

Visit number: <input type="text"/>		Date: <input type="text"/>	
Name:		DOB:	
Confidentiality discussed and understood: Refer to section 10.			
Contact Details:			
Age:	Gender:	Ethnicity:	
1. Education			
Do you attend school/ education other than school/pupil referral unit/ college/training/ employment?	Do you attend regularly?	Do you enjoy it?	Is there anyone there who you can talk to?
2. Family Relationships			
Who do you live with?	How are things at home?	Do you feel like you can talk to someone at home about sex and relationships?	Young carer: Looked after child: Homeless: Runaway: Family bereavement: Learning or physical disability: Sí `n]b[. Domestic Violence:
Are you involved with any other agencies or professionals such as social workers or mental health services? If so, would you be happy for us to contact them if we feel we need to?			
3. Friendships			
Do you have friends your own age who you can talk to?	Do your friends like and know the person you have sex with (if you are involved with or having sex with anyone)?		
4. Relationships			
Are you having sexual contact with anyone? (If no) When was the last time you did?	(If yes) Are you happy with the person you're going out with/the person you have sex with?	How old is the person you are having sex with?	How many people have you had sexual contact with in the past three months? In the past 12 months?
Where do you spend time together?		Where did you meet the person you have sex with?	

5. Consent		
Have you ever been made to feel scared or uncomfortable by the person/s you have been having sexual contact with?	Have you ever been made to do something sexual that you didn't want to do, or been intimidated?	Do you feel you could say no to sex? Have you ever not wanted to have sex - what did you do?
Has anyone ever given you something like gifts, money, drugs, alcohol or protection for sex?	Where do you have sex?	Who else is or was there when you have sex (or any other form of sexual contact)?

6. Sexual Health	
What contraception do you use? Where do you access? If not do you know here you can go?	Do you feel like you can talk to the person you have sex with about using condoms or other forms of contraception?
Have you ever had an STI test?	Have you ever had an STI? If yes, which, and how many times?
Do you ever use drugs and/or alcohol?	Do you often drink or take drugs before having sex?
Do you suffer from feeling down/depression?	Have you ever tried to hurt yourself or self-harm?

Have you ever been involved in sending or receiving messages of a sexual nature? Does anyone have pictures of you of a sexual nature?

7. Professional analysis
<p>Is there evidence of any of these within their relationship?</p> <p>Coercion: Overt aggression (physical or verbal): Suspicion of sexual exploitation/grooming: Sexual abuse: Power imbalance: Other vulnerabilities (please give details):</p> <p>If you have identified risks or concerns please discuss with your CSE or Safeguarding Lead by _____ (date) and follow your own child protection policy and procedure.</p>

