



NOTTINGHAMSHIRE COUNTY MULTIAGENCY CONCERNING BEHAVIOURS PATHWAY

PROFESSIONAL TOOLKIT

January 2015

www.nottinghamshire.gov.uk/concerningbehaviourspathway

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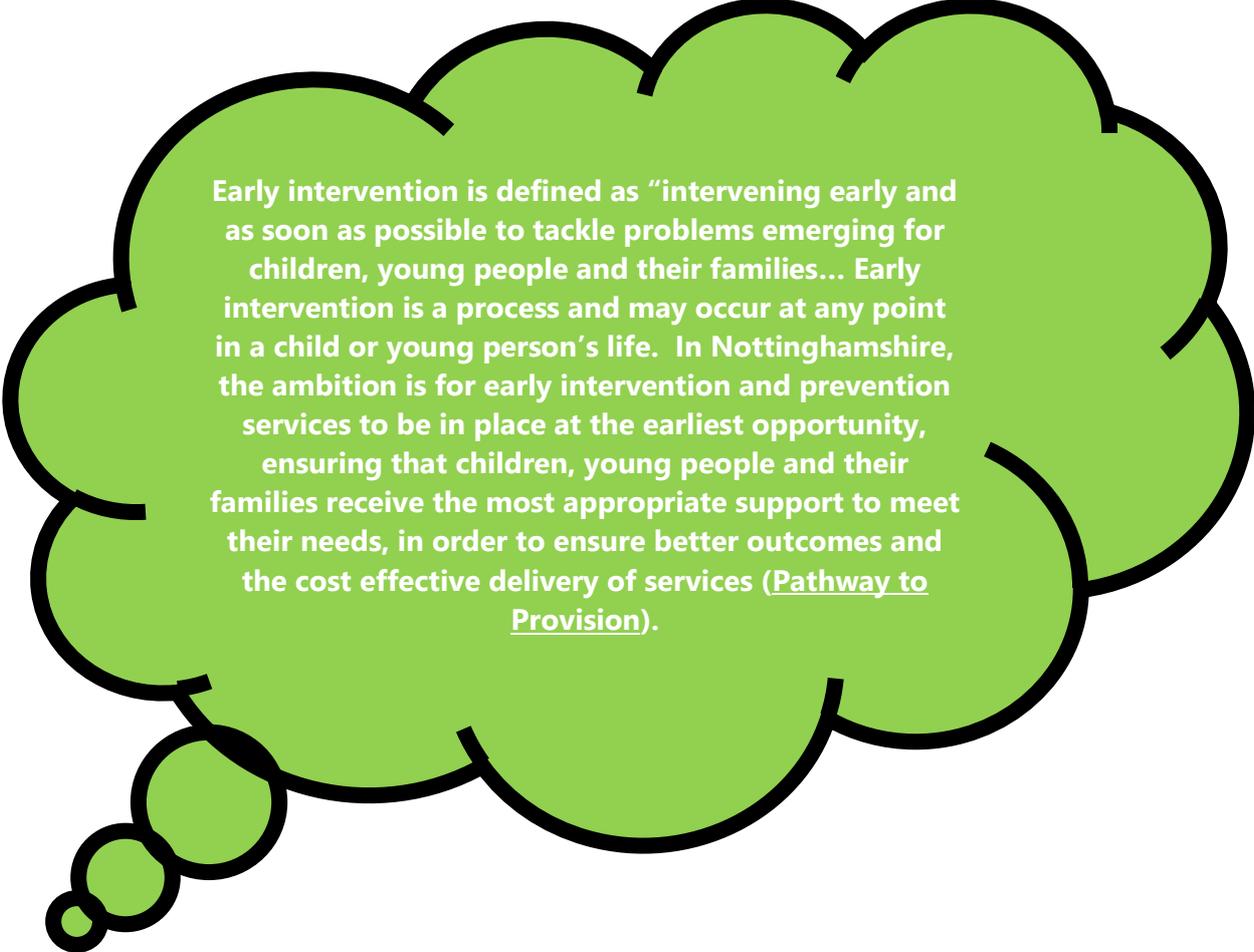
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1 Introduction

Families, young people and service providers tell us that too often concerns about a child or young person's behaviour can be medicalised, and that support and/or referrals can be made too early, too late, to the wrong agency – or to a number of agencies who do not work together. This contributes to delay, confusion, frustration, duplication and waste. Frequently, referrals to specialist services are made without early support being having been put in place. Sometimes this is due to a popular myth that a 'medical diagnosis' is required in order to access support, or because families are anxious about getting support for their child and having a diagnosis seems like the only option.

This pathway aims to prevent preconceived ideas about a child or young person's behaviour being made, and shifts emphasis to support rather than diagnosis alone. In particular, it aims to focus on prevention and supportive/early intervention approaches – avoiding escalation of concerning behaviours and or crisis management where possible.

It has been developed in partnership between a broad range of agencies and families to ensure that reasons for concerning behaviour are fully explored and that ***the right support is available at the right time and at the right place.***



Early intervention is defined as “intervening early and as soon as possible to tackle problems emerging for children, young people and their families... Early intervention is a process and may occur at any point in a child or young person's life. In Nottinghamshire, the ambition is for early intervention and prevention services to be in place at the earliest opportunity, ensuring that children, young people and their families receive the most appropriate support to meet their needs, in order to ensure better outcomes and the cost effective delivery of services (Pathway to Provision).

The pathway facilitates appropriate and timely multi-disciplinary assessment and support, and ensures that families and children/young people have the option of a key worker who will help

plan, implement and review holistic support. It coordinates involvement between different agencies and promotes partnership with parents and children/ young people.

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) - thus demonstrating commitment from all partner agencies. The pathway supports children and young people aged 0-19 years who are registered with a Nottinghamshire County GP, and up to 25 years where an Education and Health Care plan (EHC) is in place. The pathway reflects Pathway to Provision, the role of the Early Help Unit, Education and Health Care planning and School Behaviour and Attendance Partnerships (known as SBAPs).

This toolkit explains each stage of the pathway and provides professionals with documentation they need to implement the pathway in their locality. Because every child/young person/family is different, the pathway cannot be prescriptive. It offers key principles of working which will need to be adapted to each and every situation. Documentation can be found in the appendix and is available at www.nottinghamshire.gov.k/concerningbehaviourspathway. If you do not have internet access please contact the [Information Service](#) at the Children's Development Centre on 0115 8831157, 0115 8831158.

