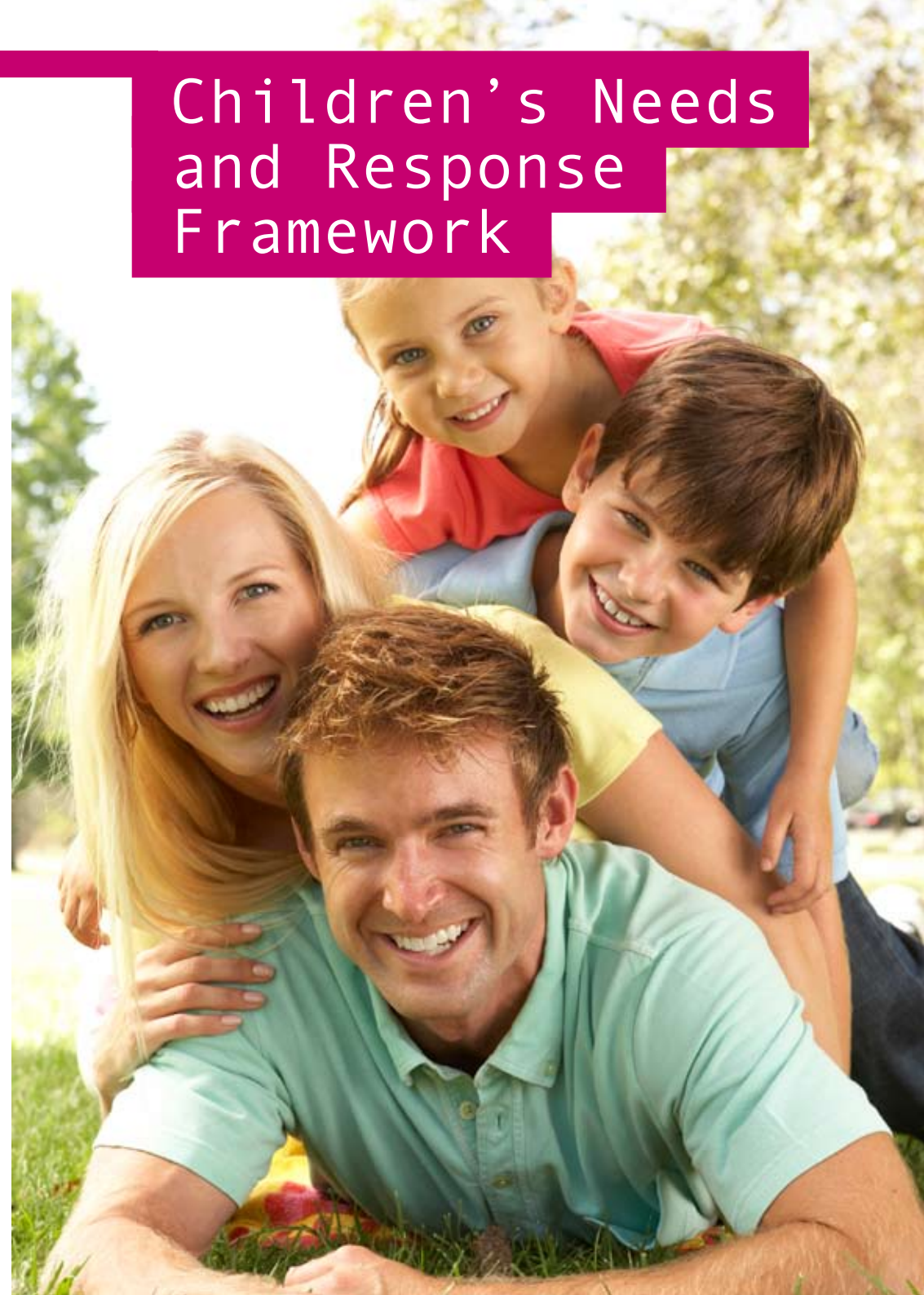


# Children's Needs and Response Framework



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# Rochdale's Framework for Identifying Need and Determining Response

## Foreword

Welcome to Rochdale's Children's Needs and Response Framework which replaces the Threshold Model for Safeguarding and Promoting the Welfare of Children. It builds on the strengths of the old model and is the local tool to assist all those whose work brings them into contact with children, young people and their families in the Borough, to work together to support all children and young people to achieve their full potential and to protect the very small number of children at risk of harm.

The Framework will continue to foster constructive working relationships between organisations by promoting a common language of children and young people's needs throughout the continuum from prevention to protection.

