**The Castle Service**



**A specialist VS service for children and young people who have been subject to sexual abuse, violence, rape and child sexual exploitation**

* The Castle Service CHISVAs work with children and young people who are under the age of 18. We can also supply limited support to parents/carers.
* The crime does not have to have been reported to the police to be eligible for our service
* For under 10s, caseworkers will assess whether a purposeful relationship can be developed with the child and normally work with the parent/carer
* Referrals for 13+ can come from any source including self-referrals, although clients must pass the Mental Health Capacity test
* Victims must be a current resident in Lincolnshire although the crime may have taken place outside of the county
* CHISVAs work with victims whose primary needs are crime related. We will assess the needs of the victim during the first appointment and ensure a) another support service is not already providing services and b) we are the best service for the victim. We also work in partnership with other providers.

*We provide a free and confidential service. However, where there are safeguarding concerns, due to our duty to protect the child or other children from the risk of suffering significant harm, we will also discuss consent to share information with other services to enable us to provide a rounded support service.*

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| **Referrer details** | | | |
| Name | |  | |
| Contact Details | |  | |
| Date of referral |  | Is the person you are referring aware that a referral is being made? | Yes  No |

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| **Support from the Castle Service** | | | |
| Has the role of a CHISVA been explained to the young person? | Yes  No | Are there any risks to be aware of?  *(e.g. location of alleged perpetrator)* |  |
| Are there any specific reasons why they want the support?  *(e.g. not sleeping, missing school, safety planning, court support)* | |  | |

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| **Consent** | | | | | |
| **Aged 12 and under**:  Has the parent/carer consented? | Yes  No | **Aged 13 – 15**:  Has the parent/carer consented?  If no, have all other options been exhausted? | Yes  No  If no, please detail: | **Aged 16+**:  Does the client pass the mental capacity test?  If yes, do they consent?  If no, does the parent/carer consent? | Yes  No  Yes  No  Yes  No |
| Does the client consent for updates to be given to the referring agency?  *(e.g. what support is being given/outcomes)* | | Yes  No | | | |

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| **Client details** | | | |
| First name |  | Surname |  |
| D.O.B |  | Age |  |
| Gender |  | Pronouns |  |
| Ethnicity |  | First language |  |
| Disability  *(please specify)* |  | Other considerations |  |
| Address |  | Accommodation status  *(e.g. living with parents, council accommodation etc.)* |  |
| Phone number |  | Email address |  |
| Are we allowed to contact you via | Phone  Post  SMS  Email | Can we leave you a voicemail? | Yes  No |
| Please specify safe times to contact |  | Social media used by the young person |  |

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| **Incident details** | | | |
| Has the crime been reported? |  | Who reported the crime to the police? |  |
| Crime Reference Number |  | OIC and contact information |  |
| Date of offence |  | Date reported to the police |  |
| Offence *(including details of crime)* | |  | |
| Suspects first name |  | Suspects surname |  |
| Suspects age | |  | |
| Is the suspect known to the victim? | Yes  No | If yes, what is the relation? |  |
| Details of current suspect situation |  | Court date  *(if applicable)* |  |
| Are there any other suspects? | Yes  No | Please include of other suspects details |  |
| Client has given consent for updates to be given to the referring agency e.g. Police  *(including basic details on what level of support has been provided)* | | Yes  No | |

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| **Parent/Carer details** | | | |
| Parent/Carer name 1 |  | Parent/Carer name 2 |  |
| Is parental responsibility held? | Yes  No | Is parental responsibility held? | Yes  No |
| Phone number |  | Phone number |  |
| Email address |  | Email address |  |
| Address |  | Address |  |
| Who else lives in the household? |  | Who else lives in the household? |  |
| Is it safe to visit this address alone? | Yes  No | Is it safe to visit this address alone? | Yes  No |
| Are we allowed to contact you via | Phone  Post  SMS  Email | Are we allowed to contact you via | Phone  Post  SMS  Email |
| Can we leave you a voicemail? | Yes  No | Can we leave you a voicemail? | Yes  No |
| Please specify safe times to contact |  | Please specify safe times to contact |  |

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| **Risk assessment** | | | |
| What is the current Safeguarding status?  *(e.g. a referral, when, any future meetings)* | |  | |
| Social worker name |  | Social worker contact details |  |
| Name of young person’s school/college |  | Who is the lead professional involved with safeguarding? |  |
| Any risks to be highlighted within the family  *(e.g. substance abuse, domestic violence)* |  | Any history of mental health/involvement of mental health services |  |

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| **Other agency involvement** | | | |
| Name, agency and contact details | 1.  2.  3. | Previously or currently involved? | 1.  2.  3. |

Once completed please password protect with the given password and send to **castleproject@victimsupport.org.uk**.

OR send to **lincs.vcu@victimsupport.cjsm.net** from a secure CJSM email address.