

Pathway to Provision



Nottinghamshire
Safeguarding
Children Partnership



Multi-Agency Thresholds Guidance for Nottinghamshire Children's Services

Version 9.2



Introduction

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

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

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

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

A1 The Assessment Framework

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

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

More information on carrying out assessments can be found at <http://www.nottinghamshire.gov.uk/care/childrens-social-care/nottinghamshire-children-and-families-alliance/pathway-to-provision/early-help-assessment-form>

Contextual Safeguarding (Assessment of risk outside the home)

(from Working Together to Safeguard Children 2018)

As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; teenage relationship abuse; sexual exploitation and the influences of extremism leading to radicalisation. Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered.

Assessments of children in such cases should consider whether wider environmental factors are present in a child's life and are a threat to their safety and/or welfare. Children who may be alleged perpetrators should also be assessed to understand the impact of contextual issues on their safety and welfare. Interventions should focus on addressing these wider environmental factors, which are likely to be a threat to the safety and welfare of a number of different children who may or may not be known to local authority Children's Social Care. Assessments of children in such cases should consider the individual needs and vulnerabilities of each child. They should look at the parental capacity to support the child, including helping the parents and carers to understand any risks and support them to keep children safe and assess potential risk to the child.

A2 Levels of Need

The model used to illustrate the different levels of children and young people's needs in Nottinghamshire is referred to as the Nottinghamshire Continuum of Children and Young People's Needs (see figure 1) which recognises that children, young people and their families will have different levels of

needs, and that a family's needs may change over time. The agreed multi-agency thresholds are set out across four levels of need which are:

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

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Early Help (Level 2) – Children and young people where some concerns are emerging and who will require additional support usually from professionals already involved with them

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

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

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

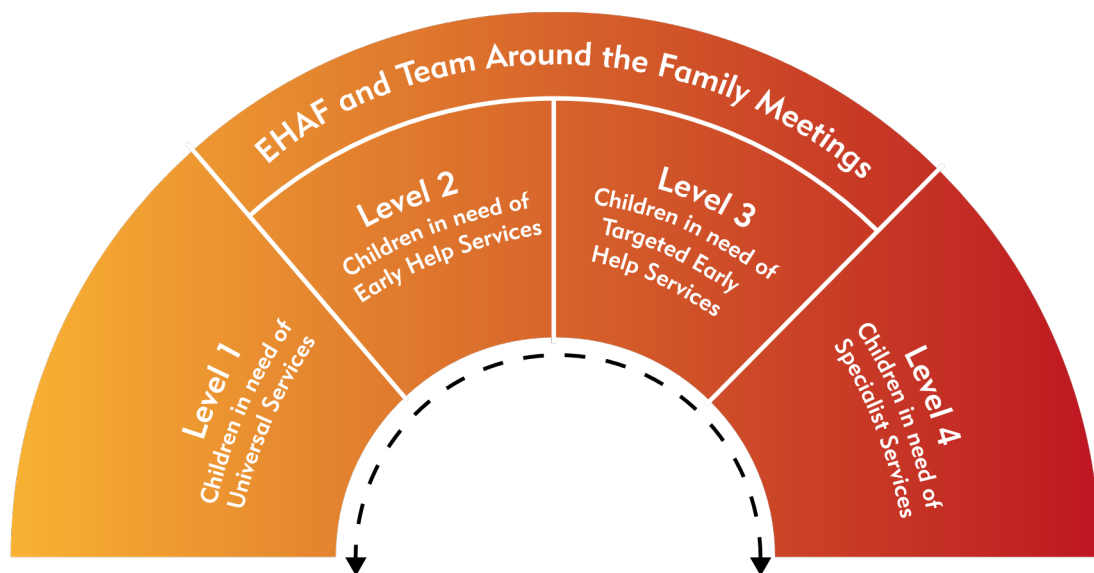
The Nottinghamshire Continuum of Need model is consistent with the Nottinghamshire Safeguarding Children Partnership (NSCP) Procedures and the national guidance "Working Together" (2018). The model is underpinned by the following principles:

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

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

In general, children and young people with disabilities will have their needs met through Early Help, targeted Early Help Services and the Integrated Children's Disability Service.

Figure 1: The Nottinghamshire Continuum of Children and Young People's Needs



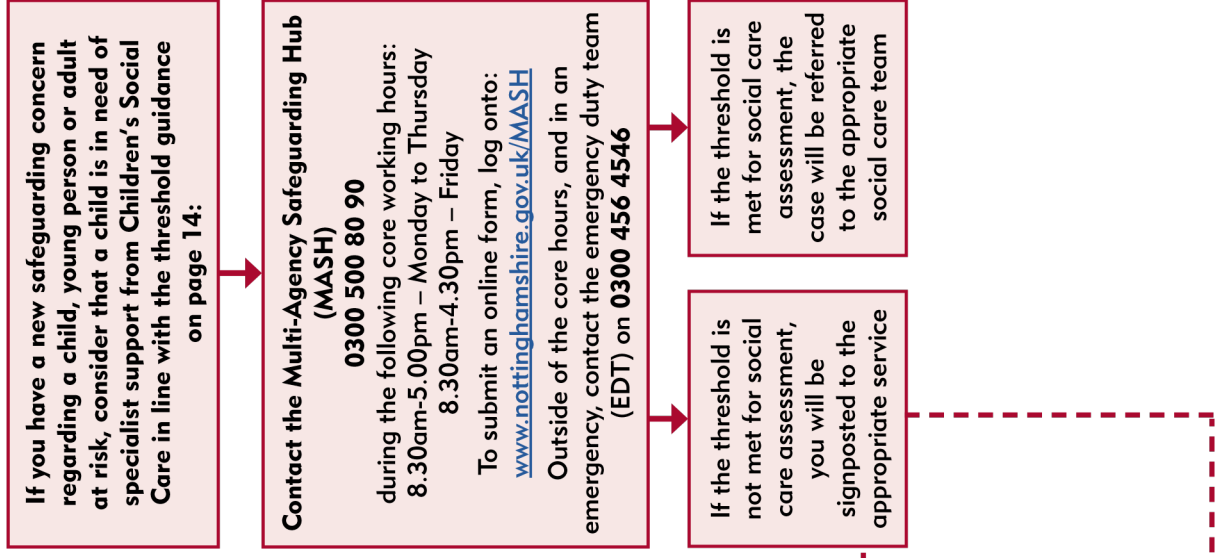
NB. The Nottinghamshire Continuum illustrates the levels of need rather than numbers of children at each Level.

