



Referrals policy

Standard Operating Procedure

SOP Title:

Standard Operating Procedure for the processing of referrals.

Document reference number	SIRP1	Document developed by	Gráinne Muldoon, Noelin Fox, Kieran Keon
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1. PURPOSE

The purpose of this guideline is to have uniformity and consistency in relation to referrals received by StepIn. This standard operating procedure will assist all StepIn staff and board of directors to outline the procedure to be followed when processing referrals to the StepIn supported living network.

2. SCOPE

This SOP applies to all staff (administrative and frontline, paid and unpaid) and board of directors of StepIn, Supported living Network.

3. LEGISLATION/ OTHER RELATED POLICIES

- a) Data Protection Acts 1988, 2005
- b) Non-fatal Offences Against the Person Act 1997
- c) Freedom of Information Act 1997 and 2003
- d) StepIn Supervision Policy 2013
- e) Trust in Care Document
- f) Disability Act 2005
- g) Equality Act 2004
- h) Mental Health Act 2001

4. GLOSSARY OF TERMS AND DEFINITIONS

Board of Directors	Voluntary members of StepIn board of directors as appointed at AGM 2013.
Google Drive	IT system currently in use by StepIn administrators, staff and board of director members
WL	Waiting list
SLC	Supportive Living Coordinator
SLV	Supportive Living Volunteer
Staff	Including SLC, SLV, and administrator.
Network member	A person who has met the criteria for membership within a StepIn network and has been accepted as part of the StepIn Supported Living Network by the board of directors in conjunction with the SLC.

Applicant	Person wishing to become a network member who makes an application to the board of directors for their application to be considered
Referring person	Family member, advocate, allied health professional or other professionals who express interest on behalf of a person wishing to become a network member.

5. ROLES AND RESPONSIBILITY

5.1 This guideline applies to all staff members and volunteers i.e. SLC, SLV, administrative staff and board members.

5.2 It is the responsibility of all staff, volunteers and board members to ensure that this guideline is followed as far as it reasonably practicable.

5.3 StepIn is a supported living service. StepIn referrals can be made by the person wishing to become a network member, a family member, or advocate as well as by an allied health professional or other professionals.

5.4 Expression of interest/referrals are generally accepted in writing by post or hand delivered. Applicants/Referring persons are invited to contact StepIn's Chairperson, Noelin Fox, by post at Cherry House, Comans Park, Roscommon, to express their interest in the service.

5.5 On receipt of an expression of interest in StepIn services, the Chairperson will request the SLC to liaise with the applicant and relevant others and ensure completion of Standard Referral Form (See Appendix 1 for copy of Standard Application Form).

5.6 Standard StepIn Application forms must be completed by the applicant where possible or the referring person on the applicants

behalf, in order to be considered by the service for the next stage of the referrals procedure.

5.7 On receipt of standard application form, the SLC will convene an assessment of the application. The SLC is responsible for assessing the suitability of the application utilising various other suitable professional assessment tools where appropriate e.g. direct contact with applicant and family, observation of applicant in work setting/ home setting etc.

5.8 The SLC will inform applicants/referring persons from the outset that there is a six to eight-week period for processing of referrals, from completion of the application form to the decision making stage.

5.7 The SLC will inform StepIn chairperson at appropriate intervals (via phone, Skype meeting or in writing) of progress with applicants referrals.

5.8 Once sufficient information has been gathered and the SLC core assessment has been complete, the SLC will deliver the appropriate documentation to StepIn chairperson. This documentation should include but is not exclusive to:

- SLC assessment report to include assessment tools utilised, findings and recommendations etc.
- Information/reports available and/or further information/reports necessary etc.
- Completed StepIn Standard Application form.
- General information about the supporting person and funders.
- Information about support person and funder's commitment to supporting ongoing costs associated with network membership.

- Details of contingency planning with support person and funder e.g. where additional needs may be identified by StepIn staff during network membership.

5.9 SLC will liaise with their supervisor during the referrals stage of an application for network membership and access support via this means as per StepIn Supervision Policy, 2013.

5.10 On receipt of all possible and relevant information from the SLC, StepIn chairperson will contact the board of directors referrals subgroup members to notify them that a meeting needs to be convened to make a decision as to the application to StepIn supported living network. This can be done by email, Skype or phone contact/text.