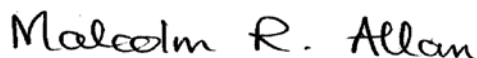
The Framework describes the levels of children's needs and how professionals and organisations must respond to and meet those needs by providing appropriate services in a timely fashion.

The Framework has been agreed through both the Children's Trust and the Safeguarding Children's Board and will be used in all settings by all organisations that provide services for children and young people.

It will be implemented, monitored and reviewed by all organisations individually and collectively through the Trust and the Safeguarding Board and revised as necessary in light of practice experience, research and changes in legislation and regulation.

We hope that the Framework will underpin and support the working processes and further promote effective integrated working.

Signed by



Chair of Rochdale Borough Children's Trust Board

Signed by



Safeguarding Children's Board

## 1. Introduction

Rochdale's Children's Needs and Response Framework applies to all children and young people from conception to the age of 18 years. It has been developed to assist practitioners and managers in assessing and identifying a child's level of need and crucially how best to respond and meet those needs as early as possible to prevent difficulties escalating into crises.

It replaces the Threshold Model for Safeguarding & Promoting the Welfare of Children and must be used in all contacts with children and young people.

It recognises that all service responses must be directed at preventing vulnerability and meeting the needs identified at the lowest level of intervention. Effective prevention, early recognition of difficulties and intervention is essential in order to achieve this.

The Framework develops further the learning that the most effective way of affecting change and supporting children and their families is by establishing a relationship with family members. It is important that practitioners understand that the fewer professionals supporting a family the more positive the outcome and embrace the practice of working around professional boundaries with advice and guidance from others.

### 1.1 The Framework:

- Sets out 5 levels of need.
- Details the processes to be followed once an unmet need has been identified.
- Outlines possible indicators that will assist workers to establish the level of need and the response required.
- Formalises the common practice of requesting advice and guidance across organisations and requires a shared responsibility for meeting all needs throughout the continuum.
- Identifies at which level a Common Assessment must be considered or completed, a Team Around the Child (TAC) meeting convened and a multi agency action plan developed.

### 1.2 The Framework is underpinned by the following principles:

The child's wellbeing and safety are paramount and safeguarding and promoting the wellbeing of children is everyone's responsibility. The focus of our attention must always be the needs of the child.

Children are the responsibility of their parents and where possible should be brought up by their parents and family members. Parents need support and sometimes challenge, using statutory powers when necessary, to do this well.

The most effective assessment and service delivery comes through good information sharing, joint assessment of need, joint planning, professional trust within the interagency network

and joint action in partnership with families delivered by the least number of practitioners as possible.

Assessments of need and service responses will: be child centred; holistic; focussed on improving outcomes; value diversity; involve children and families; build on strengths as well as difficulties; be reviewed as appropriate and informed by evidence.

Duplication of assessment, intervention and unnecessary intrusion into family life will be minimised by services being delivered across professional boundaries.

The Common Assessment arrangements are integral to the operation of the Framework.

Early identification of need and an integrated response will avoid duplication and unnecessary intrusion into family life.

Should statutory intervention be necessary to meet a need for protection or accommodation for a period it is important that, once that period is concluded satisfactorily, the child's needs should continue to be met within the lower levels of need and planning processes within the Framework by the most appropriate practitioner/organisation.



## 2. Children's Needs and Response

### 2.1.1 Every Child

Patterns of family life are diverse and there is no one perfect way to bring up children. Good parenting involves meeting children's basic needs e.g. keeping them safe, showing them warmth and love, providing stimulation needed for their development and helping them achieve their potential within a stable environment maintaining consistent guidance and boundaries.

Good parenting involves a combination of knowledge and skills and at times this is challenging for all parents and carers. Most families are able to meet the needs of their children with support from extended family, community and access to universal services. Some children and families however require additional help and a very small minority will need statutory intervention.

In the majority of cases, it should be the decision of parents, or children and young people, when to ask for help however workers also need to be alert to children's unmet needs and engage with carers early to prevent difficulties escalating.

Where children's needs are appropriately met they will reach their potential and achieve good outcomes.

### 2.1.2 Children in Need

In situations where it is recognised that children's needs are not being met children may be identified as Children in Need.

