



# Right Help, Right Time

## A continuum of need

Multi-Agency Guidance for  
Delivering Effective Support  
to Children, Young People  
and their Families



# Introduction

In Northamptonshire we recognise that at different times in families lives they may need help and support; the level of support required can be variable. Our approach 'Right Help, Right Time' (RHRT) aims to help identify and provide the right level of help, at the right time; so that children and families can have their needs met outside of statutory safeguarding processes at the earliest point. This is a shared ambition of the Northamptonshire Safeguarding Children's Partnership (NSCP).

This document is intended to be used as a framework for those who work with children and families to highlight and respond to the needs of vulnerable children. As a partnership we adopt a strengths-based approach, recognising the individual strengths that children and families possess and supporting them to meet their potential. We do with and not to; with children's voices and safety remaining central to all the work we do.

Working together with children and families at their earliest point of need does and will continue to make a huge difference to the lives of children.

## Safeguarding is everyone's responsibility

Professionals from all agencies have a shared responsibility to keep children living in Northamptonshire safe and to promote their welfare.

Safeguarding and promoting the welfare of children is everyone's responsibility, including all those who work with children, young people and families; those who manage staff within this work; staff who work with mothers, fathers, carers and other adults who have contact with children; staff who have both direct and indirect contact with children, including administration, support and back office staff; volunteers, community groups and the general public.

Safeguarding refers to the general duty to provide help and support to children when problems arise, protecting children from maltreatment whatever the source, taking action to improve outcomes for all children and promoting the upbringing of children by their parents or in the family network wherever possible.

Safeguarding and promoting the welfare of children is defined in Working Together, 2023 as:

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment, whether that is within or outside the home, including online
- preventing impairment of children's mental and physical health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children
- taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework

Child protection is part of safeguarding and promoting the welfare of children and is an activity that is undertaken to protect specific children who are suspected to be suffering, or likely to suffer, significant harm. This includes harm that occurs inside or outside the home, including online. (Working Together, 2023)