5.11 The board of directors have selected three referral subgroup members to review applications. Any two of the three would satisfy a quorum for this subgroup panel. Meetings should be held every six weeks. At referrals subgroup meeting stage, taking account of the information provided by the SLC, decisions regarding memberships should be made where possible. The recommendations and decisions of the referrals subgroup will be brought to the board of directors' attention at six-weekly meetings for final approval of the decisions about an applicant's membership. Board of directors should not be involved in this process at an operational level. Board discussions about applications should only arise in exceptional circumstances.

5.12 Applications for membership may be wait-listed as appropriate e.g:

- to allow time for the applicant/support agency to access additional support where indicated for network membership as specified at assessment stage;

- to allow for additional independent living training to be specified and received by the applicant where agreed by applicant, support agency/funder and StepIn;
- to allow applicant additional time to identify funders;
- as demands on the service requires.

5.13 Referrer/applicant is to be informed in writing by the chairperson of the Board of Directors of the decision reached by the referrals subgroup. This decision of the referrals subgroup and approval by the board of directors should also be communicated to StepIn SLC.

5.13.1 Where an applicant has been approved, the SLC should receive the applicant's informed consent to join the network and their contract of membership should be explained to them by the SLC and witnessed by the referring person where appropriate.

5.14 If a referral is deemed inappropriate, the applicant and referrer are advised that their referral is considered inappropriate to StepIn at that time and, if possible/appropriate, advice as to more appropriate services and supports should be given.

5.15 Referrers and applicants should have comprehensive information made available to them by the SLC to assist them in making a referral to StepIn, e.g:

- via the StepIn webpage;
- direct contact with SLC, SLV, administrative staff;
- distribution of promotional brochures;
- making case studies available;
- showing promotional DVD etc.

6. GUIDELINE

6.1 On receipt of referral/application form, the SLC will review the form to ensure each section has been completed where possible and appropriate. The SLC will liaise with the referring person (where the referring person is a professional or advocate) and the applicant to determine further information, consent to proceed etc. As part of the information gathering stage, the SLC will co-ordinate a referral eligibility check on behalf of StepIn.

6.2 Referral acceptance criteria to be considered regarding eligibility of applicants at referral stage.

The referred person should:

- Have needs which require support in living independently e.g. intellectual disability, acquired brain Injury, physical disability, autism spectrum disorder, mental health needs, homelessness, elderly, other vulnerabilities etc
- Live in counties with existing StepIn networks or where new networks are being planned.
- Be aged 18 plus.
- Be eligible to receive or be in receipt of a department of social protection payment.
- Be eligible for approval or be approved by the local housing authority for social housing or have access to housing by other means e.g. own their own home, have suitable access to family home etc.
- Be able to pay the network membership fee personally or have a commitment from the referral agency to pay the membership fee.

- Be able to financially contribute to the cost of network and/or the agency providing services to the referred person is willing to financially contribute to the cost of network.
- Be actively seeking membership of a network and be willing to participate in and contribute to the life of the network.

6.3 The SLC will meet with the applicant and his/her family as necessary and where and when appropriate.

6.4 Completed referral forms with all relevant additional information are sent to Chairperson of StepIn for processing and administration (e.g. on google drive) within six to eight weeks of the application where possible. A hard copy of all of the referral documents and records should be kept by the SLC.

6.5 Referrals will be reviewed by referrals subgroup members. Referrals subgroup members will make themselves available (via e.g. teleconference, Skype, face to face etc) for one hour every six weeks should new referrals need to be processed.

6.6 The purpose of the referrals subgroup reviews is to review referral information, appropriateness of the applicant for StepIn, assess the need for further support, information etc.

6.7 The decisions reached at the referrals subgroup review will be briefly presented at the board of director meeting for final approval. Board of director meetings should be held six weeks apart.

6.8 Once approval has been received, the StepIn team — the SLC and SLV — begins to work with the applicant and the referring person, where the referring person is not the potential network member, to ensure an effective personal progress plan is put in place to help them live independently, access training and or return to education etc. An informed consent form and membership contract should be signed by the member and their witness i.e.

referring person where appropriate (See Appendix 2. for Informed consent and contract form).

6.9 When an applicant expresses an interest in StepIn but has a home address outside of the catchment area of an existing and available network, StepIn should receive the referral nonetheless.

6.9.1 In instances where the referred person/applicant has a home address outside of the catchment area of the applied network area, the referral can be processed to the next stage if:

- A funding service/partner agency from the referred person's home address area will support the network member's placement in the network financially and continue to provide identified supports needed by that individual e.g. home help etc.

AND/OR

- The potential member has a Social Welfare Allowance from the Community Welfare Office in the network area being applied for or can financially contribute to their network membership in the longer term.