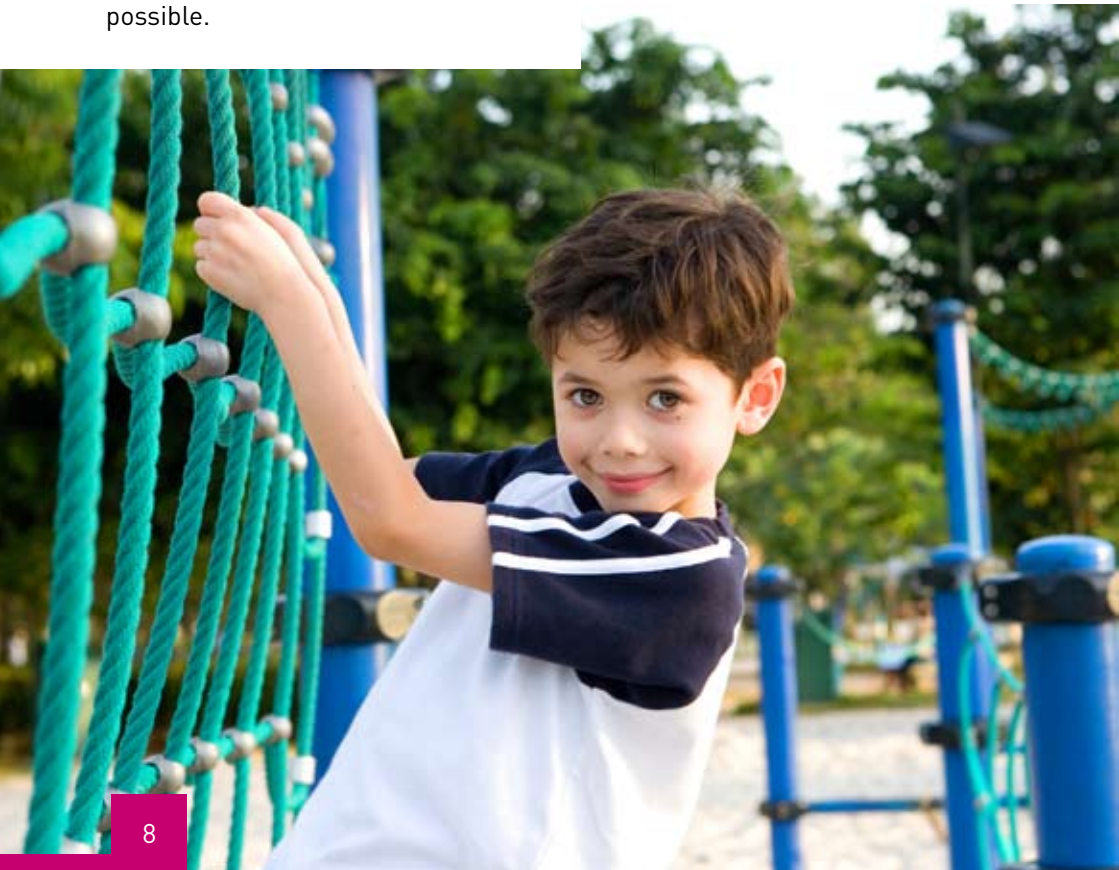
Rochdale's Children's Needs and Response Framework is illustrated by the 'windscreen' and has 5 levels.

It's important to remember when implementing the Framework that:

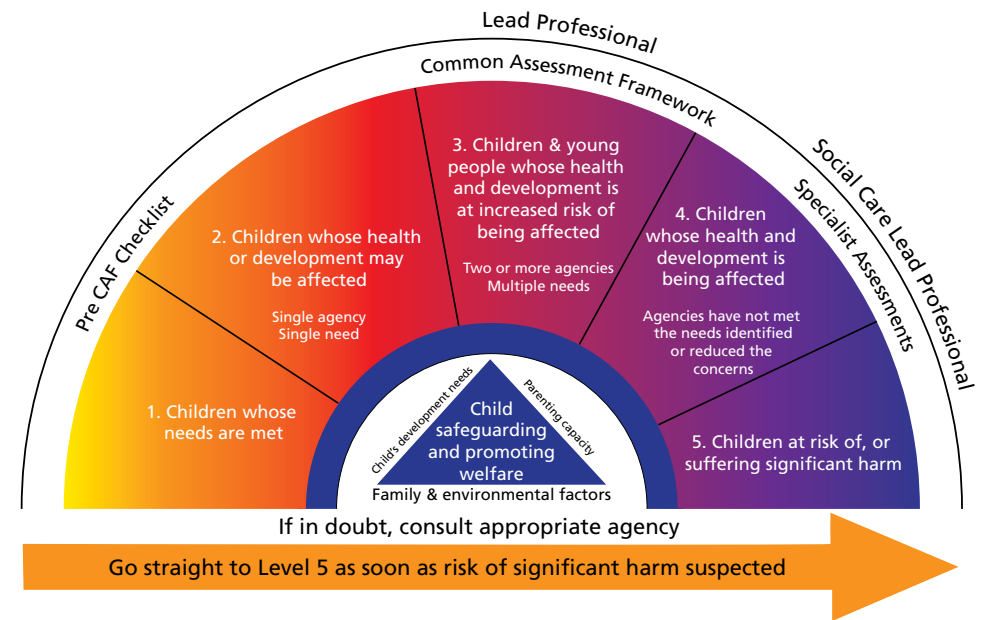
- Most children's needs are met at Level 1 through universal services, support from within the family, friendships and community networks.
- A very small number of children, those at risk or suffering significant harm will require protection at Level 5 led by Children's Social Care and the Police.
- In between Levels 1 and 5 are vulnerable children who are in need of targeted support from a variety of service providers e.g. Children with Disabilities. It is important to access the advice and guidance available from all organisations to assist in the assessment of the level of need and to identify which services may help to meet the need.
- Children in Level 4 may have reached the threshold for an assessment by a specialist or statutory service e.g. Children's Social Care, CAHMS, YOT. It will be a matter of professional judgement and consultation whether in fact their needs do need to be referred to these services or if their needs can be met "lower" down the continuum.

