

# Pathway to Provision



## Multi-Agency Thresholds Guidance Version 2 (revised January 2012)



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### Key Amendments to Version 2

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## Introduction

The Pathway to Provision initiative is a key element of the recently developed Early Intervention and Prevention Strategy for Nottinghamshire. The Strategy sets out a clear future direction for the development of early intervention and prevention services in Nottinghamshire, and is supported by a range of focused action plans that will drive the development of key initiatives such as the Language for Life Strategy, Joint Access Teams, and the Common Assessment Framework.

In Nottinghamshire our ambition for early intervention and prevention services is to **ensure that children, young people and their families receive the most appropriate support to meet their needs at the earliest opportunity, in order to ensure better outcomes and the cost effective delivery of services.**

Our ambition is underpinned by the following principles:

We will:

- Intervene at the earliest opportunity in order to secure the best outcomes for children, young people and families
- Target resources at the early years, in order to maximise the future life chances of children and young people
- Ensure that children and young people are effectively safeguarded by all agencies and staff that work with them
- Work together to reduce duplication in areas such as the assessments of need
- Ensure children, young people and families will be supported to participate in key early intervention and prevention processes
- Ensure that the views and experiences of children, young people and families inform and influence the design and delivery of services
- Use evidence-based practice to inform planning for future service provision
- Adopt a whole family approach, whilst keeping the child or young person firmly at the centre of any intervention.

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.

Version two of the Pathway to Provision Handbook includes a number of key changes in response to feedback from individual practitioners and services across Nottinghamshire. These changes are detailed at the beginning of the handbook. The Pathway to Provision Handbook will continue to be updated annually.

The Pathway to Provision Handbook, together with the Common Assessment Framework (CAF) Handbook and the Joint Access Team (JAT) Handbook, provides a comprehensive tool kit for practitioners working with children, young people and families. These separate handbooks aim to provide concise and clear guidance to the children's workforce ensuring that there is a consistency of practice across children's services agencies in Nottinghamshire.

The Pathway to Provision is a two part resource, comprising this publication and an on-line resource detailing the provision offered by individual services, including referral criteria and routes of access. The on-line directory is available through the Family Information Service web site at [www.nottinghamshire.gov.uk/fis](http://www.nottinghamshire.gov.uk/fis)

The Pathway to Provision Handbook is divided into six sections:

**Section A:** This section outlines the model referred to as the Nottinghamshire Continuum of Children and Young People's Needs, which provides a framework to develop a common understanding amongst practitioners of children and young people's needs and their vulnerabilities.

**Section B:** This section provides threshold 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 Common Assessment Framework (CAF) process and/or make a referral to a Joint Access Team (JAT).

**Section C:** This section outlines the step up process to be followed by all practitioners following a first contact with Children's Social Care in Nottinghamshire and provides guidance on the step down process for when a case is closed by Children's Social Care. Finally, it details the thresholds criteria for Children's Social Care, the assessment processes used and the key services available for children and young people in need of Children's Social Care intervention.

**Section D:** This section outlines the Pathways to Provision and the services available at the four levels of the Nottinghamshire Continuum of Children and Young People's Needs. Services included in the Pathway to Provision on-line resource have mapped their provision against the four levels of need identified in this multi-agency threshold guidance.

**Section E:** This section currently outlines the referral process to the Behaviour and Attendance Service in Nottinghamshire. It also provides guidance on the step down process to support children in their transition from the Nottinghamshire Learning Centre to their destination school. In future editions of the Pathway to Provision it is intended to add the referral and Step down processes for other services

**Section F:** This section contains a number of appendices including an overview of the Common Assessment Framework, Joint Access Teams and a glossary of panels to support Section C.

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

This section outlines the model referred to as the Nottinghamshire Continuum of Children and Young People's Needs which provides a framework to develop a common understanding amongst practitioners of children and young people's needs and their vulnerabilities.

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

**Early Intervention (Level 2)** – Children and young people who are starting to divert from expected outcomes and will require additional support for a time limited period

**Targeted (Level 3)** – Children and young people who are not achieving the expected outcomes, and require more intensive but time limited support

**Specialist (Level 4)** – Children and young people who require intensive help and support from a limited range of specialist services including Children's Social Care

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 Joint Access Teams which, as virtual multi-agency teams based around local communities, are the key mechanism for early intervention in Nottinghamshire (for further information see Appendix B).

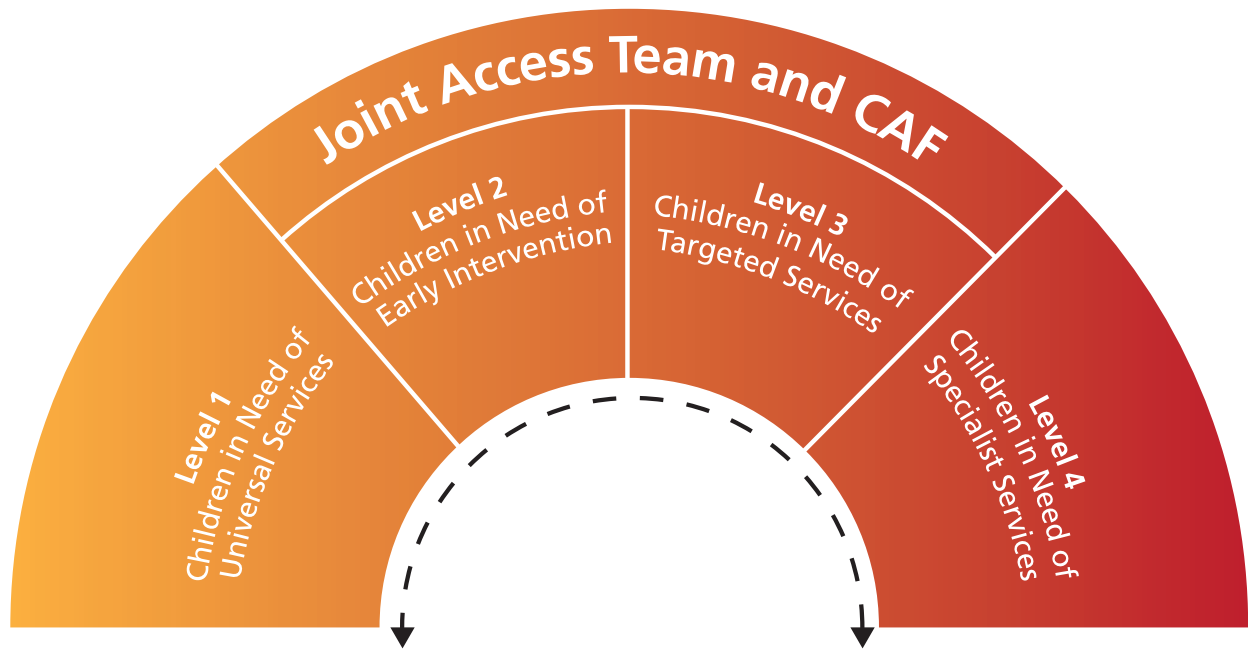
The Nottinghamshire Continuum of Need model is consistent with the Nottinghamshire Safeguarding Children Board (NSCB) Procedures and the national guidance "Working Together" (2010). The model is underpinned by the following principles:

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

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

In general, children and young people with disabilities will have their needs met through early intervention and targeted services. However, some children with a high level of need related to severe disabilities may require specialist services at level 4.

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.

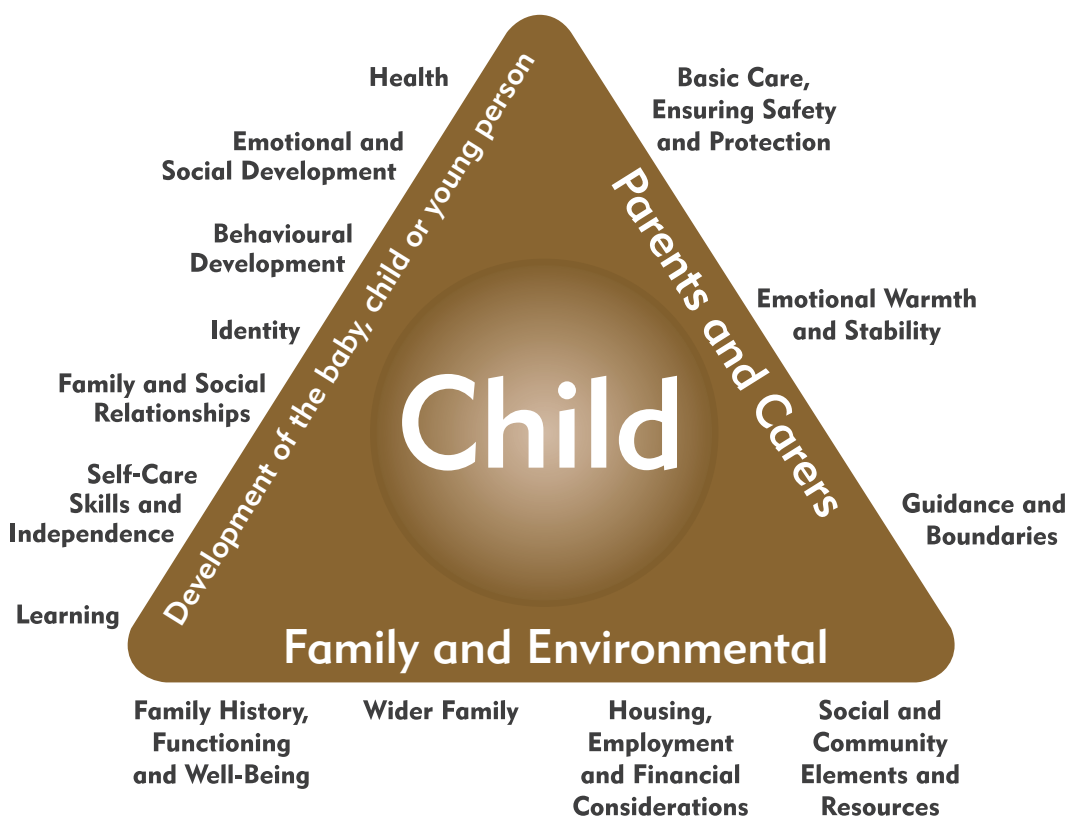
## The Assessment Framework<sup>1</sup>

Assessing the needs of a child or young person 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.

Each domain has a number of dimensions (see figure 2) which are consistent with the CAF process and are used as the headings on the CAF form.

Figure 2: The Assessment Triangle - Working Together to Safeguard Children (2010)



<sup>1</sup> Framework for the Assessment of Children in Need and their Families (Department of Health et al, 2000)

## 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 Common Assessment Framework process and/or make a referral to a Joint Access Team.

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). 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 Common Assessment Framework process or make a referral to a Joint Access Team. There is no substitute for sound **professional judgement**, effective inter and intra-agency communication and good evidence based practice based on up to date research.

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

<http://www.nottinghamshire.gov.uk/home/learningandwork/caringforchildren/socialcareandhealth/nscb/childprotectionpoliciesproceduresandpracticeguidance.htm>.

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. Information about service provision at the different levels of need on the continuum and any restrictions will be found in the on-line directory accessed through the Family Information Service’s web site: [www.nottinghamshire.gov.uk/fis](http://www.nottinghamshire.gov.uk/fis)

It is acknowledged that children and young people may move from one level of need to another in either direction and that agencies (including universal services) may offer support at more than one level.

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

### Threshold Indicators

The following pages provide definitions and indicators grouped around the three domains of the assessment triangle to assist practitioners in identifying levels of need. It is important to recognise that children and young people will move between the different levels as their needs change, for example from Level 4 to Level 3, from Level 3 to Level 2, or from Level 2 to Level 1.

## Level 1 Threshold: Universal

Children and young people at this level are achieving expected outcomes within universal provision without additional support. Children, young people, parents and carers can access these services directly by self referral or open access.

Child's Developmental Needs	Parents and Carers
<p><b>HEALTH</b></p> <ul style="list-style-type: none"> <li>• Good physical health</li> <li>• Adequate diet/hygiene/clothing</li> <li>• Developmental checks/immunisations up to date</li> <li>• Accesses health services</li> <li>• Developmental milestones met including Speech &amp; Language</li> <li>• Appropriate height &amp; weight</li> <li>• Healthy lifestyle</li> <li>• Sexual activity appropriate for age</li> <li>• Good state of mental health</li> <li>• No substance misuse (including alcohol)</li> </ul> <p><b>EDUCATION &amp; LEARNING</b></p> <ul style="list-style-type: none"> <li>• Good attendance at school/college/training</li> <li>• No barriers to learning</li> <li>• Achieving key stages</li> </ul> <p><b>EMOTIONAL &amp; BEHAVIOURAL DEVELOPMENT</b></p> <ul style="list-style-type: none"> <li>• Growing level of competencies in practical and emotional skills</li> <li>• Good quality early attachments</li> </ul> <p><b>IDENTITY</b></p> <ul style="list-style-type: none"> <li>• Positive sense of self &amp; abilities</li> <li>• Demonstrates feelings of belonging &amp; acceptance</li> <li>• An ability to express needs</li> </ul> <p><b>FAMILY &amp; SOCIAL RELATIONSHIPS</b></p> <ul style="list-style-type: none"> <li>• Stable &amp; affectionate relationships with care givers</li> <li>• Good relationships with siblings</li> <li>• Positive relationships with peers</li> </ul> <p><b>SOCIAL PRESENTATION</b></p> <ul style="list-style-type: none"> <li>• Appropriate dress for different settings</li> <li>• Good level of personal hygiene</li> </ul> <p><b>SELF-CARE SKILLS</b></p> <ul style="list-style-type: none"> <li>• Age appropriate independent living skills</li> </ul>	<p><b>BASIC CARE, SAFETY AND PROTECTION</b></p> <ul style="list-style-type: none"> <li>• Carers able to provide for child's needs and protect from danger and harm</li> </ul> <p><b>EMOTIONAL WARMTH AND STABILITY</b></p> <ul style="list-style-type: none"> <li>• Carers able to provide warmth, praise and encouragement</li> </ul> <p><b>GUIDANCE, BOUNDARIES AND STIMULATION</b></p> <ul style="list-style-type: none"> <li>• Carers provide appropriate guidance and boundaries to help child develop appropriate values</li> <li>• Supports development through interaction and play</li> </ul>
	<p><b>Family and Environmental Factors</b></p>
	<p><b>FAMILY HISTORY AND FUNCTIONING</b></p> <ul style="list-style-type: none"> <li>• Supportive family relationships, including when parents are separated</li> </ul> <p><b>HOUSING, EMPLOYMENT AND FINANCE</b></p> <ul style="list-style-type: none"> <li>• Housing has basic amenities and appropriate facilities</li> <li>• Appropriate levels of cleanliness/ hygiene are maintained</li> <li>• Not living in poverty</li> </ul> <p><b>FAMILY'S SOCIAL INTEGRATION</b></p> <ul style="list-style-type: none"> <li>• Good enough social and friendship networks exist</li> </ul> <p><b>COMMUNITY RESOURCES</b></p> <ul style="list-style-type: none"> <li>• Good enough universal services in neighbourhood</li> </ul>
<p><b>Assessment Process:</b>                  Children, young people and families are accessing universal services. Universal assessments will apply, such as those undertaken by schools.</p> <p><b>Key universal services that may provide support to children, young people and their families at this level are:</b>                  Schools, Colleges and Training Providers, Children's Centres, Early Years Settings, Midwifery Service, Health Visiting Service, School Nursing Service, General Practitioners, NHS Direct, Connexions, Young People's Service, Police, Housing, Voluntary &amp; Community Sector. Further information about these services can be found at: <a href="http://www.nottinghamshire.gov.uk/fis">www.nottinghamshire.gov.uk/fis</a></p>	

## Level 2 Threshold: Child in Need of Early Intervention

Children and young people at this level are in need of early intervention services and will access these using the CAF assessment process. This section also details when to use the CAF and where referral to the JAT would be appropriate.