AND/ OR

- The potential member is listed on the housing list with the local housing authority in the network area being applied for or has access to housing in that area.

6.9.2 Where the conditions as above are not present, the referral for network membership in these circumstances will be wait-listed/put on hold. StepIn will give clear recommendations to the referrer as to how the potential network member might meet the criteria to access the network in the future. Also, StepIn can request written consent to keep the name and contact detail of the referred person for statistical purposes. Should a number of interested

potential network members be referred from the same area where a network does not yet exist, the SLC can indicate this to the chairperson of the board who will then address this identified need with the board of directors and look at the potential to open a new network in that catchment area.

7. APPENDICES:


Appendix 1: Standard Referral Form – StepIn



Appendix 2: Informed Consent and Contract form


Appendix 1





Application Form



<p>About you</p>	 A simple black and white icon of a person carrying a large box. The person is walking to the right, and the box is on their back. The box has colorful details on top.
<p>What is your name?</p>	
<p>What is your address?</p>	
<p>What is your phone number?</p>	
<p>What is your date of birth?</p>	
<p>What area do you live in now?</p>	
<p>Which StepIn Network do you want to join?</p>	
<p>Do you have Individual funding and/or support services?</p>	

Support		
Do you have someone who can support you to apply for a place in StepIn?		
If yes what is their name?		
What is their address?		
What is their phone number?		
May we call them?	Yes	No
More about you		
What school/training course have you completed?		




Your Home				
Who do you live with now?				
Family	Friend	Alone	Other residents	Someone else. Who?
What kind of place do you live in at the moment?				
Family Home	Own flat	Hostel	Group Home	Somewhere else. Where?
If you're living with someone else, what would they think about you moving into a StepIn Network?				
Have you ever lived alone?	Yes	No		
If yes, did you have any support?	Yes	No		
If you had support what was it with?				
Have you ever lived in a group home or hostel?	Yes	No		
If yes, which one?				
If you have lived in a group home when was this?				

How soon could you move into a StepIn Network?		
Does it matter what floor your apartment is on in a block of apartments?	Yes	No
If yes, please tell us what you need and why.		
About your day		
What do you do during the day?		
What do you do in the evenings and your spare time?		


Your Health		
Do you have a disability?	Yes	No
If yes please tell us about it		
Do you have a health problem?	Yes	No
If yes please tell us about it		
Do you take medication?	Yes	No
If yes, do you need support with your medication?	Yes	No
If you do need support – what do you need?		
Do you have a community nurse or Social Worker?	Yes	No
If yes who?		
Do you have a problem with your mental health?	Yes	No
If yes please tell us about it		

More questions about you		
If you are angry or sad what do you do?		
If you move to <i>StepIn</i> will you be able to stay in touch with your family or friends?	Yes	No
If yes, how will you stay in touch?		
Cooking and eating		
Can you make yourself a hot drink (like tea or coffee)?	Yes	No
Can you make snacks (like sandwiches, sausages, beans on toast, or tinned soup)?	Yes	No
If yes, what snacks do you often make?		
Can you make meals using meat and vegetables?	Yes	No
If yes, what do you often cook?		
How many times in a week do you cook for yourself?		
If you don't cook where do you get your meals?		

Appendix 2:

<p>Looking after yourself and your apartment</p>		
<p>Can you do housework (washing up, hoovering, cleaning, etc)?</p>	<p>Yes</p>	<p>No</p>
<p>If yes, what jobs do you often do?</p>		
<p>How do you wash your clothes?</p>		
<p>Money</p>		
<p>Can you budget for the things you need like bills and food?</p>	<p>Yes</p>	<p>No</p>
<p>Have you had problems with money before and have you got into debt?</p>	<p>Yes</p>	<p>No</p>
<p>If you get Disability Allowance, do you manage it yourself?</p>	<p>Yes</p>	<p>No</p>
<p>Will you require assistance with budgeting?</p>		
<p>What support do you need?</p>		
		
<p>Can you do shopping on your own for clothes and food?</p>	<p>Yes</p>	<p>No</p>

If no, who helps you?				
Can you use a telephone?		Yes	No	
Do you use the buses or trains?		On your own	With friends	
If someone leaves you a note can you read it?		Yes	No	With help
Is there anything you think you need to learn to do better?				
Shopping	Cooking	Cleaning	Budgeting	Something else – what?
<p>Tell us why you want to move into a <i>StepIn</i> Network</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>				

<p>Living in a Network</p>		
<p>Living on your own can be good. Sometimes it can be difficult as well. Have you thought seriously about what it would be like?</p>		
<p>What do you think the good things might be?</p>		
<p>What do you think the bad things might be?</p>		
<p><i>StepIn</i> needs Members to:</p> <ul style="list-style-type: none"> • be willing to act as good neighbours to other Members • take part in the Members' meetings every month • accept support from the Supported Living Volunteer 		
<p>Would you be willing to do all these things?</p>	<p>Yes</p>	<p>No</p>

Please read the next part, make sure you understand it, then sign the form, and send it to *StepIn*

I understand that StepIn might not be able to offer me a place in a Network (because StepIn might decide it wouldn't be right for me or because a lot of people want to join).