2 What is concerning behaviour?

There is no definition or diagnosis of concerning behaviour. Simplistically, the pathway identifies behaviour as potentially concerning when families, a child or young person, or a worker is having to do something specific or different to manage or respond to a behaviour. The term is often interchangeable with 'need'. Behaviour/need that is concerning can arise for many different reasons. These can be social, emotional or medical – or indeed, a combination of all - or any of these factors. They can be low-level (not very concerning), and range right through to high level/complex (which can be very concerning).

Although the pathway can support this broad range of concerning behaviours or needs, and the emphasis is on support around the family and child/young person at the earliest stage and in a child's main setting - there are a number of concerns where specialist referrals or interventions **should not** be delayed. These are sometimes known as '**red flags**' and include developmental regression, developmental delay, sudden significant/serious changes in behaviour, risk of exclusion/harm, eating disorder, self-harm, suicidal intent. This list is not exhaustive and as a rough guide, practitioners are encouraged to ask themselves "How concerned am I?"



- Not very concerned?
- Mildly concerned?
- Quite Concerned?
- Very Concerned?
- Extremely Concerned?



If the answer to that question is quite concerned, critically consider whether actions should be escalated immediately. If you are very or extremely concerned, do not delay interventions and/or specialist referrals/interventions. **BUT, AT THE SAME TIME INITIATE STAGE 1 OF THE PATHWAY** which is described below. Quick reference guides for Primary Care, Education and Health Visitors/School nurses together with relevant documentation are available in the appendix. They can also be downloaded at www.nottinghamshire.gov.uk/concerningbehaviourspathway or hard copies requested from the [Information Service](#) at the Children’s Development Centre on 0115 8831157, 0115 8831158.

3 The 6 stages: A summary of the pathway.

1. Early identification and exploration of concerns in the child’s main setting. Establishing a key worker and initiating/reviewing/maintaining holistic support. Many children and young people will not need to go beyond this stage

2. Continued concern. Gathering and review of information from those involved with the child. Possible request for specialist assessment/intervention and/or onward referral (medical or non-medical)

3. Possible specialist assessment/interventions (medical or non-medical)

4. Outcome of assessment/interventions

5. Ongoing support for child and family (at least 1 annual review)

6. Transition to adulthood and/or adult services (initiated at age 14)

Most children/young people will not move beyond stage 1 – as exploration of concerns and identification of a key worker and development/implementation of a holistic support plan will meet their needs.

Concern about some children’s will remain despite early interventions and support put in place at stage 1. These will need further exploration and gathering/review of information (Stage 2) and possible escalation to specialist services (medical or non-medical) (Stage 3).

All children/young people who are on the pathway should have stages 1, 5 and 6. This means they should have a key worker, a holistic support plan and regular review (with or without a diagnosis).

It is important to note that this pathway **does not** replace the Common Assessment Framework (CAF) Process. This pathway can be implemented much earlier - at first identification of concerns/needs. However, if concerns escalate or are moderate to high because of medical/social issues (see point 2) do not delay escalation (which may involve initiating the Common Assessment Framework using an Early Help Assessment Form [EHAF]), but make sure stage 1 is still implemented.

The stages are described in more detail later in the toolkit.

4 Who can initiate the pathway?

The pathway can be initiated in a number of ways by a professional of a family/child/young person. There are four likely scenarios;

- The family/child raises concern with a worker in their main setting
- A worker in the child/young person's main setting raises concern with the child/family
- A child/family raises concern(s) with their GP
- A child already has a diagnosis or is in the processes of having an assessment

The following paragraphs briefly summarise the process in each scenario with more detail following in the next sections.

The family/child raises concern with a worker in their main setting

The worker should discuss with the family and eliminate concerns about hearing/vision. They should always consider safeguarding and whether the situation needs escalating immediately. They should agree a key worker with the family, develop and implement a holistic support plan, which should then be implemented and reviewed. These activities are known as stage 1 of the pathway. You can contact any of the agencies listed in the Sources of Support Document to ask for tips/techniques to support development of the holistic support plan. You may also consider family support e.g. Childrens Centre or Parenting Programmes. If specialist assessment is, after time considered appropriate follow stage 2 of the pathway (see below). Always follow stage 1, i.e. establish a key worker and holistic support plan even if you escalate immediately.

A worker in the child/young person's main setting raises concern with the child/family

The worker should discuss with the family and eliminate concerns about hearing/vision. They should always consider safeguarding and whether the situation needs escalating immediately. They should agree a key worker with the family, develop and implement a holistic support plan, which should then be implemented and reviewed. These activities are known as stage 1 of the pathway. You can contact any of the agencies listed in the Sources of Support Document to ask for tips/techniques to support development of the holistic support plan. You may also consider family support e.g. Childrens Centre or Parenting Programmes. If specialist assessment is, after

time considered appropriate follow stage 2 of the pathway (see below). Always follow stage 1, i.e. establish a key worker and holistic support plan even if you escalate immediately.

A child family raises concern(s) with their GP

The GP should discuss the concerns with the family. They should eliminate concerns about hearing/vision. They should always consider safeguarding and whether the situation needs escalating immediately. They should contact the child's school nurse or health visitor and ask them to initiate stage 1 of the pathway. This means the school nurse or health visitor will liaise with the child's main setting to identify a key worker and implement Stage 1 of the pathway. If the GP feels the case should be escalated immediately, they **should still** contact the school nurse or health visitor to initiate Stage 1 (Key worker and Support Plan). If the GP is escalating immediately, they should make a detailed referral, including information in the "Getting to Know Me Checklist" wherever possible. They can then ask the health visitor/school nurse (as appropriate) to ask the key worker to gather more information using either the EHAF or Getting to Know Me Form. The family can also be asked to complete the Getting to Know Me Form. If a child/young person already has a diagnosis but no key worker/support plan, the GP should ask the school nurse or health visitor to contact the child's main setting to initiate Stage 1, 5 and 6 of the pathway (identifying a key worker and developing a holistic support plan with regular review).

A child already has a diagnosis or is in the processes of having an assessment

The child's main setting should discuss with the family, agree a key worker and initiate a holistic support plan and review – following stage 1, 5 and 6 of the pathway. The key worker or first point of contact should look for sources of support and develop a holistic support plan.

There are documents that can be given to the family e.g. "Sources of Support", "Information on accessing education and financial support" and "Concerning Pathway Information for Families" which can be downloaded at www.nottinghamshire.gov.uk/concerningbehaviourspathway or hard copies requested from the [Information Service](#) at the Children's Development Centre on 0115 8831157, 0115 8831158.