Child's Developmental Needs	Parents and Carers
<p><b>HEALTH</b></p> <ul style="list-style-type: none"> <li>• Slow in reaching developmental milestones</li> <li>• Missing immunisations or checks</li> <li>• Susceptible to minor health problems</li> <li>• Minor concerns ref: diet, hygiene, clothing, alcohol consumption (but not immediately hazardous)</li> <li>• Disability requiring support services</li> <li>• Starting to have sex (under 16)</li> <li>• Previous pregnancy</li> </ul> <p><b>EDUCATION &amp; LEARNING</b></p> <ul style="list-style-type: none"> <li>• Occasional truanting or non-attendance, poor punctuality</li> <li>• At risk of fixed term exclusion or a previous fixed term exclusion</li> <li>• School action or school action plus</li> <li>• Few opportunities for play/socialisation</li> <li>• Not in education, employment or training</li> <li>• Identified language and communication difficulties</li> <li>• Not reaching educational potential</li> </ul> <p><b>EMOTIONAL &amp; BEHAVIOURAL DEVELOPMENT</b></p> <ul style="list-style-type: none"> <li>• Low level mental health or emotional issues requiring intervention</li> <li>• Substance misuse that is not immediately hazardous including alcohol</li> <li>• Involved in behaviour seen as anti-social</li> <li>• Attachment issues and/or emotional development delay e.g. adopted child</li> </ul> <p><b>IDENTITY</b></p> <ul style="list-style-type: none"> <li>• Some insecurities around identity</li> <li>• May experience bullying around 'difference'</li> </ul> <p><b>FAMILY &amp; SOCIAL RELATIONSHIPS</b></p> <ul style="list-style-type: none"> <li>• Some support from family and friends</li> <li>• Has some difficulties sustaining relationships</li> <li>• Undertaking occasional caring responsibilities</li> <li>• Child of a teenage parent</li> <li>• Child adopted from care</li> <li>• Low parental aspirations</li> </ul> <p><b>SOCIAL PRESENTATION</b></p> <ul style="list-style-type: none"> <li>• Can be over-friendly or withdrawn with strangers</li> <li>• Personal hygiene starting to be a problem</li> </ul> <p><b>SELF-CARE SKILLS</b></p> <ul style="list-style-type: none"> <li>• Not always adequate self-care—poor hygiene</li> <li>• Slow to develop age appropriate self-care skills</li> <li>• Overprotected/unable to develop independence</li> </ul>	<p><b>BASIC CARE, SAFETY AND PROTECTION</b></p> <ul style="list-style-type: none"> <li>• Parental engagement with services is poor</li> <li>• Parent requires advice on parenting issues</li> <li>• Professionals are beginning to have some concerns around child's physical needs being met</li> <li>• Professionals are beginning to have some concerns about substance misuse (including alcohol) by adults within the home</li> <li>• Some exposure to dangerous situations in home/community</li> <li>• Teenage parent(s)</li> </ul> <p><b>EMOTIONAL WARMTH AND STABILITY</b></p> <ul style="list-style-type: none"> <li>• Inconsistent parenting, but development not significantly impaired</li> <li>• Post natal depression</li> <li>• Perceived to be a problem by parent</li> </ul> <p><b>GUIDANCE, BOUNDARIES AND STIMULATION</b></p> <ul style="list-style-type: none"> <li>• May have different carers</li> <li>• Inconsistent boundaries offered</li> <li>• Can behave in an anti-social way</li> <li>• Spends much time alone (TV, etc)</li> <li>• Child not exposed to new experiences</li> </ul> <p><b>Family and Environmental Factors</b></p> <p><b>FAMILY HISTORY AND FUNCTIONING</b></p> <ul style="list-style-type: none"> <li>• Parents have relationship difficulties which may affect the child</li> <li>• Experienced loss of significant adult</li> <li>• May look after younger siblings</li> <li>• Parent has health difficulties</li> <li>• Some support from family and friends</li> </ul> <p><b>HOUSING, EMPLOYMENT AND FINANCE</b></p> <ul style="list-style-type: none"> <li>• Families affected by low income or unemployment</li> <li>• Parents have limited formal education</li> <li>• Adequate/poor housing</li> <li>• Family seeking asylum or refugees</li> </ul> <p><b>FAMILY'S SOCIAL INTEGRATION</b></p> <ul style="list-style-type: none"> <li>• Family may be new to area</li> <li>• Some social exclusion problems</li> <li>• Victimisation by others</li> </ul> <p><b>COMMUNITY RESOURCES</b></p> <ul style="list-style-type: none"> <li>• Adequate universal resources but family may have access issues</li> </ul>

## Assessment Process

When a cluster of indicators at Level 2 are evident for a child or young person, the Common Assessment Framework process and documentation must be used with the child, young person and/or parent/carer to gather information on their strengths and needs to assess the level of response required. A CAF can be appropriate when only one indicator is present, however, **not all** children or young people at this level will require a CAF.

The CAF is a standard holistic assessment and referral tool that can be used by all services working with children, young people and their families. It is particularly suitable for use in early intervention and targeted work. The CAF 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. For further details of the Nottinghamshire CAF process go to: [www.nottinghamshire.gov.uk/commonassessmentframework](http://www.nottinghamshire.gov.uk/commonassessmentframework)

## Key services that may provide support to children, young people and families at this level are:

Schools, Colleges and Training Providers, Children's Centres, Early Years Settings, Midwifery Service, Health Visiting Service, School Nursing Service, General Practitioners, NHS Direct, Connexions, Behaviour and Attendance Service, Young People's Service, Police, Housing, Voluntary & Community Sector, Support Schemes for disabled children, Support After Adoption Team. Further information about these services can be found at: [www.nottinghamshire.gov.uk/fis](http://www.nottinghamshire.gov.uk/fis)

## Referral to a Joint Access Team

When a cluster of indicators at level 2 are evident for a child or young person, a referral to a Joint Access Team (JAT) should be considered where additional unmet needs are identified and appropriate services cannot be identified by the practitioner. Parent/carers, children and young people can self refer to the JAT. A JAT offers an opportunity for a single cross agency conversation about a child or young person with early intervention or targeted needs. As a result of this conversation there will be a better understanding of the child or young person's needs, advice, information and ideas generated regarding next steps and additional support services identified.

The CAF form is the referral form for a discussion at a JAT meeting. It is expected that as much of the CAF form should be completed as possible to support the referral and as a minimum the first two sections of the CAF form must be completed. For the JAT meeting to have the most effective discussion, best practice would be for the whole Common Assessment to be completed prior to discussion at the Joint Access Team. The assessment would provide a comprehensive picture of the strength and needs of the child, young person and their family.

Written consent is required for a referral to a JAT and can be obtained from either the parent/carer or the young person who is competent to give consent. Children aged 12 or over may be expected to have sufficient understanding to provide consent as based upon the Fraser Competence principle. Whilst it is not necessary to obtain both the young person's and the parent's consent, in cases where only the parent's consent has been obtained, the practitioner should make every effort to ensure that the young person knows that they are being discussed at the JAT.

Further action agreed at the JAT meeting should be recorded using the CAF action plan. For details of the Nottinghamshire JAT process and contact information can be found in the Joint Access Team Handbook at: [www.nottinghamshire.gov.uk/jointaccessteams](http://www.nottinghamshire.gov.uk/jointaccessteams)

## Level 3 Threshold: Child in Need of Targeted Services

Children and young people at this level are in need of targeted services. The assessment process to access these services would be either: statutory assessments or, where these do not exist, the CAF assessment process.

Child's Developmental Needs	Parents and Carers
<p><b>HEALTH</b></p> <ul style="list-style-type: none"> <li>• Some concerns around mental health</li> <li>• Has some chronic/recurring health problems</li> <li>• Missed routine and non-routine health appointments</li> <li>• Concerns re: diet, hygiene, clothing</li> <li>• Conception to child under 16</li> <li>• Sex with multiple partners</li> <li>• Administration of substances in a hazardous manner (sharing equipment etc)</li> <li>• Substance misuse impacts negatively on their risk taking behaviour (e.g. unprotected sex)</li> <li>• Disability requiring significant support services</li> </ul> <p><b>EDUCATION &amp; LEARNING</b></p> <ul style="list-style-type: none"> <li>• Short term exclusion or persistent truanting, poor school attendance</li> <li>• At risk of permanent exclusion or previous permanent exclusion</li> <li>• Identified learning needs and may have statement of special educational needs</li> <li>• Not achieving key stage benchmarks</li> <li>• Limited access to books, toys</li> <li>• Persistent NEET</li> </ul>	<p><b>BASIC CARE, SAFETY AND PROTECTION</b></p> <ul style="list-style-type: none"> <li>• Parent is struggling to provide adequate care</li> <li>• Parental learning disability, parental substance misuse (including alcohol) or mental health impacting on parent's ability to meet the needs of the child</li> <li>• Previously subject to child protection plan</li> <li>• Teenage parent(s)</li> <li>• Either or both previously looked after</li> </ul> <p><b>EMOTIONAL WARMTH AND STABILITY</b></p> <ul style="list-style-type: none"> <li>• Child often scapegoated</li> <li>• Child is rarely comforted when distressed</li> <li>• Receives inconsistent care</li> <li>• Has no other positive relationships</li> </ul> <p><b>GUIDANCE, BOUNDARIES AND STIMULATION</b></p> <ul style="list-style-type: none"> <li>• Few age appropriate toys in the house</li> <li>• Parent rarely referees disputes between siblings</li> <li>• Inconsistent parenting impairing emotional or behavioural development</li> </ul>
<p><b>EMOTIONAL &amp; BEHAVIOURAL DEVELOPMENT</b></p> <ul style="list-style-type: none"> <li>• Difficulty coping with anger, frustration and upset</li> <li>• Physical and emotional development raising significant concerns</li> <li>• Significant attachment difficulties e.g. child adopted from care</li> <li>• Early onset of sexual activity (13–14)</li> <li>• Hazardous substance misuse (including alcohol)</li> <li>• Inappropriate sexual behaviour</li> <li>• Offending or regular anti-social behaviour</li> </ul> <p><b>IDENTITY</b></p> <ul style="list-style-type: none"> <li>• Subject to discrimination</li> <li>• Significantly low self-esteem</li> <li>• Extremist views</li> </ul> <p><b>FAMILY &amp; SOCIAL RELATIONSHIPS</b></p> <ul style="list-style-type: none"> <li>• Peers also involved in challenging behaviour</li> <li>• Regularly needed to care for another family member</li> <li>• Involved in conflicts with peers/siblings</li> <li>• Adoptive family under severe stress</li> </ul> <p><b>SOCIAL PRESENTATION</b></p> <ul style="list-style-type: none"> <li>• Clothing regularly unwashed</li> <li>• Hygiene problems</li> <li>• Is provocative in behaviour/appearance</li> </ul> <p><b>SELF-CARE SKILLS</b></p> <ul style="list-style-type: none"> <li>• Poor self-care for age—hygiene</li> <li>• Precociously able to care for self</li> </ul>	<p><b>Family and Environmental Factors</b></p> <p><b>FAMILY HISTORY AND FUNCTIONING</b></p> <ul style="list-style-type: none"> <li>• Evidence of domestic violence</li> <li>• Acrimonious divorce/separation</li> <li>• Family members have physical and mental health difficulties</li> <li>• Parental involvement in crime</li> <li>• Evidence of problematic substance misuse (including alcohol)</li> </ul> <p><b>HOUSING, EMPLOYMENT AND FINANCE</b></p> <ul style="list-style-type: none"> <li>• Overcrowding, temporary accommodation, homelessness, unemployment</li> <li>• Poorly maintained bed/bedding</li> <li>• Serious debts/poverty impacting on ability to care for child</li> </ul> <p><b>FAMILY'S SOCIAL INTEGRATION</b></p> <ul style="list-style-type: none"> <li>• Family socially excluded</li> <li>• Escalating victimisation</li> </ul> <p><b>COMMUNITY RESOURCES</b></p> <ul style="list-style-type: none"> <li>• Parents socially excluded with access problems to local facilities and targeted services</li> </ul>

### Assessment Process:

Where one or more indicators are present at level 3, the child or young person could already be known to a statutory service and have a statutory service assessment. If this is not the case, a CAF should be completed. For example, a child or young person at risk of permanent exclusion should have a CAF completed. The completion of the CAF must **not** delay any appropriate referral to a statutory service.

The CAF can be used as supporting evidence for a referral to targeted / statutory services. The CAF process can also be used to support the Step Down Process from level 4 to level 3.

**NB** The Common Assessment Framework must **not** replace a statutory assessment.

### Key services that may provide support to children, young people and families at this level are:

SEN Strategic Services, Targeted Youth Support, Young People's Substance Misuse Services (Head 2 Head) and support services for those affected by parental substance misuse (WAM), Behaviour and Attendance Service, Special Schools, CAMHS, Adopted and Looked After Children CAHMS service, Support After Adoption Team, Specialist Family Support Service, Paediatrician, Speech and Language Therapy, Occupational Therapy, Physiotherapy, voluntary and community services, support schemes for disabled children, all universal services. Further information about these services can be found at: [www.nottinghamshire.gov.uk/fis](http://www.nottinghamshire.gov.uk/fis)

### Referral to Joint Access Team (JAT):

Referral to a Joint Access Team would be appropriate at Level 3 or to support the transition of a child or young person from specialist to targeted or early intervention, as described above under assessment process.

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

Children and young people at this level are in need of specialist services. There are a smaller group of children and young people who require intensive help and support to meet their needs. Children and young people will access specialist services following a statutory assessment. Specialist services include: Children's Social Care, the Youth Offending Service, SEN Strategic Services and CAMHS.