- Levels 2 and 3 are where the majority of children with additional needs will have their needs met. Children can and do move from one level to another as children's needs change over time e.g. a particular event within their family, the death of a parent or sibling, a child becoming disabled, will result in additional needs being identified which require a time limited agency response.
- Children assessed at all levels, need and use universal services.
- The Framework promotes needs being met at the lowest possible level to avoid difficulties escalating into crises and by intervention from the least number of practitioners as possible.

- Assessments should be an ongoing process; with information being reviewed, shared and updated as children's needs change requiring differing levels of intervention.
- There will be some children for example, those at risk of significant harm with immediate need for protection who should be enabled to move quickly and effortlessly to level 5 without going up through each level.



### 3. Needs and Response Procedure



#### Level 1

##### **Children whose needs are met/have no identified additional needs**

At this level needs are met by parents, carers or the community and universal services.

E.g. new born babies' post natal care needs are met via midwifery services, a child's education needs are met via school services, young people's career advice needs are met by the Connexions services etc.

#### Level 2

##### **Children with additional needs whose health and development MAY be affected without provision of additional services**

At this level the child's needs can be met by a single organisation or practitioner offering targeted support **OR** by accessing one additional service.

E.g. a child with a language delay may be assessed by speech and language services, a child with educational difficulties may be supported through school via a psychological assessment, a young person with substance misuse difficulties has their needs met through the drug and alcohol services.

At this level a Common Assessment (CAF) may be used by the person identifying the additional need to assess the needs and plan the response. (See appendix 1 for more detail).

If children's circumstances are not improved after maximising these resources, the worker must consider other agencies that may be of benefit. It may be helpful to seek advice and guidance from an appropriate agency (see Section 5).

### Level 3

#### **Children whose health and development IS AT INCREASED RISK of being affected due to their own significant difficulties or compromised parenting**

At this level the child's needs can only be met by a multi agency integrated response by two or more services or organisations.

E.g. a child who is regularly running away from home and parents have chronic ill health, a child previously on a child protection (CP) plan and mum is in a new relationship and is pregnant, a child that is persistently neglected due to compromised parenting.

At this level a Common Assessment (CAF) must be undertaken to identify and evidence the level of need and to plan the multi agency response. This is done, with parental consent, via a Team Around the Child (TAC) Meeting which develops a multi agency action plan, which is coordinated and reviewed by a Lead Professional appointed at the meeting (see appendix 1 for more detail).

### Level 4

#### **Children who have complex needs, whose health and development IS being affected**

At this level the child's needs have not been met consistently by the multi agency action plan or concerns have escalated.

The TAC meetings view is that specialist assessment and intervention is necessary to reduce risk e.g. the child has chronic health problems and carers persistently do not keep medical appointments despite support; the child is regularly exposed to dangerous situations and there are no effective boundaries set by carers despite support. Needs will be met via a multi agency action plan involving specialist and, if necessary, statutory services.

At this level a Common Assessment should have been completed previously, if not it is required to request access to a specialist service. Advice and guidance must be sought from the relevant service (see section 5).

### Level 5

#### **Children at risk of or suffering SIGNIFICANT HARM with immediate needs for Protection and or Substitute Care**

If a child is in immediate danger an urgent referral should be made to the Police.

Emergency medical treatment can be secured by calling an ambulance.

If the danger is not immediate the child's needs must be met through an urgent referral to Children's Social Care (CSC) e.g. Child has unexplained or suspicious bruising, suffered persistent chronic neglect, the child has alleged sexual abuse.

