

MASH Threshold Meeting Information for Schools

This document contains information to support schools' involvement with the fortnightly MASH Threshold Meeting, starting September 2025:

1. Terms of reference
2. Criteria / protocol for MASH intelligence checks
3. Further examples of the type of situations schools may wish to refer to the threshold meeting

TERMS OF REFERENCE

Purpose:

The Threshold Meeting is a robust information sharing forum amongst key partner agencies in the MASH to agree on threshold outcomes and decide the best pathways for children who have been referred into MASH. Its purpose is to enhance partnership working between agencies, through the sharing of critical information amongst partners at the earliest stage of a referral, received into MASH, to enable early identification of risks and needs for children and families, thus ensuring the right decisions are made on live cases.

It provides a forum for partners to learn about the application of threshold from the live sharing of information and considerations made by each partner agency in contributing to this.

Objectives:

The Threshold Meetings will aim to achieve the following:

- ❖ Make effective use of information sharing across the partnership to achieve the best outcomes for children and families;
- ❖ Enable early and timely identification of risk and vulnerability for children and families;
- ❖ Make decisions on threshold outcomes and relevant actions for children and families;
- ❖ Promote consistency in application of threshold amongst partners

Membership:

The Threshold Meetings will be attended by but not exclusively:

- ❖ MASH Social Care i.e. Team Manager and Social Worker
- ❖ Family Early Help
- ❖ MASH Health Partner
- ❖ Youth Justice Service;
- ❖ Police;

- ❖ SLAM– including Adult Mental and CAMHS
- ❖ Extra-Familial Harm Team
- ❖ CGL (Substance Misuse Service)
- ❖ REFUGE
- ❖ Education (Designated Safeguarding Leads and members of the Safeguarding in Schools Team)
- ❖ ***Other practitioners/agency representatives who are deemed to have a relevant role with the person/family being discussed.***

Absence

In the cases of planned absence, the invited agency would be expected to provide written information to the chairperson in advance of the meeting date.

Who Can Refer?:

Review of Live Cases:

Safeguarding children is the responsibility of all agencies and as such any professional can use their professional judgement to make a referral into the Threshold Meeting. The expectation however is that there is an active (live) referral on the child within the MASH at the time of the request.

The expectation is that the referring agency would present the case to the Threshold Meeting.

Review of Closed Cases:

Partners can also request a retrospective review discussion on a previously closed case by the MASH, where it is believed that that partnership is likely to benefit from shared learning. This is not to replace the existing escalation procedures in place; which is to be used to manage disputes with MASH outcome decisions.

Chairperson

The meetings will be chaired by a MASH Team Manager from the London Borough of Southwark.

Process:

Criteria for Referrals Referred into the Threshold Meeting

The meeting is designed to explore more complex referrals received into the MASH. Referrals discussed at the meeting must have an element of complexity of risk or

vulnerability for the child and family. The criterion for referral to the Threshold Meeting would be largely guided by the Southwark Criteria/Protocol for MASH Intelligence Checks, which accompanies this document.

Frequency of Meeting:

The Threshold Meeting will take place fortnightly on a Thursday at 12.30 pm (unless otherwise advised) where up to three cases would be presented and discussed. The chair will aim to facilitate the meeting within one hour and thirty minutes.

Referrals:

The referral into the Threshold Meeting forum is to be sent via email to the MASH email box mash@Southwark.gov.uk the day before by 2.30 pm. For referrals received from partners external to MASH/Social Care, the Duty MASH Manager will review the information for suitability against the agreed criteria.

The co-ordinator for the Threshold Meeting will share the cases to be discussed with participating agencies by 3.30 pm on the preceding day. This will allow for sufficient time for research and preparation to be completed before the meeting.

What is required of schools at the meeting?

The MASH team will provide an overview of the referral and any further updates. School will be expected to share any information about the children / family to aid the decision making.

All agency representatives will be asked to provide an opinion on what should happen next, in line with the [Four Levels of Need](#) from the London Safeguarding Children Procedures. You should refer to [Continuum of Need Matrix](#) which provides further guidance for each form of risk / harm to inform this recommendation.

Managing Consent:

The Social Worker will seek to obtain parental consent from each parent prior to the meeting. If this is not possible due to parental unavailability, the Chairperson would consider whether there are justifiable reasons to override parental consent and there would always be a Consent Statement made at the meeting to govern the sharing of information amongst partners.

The meeting shares relevant information gathered through the partner agencies and agrees outcome threshold and actions for the appropriate agency. It is not a full case discussion forum.

The expectation is for each agency to take responsibility to follow up on the actions agreed at the meeting for their respective agency. The Chairperson does not have responsibility to follow up these actions.

What The Threshold Meeting is Not?

