

# Rochdale Borough Children's Needs and Response Framework

Rochdale Borough  
Children &  
Young People's  
Partnership

**RBSCP**   
ROCHDALE BOROUGH  
SAFEGUARDING CHILDREN PARTNERSHIP



# Contents

	Page
Foreword	3
1 Introduction	4
2 Principles of Effective Partnership Working	5
3 Using the Framework	5
4 Neglect	6
5 Children's Needs & Response Framework	7
6 Indicators	8-11
7 The Family Service Model	12
8 Recording & Information Sharing	12
9 Moving Between the Levels	13
10 Professional Disagreement	14
11 Appendices 1 & 2	15

## Please Note:

This document should be read in conjunction with the online [Greater Manchester Safeguarding Procedures Manual](#), that sets out guidance relating to referral, assessment, planning and decision making.

# Foreword

## Welcome to Rochdale’s Children’s Needs and Response Framework.

The Framework has been agreed through both the Children and Young People’s Partnership and the Safeguarding Children’s Partnership and is for use in all settings and by all organisations that provide services for children and young people.

This edition of the document was introduced in January 2018 and replaces all previously published versions. It provides a clear framework for agencies to work together effectively to support families, prevent escalation of concerns and keep children and young people safe from harm.

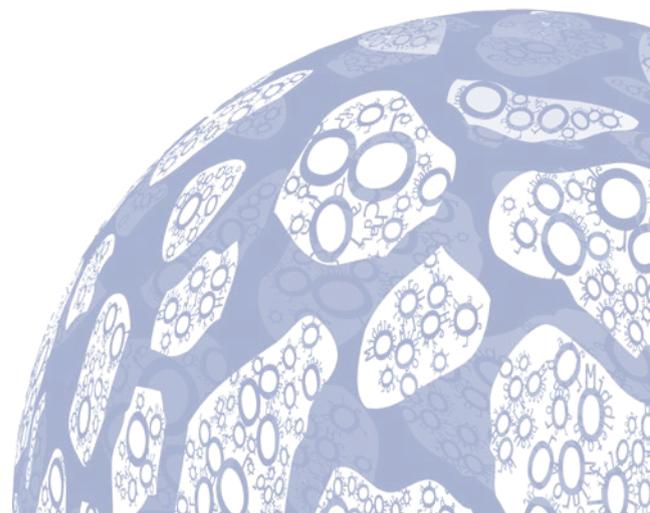
### The new edition:

- Sets out 4 levels of need
- Reflects the Rochdale Early Help Strategy
- Includes Female Genital Mutilation, Honour Based Violence, Forced Marriage, Trafficking and Radicalisation
- Includes principles of partnership working



Signed:

Chair RBSCP – Amanda Clarke    Chair CYPP – Sharon Hubber



# 1. Introduction

The Rochdale Children's Needs and Response Framework has been developed to provide help and guidance to practitioners at all levels, working in the statutory, public, voluntary and independent sectors, with children, young people and their families.

## The Framework is designed to help practitioners to:

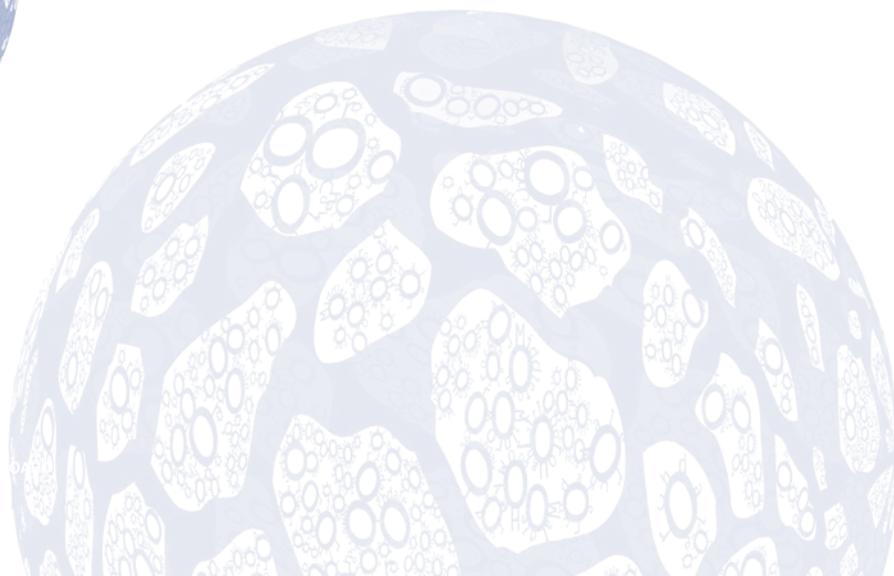
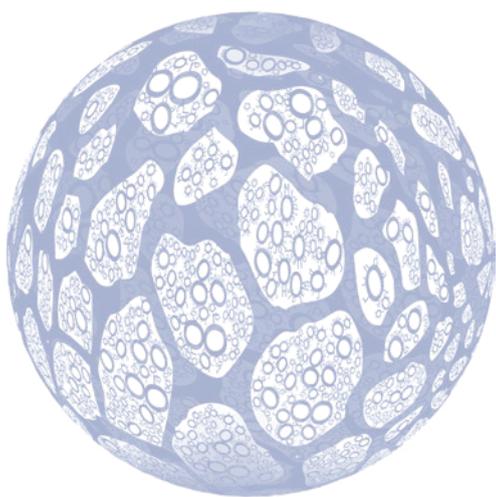
- Share a common understanding of children's needs
- Understand the child in the context of their family, wider community and experiences
- Develop ideas and solutions with children and their families so that timely and appropriate support is provided at the right level.