The referral should be by phone or a visit to the office and followed up in writing within 48 hours. If a CAF has been completed this along with the Multi Agency (MA) referral front sheet will form the written referral, if there has been no CAF the MA referral form should be completed (see appendix 2).

Children's Social Care will lead the section 47 enquires in partnership with all other relevant organisations including the Police following the RBSCB multi agency safeguarding procedures (see [www.rbscb.org.uk](http://www.rbscb.org.uk)).

### Disagreement

If you have any concerns about the interpretation of the level of need or the provision of a service by any provider organisation across the continuum it is important that:

- The concern is raised with the service through the appropriate manager.
- If after speaking to the service manager you are still concerned you must talk to your own manager.
- Following discussion, if necessary, your manager will contact the manager of the agency providing the advice and guidance or refusing access to a service for further discussion.
- If the issue is not resolved by first line managers it must be escalated within each organisation until a resolution is agreed.

**NB.** If the concern is about child protection this must be escalated immediately and recorded. See Safeguarding Escalation Policy at [www.rbscb.org](http://www.rbscb.org).

## Transitions: Children moving up and down the continuum of need

### Process

Children's needs change over time and the required levels of intervention will similarly alter.

In situations where children have been receiving services via a CAF, a Team Around the Child (TAC) Meeting and a multi agency action plan, the decision to close the CAF or escalate or reduce the level of intervention MUST be agreed at a TAC review meeting.

If the needs have not been met fully the Lead Professional will continue with the role until the CAF has been closed and if necessary, the appropriate worker/organisation leading on the lower or higher level of intervention has been identified

In situations where the children's need for protection have been met at level 5 through a Child Protection Plan and the plan is no longer needed Children's Social Care will continue to lead on the intervention for a minimum of 3 months.

If the level of need remains reduced but there is still a multi-agency response required the social care worker will call a Team Around the Child Meeting and complete or update the CAF. The worker will continue to lead until another Lead Professional is identified.

If the decision not to complete a CAF and identify a Lead Professional is made, the reason for this must be recorded on the child's record.

In situations where the children's needs escalate and Social Care intervention is required, the statutory assessment will supersede the CAF and therefore the CAF should be closed. Ensure the statutory assessment is taking place and there is an allocated practitioner before the CAF is closed.



## 4. Indicators

THE FOLLOWING ARE SIMPLY EXAMPLES OF INDICATORS, THE LIST IS NOT COMPREHENSIVE. THEY ARE TO BE USED TO ASSIST WORKERS UNDERTAKING ASSESSMENTS TO ESTABLISH THE LEVEL OF NEED, THEY ARE JUST A GUIDE.

THE DEGREE OF SEVERITY AND COMBINATIONS OF INDICATORS FOR INDIVIDUAL CHILDREN NEED TO BE UNDERSTOOD. THE INDICATORS CANNOT AND DO NOT REPLACE PROFESSIONAL JUDGEMENT.

### Every Child - Level 1

#### Children whose needs are met/have no identified additional needs in relation to the 5 outcomes

- Physically, emotionally and sexually healthy
- Have healthy life styles e.g. do not take drugs
- Parents, carers and families promote healthy choices
- Safe from maltreatment, neglect, violence and sexual exploitation
- Safe from accidental injury
- Safe from bullying and discrimination
- Safe from crime and anti social behaviour
- Have security, stability and are cared for
- Ready for school
- Attend and enjoy school
- Achieve educational milestones
- Have social and recreational opportunities
- Engage in positive and law abiding behaviour
- Develop positive relationships and choose not to bully or discriminate
- Engage in decision making and support the community and the environment
- Develop self confidence and successfully deal with life changes and challenges
- Develop enterprising behaviour
- Engage in further education or employment and training on leaving school
- Ready for employment
- Live in decent homes and sustainable communities
- Access to transport and material goods
- Parents and carers provide safe homes and stability
- Parents and carers support learning
- Parents and carers promote positive behaviour
- Parents and carers are supported to be economically active

## Every Child - Level 2

### Children with additional needs whose health and development **MAY** be affected without provision of additional services

- Children with isolated, unsupported carers
- Children with mental or physical health difficulties e.g. children with disabilities
- Children in families where there is poor hygiene
- Children requiring additional educational support e.g. behaviour, emotional and social difficulties (BESD)
- Children starting to have absences from school which cause concern
- Children beginning to have involvement in anti social behaviour
- Children involved in contact/residence disputes
- Children experimenting with substances
- Children in households where there has been some domestic abuse
- Children who have episodes of missing from home
- Young carers
- Young people disengaged from education, training or employment post 16 years
- Children experiencing bullying

