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| **Date of referral** |  | **Date of EFRP** |  | **EFRP Use only - Referral Source** |  |

**Referrer’s Details**

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| **Name** | **Agency/Job title** | **Tel number** | **Email** |
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| Please mark the box to confirm you have spoken to the young person and family about any personal information you will share with the panel. |  |

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| **Children and Young People at risk of Extra-Familial Harm - Please attach PEER MAP** |

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| **Forename** | **Surname** | **Date of birth** | **MOSAIC ID:** | **Address** (flat/house number, street and postcode) | **Gender** | **Ethnicity** | **Education Status  (mainstream, PRU, NEET or alternative provision)** |
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| **Agencies working with children, young people or adults who should be invited to attend or contribute information to the EFRP discussion.** | | | **EFRP - Use Only** |
| **Agency** | **Worker** | **Contact Details (email & phone) & details of young person** | **Attendance at EFRP Y/N** |
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| **Panel Members** | **Chair:** (**CFS**), **Co-Chair:** (**MPS**),  (**Hackney Education**) (**Young Hackney**) (**CIU**) (**Health**) (**IGU**) (**YOT**) | | |

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| **Category of Extra-familial harm (please mark all relevant categories with a Y)** | | | |
| **Child Criminal** [**Exploitation**](https://drive.google.com/file/d/1BgoLI7EvYWLCFA4k3BBB7QPGI6k5gjdC/view?usp=sharing) **(CCE) (incl. county lines & gangs)** |  | **Harmful Sexual Behaviour** |  |
| **Child Sexual** [**Exploitation**](https://drive.google.com/file/d/1BgoLI7EvYWLCFA4k3BBB7QPGI6k5gjdC/view?usp=sharing) **(CSE)** |  | **Context - peer group** |  |
| **Serious Youth Violence (incl. relationship based violence & gangs)** |  | **Context - school** |  |
| [**Missing**](https://docs.google.com/document/d/1MWODXCfagQgbJG1ORo2psdRuQx2JkM03LkjndlM6nJw/edit?usp=sharing) |  | **Context - neighbourhood / location** |  |

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| Please complete the **Context Grid** below with as much information as possible prior to EFRP. Please ensure you consider ***strengths*** for all contexts, who is a **Trusted Adult** and that the ***young person's voice*** is represented throughout. This, along with **Context Weighting** will help inform the discussion at EFRP and the plans to increase safety. There are direct work tools embedded in each context. Please ensure you use these in your direct work with young people and families in order to explore risk and safety. **Ensure that you have the consent of the young people and their parents where applicable before referring to EFRP**. |

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| **EFRP USE ONLY - REFERRAL CONTEXT:** |

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| **CONTEXT GRID**  - please use the tools (embedded in the form) to complete as much as possible - | | | |
| **Context** | **Risks & Concerns - What are we worried about?** | **Strengths - What is working well? Who is a Trusted Adult?** | **Current supports & interventions -**  **What is being done to help?** |
| **Child/Young person –** All about me tool Peer mapping resources | | | |
| **Name:**  **DOB:**  **ICS ID:**  **Ethnicity:** |  |  | **Current Intervention & Support:**  **Actions:** |
| **Home / Family –** What’s happening tool | | | |
| **Parents / carer’s details** |  |  | **Current Intervention & Support:**  **Actions:** |
| **Peers** Peer mapping resources and guidance | | | |
| **Name, dob, Mosaic, ethnicity** |  |  | **Current Intervention & Support:**  **Actions:** |
| **School(s) / Education –** | | | |
|  |  |  | **Current Intervention & Support:**  **Actions:** |
| **Neighbourhood/Locations –** Safety mapping | | | |
|  |  |  | **Current Intervention & Support:**  **Actions:** |

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| [**Context Weighting**](https://drive.google.com/file/d/1x6bGv33HG8_cPviZ7I12DQA0ockkRA7O/view?usp=sharing)- Where is harm occurring most? **1 = highest context of concern**. Multiple contexts can have the same value if considered equally harmful.  ie child = 1, peer = 1, school = 2 etc. | | | |
| **Child / young person** |  | **Peers** |  |
| **Home / Family** |  | **Neighbourhood/Locations** |  |
| **School(s) / Education** |  |  |  |

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| **EFRP Decision: *summary of decision regarding EFRH including consideration around context weighting and whether to be reviewed.*** | | | | | |
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| **Review (Y/N)** |  | **Review Date:** |  | **Lead Professional:** |  |

**SUMMARY OF ACTIONS**

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| **ACTION** | **LEAD PROFESSIONAL** | **LEAD AGENCY** | **DUE DATE** | **UPDATE FROM LEAD PROFESSIONAL** | **DATE OF UPDATE** |
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