

# Referral and Assessment Process

## 1. Referral Received

Referral received via email, phone or professional's introduction

- Initial documents requested (Care Act assessment, risk assessments, support plans, etc.)

## 2. Referral Acknowledged

Acknowledgement sent within 2 working days

- Review of needs, risks, funding status and compatibility.
- Referral declined if clearly incompatible (with rationale provided)

## 3. Initial screening / Desk-Based Review

Referral declined if clearly incompatible (with documented rationale)

- Introductory conversation with referrer, family and/or individual (where possible).
- Offer of visit

## 4. Needs and Compatibility Assessment

Face-to-face assessment conducted

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- Compatibility with existing service users assessed.
- Review of clinical and social needs, routines, communication, risks and

## 5. Internal Panel Review

Multidisciplinary discussion with senior team

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- Decision to proceed, request more information or decline

## 6. Transition Planning

Step-by-step plan co-produced with individual, family and professionals

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- Includes visits, key worker allocation, environmental adaption