Pathway to Provision

A3: Outline of the Pathway to Provision

Safeguarding (Children's Social Care) Pathway

For more detail on the Safeguarding (Children's Social Care) Pathway see page 19



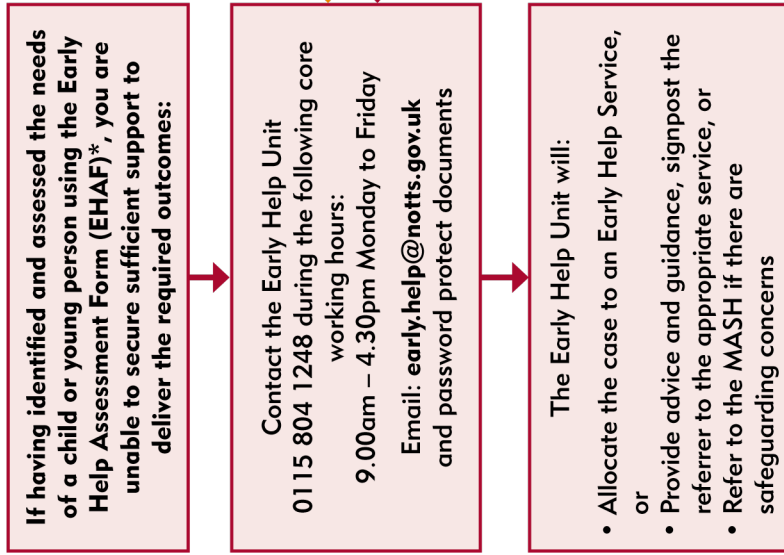
Children and Young People with Disabilities Pathway

For more detail on the Pathway for children and young people with disabilities see page 20



Early Help Pathway

For more detail on the Early Help Pathway see page 18



Section B: Multi-Agency Thresholds Guidance

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

This multi-agency threshold guidance provides definitions and indicators for practitioners to assist in the identification of levels of need for children and young people (from conception to 18 years, or 25 years if the young person has a learning difficulty or disability). A threshold in this guidance is the point at which we “weigh up” what is happening and what action is needed in order to meet a child’s needs. This involves professional and personal values. This document is not intended to be a definitive list but provides a framework to identify when a child or young person may be at risk of poor outcomes, alongside guidance on when to commence the Early Help Assessment process or make a referral to early help services. There is no substitute for sound professional judgement, effective inter and intra-agency communication and good evidence based practice based on up to date research.

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

<https://nscp.nottinghamshire.gov.uk/policy-and-guidance/>

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

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

Threshold Indicators

The following pages provide definitions and indicators grouped around the three domains of the assessment triangle to assist practitioners in identifying levels of need. It is important to recognise that children and young people will move between the different levels as their needs change.

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Level 1 Threshold: Universal Services

- **Children or young people who don’t present significant concerns and are living in circumstances where there may be worries, concerns or conflicts over time but these are infrequent, short lived and quickly resolved by the family themselves or with support and guidance from extended family, the community or professionals with whom they are normally in touch.**

- **Universal services have an essential role in creating the circumstances in which safe and happy children and families can flourish.**
- **Universal services, working with communities, are also those most likely to identify that a problem is emerging with a child or in a family.**

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

Services available at Level 1 include

- **The Youth Service** – Local youth workers are based in Young People’s Centre’s and provide mobile youth work sessions across the county. They can offer advice and support to all young people. For details visit www.nottshelpyourself.org.uk
- **Healthy Families Programme** – Healthy Family Teams routinely see children 0-19 for the Healthy Child Programme and offer a range of targeted support where there are identified needs. This includes children where there are safeguarding concerns and those who are Looked After.
<https://www.nottinghamshirehealthcare.nhs.uk/healthy-family-teams>
- **Primary Health Care** – a range of advice, help and resources are available from GP surgeries, health centres and other local health provision. Find the local practice at <http://www.nhs.uk/Service-Search/GP/LocationSearch/4>
- **Family Nurse Partnership** – The Family Nurse Partnership Programme (FNP) is an intensive home visiting programme for first time teenage mums aged 19 and under. Details of how to refer can be found at <http://www.nottshelpyourself.org.uk/kb5/nottinghamshire/directory/service.page?id=t0bQgCOzbk&newdirectorychannel=0>
- **Early Years Providers** – nurseries and other providers of early years education may be able to offer advice and support to parents. Free early years education may be available for some children. Find out more at <http://www.nottinghamshire.gov.uk/care/early-years-and-childcare/find-childcare>
- **The Families Information Service** – brings together information for all families with a particular focus on supporting families with children under the age of 5. The service has a popular Facebook page and manages Notts Help Yourself information including the Parents and Carers Zone and information about childcare. You can contact the service by emailing familyinfo@inspireculture.org.uk or calling 0300 500 80 80.
- **The Children’s Centre Service** – provides universal groups and activities for expectant parents and parents with children under the age of 5. These groups can be led by parent volunteers and include Under 1’s groups, stay and play and breastfeeding peer support. More information visit www.nottinghamshire.gov.uk/childrenscentreservice
- **Schools** – all schools will work closely with parents and children to ensure that they are happy, safe and ready to learn. Many schools have specific staff who can offer help and advice.
- **Voluntary sector advice agencies** – there are a range of voluntary agencies which provide advice or direct support to children or parents. For children and young people Childline can offer a range of advice services by telephone (0800 1111) or through online chat at <http://www.childline.org.uk/Talk/Chat/Pages/OnlineChat.aspx>
- **Local Offer:** The SEND Local Offer brings together a wide range of useful information, advice and guidance for children and young people with Special Educational Needs and Disabilities (SEND), from birth to 25 years, and their families. The information is held within a website, which will enable you to search for services and provision within your own community and Nottinghamshire as a whole. The information contained within the Local Offer includes service provision across education, health and social care in the public, private and voluntary sectors. The Local Offer forms the first stage of Nottinghamshire’s graduated response to meet the needs of children and young people with SEND. The Local Offer can be found at the following link:
<https://www.nottshelpyourself.org.uk/kb5/nottinghamshire/directory/home.page>
Access to the Local Offer is also available through Nottinghamshire libraries and the Customer Service Centre on **0300 500 80 80**.

Level 2 Threshold: Child in need of Early Help Services

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

Child's Developmental Needs	Parents and Carers
<p>HEALTH</p> <ul style="list-style-type: none"> • Slow in reaching developmental milestones • Missing immunisations or checks • Susceptible to minor health problems • Minor concerns ref: diet, hygiene, clothing, alcohol consumption (but not immediately hazardous) • Disability requiring support services • Starting to have sex (under 16) • Previous pregnancy <p>EDUCATION & LEARNING</p> <ul style="list-style-type: none"> • Occasional truanting or non-attendance, poor punctuality • At risk of fixed term exclusion or a previous fixed term exclusion • SEN Support • Few opportunities for play/socialisation • Not in education, employment or training • Identified language and communication difficulties • Not reaching educational potential <p>EMOTIONAL & BEHAVIOURAL DEVELOPMENT</p> <ul style="list-style-type: none"> • Not accessing their 2, 3 or 4 year early years place entitlement • Low level mental health or emotional issues requiring intervention • Substance misuse that is not immediately hazardous including alcohol • Superficial self harming as a coping mechanism • Involved in behaviour seen as anti-social • Attachment issues and/or emotional development delay e.g. adopted child • involved in bullying behaviour <p>IDENTITY</p>	<p>BASIC CARE, SAFETY AND PROTECTION</p> <ul style="list-style-type: none"> • Parental engagement with services is poor • Parent requires advice on parenting issues • Professionals are beginning to have some concerns around child's physical needs being met • Professionals are beginning to have some concerns about substance misuse (including alcohol) by adults within the home • Some exposure to dangerous situations in home/community/online • Teenage parent(s) <p>SAFER SLEEP FOR BABIES</p> <ul style="list-style-type: none"> • Carer has information on safe sleeping, but does not always follow guidelines, so bedding, temperature or smoking may be a little chaotic and carer may not be aware of sleeping position of the baby. • Carer aware of the dangers of co-sleeping and recognises the dangers of drugs and alcohol by the carer on safe sleeping, but this is sometimes inconsistently observed. • Sleeping arrangements for children/young people can be a little chaotic, and the safe available sleep surface/ cot is not always used. <p>EMOTIONAL WARMTH AND STABILITY</p> <ul style="list-style-type: none"> • Inconsistent parenting, but development not significantly impaired • Post natal depression • Perceived to be a problem by parent <p>GUIDANCE, BOUNDARIES AND STIMULATION</p> <ul style="list-style-type: none"> • May have different carers • Inconsistent boundaries offered • Can behave in an anti-social way • Spends much time alone (TV, etc) • Child not exposed to new experiences
	<p>Family and Environmental Factors</p>

