



MANCHESTER SAFEGUARDING
CHILDREN BOARD

**MULTI-AGENCY
LEVELS OF NEED
(THRESHOLD)
DOCUMENT**

Authors	Kerry Mehta, Children's Services
MSCB Contact	Jane Maguire
Version / Date	Final Version October 2013
Approved by	MSCB
Publication Date	October 2013

- (1) Introduction**
- (2) Referrals Pathways and Services**
- (3) Context**
- (4) Principles of Practice**
- (5) Definitions/ A Common Understanding**
- (6) Deciding whether to make a referral**
- (7) Examples of Levels of Need**

Appendix 1: Services Available

1. INTRODUCTION

1.1 All children deserve the opportunity to achieve their full potential. This was set out in the Every Children Matters outcomes framework. Focusing on outcomes is the key to improving children and young people's wellbeing. The outcomes are:

- Stay Safe
- Be Healthy
- Enjoy and Achieve
- Make a Positive Contribution
- Achieve Economic Wellbeing

1.2 The Munro review of child protection recommends that support and intervention for children and young people needs to be timely, of a high quality, and effective. This document provides guidance to ensure that professionals coming into contact with children, young people and families are equipped to understand and to assess their level of need and they ensure that the focus is on the child's journey from needing to receiving the appropriate help at the right time and at the right level of intervention.

1.3 Working Together to Safeguard Children 2013 outlines in Chapter 1 the need to have effective early help. Section 10 of the Children Act 2004 highlights the responsibility of Local Authorities to promote inter-agency cooperation to improve the welfare of children.

1.4 This document is produced by Manchester Children's Social Care and has been agreed by the Local Safeguarding Children Board. It is informed by legislation and national guidance. It replaces any previous MSCB thresholds document, continuum of need, and framework of needs and responses.

1.5 The information contained is targeted primarily at professionals who come into regular contact with children, young people and families. It provides guidance on what to do if professionals have concerns and assists them in clarifying actions to take.

1.6 In addition the document aims to support Manchester Social Care Teams with decision making, particularly those who are involved with referrals or initial contact. The aim is to provide consistency across social care, although individual circumstances and issues in each case will always be a significant factor.

2. REFERRAL PATHWAYS AND SERVICES

2.1 Referrals to services raising concerns about children, young people and their families typically fall into 3 categories:

- Early intervention and prevention

- Children in Need
- Child Protection

2.2 This threshold framework is to guide partners to consider what other services are available to support families when children and young people have needs falling within the 3 categories. The threshold guidance explains how the above 3 categories relate to the levels of need.

2.3 Early Intervention and prevention will include families that have presenting needs at level 1 and level 2. It is expected that in many of these cases a Manchester Common Assessment Framework (MCAF) and the resulting support plan would be the most appropriate course of intervention. From 1st April 2013, all referrals to children's social care from professionals or other Agencies which are not child protection / abuse / serious harm should be accompanied by a completed MCAF to demonstrate the needs of the child and the support that has been offered to the family. The completed MCAF should be registered with the MCAF team.

2.4 Children In Need covers a wide spectrum of presenting needs. In Manchester the Family Recovery Service/Complex Families Team can provide a service to those families displaying needs within Level 3 on the threshold. The Family Recovery Service provides a range of interventions to support families including parenting programmes, whole family assessments and intensive support to prevent children from becoming looked after.

2.5 Should partners consider a referral is required for children and families falling within level 3 and 4 the initial point of contact in Manchester City Council for Children's Social Care is the Contact Centre through which a social worker will assess and determine the appropriate response as set out in Working Together; progressing referrals that are assessed by them as requiring further intervention, and to signpost to other provision or services where social care intervention is assessed as not being required.

2.6 When a referral is below the threshold, Children's Social Care will provide the referrer reasons why this is the case and give information on suitable services and assist with these referrals if appropriate. This includes advice about whether an assessment using the Common Assessment Framework ([MCAF](#)) should be completed and team around the child arrangements implemented.

3. CONTEXT

3.1 Who is a child in need?

Children in need are defined under the Children Act 1989 as those who are unlikely to reach or maintain a satisfactory level of health and development or their health will be significantly impaired without the provision of services, including children who have disabilities. Critical factors on deciding whether a child is in need 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.