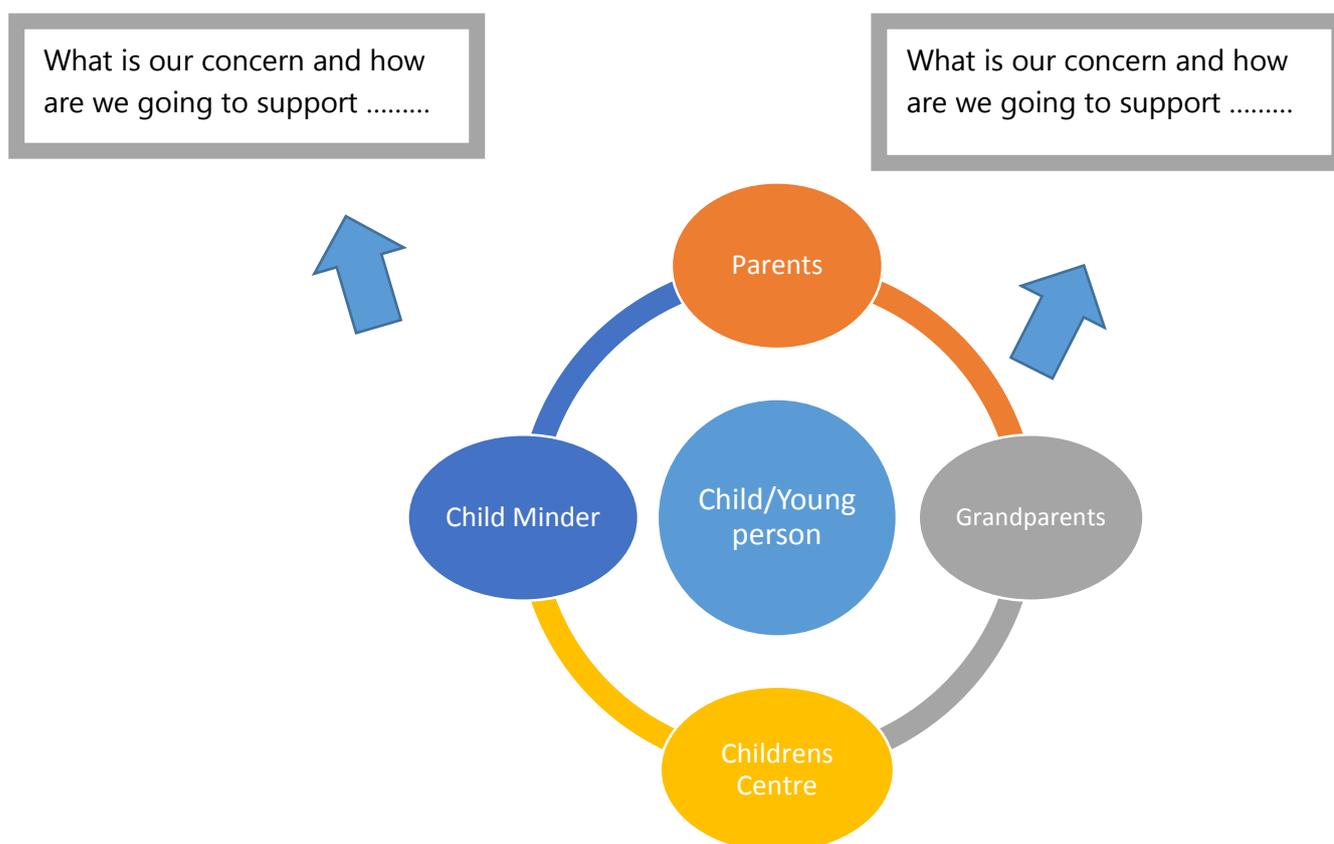
5 Who is the Key Worker?

The key worker should be someone who is in direct and everyday contact with the child/young person – **the person who knows them best**. It should be a flexible role, and move to wherever the child is mostly supported – or in the area where the main need is. Everyone who is involved in the pathway implementation for that child/young person should know who the key worker is. The key worker should coordinate and review the support plan with the family, drawing on a range of sources of support (see sources of support in the Appendix, and/or [The Local Offer](#) or [Information Service](#)).

A family member can be the key worker. If a family attends an early years setting, a member of staff within this setting can also be the key worker. In some cases where a child is not involved in any other services, the health visitor may be the key worker.

6 Developing a holistic support plan

It is important to note that the adults in a household and the social and environmental factors which may be impacting on a child's needs/behaviour/ development should be considered when planning early interventions and developing a holistic support plan. Also that sources of support outside of the main setting should be considered. A simple approach may be to consider the child, who else is involved with the child and the main concerns as in the illustration below;



The plan, with the families consent can/should be shared with everyone who is involved with the child, e.g. child-minder, grandparents, football coach, in order that all are following the approaches and strategies consistently wherever possible (with the child/family consent).

7. Stage 1: Early identification and exploration of concerns in the child's main setting, establishing a key worker and initiating/reviewing/maintaining holistic support.

Stage 1 of the pathway ensures;

- any underlying factors such as hearing/vision and or health conditions are ruled out
- needs and concerns are discussed with the family/carers and CYP (as appropriate)
- a key worker is identified and agreed
- early interventions are put in place (at home and at school/other settings) and monitored before referral to any specialist services (unless red flags are evident)

- consistent approaches to record keeping and documentation

The emphasis is on prevention, de-escalation and providing the right support, at the right time and in the right place. There are a broad range of options for support at this early stage – helping organisations, workers and families increase skills and confidence in supporting young people.

At Stage 1 children may present for a range of reasons. Information gathering and clarification of concerns will ensure appropriate support and interventions are put in place. Review of the impact these have will help to clarify whether further referral/assessment is appropriate. Many children with concerning behaviours and/or additional needs may well be best supported in their everyday environments. The monitoring period will need to be determined on an individual basis. Each case should be looked at individually on its own merits as one size will not fit all in this early stage. If initial presentation is to the GP, they should liaise with the appropriate health professional (Health Visitor/School Nurse) to initiate Stage 1.

- Discuss concerns with family
- Eliminate red flags and concerns over hearing/vision/other medical problems
- Consider Safeguarding/implementing CAF
- Agree a key worker
- Develop and implement a holistic support plan
- Use the EHAF to record – ensure family consent to share information (does not need to be logged at this stage)
- Inform the child's School Nurse or Health Visitor

The Getting to Know Me Form can be used to record information, or, the Getting to Know Me Checklist can be used as an aid to completing the EHAF.