The framework follows the 'windscreen model' which illustrates when services begin from universal services through early help to statutory intervention.

Key principles underpinning the delivery of services are that emerging needs should be identified as early as possible and addressed through effective interventions that prevent escalation into specialist services.

Children with unmet needs should be offered, where appropriate and with consent and involvement of parents/carers and children/young people, an Early Help Assessment which will develop a team around the family (TAF) as a way of identifying what support and early services are needed and to plan and review progress towards desired outcomes for the child and family.

Partnership working is key to ensuring that interventions are timely, proportionate, appropriate, effective, do not drift, are SMART, outcome focused and keep the child's safety at the centre.



## 2. Principles of Effective Partnership Working

- We have shared values and common goals – children and their families are at the centre of everything we do
- We show mutual respect, openness, trust and honesty in all of our work
- All professionals share information in an appropriate and timely way
- We collaborate effectively and take joint responsibility when making decisions and agreeing actions
- We have a coordinated approach to interventions
- We value respectful challenge



## 3. Using the Framework

This is a guide for practitioners and managers in every agency that works with, or is involved with, children, young people and their families.

The indicators on the following pages are not intended for use as a ‘tick box’ exercise, but to give a quick-reference guide to support professional decision-making.

Effective decisions relating to the type of intervention necessary must be evidence based, using professional judgement and critical thinking, supported by consultation, supervision and an understanding of the likely thresholds for higher levels of intervention.

Remember: the signs that a child or young person has particular needs are not often found in a single piece of evidence but in a combination of factors of indicators.

1. Consider your evidence/single agency assessment/s about the needs of the child/young person
2. Review the indicators **(pages to 8 to 11 )** to establish the level of need
3. If in doubt, seek advice from your Single Agency Safeguarding Lead

If you feel a child or young person is in immediate danger please contact the police on **999** and call **0300 303 0440** to speak to someone in Rochdale’s Children’s Social Care about your concerns

# 4. Neglect

Tackling Neglect is a priority for Rochdale Borough Safeguarding Children Partnership and the [RBSCP Neglect Strategy](#) provides a framework for the response to neglect in the borough.

Children (including those who are unborn) need adequate food, water, shelter, warmth, protection and health care in order to thrive. They also need their carers to be attentive, dependable and kind. Children are neglected if these essential needs (the things they need to develop and grow) are persistently not met.

New born babies, premature babies and babies with ongoing health needs are particularly vulnerable to neglect. Teenagers are another very vulnerable group. By adolescence the impact of long term neglect may present in behaviours which place the young person at increased risk of harm.

## Neglect differs from other forms of abuse because it is:

- Frequently passive rather than intentional
- More likely to be chronic rather than crisis led
- More likely that there will be a series of concerns over a period of time that, taken together, demonstrate that the child is in need or at risk
- Linked with 'start again' syndrome i.e. a succession of assessments at crisis points which do not take into account the findings or outcomes of previous assessments

