**PROTECTIVE BEHAVIOURS: FEELING SAFE PROJECT**

** ReFERAL Form: COnfidential**

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| **Name of participant:** |  | **Contact number:** |  |
| **Date of Birth:** |  | **Address:** |  |
| **Name of Referrer:** |  | **Organisation:** |  |
| **Contact details:** | Phone: Email:  | **Date of Referral:** |
| Other agencies involved in supporting the participant. |  |
| **Any additional needs:***(e.g; Dietary, religious, childcare, access, physical or learning difficulties)* |  |
| **Reason for referral:***(Please provide information of the events or concerns that have led you to refer her to a course on sexual exploitation and feeling safe)* |  |
| **Risk factors:***(Please tick indicators that have been experienced on one or more occasions in the past 12 months)* | **Health:**❑ Symptoms of physical abuse/ unexplained physical injuries❑ Pregnant or seeking abortion❑ Experience of sexual assault❑ Re-occurring STI’s❑ Substance Misuse❑ Frequent A&E attendance | **Emotional/Behavioural factors:**❑ Self-harm❑ Suicide ideation or attempts❑ Aggression / Challenging behaviour❑ Eating disorder❑ Risky/inappropriate sexual behaviour❑ Mental Health concerns |
| **Relationships:**❑ Regular / multiple contacts with unknown adults/young people.❑ Significant age gap with partner.❑ Peers involved in sexual exploitation/ risky or concerning behaviours.❑ Being accompanied to appointments by unknown person that causes concern.❑ Disclosure of sexual/physical assault followed by withdrawal of allegation.❑ Association with gang members.❑ Isolated from family, peers, social networks.❑ Living independently and unresponsive to attempts at contact by agencies. | **Lifestyle:**❑ Truancy / periods of absence without plausible explanation.❑ Missing from home without plausible explanation.❑ Disengaged from education / age-appropriate activities.❑ Significant change in education performance.❑ Unsuitable accommodation.❑ Financially unsupported.❑ Migrant / Refugee / No legal status.❑ Involved in criminal activities and / or at risk of gang involvement.❑ Concerns regarding sexting, multiple phones / sim cards.❑ Unsafe use of the Internet.❑ Frequenting areas known for risky activity.❑ Demonstrates a lack of awareness / understanding of being safe. |
| **Historical/Current** ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ ❑ | Experience of Domestic ViolenceSocial Care involvement in relation to neglect, physical, sexual, emotional abuse.Family conflict/breakdown, bereavement.Family history of Domestic Violence, Mental Health and/or Substance Misuse.Experience of living in Local Authority Care.Involvement with Criminal Justice system |

**Please complete and return this form to:** **jenny@kairoswwt.org.uk**

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