**Daily Discussion / Safeguarding Review Meeting**

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| **Name of Family**:  | **Mosaic ID**:  |
| **Date of Meeting:**  | **Chair of Meeting**:  |
| **Allocated worker**:  | **When was case opened to (your service):**  |
| **Overview of original Referral:** |  |
| **History with services:** |  |
| **Work completed to date:** |  |
| **Outline of current Plan:** |    |
| **Is the child/young person now at risk of abuse, neglect or significant harm?** **If yes why?** |  |
| **Are the child’s needs being met in Early Help and, if not, what is the impact of this on the child now and/or what would the impact be for the child in the future?**  |  |
| Does the situation need a Child and Family Assessment by a qualified social worker? If so why? |  |
| Has a discussion taken place (when appropriate) with the family to step up |  |
| **Threshold Criteria met for escalation:** | . |