**Referral Form Guidance**

**Guidance to assist refers in completing a referral form for the Victim Support Lincolnshire’s Castle Service**

**About Our Service**

The first section of the referral form gives information regarding our service, please ensure this has been explained to the client/responsible adult before making a referral.

If you are unsure whether our service is appropriate, the Senior CHISVA offers a consultation service in which referrers can call to have an anonymous discussion around the potential client. Please contact the main office on 01522 542687 or castleproject@victimsupport.org.uk with ‘Consultation’ in the subject line.

The Castle Service can reject referrals that are incomplete or not appropriate for the service – a member of staff will contact the referrer for more information or to signpost elsewhere.

Clients will be contacted within 24 working hours with our privacy notice and a link to our online support called My Support Space. The allocated CHISVA will contact the client or responsible adult within a further 48 working hours to introduce themselves. If we do not hear back from clients initially, our policies state that we must make 3 attempts and close the case if all are unanswered.

In the event that the CHISVA loses contact with their client, or they disengage, the referrer will be notified.

**Referrer Details**

* Please provide your full details here
* You will be notified if we lose contact with the client during support

**Support from the Castle Service**

* Please ensure you have explained the role of a CHISVA to the young person/responsible adult
	+ A CHISVA is a Children and Young Persons Sexual Violence Advisor. We work with children and young people who have been victims of rape and sexual violence, sexual exploitation and abuse and cybercrime (of a sexual nature) or online grooming. We don’t talk about the crime itself – that is not for us – but we talk about the impact it hashad on you. We help you think about how you are coping and how you can keep well and healthy in the future.
	+ Please refer to our leaflet for more details about Castle Service support
* Please give us specific reasons as to why the young person is seeking support, a snapshot of their current situation or what we can do to help

**Consent**

* We aim to have the consent of all parents/carers of our clients
* Parent/carer consent is mandatory for clients ages 12 and under
* If we are unable to gain parent/carer consent for clients aged 13 – 15, all other options must be exhausted e.g. local authority, whoever has parental responsibility
* We can support clients 16+ without parent/carer consent if they have capacity under the Mental Capacity Act 2005
* The 2-stage test for capacity is:
	1. Does the person have an impairment of their mind or brain, whether as a result of an illness, or external factors such as alcohol or drug use?
	2. Does the impairment mean the person is unable to make a specific decision when they need to?

**Client Details**

* Mandatory fields are:
	+ First name
	+ Surname
	+ D.O.B
	+ Address
	+ Accommodation Status
	+ Phone number
	+ Are we allowed to contact you via
	+ Can we leave you a voicemail
* If the client does not have a mobile phone, please leave this blank and add their responsible adult’s in the ‘Parent/Carer Details’ section

**Incident Details**

* A crime does not have to be reported to the police for a client to have CHISVA support
* Please provide as much detail as possible in the ‘Offence’ field, including a summary of what happened
* ‘Details of current suspect situation’ = bail conditions, living arrangements if a family member etc

**Parent/Carer Details**

* Please provide us with the relation of the parent/carer to the child. For example – mum, dad, grandmother, uncle, step-mum, foster dad etc.
* If a client is in assisted living, please provide us with the details of a member of staff

**Risk Assessment**

* In order to keep our clients and staff safe, please provide us with any or all safeguarding or risk details - this information will be stored in line with our organisational GDPR policies

**Other Agency Involvement**

* Please provide us with the details of other relevant professionals