8. Stage 2: Gathering and review of information from those involved with the child. Possible request for specialist assessment/intervention and/or onward referral (medical or non-medical)

If, despite implementation and monitoring of a holistic support plan, a child or young person continues to experience moderate difficulties the key worker should gather information from those involved with the child and record on the EHAF. This may include liaison with Health Visitors, Early Years staff (Children's Centres and Education/Private providers), child care providers, Social Care staff, Special Educational Needs Coordinators (SENCOs), Teachers, School Nurses, Youth Workers and GPs (and others) as appropriate. The key worker should review this information with the family and decide on the most appropriate course of action/support in conjunction with relevant professionals (e.g. Health Visitor/School Nurse/SENCO/Behaviour Lead).

If a request for referral to the Community Paediatric service is required, the EHAF should be forwarded to the GP who will review and action where appropriate as the GP makes these referrals.

The School Nurse or Health Visitor should **always** be informed of actions so that the GP may be informed.

9. Stage 3: Possible Specialist Assessment/Interventions

Possible specialist assessment or involvement can be requested from a range of agencies which may be medical/non-medical.

Assessments should be conducted by the appropriate service (Community Paediatrics/CAMHS/Early Help Unit). CAMHS should be considered as a route when the main concern is mental health/emotional health and or well-being. Referral routes for ADHD are currently under review and Primary Care will be notified of any updates.

Ongoing support for the child/young person/family/carer **must** be maintained throughout the assessment process facilitated by the key professionals involved with the child.

10. Stage 4: Outcome of Assessment

Stage 4 of the pathway will ensure consistency in the management of outcomes for children/young people, families and carers. It will help the family to access next steps, ensure that the outcome of the assessment is shared with relevant agencies and support the family in accessing multi-agency support where needed.

The professional(s) coordinating the assessment process will discuss the outcome of the assessment with the parent/carer and, if appropriate, the child/young person at a face to face meeting (unless otherwise requested). With the family/child/young person's consent they will share the outcome and provide (if relevant) information and explain the next steps. If a child is over 16, they will follow internal consent procedures.

Specialist services such as Community Paediatrics and CAMHS will, if a diagnosis is made, within an overall timescale of 6 weeks from this appointment;

- Make any relevant referrals;
- Prepare a written report to share with the family/carers/young person, GP and key worker (following consent policies and procedures)

And also within six weeks:

- Offer a follow up appointment if clinically indicated.

The key worker should arrange a meeting within 6 weeks of receipt of the report (with or without a diagnosis) to include parents/carers and key professionals who are involved with the child and young person. At this meeting the holistic support plan should be reviewed reflecting the assessment recommendations and presenting needs. The plan should capture the voice of the child and family and their ongoing support needs. Logging of the EHAF or an EHC application should be considered. The key worker role should be revisited to ensure that this is undertaken by the most appropriate person.

11. Stage 5: Ongoing support for child and family

Ongoing support should be maintained for the child/young person and their family/carers, including signposting and referral to additional or specialist services to meet changing needs. If new medical needs or significant changes present the GP should be informed. They should refer to relevant services to address medical needs.

Community Paediatricians will make follow up arrangements dependent upon medical needs. Routine follow-up is not required for all cases.

12. Stage 6: Transition to adulthood and/or adult services

Transition to adulthood and adult services, where required, should be timely and effective. Transition planning should commence in year 9/10, by the age of 14.

The key worker role should be revisited to ensure they are the most appropriate person for the transition period.

Care of young people in transition between paediatric services/child and adolescent mental health services (CAMHS) and adult services should be planned and managed according to the best practice guidance described in the Department of Health's ['Transition: getting it right for young people'](#).

If a clinician is involved at this stage, they will prepare a report to share with the young person, parent/carers, key worker, GP and relevant adult services if appropriate.

If Social Care are involved, the "Looked After Child or Children in Need Plan" or "EHCP" will include recommendation for ongoing support and be shared with the young person, parent/carers, key worker, GP and relevant adult services.

The key worker (or Lead professional if CAF/EHAF implemented) should:

- Use a person-centered approach to planning
- Consider individual budgets and the Personalisation Agenda
- Check that the young person is engaged with other support services, for example; Contraception and Sexual Health, Drug and Alcohol Services, Youth Offending Service (YOS), and engage appropriately
- Consider work placements.

Appendix 1: Nottinghamshire Concerning Behaviours Pathway: Possible Sources of Support

This is not meant to be an exhaustive list, but will provide families and key workers with a range of possible options to consider when planning support.

The Information Service, Children's Centre. A friendly resource centre with information on the many aspects of caring for a child with special needs, and details of local services and support. Books, DVDs available for loan. Online library catalogue. Tel: 0115 8831157 or 0115 8831158 Text: 07500 102796 Email: infoservicescdc@nottshc.nhs.uk. City Hospital Campus, Hucknall Road, Nottingham, NG5 1PB.

Finding Your Way: A directory of services and support in Nottinghamshire. Contact The Information Service for more details.

Information on Prescription Notts Infoscript for Children and Young People. Online information for parents, tailored to your child's diagnosis, age and where they live.

<http://www.nottsinfoscript.co.uk/>

Nottinghamshire SEND Local Offer: Brings together information that is intended to be helpful to children and young people with special educational needs and disabilities and their families. Its aim is to help you find the material that you're looking for or to sign post you to somebody who can provide you with additional information or answer any questions that you might have. It's also a resource that individuals, groups or organisations can draw on in the work that they do in supporting children, young people and their families, by highlighting other resources, services or guidance that may be accessed.

www.nottinghamshire.family servicedirectory.org.uk/kb5/nottinghamshire/fsd/local_offer.page

The Early Help Unit. This is a specialist unit which can offer advice, and signpost families to a wide range of support. The Early Help Unit provides a direct contact point for professionals and families wanting to access early help services in Nottinghamshire. The opening hours of the Unit will be 9.00am to 4.30pm Monday to Friday. Tel: 01623 433500 Fax: 01623 433245 Email addresses: early.help@nottscg.gcsx.gov.uk (if from a secure e-mail address) or otherwise please use early.help@nottscg.gov.uk Address: The Early Help Unit, Meadow House, Littleworth, Mansfield, Nottinghamshire NG18 2TB Minicom: 01623 434993.

Parent Partnership Service Offering information, telephone helpline, confidential advice and support, contact with voluntary organisations, trained independent volunteers to support you, parent focused conferences and training events. www.ppsnotts.org.uk Tel: 0115 948 2888 Email: enquiries@ppsnotts.org.uk Parent Partnership Service, Clarendon Chambers, 32 Clarendon Street, Nottingham, NG1 5LN.

The **IRIS Project** An information service for parents of children & young people with disabilities. Providing information via the website and a quarterly magazine. The Iris Project oversees the

Children's Disability Register, and empowers parents to have a voice in changing and shaping local services www.askiris.org.uk

The National Autistic Society The leading UK charity for people with autism (including Asperger syndrome) and their families. They provide information and support. www.autism.org.uk. Autism Helpline: Open 10am-4pm, Monday-Friday Tel: 0808 800 4104 Email via website Text: 07903 200200.