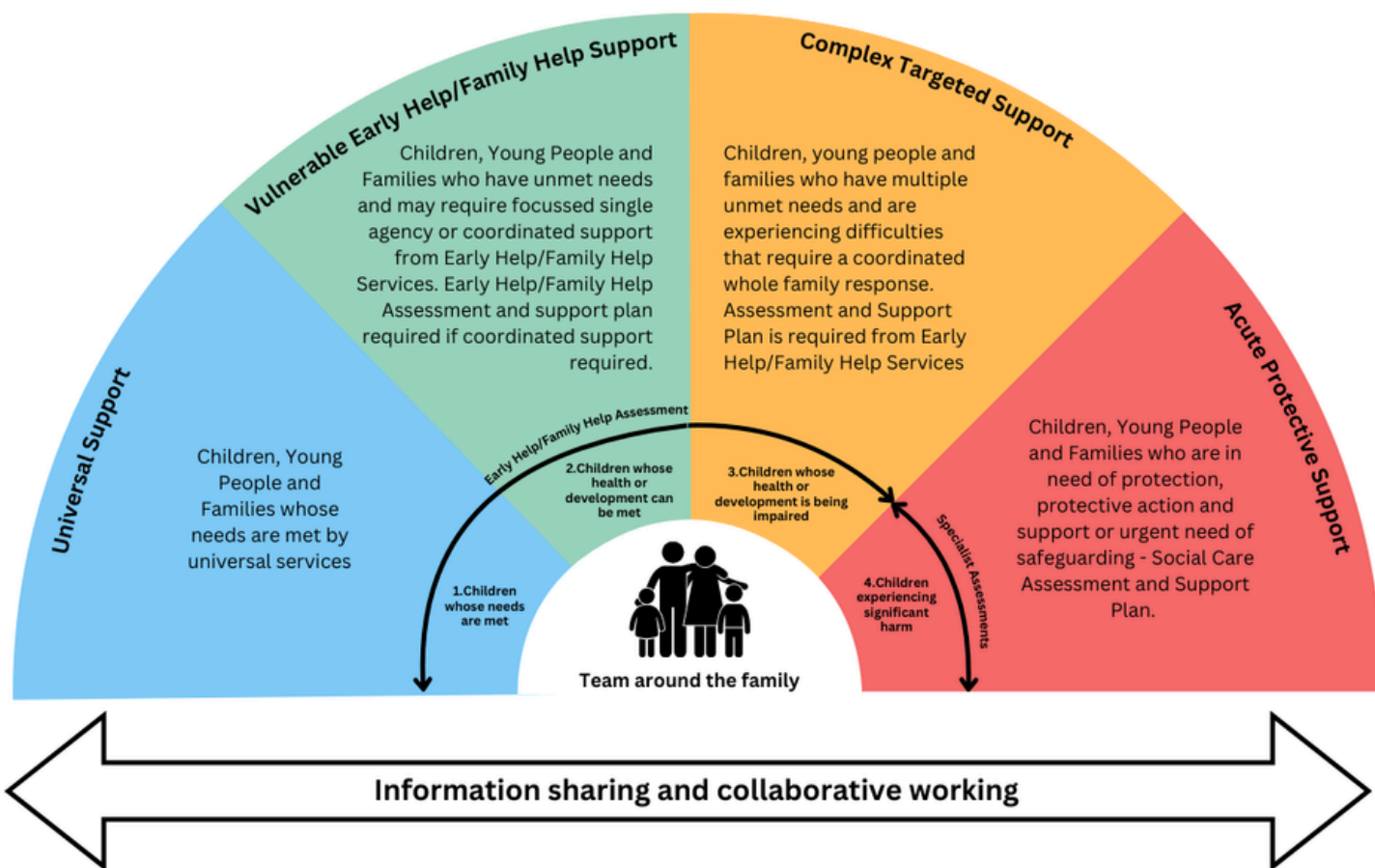
## A joint approach

We all have a responsibility to help and support children and their families and we must work together to deliver help efficiently, to ensure that we are able to continue to improve the lives of children. There is a commitment to work with families in a way that builds resilience and recognises the strength in family relationships and community connections, ensuring that children and their families are supported and reducing the need for statutory intervention. Children should be supported to remain living with their families where it is safe to do and as a partnership, we are committed to this. This is essential guidance for all practitioners that work with children, young people, and their families in Northamptonshire and it recognises that help and support is most effective when provided at the earliest opportunity. Our aim is to deliver the right help at the right time from the most appropriate service (s) and at the right level. It is acknowledged that children and young people may move from one level of need to another in either direction, and that agencies (including universal services) may offer support at more than one level. By ensuring a shared understanding of local thresholds for intervention, children and families will receive the right help and support at the right time, with children and families placed at the centre of all the work we do.

This multi-agency threshold guidance provides definitions and indicators for practitioners to assist in the identification of levels of need for children and young people (from conception to 18 years, or 25 years if the young person has a learning difficulty or disability). The guidance should not replace having a conversation or the use of sound professional judgement. There is no substitute for sound professional judgement, effective inter and intra-agency communication and good evidence-based practice based on up-to-date research. We encourage you to use this document as guidance in combination with any prior knowledge of the family, safeguarding training, advice from your Designated Safeguarding Lead within your organisation and the voice of the child, young person and their family



# Right Help, Right Time – A continuum of need windscreen



This diagram provides a visual representation of the level of need that children and families may experience. This is not linear, and children and families may have varying needs at different points. The team around the family at any point could be from universal service through to acute protective support.