Child's Developmental Needs	Parents and Carers
<p><b>HEALTH</b></p> <ul style="list-style-type: none"> <li>• Has severe/chronic health problems</li> <li>• Persistent substance misuse</li> <li>• Non-organic failure to thrive</li> <li>• Fabricated illness</li> <li>• Early teenage pregnancy</li> <li>• Serious mental health issues</li> <li>• Seriously obese</li> <li>• Dental decay and no access to treatment</li> <li>• Sexual exploitation/abuse</li> <li>• Sexual activity under the age of 13</li> <li>• Disability requiring highest level of support</li> </ul> <p><b>EDUCATION &amp; LEARNING</b></p> <ul style="list-style-type: none"> <li>• No education provision</li> <li>• Permanently excluded from school</li> <li>• History of previous exclusions</li> <li>• Significant developmental delay due to neglect/poor parenting</li> </ul> <p><b>EMOTIONAL &amp; BEHAVIOURAL DEVELOPMENT</b></p> <ul style="list-style-type: none"> <li>• Regularly involved in anti-social/criminal activities</li> <li>• Puts self or others in danger</li> <li>• Endangers own life through self harm/substance misuse including alcohol/eating disorder/suicide attempts</li> <li>• In sexually exploitive relationship</li> <li>• Frequently goes missing from home for long periods</li> <li>• Child who abuses others</li> <li>• Severe attachment problems and/or severe emotional development delay</li> </ul> <p><b>IDENTITY</b></p> <ul style="list-style-type: none"> <li>• Experiences persistent discrimination</li> <li>• Is socially isolated and lacks appropriate role models</li> <li>• Alienates self from others</li> <li>• Distorted self image</li> </ul> <p><b>FAMILY &amp; SOCIAL RELATIONSHIPS</b></p> <ul style="list-style-type: none"> <li>• Looked after child</li> <li>• Care leaver</li> <li>• Family breakdown related in some way to child's behavioural difficulties</li> <li>• Subject to physical, emotional or sexual abuse/neglect</li> <li>• Female genital mutilation</li> <li>• Is main carer for a family member</li> <li>• Adoption breakdown</li> <li>• Forced marriage of a minor</li> </ul> <p><b>SOCIAL PRESENTATION</b></p> <ul style="list-style-type: none"> <li>• Poor and inappropriate self-presentation</li> </ul> <p><b>SELF-CARE SKILLS</b></p> <ul style="list-style-type: none"> <li>• Neglects to use self-care skills due to alternative priorities, e.g. substance misuse</li> <li>• Unaccompanied asylum seeker</li> </ul>	<p><b>BASIC CARE, SAFETY AND PROTECTION</b></p> <ul style="list-style-type: none"> <li>• Parents unable to provide "good enough" parenting that is adequate and safe</li> <li>• Parents' mental health problems or substance misuse significantly affect care of child</li> <li>• Parents unable to care for previous children</li> <li>• There is instability and violence in the home continually</li> <li>• Parents are involved in crime</li> <li>• Parents unable to keep child safe</li> <li>• Victim of crime</li> </ul> <p><b>EMOTIONAL WARMTH AND STABILITY</b></p> <ul style="list-style-type: none"> <li>• Parents inconsistent, highly critical or apathetic towards child</li> <li>• Child is rejected or abandoned</li> </ul> <p><b>GUIDANCE, BOUNDARIES AND STIMULATION</b></p> <ul style="list-style-type: none"> <li>• No effective boundaries set by parents</li> <li>• Regularly behaves in an anti-social way in the neighbourhood</li> <li>• Child beyond parental control</li> <li>• Subject to a parenting order which may be related to their child/young person's criminal behaviour, antisocial behaviour or persistent absence from school</li> </ul> <p><b>Family and Environmental Factors</b></p> <p><b>FAMILY HISTORY AND FUNCTIONING</b></p> <ul style="list-style-type: none"> <li>• Significant parent discord and persistent domestic violence</li> <li>• Child looked after by a non-relative within scope of private fostering arrangement</li> <li>• Destructive relationships with extended family</li> <li>• Parents are deceased and there are no family/friends options</li> <li>• Parents are in prison and there are no family/friends options</li> </ul> <p><b>HOUSING, EMPLOYMENT AND FINANCE</b></p> <ul style="list-style-type: none"> <li>• Physical accommodation places child in danger</li> <li>• No fixed abode or homeless</li> <li>• Chronic unemployment due to significant lack of basic skills or long standing issues such as substance misuse/offending, etc.</li> <li>• Extreme poverty/debt impacting on ability to care for child</li> </ul> <p><b>FAMILY'S SOCIAL INTEGRATION</b></p> <ul style="list-style-type: none"> <li>• Family chronically socially excluded</li> </ul> <p><b>COMMUNITY RESOURCES</b></p> <ul style="list-style-type: none"> <li>• Poor quality services with long-term difficulties with accessing target populations</li> <li>• Restricting and refusing intervention from services</li> </ul>

## Section C: The Step up and Step down processes for Children's Social Care (including threshold guidance)

This section outlines the step up process to be followed by all practitioners following a first contact with Children's Social Care in Nottinghamshire and provides guidance on the step down process for when a case is closed by Children's Social Care. Finally, it details threshold criteria for Children's Social Care, the assessment processes used and the key services for children and young people in need of Children's Social Care intervention.

### Part 1. The Step up process into Children's Social Care

#### A. Making a referral to Children's Social Care

When working with a child, young person or family, if the practitioner at any point has concerns about child protection then these must be discussed with Children's Social Care without delay. When this is the case the Interagency (NSCB) Child Protection Procedures for Safeguarding/Child Protection should be followed without delay. These are available at:

<http://www.nottinghamshire.gov.uk/home/learningandwork/caringforchildren/socialcareandhealth/nscb/childprotectionpoliciesproceduresandpracticeguidance.htm>

The practitioner should contact one of Children's Social Care's two Reception and Assessment Teams (or the Children's Disability service's Reception and Assessment duty point for children and young people with a high level of need related to severe disabilities). Contact details are available on page 18.

**In all cases written follow-up to telephone contacts to Children's Social Care should be made within 24 hours, using the Children's Social Care referral form. The Common Assessment Framework form maybe submitted to supplement the referral form, with consent of the child, young person, or parent/carer.**

Working Together to Safeguard Children (2010) states (paragraph 139) that *"where a common assessment has already been undertaken it should be used to support a referral to children's social care"*.

The Common Assessment Framework provides a universal, holistic assessment that can help ensure that a request for a service from Children's Social Care is appropriate. It should be undertaken when additional needs have first been identified at Levels 2 and 3 of the Nottinghamshire continuum of needs as outlined in section B of the Pathway to Provision handbook ([www.nottinghamshire.gov.uk/pathwaytoprovision](http://www.nottinghamshire.gov.uk/pathwaytoprovision))

#### B. What happens following referral with Children's Social Care?

Once the referral has been made with the Reception and Assessment (R&A) Team, the R&A team manager will decide whether or not the need of the child or young person meets the thresholds for a Children's Social Care intervention and therefore becomes "a referral". This decision will be based upon the information provided by the practitioner making the contact, using the thresholds for Children's Social Care which are described at the end of this section.

It is important that the agency making the referral to children's social care inform the family (and where appropriate the child or young person) that they have contacted 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.'**

If other statutory assessments have been completed e.g. Support After Adoption Assessment, ASSET then these should also be provided when making a contact with Children's Social Care

The decision to convert a contact into a referral is solely the responsibility of Children's Social Care. Any disagreements about this should be made verbally at the time of making the contact and followed up in writing.

If the person making the contact remains dissatisfied with the Children's Social Care decision not to accept the contact as a referral, then the Nottinghamshire Safeguarding Children's Board's escalation process should be followed. Details of the escalation process can be found in the Nottinghamshire Safeguarding Children Board Safeguarding Children Procedures (2011) (Chapter 14). These are available at: <http://www.nottinghamshire.gov.uk/home/learningandwork/caringforchildren/socialcareandhealth/nscb/childprotectionpoliciesproceduresandpracticeguidance.htm>

### C. What happens once the referral is accepted by Children's Social Care?

There are two possible outcomes following Children's Social Care accepting a referral

1. Following multi agency checks with the consent of the parent / carer **children's social care may make a decision not to undertake any further action. This should happen within 24 hours and the Children's Social Care's Reception and Assessment Team will write to the referrer explaining the reason(s) for the decision not to take the referral any further.**

In these circumstances the practitioner who made the contact with Children's Social Care should ensure that appropriate support is in place to support the child, young person and / or family. If the practitioner is unsure of the needs of the child or young person then an assessment using the CAF form should be completed. If the referrer requires additional multi agency support for the child or young person then a referral to a Joint Access Team should be considered with the consent of the child, young person or parent / carer.

If new or accumulating concerns are established as a result, then the 'Step Up' process may be activated again with the additional information provided to Children's Social Care.

2. **If following multi agency checks the referral is progressed** by Children's Social Care, an Initial Assessment will then be completed by an allocated social worker who will seek to engage with relevant professional partners as well as the family concerned. The initial assessment is a multi agency assessment led by Children's Social Care and will indicate whether or not a more detailed assessment and/or if services are required. In the case of an adopted child, the Support After Adoption assessment will normally take the place of an Initial Assessment or be incorporated within it.

It is important that the person or agency who made the initial contact continues to support the child, young person and family during this time, with updates sent to the allocated social worker within the Reception and Assessment Team.

### D. What happens after the completion of the Initial Assessment?

Following the completion of the Initial Assessment it may be determined that:

1. **No further Children's Social Care involvement is appropriate following completion of an initial assessment.** Children's Social care will notify the person or agency that made the initial contact, explaining why no further children's social care involvement is required.. This will be done verbally and followed up in writing to all known agencies working with the child, young person or family. **The person or agency that made the initial contact to children's social care should ensure that appropriate support is in place to support the child, young person and family.** If the agency or individual requires additional support then a referral to a JAT should be considered with the consent of the child, young person or parent / carer.

2. **Social Care involvement is appropriate following the completion of an initial assessment.** This will be conveyed verbally and in writing by the allocated social worker to the person or agency who made the contact to children's social care and to other agencies providing support to the child, young person, or family. Children's Social Care will then make a decision whether or not:

- A. **To complete a Core Assessment or**
- B. **To hold a Child Protection Conference**

At this time the person or agency that made the original contact to children's social care will be informed of the decision. Children's Social Care staff will then take up the lead professional role and any CAF/JAT processes in progress will be closed. Agencies working with the child, young person, or family would be invited to engage in Child in Need planning and / or Child Protection Conferences/Core Groups as necessary.

**NB The originator of the CAF should let the Early Intervention Team in the Children, Families and Cultural Services Department know that the CAF has been closed on 01623 433425**

A. **The Core Assessment** is a detailed risk assessment of the child's and family's circumstances. The outcomes from the Core Assessment will be that:

- No further action is required by Children's Social Care
- A Child in Need Plan should be completed, or
- A Child Protection Conference should be held

B. Prior to the **Initial Child Protection Conference** a *Strategy* discussion will be held. This meeting will be between the child's social worker, the Police and any other involved professionals. The meeting will consider if any urgent action needs to be taken, share known information and decide what action needs to be taken to ensure the child's needs are met. Outcomes might be a Child in Need Plan or Child Protection Enquires.

A Child Protection Conference brings together family members, the child where appropriate and those practitioners most involved with the child and family, following section 47 enquiries. The concerns that have led to the Conference will be discussed along with relevant information that has been gathered about the family. The information gathered will be analysed to make judgements about whether the child/young person is felt to be suffering significant harm or likely to suffer significant harm and what action needs to be taken. A decision will be made about whether the child should be made subject to a Child Protection Plan. Alternatively a Child in Need Plan may be more appropriate.

## 2. The step down process from Children's Social Care

**This section outlines the process used by Children's Social Care when the decision is made to close a case. The step down process from Children's Social Care is to be used when it has been determined that the involvement of Children's Social Care is no longer appropriate to a child, young person or family's need; but that there is a need for ongoing coordinated support from universal/early intervention/targeted services.**

The decision to close a case by Children's Social Care will be a team manager's decision following discussion with the allocated social worker. This decision will always be recorded by the Team Manager.

The decision to close a case is solely the responsibility of Children's Social Care and any disagreements about this should be made verbally at the time of closure and followed up in writing.

If the person making the contact remains dissatisfied with the Children's Social Care decision not to accept the contact as a referral, then the Nottinghamshire Safeguarding Children's Board's escalation process should be followed. Details of the escalation process can be found in the Nottinghamshire Safeguarding Children Board Safeguarding Children Procedures (2011) (Chapter 14). These are available at: <http://www.nottinghamshire.gov.uk/home/learningandwork/caringforchildren/socialcareandhealth/nscb/childprotectionpoliciesproceduresandpracticeguidance.htm>

The step down process provides, where appropriate, continuity of support to children, young people and their families in order to promote long-term positive outcomes and reduce the occurrence of future Children's Social Care involvement.

The allocated social worker will convene a Multi-Agency Meeting (MAM) unless there is an already existing multi-agency meeting, such as a Core Group, which could be used as an alternative for the 'step down' process. Agencies attending the meeting will be provided with the latest information about the child, young person or family. For an adopted child, the Support After Adoption team should always be invited.

Invitees to the MAM or other meeting must include:

- parents and other significant carers
- the child and young person if of sufficient age and understanding
- any relevant agency which may be able to provide a service
- any other agency which is continuing to provide a specialist service to the child, young person or family.

The MAM will review the Child In Need (CIN) Plan and identify any ongoing support needs of the child, young person or family. If there are no ongoing support needs for the child or family then the case will be closed. If there are on-going needs the MAM will agree which service(s) will provide this on-going support and agree to a new lead professional to replace the allocated Social Worker.

If a lead professional or appropriate support cannot be identified at the MAM then a referral to the Joint Access Team must be made by the allocated Social Worker with the parents/carers or young person's consent.

The allocated Social Worker will provide the Joint Access Team's Chair with one or more of the following documents together with the a copy of the closure summary recorded on Framework-i:

- Initial Assessment
- Core Assessment
- Child in Need Plan
- Child in Need Review
- Social Worker's Report to the Child Protection Conference

The allocated social worker does not have to attend the Joint Access Team meeting but must ensure that the named Social Worker linked to the JAT is also aware of the referral and has the necessary background information. Once the referral has been made to the Joint Access Team by the allocated Social Worker the involvement of Children's Social Care will cease.

At the time of the case being closed, the allocated Social Worker will write to the family, the person or agency who made the contact to children's social care and any other partners involved with the child or family, informing them of the decision. The letter will include the reason(s) why the case has been closed to Children's Social Care, and what alternative support arrangements (if required) have been put in place to support the child or family, including referral to a Joint Access Team, with the consent of the child, young person or parent/carer as appropriate.

### 3. Contact details for Reception and Assessment Teams, the Children with Disabilities Service duty point and the Support After Adoption team

Area	Address	Telephone Number
<b>North Bassetlaw, Mansfield and Newark</b>	Welbeck House Darwin Drive Sherwood Energy Village Ollerton, Newark Nottinghamshire NG22 9FF	01623 520520  NB A secure e-mail address will be available in early 2012
<b>South Ashfield, Broxtowe, Gedling and Rushcliffe</b>	Sir John Robinson Way Arnold Nottinghamshire NG5 6DB	0115 8546371 0115 8546181 0115 8546182  NB there is no e-mail address

### Children with Disabilities

In general, children and young people with disabilities will usually have their needs met through early intervention and targeted services. The Children's Disability service provides a Reception and Assessment duty point (including child protection) for children and young people with a high level of need related to severe disabilities that require a level 4 response.

Children should be referred to the **Children's Occupational Therapy Service Duty Point** if they have needs that can only be met through the provision of specialist equipment and/or adaptation to their home.

NB The referral form for Children's Social Care should be completed when making contact with either of these duty points.

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

	Address	Telephone Number
<b>Children's Disability Service Social Worker Duty Point</b>	Meadow House Littleworth Mansfield Nottinghamshire NG18 2TB	01623 433075 01623 433076
<b>Children's Disability Occupational Therapy Service Duty Point</b>		01623 433060

### Support After Adoption (SAA) Team

Where there are concerns which relate to adoption matters a referral should be made to Support After Adoption Team. The Support After Adoption team is a countywide specialist team of social workers within Children's Social Care, which provides a range of post-adoption order support services for adopted children and their families across the continuum of need from Level 2 to Level 4. Details of services available can be found at [www.nottinghamshire.gov.uk/fis](http://www.nottinghamshire.gov.uk/fis)

Where safeguarding issues have been identified and a referral to Children's Social Care Reception and Assessment team has been made, the Reception and Assessment team will contact SAA during the course of the initial assessment to ensure specialist knowledge is incorporated into the assessment and that the family has access to adoption support services.