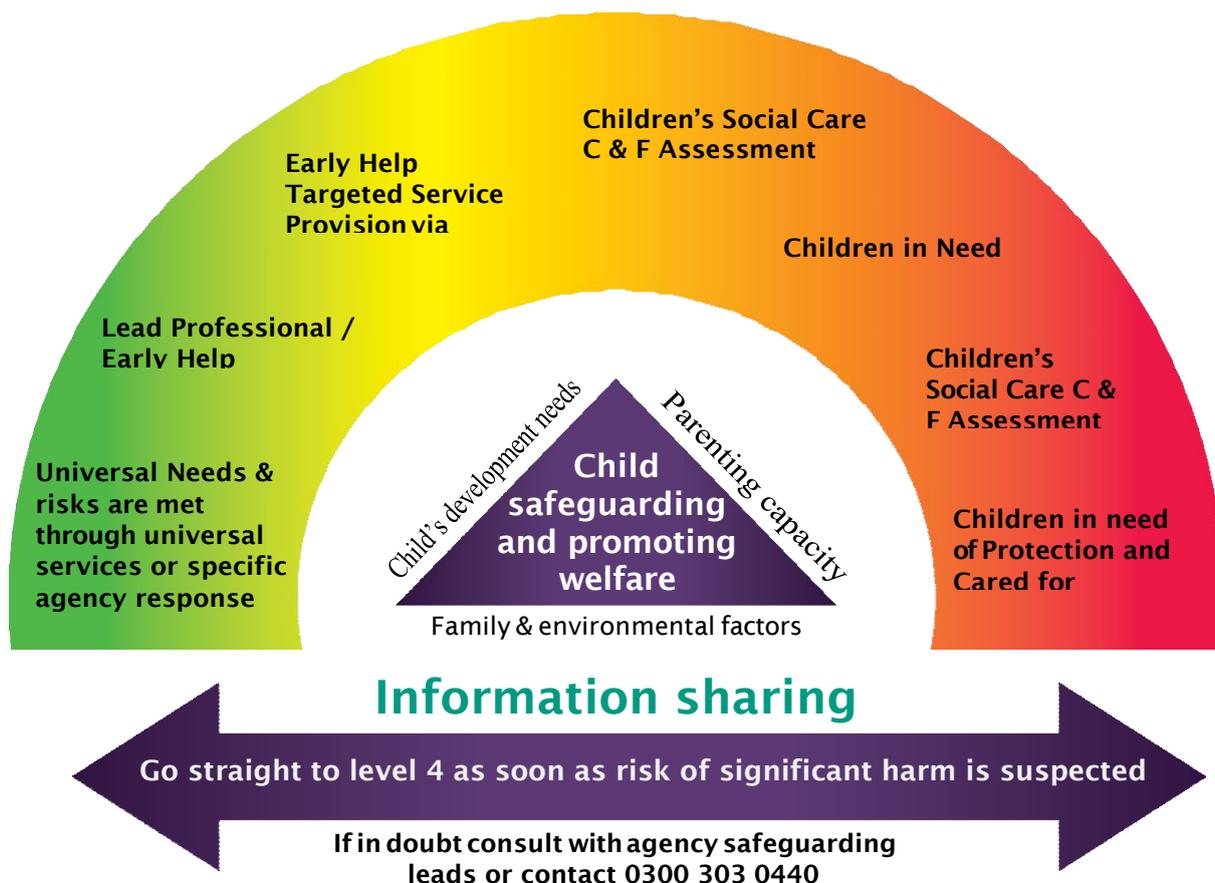
**Signs of neglect** can include poor physical appearance, bad hygiene, lack of appropriate clothing, the child being withdrawn or exhibiting antisocial or sexualised behaviours, and the child not meeting physical or emotional development milestones.

## Neglect may occur:

- During or after pregnancy
- In a chaotic family environment where there is an absence of boundaries/routines.
- When a parent / carer has substance misuse issues/mental health difficulties/ learning disabilities impacting on their ability to meet the needs of their child/ren.
- Where parent/s lack understanding of what it means to look after a child safely including ensuring adequate supervision; using inappropriate/inadequate caregivers; ensuring access to appropriate medical care or treatment; ensuring that educational needs are met.
- Where there is neglect of, or unresponsiveness to, a child's basic emotional needs.

In considering whether or not a child has been neglected, it is important to consider the age of the child in relation to the nature of the neglect and the length of time for which the concerns have existed. The Graded Care Profile helps practitioners to measure the quality of care being given to a child or young person and to monitor change over time.

# 5. Children's Needs and Response Framework



## The Framework sets out 4 levels of need

### Level 1 Universal

#### Low Risk. Step up/Step down

Children, young people and families whose needs and risks are/can be met by universal services or simple, specific agency response.

**Please note:** different agencies have different levels of resource and there will consequently be some variation in the needs they can meet at level 1.

### Level 3 Child in Need

#### Medium & Escalating Risk. Step up/Step down

Children, young people and families who have complex needs. They are experiencing sustained and persistent problems that it has not been possible to resolve at previous levels. These children will require referral to social care, a child and family assessment and a co-ordinated multi-agency support through a Child In Need Plan.

### Level 2 Early Help

#### Low to Medium Risk. Step up/Step down

These children will need additional support to ensure their needs are met and that they reach their potential either through additional support within one agency or through a multi-agency intervention, using the Early Help Assessment/Team Around the Family.

### Level 4 Child protection and cared for children

#### High Risk

These children have significant unmet needs and are being subjected to high risk factors. Without a statutory, co-ordinated response they will continue to suffer or be at risk of suffering significant harm. They will be supported through Child Protection or Cared for Children processes and a multi-agency plan.