- Parents, carers with a high number of children or more than two under 5 years
- Parents, carers under stress
- Parents, carers involved in substance misuse
- Parents, carers not accessing appropriate services
- Parents, carers struggling to manage children's behaviour
- Parents and carers with mental, physical or learning difficulties

## Every Child - Level 3

### Children whose health and development **IS AT INCREASED RISK** of being affected due to their own significant difficulties or compromised parenting

- Children with increasing behaviour, emotional and social difficulties
- Children with prolonged, unresolved patterns of absence and/or acute absence from school
- Homeless children/ young people
- Children with chronic ill health or terminal illness e.g. children with disabilities
- Children previously on the child protection register/with a child protection plan
- Children returning to their parents having been looked after by the local authority

## Every Child - Level 4

### Children who have complex needs, whose health and development **IS** being affected

- Children in families where there are emerging patterns of domestic abuse
- Children/young people with substance dependency
- Children who are regularly missing from home
- Children who consistently miss medical appointments or treatment
- Children consistently not seen by one or more agency
- Parent, carers unable to meet their children's basic needs as a result of extreme poverty
- Parents, carers who have substance dependencies which impact on their ability to meet their children's needs
- Parents, carers with chronic ill health or terminal illness
- Parents, carers with moderate learning or physical difficulties
- Parents, carers experiencing mental health difficulties
- Children with significant physical, behavioural, emotional, social difficulties e.g. children with disabilities
- Children with severe disruptive/challenging behaviour
- Children with chaotic and/or poly substance misuse
- Children who are persistently missing from home for long periods
- Children involved in criminal activities
- Children persistently neglected
- Parents, carers who have multiple problems
- Parents, carers who do not consistently meet the basic needs of their children
- Parents, carers with chaotic and/or poly substance misuse
- Parents, carers with significant learning disabilities
- Parents, carers with significant mental health difficulties



**Children at risk of or suffering  
SIGNIFICANT HARM with immediate  
need for Protection and or Substitute  
care**

- Children with unexplained or suspicious injuries or where there is an inconsistent explanation of the injuries
- Unaccompanied asylum seeking children
- Privately fostered children and young people
- Children having suffered persistent, chronic neglect
- Children who have non organic faltering growth
- Children who have been abandoned
- Children whose behaviour is sufficiently extreme to place them at risk of removal from home e.g. exposed to risky or dangerous situations, being sexually exploited
- Children who disappear or are regularly missing from home or for a long period
- Children subject to proceedings initiated by the local authority or otherwise looked after
- Unborn babies where previous child protection concerns have been identified
- Parents, carers unable to address their children's needs for physical, intellectual, emotional or social reasons



## 5. Advice and Guidance

Within the Framework requesting Advice and Guidance is regarded as a process involving two or more workers where, views are exchanged, advice is given and an outcome agreed.

**NB Advice and guidance is available from all organisations in the Borough for those whose work brings them into contact with children who have needs at ALL levels.**

Rochdale has a long history of good partnership working based on mutual trust and recognition of the wealth of expertise in the Borough. Advice and guidance is given on a daily basis using informal networks.

The Children's Needs and Response Framework puts this practice on a formal footing to ensure that any worker or volunteer can legitimately contact any organisation to ask for advice and guidance in both establishing the level of need of an individual child and to identify the appropriate response to meet that need.

Promoting accessible advice and guidance encourages those working with children and parents/carers to actively access additional knowledge and expertise. This should inform and enhance a workers assessment and practice, keep the number of professionals involved to a minimum whilst supporting them to promote positive outcomes for children/young people.

Those working with a child and their parents/ carers can request advice and guidance from all organisations across the borough, including adults and young people's drug and alcohol service, mental health services, social care services etc.

### 5.1 Process

Advice and guidance may be requested where:

- It is an agreed outcome of supervision/case discussion with a line manager and the child or family's identified need cannot be met within your own agency.
- There is an immediate need for advice and guidance in relation to a specific issue about which your own agency does not have knowledge and expertise, e.g. substance misuse, child protection, mental or physical health, education etc.
- To clarify the child or young person's level of need.

Prior to contacting an external agency for advice and guidance you should:-

- Consider whether you need to inform the child and their parents/ carers about seeking advice and guidance. If the carer or the young person refuses consent and you would benefit from advice it is acceptable to contact organisations for advice without disclosing the child or families identity. If you believe a child is at risk of or suffering significant harm parental consent is not required.

