

Nottinghamshire County Multi-Agency Concerning Behaviours Pathway.

GP Guide.

If you require copies of the documents referred to in this briefing they are available on the Concerning Behaviours Pathway Webpage www.nottinghamshire.gov.uk/concerningbehaviourspathway or from the [Information Service at the Children's Development Centre on 0115 8831157, 0115 8831158/infoservicescdc@nottshc.nhs.uk](#)

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 (SBAPs).

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/reviewing and maintaining holistic support
2	Continued Concern. 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;

1. The family/child raises concern with a worker in their main setting (e.g. school/children's centre) – in this case, the main setting will action stage 1 and inform the GP via the school nurse or health visitor (depending on the child).
2. A worker in the main setting raises concern with the child/family– in this case, the main setting will action stage 1 and inform the GP via the school nurse or health visitor (depending on the child).
3. A child family raises concern(s) with their GP - in this case, the GP should ensure stage 1 is initiated before making a specialist referral (unless there are red flags -see section 3 below).

3. What to do if a child/young person's behaviour is concerning (including possible ASD/ADHD)

Discuss with the family/child/young person (where appropriate). Eliminate concerns over hearing/vision/other medical issues. Consider safeguarding. Consider whether initiating the common assessment framework is appropriate or whether it is already in place. **Do not** make immediate referral to CAMHS or Community Paediatrics or Early Help Unit at this stage unless there are urgent

need(s) (known as red flags e.g. developmental delay/regression/self-harm/eating disorder), or social needs. The [Early Help Unit](#) can however be contacted for advice. If there are red flags **do not** delay specialist referral (see below).

Does child/young person have significant medical/social issue (red flag)?

NO:

Give family a copy of:

- "Concerning Behaviours Pathway Information for Families", and
- "Services Providing Information and Support", and
- If relevant give "Information for Accessing Education and Financial Support"

Contact the child's school nurse or health visitor (depending on age) to initiate the Concerning Behaviours pathway. Give family SN or HV contact details. Consider review appointment.

YES:

Make detailed referral to relevant service (Referrals should identify the significant clinical issues and also include as much detailed information about the child in different settings as possible - see the Getting to Know Me Checklist)

AND

Contact health visitor or school nurse (depending on age) to initiate stage 1 of the pathway. -Give family a copy of:

- "Concerning Behaviours Pathway Information for Families",
- SN or HV contact details
- "Services Providing Information and Support",
- "Information for Accessing Education and Financial Support"
- Consider review appointment.

The health visitor or school nurse will contact the child's main setting and identify a **key worker**. The key worker will help explore concerns and put a holistic support plan in place which will be reviewed regularly. If concerns persist the key worker will gather information on an [EHAF form](#) and make any relevant referrals, keeping you informed. Request for Community Paediatric referral will be forwarded to you to review and action. If they refer to agencies outside of health or if there are any significant changes you will be informed via your SN or HV.

4. What if concerns continue despite early interventions and key working?

This is stage 2. **The key worker** will gather information about the child on an EHAF or Getting to Know Me Form and review with appropriate staff (e.g. SENCO/SN). If a referral to community paediatrics is indicated, the information will be forwarded to you to review and make referral. Please inform the family/key worker that you have made the referral. You may wish to see the child/family at this stage. All other referrals will be made direct but you will be kept informed via the HV/SN.

5. Relevant Documentation

- "Concerning Behaviours Pathway Information for Families"
- "Services Providing Information and Support"
- "Information for Accessing Education and Financial Support"
- GP Guide (this document)
- Getting to Know Me Form
- Getting to Know Me Checklist

These documents have been sent to practice managers. They are also available at www.nottinghamshire.gov.uk/concerningbehaviourspathway