## 6. Indicators

### Level 1 – Universal

(NHS England Equivalent levels – Community/Universal/Universal Plus)

<b>Description</b>	Children, young people and families whose needs and risks are/can be met by <u>universal</u> services or simple, specific agency response. The majority of children and young people in the Rochdale borough receive universal services alone.	
<b>Response</b>	Routine single agency assessment. Signposting to appropriate universal services, offer of information and advice if necessary. Step up/Step down.	
<b>Tools</b>	The <a href="#">Family Service Directory Our Rochdale</a> holds information on services in the borough.	
<b>Information Sharing</b>	Consent not required under UK GDPR but you need to get agreement and inform individuals of how you will use their information, why and who it may be shared with. The information you share should be 'proportionate' and limited to the minimum necessary to meet your purpose.	
<b>Examples of indicators</b>	<b>Health</b>	Registered and visits GP/Dentist/Optician Meeting developmental milestones Appropriately cared for when ill Living in clean and safe environment
	<b>Emotional &amp; social</b>	Positive attachments Confidence in social settings Can successfully deal with life changes & challenges Good relationship with peers and adults
	<b>Family /Social relationship</b>	Parents/carers show emotional warmth & give praise & encouragement Good relationships within family, including when parents are separated Larger family network and good friendships outside of the family unit. Safe guarded from crime & anti-social behaviour
	<b>Behavioural Developments</b>	Age appropriate behavioural development Engage in positive and law abiding behaviour
	<b>Identity, self esteem</b>	Positive sense of self/self-worth/sense of belonging Positive knowledge of family history/sense of cultural identity Dresses appropriately for different circumstances Good personal hygiene
	<b>Self-care, independence</b>	Ability to self-care as appropriate to age Understands and abides by rules and boundaries Asks for help when needed Age appropriate understanding of risk and their own personal safety
	<b>Learning &amp; aspirations</b>	Attend and enjoy school & on track to achieve educational milestones Children with SEND reach their potential Supported to learn Engage in further education, employment and training on leaving school
	<b>Parenting</b>	Positive role models/Promote healthy & safe choices Prioritise the needs of the child Provide for the child's physical, emotional & developmental needs Provide safe homes/stability Regular income & access to material goods Positive, wellbeing/stable, supportive relationships

#### Level 1 Questions

Do you understand your entitlement to services?  
Do you know how to find out about local services?  
Are the services accessible?  
Are the services that you receive of good quality?

## Indicators - always include the voice of a child or young person

### Level 2 – Early Help

(Universal Partnership Plus)

<b>Description</b>	Low to Medium Risk. These children will be living in greater adversity than most other children or have a greater degree of vulnerability than most if their needs are not clear, not known or not being met.
<b>Response</b>	Multi-agency intervention is required.
<b>Tools</b>	Early Help Assessment and <a href="#">Team Around the Family</a> A range of tools are available on Rochdale Safeguarding website including Graded Care Profile, Neglect Screening Toll and Private Fostering documents
<b>Information sharing</b>	Consent not required under UK GDPR but you need to get agreement and inform individuals of how you will use their information, why and who it may be shared with. The information you share should be 'proportionate' and limited to the minimum necessary to meet your purpose.
<b>Examples of indicators</b>	<b>Health</b> Refusal/avoidance of registration with GP/Dentist/Optician Developmental milestones not being met Persistently missed medical appointments Repeated injuries/infections/infestations Early/unsafe sexual activity/pregnant aged 16 or under Unhealthy diet and lifestyle/over or underweight Unhealthy diet
	<b>Emotional &amp; social</b> Lack of attachment/bonding Difficulties in building or sustaining relationships with peers/adults At risk of self-harm
	<b>Family /Social relationship</b> Suffering loss/bereavement/trauma Lack of support from family Lack of positive role models
	<b>Behavioural Developments</b> Lack of stimulation, boundaries or guidance Sometimes engages in anti-social behaviour Experimenting with alcohol/drugs Early indicators of vulnerability to being groomed Child Sexual Exploitation/ Radicalisation Early indicators of Trafficking/Modern Slavery Vulnerability to going missing from home. Irregular attendance/starting to have significant unauthorised absence
	<b>Identity, self esteem</b> Identity issues significantly impacting on wellbeing and lack of support Poor hygiene
	<b>Self-care, independence</b> Poor development of self-care skills Limited stimulation, boundaries or guidance Overprotected/unable to develop independence
	<b>Learning &amp; aspirations</b> Not meeting learning milestones No aspirations/expectation of future education/training/employment
	<b>Parenting</b> Unable to meet the child's needs/under stress Substance/alcohol misuse impacting on child Mental/health/physical/learning difficulties impacting on child Lack of warmth/affection towards child/attachment issues Emerging patterns of domestic abuse Homeless families or those threatened with eviction
<b>Level 2 Questions</b>	Do you feel you are getting all the services you need? If not, what do you think you/your child/family are missing? Do parents/carers consent to assessment? Have you been able to speak to the Child alone?

