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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)** |  |
|  |
| **Reason for the MADA meeting and any relevant information from the DASH.**  |
|  |
| **PART B (Meeting Record)** |
| **Date of Meeting:****Attendees:** |
| **Social Care Information:** |
| **Name of Worker:**  | **Date:**  |
|  |
| **IDAS Information:**  |
| **Name of Worker:**  |  **Date:**  |
|  |
| **Health Information:**  |
| **Name of Worker:**  | **Date:**  |
|  |
| **Early Help Information:**  |
| **Name of Worker:** | **Date:** |
|  |
| **Police Information:**  |
| **Name of Officer:** | **Date:** |
|  |
| **Other Agencies: Specify details of Agency and Information Shared** |
|  |
| **MADA Actions and Safety Plan.** |
|  |
| **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 NoWill 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?

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Outline what information will be shared with the family, by whom and the reasons if the decision is not to share:

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**N.B If the Meeting Record is being submitted to MARAC, Part C of the document should be removed prior to submission** |