3.2 What is significant harm?

Some children are in need because they are suffering or are 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 interests of children and gives local authorities a duty (Sect 47 Children Act 1989) to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer significant harm

4. PRINCIPLES OF PRACTICE

- 4.1 Working Together to Safeguard Children (2013) sets out very clearly the principles of practice that should underpin agency practice in safeguarding and promoting the welfare of children.

5. DEFINITIONS/ A COMMON UNDERSTANDING

5.1 Children in Need

Section 17 of the Children Act 1989 places the general duty on every Local Authority to safeguard and promote the welfare of children who are in need within their area. Manchester Social Care services must, so far as is consistent with the duty, promote the upbringing of children in need by their families through provision of a range and level of service appropriate to the child's needs. In order to receive services under Section 17, the child will have additional needs requiring integrated, targeted support.

5.2 Child Protection

Child protection is part of safeguarding and promoting welfare. Section 47 of the Children Act 1989 requires the Local Authority to make enquiries to enable it to decide whether the child is suffering or likely to suffer significant harm and to assess whether action is required to safeguard and promote the child's welfare. Police, Health, education and other services have a statutory duty to help the Local Authority social care services to carry out Section 47 enquiries.

5.3 Definitions of abuse

Working Together 2013 Appendix A sets out the definition of abuse and neglect.

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional Abuse

Emotional abuse is persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately making silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

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

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

- ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

5.4 Legal definitions

Care Order

A Care Order (under Section 31(1)(a) of the Children Act) places the child in the care of the Local Authority, with parental responsibility being shared between the parents and the Local Authority.

The Court will expect to be informed by the Local Authority of what plans there are for a child and be satisfied that the Care Order is in the child's best interests.

A Care Order can last until a young person is 18 years old; or until an Adoption, Supervision Special Guardianship or Residence Order is made; or until the Court decides that the Order is no longer necessary. The Local Authority, or persons with parental responsibility for the child, can apply for the discharge of the Order.

Accommodation – Section 20

Some children are looked after by the Local Authority by agreement with, or at the request of, their parents. Under Section 20 of the Children Act, it is the duty of all Local Authorities to make accommodation available for such children in need. Children may be accommodated (in residential or foster care) for a short or longer period. No court proceedings are involved, and the parents retain full parental responsibility.

Disabled Child

The following extract is taken from the MSCB multi-agency guidance for safeguarding and promoting the welfare of disabled children:

This practice guidance uses a broad and inclusive definition of disability as outlined in disability discrimination legislation. The Disability Discrimination Act 2005 (DDA) defines a disabled person as *someone who has a physical or mental impairment which has substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities*. According to the DDA substantial means “more than minor or trivial” and long term means that it has “lasted or is likely to last more than a year”.

6. DECIDING WHETHER TO MAKE A REFERRAL

- 6.1 It is important to be clear about the purpose and intended outcome of referrals to Manchester Contact Centre. If you have concerns the threshold guidance will assist you to identify the level of need and intervention and response required.
- 6.2 It is essential to consult with other professionals in the child's network (such as health visitor, youth worker, teacher) if you have concerns. When the concern is around risk of harm to a child, you should speak to your own agency lead or designated worker for child protection and safeguarding. You can also speak with a Social Worker at the First Response Team Consultation Line 0161 219 6191.
- 6.3 It is also important to carefully assess concerns expressed by family or neighbours (where relevant).

6.4 Professionals in all agencies have a responsibility to refer a child to Manchester Contact Centre when it is believed or suspected that the child:

- Has suffered significant harm, or
- Is likely to suffer significant harm

6.5 High Priority Need –can be defined as the threshold for statutory Intervention. When there is evidence of significant harm OR where the process of assessment and intervention has failed to reduce the risk of significant harm.

6.6 Although a referral to Manchester Contact Centre may not reach the threshold requiring assessment and / or intervention, the information received will be recorded and will be taken into consideration in the event of further information or referrals being received. Any additional or new information that is referred through on a case that is already open to an area should be referred through to the appropriate area rather than the Contact Centre.

