

Referral & Assessment Guidance Notes

Feb 2011 – Version 7



General Information:

All referrals for Supporting People services should be made using the Referral & Assessment Form issued by the Supporting People team. Each form has a unique number which the team uses to track its progress.

If the client/service user is already receiving support through Supporting People they will not need to be re-referred for another assessment if they are changing services but remaining with the same Provider through, for example, from an accommodation service to a floating support scheme.

The Referral:

Completion of the form can only be undertaken by an Approved Referral Agent, i.e.

- Care Management Worker
- Duty Social Worker
- Mental Health Practitioner
- Probation Officer
- Housing Officer
- Supporting People Team
- Health Visitor
- Occupational Therapy
- Children Centres.

Further details are available on the supporting people website. The client should wherever possible be fully involved in its completion.

A1 – Client Details:

This section asks for the client's basic details, e.g. name, address, date of birth, ethnicity, family make-up etc. **It is extremely important that all the details requested are provided as statistical data will be drawn from them.**

Please indicate whether or not the client is currently in receipt of Housing Benefit.

A2 – Client Group:

Please choose the most appropriate client group from the list.

There may be instances where due to the sensitive nature of the information (e.g. HIV/AIDS) the client does not want the details entered on the form. Whilst their right to confidentiality has to be respected the issue must be fully discussed with them, particularly given the responsibility of the referrer to ensure that the provider service is given **all** the relevant information in order for them to provide the most appropriate support. A compromise may be that the information is given verbally to the Provider Service Manager, and only divulged further on a strict 'need to know' basis.

It is important to provide details of **Any Special Requirements** the client has that may have implications for communicating with them i.e. hearing/visual impairment etc.

Please provide details of all other **Support Services Currently in Place** for the client, i.e. what service they receive, where they receive it, who provides it etc.

B1 – Outcomes Sought:

Please tick all outcomes sought from support and add any other comments that you wish to make.

C1 - Social History & Presenting Problem:

Please provide a summary of the client's relevant history, current circumstances and reasons for requesting support at this time.

C2 - Risk Assessment:

Having received the completed Referral Form the Provider will undertake their own risk assessment; however, it is **vital** that the Referral Form's risk assessment is fully completed in order to identify any specific issues they will need to take account of.

D1 - Provider Details:

Once the assessment is complete the client should be given information about services that may be able to meet their support needs. Contact should then be made with the clients chosen provider(s) to see if they have capacity to offer the service required.

Whilst the choice of provider rests with the client they may need advice from the referrer to ensure it is an informed choice.

Information on services can be found on the Supporting People section of the Council's website www.iwight.com/supportingpeople.

If support is not immediately available from the chosen Provider, and the client is to be placed on a waiting list, they should be informed of this and advised how long they are likely to have to wait. If the expected wait is considered too long the client should be given the choice of another provider, if available, who can offer a service sooner.

D2 – Declaration:

The Referrer should sign the form to confirm their view that the client meets the eligibility criteria to receive housing related support

Confidentiality:

The declaration about confidentiality should be drawn to the attention of, and if required explained to, the client.

Having read the Referral Form, or had it read to them, the client should sign it to confirm their agreement with the information contained on the form being passed to the Provider.

There may be instances where it is considered inappropriate for the client to sign the form. Reasons for this might include;

- They have a learning disability
- They have a physical disability that prohibits their signing
- They have limited understanding of spoken / written English

Should it be deemed inappropriate for the client to sign the reason why should be clearly recorded on the form.

The **Client Comments** section provides an opportunity for the client to comment on any matter relating to the support being requested etc.

Distributing the Form:

Having signed the form the Referrer should send the complete form to the Provider, who will sign and distribute the sections of the form as follows:

- Pink copy – SP team
- Yellow copy – Referral agent
- Blue copy – Client
- White copy - Provider