#### Contact details for Support After Adoption (SAA) Team

	Address	Contact
<b>Opening hours:</b> <b>Mon 9.30-1</b> <b>Tues 4-7.30</b> <b>Thurs 1-4</b>	Chadburn House Weighbridge Road Mansfield Nottinghamshire NG18 1AH	Phoneline: 01623 437988 Email: support.afteradoption@nottscc.gov.uk Office: 01623 437223

## 4. The Children's Social Care Thresholds

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

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

### 4b) Children in Need of Protection

### 4c) Children in Need of Care.

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

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

Please read in conjunction with Nottinghamshire Safeguarding Children Board's Safeguarding Children Procedures at:

[www.nottinghamshire.gov.uk/home/learningandwork/caringforchildren/socialcareandhealth/nscb/childprotectionpoliciesproceduresandpracticeguidance.htm](http://www.nottinghamshire.gov.uk/home/learningandwork/caringforchildren/socialcareandhealth/nscb/childprotectionpoliciesproceduresandpracticeguidance.htm)

NB Further guidance on indicators and definitions for child protection in specific circumstances at Level 4 are included in chapter 6 of the Nottinghamshire Safeguarding Children Board Procedures.

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

#### Level of Need:

Children and young people who have:

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

#### 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

- 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.
- Highly vulnerable 16/17 year olds who are homeless.
- Child has complex needs related to adoption and requires a multi-agency response including Children's Social Care, in addition to Support After Adoption Services.
- Respite care for adopted children

#### **Assessment Processes:**

- Children's Social Care accepts referral
- Allocation of Social Worker
- Initial Assessment
- Child in Need Core Assessment
- Further specialist agency assessment as required

#### **Key Services:**

Children's Social Care Services: Children's Social Work Teams, Children's Disability Team ( Social Care) including specialist short break support, Support After Adoption, Adopted and Looked After Children Specialist CAMHS Service, Asylum Seekers Services, Behaviour and Attendance Service, Police, and adult services for mental health and substance mis-use.

### **4b) Child in Need of Protection**

#### **Level of Need:**

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

#### **Threshold Criteria include:**

- Child is likely to be physically, significantly harmed through a deliberate act, neglect or domestic violence
- Child has been sexually abused or is being groomed for sexual purposes
- Significant developmental delay due to neglect/poor parenting
- Significant emotional/ psychological problems due to neglect/poor parenting
- Reported pregnancy where there have been previous child protection concerns

- Fabricated illness
- Forced marriage of a minor
- Non-organic failure to thrive
- Parent involved in serious criminal acts that may impact on the child e.g. abusive images of children, drug dealing
- Sexual exploitation through prostitution and grooming
- An adult assessed as being a risk to children is having contact with/living with a child in the same household
- Child witnesses domestic violence or other violent or sexually harmful acts

It is also essential to refer to the guidance regarding these issues set out in Chapter 5 of the NSCB Safeguarding Children Procedures:

[www.nottinghamshire.gov.uk/home/learningandwork/caringforchildren/socialcareandhealth/nscb/childprotectionpoliciesproceduresandpracticeguidance.htm](http://www.nottinghamshire.gov.uk/home/learningandwork/caringforchildren/socialcareandhealth/nscb/childprotectionpoliciesproceduresandpracticeguidance.htm)

#### **Assessment Processes:**

- Children's Social Care accepts referral
- Allocation of Social Worker
- Initial Assessment
- Section 47 Enquiry
- Figure 3 provides guidance on timescales (Nottinghamshire Safeguarding Children Board procedures)
- Further specialist agency assessment as required

#### **Key Services:**

Children's Social Care Services: Children's Social Work Teams, Legal Services, Children's Disability Service, Support After Adoption, Adopted and Looked After Children Specialist CAMHS Service, Asylum Seekers Services, Behaviour and Attendance Service, Police, and adult services for mental health and substance mis-use.

#### **4c) Child in Need of Care**

##### **Level of Need:**

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

##### **Threshold Criteria:**

- Child has been abandoned and there are no family/ friends options
- Parents are deceased and there are no family/friends options
- Parents are in prison and there are no family/friends options
- Child whose welfare can only be safeguarded through provision of accommodation outside of the family home
- Child is beyond parental control placing themselves/ others at serious risk

- Meets criteria for secure accommodation
- Child remanded to Local Authority care by the court
- Unaccompanied asylum seekers who require accommodation
- Eligible & Relevant Care Leavers
- Children and young people whose adoption placement has broken down

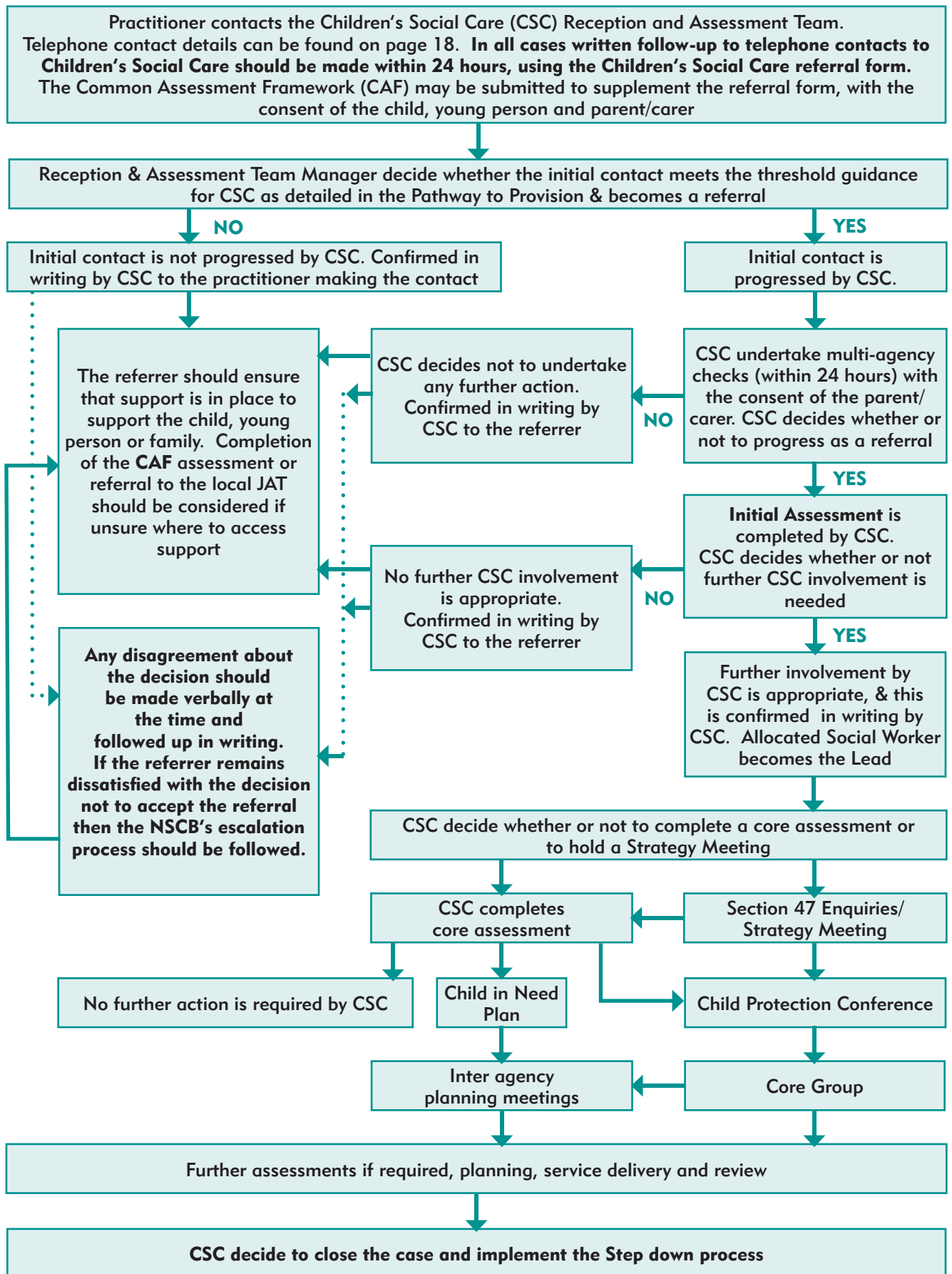
**Assessment Processes:**

- Children's Social Care accepts referral
- Allocation of Social Worker
- Initial Assessment
- Core Assessment
- Section 20 Accommodation
- Section 31 Care Proceedings
- Care Planning
- Permanence Planning
- Further specialist agency assessment as required
- Leaving care support/pathway planning
- Child in Need meeting a part of threshold/care planning.

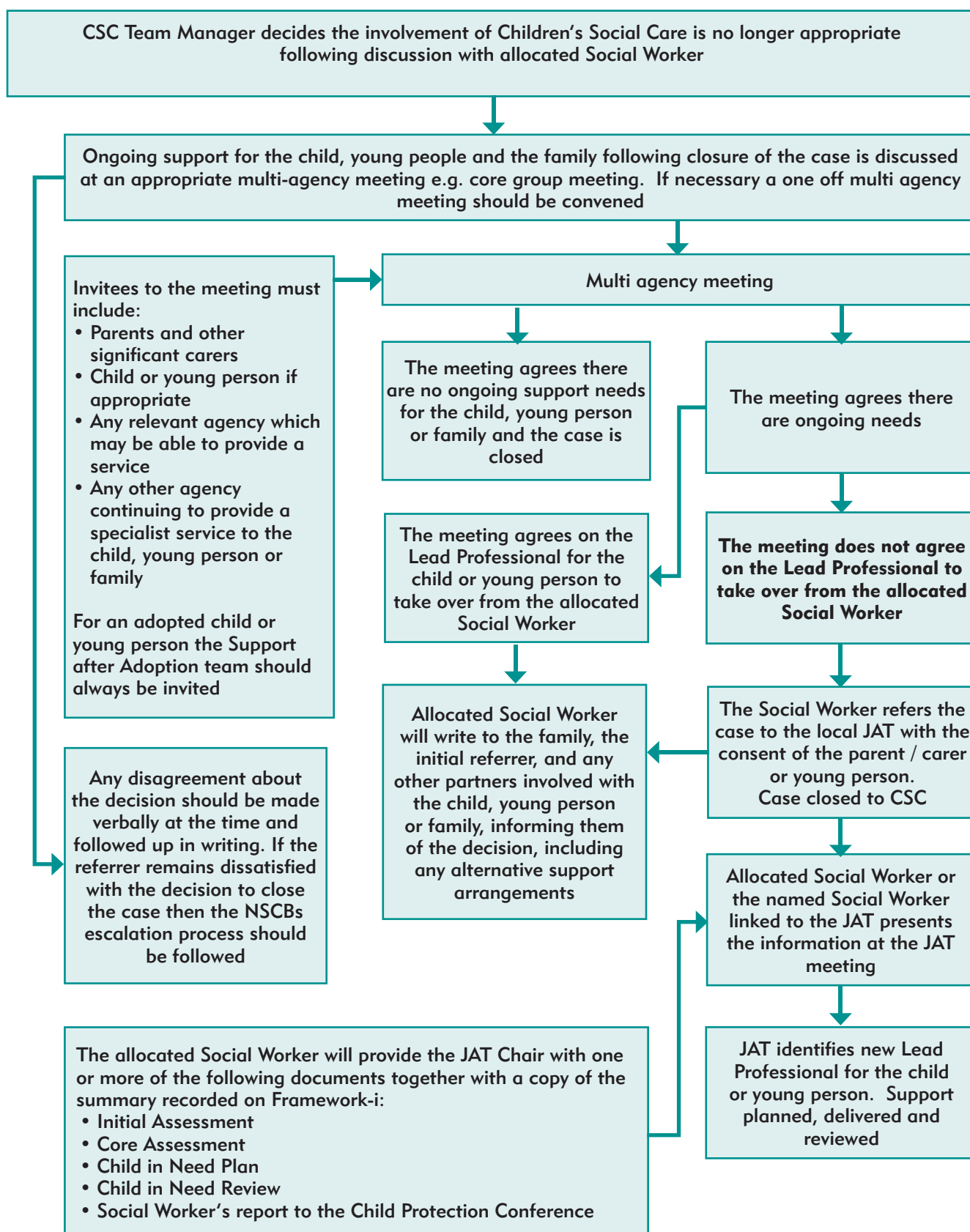
**Key Services:**

Children's Social Care Services: Children's Social Work Teams, Fostering and Adoption Services, Residential Care Services, Child Protection Services, Legal Services, Children's Disability Service including specialist short break provision, Asylum Seekers Services, Looked After Health Service, Looked After Health Service, CAMHS Looked After Children Team, Education Support for Looked After Children, The Virtual School for Looked After Children, Behaviour and Attendance Service, Aftercare Team, Family Intervention Project, Police, and adult services for mental health and substance mis-use.

## 5. Step up process for Children’s Social Care



## 6. Step down for Children’s Social Care



## Section D: Outline of the Pathway to Provision and Services

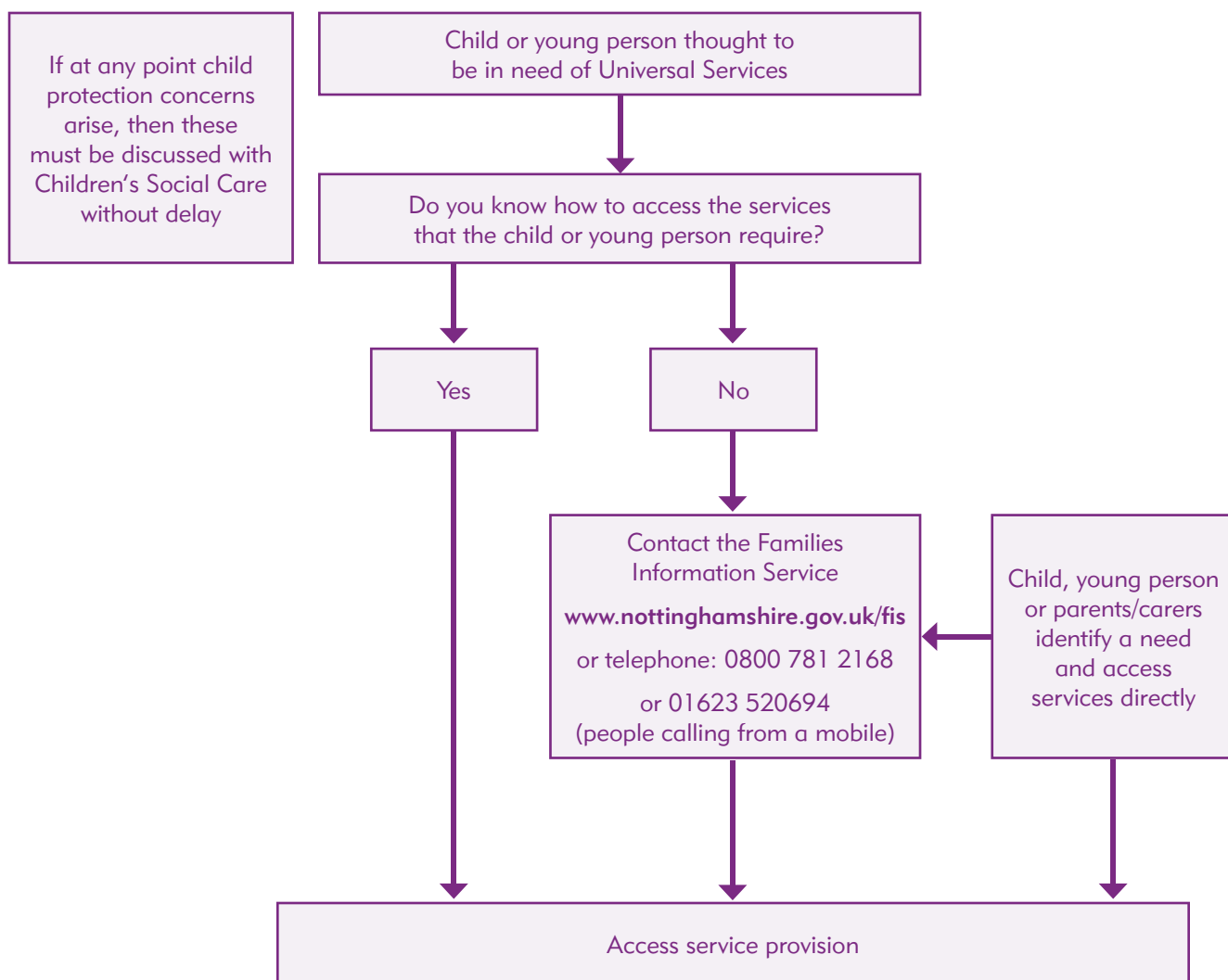
This section outlines the Pathway to Provision for the different levels of need experienced by children and young people in Nottinghamshire. For each level of need a diagram illustrates the range of services available at each level according to age. These diagrams provide a broad overview of the services available. Please note other services might be available, and some services are likely to change in the future. In addition for each level of need there is an outline of the Pathway to Provision. The panels to access particular services at levels 2, 3 and 4 are listed after each of the Pathway to Provision outline.