- Be clear about the level of need you consider the child to be at.
- Be clear about the reason for requesting advice and the desired outcomes.
- Prepare information relevant to the advice you are requesting. This may include:
  - o Details of the child's name and date of birth
  - o Names, dates of birth and relationships of household members
  - o Names of other agencies / organisations involved with the child, young person and family
  - o Needs/strengths of the child, young person and family
  - o Significant events in the child/ young person's life
  - o Previous/current involvement/ interventions
  - o The level of need you have assessed

This should be recorded on the child's case record held by that organisation and clearly identified in the record as a request for advice/guidance. Individual agency recording standards must be adhered to.

Only in exceptional circumstances will it be necessary for the person giving advice to record the outcome e.g. where the person providing advice gives detailed information about a specialist intervention - Behaviour Management, Solution Focused Therapy etc.

In these situations a copy must be shared with the worker requesting advice within 5 working days, preferably electronically.

In these circumstances the worker providing the advice should ensure that a record of the advice given is stored in an identified shared folder, preferably electronic, which all team members are aware of and can access. Arrangements for the safe storage of this information is the responsibility of the organisation.

It is the responsibility of the worker requesting advice to ensure that the record is accurate and true. If there are any inaccuracies or a lack of clarity remains, it is their responsibility to address this and undertake further discussions with the worker who provided the advice. See pro forma at Appendix 3.

## 5.2 Recording

Advice and guidance must be recorded. It is important that outcomes and actions resulting from the process are recorded in a consistent manner.

It is the responsibility of the worker requesting advice and guidance to record details of who provided the advice, what it was and the agreed outcome.

## 6. Appendices

### Appendix 1 Common Assessment Framework

A Common Assessment is a holistic assessment of a child or young person which can be completed by any worker at the first sign of emerging additional needs (from Level 2).

The Common Assessment Framework is:

- An Assessment to support earlier identification and intervention
- An Holistic assessment of the child
- Consensual
- A process supported by a standard form
- Focuses on needs and strengths
- Empowering and a joint process – Must be completed with the child/ family where appropriate, with their consent to share information

The Common Assessment Framework will:

- Improve joint working and communication by ensuring that every child receives the universal and additional services they need at the earliest opportunity
- Support the sharing of information

- Rationalise assessments preventing children/young people and their families having to repeat the same information to a multitude of workers
- Support better referrals, where appropriate

Rochdale have developed the RCAF Form to assist practitioners,

For further details see [www.rochdale.gov.uk/commonassessment](http://www.rochdale.gov.uk/commonassessment)

### Lead Professional

In cases that require a multi agency response (Level 2, 3 &4) a designated practitioner will undertake the lead professional role and facilitate and coordinate the action plan developed at the Team Around the Child Meeting.

They will:

- Act as a single point of contact for the family and practitioners involved.
- Support the young person and their family in making choices and finding their way through the system.
- Ensure that interventions are well planned and reviewed.
- Reduce overlap and inconsistency from other practitioners.

For further details see [www.rochdale.gov.uk/commonassessment](http://www.rochdale.gov.uk/commonassessment)

## 7. Glossary

### Definitions of Terms used in the Framework

**Child/ren** - throughout the framework refers to all children and young people from conception up to the age of 18 years.

**Children in Need** - are defined in the Children Act 1989 (see [www.legislation.gov.uk](http://www.legislation.gov.uk)) and are children:

- Whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development (without the provision of services)
- Whose health or development is likely to be significantly impaired or further impaired (without the provision of services)
- Who are disabled

Critical factors for deciding whether a child is in need or not are:

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

**Safeguarding and Promoting the Welfare of Children:** (Working Together 2010) -

- Protecting children from maltreatment
- Preventing impairment
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.

**Significant Harm** (Working Together 2010) - Some children are in need because they are suffering, or likely to suffer, significant harm.

The Children Act 1989 introduced the concept of Significant Harm as the threshold that justifies compulsory intervention in family life in the best interest of children. The Act requires local authorities to make enquiries where it has reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm. "To make enquiries" involves assessing what is happening to a child in order to plan appropriate interventions. The Act requires all organisations to cooperate with these enquiries."

Reaching the decision that a child is at risk or suffering significant harm is a complex process. It must be informed by careful assessment, discussions with statutory agencies, the child and the family.

**Information Sharing** - Sharing Information is essential to promote positive outcomes for children and to ensure they are kept safe.

In the majority of cases it is necessary to request consent from relevant parties, including where appropriate, children and young people.

Information which is not confidential may generally be shared where necessary for the legitimate purposes of preventive work.