<ul style="list-style-type: none"> • Some insecurities around identity • May experience bullying around 'difference' <p>FAMILY & SOCIAL RELATIONSHIPS</p> <ul style="list-style-type: none"> • Some support from family and friends • Has some difficulties sustaining relationships • Undertaking occasional caring responsibilities • Child of a teenage parent • Child adopted from care • Low parental aspirations <p>SOCIAL PRESENTATION</p> <ul style="list-style-type: none"> • Can be over-friendly or withdrawn with strangers • Personal hygiene starting to be a problem <p>SELF-CARE SKILLS</p> <ul style="list-style-type: none"> • Not always adequate self-care — poor hygiene • Slow to develop age appropriate self-care skills • Overprotected/unable to develop independence 	<p>FAMILY HISTORY AND FUNCTIONING</p> <ul style="list-style-type: none"> • Parents have relationship difficulties which may affect the child • Experienced loss of significant adult • May look after younger siblings • Parent has health difficulties • Some support from family and friends <p>HOUSING, EMPLOYMENT AND FINANCE</p> <ul style="list-style-type: none"> • Families affected by low income or unemployment • Parents have limited formal education • Adequate/poor housing • Family seeking asylum or refugees <p>FAMILY'S SOCIAL INTEGRATION</p> <ul style="list-style-type: none"> • Family may be new to area • Some social exclusion problems • Victimisation by others <p>COMMUNITY RESOURCES</p> <ul style="list-style-type: none"> • Adequate universal resources but family may have access issues
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Services available at Level 2 include

- **The Early Help Unit** can provide support to lead professionals in universal settings and support them to complete Early Help Assessments, to make plans with families and to convene meetings to review progress. The Unit can be contacted on **0115 804 1248** or by email at **early.help@nottsc.gov.uk** (password documents when not using a secure email account). The Unit can also provide information, advice and guidance about Early Help Services available to meet the identified needs.
- **The Family Service Graduated Family and Parenting Offer** – Families at level 2 of the Pathway to provision can access some elements of the Graduated Family and parenting offer for children aged over 5. This includes parenting clinics, a range of parenting workshops and peer led parenting programmes. Professional can refer using the Early Help Online Referral Form <https://www.nottinghamshire.gov.uk/care/early-years-and-childcare/childcare-providers/earlyhelp-assessment-form> or parents can self-refer by contacting the Early Help Unit directly.
- **The Children's Centre Service** – early intervention services are available for parents with children aged under 5 years across Nottinghamshire. For details visit <https://www.nottinghamshire.gov.uk/care/early-years-and-childcare/childrens-centre-service>
- **The Youth Service** – Local youth workers are based in Young People's Centre's and provide mobile youth work sessions across the county. They can offer advice and support to all young people. For details visit: www.nottshelpyourself.org.uk
- **Healthy Families Programme** – Healthy Family Teams routinely see children 0-19 for the Healthy Child Programme and offer a range of targeted support where there are identified needs. This includes children where there are safeguarding concerns and those who are Looked After. <https://www.nottinghamshirehealthcare.nhs.uk/healthy-family-teams>
- **Primary Health Care** – a range of advice, help and resources are available from GP surgeries, health centres and other local health provision. Find the local practice at <http://www.nhs.uk/Service-Search/GP/LocationSearch/4>

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- **Family Nurse Partnership** – The Family Nurse Partnership Programme (FNP) is an intensive home visiting programme for first time teenage Mum’s aged 19 and under. Details of how to refer can be found at <https://www.nottinghamshirehealthcare.nhs.uk/family-nurse-partnership>
 - **Early Years Providers** – nurseries and other providers of early years education may be able to offer advice and support to parents. Free early years education may be available for some children. Find out more at <http://www.nottinghamshire.gov.uk/care/early-years-and-childcare/find-childcare>
 - **Schools** – all schools will work closely with parents and children to ensure that they are happy, safe and ready to learn. Many schools have specific staff who can offer help and advice.

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

- **Kooth.com** is a safe, confidential and non-stigmatised way for young people to receive free counselling, advice and support on-line. The service is free of charge to children and young people aged 11-25 within the Nottinghamshire and Bassetlaw area.

There is 24/7 access to the site with fully trained and qualified counsellors available Monday to Friday from 12 noon until 10pm each night, and weekends 6pm to 10pm.

There is no referral required, young people can access the site at www.kooth.com and complete a simple registration form.

- **Voluntary sector advice agencies** – there are a range of voluntary agencies which provide advice or direct support to children or parents. For children and young people Childline can offer a range of advice services by telephone (**0800 1111**) or through online chat at <https://www.childline.org.uk/get-support/1-2-1-counsellor-chat/>