Further detailed information on the individual services and panels can be found at:  
<http://nottinghamshire.family servicedirectory.org.uk>

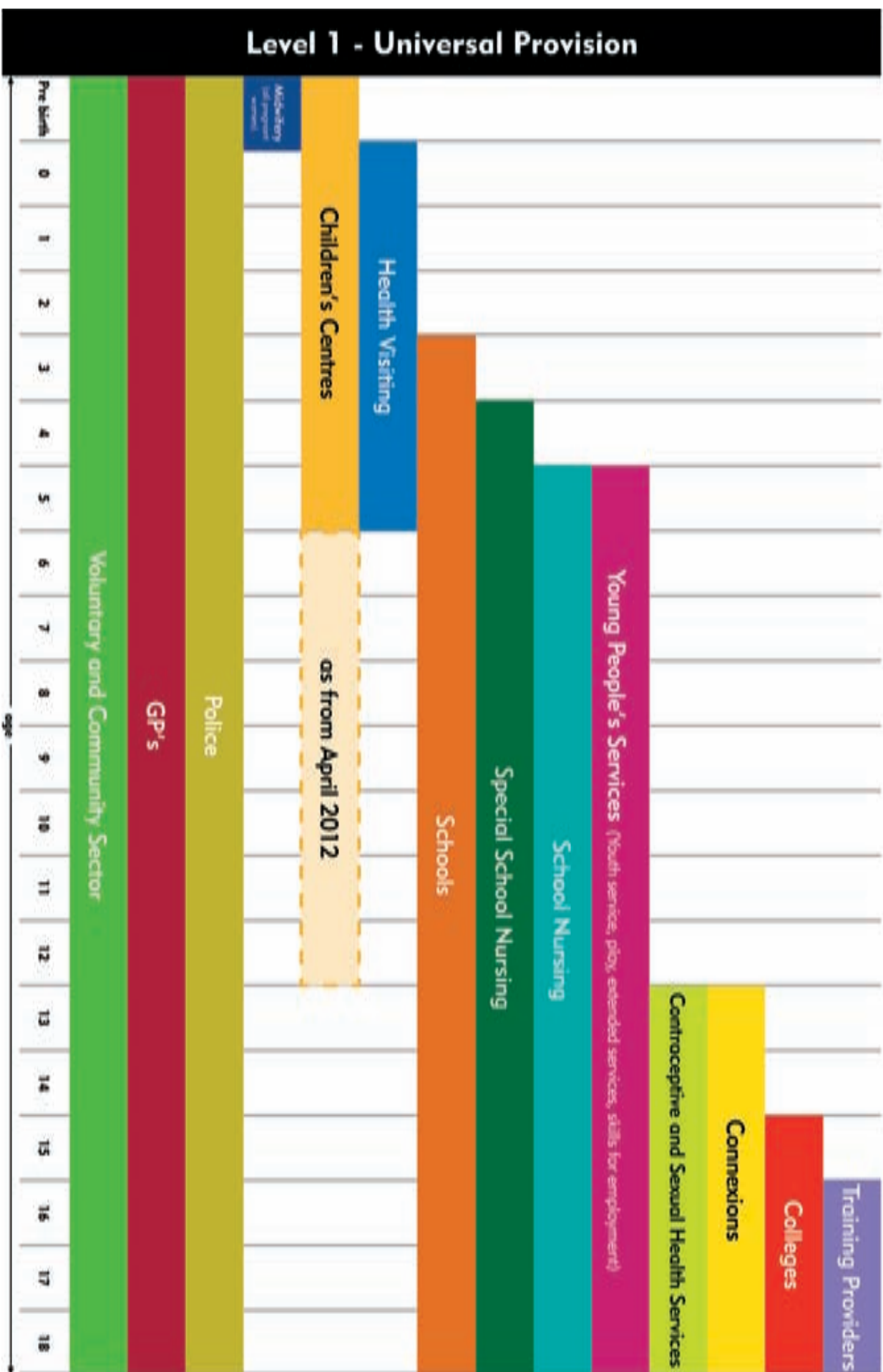
If at any point on the Pathways, child protection concerns arise then these must be discussed with Children's Social Care without delay.

## Outline of Pathway to Provision for Level 1 Universal Services

This section outlines the Pathway to Provision for children and young people who require access to universal services. There are no assessments required to access these universal services. Children, young people, parents or carers can access these services directly.

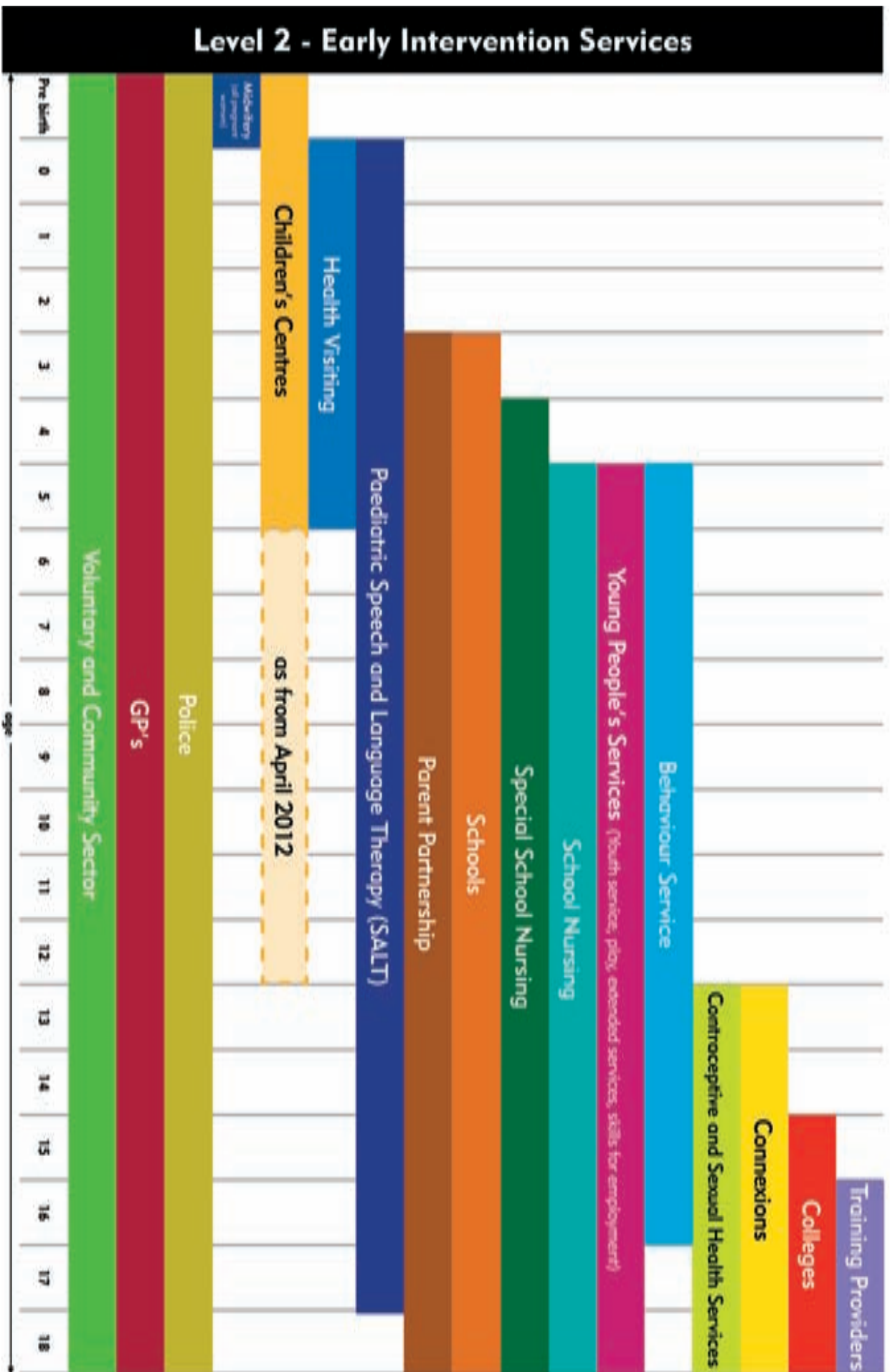


## The Pathway to Provision - Children & Young People's Services in Nottinghamshire



Contact information on the services listed above is available from the Family Information Service (FIS) [www.nottinghamshire.gov.uk/fis](http://www.nottinghamshire.gov.uk/fis)

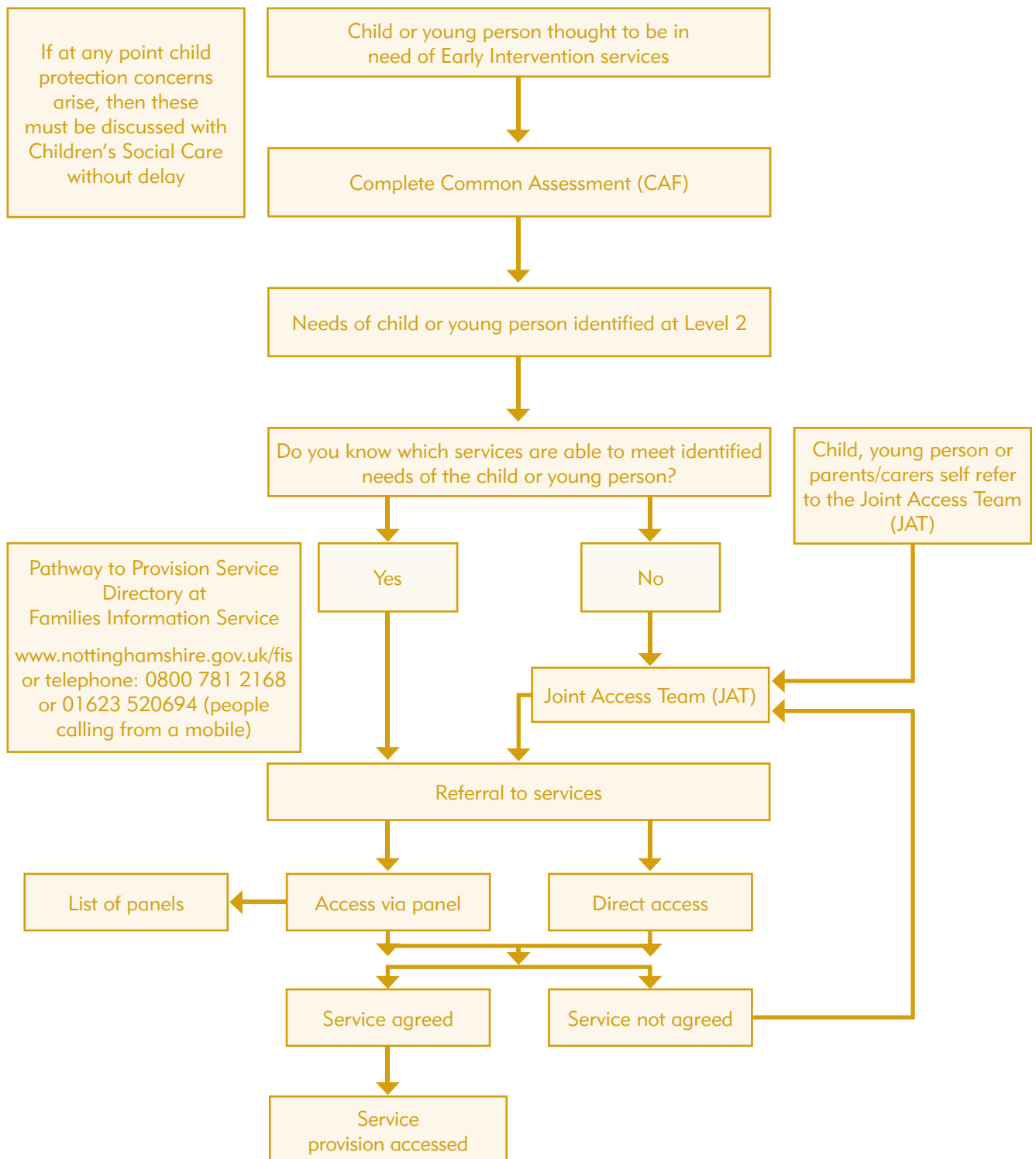
## The Pathway to Provision - Children & Young People's Services in Nottinghamshire



Contact information on the services listed above is available from the Family Information Service (FIS) [www.nottinghamshire.gov.uk/fis](http://www.nottinghamshire.gov.uk/fis)

## Outline of Pathway to Provision for Level 2 Early Intervention Services

This section outlines the Pathway to Provision for children and young people who require access to early intervention services. The needs of children and young people are assessed by completing the Common Assessment. If services cannot be identified or there are barriers to accessing services then a referral to a Joint Access Team should take place. Some services are accessed through a panel, though most will receive direct referrals. Children, young people, parents or carers can make self referrals to JATs.