## Indicators - always include the voice of a child or young person

### Level 3 – Children in Need

(NHS England equivalent Levels—Universal Partnership Plus/Safeguarding)

<b>Description</b>	Children and young people unlikely to meet developmental milestones without statutory assessment by a social worker and concerted, co-ordinated multi agency support.
<b>Response</b>	<a href="#">Child in Need, Section 17 Children Act (1989).</a>
<b>Tools</b>	Social Care Statutory <a href="#">Child and Family Assessment, Child in Need Plan, Step up/Step Down, Private Fostering.</a>
<b>Information sharing</b>	Consent not required under UK GDPR. Inform individuals of how you will use their information, why and who it may be shared with unless this would place a child at further risk. The information you share should be ‘proportionate’ and limited to the minimum necessary to meet your purpose.
<b>Examples of indicators</b>	<p><b>Health</b></p> <p>Non-attendance at appointments having a significant impact on child’s health Very frequent significant illnesses and infections/minor health problems/injuries Non-compliance with treatment plans/medication /delays in seeking treatment Diet seriously impacts on health — malnutrition/obesity</p>
	<p><b>Emotional &amp; social</b></p> <p>Child has a negative sense of self and abilities impacting on daily outcomes Unable to meet developmental milestones due to inability of parent/carer to emotionally engage with them Some evidence of self-harm Self-harming behaviour No positive relationships with peers and/or adults—socially isolated</p>
	<p><b>Family /Social relationship</b></p> <p>Chaotic and inconsistent family support networks/high levels of instability Family experiencing a crisis likely to result in breakdown of care arrangements Destructive or unhelpful involvement from extended family Privately Fostered Early indicators of vulnerability to Trafficking/Modern Slavery</p>
	<p><b>Behavioural Developments</b></p> <p>Disruptive/challenging behaviour impacting on daily life and relationships Chronic non-attendance/unauthorised absences/fixed term exclusions/punctuality issues. Lack of self-control/empathy/violent and abusive to others Going missing from home Early indicators of risk/ vulnerability to Child Sexual Exploitation Grooming/ radicalisation Child/young person using substances/drugs/alcohol</p>
	<p><b>Identity, self esteem</b></p> <p>Poor sense of belonging within the family Subject to discrimination due to race, religion, age, gender, sexuality /disability Identity issues significantly impacting on wellbeing</p>
	<p><b>Self-care, independence</b></p> <p>Does not possess or neglects to use self-care appropriate to age Lack of stimulation, boundaries or guidance Often in dirty/unkept in clothing which is inappropriate for the weather or setting</p>
	<p><b>Learning &amp; aspirations</b></p> <p>Lack of parental support for child’s aspirations, learning and achievement Refusing to access education, training or employment post 16</p>
	<p><b>Parenting</b></p> <p>Parental factors have a direct impact on child’s health or development e.g. mental health, domestic abuse, substance/alcohol misuse learning difficulties. Serious debts/poverty impact upon ability to meet basic needs Intolerant, inconsistent parenting is impacting on child’s wellbeing Partner of parent persistently not visible to professionals</p>
<b>Level 3 Questions</b>	<p>Have you been able to speak to the Child alone ? Can you talk to the family about your concerns? Could you convene a meeting with the agencies involved? If you have been working with the family for some time. Are things getting better or worse? What is the daily experience of the child? Do you know that you can consult with the Locality Lead or with a worker in the Hub? Is there evidence of parental non-engagement/disguised compliance?</p>

## Indicators - always include the voice of a child or young person

### Level 4 – Child Protection and Cared for Children

(NHS England Safeguarding)

