**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:** | . |