# Health and Wellbeing

Level 1: Universal Support	Level 2: Vulnerable Early Help/Family Help Support	Level 3: Complex Targeted Support	Level 4: Acute Protective Support
<p><b>Descriptor:</b> Children, young people and families whose needs are met by universal services.</p> <p><b>Response:</b> Needs are being met and no additional response or services are required.</p>	<p><b>Descriptor:</b> Children, young people and families who have unmet needs and may require focussed single agency support from Early Help/Family Help Services. Early Help/Family Help Assessment and support plan required if coordinated support required.</p> <p><b>Response:</b> A single need may be met through a single service, or support is required by a number of services and should trigger a co-ordinated partnership response through an Early Help/Family Help Assessment.</p>	<p><b>Descriptor:</b> Children, young people and families who have multiple unmet needs and are experiencing difficulties that required a coordinated whole family response. Assessment and Support Plan is required from Early Help/Family Help Services.</p> <p><b>Response:</b> Children, young people and families receive a coordinated and targeted response through an Early Help/Family Help Assessment.</p>	<p><b>Descriptor:</b> Children and young people who are in need of protection, protective action and support or urgent need of safeguarding - Social Care Assessment and Support Plan.</p> <p><b>Response:</b> A referral to MASH is required.</p>
<p><b>Health and Wellbeing</b></p> <p>Meeting developmental milestones</p> <p>Physical health needs are responded to appropriately</p> <p>Good emotional health &amp; wellbeing</p> <p>Positive sense of self and abilities</p>	<p><b>Health and Wellbeing</b></p> <p>Emerging worries regarding developmental progress, (including speech and communication difficulties) and unmet health need</p> <p>Not registered with a GP and/or not being brought to medical appointments, or over-reliance on emergency care settings</p> <p>Emerging behavioural/emotional/mental health concerns including superficial self-harm as a coping mechanism</p> <p>Emerging concerns around substance misuse</p> <p>Early/unsafe sexual activity within consensual peer relationships aged 13- 16.</p> <p>Pregnant aged 13-16 years</p> <p>Frequent illness and infections/minor health injuries/problems/ unnecessarily accessing health services</p>	<p><b>Health and Wellbeing</b></p> <p>Developmental milestones not being met due to persistent parental failure or inability</p> <p>Disability requiring significant support services</p> <p>Consistently not being brought to health appointments which is impacting on the health of the child or young person</p> <p>Challenging and unexplained behaviours having a significant impact upon the child's development, wellbeing or relationships which may be indicative of trauma, distress or unmet health need. Including escalation of self-harming.</p> <p>Experimentation with substances /drugs/alcohol escalating into regular use</p> <p>Sexualised behaviours not in line with typical development milestones for a child</p> <p>Pregnant aged 13-16 years with additional support needs</p> <p>Perplexing presentation of child's physical, mental health or neurodevelopment which does not yet amount to likely or significant harm</p>	<p><b>Health and Wellbeing</b></p> <p>Significant developmental delay due to neglect or poor parenting</p> <p>Complex/multiple disabilities requiring the provision of specialist services</p> <p>Severe / chronic health problems including severe dental decay, faltering growth, obesity, developmental delay or disability, where treatment is not being sought or adhered to.</p> <p>Acute and high risk mental health needs posing a risk of significant harm to self or others</p> <p>Persistent and significant drug or alcohol use severely impairing safety and development</p> <p>Sexualised behaviours or health symptoms which are highly indicative of sexual abuse</p> <p>Disclosure of sexual abuse</p> <p>Pregnant/Sexual activity aged under 13 (cannot be consensual)</p> <p>Suspected fabricated &amp; induced illness</p> <p>Suspected non accidental injury including Injury and bruising in babies and children who are not independently mobile.( Link to guidance)</p> <p>At risk of female genital mutilation</p>