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

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

Child's Developmental Needs	SELF-CARE SKILLS				
<p>HEALTH</p> <ul style="list-style-type: none"> Some concerns around mental health Has some chronic/recurring health problems Missed routine and non-routine health appointments Concerns re: diet, hygiene, clothing Conception to child under 16 Sex with multiple partners Administration of substances in a hazardous manner (sharing equipment etc) Substance misuse impacts negatively on their risk taking behaviour (e.g. unprotected sex) Disability requiring significant support services Risk taking behaviour (e.g. unprotected sex) <p>EDUCATION & LEARNING</p> <ul style="list-style-type: none"> Short term exclusion or persistent truanting, poor school attendance At risk of permanent exclusion or previous permanent exclusion Has an Education Health and Care Plan and / or High Level Needs funding Not achieving key stage benchmarks Limited access to books, toys Persistent NEET <p>EMOTIONAL & BEHAVIOURAL DEVELOPMENT</p> <ul style="list-style-type: none"> Difficulty coping with anger, frustration and upset Physical and emotional development raising significant concerns Significant attachment difficulties e.g. child adopted from care Escalation of self harming* Early onset of sexual activity (13 –14) Hazardous substance misuse (including alcohol) Persistent bullying behaviour Inappropriate sexual behaviour including online and via social media Offending or regular anti-social behaviour Carrying a weapon Found with quantities of drugs, more than personal use Frequent missing episodes <p>IDENTITY</p> <ul style="list-style-type: none"> Subject to discrimination Significantly low self-esteem Extremist views Gang membership/affiliation <p>FAMILY & SOCIAL RELATIONSHIPS</p> <ul style="list-style-type: none"> Peers also involved in challenging behaviour Regularly needed to care for another family member Involved in conflicts with peers/siblings Adoptive family under severe stress <p>SOCIAL PRESENTATION</p> <ul style="list-style-type: none"> Clothing regularly unwashed Hygiene problems Is provocative in behaviour/appearance 	<ul style="list-style-type: none"> Poor self-care for age - hygiene Precociously able to care for self <tr> <th style="background-color: #004a99; color: white;">Parent and Carers</th> </tr> <tr> <td style="vertical-align: top;"> <p>BASIC CARE, SAFETY AND PROTECTION</p> <ul style="list-style-type: none"> Parent is struggling to provide adequate care Parental learning disability, parental substance misuse (including alcohol) or mental health impacting on parent's ability to meet the needs of the child Previously subject to child protection plan Teenage parent(s) Either or both previously looked after <p>SAFER SLEEP FOR BABIES</p> <ul style="list-style-type: none"> Carer unaware of safe sleeping guidelines, even if they have been provided Carer ignores advice about sleeping surface/cot, bedding, room temperature, sleeping position of the baby and smoking Carer does not recognise the risk of co- sleeping or the impact of carer's alcohol/drug use on safety Sleeping arrangements for children are not suitable and carer is indifferent to advice regarding this. Poorly maintained cot/ bed and/or specialist equipment <p>EMOTIONAL WARMTH AND STABILITY</p> <ul style="list-style-type: none"> Child often scapegoated Child is rarely comforted when distressed Receives inconsistent care Has no other positive relationships <p>GUIDANCE, BOUNDARIES AND STIMULATION</p> <ul style="list-style-type: none"> Few age appropriate toys in the house Parent rarely referees disputes between siblings Inconsistent parenting impairing emotional or behavioural development <tr> <th style="background-color: #004a99; color: white;">Family and Environmental Factors</th> </tr> <tr> <td style="vertical-align: top;"> <p>FAMILY HISTORY AND FUNCTIONING</p> <ul style="list-style-type: none"> Evidence of domestic violence Acrimonious divorce/separation Family members have physical and mental health difficulties Parental involvement in crime Evidence of problematic substance misuse (including alcohol) Child is subject to a Special Guardianship Order <p>HOUSING, EMPLOYMENT AND FINANCE</p> <ul style="list-style-type: none"> Overcrowding, temporary accommodation, homelessness**, unemployment Poorly maintained bed/bedding Serious debts/poverty impacting on ability to care for child <p>FAMILY'S SOCIAL INTEGRATION</p> <ul style="list-style-type: none"> Family socially excluded Escalating victimisation <p>COMMUNITY RESOURCES</p> <ul style="list-style-type: none"> Parents socially excluded with access problems to local facilities and targeted services </td> </tr> </td></tr>	Parent and Carers	<p>BASIC CARE, SAFETY AND PROTECTION</p> <ul style="list-style-type: none"> Parent is struggling to provide adequate care Parental learning disability, parental substance misuse (including alcohol) or mental health impacting on parent's ability to meet the needs of the child Previously subject to child protection plan Teenage parent(s) Either or both previously looked after <p>SAFER SLEEP FOR BABIES</p> <ul style="list-style-type: none"> Carer unaware of safe sleeping guidelines, even if they have been provided Carer ignores advice about sleeping surface/cot, bedding, room temperature, sleeping position of the baby and smoking Carer does not recognise the risk of co- sleeping or the impact of carer's alcohol/drug use on safety Sleeping arrangements for children are not suitable and carer is indifferent to advice regarding this. 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* If no other concerns or risks are identified, discuss with primary mental health worker linked to school

Additional Services Available at Level 3 include

- **The Family Service** – a consent based service for families at level three where the child causing concern or the majority of children are school age will be allocated a case worker within the Family Service who will undertake a whole family assessment and coordinate a multi-agency plan. Referrals are made through the Early Help Unit using the [Early Help Online Referral Form](#). The Unit can be contacted on **0115 804 1248** early.help@nottsc.gov.uk and password protect documents

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

Lead professionals from Children's Social Care, the Family Service and The Children's Centre Service can access a range of parenting interventions and family support from the Graduated Family and Parenting Offer by making a referral through MOSAIC. Additionally where there is an existing designated lead professional from another targeted service (such as CAMHS or Youth Justice) there may also be able to make a referral to for support through the Graduated Family and Parenting Offer through the Early Help Unit using the [Early Help Online Referral Form](#)

- **The Children's Centre Service** – families at level three where the child causing concern or the majority of children are under 5 may be allocated a Family Support Worker within the Children's Centre Service who will initiate assessments, plans and interventions. Referrals are made through the Early Help Unit or through an online form on the website. For details visit www.nottinghamshire.gov.uk/care/early-years-and-childcare/childrens-centre-service
- **CAMHS** – details of how to refer to CAMHS is detailed in section D on page 23.
- **Kooth.com** is a safe, confidential and non-stigmatised way for young people to receive free counselling, advice and support on-line. The service is free of charge to children and young people aged 11-25 within the Nottinghamshire and Bassetlaw area.

There is 24/7 access to the site with fully trained and qualified counsellors available Monday to Friday from 12 noon until 10pm each night, and weekends 6pm to 10pm. There is no referral required, young people can access the site at www.kooth.com and complete a simple registration form.

- **Youth Justice Service** – where a child's behaviour/activities cause significant concern that they may commit a crime in the future the local Youth Offending Team will provide case management and specialist interventions. Youth Justice Service can be contacted on **0115 804 2888**. Referrals can also be made through the Early Help Unit by telephone on **0115 804 1248** or by email at early.help@nottsc.gov.uk and password protect documents if you are using a non secure email account.
- Additional support with interventions is available to social workers and other practitioners working at Level 3 from the Family Service and The Children's Centre Service.

Pathway to Provision Section B

- **The Integrated Children's Disability Service (ICDS)** – brings together colleagues from education and social care to support children and young people with disabilities aged 0 to 25 years. The service consists of 6 teams:

- Education, Health and Care Assessment Team (Pre 16)
 - Education, Health and Care Assessment Team (Post 16)
 - Specialist Support Service
 - Short Breaks Assessment and Review Team
 - Children's Occupational Therapy Team - Physical Disability Support Service
- Further details about the individual teams can be found at the following link:
<https://www.nottinghamshire.gov.uk/education/services-for-schools-and-education-providers/additional-needs>