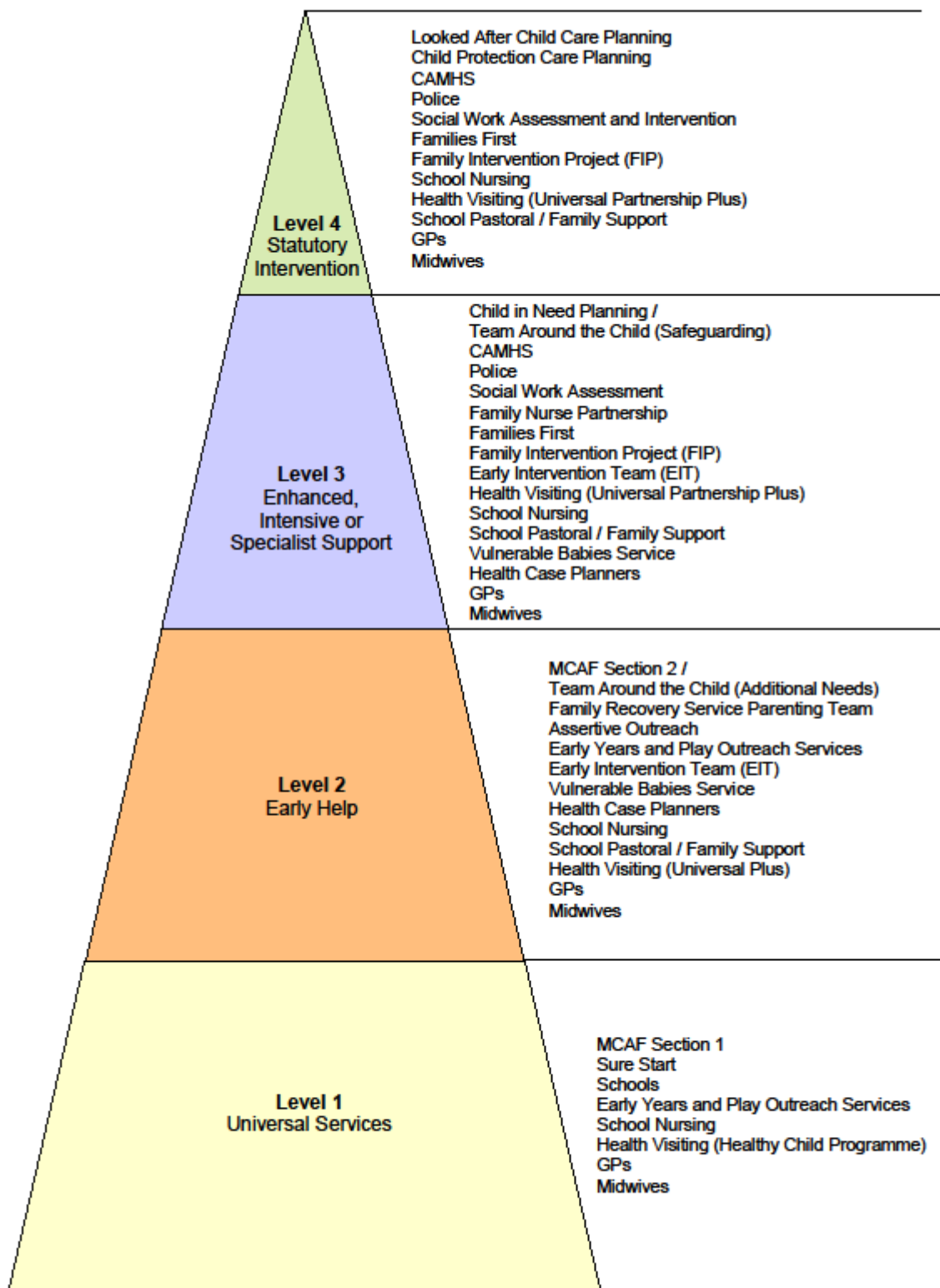
Please use the safeguarding [referral form](#) and refer to the [guidance](#) when completing..