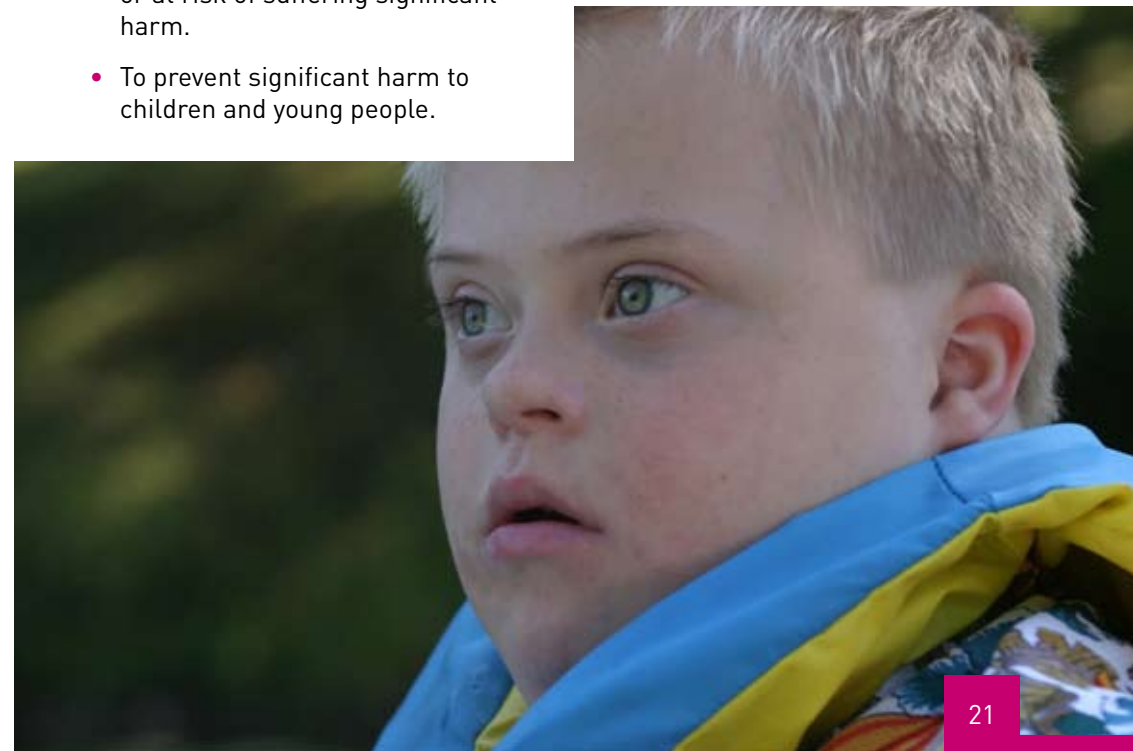
There are circumstances when sharing confidential information without consent is justified:

- When there is evidence that a child is suffering, or is at risk of suffering significant harm;
- Where there is reasonable cause to believe that a child may be suffering or at risk of suffering significant harm.
- To prevent significant harm to children and young people.

In these circumstances the refusal to give consent to share information should not prevent the sharing of confidential information. The child's safety and interests must be the overriding considerations in any such decisions.

Confidential information is information of some sensitivity, which is not already lawfully in the public domain or readily available from another public source and which has been shared in a relationship where the person giving the information understood that it would not be shared with others.

For further information access your own agency guidance.



## Appendix 2: Multi-agency Safeguarding Children Referral Form

This multi-agency assessment and referral form should be used when an agency considers that a child has needs which cannot be met solely by that agency, and where co-ordinated intervention is required to promote, SAFEGUARD AND PROTECT the welfare of the child/children concerned.

Completed by: ..... Date: .....  
 Designation & Agency: ..... Tel. No: .....  
 Address of Referrer ..... Postcode: .....

### Child details

Names of children	M/F	DoB	Nursery/School	Ethnicity	Religion
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

Address: .....  
 ..... Postcode: ..... Tel No .....  
 Current Address if different: .....

GP (name & address): .....  
 ..... Postcode: ..... Tel No.....

Reason for Referral to Children’s Social Care (please indicate if previous referrals have been made, at what level of need the child has been assessed at, and attach any relevant information)

## Appendix 3: Advice and guidance proforma

### Child / young person details:

Name: ..... D.O.B:.....  
 Address:.....  
 .....  
 Ethnic origin:..... Legal status:.....

### Advice requested by:

Name: ..... Agency:.....  
 Tel:..... E-mail:.....  
 Date: .....

### Advice provided by:

Name: ..... Agency:.....  
 Tel:..... E-mail:.....  
 Date: .....

### Identified need (what are the presenting issues) / young person details

### Advice Provided:

### Agreed outcome (eg behaviour management intervention, solution focussed intervention)