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| **MADA Information Sharing Sheet (template to be used as Meeting Request Form; Meeting Record; and MARAC Information Sharing Form)** | | | | | | | | | | | | |
| **Social Worker must complete Part A of this form when requesting the MADA to enable partner agencies to complete full checks to be completed** | | | | | | | | | | | | |
| **PART A (Meeting Request)** | | | | | | | | | | | | |
| **Police Victim Risk Assessment** | | | | | **Police Child Risk Assessment** | | | | | | | |
| **High** | | | | | **Red** | | | | | | | |
| **Medium** | | | | | **Amber** | | | | | | | |
| **Standard** | | | | | **Blue** | | | | | | | |
|  | | | | | | | | | | | | |
| **Date of Incident:** |  | | | | | | | | | | | |
| **Incident (URN) Number:** |  | | | | | | | | | | | |
| **Date Received by SC:** |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Survivor’s Full Name:** |  | | | | | | | | **Pregnant** | | | |
| **Survivor’s DOB & Age:**  **Address:** |  | | | | | | | | **Yes** | | | **No** |
|  | | | | | | | | | | | | |
| **Perpetrator’s Full Name:** |  | | | | | | | **Pregnant** | | | | |
| **Perpetrators’ DOB & Age:**  **Current Address:** |  | | | | | | | **Yes** | | | **No** | |
| **Social Care Checks – Survivor’s Children** | | | | | | | | | | | | |
| **Name** | | **DOB & Age** | **MOSAIC ID** | | | **ED ID & Education Setting** | | | | | | |
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| **Social Care Checks – Perpetrator’s Children** | | | | | | | | | | | | |
| **Name** | | **DOB & Age** | **MOSAIC ID** | | | **ED ID & Education Setting** | | | | | | |
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| **Allocated Social / Early Help Worker** | |  | | **No Allocated Worker (please highlight)** | | | | | |  | | |
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| **Reason for the MADA meeting and any relevant information from the DASH.** | | | | | | | | | | | | |
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| **PART B (Meeting Record)** | | | | | | | | | | | | |
| **Date of Meeting:**  **Attendees:** | | | | | | | | | | | | |
| **Social Care Information:** | | | | | | | | | | | | | |
| **Name of Worker:** | | | | | | **Date:** | | | | | | | |
|  | | | | | | | | | | | | | |
| **IDAS Information:** | | | | | | | | | | | | | |
| **Name of Worker:** | | | | | | **Date:** | | | | | | | |
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| **Health Information:** | | | | | | | | | | | | | |
| **Name of Worker:** | | | | | | **Date:** | | | | | | | |
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| **Early Help Information:** | | | | | | | | | | | | | |
| **Name of Worker:** | | | | | | **Date:** | | | | | | | |
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| **Police Information:** | | | | | | | | | | | | | |
| **Name of Officer:** | | | | | | | **Date:** | | | | | | |
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| **Other Agencies: Specify details of Agency and Information Shared** | | | | | | | | | | | | | |
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| **MADA Actions and Safety Plan.** | | | | | | | | | | | | | |
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| **PART C** **(to be completed only when information sharing has indicated that a Strategy Meeting is required due to the children being at risk of continuing or likely Significant Harm)** | | | | | | | | | | | | | |
| **Danger Statement and Safety Goal**  What are we worried will happen to the child/ YP if nothing changes?    What do we need to see to know the child/ YP is safe enough?  **Overall progress and safety scale - On a scale of 0 – 10 where 10 means you as a professional are confident the child/young person will be kept safe even when problems happen and the danger is present and children’s services can close the case and 0 means no one knows how the child/young person will be kept safe when the problems happen and the situation becomes dangerous for the child/young person, where do you rate this situation today?**  **Decisions and Actions**  Threshold for S47 met?  Yes No  Will the section 47 investigation be single or joint agency?  Single agency Joint agency  **Immediate actions to keep the child/young person safe** (additional to MADA Action and Safety Plan):   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Child’s Nane** | **Actions** | **If other please specify** | **Date of Action** | **When/Where will it happen** | |  |  |  |  |  |   **Bottom lines** - What is the minimum that must happen and can’t be compromised on for the plan to work?   |  | | --- | |  |   Outline what information will be shared with the family, by whom and the reasons if the decision is not to share:   |  | | --- | |  |   **N.B If the Meeting Record is being submitted to MARAC, Part C of the document should be removed prior to submission** | | | | | | | | | | | | | |