<b>Description</b>	These children have significant unmet needs and are being subjected to high risk factors. Without a statutory, co-ordinated response they will continue to suffer or be at risk of suffering significant harm.	
<b>Response</b>	<a href="#">Child Protection</a> response through Children’s Social Care.	
<b>Tools</b>	Section 47 investigation / <a href="#">Police Protection</a> / <a href="#">Emergency Protection Order</a> / <a href="#">Child Protection Plan</a> , <a href="#">Step up/Step Down</a>	
<b>Information sharing</b>	Consent not required under UK GDPR. Consent is not required but best practice is to share concerns with parents/carers unless this would place a child at further risk, prejudice the detection of a crime or lead to an unjustified delay in making enquiries. The information you share should be ‘proportionate’ and limited to the minimum necessary to meet your purpose.	
<b>Examples of indicators</b>	<b>Health</b>	Mother’s substance misuse places unborn child at risk of significant harm Persistent, chronic neglect Unexplained /suspicious injuries or an inconsistent explanation of the injuries Bruising on non-mobile babies Life threatening and severe health conditions where treatment not sought Concerns that child is suffering harm as a result of fabricated/induced illness. Developmental milestones are significantly delayed or impaired Despite support, the child undertakes no physical activity and has a diet which is adversely affecting their health and causing significant harm. Female Genital Mutilation (known or suspected), Physical injury to the child inflicted accidentally/non accidentally during a Domestic Abuse incident
	<b>Emotional &amp; social</b>	Challenging behaviour resulting in serious risk to the child and others. Severe depression Child or young person is self-harming/suicide/overdose risk Ongoing, unsupported caring responsibilities pose a serious risk to child
	<b>Family / Social relationship</b>	Home/physical living environment places child in danger Child/young person has been abandoned/ parents are deceased Child/young person is completely isolated, refuses to participate in any activities. Honour Based Violence/Forced Marriage Children in Private Fostering arrangements should be deemed at Level 4 but the level of need may be reduce following assessment.
	<b>Behavioural Developments</b>	Significant risk or evidence that child or young person is being sexually exploited/radicalised Behaviour is sufficiently extreme to place child at risk of removal from home e.g. persistent and high risk substance misuse, involvement in extremist activity, sexually exploited/exhibiting sexually harmful behaviour. Repeat episodes of going missing/missing for extended periods
	<b>Identity, self esteem</b>	Child/young person subject to emotional abuse The child’s vulnerability resulting from their negative sense of self and low esteem has been exploited by others who are causing them harm.
	<b>Self-care, independence</b>	Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm Child inappropriately left to self-care to a level that places them at risk of significant harm
	<b>Learning &amp; aspirations</b>	The child’s inability to understand /organise information/solve problems is adversely impacting on all areas of his/her development creating risk of significant harm
	<b>Parenting</b>	Unable to provide ‘good enough’ parenting that is adequate and safe Person identified as posing a risk to children living in the home Mental health, alcohol and/or substance misuse issues significantly affect child Persistent, high risk, domestic violence

#### Level 4 Questions

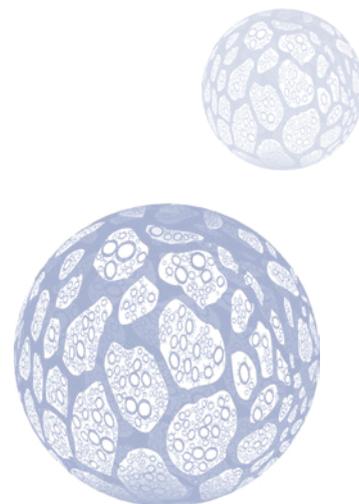
- Is the Child at immediate risk of harm? Has the Child disclosed abuse?
- Does the Child have an unexplained injury?
- Have you discussed concerns with your agency nominated Safeguarding Children Lead?
- Are there risks to the Child’s development and outcomes?
- Are there other children who could be at risk?
- Have you been advised to refer this case by the Hub?

## 7. Early Help and Safeguarding Hub

The Early Help and Safeguarding Hubs ensures that all contacts at Levels 2 to 4 are dealt with in a timely and consistent manner so that children and their families receive the right services at the right time in, line with their level of need.

### This support includes:

- Offering information and advice on local services
- Providing professional with consultation and support
- Making referrals to partner agencies
- Access to Early Help Services
- Making referrals to Children's Social Care.



For further details [click here](#)

If you feel a child or young person is in immediate danger please contact the police on **999** and call **0300 303 0440** to speak to someone in the Early Help and Safeguarding Hub about your concerns.

## 8. Recording and Information Sharing

Appropriate, accurate and timely records must be kept of all contact with children and their families/carers. The Rochdale Borough Safeguarding Children Partnership has endorsed multi-agency recording standards which support practitioners to record information in a clear and consistent manner.

Multi Agency record keeping [guidance](#)

Different organisations have different views and rules to follow on confidentiality and information sharing. Make sure you are familiar with the rules relating to your organisation.

Practitioners should use their professional judgement when making decisions on what information to share and when, and should follow their organisation procedures or consult with their manager if in doubt. The central consideration is whether sharing information is likely to safeguard and protect a child. [Further information](#)

## 9. Moving Between the Levels

### - Step up and Step Down

Children's needs are not static, and they may experience different needs – at different points on the continuum – throughout their childhood years.

In some circumstances a child and family's needs may not be met through coordinated early help and there may be a need to provide more intensive or specialist support led by children's social care. The term 'step up' is used to describe this process.