I understand that I can only join StepIn if I am happy to be a good neighbour to the other StepIn Members. I would help them out.

I understand that I can only join StepIn if I am willing to take part in the Members' meetings every month.

I understand that I can only join StepIn if I am willing to let workers, volunteers, friends and family support me.

Signed

Date

Now you've nearly finished.

When we get the form, someone from *StepIn* will be in touch with you. They will talk to you about your application and find out more about you.

Please send the form to:

***StepIn* Supported Living Coordinator**
4A Millbrook
Bealnamulla
Athlone
Co. Roscommon



Member's Contract and Consent to Membership Form

I _____ agree to become a member of the StepIn Supported Living Network in the _____ area.

Supports provided by StepIn:

I acknowledge that the role of StepIn has been explained to me and that I understand StepIn's function. The role of Supported Living Co-ordinator and Supported Living Volunteer have been explained to me. I understand that StepIn have other volunteer staff (i.e. board of directors), who work in the background to support the running of StepIn. I understand the principle of confidentiality in StepIn and the limitations of this principle. I understand that documentation and files relating to me will be kept safely and securely by StepIn staff and volunteers.

Living in a network:

I am willing to:

- Act as a good neighbour to other StepIn members and other members of my community
- Take part in the members' meetings every month

- Accept support from the Supported Living Co-ordinator, Supported Living Volunteer, friends, family, funding agency and other support needs as applicable to me.

My responsibilities:

I understand that I am responsible for:

- My overall tenancy and for looking after my house with supports at various levels if I need it.
- Paying rent (if applicable) on time and bills/expenses associated with living in my own home.
- Up-keeping my home.
- Paying the network membership fee personally **or** have a commitment from the referral agency to pay the membership fee.
- Financially contribute to the cost of network and/or that my referring agency is willing to financially contribute to the cost of network.
- Other responsibilities as specified during my induction meeting with Supportive Living Organiser (please specify briefly):

The conditions of tenancy (if renting accommodation from a landlord) should be fully explained to me by my landlord before I sign a tenancy agreement. I know I will be supported with this tenancy agreement by the Supported Living Co-ordinator and other support where needed.

If circumstances change:

I understand that I can end my membership with StepIn where I give adequate notice to StepIn. I can talk to the Supported Living Co-ordinator

and/or my funding agency who will talk me through how this works if ending membership with StepIn should be my wish.

It has been explained to me that that I may need to get additional support with my tenancy from my funding agency or from other supports funded by my funding agency, as my needs change. This additional support will aim to assist me in meeting the criteria for continued membership with StepIn.

I understand that in exceptional circumstances, that membership with StepIn can be dissolved should my needs no longer be met by StepIn. I understand that I will be supported through any exit plan from StepIn well in advance of the exit where at all possible. Advocacy work with me, my family and friends and my funding agency will be done in advance of any exit from StepIn with recommendations for future living supports made if appropriate and where possible.

I understand also that in extreme circumstances, my memberships may be withdrawn from me by StepIn. I may and may not be given advanced notice of my membership being withdrawn. In such cases, a decision to withdraw the privilege of membership by StepIn may be based on, but not exclusive to, the following reasons:

- My willingness to participate in network life is no longer active.
- I can no longer successfully meet my responsibilities as a member.

Other conditions of membership:

Please specify:

The above information and terms of membership has been explained to me in detail by the Supported Living Co-ordinator. I have read and/or have had the information herein read to me and I understand all of the information herein. I agree to the above conditions of my membership and I agree to become a StepIn network member.

Signature _____ (Network Member)

Witnessed _____ (Funding Agency/Family Member/Other)

Witnessed _____ (SLO, StepIn)

Date: _____

Referrals Policy signed and dated

Referrals policy approval: This Referrals policy is signed, dated and approved by the StepIn Chairperson (below)

Signed: _____

StepIn Chairperson

Date: _____