key worker role to ensure it is still appropriate and in the interests of the child/family.
- Use outcomes of specialist assessment to inform ongoing support planning.
- Ask the family to contact their GP if any new medical issues present.

8. When should educational providers start thinking about transition to adulthood/adult provision?

Transition support and planning should be considered by the time a child reaches 14 years of age.

9. Where can I go to find out more about the pathway and to download documentation?

Please visit www.nottinghamshire.gov.uk/concerningbehaviourspathway