Autism Drop-in Clinic, Children's Centre Drop-in sessions the 3rd Wednesday of every month, except August between 10.00 am and 12.30 pm. A chance to chat with other parents, hear different speakers and discuss concerns informally with a paediatrician and social worker. For more information contact the Information Service above.

A Place to Call Our Own Ltd (APTCOO) is a registered charity working positively together with other public and voluntary community organisations. APTCOO can be accessed by self-referral via the phone, email or drop in or via a GP, paediatric consultant or other professional. Place To Call Our Own Ltd, Unit 15, Botany Park, Botany Avenue, Mansfield, Nottinghamshire, NG18 5NF. **Tel:** 01623 62 99 02 **Email:** enquiries@aptcoo.co.uk

NORSACA (Nottingham Regional Society for Adults & Children with Autism). A wide range of services for people with ASD and their families. Tel: 0115 9761805 www.norsaca.org.uk Park Hall Resource Centre, Park Road, Bestwood Village Nottingham, NG6 8TQ.

Schools & Families Specialist Services, County A team of specialist teachers and teaching assistants who support parents, and staff who work with children and young people (0 - 19 years) with a wide range of complex needs. These include autism, sensory impairments and learning disabilities. www.nottinghamshire.gov.uk/learning/schools/servicesforschools/services/schools-and-families-specialist-services/. Tel: 0300 500 80 80

The Autism Education Trust: The Autism Education Trust is dedicated to coordinating, supporting and promoting effective education practice for all children and young people on the autism spectrum which may be with or without a diagnosis. It has produced a set of competencies for schools. www.autismeducationtrust.org.uk/about-aet.aspx

The ADHD Foundation. www.adhdfoundation.org.uk

[The Communication Trust](#)

A group of organisations working to support everyone who works with children and young people in England to support their speech, language and communication.

[ADDISS The National Attention Deficit Disorder Information and Support Service](#)

Providing information and resources about Attention Deficit Hyperactivity Disorder

The Concerning Behaviours Pathway (under revision October 2014)

www.nottinghamshire.gov.uk/concerningbehaviourspathway

1. What is the Nottinghamshire Concerning Behaviours Pathway?

The Nottinghamshire County Concerning Behaviours Pathway is a new, multi-agency pathway (sometimes described as way of working) which brings health, social care, education and voluntary sector services together to support children, young people and their families. Its aim is to ensure that the right support is available to you and your child, at the right time and in the right place. For more information you can visit our webpage www.nottinghamshire.gov.uk/concerningbehaviourspathway or call/text the Information Service at the Children's Development Centre on 0115 8831157, 0115 8831158 (text 07500 102796) infoservicescdc@nottshc.nhs.uk

2. Why has this pathway been developed?

Concerning behaviour can arise for many different reasons which could be social, emotional or medical – or indeed, a combination of any of these. It can even just be part of growing up. This pathway has been developed because children and young people with behaviours that cause concern are often referred to specialist agencies for a 'medical diagnosis' without their needs being properly explored, or appropriate support being put in place. Sometimes referrals are sent to a number of agencies at the same time and agencies may not always work together. Parents tell us this is frustrating, wasteful and inefficient.

Evidence suggests that if young peoples' needs are fully explored and the right support for families is put in place, specialist medical assessment and medical diagnosis may not be needed. Some children may benefit from specialist input however, and this pathway enables services to work together to provide the right support for them in the right place at the right time.

Families sometimes ask for a specialist medical referral because they think, or are told that a diagnosis is required to be able to get educational or financial support. In fact, a medical diagnosis is **not** required to access either educational support or Disability Living Allowance. You can download an information sheet which provides more information on this called "Information on Accessing Educational and Financial Support" at www.nottinghamshire.gov.uk/concerningbehaviourspathway or, request a printed copy by contacting The Information Service 0115 8831157 or 0115 8831158 (text 07500 102796).

3. Who has been involved in the pathway development?

Key professionals from health, education, social care and voluntary organisations have been involved in the pathway development, along with families and service users.

4. Who is the pathway for?

The pathway is for all children and young people who are registered with an NHS Nottinghamshire County GP (and their families) who have behaviours that are causing concern to them, to their family, or that have been identified by someone working with them

e.g. a teacher, nursery nurse or health visitor. The pathway with your consent can be initiated by a GP or any professional working with your child. You can also request to either of these that the pathway is initiated.

5. What can I expect to happen if my GP recommends this pathway?

Your GP will discuss your concerns with you and give you this information about the pathway. They will check your child's hearing and vision and assess if there are any serious medical issues which need an urgent specialist medical assessment. If this is the case, they will make an appropriate referral.

Whether or not your GP refers your child for a specialist assessment they should, with your agreement contact your local school nurse or health visitor who will assist in identifying a 'key worker' to help you and your child and work with you to develop a support plan. This may include simple strategies at home or school/nursery, or include parenting courses or other sources of support. Your plan should be reviewed regularly. Your GP may offer you a review appointment to see how things are going. You can also access many sources of support yourself and can download a "Sources of Support" leaflet at www.nottinghamshire.gov.uk/concerningbehaviourspathway or, request a printed copy by contacting The Information Service 0115 8831157 or 0115 8831158 (text 07500 102796).

In some cases, your GP may refer you or recommend you contact the [Early Help Unit](#). This is a unit which offers advice, and signpost families to a wide range of support. You can also choose to access this service yourself.

For many children and young people putting this support in place will meet their needs and they will not need to go beyond this stage of the pathway. However, if moderate concerns continue, your key worker will, with your consent, gather information about you and your child from you and those who are working with you and your child. This information will help to clarify the needs of your child and your own needs, and allow a decision to be made about the next steps. It may be that with your consent, your key worker may ask advice from a specialist, or the Early Help Unit as to the best way forward. If you and your key worker feel the needs of your child require specialist medical assessment, they will share the information you have gathered with your GP who will review the information and make any necessary referrals. If a specialist assessment or ongoing referral is initiated with your consent, the key worker will work with you to continue support throughout this process. The results of any specialist assessment will be shared with you, your GP and your key worker and together you should review your support plan accordingly with your key worker. Remember, you don't need a medical diagnosis to access this support.

6. Who is the key worker?

The key worker should be someone who is in direct and everyday contact with your child – and you should agree and know who this person is. It is likely to be a nursery nurse or classroom assistant. The key worker can access support from a range of experts and services involved in the pathway. You can be the key worker if you choose to take on this role.