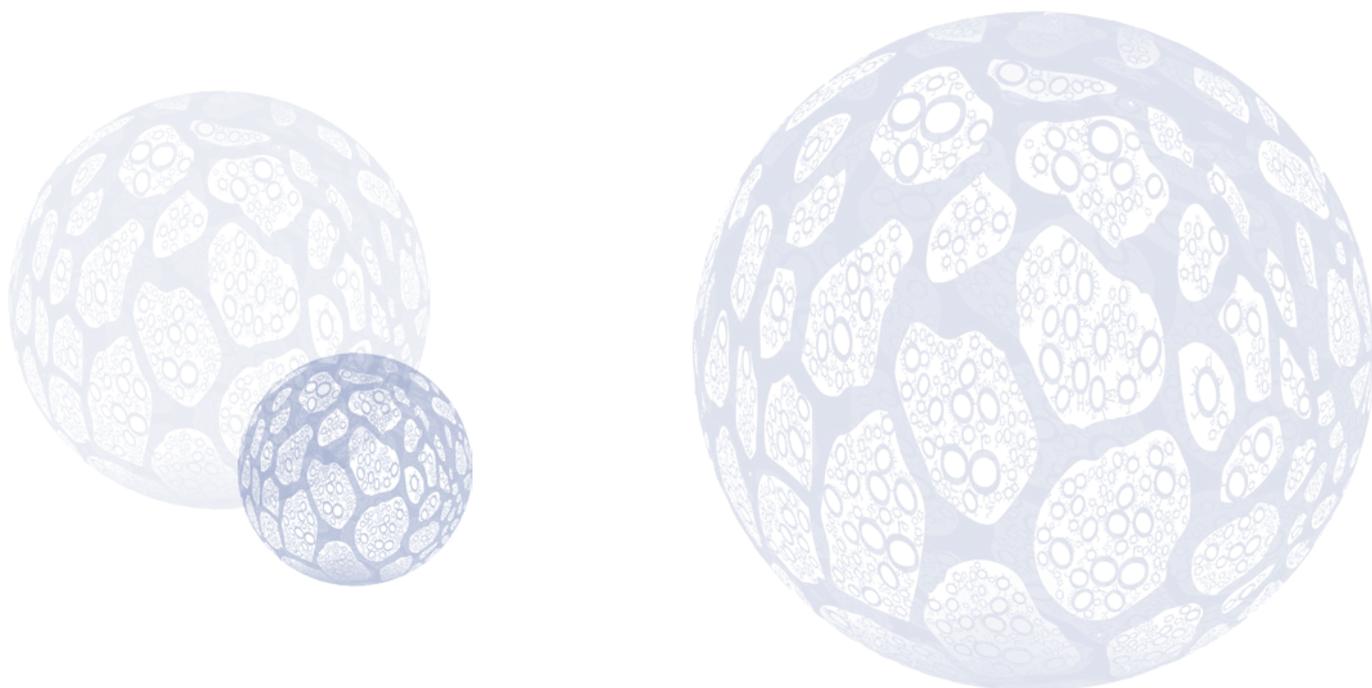
The term 'step down' is used to describe children and their families moving from a high level of intervention, including statutory intervention, to a lower level of coordinated support. This is important in ensuring that issues do not re-escalate.

In some cases a child or young person will go through a number of transition points on their journey to having their needs met.

Just as children may move from one level of need to another, it is acknowledged that agencies (including universal services) may offer support at more than one level. Although a professional may refer a family for a more targeted service, it is expected that they will still engage with the family during assessment and that they will be likely to have a role within the multi agency Team Around the Family.

Similarly, as cases are Stepped Down, there should be an agreed and co-ordinated response so that families, who still have presenting needs, do not suddenly experience a termination in services.

#### Step up/Step Down



# 10. Professional Disagreement

There will be times when professionals have different views on how best to support a child and family/carers and the levels of intervention required by different agencies.

## Examples where practitioners have concerns about the welfare of children may arise where they perceive other practitioners are:

- Not recognising need or the signs of harm
- Not sharing information about a child's welfare
- Not accepting referrals for services
- Not delivering services according to the threshold of need
- Not co-operating in delivering planned interventions
- Not attending key professional meetings, e.g. [Core Groups/Team Around the Family \(TAF\)/CIN](#)
- Not producing Plans or minutes quickly enough or of sufficient quality

The aim should be to resolve difficulties, within a time frame which clearly protects the child.

## Professional Resolution and Escalation Process

### Stage One: Direct Professional to Professional Discussion.

Differences of opinion or judgement should be discussed between frontline professionals to achieve a shared understanding and agree a resolution and plan. If professionals are unable to resolve differences within time scale, the disagreement should be escalated to stage two.

### Stage Two: Direct First Line Manager to First Line Manager Discussion.

If stage one fails to resolve the issue then each professional should discuss the issue with their first line manager or safeguarding lead. The first line manager should then liaise with the other professional's line manager in

an attempt to reach a resolution. If a resolution cannot be reached, the disagreement should be escalated to stage three.