Level 4 Threshold: Child in Need of Specialist Services

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

Child's Developmental Needs	Parents and Carers
<p>HEALTH</p> <ul style="list-style-type: none"> • Has severe/chronic health problems • Persistent substance misuse • Non-organic failure to thrive • Fabricated illness • Injury and bruising in babies and children who are not independently mobile • Early teenage pregnancy • Serious mental health issues • Seriously obese • Dental decay and no access to treatment • Sexual exploitation/abuse • Sexual activity under the age of 13 • Female genital mutilation (FGM)* • Disability requiring highest level of support <p>EDUCATION & LEARNING</p> <ul style="list-style-type: none"> • No education provision • Permanently excluded from school • History of previous exclusions • Home education where there are concerns and risks identified • Significant developmental delay due to neglect/poor parenting <p>EMOTIONAL & BEHAVIOURAL DEVELOPMENT</p> <ul style="list-style-type: none"> • Regularly involved in anti-social/criminal activities • Puts self or others in danger • Endangers own life through self harm/substance misuse including alcohol/eating disorder/ suicide attempts including online/through social media • In sexually exploitive relationship • Frequently goes missing from home for long periods • Child who abuses others 	<p>BASIC CARE, SAFETY AND PROTECTION</p> <ul style="list-style-type: none"> • Parents unable to provide “good enough” parenting that is adequate and safe • Parents’ mental health problems or substance misuse significantly affect care of child • Parents unable to care for previous children • There is instability and violence in the home continually • Parents are involved in crime • Parents unable to keep child safe • Victim of crime <p>SAFER SLEEP FOR BABIES</p> <ul style="list-style-type: none"> • Carer indifferent about or resistant to safe sleeping guidance. • Sees it as interference and does not take account of the sleeping surface, cot/bed and bedding, room temperature, sleeping position of the baby and adults smoke in the household. • Sleeping arrangements for children/young people are not suitable and carer is resistant to advice regarding this. • Carer unwilling to follow advice about the impact of their drug and alcohol use on safe sleeping for the baby. <p>EMOTIONAL WARMTH AND STABILITY</p> <ul style="list-style-type: none"> • Parents inconsistent, highly critical or apathetic towards child • Child is rejected or abandoned <p>GUIDANCE, BOUNDARIES AND STIMULATION</p> <ul style="list-style-type: none"> • No effective boundaries set by parents • Regularly behaves in an anti-social way in the neighbourhood • Child beyond parental control • Subject to a parenting order which may be related to their child/young person’s criminal behaviour, antisocial behaviour or persistent absence from school
	<p>Family and Environmental Factors</p>

Pathway to Provision

- Severe attachment problems and/or severe emotional development delay
- Regularly involved in anti-social / criminal activities
- Being criminally exploited
- Activities/actions puts self or others in danger
- Fatalistic thinking / fear of repercussions

IDENTITY

- Experiences persistent discrimination
- Is socially isolated and lacks appropriate role models
- Activities/actions result in alienation from others
- Distorted self image
- Extremist views or behaviour

FAMILY & SOCIAL RELATIONSHIPS

- Looked after child
- Care leaver
- Family breakdown related in some way to child's behavioural difficulties
- Subject to physical, emotional or sexual abuse/neglect
- Is main carer for a family member
- Adoption breakdown
- Forced marriage of a minor

SOCIAL PRESENTATION

- Poor and inappropriate self-presentation
- Neglects to use self-care skills due to alternative priorities, e.g. substance misuse
- Unaccompanied asylum seeker

FAMILY HISTORY AND FUNCTIONING

- Significant parent discord and persistent domestic violence
- Child looked after by a non-relative within scope of private fostering arrangement
- Destructive relationships with extended family
- Parents are deceased and there are no family/friends options
- In contact with an individual identified as high risk to children
- Parents are in prison and there are no family/friends options

HOUSING, EMPLOYMENT AND FINANCE

- Physical accommodation places child in danger
- No fixed abode or homeless**
- Chronic unemployment due to significant lack of basic skills or long standing issues such as substance misuse/ offending, etc.
- Extreme poverty/debt impacting on ability to care for child

FAMILY'S SOCIAL INTEGRATION

- Family chronically socially excluded

COMMUNITY RESOURCES

- Restricting and refusing intervention from services

* FGM must also be reported directly to the police.

** Homelessness if no other concerns or risks are identified is an issue for district and borough councils. Contact details at section D10 on page 30.

Pathway to Provision Section B

Thresholds for Children's Social Care Involvement

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

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

4b) Children in Need of Protection

4c) Children in Need of Care.

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

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

Please read in conjunction with Nottinghamshire Safeguarding Children Partnership's Safeguarding Children Procedures at: <https://nscp.nottinghamshire.gov.uk/policy-and-guidance/>

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

Level of Need:

Children and young people who have:

- Highly complex needs (including children with disability or adopted children)
- A need for multi-agency high level support and are experiencing compromised parenting
- A significant risk of family breakdown or of being harmed
- A likelihood of significant harm but where initial assessment suggests the risk can be managed outside of a Child Protection Plan
- A risk of causing serious harm to others

Threshold Criteria:

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

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

Section B

- 16/17 year olds who are homeless
- Child has complex needs related to adoption and requires a multi-agency response **4b) Child in Need of**

Protection

Level of Need:

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

Threshold Criteria include:

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

It is also essential to refer to the guidance regarding these issues set out in the NSCP Safeguarding Children Procedures: <https://nscp.nottinghamshire.gov.uk/policy-and-guidance/>

What is neglect?

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

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

4c) Child in Need of Care

Level of Need:

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

Threshold Criteria:

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

Additional Services Available at Level 4 include

- The CAMHS Children Looked After and Adoption Service, Fostering Support, Support After Adoption, the Youth Justice Service

C1: The Early Help Pathway Completing an Early Help Assessment Form (EHAF)

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

<http://www.nottinghamshire.gov.uk/care/childrens-social-care/nottinghamshire-children-and-familiesalliance/pathway-to-provision/early-help-assessment-form>

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

1. Make a referral to the Early Help Unit link using the [Early Help Online Referral Form](#) if they are unsure about the service required; or
2. Make a referral directly to the appropriate service, contacts details for Healthy Families Team are listed at section D3 on page 23, The Children's Centre Service at section D4 on page 25, CAMHS at section D5 on page 26, Prevent at section D6 on page 28, and Youth Justice at section D8 on page 28.

The Early Help Unit

The Early Help Unit provides a direct contact point for professionals and families requiring early help services in Nottinghamshire. The Unit acts as a signposting and referral point for Early Help Services. Referrals for these services can be made using the online referral form [Early Help Online Referral Form](#). All referrals will need to evidence that consent has been provided by the child, young person, parent/carer, except where the referral relates to attendance matters or assistance in applications for parenting contracts, parenting orders, acceptable behaviour contracts and anti-social behaviour orders. If you wish to seek advice on how best to approach the issue of consent, please contact the Early Help Unit. The Unit will also:

- Provide information and advice on the range of early help services in Nottinghamshire;
- Provide advice and support on the completion of EHAFs; and
- Log EHAFs.

Opening Hours	Contact	Address
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Monday to Friday 9am-4.30pm	<p>Tel: 0115 804 1248 Email addresses:</p> <p>https://www.nottinghamshire.gov.uk/care/early-years-andchildcare/childcare-providers/early-help-assessment-form</p> <p>early.help@nottsc.gov.uk and password protect confidential information</p>	<p>The Piazza Little Oak Drive Sherwood Business Park Annesley Nottingham NG15 0EB</p>
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C2: The Safeguarding (Children’s Social Care) Pathway

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

If a practitioner working with a child, young person or family has immediate concerns about child protection, they should contact the MASH urgently, without delay. If it is outside normal office hours, the **Emergency Duty Team (EDT)** should be contacted on **0300 456 4546**. A practitioner can raise a concern to the MASH either by telephone or by completing an online form. Urgent safeguarding referrals, where a Social Worker needs to visit the child on the same day, should be reported to the MASH by telephone and confirmed by the practitioner via the online form within 24 hours. Non-urgent referrals should be made via the online form. **If you believe that a child is in immediate danger, call the Police immediately on 999.**

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

Contact Details for the Multi-Agency Safeguarding Hub

Opening Hours	Contact	Address
<p>Monday to Thursday 8.30-5pm Friday 8.30-4.30pm</p>	<p>Tel: 0300 500 80 90 www.nottinghamshire.gov.uk/MASH email: mash.safeguarding@nottsc.gov.uk</p>	<p>The Piazza Little Oak Drive Sherwood Business Park Annesley Nottingham NG15 0DR</p>

What happens next?