# Education and Learning

Level 1: Universal Support	Level 2: Vulnerable Early Help/Family Help Support	Level 3: Complex Targeted Support	Level 4: Acute Protective Support
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<p><b>Education and Learning</b></p> <p>Meeting developmental and learning milestones</p> <p>Good attendance at nursery/school/college/training</p>	<p><b>Education and Learning</b></p> <p>Additional emotional, behavioural or attainment related targeted support required in school</p> <p>Patterns of regular, unauthorised absence</p> <p>Not in education, training or employment post 16</p> <p>Not accessing their 2, 3 or 4 year old early years place entitlement where there are other identified vulnerabilities.</p> <p>A fixed term exclusion</p> <p>Limited access to books, toys or play</p> <p>Poor parental engagement with educational settings</p> <p>SEND Support</p>	<p><b>Education and Learning</b></p> <p>Additional emotional, behavioural or attainment related targeted support required in school, and / or Special Educational Needs/Education, Health and Care Plan / out of school activities which require the support of the targeted short breaks or inclusion service in social care.</p> <p>Significant unauthorised absence from school/nursery/college</p> <p>Persistent NEET (despite provisions being sought/in place)</p> <p>Multiple fixed term exclusions or at risk of permanent exclusion or previous permanent exclusion</p> <p>Not in Education (Under 16) (*including those on roll but not in attendance*)</p> <p>Not achieving Key Stage benchmarks due to parental care</p> <p>Has identified Special Educational Needs and Disability (SEND) requiring both additional support and the involvement of outside agencies, family support is required to enable the child to engage in education</p> <p>Has an Education Health and Care Plan and / or High Level Needs funding in addition to other concerns for their welfare</p>	<p><b>Education and Learning</b></p> <p>Significant developmental delay due to neglect/poor parenting.</p> <p>Persistent school avoidance (or excluded from school) if in conjunction with other safeguarding and/or child protection concerns.</p> <p>No education provision in conjunction with other safeguarding and/or child protection concerns.</p> <p>Home education in conjunction with other safeguarding and child protection concerns.</p> <p>Severe and sustained neglect of a child's educational needs by parents/carers</p> <p>Will require specialist educational provision/resources either within mainstream/special school.</p>

# Family and Parenting

Level 1: Universal Support	Level 2: Vulnerable Early Help/Family Help Support	Level 3: Complex Targeted Support	Level 4: Acute Protective Support
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<p><b>Family and Parenting</b></p> <p>Parental relationships prioritise and promote the child's emotional and physical wellbeing.</p>	<p><b>Family and Parenting</b></p> <p>Inconsistent parenting, but development not significantly impaired</p> <p>Low level conflict in the home</p> <p>Family known to experience occasional low level domestic abuse and/or parental conflict</p> <p>Children of prisoners</p>	<p><b>Family and Parenting</b></p> <p>Parents are unable to consistently provide or maintain the basic needs of the child/ren</p> <p>Low level domestic abuse</p> <p>Family characterised by conflict and serious chronic relationship problems</p> <p>Persistent use of inappropriate care givers, or, introduction to the child's network of adults posing a risk</p> <p>Concern about prospective parenting ability, requiring pre-birth support to build skills and capacity</p> <p>Breakdown in parental relationship with child with risk of entry into care or homelessness</p> <p>Adoptive family under severe stress</p> <p>Family in overcrowded , temporary accommodation or at imminent risk of eviction</p> <p>Serious debts/poverty impacting on ability to care for child</p>	<p><b>Family and Parenting</b></p> <p>Chronic and longstanding neglect for whatever reason (substance use, learning needs, mental health, parenting skill etc):</p> <ul style="list-style-type: none"> <li>- Consistently not meeting a child's basic needs, such as food, clothing or shelter</li> <li>- Failure to supervise or provide safety</li> <li>- Failure to provide a child with any real opportunity for education</li> <li>- Failure to nurture and stimulate, for example by ignoring, humiliating, intimidating or isolating</li> <li>- Refusing appropriate medical or dental care or ignoring medical advice</li> </ul> <p>There is instability and violence in the home continually</p> <p>The parent / carer significantly physically harms the child</p> <p>Letting known risky adults provide care for the child (sex offenders, violent offenders etc)</p> <p>Concealed pregnancy, relinquished or abandoned child</p> <p>Homeless child or young person</p> <p>Adoption breakdown</p> <p>Children at risk of forced marriage/honour based abuse</p> <p>Homeless family</p> <p>Physical accommodation places child in danger</p> <p>Extreme poverty/debt impacting on ability to care for child</p>