### Stage Three: Senior Manager to Senior Manager Discussion.

If concerns remain unresolved at this stage a senior manager to senior manager discussion should take place to discuss the concerns and seek a resolution. Advice and support should also be sought from the designated safeguarding children professional within their agency

### Stage Four:

In the unlikely event that the issue is not resolved by the steps described

above and/or the discussions raise significant policy issues, the matter should be referred urgently to the RBSCP for resolution. This should include forwarding a written account of the dispute and what attempts have been made to resolve this. RBSCP will convene a panel made up of senior representatives from the statutory and voluntary organisations that make up the Partnership.

**Principle: At no time must professional disagreement detract from ensuring that the child is safeguarded. The child's welfare and safety must remain paramount throughout.**

RBSCP procedural guidance has been developed to cover responsibilities for agencies at level 4. The guidance covers the following areas:

1. Referral Stage
2. The need for Child Protection Conference
3. Child Protection Conference framework
4. Implementation of the Child Protection Plan
5. Where Professional Differences Remain

Click here: [Disagreements/Escalation Policy](#) and [Effective Challenge and Resolving Professional Differences Guidance](#)

# Appendix 1

## Underpinning Principles

The child's wellbeing and safety are paramount.

Safeguarding and promoting the wellbeing of children and young people is everyone's responsibility.

Agencies and organisations should be committed to addressing unmet needs and low level problems at the lowest levels of the continuum of need with effective interventions which prevent escalation into specialist services.

Children and young people's voices should be at the centre of what we do and should be evident in our work.

A 'Think Family' approach where the involvement of parents (together or apart), carers and children (unless this poses a risk) is a priority. Families are central to defining and addressing the problems that they face and they are key partners in the process.

Support should be based on timely, high quality assessment and intervention delivered through a clear plan of work which is regularly reviewed.

Critical thinking and analysis are essential components of effective practice.

There is collaboration between all partners, organisations and agencies to ensure close working relationships, working across organisational boundaries and the development of best practice to support families in reaching their potential and achieving good outcomes.

Unnecessary intrusion and duplication in the lives of those with unmet needs is minimised by the delivery of outcome-based interventions using lead professional/key worker models and integrated responses.

In many cases the presenting need is a symptom of complexity within the family and a bespoke,

family approach, addressing a number of factors, will be required to sufficiently meet the entirety of the need. (The revised Early Help Assessment tools have been designed so that practitioners will gather a whole picture of the child, young person and family).

We recognise that in most cases, parents and carers are best placed to meet the needs of children with the support of universal services and extended family; this understanding will underpin our work, but good parenting is challenging, and additional support – in some cases statutory intervention – is required.

There is collaboration between all partners, organisations and agencies to ensure close working relationships, working across organisational boundaries and the development of best practice to support families.

# Appendix 2

## Useful Links

[Integrated Early Help Strategy](#)

[Early Help Forms for Professionals](#)

[Multi Agency Referral Form](#)

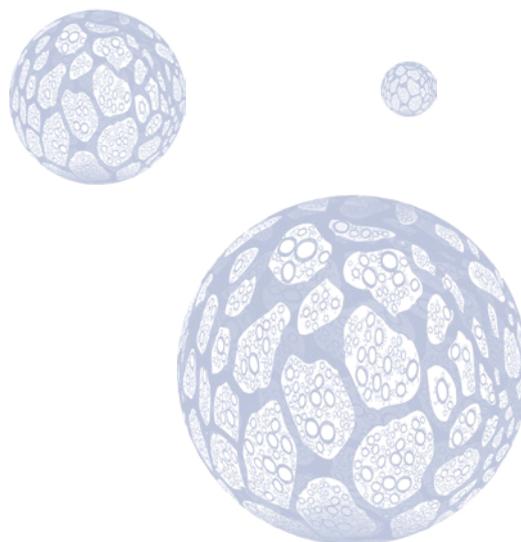
[Rochdale Borough Safeguarding Children Partnership](#)

[Greater Manchester Safeguarding Procedures Manual](#)

[Key words Index](#)

[Assessment tools, templates and other resources](#)

[Working Together to Safeguard Children \(2018\)](#)



## Contact us

RBSCP	<b>01706 927700</b>
Safeguarding Children Unit	<b>0300 303 0350</b>
Early Help and Safeguarding Hub	<b>0300 303 0440</b>
Children's Social Care Out of hours emergencies	<b>0300 303 8875</b>
GM Police	<b>0161 8725050</b> or 101
Early Help Middleton Locality	0161 653 9526
Early Help Heywood Locality	01706 369889
Early Help Rochdale Locality	01706 649729
Early Help Pennine Locality	01706 356634
Early Help	<a href="mailto:early.help@rochdale.gov.uk">early.help@rochdale.gov.uk</a>

Rochdale Borough  
Children &  
Young People's  
Partnership

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