The MASH will assess the risks and prioritise the safeguarding concerns based on the information that is shared at that time. Urgent safeguarding referrals, where a Social Worker needs to visit the child on the same day, should be reported to the MASH by telephone and confirmed by the practitioner via the online form within 24 hours. Non-urgent referrals should be made via the online form. It will collate relevant information about the child, young person and their family from a range of agencies including the NHS, Police, Probation, Schools and Early Help.

Possible outcomes are:

1. The concern is assessed to have met the threshold for Children’s Social Care involvement and will be passed onto the appropriate team for a social care assessment.

2. The concern is assessed and does not meet the threshold for Children's Social Care. The practitioner is signposted to appropriate support from other services, or no further action is taken.

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

If the person making a referral remains dissatisfied with the Children's Social Care decision not to accept the referral, then the Nottinghamshire Safeguarding Children's Partnership's escalation process should be followed. Details of the escalation process can be found in the *Nottinghamshire Safeguarding Children Procedures*. These are available at: http://nottinghamshirescb.proceduresonline.com/p_conflict_res.html

Section C

C3: Children & Young People with Disabilities Pathway

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

http://nottinghamshire.familyservicedirectory.org.uk/kb5/nottinghamshire/directory/advice.page?id=ByiSH1_KndU&loboolean=1

As part of **second stage (Level 2)** of the graduated response, schools and early year's settings can, through their Family Springboard, seek advice and guidance from the Schools and Families Specialist Service and the Educational Psychology Service. Additional Family Needs funding can also be requested through Families of Schools to support the inclusion of pupils with more complex SEND.

The **third stage (Level 3)** of the graduated response is for those children, young people and young adults aged 0-25 years with the most complex SEND. Children and young people with very significant needs can request Higher Level Needs funding through the Higher Level Needs Panel. Access to Higher Level Funding does not require an EHC Plan.

For some families a request for an Education, Health and Care Plan (EHCP) can be made.

Threshold criteria for an EHC needs assessment

In considering whether an EHC needs assessment is necessary and appropriate in Nottinghamshire, the Local Authority will consider whether there is sufficient evidence that, despite the Early Years provider, School or Post 16 Institution having taken relevant, appropriate and purposeful steps to determine, assess and accommodate the child's or young person's identified special educational needs, that expected educational progress has not been made.

The questions which the Local Authority must consider in law when determining the above are as follows:

- Have the views and wishes of the child or young person been gathered?
- Have the views and wishes of the child or young person's parent/carer been gathered?
- Does the child/young person have a special educational need which calls for special educational provision to be made?
- Is the special educational provision being made additional to or different from that made generally for others of the same age; directly related to their SEN?
- Is the child young person making the expected progress?
- Has progress only been as the result of much additional intervention/support over and above that which is usually provided?

Completing an EHC Needs Assessment Request

In Nottinghamshire we want to enable clear and transparent processes to inform our decision making about whether or not to conduct an EHC needs assessment.

All educational settings should adopt a graduated approach (as described above) to identifying and supporting pupils and students with SEN, with four stages of action: assess, plan, do and review, as described within the SEND Code of Practice 2015. Evidence of the graduated approach will be required when making a request for an EHC needs assessment.

Requests should be made in partnership between the parent and current educational placement using the EHC Needs Assessment Request Guidance and Check List

<http://nottinghamshire.familyservicedirectory.org.uk/kb5/nottinghamshire/directory/site.page?id=nGIZfkPzTGA>

Section C

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

ICDS Specialist Support Team (e.g. Personal Care and Sleep interventions) are available without the need of an EHCP or a Children's Social Care assessment. These services can be accessed through the Integrated Children's Disability Service email earlysupportservices-duty@nottsc.gov.uk Tel **0115 8041262**.

Assessment for a Short Break is online through the Local Offer at

<http://nottinghamshire.familyservicedirectory.org.uk/kb5/nottinghamshire/directory/landing.page?newdirectorychannel=9-7&loboolean=1>

Contact details for the Integrated Children's Disability Service

Opening Hours	Contact	Address
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Pathway to Provision

<p>Monday to Friday 9.00am-4.30pm</p>	<p>For an Education, Health and Care assessments please contact 0115 804 1275 from: 9.00am to 4.30pm Monday – Friday or email:</p> <p>Bassetlaw and Newark & Sherwood areas: icdsehcBandNSlocality@nottsc.gov.uk</p> <p>Mansfield and Ashfield areas: icdsehcMandAlocality@nottsc.gov.uk</p> <p>Broxtowe, Gedling and Rushcliffe areas: icdsehcBGRlocality@nottsc.gov.uk</p> <p>Post 16 Assessment Team: icdsehcpost16@nottsc.gov.uk</p> <p>For the Specialist Support Team contact 0115 804 1262 or email: earlysupportservices-duty@nottsc.gov.uk</p> <p>For Short Break assessment please use the following link: https://www.nottshelpyourself.org.uk/kb5/nottinghamshire/directory/localoffer.page?newdirectorychannel=9 Short Breaks</p> <p>For the Occupational Therapy Team – please contact 0115 804 1273 or email: childrenot.duty@nottsc.gov.uk</p>	<p>Nottinghamshire County Council Integrated Children’s Disability Service Meadow House Littleworth Mansfield NG18 2TB</p>
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If you have safeguarding concerns about a child or young person with a disability or considers that a child meets the threshold criteria for specialist support from Children’s Social Care, then please contact the Multi-Agency Safeguarding Hub (MASH).

D1: Step down Practice Guidance for a child or young person with a Child in Need or Child Protection Plan

Step down refers to the process of stepping case responsibility for supporting a child or young person from one service to another. The step down process typically refers to the transition of a plan from level 4 to level 3 when there is no longer a requirement for statutory Children's Social Care involvement.

Other than in exceptional cases there will be a need to transfer the role of lead professional to ensure that a named person assumes responsibility for co-ordinating the plan once Children's Social Care have ended their involvement. If step down is a likely outcome following Children's Social Care assessment / involvement then the allocated social worker should be working towards early identification of the level 3 lead professional throughout the review and planning process.

Before a child's plan reaches the step down point it is essential that the level 3 lead professional understands what needs to happen once children's social care withdraws. It is the responsibility of the allocated social worker to ensure that they have clearly defined the areas where support is required, and defined the required tasks and timescales and linked these to measurable outcomes.

At the point of step down it is also the responsibility of the allocated social worker to ensure that a contingency plan is identified and that the level 3 lead professional is fully aware of what would have to happen to warrant a re-referral to Children's Social Care.

There are a number of principles that should be applied when stepping a case down:

- The transition for the child / young person and family should be as smooth as possible, with no gap in service.
- The child / young person and family should consent to the step down to another service.
- Families should be encouraged to take an active role in identifying a lead professional.
- Prior to the case being closed to Children's Social Care the lead professional should have been identified and there should be a specific and agreed plan which identifies the support required to effect positive change.
- The services involved in the step down process should ensure that the child / young person or family is kept fully informed throughout.