7. What if my child does not go to school in Nottinghamshire County?

This pathway is a Nottinghamshire County initiative. That means that if your child attends school in another county, the school may not follow the pathway. In this case, your GP will still discuss your concerns with you and give you this information about the pathway. They will check your child's hearing and vision and assess if there are any medical issues which need an immediate specialist assessment. If this is the case, they will make a relevant referral. Following this, your GP will discuss next steps with you and may contact your child's school and school nurse for or information and support. They may consider referring or inviting you to access the Early Help Unit. The information on accessing educational support and DLA applies to all schools not just those in Nottinghamshire County.

8. Where can I go to get more information or give feedback?

There is a webpage www.nottinghamshire.gov.uk/concerningbehaviourspathway which provides information and important documentation to support the pathway. It provides lots of useful links and resources which you may find helpful. It also provides a link to the Nottinghamshire Participation Hub (NPH) and you can e-mail or call the NPH to give feedback about your own experiences of the pathway, 01623 629902/ **email** nphenquiries@aptcoo.co.uk . If you cannot access the internet your keyworker may be able to help you or alternatively you can contact the Information Service at the Children's Development Centre on 0115 8831157, 0115 8831158 (text 07500 102796)

Appendix 3: Information on accessing education and financial support.

"You need a diagnosis to be able to get support in schools – or to be able to get Disability Living Allowance (DLA)" is a phrase often heard. It can also be given as a reason why parents/carers may request a specialist medical assessment to obtain a diagnosis, or why professionals make referrals to specialist medical services. Although it is commonly assumed to be fact by some professionals and families it is not accurate.

Nottinghamshire County has a new pathway in place to support families and children where there are concerns about a child or young person's behaviour. A 'pathway' is a recommended process or route that services should follow to make sure services are based on scientific evidence, are of a standard quality and are cost effective. Pathways have been used in a range of services since the 1980s, including the NHS and Local Authorities. The "Nottinghamshire County Multi-Agency Concerning Behaviours Pathway" is a new, multi-agency pathway which brings health, social care, education and voluntary sector services together to support children, young people and their families. Its aim is to ensure that the right support is available to / for children and young people, at the right time and in the right place.

Concerning Behaviour or put more simply 'behaviour that is concerning' can arise for many different reasons, which could be social, emotional, developmental or medical – or indeed, a combination of any of these factors – it can even be part of growing up. This pathway has been developed because children and young people with behaviours that concern are often referred to specialist agencies for a 'medical diagnosis' - with limited exploration of their needs, and without support having been put in place. Frequently, a number of agencies can be referred to at the same time and they do not always work together- which parents/carers tell us is frustrating, and creates waste and inefficiency. Evidence suggests that if young peoples' needs are explored and 'working with families' support is put in place, many do not need specialist medical assessment and diagnosis. Indeed, having a diagnosis can affect a young person's career path.

Given that the new pathway moves away from routinely seeking medical diagnosis and instead focuses on putting early support in place - and maintaining this in line with the child and or family need - families and professionals have asked for clarification about;

- what support children can get in school
- whether specialist involvement is needed to apply for financial assistance

We have listened to this request, and, as a consequence, developed this short statement to provide clarity.

Educational Support

If a child or young person has a medical diagnosis, a school needs to take this into account when it plans provision to meet the child's educational needs. Educational law, however, specifies that schools have a responsibility to identify and make provision for a child's educational needs

whether or not they have a medical diagnosis. Therefore, if a child is experiencing difficulty in their educational setting, families can expect the following:

The classroom teacher would talk to parents/family and in partnership agree strategies which need to be put into place. The classroom teacher may discuss this with the school Special Educational Needs Coordinator (SENCO), or, with your consent, other experts for advice. These ideas are usually recorded on an Individual Education Plan (IEP) and reviewed, typically on a termly basis, or, more frequently if needed. Families can reasonably accept that school would work in partnership with them, and be clear with them about what they are doing to support a child, and what success would look like.

If difficulties continue, then school may ask for additional advice and guidance - usually through the Family of Schools Springboard meeting. This is where a group of professionals from both within schools and from the Local Authority meet to agree how best to support children and young people. These meetings not only help to find ways forward with particular children, but also support the longer term development of schools' practice or / relating to children with Special Educational Needs and Disabilities (SEND).

As a result of recent changes to SEND funding introduced at a national level, there is now greater consistency and clarity about what it is reasonable to expect of schools. In the first instance, every state funded mainstream school is expected to put in place up to £6,000 of targeted support per year for a child with special educational needs (with or without a diagnosis). This is on top of whatever is made available to all pupils at the school.

If, despite this level of funding, more needs to be done to help a child or young person in school, then the school can approach its Family of Schools (i.e. a group of local schools that collaborates to support pupils with SEND) to request additional money (again, with or without a diagnosis). This is known as Additional Family Needs (AFN) funding. Currently, in most Families of Schools this additional money can, depending on need, provide up to £8,000 worth of support per child on top of the £6,000 the school would already be contributing.

For a small number of children and young people in the county, even more support is needed. In these cases where pupil's needs are such that they cannot be addressed solely by a combination of the money available to the school and via AFN funding,' the school applies directly to the Local Authority's High Level Needs (HLN) panel. This panel moderates requests for funding across the whole of the county. Whilst some of these children may have a statement, and/or a diagnosis, neither of these is needed for the school to apply for HLN funding; the HLN panel makes its decision by matching the child's needs against commonly agreed descriptors.

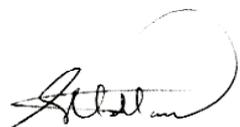
Schools are asked to present their case for extra funding with reference to descriptors set out in a document called "Arrangements for accessing top-up funding for pupils with special educational needs and disabilities in Nottinghamshire mainstream schools", rather than the decision being reliant on a diagnosis. The HLN panel is a single panel which covers the whole county and consists of school representatives (SENCOs, Family SENCOs, head teachers) as well as Local Authority staff and health representatives. Their collective decision draws on the information provided by the school, their own expertise, and case precedents. For children where AFN or HLN funding is being sought, schools are required to produce what is called a 'Provision Map' which

describes in detail how the school uses existing funding and how it proposes to use the additional funding it is now requesting.

Increasingly, schools have freedom to use any additional funding in a range of ways and not simply by the provision of additional teaching assistant (TA) support. Best practice would suggest that any individual pupil interventions (such as TA support) are most effective when implemented within the context of a whole school approach. Where schools need advice on elements such as a provision map, or how best to support a child, then they can access this help from LA support services, namely the Schools and Families Specialist Support Service (SFSS), and Educational Psychology service - either directly, or preferably, through the Family of Schools Springboard meeting.

