**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 Violence  Social 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**](mailto:jenny@kairoswwt.org.uk)

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