8. Any additional information:

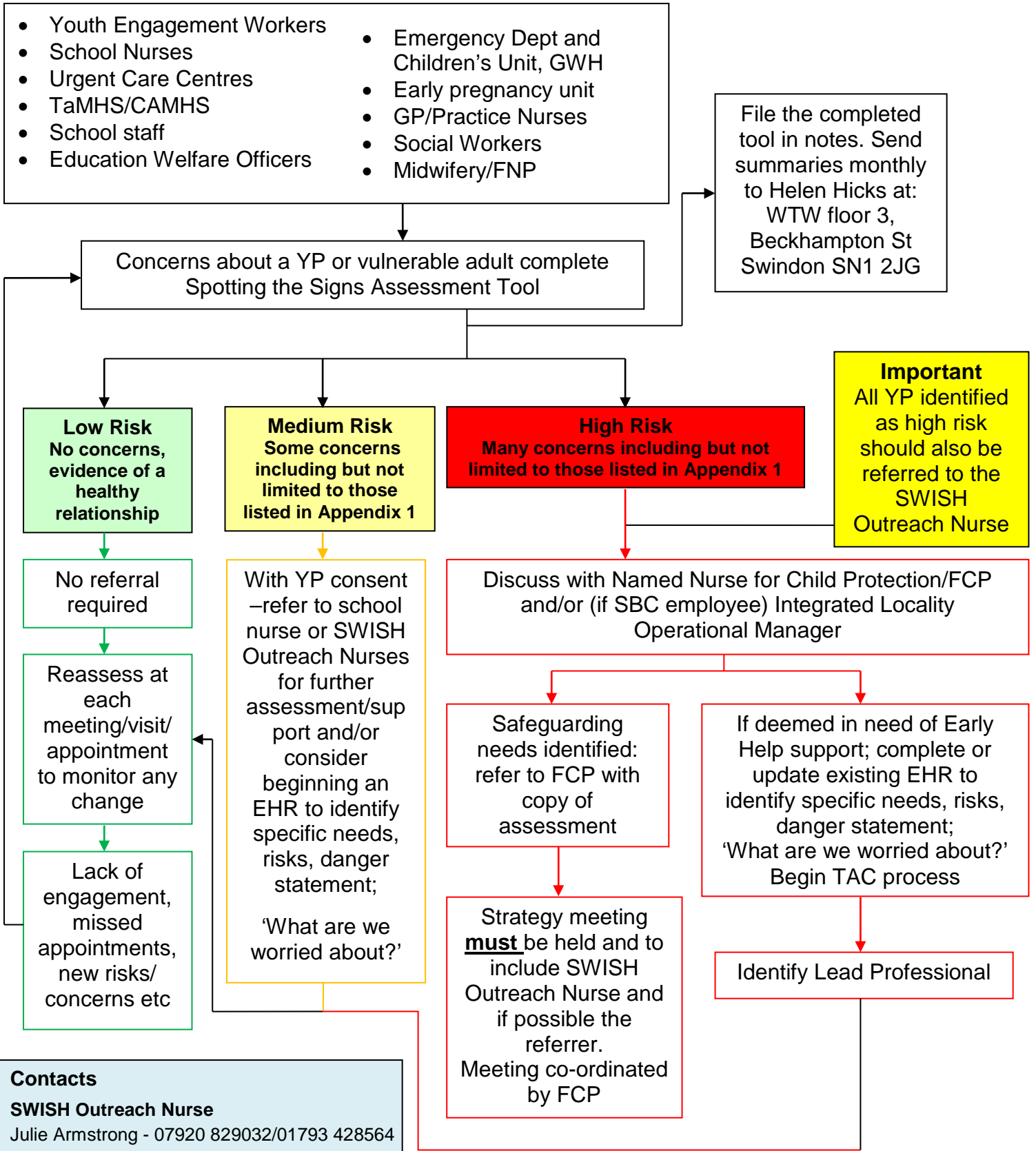
9. Action Plan: Please refer to referral pathway and Appendix 1. Risks and Concerns

	Who	Date by when
Low risk ●		
Medium risk ●		
High risk ●		

Signed:	Printed:	
Designation:	Contact details:	Date:

10. Fraser Guidelines	Yes	No
<p>The young person understands the health professional's advice.</p> <p>The young person is aware that the health professional cannot inform his/her parents that he/she is seeking sexual health advice without consent, nor persuade the young person to inform his/her parents.</p> <p>The young person is very likely to begin having, or continue to have, intercourse with or without contraceptive/sexual health treatment.</p> <p>Unless he/she receives contraceptive advice or treatment the young person's physical or mental health, or both, are likely to suffer.</p> <p>The young person's best interests require the health professional to give contraceptive advice, treatment, or both without parental consent.</p>		

Referral pathway for Under-18's & Vulnerable Adults following completion of Spotting the Signs Sexual Health Assessment Tool



Contacts

SWISH Outreach Nurse
Julie Armstrong - 07920 829032/01793 428564
Gemma Gobey – 07920829019
Louise Mann – 07775035922

Named Nurse for Child Protection, SBC:
Stephanie Bailey – 01793 465323

Named Nurse for Child Protection, GWH:
Joanne Smith – 01793 604945

Family Contact Point (FCP): 01793 466903

Abbreviations

FCP	Family Contact Point
EHR	Early Help Record
SWISH	Swindon Integrated Sexual Health
YP	Young Person
TAC	Team Around the Child