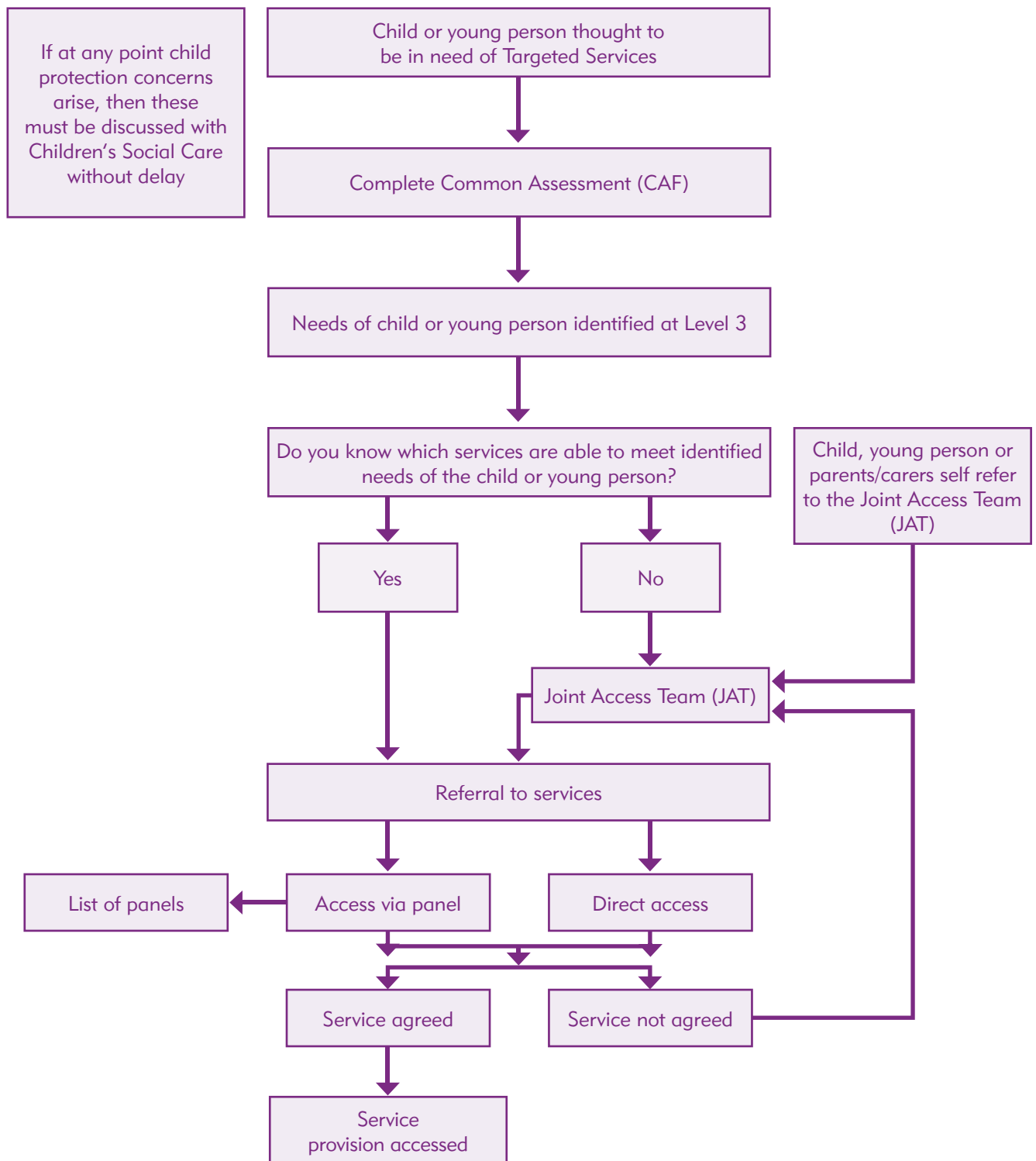


## Panels to access services at Level 2 are:

Children's Centre Allocations Panel
Springboard
Family of Schools Additional Family Needs (AFN) Meeting
Disabled Pupils Access Panel
Disabled Children's Access to Childcare (DCATCH)

## Outline of Pathway to Provision for Level 3 Targeted Services

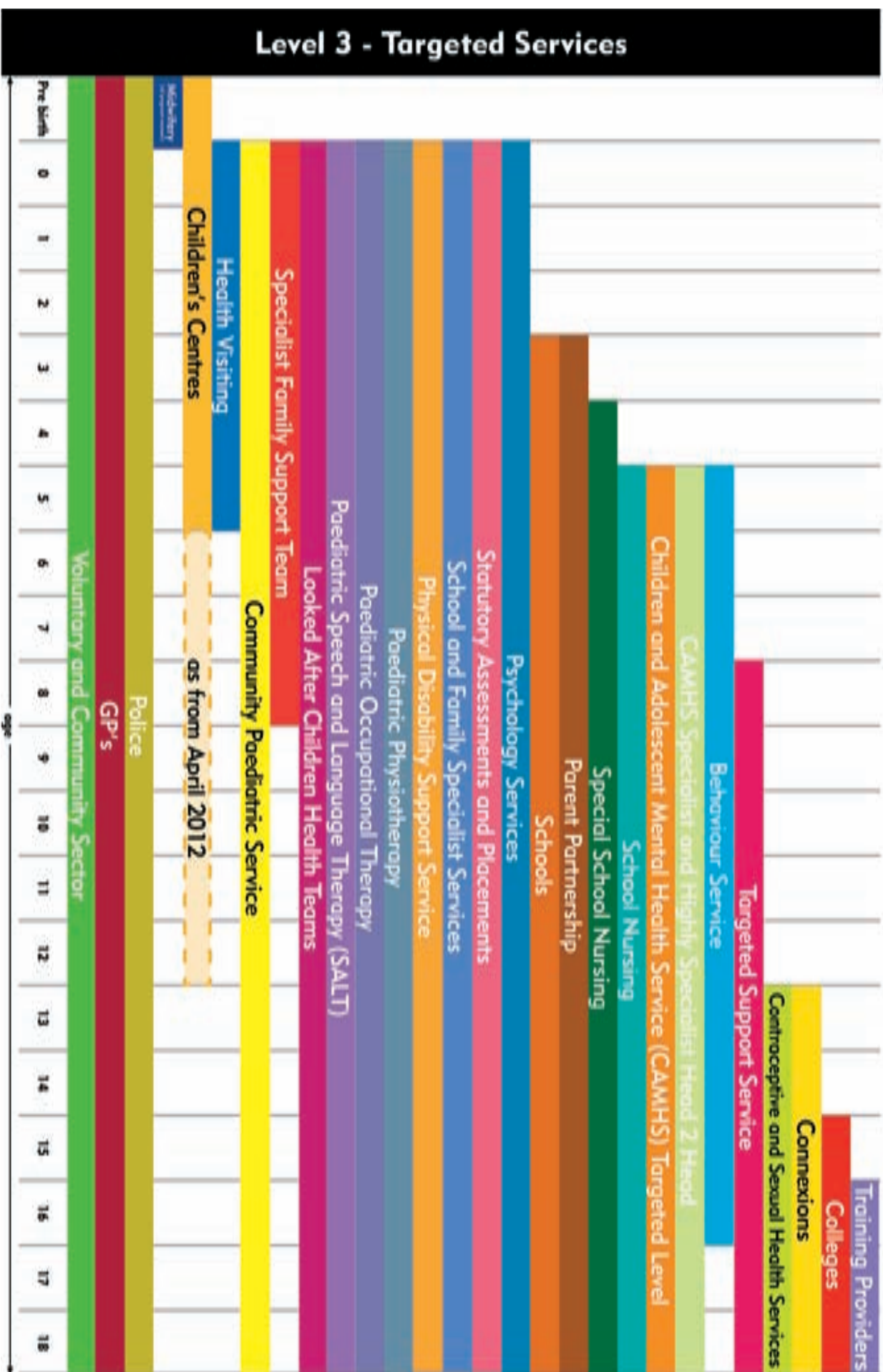
This section outlines the Pathway to Provision for children and young people who require access to targeted services. The needs of children and young people are assessed by completing statutory assessments. If no statutory assessment is required, the Common Assessment should be completed. If services cannot be identified or there are barriers to accessing services then a referral to a Joint Access Team should take place. Some services are accessed through a panel, though most will receive direct referrals. Children, young people, parents or carers can make self referrals to Joint Access Teams.



## Panels to access services at Level 3 are:

Youth Inclusion Support Panel
Joint Solution Forum
Anti-Social Behaviour Multi-Agency Risk Assessment Conferences (ASBRACs)
Children Out of Schools Group (COOSs)
Assessment and Statementing Panel
Inclusive Technology Panel
Communications Aids Panel
Enhanced Resource (Autism) Panel
Specialist Resource Panel
Complex Medical Needs Panel
High Level Needs Panel
Multi-Agency Post 16 Transition Funding Panels
Early Years and Child Care Specialist Equipment Scheme
Early Years and Child Care Inclusion Funding Panel
School Behaviour and Attendance Partnerships
Breaks in Partnership and Saturday Clubs Panel

## The Pathway to Provision - Children & Young People's Services in Nottinghamshire

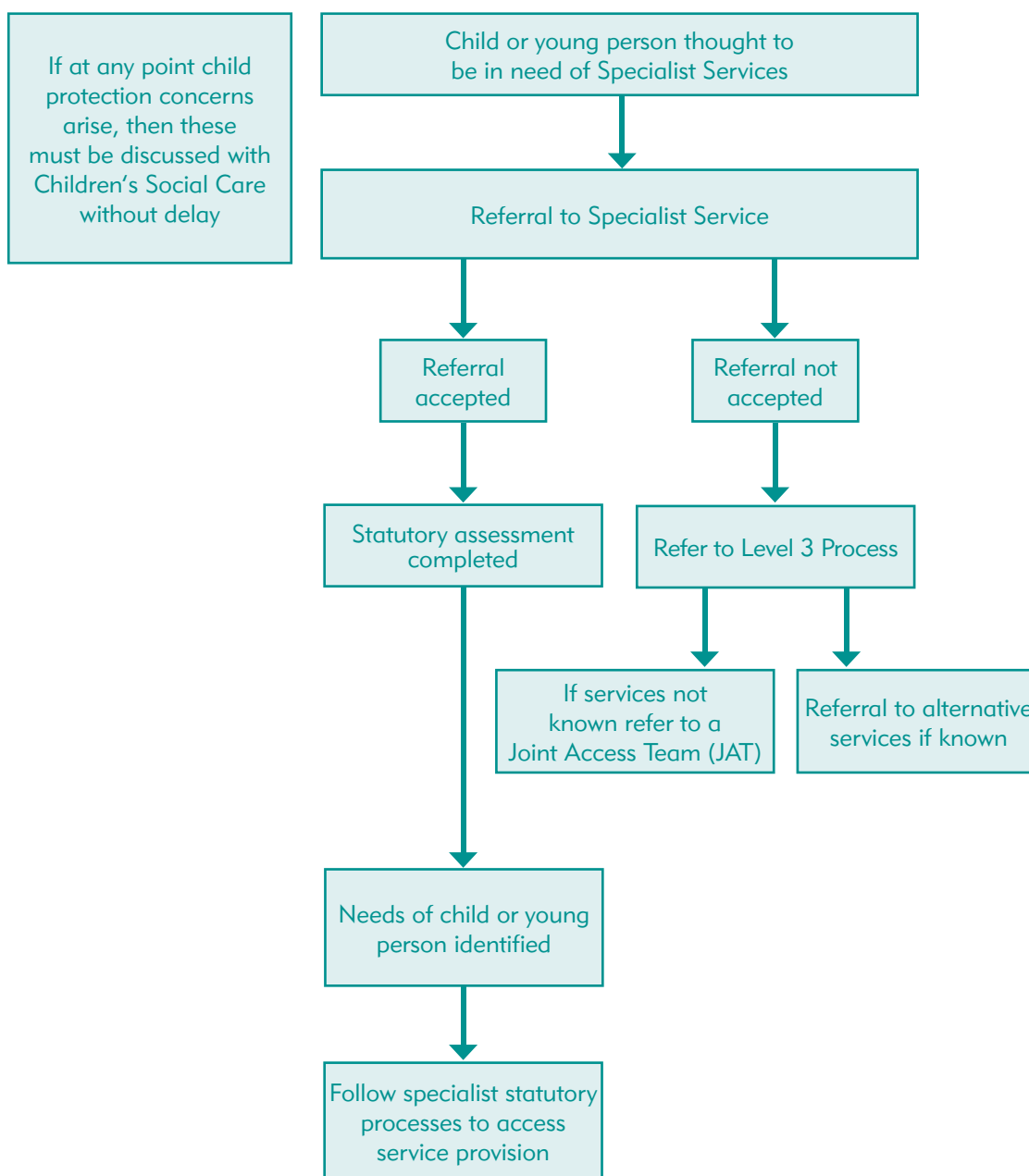


Contact information on the services listed above is available from the Family Information Service (FIS) [www.nottinghamshire.gov.uk/fis](http://www.nottinghamshire.gov.uk/fis)

## Outline of Pathway to Provision for Level 4 Specialist Services

This section outlines the Pathway to Provision for children and young people who require access to specialist services. The needs of children and young people are assessed by completing statutory assessments. A wide range of services are accessed through panels.

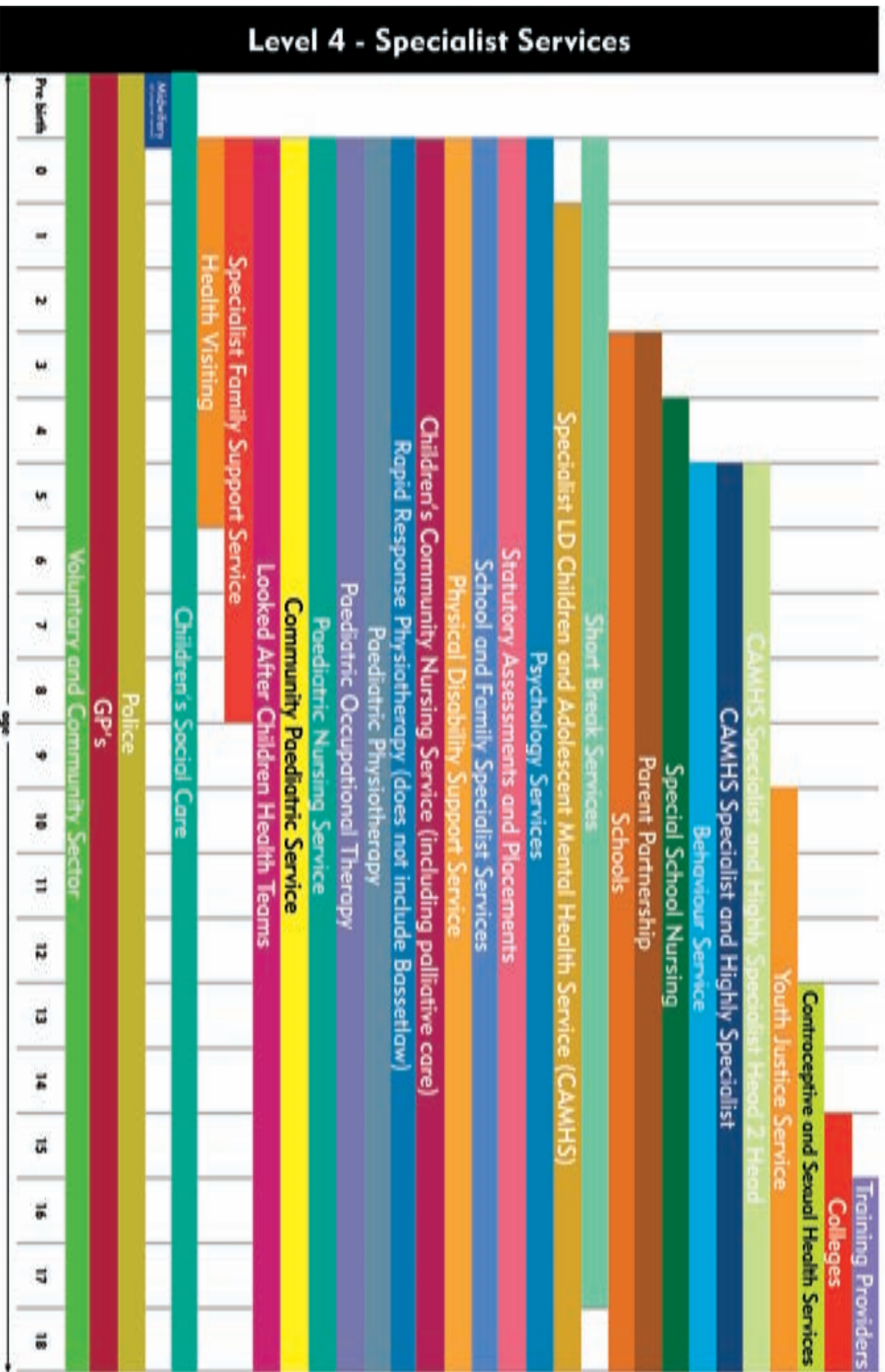
It is expected that referrals accepted by Children’s Social Care will be supported by a completed **Common Assessment**.