The Threshold Meeting does not replace or supersede the guidance set out in Southwark Safeguarding Southwark Safeguarding Children Partnership or the London Child Protection Procedures or any other assessment and intervention process currently in place in relation to safeguarding such as MARAC or Strategy Meetings.

It does not replace the Consultation Process.

No agency should delay their safeguarding responsibilities and actions whilst awaiting a discussion at the Threshold Meeting.

Recording

A record of the Threshold Meeting is kept within Mosaic (Local Authority database) on the person's file and minutes will be produced with an action plan, which is distributed to partners to ensure that the actions are undertaken. The minutes will record the concern, what discussions took place and what actions have been agreed.

Escalation Process for any issues

If partner agencies are concerned that issues are not being resolved or managed appropriately via the Threshold Meeting, these should be raised initially with the MASH Service Manager in the first instance.

If this action is unable to resolve the issue, or the concern/challenge is with the MASH Service Manager, this should be further escalated to the Head of Services for MASH.

Legal Basis for Information Sharing

Sharing of Information within the Threshold Meeting is covered by the MASH Information Sharing Agreements in place between all agencies in relation to Safeguarding and MASH interactions. Enclosed is the legal basis for sharing information in the meeting.

"Some concerns regarding children where information will need to be shared under this agreement will often fall below a statutory threshold of Section 47 or even

Section 17 Children Act 1989. If they do however fall within these sections of the 1989 Act then these sections will be the main legal gateway.

Sections 10 and 11 of the Children Act 2004 place ... obligations upon local authorities, police, clinical commission groups and the NHS Commissioning Board to co-operate with other relevant partners in promoting the welfare of children and also ensuring that their functions are discharged having regard to the need to safeguard and promote the welfare of children.

Section 10 and 11 of the Children Act 2004 create a 'permissive gateway' for information to be shared in a lawful manner. Such information sharing must take place in accordance with statutory requirements pertaining to the disclosure of information namely the Data Protection Act 1998, the Human Rights Act 1998 and the Common Law duty of confidentiality".(p7-8)

The statutory guidance Working Together to Safeguard Children: A guide to interagency working to safeguard and promote the welfare of children March 2024¹⁵ states that ...

"Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision". (Paragraph 22)

"no professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with local authority children's social care". (Paragraph 24)

Section 42 of the Care Act 2014 outlines Enquiries to be completed by local authority where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there has needs for care and support (whether or not the authority is meeting any of those needs), is experiencing, or is at risk of, abuse or neglect, and) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.

CRITERIA/PROTOCOL FOR MASH INTELLIGENCE CHECKS

This criterion provides general guidance on cases which are likely to benefit from Mash Intelligent Checks. It is in no way an exhaustive list. Discretion is also encouraged on a case by case basis as the risk threshold for a Strategy Meeting may have already been met, therefore negating the need for Mash Intelligence.

1. Referrals where domestic abuse is an issue and where there are children in the family under 3 years old (including the unborn);
2. 2. Trigger Trio: Referrals where there are combinations of the Toxic Trio (Parental Mental Health issue, Drug/Alcohol Use and Domestic Abuse);
3. All NSPCC/Anonymous referrals including Third Party Referrals from Members of the Public;
4. Modern Slavery - Children/Young People who may have been trafficked;
5. Indication of a child or Young Person involved with gangs/ Gang related referrals/ Child/young people involved in violent crime / Children/YP involved or at risks of county lines;
6. Neglect: Children deemed to be suffering or at risk of suffering from accumulated long term Neglect. Referrals where the presenting concerns are related to educational neglect;
7. Transient families where there is presenting child welfare or safeguarding concerns; Families who have moved across boroughs, where there is a welfare/safeguarding issue;
8. Child or Adult with significant mental illness (self-harming, psychosis, depression etc.)
9. Risk of FGM – Female Genital Mutilation.
10. CSE – Child Sexual Exploitation.
11. Repeat contact/referrals.
12. Children at risk of Radicalisation
13. Children who are repeatedly missing from home
14. Manager's discretion to be applied on all other referrals deemed appropriate by MASH managers including MASH enquiries from other Local Authorities
15. Parents who are care leavers.

FURTHER EXAMPLES OF THE TYPE OF SITUATIONS SCHOOLS MAY WISH TO REFER TO THE THRESHOLD MEETING

- **Children with Disabilities** - Referrals involving children with physical or learning disabilities often require nuanced multi-agency input to assess safeguarding risks and support needs.
- **Concerns Raised by Education Professionals** - Schools often hold critical safeguarding information. A referral can be triggered by patterns of absenteeism, with features of neglect; behavioural changes, or additional complex concerns.
- **Sudden or Unexplained Changes in Family Circumstances** - For example, sudden homelessness, parental incarceration, or bereavement may destabilise a child's environment.
- **Children Living with or in contact with adults Known to Pose a Risk** - This includes individuals with a history of sexual offences, domestic abuse, or serious mental illness.