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

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

The process for stepping down a case from Children's Social Care to an early help service is as follows:

1. A decision is made at a multi-agency meeting / during the assessment process or in case supervision that Children's Social Care involvement is no longer required in a child or young person's case but there remain specific support needs that can be met through early help services.
2. This decision is communicated clearly to the child / young person and family who give their consent to step-down.
3. If there is already a professional involved in the multi-agency arrangements that is able to take on the role of coordinating the support required from early help services this should be confirmed in the appropriate forum and the multi-agency plan agreed.
4. If the ongoing support needs to be provided by a service that is not already involved with the family the social worker should provide the Early Help Unit with the most recent plan / assessment which clearly outlines what the support needs are and the expectations of the appropriate early help service.
5. If step down will be to the Family Service, the social worker must telephone the Team Manager at Family Service Case Management Team to agree.

Family Service North Case Management tel: **0115 804 1465**

Family Service South Case Management tel: **0115 854 6438**

Family Service West Case Management tel: **0115 804 0346**

6. Once the lead professional has been identified they will develop a SMART Action Plan based on the information provided by the social worker.
7. If a child or young person is receiving a Short Break there is an agreed process for the case to be stepped down to the ICDS Short Break Assessment and Review Team.
8. If step down will be to the Children's Centre Service, the social worker must request support through a Mosaic step or by completing the online referral form available at www.nottinghamshire.gov.uk/childrenscentreservice

D2: Nottinghamshire's Multi-Agency Concerning Behaviours Pathway

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

Concerning Behaviours Pathway – www.nottinghamshire.gov.uk/concerningbehaviourspathway

D3: Healthy Family Teams

There are 21 locally based Healthy Family Teams across Nottinghamshire providing universal and targeted health interventions for children, young people and their families from pre-birth to 19 years. The Healthy Family Teams are led by Specialist Public Health Practitioners (SPHPs) – previously known as School Nurses and Health Visitors. Support can be accessed in various ways including telephone contact (Advice Line) or one-to-one and group sessions. A text messaging service called Chat Health is also available to secondary aged pupils to confidentially get in touch with a health professional from the team and Parentline is a text messaging service offering support and advice to parents.

Eligibility

All children, young people (0-19) and their families who are resident or attending school in Nottinghamshire are offered the Healthy Families Programme regardless of their education status e.g. home educated, alternative education, attending a special school and those in post 16 further education settings.

Service Offer

Universal Healthy Child Programme development reviews are offered to all children and their carers' as part of the overall support for 0-5's : antenatal, 10-14 days, 6-8 weeks, 1 year, 2-2.5 years, Universal health and wellbeing information is offered at key transition points as part of the overall support for 5-19's: 4-5 years (school entry), 11-12 years (Year 7), 13-14 years (Year 9). Targeted support ranging from brief interventions to time limited evidence based programmes will be agreed with service users using a needs led approach. Evidence based interventions include:

- techniques to promote/support parent and infant mental health and secure attachment
- prescribing medication as an independent/supplementary prescriber
- continence support in relation to day and night time wetting, constipation and toilet training problems
- use of motivational interviewing/Solihull approaches to promote positive lifestyle choices
- techniques to support language and communication development
- techniques to support social and emotional development
- evidence based time limited interventions in relation to sleep, behaviour and parenting
- time limited interventions in relation to emotional health and wellbeing. This may include self-harm, self-esteem, low mood, anxiety, eating/diet issues and risk taking behaviours
- breastfeeding support and positive relationships

Group work to children and young people 'at risk'

For school age children, young people and families, the Healthy Family Teams are able to support group work jointly with education to those children and young people demonstrating risk taking behaviours to improve resilience and health outcomes.

Contact your Healthy Family Team:

Tel: **0300 123 3387** (option 4 for appointments and advice).

9am - 4.30pm, Monday to Friday

Please note that Child Health Clinics are now delivered by appointment only. Parents can weigh their baby at a local venue where instructions will be provided. The advice line can be used to find the nearest venue to selfweigh. All sites are accessible by wheelchair and accessible toilet facilities are available.

Teams cover Mansfield, Ashfield, Newark and Sherwood, Bassetlaw, Rushcliffe, Broxtowe and Gedling

Further Information on the Healthy Family Teams can be found on the Nottinghamshire Healthcare NHS Trust website <https://www.nottinghamshirehealthcare.nhs.uk/healthy-family-teams>.

D4: The Children's Centre Service

The Children's Centre Service provides early help and targeted services at level two and three for parents to be and families with children under five years old. The Children's Centre Service will also work with level four families where the request for support fits within the Children's Centre Service core offer. Nottinghamshire's Children's Centre Service is focused on meeting the following outcomes:

- Ensuring children achieve a good level of development and are ready for school
- Helping parents to be 'work ready' with increased aspirations for themselves and their children
- Supporting children and parents so they have improved health, emotional health, and wellbeing
- Ensuring that the needs of children and their families are identified early, and the risk of harm is prevented

Most services are delivered by Children's Centre Service staff either in the home or at an accessible site, either 1-to-1, or in a group. Some will be delivered in partnership with other agencies or by agencies using the Children's Centre sites, such as Domestic Abuse Services, midwifery, Healthy Family Teams, or childcare providers.

The service is also complemented through the deployment of volunteers for the delivery of some universal services, such as Stay and Play groups for all under 5s and Under Ones groups.

Full details of how to refer to The Children's Centre Service can be found at www.nottinghamshire.gov.uk/childrenscentreservice in the information for professionals section. You can also email the relevant district regarding any queries or requests

Ashfield: CC.Ashfield@nottsc.gov.uk

Bassetlaw: CC.Bassetlaw@nottsc.gov.uk

Broxtowe: CC.Broxtowe@nottsc.gov.uk

Gedling: CC.Gedling@nottsc.gov.uk

Mansfield: CC.Mansfield@nottsc.gov.uk

Newark and Sherwood: CC.NewarkandSherwood@nottsc.gov.uk

Rushcliffe: CC.Rushcliffe@nottsc.gov.uk

D5: Child and Adolescent Mental Health Services

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

Nottinghamshire Healthcare CAMHS also provide specialist services where the mental health need is moderate to severe for those children and young people up to the age of 18 years old registered with a Nottingham City GP. There is a targeted CAMHS service provided by CityCare for those young people in the city with a mild to moderate mental health need.

There are 3 multi-disciplinary Community Teams supporting Nottinghamshire, there are also CAMHS Specialist Teams; Eating Disorders Team, What About Me (WAM), Head 2 Head covering the South, West and North of the County. CAMHS Crisis and Home Treatment Team, Intellectual Disability Team (IDD), Children Looked After and Adoption Team (County), Looked After Children Team (City), Paediatric Liaison Team, Primary Mental Health Team, Mental Health Support in Schools Teams, Neuropsychiatry Team and Substance Misuse Service (SMS) and Face It.

Referrals can be made by email to not-tr.CAMHSreferrals@nhs.net or by post to:

SPA Administrator, Child & Adolescent Mental Health Services, Pebble Bridge, Hopewood, Foster Drive, Nottingham, NG5 3FL.

Young people and parents/carers are able to self-refer via the Nottinghamshire Healthcare NHS Foundation Trust website: <https://www.nottinghamshirehealthcare.nhs.uk/camhs>

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

If you experience these concerns out of office hours please contact the CAMHS Crisis team via

0115 8440560 (CAMHS Crisis Team) or **0808 1963779** (all ages 24/7 crisis line) in an emergency, call **999** if there is an imminent risk to life or medical emergency.