Fax the completed form to 0161 255 8266 or email to mcsreply@manchester.gov.uk

6.7 Disagreement between professionals / Escalation procedure

Where a difference of opinion has occurred between professionals, for example over whether particular circumstances warrant a child protection response, practitioners should refer to the MSCB [Escalation Procedure](#).

LEVELS OF NEED AND SERVICES AVAILABLE (see also Appendix 1)



DESCRIPTION OF LEVELS OF NEED

Level 4 Statutory Intervention - In some instances family problems are severe and don't improve through enhanced or specialist support. Sometimes there is a need for statutory intervention, but this will only occur when children and young people are experiencing or are likely to suffer significant harm. Level 4 cases will always have a social worker involved.

Level 3 Enhanced or Specialist Support - This is available for children, young people and their families who have needs or requirements that are complex and require assistance and support from more than one agency. These needs might be triggered by incidents such as parental mental health crisis, bereavement, change, family separation. This intervention can be long term and specialised, for example, assisting with a child that has disabilities.

Level 2 Targeted Services / Early Help are focused on supporting families in communities where it is known there are high levels of deprivation and other general needs. Many families can have a situation where they need level 2 support at some point in their lives. Targeted services are provided locally through schools, Children's Centres, voluntary agencies and through other initiatives. They provide early support, parenting and life skills and help families access ongoing training, education and employment. The aim of targeted services is to provide a more localised response to assist the general community in feeling more secure and improve the overall well-being of the community.

Level 1 Universal services are provided for all children and young people throughout Manchester, aged 0-18 years (and 0-19 for children who have a disability). Most families use only the universal or every day services available to all families such as health centres, schools, children's centres, general practitioners, hospitals. All children and parents/carers are helped to access and use these universal services.

7. EXAMPLES OF LEVELS OF NEED

- 7.1 For the purpose of this document thresholds are defined as a 'level of evidence based need and the criteria by which interventions are made available'. It is a guide for practitioners and professionals. It does not provide definitive advice and cannot substitute evidence based on analytical assessment. **If you are uncertain, PLEASE consult with colleagues or lead personnel (designated teachers or lead professionals in safeguarding). The First Response Team provide a consultation service for advice if you are not clear about the threshold.**
- 7.2 When deciding which level of priority need a child or young person falls within, Children's Social Care will take into account the age / understanding of the child , the case history and the impact of the concern on the child's welfare and development; and whether the child is disabled.
- 7.3 It is important to note that these examples are to illustrate levels of need only, it is not an exhaustive list and will not replace professional judgement.
- 7.4 Similarly, no single example will automatically trigger a specific response, and some factors may need to be considered within the family or environmental context, or in relation to other concerns.

Level 1 / 2

Level 1 relates to low level need which can be supported by universal services.

Example: Level 1

Single mother claiming benefits; limited income and support.. She has a 2 year old child with limited access to educational materials, books or toys.

In this example it would be appropriate for the mother and child to access play groups, children's centres, advice and information centres, social housing, primary health care, and leisure / libraries / cultural services.

Transition from low priority Level 1 to Level 2 is when the needs of the child cannot be met by universal services. Level 2 relates to a child with additional needs who requires more support than universal services offer.

Example: Level 2

A 13 year old boy living with parents who are at risk of homelessness due to financial hardship. There have been a couple of Missing From Home episodes reported.

In this example it would be appropriate to initiate MCAF and identify services that would support an early help intervention.

