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| --- | --- |
| |  | | --- | | **CHILD/YOUNG PERSON'S DETAILS** | |

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| --- | --- | --- |
| |  |  | | --- | --- | | **Mosaic ID / CareDirector ID** |  | |
| |  |  |  | | --- | --- | --- | | **First names** | |  | | --- | |  | | |
| |  |  |  | | --- | --- | --- | | **Last name** | |  | | --- | |  | | |
| |  |  |  | | --- | --- | --- | | **Alias / Known As** | |  | | --- | |  | | |
| |  |  |  | | --- | --- | --- | | **Gender** | |  | | --- | |  | | |
| |  |  |  | | --- | --- | --- | | **Date of Birth** | |  | | --- | |  | | |
| |  |  |  | | --- | --- | --- | | **Age** | |  | | --- | |  | | |
| |  |  |  | | --- | --- | --- | | **Address** | |  | | --- | |  | | |
| |  |  |  | | --- | --- | --- | | **Ethnicity** | |  | | --- | |  | | |
| |  |  |  | | --- | --- | --- | | **Sub ethnicity** | |  | | --- | |  | | |
| |  |  |  |  | | --- | --- | --- | --- | | **First language** | |  | | --- | |  | | | | **Interpreter required** | | Yes  No | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Case status** | |  | | --- | | Early Help | | Child in Need | | Child Protection | | Looked After Child | | |
| |  |  |  | | --- | --- | --- | | **LAC - Legal Status** | |  | | --- | |  | | |
| |  |  |  | | --- | --- | --- | | **Name of Educational Placement** | |  | | --- | |  | | |

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| |  | | --- | | **Meeting Details** | |
| |  |  |  | | --- | --- | --- | | **Review number** | |  | | --- | |  | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Date of last review meeting** | |  |  |  |  |  | | --- | --- | --- | --- | --- | | DD |  | MM |  | YYYY | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Date of this review** | |  |  |  |  |  | | --- | --- | --- | --- | --- | | DD |  | MM |  | YYYY | | |
| |  | | --- | | **Is the review being undertaken within a reasonable timeframe?** | | Yes  No | | Additional Comments: | |  | |
| |  | | --- | | **Professionals Involved** | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Name | Relationship | Agency/Team | Role | Email | Phone | Attended | Apologies | Chair | |  |  |  | |  | | --- | |  | |  |  |  |  |  | | |

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| --- | --- |
| |  | | --- | | **Discussion Details** | |
| |  | | --- | | **Previous professional judgement on overall risk level** | | |  | | --- | | Significant risk of criminal/sexual exploitation | | Moderate risk of criminal/sexual exploitation | | Emerging/Reducing risk of criminal/sexual exploitation | | No current evidence of exploitation | | |

|  |  |  |  |
| --- | --- | --- | --- |
| |  | | --- | | **Summary of the discussion** | | |  | | --- | |  | | |
| |  | | --- | | **Locations and Networks identified since the initial Risk Assessment** | | |  |  |  | | --- | --- | --- | | Address | Postcode | Any other details | | |  | | --- | |  | |  | |  | | --- | |  | | | |
| |  | | --- | | **Record of child's views and parents' / carers' views of risk** | | |  | | --- | |  | | |

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| |  | | --- | | **Risk Reduction Plan** | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | What are we worried about? | What's working well? | What needs to happen to reduce the risks for the child/young person? | Who is responsible? | By when? | Update | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | |  |  | | |
| |  | | --- | | **Danger statement** | | |  | | --- | |  | | |

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| |  | | --- | | **Conclusion** | |
| **Please indicate which is the most appropriate Multi-Agency Child Exploitation Assessment/Review conclusion**   |  | | --- | | **Professional judgement on overall risk level following this review meeting** | | |  | | --- | | Significant risk of criminal/sexual exploitation | | Moderate risk of criminal/sexual exploitation | | Emerging/Reducing risk of criminal/sexual exploitation | | No current evidence of exploitation | | |
|  |
| |  | | --- | | **The child/young person is vulnerable to exploitation** | | |  |  | | --- | --- | | Sexual | Both Sexual & Criminal | | Criminal | No current evidence of exploitation | | |  | | **The child/young person being exploited is believed to be involved in recruiting and/or exploiting other children/young people** | | |  |  | | --- | --- | | Sexual | Both Sexual & Criminal | | Criminal | N/A | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Risk rationale** |  | | | | Reason why risk category has: | increased | decreased | remained the same | |  | | | | |
| **Next review**   |  |  | | --- | --- | | **Is a further MACE meeting required?** | Yes  No | |
| |  | | --- | | **If no, provide rationale of why further MACE meeting is not required.** | | |  | | --- | |  | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Date of next Risk Assessment/Review** | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | DD |  | MM |  | YYYY |  |  | | |
| |  | | --- | | **Completion Details** | |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | **MACE Meeting Chair** |  | | **Team / Organisation** |  | | |