SERVICE USER REFERRAL, ASSESSMENT AND ALLOCATION PROCEDURE

PRN-127: Service User Referral, Assessment and Allocation Procedure
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Trading/Business Name: CAREHOPES
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1. Purpose

This procedure outlines the process for receiving referrals, assessing needs, determining eligibility, allocating services, and reviewing support arrangements.

The procedure aims to ensure:

- Fair and consistent access to services.
- Safe and appropriate service allocation.
- Person-centred decision-making.
- Effective risk management.
- Safe matching of service users and volunteers.
- Positive wellbeing outcomes.

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2. Scope

This procedure applies to:

- Employees
- Volunteers involved in assessment activities
- Managers
- Volunteer Coordinators
- Directors

It applies to all individuals referred to the organisation for companionship and wellbeing support services.

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3. Principles

Service allocation will be based upon:

Person-Centred Practice

Support should reflect individual wishes, preferences, and goals.

Equality and Inclusion

Access to services should be fair and non-discriminatory.

Safety

Support arrangements must be safe for service users, employees, and volunteers.

Transparency

Decisions should be clear and documented.

Proportionality

Assessments should reflect the individual's circumstances and level of need.

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4. Referral Sources

Referrals may be received from:

- Self-referrals
- Family members
- Carers
- Social workers
- Adult Social Care
- Healthcare professionals
- Community organisations
- Charities
- Housing providers
- Advocacy services
- Other partner agencies

Referrals should be made using the organisation's referral process.

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5. Referral Information Required

Where possible, referrals should include:

- Name
- Address
- Contact details
- Date of birth
- Emergency contact information
- Reason for referral
- Relevant health information
- Communication needs
- Mobility requirements
- Safeguarding concerns
- Risk information

Incomplete referrals may require follow-up before assessment.

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6. Receipt of Referral

Upon receiving a referral:

Step 1

Record the referral.

Step 2

Acknowledge receipt where appropriate.

Step 3

Review referral information.

Step 4

Identify any immediate risks or safeguarding concerns.

Step 5

Allocate for assessment.

Referral records should be maintained securely.

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7. Initial Screening

An initial review should determine:

- Whether the service is appropriate.
- Whether urgent action is required.
- Whether safeguarding concerns are present.
- Whether additional information is needed.

Where the service is unsuitable, alternative information or signposting may be considered.

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8. Urgent Referrals

Urgent referrals may involve:

- Significant social isolation.
- Safeguarding concerns.
- Recent bereavement.
- Mental health concerns.
- Deteriorating wellbeing.
- Lack of support networks.

Urgent referrals should be prioritised appropriately.

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9. Initial Contact

Following acceptance of the referral:

- The individual should be contacted.
- The service should be explained.
- Consent should be sought where required.
- Questions should be answered.
- An assessment appointment should be arranged.

Communication should be accessible and person-centred.

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10. Consent to Assessment

Before assessment takes place:

- The purpose of the assessment should be explained.
- Information-sharing arrangements should be discussed.
- Consent should be obtained and recorded.

Where concerns about capacity exist, the Service User Consent and Capacity Procedure should be followed.

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11. Assessment Process

Assessments should explore the individual's:

Personal Circumstances

- Living arrangements
- Family and support networks
- Daily routine

Wellbeing

- Emotional wellbeing
- Social isolation
- Community involvement

Support Needs

- Areas where companionship may help
- Desired outcomes

Communication Needs

- Preferred methods of communication
- Accessibility requirements

Risks

- Health and safety considerations
- Safeguarding concerns
- Environmental risks

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12. Person-Centred Assessment

Assessments should focus on:

- What matters to the individual.
- Personal goals and aspirations.
- Existing strengths and resources.
- Preferred support arrangements.

Individuals should be encouraged to actively participate in the assessment process.

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13. Involvement of Family, Carers and Advocates

With consent, assessments may involve:

- Family members
- Carers
- Advocates
- Other professionals

The wishes and views of the service user should remain central.

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14. Assessment Outcomes

Following assessment, outcomes may include:

Suitable for Service

The individual meets criteria and support can be offered.

Suitable with Additional Controls

Support is appropriate but additional safeguards or arrangements are required.

Not Suitable

The individual's needs fall outside the scope of the service.

Where services cannot be offered, alternative support options should be considered where possible.

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15. Risk Assessment

A risk assessment may be completed before support is allocated.

Areas to consider include:

- Lone working risks.
- Home environment risks.
- Safeguarding concerns.
- Pets.
- Access arrangements.
- Behavioural risks.
- Health and mobility needs.

Risk assessments should be reviewed periodically.

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16. Determining Support Requirements

The assessment should identify:

- Type of support required.
- Frequency of support.
- Preferred visit times.
- Community activity preferences.
- Communication support needs.

Support arrangements should be realistic and achievable.

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17. Service Allocation

Following assessment, a decision should be made regarding:

- Acceptance into the service.
- Type of support offered.
- Allocation of staff or volunteers.
- Priority level.