LOW PRIORITY NEED – Level 2 Likely to require MCAF	
A combination of low priority needs will indicate a MCAF is required, however those needs occurring on their own marked with an asterisk are also more likely to require MCAF. Partners should complete section 1 of the MCAF and part 2 if there are a number of indicators raising concern. The MCAF should be registered with the MCAF team.	
Areas of Need	Low Priority Need <i>These are examples, other situations may fit this criteria</i>
Health	<ul style="list-style-type: none"> • Slow in reaching developmental milestones • Limited take-up of universal health services • *Children with some special needs/ health needs (including mental health) requiring co-ordinated support from a range of services • Obesity/ poor diet • *Frequent attendance at A&E for minor accidental injuries • *Frequent attendance at GP for minor illnesses • Unidentified / unclear health needs
Education	<ul style="list-style-type: none"> • *Children regularly absent from school or not reaching their potential educational targets (together with any other indicator). • *Children at risk of school exclusion or have been excluded. • *Children on School Action or School action Plus or with a Pastoral Support Plan who require a co-ordinated multi-agency response.
	<ul style="list-style-type: none"> • *Children with an Education, Health & Social Care plan, formerly statement of SEN (together with any other indicator) • Children with limited access to educational materials, books or toys
Social, Emotional and Behavioural, including identity	<ul style="list-style-type: none"> • Low self - esteem • Victim of crime or bullying with no risk of significant harm • *Children engaging in anti - social behaviour, at risk of offending or beginning to offend • *Early onset of sexual activity/ teenage pregnancy/ teen parents • *Onset of self - harming behaviour. • *Low level of alcohol/drug misuse • Lack of age appropriate behaviour and independent living skills that

	<p>increase vulnerability to social exclusion</p> <ul style="list-style-type: none"> • *Children who are occasionally reported as missing from home • *Children suffering from the impact of past domestic violence • *Children with challenging behaviour whose parents are unable to cope without the provision of services • *Children who occasionally harm other children and attempts at resolution have not been successful. • Children whose behaviour alienates or provokes rejection
Family and Social Relationships	<ul style="list-style-type: none"> • *Parents/ Carers who have relationship difficulties which may affect the child • Children who fall within the definition of a young carer
Child's Environment	<ul style="list-style-type: none"> • *Concerns/suspicious that domestic abuse could be a feature within the home environment. • *Homelessness, risk of homelessness, overcrowding • Family require support as a result of social exclusion/ harassment(including racial harassment) • Family socially isolated within the community/ wider networks or lack access to local facilities/ or victims of Anti - social behaviour • Concerns that a Young person could become vulnerable to CSE(CSE checklist to be used)
Parental Factors	<ul style="list-style-type: none"> • Family affected by low income, debt or unemployment • Inconsistent standards of parenting but child's development not significantly impaired • Parents requesting advice to manage their child's behaviour/ support around parenting issues • *Parental alcohol/drug misuse offending behaviour impacting on child, below the level of significant harm • *Parent's physical or mental health condition impacting on child, below the level of significant harm • Parent / carer has no effective family or community supports which adversely impacts on the child

Transition from Level 2 to Level 3 is when additional enhanced, intensive or specialist support is needed. Assessments either from MCAF or case planning will identify if a child is in need of more intensive support, and without it may be at risk of significant harm.

Level 3

Level 3, Medium Priority Need, refers to children and families who require a more enhanced, intensive or specialist support. If a professional identifies a child needing a higher level of intervention / support it is appropriate to convene a (MCAF) case planning meeting to co-ordinate services and make referrals. If a professional has

information that indicates a child is at risk of significant harm and the process of assessment or intervention does not reduce this, a referral to the Contact Centre should be made. Level 3 priority cases are held by Social Care when there have been attempts to engage the family with offers of support and either: the family will not engage OR there is superficial engagement and the likelihood of significant harm is evident.

Example: Level 3

An 8 year old girl lives with her mother and 3 older siblings who all have a history of Anti Social Behaviour. There are concerns regarding inadequate supervision, poor school attendance and the mother's alcohol misuse. School have tried to convene a MCAF meeting but the mother has not engaged. In this example it is appropriate to make a referral to the Contact Centre.

MEDIUM PRIORITY NEED – LIKELY TO BE A CHILD IN NEED Level 3	
Areas of Need	Medium Priority Need - MCAF Team around the Child meeting or robust Case Planning required <i>These are examples, other situations may fit this criteria</i>
Health	<ul style="list-style-type: none"> • Children living in an environment that poses a risk to their safety or well being • Children with a significant level of special needs, whose parents are unable to meet their needs without the provision of support • The physical care or supervision of the child is inadequate and is impacting on their health and well being. • Children with a high level of special needs or a disability requiring constant supervision, which results in a high risk of family breakdown <ul style="list-style-type: none"> • Weight anomalies which are impacting on health and well being(not explained by a diagnosis) • Missed health appointments which are impacting on health and well being
Education	<ul style="list-style-type: none"> • Children underachieving significantly in school and not supported or encouraged by parents • The child has been permanently excluded resulting in a risk of family breakdown • Children not in education, employment or training (NEET)
Social, Emotional and Behavioural, including identity	<ul style="list-style-type: none"> • Children with challenging behaviour, which results in serious risk to the child or others, which parents are unable to manage resulting • Children who are often reported as missing from home • Children involved in regular substance misuse • Children who self harm where parents are not responding appropriately • Children who often harm other children and the involvement of services have not resolved the behaviour
	<ul style="list-style-type: none"> • Children who are fire setting and are placing themselves/ others at