# Extra Familial Harms

Level 1: Universal Support	Level 2: Vulnerable Early Help/Family Help Support	Level 3: Complex Targeted Support	Level 4: Acute Protective Support
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<p><b>Extra Familial Harms</b></p> <p>Strong and positive family networks and peers within and outside of the family unit</p> <p>Children and young people are supported by parents/carers to ensure their digital activity is safe and age appropriate.</p>	<p><b>Extra Familial Harms</b></p> <p>Use of CERAF document identifies LOW risk of exploitation- child is vulnerable/susceptible to grooming/exploitation. Follow CERAF low risk pathway.</p> <p>Absence of appropriate parental safeguards in relation to their child / young person's digital activity</p> <p>Early evidence of escalating antisocial behaviours/ potential involvement in criminal behavior</p> <p>Regularly coming home late; staying out routinely without adult supervision.</p> <p>Initial or infrequent missing episodes.</p> <p>Emerging concerns regarding the child's peer relationships (includes bullying/ controlling behaviour)</p> <p>Child is expressing language, views or behaviour which could be identified with extremist or radical views.</p>	<p><b>Extra Familial Harms</b></p> <p>Use of CERAF document identifies a MEDIUM risk of exploitation &amp; a number of warning signs. Follow CERAF medium risk pathway</p> <p>Potential indicators and concerns relating to online exploitation/coercion (e.g. Child becoming more secretive/anxious about phone/internet use</p> <p>Offending or anti-social behaviour resulting in risk of entering Youth Justice System</p> <p>Peripheral / emerging organised crime/ serious youth violence involvement which risks future exploitation</p> <p>Going missing for a long period / periods of time or missing episodes becoming regular.</p> <p>Peer group/siblings at risk of exploitation and/or involved in gang activity</p> <p>Young persons' relationships are cause for concern eg. Age inappropriate or patterns of coercive or controlling behaviours between peers</p> <p>Emerging concerns regarding radical/extremist views (eg. PREVENT criteria)</p>	<p><b>Extra Familial Harms</b></p> <p>Use of CERAF document identifies HIGH risk of exploitation – strong indicators/evidence that child is currently experiencing exploitation. Follow CERAF HIGH risk pathway</p> <p>Exploited child (criminally or sexually)</p> <p>Evidence of online exploitation/ coercion</p> <p>Involved with serious organised crime or serious youth violence involving weapons</p> <p>Serious and persistent offending behaviours which result in custodial sentences or high risk public protection concerns.</p> <p>Persistent and frequent missing episodes, or missing for long periods of time, including concerns over distance from home and non-familial 'pull' factors.</p> <p>Gang member or association with gangs/groups</p> <p>High risk domestic abuse within the young person's relationship</p> <p>The child/young person demonstrates embedded extremist/radical view or threats</p> <p>The child is being educated by adults who have links to prescribed terrorist groups or organisations or hold radical / extremist views</p> <p>Child/young person appears to have been trafficked either into or within the UK</p>

# **NSCP Approach to Safeguarding**

The NSCP approach to safeguarding and promoting the welfare of children is underpinned by the following key principles:

## **1. Child Focused Practice**

What we do today affects your tomorrow, we promise to walk side by side with you

The child is at the centre of all we do. In all our work we will listen carefully to the voice of the child, focus on their lived experiences and the impact that these have on their life.

## **2. Working with Families**

Together we will work in partnership with families, encouraging them to recognise and use their own strengths and that of their local community and support them to explore and find their own solutions to meet the needs of children.

We will enable parent and carer involvement in discussions and decision making which impacts on them and their children and recognise them as the experts within their family.

We recognise how challenging parenting can be and asking for help will be seen as a sign of strength.

## **3. Early Help/Family Help and the right support at the right time**

Early Help/Family Help is not a single service, but a collaborative, whole system approach, that works across the partnership. This means children, and their families receive support at the earliest opportunity from a range of different services, dependent on their needs. (Working Together to Safeguard Children 2023 Early Help/Family Help definition)

“Early Help/Family Help is support for children of all ages that improves a family’s resilience and outcomes or reduces the chance of a problem getting worse. It is not an individual service, but a system of support delivered by local authorities and their partners working together and taking collective responsibility to provide the right provision in their area”

The best time to provide support is at the earliest opportunity. Most children’s needs are met by their family or universal services, that is those services that are available to everyone. These are provided as a right to all children, young people, and their families, including those whose needs are also met within targeted and/ or specialist and statutory services.