Wherever possible, and where a parent wants it, funding and provision is made available to support children in mainstream educational settings. However, some children's needs are so complex that a specialist placement is required to meet the child's educational needs. In 2014, statements will be replaced by Education, Health Care Plans (EHCs) which are based on an understanding of a child's needs; a diagnosis is not required. The above applies to all state funded mainstream schools including academies.

The Concerning Behaviours Pathway has been developed in collaboration with a broad range of health and social care services and agencies. Educational representation was provided by senior colleagues in SEND Policy & Provision. If schools have any queries about operation of the pathway, including their role in its implementation, these should be directed to the Commissioning Officer SEND Policy & Provision.



Steve Holland, Commissioning Officer, SEND Policy and Provision,
stephen.holland@nottscc.gov.uk 0115 977 3624

Financial Support (Disability Living Allowance)

Disability Living Allowance (DLA) for children may help with the extra costs of looking after a child who:

- is under 16
- has difficulties walking or needs more looking after than a child of the same age who doesn't have a disability

Usually, to qualify for Disability Living Allowance (DLA) for children the child must:

- be under 16
- need extra looking after or have walking difficulties
- be in Great Britain, another European Economic Area (EEA) country or Switzerland when you claim - there are some exceptions, e.g. family members of the Armed Forces
- have lived in Great Britain for 2 out of the last 3 years if over 3 years old
- be habitually resident in the UK, Ireland, Isle of Man or the Channel Islands

- not be subject to immigration control

There are some exceptions to these conditions if the child is living or coming from another EEA country or Switzerland.

You can claim DLA for children if you're in or out of work.

The application form for DLA asks for information about the child's needs. This can be supported by information from a doctor, but it is not essential to have a medical diagnosis, or be under specialist consultant care. Anyone over 16 must apply for Personal Independence Payment (PIP) instead of DLA. Personal Independence Payment (PIP) helps with some of the extra costs caused by long-term ill-health or a disability if you're aged 16 to 64.

The rate depends on how your condition affects you, not the condition itself. You must have a long-term health condition or disability and have difficulties with activities related to 'daily living' and or mobility.



Sarah Everest, Senior Public Health & Commissioning Manager

Children and Young People Integrated Commissioning Hub & Public Health Nottinghamshire

Sarah.Everest@nottsc.gov.uk

Appendix 4: Getting To Know Me Form.

Use this form to record initial information about the child/young person at stage 1 of the pathway. This form can be attached to a blank EHAF, should you feel the need to escalate (make sure you fill out the EHAF demographic information and record consent to share information). You do not need to complete and EHAF and a Getting to Know Me Form.

My details	
My name	My preferred name
My address	
Postcode	
My date of birth	My age
My gender	My ethnicity
Unique Pupil number NHS or hospital number if known	Who I live with
Preferred contact method	Best time to contact
Family gives permission to share information (if under 16 years old) yes/no	
Permission given to share information (if over 16 years old) yes/no	

My Parents/Family	
Name	Name
Address	Address
Home phone no.	Home phone no.
Mobile no.	Mobile no.
Preferred contact method	Preferred contact method
Best time to contact	Best time to contact

My Key Worker (person completing this form)
Name
Role/ Setting
Address
Phone no
Email

My siblings and significant others			
Name	Relationship	Contact details	Permission to contact if app.

People who help me and who have been contacted			
Name Role & Setting (e.g. school)	Contact details	Their comments	Details of reports received. Attach copies

Child's strength's /what is working
What I am good at and proud of
What's working well

What I need help with. (Please elaborate concerns using the headings and indicate what support is in place)	
What I have difficulty with	What support is in place
Learning	
Speech, language and communication	
Self-help and independence skills	

Physical skills	
Behaviour and social interaction	
Medical needs	

What interventions/assessments have been done so far? Please attach copies of any reports		
Type of intervention/assessment	Outcome	Name and contact details of person carrying out the assessment

Outcome of hearing/vision checks

Hearing:

Date tested:

Vision:

date tested:

Have I got a CAF in place?

Yes/No – if yes please attach

(Please note CAF can be used in place of this form if the relevant information is supplied)

<p>Please indicate if you are/have also referred to: SLT/EP/Other (Please detail and include relevant documents)</p>

Any additional Information.

Please attach additional sheets indicating below if you have done so. Tell us anything else that is impacting on family/siblings/work/home.

Appendix 5: Getting to Know Me Additional Information

You can use this form if you want to gather more information from those involved with the child/young person/family at stage 2 of the Concerning Behaviour pathway. Ask them to complete. Make sure you attach copies with any referrals you make (with family/child consent).

Child's Name	
Key Worker (the person who this form should be returned to)	Name: Email: Phone: Address:
Your Name	
Your Role	
Capacity in which you work with child	
Please provide:	Address: Email: Telephone:
What does the child need help with? (Please elaborate concerns using the headings and indicate what support is in place)	
Learning	
Speech, language and communication	
Self-help and independence skills	
Physical skills	
Behaviour and social interaction	
Medical needs	

Child's strength's /what is working		
What is the child good at and proud of?		
What's working well?		
What interventions/assessments have been done so far? Please attach copies of any reports		
Type of intervention/assessment	Outcome	Name and contact details of person carrying out the assessment

**Tell us anything else that is impacting on family/siblings/work/home.
Any additional Information.**



Appendix 6: Getting To Know Me Checklist

If you are using the EHAF Form to gather information about a child/young person at stages 1 or 2 of the pathway, please make sure you have considered and included the information below. GPs can also use this checklist when making referrals.

Key Worker details (name/setting/address/telephone/email)

Details of siblings and/or significant others and if there are any related concerns

Who else is involved with the child? What if anything are their concerns?

Who has been asked to contribute to gathering of information?

What are the child's strengths? What are they good at? What do they enjoy? What are they proud of?

What is currently working well?

What the child needs help with and what support is currently in place, particularly in relation to;

- Learning
- Speech Language and Communication
- Self Help and Independence Skills
- Physical Skills
- Behaviour and Social Interaction
- Medical Needs

What interventions have been in place so far? How effective have these been?

Have any assessments been done? Please attach copies

Outcome of hearing vision checks if appropriate

What referrals if any have been made or are ongoing?

Is there anything else that is impacting on family/siblings/work/home?

Appendix 7: Nottinghamshire County Multi-Agency Concerning Behaviours Pathway. GP Guide.