## Panels to access services at Level 4 are:

Multi-Agency Public Protection Panel
Domestic Violence Multi-Agency Risk Assessment Conferences (MARACs)
Looked After Children Reviews
Section 47 Strategy Meetings
Child Protection Conference
Special Schools Admissions Forum
Within Special Schools Audit of Learner Needs
Early Communication and Autism Partnership Panel (ECAP)

## The Pathway to Provision - Children & Young People's Services in Nottinghamshire



Contact information on the services listed above is available from the Family Information Service (FIS) [www.nottinghamshire.gov.uk/fis](http://www.nottinghamshire.gov.uk/fis)

## Section E: Referral and Step Down Processes

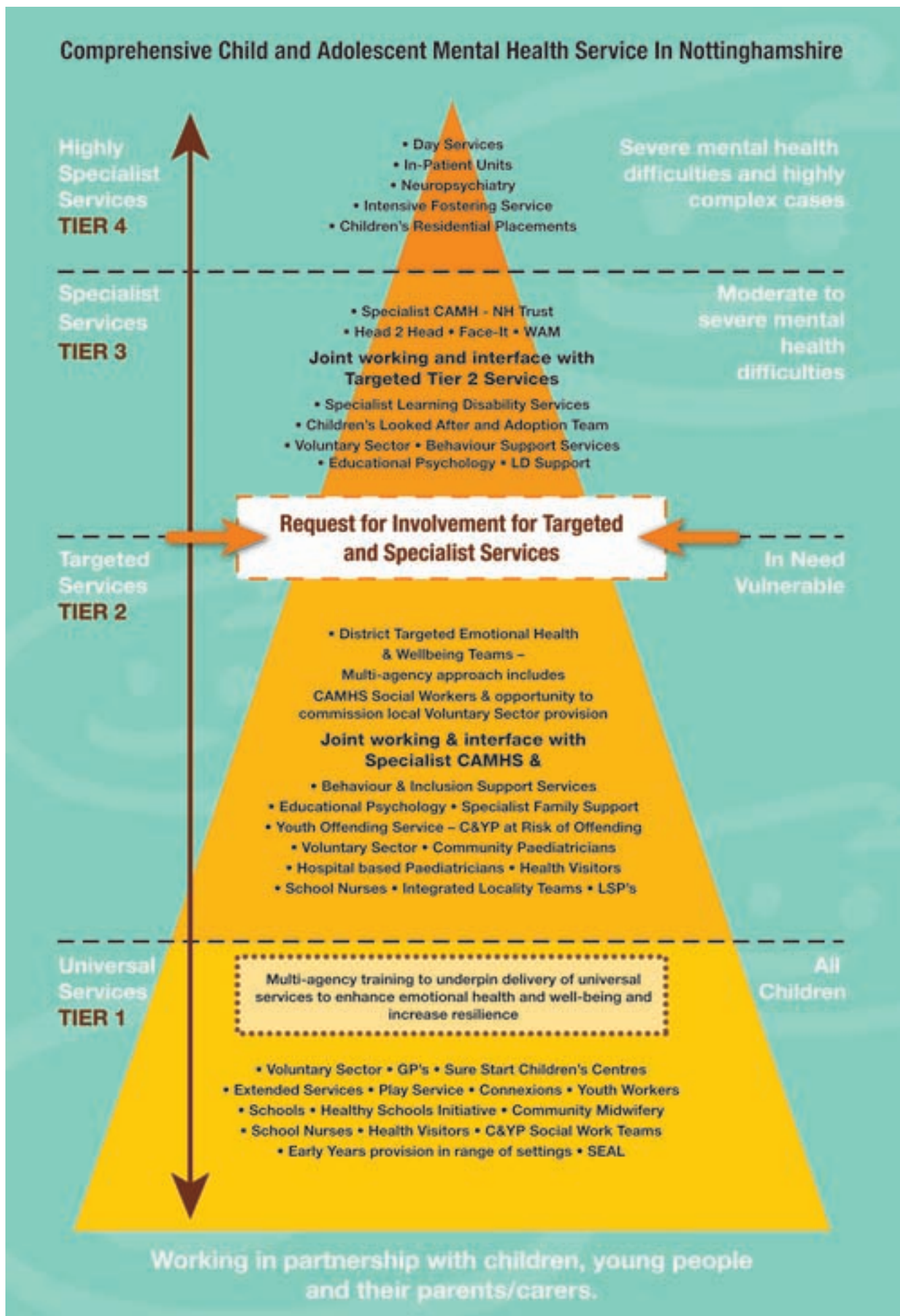
This section of the Pathway to Provision Handbook will include the referral and step down processes for other services. The first of these services is the Child and Adolescent Mental Health Service (CAMHS). Other services will be added in later additions of the Pathway to Provision Handbook.

### The Pathway to the Child and Adolescent Mental Health Service (CAMHS)

The CAMH Service aims to achieve an improvement in the mental health and well-being of all children and young people across Nottinghamshire, through effective and meaningful multi agency partnership working, ensuring that:

*“All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders, have access to timely, integrated, high quality, multidisciplinary mental health services to ensure effective assessment, treatment and support, for children and young people and their families.”*  
Children and Young Peoples NSF (DH 2004)

The CAMHS Delivery Triangle provides an overview of the range of CAMH Services delivered at universal, targeted, specialist and highly specialist levels, sometimes described as tiers.



## How to Access CAMHS

**Tier 1 - Universal services** - through your usual contact with a range of professionals delivering services in your local area.

For consultation, advice and joint working with children, young people and their families between Universal and Targeted Tier 2 please contact the District Lead for the District Emotional Health and Well-being Service in your district.

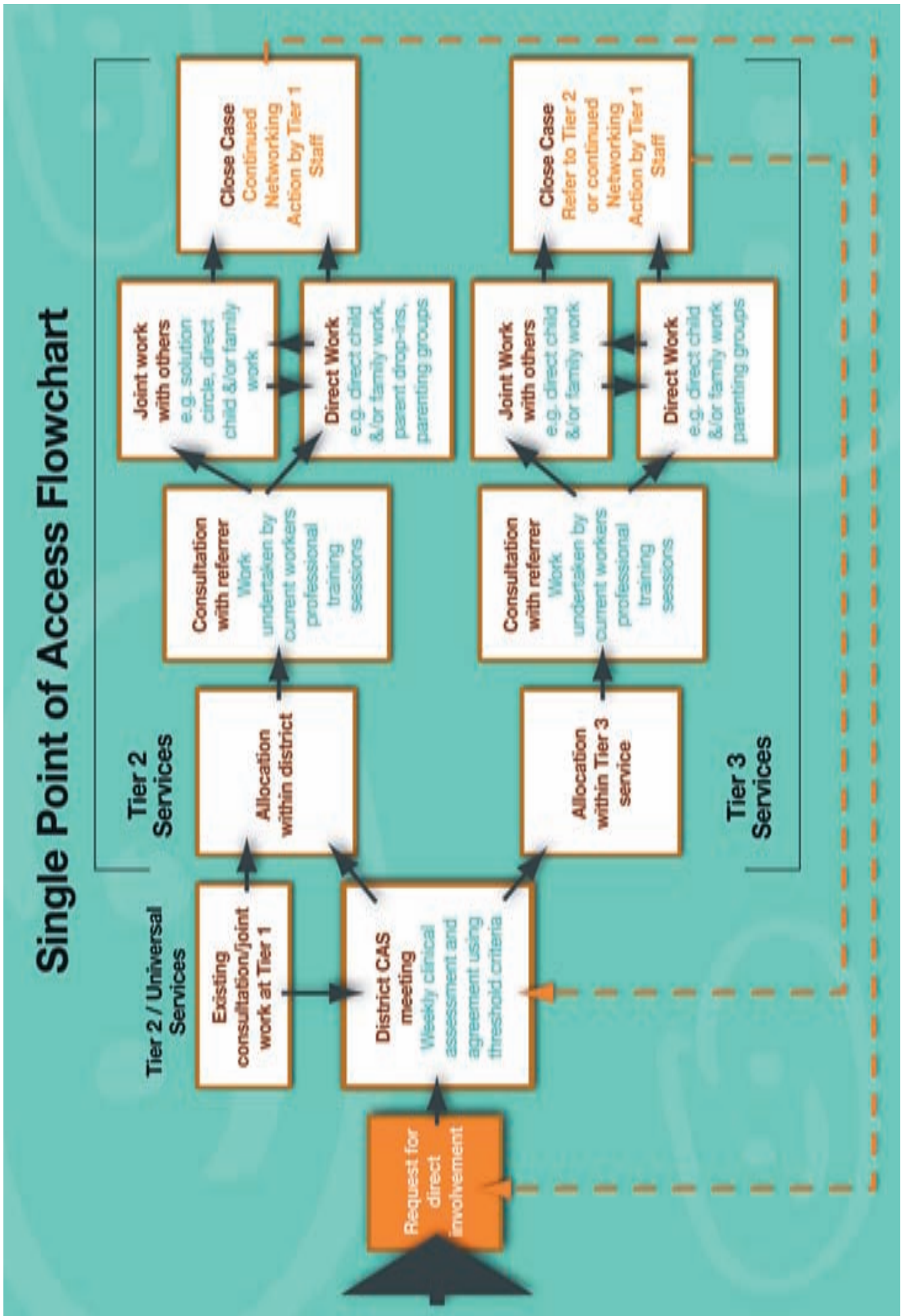
The local authority district boundaries of Ashfield, Broxtowe, Gedling, Mansfield, Newark & Sherwood and Rushcliffe apply - call 0300 300 0022 for contact details. For Bassetlaw call 01777 274422.

**Tiers 2-4** A Single Point of Access has been established for Requests for Involvement or access for direct support from Targeted, Specialist, Highly Specialist Services, Specialist Learning Disability Services and Community Learning Disability Team.

The Single Point of Access requires you as the 'referrer' to gain consent from the child, young person and/or family, to request involvement from an expert multi-agency panel that will assess and allocate the case to the most appropriate service. Requests to a specific service within this system are not possible. It is the responsibility of the referrer to gain informed consent from the client for the information in the Request for Involvement to be shared within a partnership of provision (this includes services commissioned from NHS, Nottinghamshire County Council and Voluntary and Community providers).

'A Request for Involvement form can be downloaded at the link below. This form must be completed in order to be processed to the Single Point of Access.

[www.nottinghamshire.gov.uk/camhsbooklet.pdf](http://www.nottinghamshire.gov.uk/camhsbooklet.pdf)



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## Appendix A: An Overview of the Common Assessment Framework

### What is the Common Assessment Framework (CAF)?

- an assessment process used across all services working with children, young people and families
- a common form for recording this assessment in a structured way
- a holistic assessment that summarises a child or young person's strengths, needs and goals after considering all aspects of his/her development, including health, social development and learning
- designed to be shared between services and used as a starting point for planning coordinated multi-agency action
- a consent-based process — we need the agreement of a parent/carer or of a competent young person/older child before using the CAF.

### Who might have a CAF assessment?

A CAF can be carried out with any child or young person from pre-birth up to age 19 (up to the age of 24 if the young person has a learning difficulty or disability), where:

- a cluster of indicators are identified at Level 2 or one or more indicator at Level 3
- as part of the 'Step Up' or 'Step Down' process for Children's Social Care
- the child or young person's needs are unclear, or not being met by their current service provision

### Which practitioners should use the CAF process?

- any practitioner in the children's workforce should use the CAF process, as well as practitioners who work in services for adults, as many adults accessing those services are also parents/carers and may need a Common Assessment for their child
- the CAF is a tool for early intervention work to support children or young people, so it is most likely to be used by practitioners in universal services or providing early intervention or targeted support
- practitioners considering referrals to Children's Social Care

For further information about using the CAF in Nottinghamshire, please visit [www.nottinghamshire.gov.uk/commonassessmentframework](http://www.nottinghamshire.gov.uk/commonassessmentframework)

A downloadable CAF Handbook is available from this site which includes further information about using the CAF in Nottinghamshire along with a range of resources to support practitioners to use the CAF process effectively.

## Appendix B:

# An Overview of the Joint Access Teams

The Joint Access Teams are recognised as the key mechanism for early intervention in Nottinghamshire and support the effective implementation of the principles of early intervention as outlined in the following ways:

1. The 0–19 focus enables early intervention to help children or young people as young as possible or at any stage in their lives that issues may arise.
2. The model enables practitioners to consider the needs of the whole family, as it recognises that children and young people are individuals within a wider family unit and supports the active engagement with and participation of children, young people and their families.
3. The JAT model supports practitioners in following the early intervention process.
4. The JATs support professionals in identifying who is most appropriate to work with a family and the role that they should play.
5. The JATs can also generate good local information about where families can access advice about emerging difficulties, which is recognised as contributing to effective early intervention.
6. The JAT model supports the Common Assessment Framework which is also recognised as a key tool for early intervention.

### The Purpose of the Joint Access Team

**Joint Access Teams are the key mechanism for early intervention and provide an opportunity for a single, cross agency conversation about a child or young person with early intervention or targeted needs**

As a result of this conversation there will be:

- Better understanding of the child's or young person's needs
- Advice, information and ideas generated by the team regarding the next steps
- Clarity around the outcomes being sought
- Lead professional identified
- Additional support services identified
- Next steps agreed and recorded
- Date set for progress review
- A link between input, output and outcomes

### Key Principles of Joint Access Teams

The Joint Access Team model is underpinned by the following principles:

- Focus on outcomes for children, young people and families
- A holistic approach
- Enabling the full participation of children, young people and parent/carers in the process
- Building on strengths as well as identifying difficulties
- Agencies need to work together to reduce duplication and unnecessary intrusion into family life
- Social inclusion
- Non-judgemental
- The child or young person's safety is everyone's responsibility
- Mutual respect between agencies and a recognition of the different skills that each agency brings.

JATs work in local areas which geographically serve one or more families of schools. The core membership of each JAT consists of practitioners from the following services in Nottinghamshire: School Nursing or Health Visiting; Youth Support Service; Children's Social Care; Primary Schools; Secondary Schools; Connexions; Police; the Education Welfare Service; the Emotional Health & Well Being District Team; Inclusion Support Services; and local Children's Centres.

For further information about Joint Access Teams in Nottinghamshire, please visit [www.nottinghamshire.gov.uk/jointaccessteams](http://www.nottinghamshire.gov.uk/jointaccessteams)

A downloadable JAT Handbook is available from this site which includes further information about using JATs in Nottinghamshire along with a range of resources to support practitioners to use the JAT process effectively.