Anybody working with children, young people and families is responsible for the provision of Early Help/Family Help and we are committed to improving outcomes and preventing escalation of need, by working collectively to deliver early intervention and prevention services. It is universally recognised that Early Help/Family Help leads to better and more long-term sustained improved outcomes for children and families. [Further information on Early Help/Family Help.](#)

# NSCP Approach to Safeguarding continued...

## 4. Relational Practice Approach

In NSCP we value an approach to practice that is relational. To ensure that we can provide the best service to children and families and to work collaboratively as a partnership we need to embody the following behaviours:

- Relationships need to happen in the context of safety, trust and consistency
- We look beyond the behaviour, and this means listening with curiosity and without judgement
- We work collaboratively treating people with kindness, dignity and respect
- We have courageous conversations with transparency, honesty and reflection
- We move past cultural stereotypes and biases: recognising and addressing inequality, oppression and exclusion
- Ensuring that where there has been 'rupture' in relationships that this is repaired so that our relationships can be strengthened

## 5. Trauma Informed

We will take a trauma informed approach in our practice. We understand the impact of adversity and trauma on children's development and into adulthood and will share knowledge with families and communities about adversity and trauma so that they are enabled to develop solutions that work for them.

## 6. Working in partnership

Early identification of vulnerability and improved outcomes for children and young people is aided by close collaboration between individuals in the team around the child and agencies, through regular open, honest, and quality conversations and robust information sharing.

## Consent

Working Together, 2023 states that 'No single practitioner can have a full picture of a child's needs and circumstances so effective sharing of information between practitioners, local organisations and agencies is essential for early identification of need, assessment, and service provision to keep children safe'. The Data Protection Act 2012 and UK General Data Protection Regulation (UK GDPR) supports the sharing of relevant information for the purposes of keeping children safe (31). Information sharing in a safeguarding context means the appropriate and secure exchange of personal information, between practitioners and other individuals with a responsibility for children, in order to keep them safe. (DfE, 2024)

Practitioners who believe a child or family requires help have a responsibility to discuss this with the family and where possible agree a way forward with them. This will ensure that parents are aware of worries and of what information will be shared. Children and families have a right to confidentiality, and we should always seek their consent and cooperation when we want to share information about them with others.

However, if you have reasonable cause to suspect that a child is likely to or is suffering from significant harm, consent is not needed to share information or make a referral to Northampton Children's Trust MASH. You have a duty to share in these circumstances.

In some situations, it is not clear if a child is at risk of significant harm, but it is apparent that their safety may be at risk. In these circumstances sharing information without consent may still be appropriate. See below for further guidance, you may also wish to discuss any concerns with your designated safeguarding lead.

If this is the case it is still good practice to discuss your worries with the family, unless you consider this would put anyone at greater risk of harm. As professionals working with a family, it is essential that we do so with transparency, this means that professionals are not able to remain anonymous when making a referral to children's social care. By adhering to the following three key principles, practitioners can ensure they fulfil their professional safeguarding responsibilities, relevant legal requirements, and their obligation to show respect and consideration for children and families in need.

### **Key principles:**

1. We are committed to gaining the informed consent of children and/or parents when we wish to share confidential/personal information.
2. We will respect the wishes of those who do not give consent, except where there is reasonable cause to suspect significant harm or when it is inappropriate to seek their agreement this would need to be clearly evidenced in any referrals.
3. In each circumstance we will record the: necessity; proportionality; relevance; adequacy; accuracy; timeliness; and security of the information shared. We will take reasonable steps to obtain consent and, if it is not given, we will record why we believe there is reasonable cause to suspect significant harm, or why it was inappropriate to seek agreement.

### **Guidance for consent**

As a safeguarding partnership we are committed to ensure that we work collaboratively with children, families and young people. Consent is essential for setting the tone of the working relationships with families.



## Vulnerable Early Help/Family Help Support:

Parents should always agree to any referral for services and be informed about your intention to share information with other services. Consent from Young People over 13 should be gained where they are able to make a decision to give their agreement. However, lack of consent from the young person should not prove a barrier to providing services to the consenting parents and wider family.

