A picture containing icon

Description automatically generated

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s Name** | **DOB** | **Address** | **Legal Status** | **Ethnicity** |
|  |  |  |  |  |
| **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](mailto:Emma.collings@southglos.gov.uk) or to [Catherine.boyce@southglos.gov.uk](mailto:Catherine.boyce@southglos.gov.uk) | | | | |