Allocation decisions should be recorded.

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18. Volunteer Matching Process

Where volunteers are involved:

Matching should consider:

- Shared interests.
- Communication preferences.
- Location.
- Availability.
- Cultural considerations.
- Identified risks.

The aim is to promote positive and sustainable support relationships.

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19. Considerations During Matching

Careful consideration should be given to:

- Gender preferences where appropriate.
- Language needs.
- Accessibility requirements.
- Support goals.
- Personal boundaries.
- Complexity of needs.

No allocation should take place where significant unresolved risks exist.

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20. Introducing the Volunteer or Worker

Before support begins:

- Introductions should be arranged.
- Expectations should be explained.
- Boundaries should be discussed.
- Contact arrangements should be agreed.

Service users should have an opportunity to ask questions.

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21. Commencing Support

Support may begin once:

- Assessment is completed.
- Consent has been obtained.
- Risks have been assessed.
- Appropriate allocation is confirmed.
- Relevant records are completed.

The start date should be recorded.

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22. Recording Outcomes

Assessment records should include:

- Assessment date.
- Assessor details.
- Identified needs.
- Risks identified.
- Support agreed.
- Consent obtained.
- Allocation details.

Records should be accurate and secure.

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23. Review of Support Arrangements

Support should be reviewed periodically to assess:

- Achievement of outcomes.
- Satisfaction with support.
- Changes in circumstances.
- New risks.
- Additional support needs.

Reviews should be person-centred and documented.

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24. Changes in Circumstances

Changes that may require reassessment include:

- Deteriorating health.
- Safeguarding concerns.
- Bereavement.
- Relocation.
- Changes in support networks.
- Increased risks.

Reviews should be arranged as appropriate.

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25. Waiting Lists

Where demand exceeds service capacity:

- Referrals may be placed on a waiting list.
- Priority decisions should be made fairly.
- Individuals should be kept informed.
- Risks should be reviewed periodically.

Waiting lists should be managed transparently.

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26. Referrals That Cannot Be Accepted

Where a referral cannot be accepted:

The organisation should:

- Explain the reasons.
- Provide information respectfully.
- Consider signposting where possible.
- Record the decision.

Decisions should be objective and non-discriminatory.

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27. Closure Before Allocation

A referral may be closed where:

- Consent is withdrawn.
- The service is declined.

- The individual cannot be contacted.
- The referral is unsuitable.
- Significant information is unavailable.

Closure decisions should be documented.

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28. Service User Referral and Allocation Flowchart

Referral Received

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Initial Screening

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Eligible?

No → Signpost / Close Referral

Yes

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Initial Contact

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Consent Obtained

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Assessment Completed

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Risk Assessment

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Suitable for Service?

No → Alternative Support Information

Yes

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Volunteer / Worker Matching

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Introduction

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Support Commences

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Review and Monitoring

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29. Case Study

Scenario: Referral for Social Isolation Support

An 82-year-old individual is referred by their GP after reporting loneliness following the loss of a spouse.

Assessment Findings

- Significant social isolation.
- Limited family support.
- Interest in community activities.
- No major safeguarding concerns.

Action Taken

- Assessment completed.
- Volunteer match identified.
- Introduction meeting arranged.
- Community wellbeing group information provided.

Outcome

The individual begins receiving weekly companionship visits and attends local wellbeing activities.

Learning Point

Effective assessment and matching contribute to positive wellbeing outcomes and sustainable support relationships.

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30. Responsibilities

Managers

Responsible for:

- Monitoring referral and assessment processes.

- Reviewing allocation decisions.
- Supporting risk management.
- Ensuring appropriate records are maintained.

Assessors

Responsible for:

- Completing assessments.
- Obtaining consent.
- Identifying risks.
- Documenting findings accurately.

Volunteer Coordinators

Responsible for:

- Matching volunteers appropriately.
- Supporting introductions.
- Monitoring ongoing allocations.

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31. Monitoring and Quality Assurance

The organisation will monitor:

- Referral numbers.
- Assessment completion times.
- Waiting list activity.
- Allocation outcomes.
- Service user feedback.
- Safeguarding concerns.
- Review completion rates.

Monitoring findings will support service planning and continuous improvement.

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32. Review Arrangements

This procedure will be reviewed:

- Annually.

- Following safeguarding reviews.
- Following significant incidents.
- Following service changes.
- Following legislative or regulatory updates.

Related Policies

- Person-Centred Support Policy
- Adult Safeguarding Policy
- Mental Capacity Act Policy
- Risk Assessment Policy
- Service User Participation and Feedback Policy
- Service User Consent and Capacity Procedure
- Accessibility and Inclusive Communication Policy
- Volunteer Management Policy

Associated Policies

- Person-Centred Support Policy
- Adult Safeguarding Policy
- Mental Capacity Act Policy
- Risk Assessment Policy
- Service User Participation and Feedback Policy