6. Key points/changes for Primary Care

1. A medical diagnosis **is not** required for families to be able to access educational support or DLA. See "Information for Accessing Education and Financial Support." This includes contact details should a family or school experience difficulty.
2. **Referrals** to specialist clinical services i.e. Community Paediatrics/CAMHs or the Early Help Unit for concerning behaviour (including possible ASD/ADHD) should **not** be made until stage 1 and stage 2 of the pathway have been implemented - **unless** there are significant clinical/medical/social need (red flags). These include developmental delay/regression, eating disorders, self-harm (if in doubt contact your paediatric service/CAMHs/Early Help Unit to discuss). Instead, GPs should contact the school nurse or health visitor and ask them to implement the pathway as detailed on page 1.
3. If there are significant clinical/medical/social needs, make detailed specialist referrals **and** contact school nurse or health visitor to implement the pathway as detailed on page 1.
4. The Early Help Unit (EHU) **does not** hold caseloads. It can be contacted for signposting and information. If need is complex the unit can implement the Common Assessment Framework and refer to Family Support/Targeted Support. Referrals should always be accompanied by an EHAF (formerly CAF form). Families can contact the EHU direct but the advised route is to implement the pathway by contacting SN or HV who will identify a key worker who may then liaise with the EHU and forward the relevant information/forms.
5. Community Paediatrics and CAMHs will **reject** referrals if there is no serious clinical need and stage 1-2 (key worker, early interventions and information gathering) has not been evidenced.
6. Services **will not** routinely follow up patients unless there is a clinical need. For those requiring medical treatment for ADHD the county shared protocol should be followed.
7. Children's services do not currently go to age 25, however transition is being reviewed across the county. If you are concerned about a young person 17+ discuss with relevant service.
8. If a child already has a diagnosis and you or the family has concerns, they may not have a key worker or holistic support plan. If this is the case, contact the SN or HV to initiate stage 1,5 and 6 of the pathway.

7. The key worker and their role

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 with the family, drawing on a range of sources of support. A family member can be the key worker. The

support plan for a child will be reviewed annually or more frequently if required. This will include thinking about transition from age 14. The GP will be informed of any significant changes.

8. What about children/young people who attend school outside county borders?

At the current time, schools out of county are not required to implement the pathway. Assess the level of need, if moderate to serious concerns refer to relevant services with as much supporting information as possible (see Getting to Know Me Checklist). Inform the school nurse or health visitor. If need is lower, contact the child's school nurse or health visitor and ask them to initiate the pathway. In these cases, an alternative key worker may need to be identified other than school staff – although schools are required to support a child once need is identified by educational law without a diagnosis.

9. What if it is school holidays?

Assess the level of concern/need. If this is moderate to serious -refer to relevant services with as much supporting information as possible (see Getting to Know Me Checklist). Also consider referral to the [Early Help Unit](#) if appropriate (follow referral guidance). **Always** refer to school nurse to initiate the pathway – some do work outside of term time. If need is lower, refer to school nurse and ask them to initiate the pathway in the new term/half term. Families can contact The Childrens [Information Service](#) to ask for support options in their area. The [Early Help Unit](#) can be contacted for advice

10. Where can I go to find out more about the pathway?

Please visit www.nottinghamshire.gov.uk/concerningbehaviourspathway. All documentation is available from the [Information Service at the Children's Development Centre on 0115 8831157, 0115 8831158/](#) infoservicescdc@nottshc.nhs.uk

CHECK LIST FOR GPS

All: Safeguarding Considered	YES/NO
All: Common Assessment Framework/ EHAF considered	YES/NO
Children with no significant issue(s)	
Health Visitor/School Nurse contacted (please circle)	YES/NO
Children with significant issue(s)	Detailed referral made
	YES/NO
Details of siblings and/or significant others and if there are any related concerns	YES/NO
Who else is involved with the child? What if anything are their concerns?	YES/NO
What are the child's strengths? What is currently working well?	YES/NO
What the child needs help/support with and what is currently in place?	YES/NO
Learning • Speech Language and Communication • Self Help and Independence Skills • Physical Skills • Behaviour and Social Interaction • Medical Needs • (please tick)	
What interventions have been in place so far? How effective have these been?	YES/NO
Have any assessments been done? Please attach copies	YES/NO
Outcome of hearing vision checks if appropriate	YES/NO
What referrals if any have been made or are ongoing?	YES/NO
Is there anything else that is impacting on family/siblings/work/home?	YES/NO
Health Visitor/School Nurse contacted (please circle)	YES/NO
All: Review appointment offered	YES/NO
All: Information given to families	YES/NO

-Concerning Behaviours Pathway Information for Families	YES/NO
-Information for Accessing Education and Financial Support	YES/NO
-Services Providing Information and Support	YES/NO