## Complex Targeted Support:

Discuss your concerns with the family and seek consent. In situations where consent is not provided but concerns for the child's welfare necessitate a referral is progressed, referring professionals should clearly document the family views on support and the issues raised, recording the rationale for the action taken.

Agencies receiving referrals for complex targeted support can provide assertive outreach to try to secure the engagement of the family. However, ultimately families must work with these services on a voluntary basis and commit to finding solutions collaboratively as a family, with professional support.

## Acute Protective Support:

Discuss concerns with the family and seek consent prior to making a Child in Need referral. However, lack of consent should not be seen as an absolute barrier to referral if the professional's judgement is that failure to refer could lead to future harm, escalation of need or risk to the child. The referral needs to clearly evidence why a child would be at risk of significant harm if the referral were not to be made without parental consent.

## How to access advice, support and guidance from Children and Family Support Service (CFSS)

The CFSS Partnership Support Service provides information, advice and guidance to partnership professionals working with families who may need Early Help/Family Help. The service signposts partnership practitioners to other agencies who may be best placed to support families.

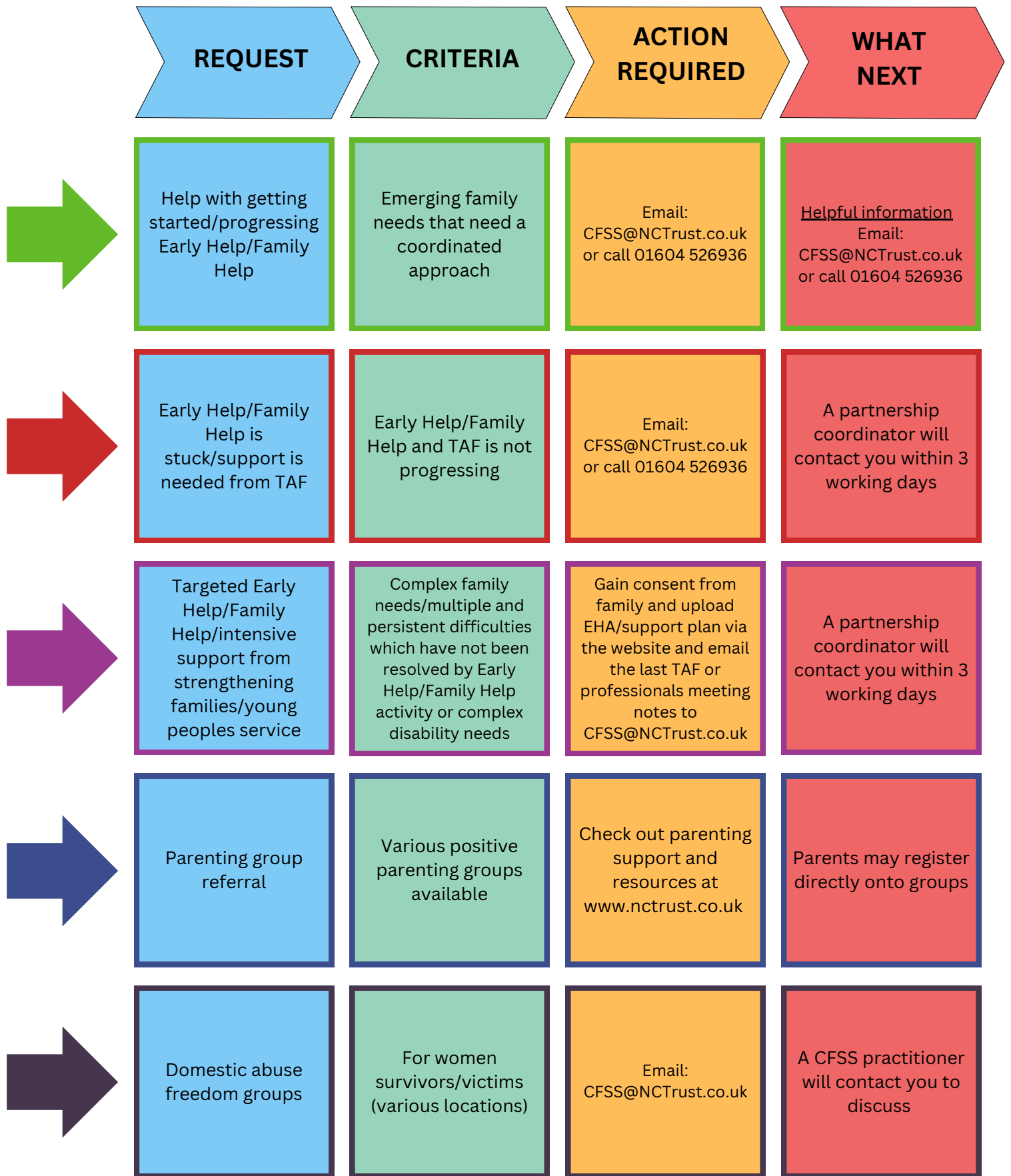
Partnership Support Service also provide the single point of access to all CFSS support services, through the email address [cfss@nctrust.co.uk](mailto:cfss@nctrust.co.uk) or calling 01604 526963.