All the documents referred to in this briefing are embedded electronically. They have also been sent to all practices via CCG leads/newsletters and Practice Managers. If you require copies, they are also available from the [Information Service at the Children's Development Centre on 0115 8831157, 0115 8831158/ infoservicescdc@nottshc.nhs.uk](#) or at the Concerning Behaviours Pathway Website www.nottinghamshire.gov.uk/concerningbehaviourspathway

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 from April 2014. The pathway mirrors [Pathway to Provision](#) and School Behaviour and Attendance Partnerships (SBAPs).

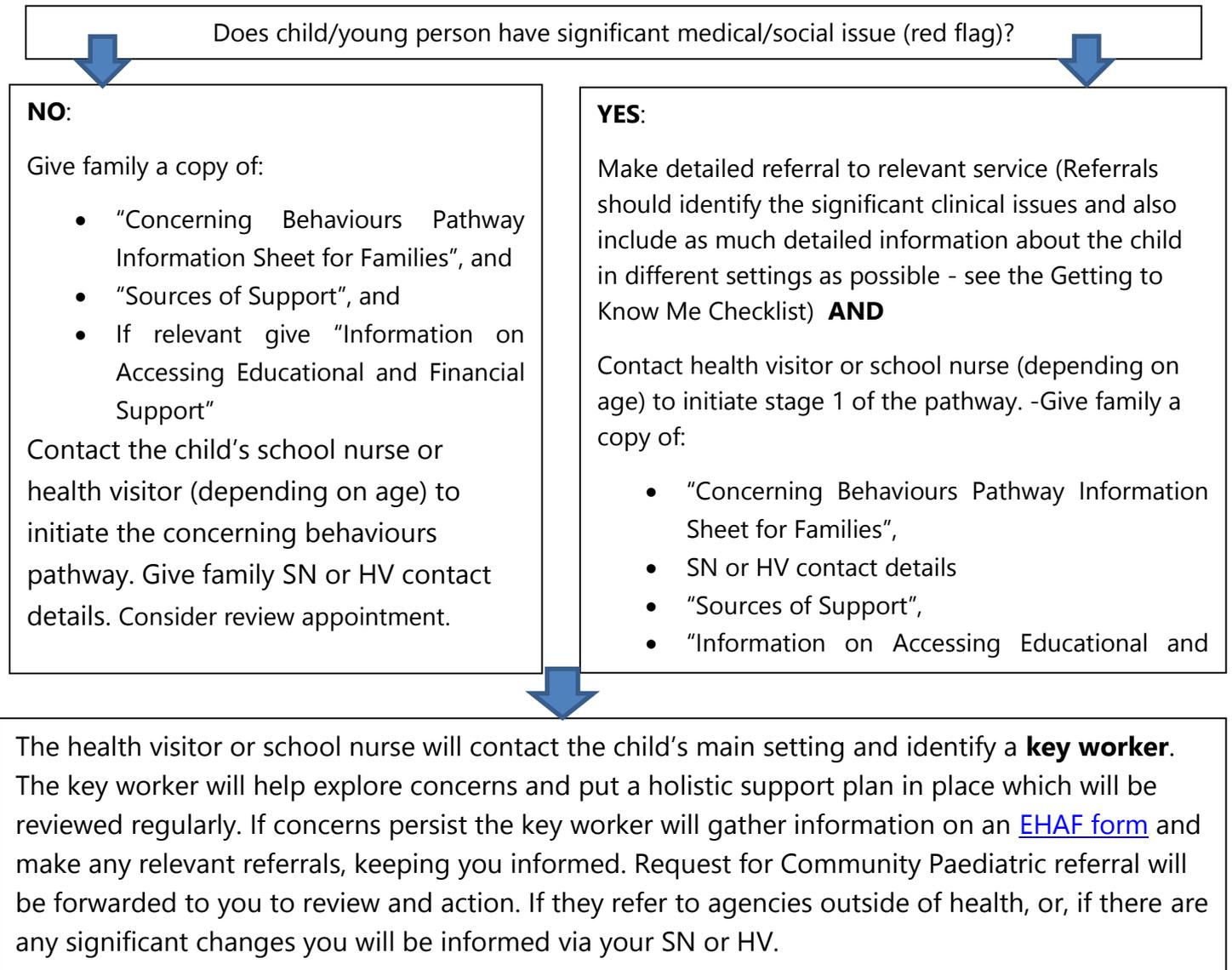
2. There are six stages in the pathway, although many children/young people will not need to go beyond Stage 1. The six stages are:

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).



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 Sheet for Families”
- “Sources of Support”
- “Information on Accessing Educational 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 “Briefing on Accessing Support October 2014.” 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 about 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. This webpage will have all updated information available by spring 2015. 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 on Accessing Educational and Financial Support	YES/NO	
-Sources of Support	YES/NO	

If you wish to give constructive feedback on the pathway, please contact Sarah Everest, Senior Public Health & Commissioning Manager sarah.everest@nottscg.gov.uk

Appendix 8: Nottinghamshire County Multi-Agency Concerning Behaviours Pathway: Notes for Health Visitors and School Nurses.

1. About the Pathway

This pathway is informed by NICE guidance and has been endorsed by Nottinghamshire Childrens Trust Board and NHS Nottinghamshire County's 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 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 and Social Care Partners from April 2014.

2. The six stages in the pathway 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

3. Pathway Initiation

The pathway can be initiated in a number of ways by a professional of a family/child/young person. There are three likely scenarios;

1. The family/child raises concern with a worker in their main setting
2. A worker in the child/young person's main setting raises concern with the child/family
3. A child family raises concern(s) with their GP.

4. What to do if GP asks you to initiate the pathway? Identify the child's main setting and liaise with them to identify a key worker to initiate stage 1. This may initially be via the SENCO in a school (although the SENCO may not be the key worker). Ensure the pathway initiation is recorded on Systmone if GP has not already done so.

5. What to do if child's main setting informs you that they are moving beyond stage 1 of the pathway Ensure the actions are recorded on Systmone and inform GP. You may be asked to provide information about the child if known to you. The child's main setting may also seek your opinion on review of the information once gathered to help agree appropriate steps of action.

THE HEALTH VISITOR AND/OR SCHOOL NURSE SHOULD NOT BE THE KEY WORKER UNLESS THEY ARE THE ONLY WORKER INVOLVED.

Appendix 9 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 from April 2014. 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 "Nottinghamshire County's Concerning Behaviour Pathway-Information for families August 2014" and "Briefing on accessing support Oct 2014" (if appropriate). Your family SENCO will have a copy of these if you do not. They are also embedded below.
- 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 "Sources of Support" 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 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. The "Sources of Support October 2014" document offers a range of options to compliment your known approaches. **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 of 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 for 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.

5. 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.

6. 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.

7. 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.

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

Please visit www.nottinghamshire.gov.uk/concerningbehaviourspathway