

**Escalation of a Child/Perpetrator/Location to Extra Familial Harm Multi Agency Strategic Panel**

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| **Child’s Name** | **DOB** | **Address** | **Legal Status** | **Ethnicity** |
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| **Perpetrator Name** | **DOB** | **Address** | **Legal Status** | **Ethnicity** |
|  |  |  |  |  |
| **Location of Concern** **(If applicable)** |  |
| **Name and role of referrer** |  | **Email Address of referrer** |  |
| **Details of the extra familial harm situation** |  |
| **Details of multi-agency group working with the child(ren)/perpetrator** |  |
| **Date of last EIT if applicable** |  |  |
| **Is this child known to PIMM?****If so what tier are they on? Is the perpetrator known to Pimm? Is the location know to Pimm?** |  |
| **What is working well?** |  |
| **What are we worried about, including levels of risk and barriers/ challenges to bringing about change for the young person** |  |
| **Next steps/identified actions that the referrer is seeking from the EFHMASP** |  |
| Once completed please submit this form to Emma.collings@southglos.gov.uk or to Catherine.boyce@southglos.gov.uk |