CFSS provides target and intensive support direct to families, Early Help/Family Help lead professionals who have completed an EHA or TAF plan and require assistance from CFSS can contact Partnership Support as above and discuss referral requirements.

Partnership Support will also provide advice, guidance, and support to Social Workers for families that require CFSS support or alternative partnership provision.



# CFSS Access to advice, guidance and support



# How to access advice, support and guidance from MASH

We know that most families in Northamptonshire cope well with the demands of family life, most of the time. Only the minority of Northamptonshire families at any given time will require that support to be delivered at a statutory social work level.

Where a professional has concerns regarding the significant harm of a child, they should contact the MASH via one of the following channels:

For a child NOT at immediate risk of harm, complete the [online referral](#)

For a child that is at risk of immediate harm MASH can be contacted on 0300 126 7000

A professional can contact MASH to discuss the concerns and seek advice and guidance on 0300 126 7000.



# Important links:

## National Guidance

**Working Together to Safeguard Children 2023** [Working together to safeguard children - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/98854/Working_together_to_safeguard_children_2023.pdf)

**Keeping Children safe in Education 2023** [Keeping children safe in education - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/98854/Keeping_children_safe_in_education_2023.pdf)

**Information Commissioners Office VIDEO** [A 10 step guide to sharing information to safeguard children | ICO](https://www.ico.org.uk/about-us/our-work/our-approach-to-work/our-approach-to-work-a-10-step-guide-to-sharing-information-to-safeguard-children)

**Early Help/Family Help Information, Support and Guidance for professionals** [Early Help/Family Help – Professionals | Northampton Children's Trust \(nctrust.co.uk\)](https://www.nctrust.co.uk/early-help-family-help-professionals)

**Information sharing advice for Safeguarding practitioners** [Information sharing advice for safeguarding practitioners GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/98854/Information_sharing_advice_for_safeguarding_practitioners.pdf)

**Gillick competence and Fraser guidelines** [Gillick competence and Fraser guidelines | NSPCC Learning](https://www.nspcc.org.uk/learn/learning-resources/gillick-competence-and-fraser-guidelines)

## Local Guidance Northamptonshire Safeguarding Children's Partnership (NSCP)

**Toolkits for professionals** [Working with Children & Professionals - Northamptonshire SCP](https://www.northamptonshire.gov.uk/working-with-children-and-professionals)

**Tea Break Guides** [Tea Break Guides - Northamptonshire SCP](https://www.northamptonshire.gov.uk/tea-break-guides)

**Graded Care Profile 2** [Neglect - Northamptonshire SCP](https://www.northamptonshire.gov.uk/neglect)

**Child Exploitation Risk Assessment Framework (CERAF)** [Child Exploitation - Northamptonshire SCP](https://www.northamptonshire.gov.uk/child-exploitation)

**Training** [Learning - Northamptonshire SCP](https://www.northamptonshire.gov.uk/learning)

**'Escalating for the right Outcome' - Professional Disagreements** [Case / Conflict Resolution Procedure](https://www.northamptonshire.gov.uk/case-conflict-resolution-procedure)