	<p>risk of harm</p> <ul style="list-style-type: none"> • Unaccompanied Asylum Seeking children/ young people • Children where there are CSE concerns
Family and Social Relationships	<ul style="list-style-type: none"> • Children under 16 who are looked after in a private fostering arrangement beyond 28 days • Children where there is a risk of breakdown of relationship with parent/carer • Children experiencing several carers within their family network creating inconsistency and insecurity for the child • Children exhibiting attachment disorders, i.e. severe separation anxiety • Children where there has been a breakdown of relationship with parent/carer • Children where the parent/ carer is unable to cope and there are no alternative carers
Child's Environment	<ul style="list-style-type: none"> • The child is living in an environment where there are ongoing of domestic violence • Home environment or hygiene is beginning to place the child at risk of significant harm • Child living independently in unsuitable accommodation, e.g. hostel, B&B • Concerns with children/yp who could be involved with extremism. • Concerns that a Young Person could be involved with gang activity. • The child is living in prison/ secure accommodation
Parental Factors	<ul style="list-style-type: none"> • Parent/ carer has a physical disability or history of mental health problems or learning disability which significantly affects their ability to care for the child or the parent is currently in crisis • Parents whose criminal and/or anti - social behaviour threatens the welfare of the child • Concerns about how the above will impact on an unborn child

Transition from Level 3 to Level 4 can happen very quickly. It is dependant on the likelihood of significant harm that has not been reduced through intervention or enhanced specialist support.

Level 4

Level 4, High Priority Need, refers to cases where statutory intervention is necessary; usually where there is evidence of significant harm and / or where the process of assessment and intervention has failed to reduce the risk of significant harm

Example 1: Level 4

15 year old boy with significant disability, mother is depressed, father undertakes a lot of the caring. Intensive support has been in place. The family are still struggling to manage the Young Person. There are concerns from Professionals that the Young Person is being inappropriately managed and he has bruising round his arms where he has been held.

Example 2: Level 4

Family of 4 siblings aged from 2 years to 12 years. Due to non-engagement in MCAF process by the mother, case is now being held by Social Care. The house is in a poor state of repair. There are concerns about the presentation of the children who are frequently hungry and dirty. All the children have headlice. After intensive support home conditions remain unchanged, as does the presentation of the children. The Social Worker's assessment concludes that the children will suffer significant harm if things continue the way they are.

The case moves to Level 4 as there has been intensive support offered and no improvement in the family's circumstances.