### **When to consider a referral to the Joint Access Teams**

A referral to the JAT can be undertaken for any child or young person from pre-birth up to age 19 (up to the age of 24 if the young person has a learning difficulty or disability), where:

- a cluster of indicators are identified at Level 2 or one or more indicator at Level 3
- as part of the 'Step Up' or 'Step Down' process for Children's Social Care
- the child or young person's needs are unclear, or not being met by their current service provision

## Appendix C: Glossary for the Outline of the Pathway to Provision

### Level Two

#### Children's Centre Allocations Meeting

*The meeting reviews all requests for service (using CAF form) with consent from families. It allocates work accordingly if single agency intervention is required. The panel also agrees team around the child. Link to local JAT where appropriate.*

**Contact: Telephone 0800 781 2168 for individual centres details.**

#### Disabled Children's Access to Childcare (DCATCH) Individual Home based Packages

*The Brokerage Manager confirms the child, young person's eligibility, brokers support to develop individual home based childcare packages and approves funding to meet additional childcare costs.*

**Contact: Brokerage Manager: Jo Willis; E-mail: jo.willis@nottsc.gov.uk, Tel 07917551381**

### Level Two and Three

#### Springboard

*Family Springboard meetings are held termly and involve school staff and external agencies and provide an opportunity to focus on children and young people with the most complex needs and circumstances across each family of schools. At these meetings, agreement is reached regarding who will take the lead in supporting the school with identified pieces of work.*

**Contact: Held and usually chaired by each individual school.**

#### Family of Schools Additional Family Needs (AFN) Meeting

*Meeting where representatives from the Family of Schools make decisions on how Family resources are allocated to each school are made. Each individual school will then determine the practical arrangements for the use of resources within schools.*

#### Disabled Pupils Access Panel

*Children and young people must have a physical disability or complex medical need. The panel co-ordinates the admission and transition of pupils with complex physical or medical needs into mainstream schools and settings. The panel considers applications for the Specialist Equipment Loan Scheme.*

**Contact: Casework Meetings Chair: Helen Dengel; E-mail: hdengel@fountaindale.notts.sch.uk**

#### Disabled Children's Access to Childcare (DCATCH)

*Brokers support to develop individual package and funding to meet additional costs.*

**Contact: Brokerage Manager: Jo Willis; E-mail: jo.willis@nottsc.gov.uk**

#### Flexible Short Breaks Scheme for Disabled Children

*The Flexible Short Breaks Scheme is accessed via a CAF Assessment. The Short Break Brokerage Officers in the Families Information Service in discussion with parent's link eligible children to approved providers of short breaks including Breaks in Partnership, and Holiday Clubs. Contact FIS 0800 781 2168 8.30am-5.30pm (4.30pm on Friday) or fis@nottsc.gov.uk*

### Level Three

#### Joint Solution Forum

**Chaired by placements and EDT**

#### Anti-Social Behaviour Multi-Agency Risk Assessment Conferences (MARACs)

**Contact: Ashfield: Sally Wigginton on s.wigginton@ashfi.eld-dc.gov.uk; Mansfield: Meryl Cunliffe on mcunliffe@mansfi.eld.gov.uk; Newark/Sherwood: Lynn Pallett on lynn.pallett@newark-sherwooddc.gov.uk; Bassetlaw: Gerald Connor on gerald.connor@bassetlaw.gov.uk**

**Children Out of Schools Group (COOSs)**

*These are district groups made up of schools and other agencies which track and secures education provision for children out of school.*

**Assessment and Statementing Panel**

**Contact: Chair: Danny Griffiths or Maria Wills, e-mail [danny.griffiths@nottsc.gov.uk](mailto:danny.griffiths@nottsc.gov.uk) or [maria.wills@nottsc.gov.uk](mailto:maria.wills@nottsc.gov.uk)**

**Inclusive Technology Panel**

*Provides children and young people with special educational needs and disabilities with appropriate inclusive technology to enable them to access the curriculum.*

**Contact: Chair: Christine Buck, e-mail [Christine.buck@nottsc.gov.uk](mailto:Christine.buck@nottsc.gov.uk); Lead Officer: Jeremy Beckett, e-mail [Jeremy.beckett@nottsc.gov.uk](mailto:Jeremy.beckett@nottsc.gov.uk)**

**Communications Aids Panel**

*This multi-agency panel (Nottinghamshire County Council, Nottingham City Council and Health Trusts) funds the allocation of high cost communication equipment to enable children and young people with very complex communication needs to access the curriculum..*

**Contact: Chair: Helen Crowder, e-mail [Helen.crowder@nottsc.gov.uk](mailto:Helen.crowder@nottsc.gov.uk)**

**Complex Medical Needs Panel**

*Authorises the allocation of support to enable the provision of appropriate invasive medical care for children and young people in mainstream schools.*

**Contact: Chair: Helen Crowder, e-mail [Helen.crowder@nottsc.gov.uk](mailto:Helen.crowder@nottsc.gov.uk)**

**Specialist Resource Panel**

*Approves appropriate residential/education provision for children and young people; to discuss and approve funding arrangements between social care, health and SEN.*

**Contact: Chair: Norman Chessman, E-mail: [norman.chessman@nottsc.gov.uk](mailto:norman.chessman@nottsc.gov.uk)**

**Complex Medical Needs Panel**

*The panel authorises the allocation of support to enable the provision of appropriate invasive medical care for children/young people in mainstream schools.*

**Contact: Chair: Helen Crowder, E-mail: [helen.crowder@nottsc.gov.uk](mailto:helen.crowder@nottsc.gov.uk)**

**High Level Needs Panel**

*Allocates funding to support children/young people who have exceptionally complex and enduring special educational needs/disabilities educated within mainstream schools.*

**Contact: Chair: Chris Harrison, E-mail: [chris.c.harrison@nottsc.gov.uk](mailto:chris.c.harrison@nottsc.gov.uk)**

**Specialist Equipment Loan Scheme**

*The scheme allocates specialist seating, toileting, lifting and handling equipment to private, voluntary and independent providers. Applications must be supported by a report from an Occupational Therapist.*

**Contact: Chair: Helen Dengel, E-mail: [hdengel@fountaindale.notts.sch.uk](mailto:hdengel@fountaindale.notts.sch.uk), Lead Officer: Helen Crowder, E-mail: [helen.crowder@nottsc.gov.uk](mailto:helen.crowder@nottsc.gov.uk)**

**Disabled Children's Access to Childcare (DCATCH): Inclusion Support for Settings Panel**

*The panel provides advice, support and funding for private, voluntary and independent settings delivering; childcare for disabled children whose parents are in employment or training, and all disabled three and four-year olds accessing their free entitlement.*

**Contact: Independent Chair: Hilary Ruddock, Telephone: 0115 9677684; Lead Officer: Helen Crowder, E-mail: [helen.crowder@nottsc.gov.uk](mailto:helen.crowder@nottsc.gov.uk)**

**School Behaviour and Attendance Partnerships**

*These partnerships are lead by schools in a locality and work to secures the placement of children at risk of exclusion from school or excluded into suitable education provision. Includes managed moves/alternate provision on or off school sites supporting schools with strategies to re-engage children and young people with education. The readmission of children back to mainstream when they are 'school ready'.*

## Level Three and Four

### Specialist Play for Disabled Children

Disabled Children's Team support disabled children at level 3 and 4 through Breaks in Partnership, the Holiday Clubs and Saturday Clubs as part of their Child in Need plan accessed through the Disabled Children Social Work Team.

**Contact: Team Manager: Sarah Blackhurst E-mail: sarah.blackhurst@nottsc.gov.uk**

## Level Four

### Multi-Agency Public Protection Panel

The panel provides a statutory framework in England and Wales for the assessment and management of the risk of serious harm posed by specified sexual and violent offenders, including offenders (including young people) who are considered to pose a risk, or potential risk, of serious harm to children. A number of agencies including Children's and Adult's Social Care Services, health, housing, Youth Offending Teams and Jobcentre Plus are required to be part of the process.

### Multi-Agency Risk Assessment Conference (MARAC) Domestic Violence

The highest risk cases of domestic abuse are discussed. The main aim is to reduce the risk of serious harm or homicide for a victim and to increase the safety, health and wellbeing of victims — adults and any children.

**Contact Officer: Rachel Adams, E-mail: rachel.adams@nottsc.gov.uk Further information including the domestic abuse risk assessment form and MARAC referral details, can be found in the Inter-agency practice guidance in relation to children and domestic violence summary [PDF 473KB] on the Nottinghamshire Safeguarding Children's Board website.**

### Multi-Agency Risk Assessment Conference (MARAC) Domestic Violence

The highest risk cases of domestic abuse are discussed. The main aim is to reduce the risk of serious harm or homicide for a victim and to increase the safety, health and wellbeing of victims — adults and any children.

**Contact Officer: Rachel Adams, E-mail: rachel.adams@nottsc.gov.uk**

## Section 47 Strategy Meetings

Where there is concern that a child is suffering or likely to suffer significant harm, a discussion or meeting should be held with the child's social worker, the Police and any other involved professionals. The discussion/meeting will consider if any urgent action needs to be taken, share known information and decide what action needs to be taken to ensure the child's needs are met.

## Child Protection Conference

Brings together family members, the child where appropriate and those practitioners most involved with the child and family, following section 47 enquiries. The concerns that have led to the conference will be discussed along with relevant information that has been gathered about the family. The information gathered will be analysed to make judgements about whether the child/young person is felt to be suffering significant harm or likely to suffer significant harm and what action needs to be taken. A decision will be made about whether the child should be made subject to a Child Protection Plan.

## Special Schools Admissions Forum

Decides upon the placement for pupils with special educational needs within a special school where the choice of school is not obvious (either because of capacity issues within schools or because of the particular needs of the child or young person).

**Contact: Chair: Chris Harrison, E-mail: chris.c.harrison@nottsc.gov.uk**

## Within Special Schools Audit of Learner Needs

This is the process whereby the moderation of Special School assessment of pupils' needs is undertaken. The assessment of individual pupils will contribute information considered when allocating funding to schools.

**Contact: Chair: Andy Smith, E-mail: andrew.smith@nottsc.gov.uk**

**Early Communication and Autism Partnership Panel (ECAP)**

*A multi-agency consultancy panel meets monthly to decide on who should be offered support, the type and frequency. Only available for children with the most complex communication and social interaction needs/Autistic Spectrum Disorder (ASD). Referrals accepted up to the child's fourth birthday with support continuing until the end of the Early Years Foundation Stage.*

**Contact: Chair: Phil Christie, NORSACA, Telephone: 0115 8761720**

**Looked After Children Reviews**

*For all children and young people who are looked after by the Local Authority. The meetings involve the child/young person, their parent/carer and professionals involved with the family to look at what the care plan is. The meetings are held within 28 days of the child/young person becoming looked after, then at regular intervals for as long as the child/young person is looked after.*

**Contact: Independent Reviewing Officer**

# Referral Form for Nottinghamshire Children's Social Care



Nottinghamshire  
SAFEGUARDING  
CHILDREN Board

Working in Partnership to Safeguard  
Children & Young People

This form should be completed within 24 hours following telephone contact with Children's Social Care OR used to make a referral to request a Children's Social Care assessment under:

- S17 - Child in need of support (see Pathway to Provision Level 4a for threshold guidance)\*
- S47 - Child in need of protection (see Pathway to Provision Level 4b)\* (\*Please delete as appropriate)

[www.nottinghamshire.gov.uk/pathwaytoprovision](http://www.nottinghamshire.gov.uk/pathwaytoprovision)

In all cases consideration should be given to completing and attaching a CAF to ensure a holistic assessment of a child's needs, though it is not a pre-requisite for a referral to Children's Social Care

## Part 1 - Practitioner and contact information

### 1.1 Details of Practitioner completing this form

Name ..... Telephone number .....  
 Job title ..... Service/organisation .....  
 E-mail .....

### 1.2 Please confirm any prior telephone contact with Children's Social Care concerning this referral

Reception and Assessment Team contacted: South  North  Emergency Duty Team  (please tick as appropriate)

Name of Children's Social Care Practitioner: ..... Date and time: .....

Please summarise any discussions and agreed actions (including timescales) resulting from the telephone contact with Children's Social Care .....

### 1.3 Additional information required

I have made the **child / young person / parent / carer** (please delete as applicable) aware of the referral.

If **not** please state the reasons why? .....

If **yes** what is their opinion about what they would like to happen as a result of this referral? .....

Are you aware of any risks to Children's Social Care staff undertaking home visits? **YES / NO / NOT KNOWN**

If yes please describe? .....

## Part 2 - Referral Information

### 2.1 Children or young people information (If unborn baby, write name as 'unborn baby' and mother's name)

Name: ..... Address: ..... Post Code: .....

Tel no: ..... Subject of referral (Yes / No) Date of Birth / / Gender: .....

Ethnicity & Religion: ..... Disability / communication issues: .....

#### Please record any siblings below

Name: ..... Address: ..... Post Code: .....

Tel no: ..... Subject of referral (Yes / No) Date of Birth / / Gender: .....

Ethnicity & Religion: ..... Disability / communication issues: .....

Name: ..... Address: ..... Post Code: .....  
 Tel no: ..... Subject of referral (Yes / No)    Date of Birth    /    /    Gender: .....  
 Ethnicity & Religion: ..... Disability / communication issues: .....

**2.2 Parents/carers (including other significant family members) information**

Name: ..... Address: ..... Post Code: .....  
 Tel no: ..... Also known as /previous names ..... Date of Birth    /    /  
 Relationship to child or young person ..... Parental responsibility? (YES / NO / NOT KNOWN)  
 Ethnicity & Religion: ..... Disability / communication issues: .....

Name: ..... Address: ..... Post Code: .....  
 Tel no: ..... Also known as /previous names ..... Date of Birth    /    /  
 Relationship to child or young person ..... Parental responsibility? (YES / NO / NOT KNOWN)  
 Ethnicity & Religion: ..... Disability / communication issues: .....

**Please record below any other significant family members e.g. grandparents**

Name: ..... Address: ..... Post Code: .....  
 Tel no: ..... Also known as /previous names ..... Date of Birth    /    /  
 Relationship to child or young person ..... Parental responsibility? (YES / NO / NOT KNOWN)  
 Ethnicity & Religion: ..... Disability / communication issues: .....

**2.3 Agencies / services currently working with this child, young person or family (please include details of any relevant agencies or services working with the parent / carer e.g. mental health or substance mis-use). Copies of this referral form should be sent to key practitioners working with this child, young person or family on a need to know basis.**

Name of Service	Name of Practitioner and job title	Contact details (telephone / e-mail)	Details of services currently being provided	Copy of this referral form sent (YES or NO)
GP				

**Name of Children’s Centre, Nursery or School attended:**

**2.4 Please explain how you think this referral meets the threshold for Children’s Social Care: please consider the child / young person’s needs; parent / carer’s capacity; social and environmental factors. (See guidance in the Pathway to Provision Handbook [www.nottinghamshire.gov.uk/pathwaytoprovision](http://www.nottinghamshire.gov.uk/pathwaytoprovision))**

.....  
 .....  
 .....  
 .....  
 .....

**2.5 What are the arrangements to keep the child or young person safe? Where is the child or young person at present?**

.....  
 .....

**2.6 Has a CAF been completed? YES / NO If yes please provide a copy of CAF with this form**

If no please state reason: .....

**2.7 Has the child or young person been discussed at a Joint Access Team (JAT) meeting? YES / NO / Do not know**

If yes please provide date and locality of JAT .....

**2.8 Practitioner completing this form - I agree that this is an accurate record**

Signed ..... Name ..... Date    /    /

For further information contact:

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

**Telephone: 08449 80 80 80**

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

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