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

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

CAMHS presentation factors

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

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| <ul style="list-style-type: none"> • Decreased enjoyment of previously enjoyed activities and/or interests • Withdrawal from activities • Lack of engagement • Change in self-care skills (change in how they dress/present themselves) • Offending behaviour/persistent anti-social behaviour • Over-familiar/over-friendly | <ul style="list-style-type: none"> • Withdrawing from family members • Needing to have more contact with family members than before • Increased arguments/conflict • Concerns regarding parenting ability/lack of parent support/comfort • Excessive reassurance seeking from child/young person • Change in family activities • Change in family set up/dynamics • Loss or bereavement • Consider mental health of family members |
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D6: Concerns about extremist views or behaviour

Where there is a concern that intervention at school level is insufficient, concern that a young person might become actively involved in violent extremism (including promoting or supporting it as well as through direct violent actions) or that a child or adult is actively involved in extremism these referrals should be made directly to the Police Prevent Team. They can be contacted directly on **101 Ext 801 5060** or via **prevent@nottinghamshire.pnn.police.uk**

The Prevent Team will consider whether a referral to the local Youth Offending Team for Crime Prevention Intervention is sufficient, or whether more specialist support is required.

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

Additional guidance can be found in the NSCP procedures at http://nottinghamshirescb.proceduresonline.com/p_sg_rad_vio_ext.html

D7: Concerns about children displaying harmful sexual behaviour

Concerns about children who display behaviour which may cause sexual harm to others (and in some cases to themselves as well) are some of the most challenging for professionals. To help determine whether a behaviour might be normal in terms of a child's development, refer to the Harmful Sexual Behaviour chapter and associated guidance in the NSCP safeguarding procedures which can be found at

http://www.proceduresonline.com/nottinghamshire/scb/p_sexually_harm_behav.html

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

D8: Crime Prevention Referral Criteria

There are 3 locality Youth Offending Teams across Nottinghamshire (Mansfield and Ashfield, Newark, Sherwood and Bassetlaw and South) that work with both statutory youth justice cases and children and young people on a voluntary basis who are at risk of offending or on the cusp of, or committing anti-social behaviour.

The service will accept referrals for children and young people between the ages of 10 – 17 (up to the 18th birthday).

Thresholds for referrals are:

- Evidence of repeated anti-social behaviour which the referrer believes that if continued or worsening could lead to the young person being arrested or issued with a Civil Injunction/Criminal Behaviour Order;
- Evidence of physical violence, use of weapons or targeting victims. This could cover behaviour within the school setting, which involves assaults on other pupils that are being repeated and not isolated incidents.

- Where there is aggressive behaviour within the home that is not repeated outside the home environment, thresholds may not be met for crime prevention intervention. However, consideration should be made regarding a referral to the family service for parenting intervention.
- Non-physical bullying where this could lead to arrest for criminal behaviour. This would cover instances such as racial verbal abuse, online bullying (such as posting images without the victim's consent etc).
- Young person is perpetrating violence towards their boyfriend/girlfriend.
- Cruelty to animals.
- Evidence of preoccupation with fire-setting.
- Evidence of extremist / discriminatory behaviour or acts. This could be evidenced through association with extremist groups, or an unusual pre-occupation with the messages of these groups. Targeting of individuals due to race, gender, religion, sexuality or disability or displaying entrenched negative attitudes, language or behaviour towards these groups which is being repeated and causing concern.
- Concerns about other worrying behaviour. Where the referrer has several examples of concerning behaviour, such as stealing, dealing/using drugs, concerns regarding a young person's sexual behaviour etc.

Whilst there does not have to be police evidence/intelligence to support a referral there needs to be evidence that the behaviour is current, was not a one off and is placing the young person at risk of entering the Criminal Justice system. If it is a one off act that has triggered the referral, the referrer needs to be clear why they believe a crime prevention intervention is needed.

It needs to be clear that a discussion has been had with the young person and parent / carer (where appropriate) to advise them that a referral will be made and they have given their consent. The referrer will need to be clear what behaviour they want the Youth Offending Team to address which needs to be related to preventing offending or anti-social behaviour.

If you wish to request a referral form or discuss a referral please contact the Youth Justice Duty Officer on:

Telephone: **0115 804 2888**

Referrals can be sent by email to **youthjustice.dutyworker@nottsc.gov.uk** and must be password protected.

Once a referral has been received, you will be updated regarding the referral decision within five working days.

D9: Neighbouring Authorities Access Points

These are the links to contact details for safeguarding and Early Help for the local authorities neighbouring Nottinghamshire.

Nottingham City Council Safeguarding **0115 876 4800**

<https://www.nottinghamcity.gov.uk/information-for-residents/children-and-families/nottingham-city-safeguarding-children-board/worried-about-a-child> Early Help
www.nottinghamchildrenspartnership.co.uk/5624

Derbyshire County Council

Safeguarding **01629 533190**

www.ddscp.org.uk/ Early

Help

www.derbyshire.gov.uk/social-health/children-and-families/support-for-families/support-for-families-and-early-help.aspx Lincolnshire County

Council Safeguarding **01522 782111**

<https://www.lincolnshire.gov.uk/safeguarding/report-concern>

Early Help

<https://www.lincolnshire.gov.uk/keeping-children-safe/team-around-child> Leicestershire County Council

Safeguarding **0116 305 0005**

www.leicestershire.gov.uk/education-and-children/child-protection-and-safeguarding Early Help

<https://www.leicestershire.gov.uk/education-and-children/social-care-and-supporting-families/children-and-family-wellbeing-service-cfws>

Doncaster Metropolitan Borough Council

Safeguarding **01302 737 777**

www.doncasterchildrenstrust.co.uk/worried-about-a-child Early

Help

<https://www.doncasterchildrenstrust.co.uk/how-we-work-you/early-help>

Rotherham Metropolitan Borough Council

Safeguarding **01709 336080**

<https://www.rotherham.gov.uk/child-protection/worried-child> Early Help

<https://www.rotherham.gov.uk/directory-record/126325/early-help>

North Lincolnshire Council Safeguarding

01724 296500

<https://www.northlincs.gov.uk/people-health-and-care/keeping-children-safe-in-north-lincolnshire/> Early Help

<https://www.northlincs.gov.uk/people-health-and-care/keeping-children-safe-in-north-lincolnshire/>

D10: Nottinghamshire District and Borough Council

Homeless and Housing Advice contacts

Ashfield District Council

01623 457252 housingoptions@ashfield.gov.uk

Bassetlaw District Council

01909 533533

Housing.needs@bassetlaw.gov.uk

Broxtowe District Council

0115 917 7777

hlc@broxtowe.gov.uk

Gedling Borough Council

0115 901 3681

housingneeds@gedling.gov.uk

Mansfield District Council

01623 463121

homelessenquiries@mansfield.gov.uk

Newark and Sherwood District Council

01636 650000 customerservices@nsdc.info

Rushcliffe Borough Council

0115 981 9911

customerservices@rushcliffe.gov.uk

strategichousing@rushcliffe.gov.uk

For further information contact:
Nottinghamshire Safeguarding Children Partnership
County Hall
West Bridgford
Nottingham
NG2 7QP

Telephone: 0115 9773935
Email: info.nscp@nottsc.gov.uk
www.nottinghamshire.gov.uk/pathwaytoprovision

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The web links and email addresses in this document were all checked at the time of publishing.