HIGH PRIORITY NEED - LIKELY TO BE CHILD PROTECTION Level 4	
Areas of Need	High Priority Need <i>These are examples, other situations may fit this criteria</i>
Health	<ul style="list-style-type: none"> • Situations where the physical care of supervision of a child is severely neglected • Children who seriously self harm including eating disorders where parents are not working with professionals or accepting support • Children where there is a sufficient body of evidence to indicate they are at risk of Female Genital Mutilation • A child whose serious and/ prolific offending is putting their health at risk, e.g. aggravated vehicle taking, knife crime • A child who is seriously misusing drugs/alcohol in a manner that is likely to seriously impact on their health • Fabricated illness
Education	<ul style="list-style-type: none"> • Chronic non attendance at school or other educational provision attribute to lack of parental support, or in the context of environment or other risk factors.
Social, Emotional and behavioural, including identity	<ul style="list-style-type: none"> • Children who are experiencing acute emotional rejection by parents/ carers including unrealistic expectations, “scapegoating” and inconsistent parenting • Children at risk of suffering significant harm, including physical, sexual abuse and exploitation, emotional and neglect • Children who disappear or who frequently go missing from home for long periods • Children who cause or are at risk of causing significant physical or sexual harm to another child • Children where there is a sufficient body of evidence to suggest they are the subject or trafficking and exploitation
Family and Social Relationships	<ul style="list-style-type: none"> • Children needing to be looked after outside their own family as a result of an immediate risk to the children
Child’s Environment	<ul style="list-style-type: none"> • Children living in an environment where there is a high level of domestic violence that put the child at risk • Home environment or hygiene places a child at immediate risk of harm • Children who are homeless • Young person significantly involved with gang activity.
Parental Factors	<ul style="list-style-type: none"> • Both or only parent/ carer is suffering from several physical or mental health problems or learning disability and are failing to adequately care for a child • Both or only parent/carer is involved in severe alcohol or substance misuse which is significantly affecting the child’s wellbeing. • Parent/ carer has a predisposition to violence and/ or extreme anti social behaviour which is placing the child in immediate danger • Parent/ carer who has a conviction against a children or is known by police intelligence or other assessment to pose a risk to children • Children /unborn child who are living with a parent/ carer who is known to have a previous child removed under a court order

Appendix 1: Services available to meet identified needs

LEVEL 1 – UNIVERSAL-all families can access universal services.	LEVEL 2 - EARLY HELP-includes families where there are additional needs.
<p>Acute & Primary Health Care</p> <p>General Practitioner (GP)</p> <p>Universal & Youth Services</p> <p>School Provision</p> <p>Housing</p> <p>Leisure</p> <p>After School Provision (Extended)</p> <p>Religious Organisations</p> <p>Children’s Centres</p> <p>Voluntary Organisations</p> <p>Midwifery</p> <p>Play Groups</p> <p>Advice and Information Centres</p> <p>Surestart</p> <p>Greater Manchester Fire & Rescue Service (free home safety check)</p>	<p>All Level 1 Services with the addition of Acute Health Services In Patient/Out Patient Provision of Service.</p> <p>Community Health Service Provision of:</p> <ul style="list-style-type: none"> • Physiotherapy • Speech & language Therapy • Occupational Therapy <p>Children’s Advisors</p> <p>Education Psychology Support to schools (can be commissioned)</p> <p>Attendance Support (can be commissioned)</p> <p>Statutory Assessment of Special Educational Needs</p> <p>Home Start</p> <p>Substance Misuse Service-Drug and Alcohol</p> <p>Adult Mental Health Services</p> <p>Housing Support Workers</p> <p>Portage Service Support to Families</p> <p>Women’s Aid</p> <p>Young Carer’s Service</p> <p>Parenting Support Services</p> <p>Family Support & Outreach Services (SEN)</p> <p>EIT/Outreach Workers</p> <p>Targeted Youth Support - Connexions</p> <p>Education Caseworkers</p> <p>Charities</p> <p>Greater Manchester Fire & Rescue Service (priority home safety check for high risk referrals eg DA or hate crime)</p>

LEVEL 3 - ENHANCED OR SPECIALIST SUPPORT-involving multi-agency assessment and planning.	LEVEL 4 – STATUTORY-always has a social worker involved.
<p>All Level 1 and 2 Services with addition of Child Care Services</p> <p>Child and Adolescent Mental Health Service (CAMHS)</p> <p>Specific Therapeutic Intervention Services</p> <p>Specialist Health Teams</p> <p>Social Work Assessment Support Work</p> <p>Troubled Families/Family Recovery Service</p> <p>Educational Psychology</p> <p>Domestic Violence Service</p> <p>Greater Manchester Fire & Rescue Service (interventions with young people who have a fire fascination)</p>	<p>All Level 1, 2 and 3 Services</p> <p>Inpatient Provision for Children with Mental Health Problems/ Substance Misuse</p> <p>Police</p> <p>Legal Services to Safeguard Children</p> <p>Children’s Social Care/Looked after children</p> <p>Youth Offending Team</p> <p>Specialist Care Placement for Looked After Children including Residential/ Fostering and Adoption Services</p>