

WYDAN NIGHT SHELTER

REFERRAL POLICIES AND PROCEDURES

Responsibilities

WYDAN NIGHT SHELTER has a responsibility to ensure that agencies are competent to fulfill the requirements of the referral procedure. This includes an agreement to use appropriate guidelines.

Referral agencies have a responsibility to WYDAN NIGHT SHELTER to ensure that any person delegated to deal with referrals for homeless individuals who may be eligible to access the project are competent.

Agencies acting on behalf of the project should deal with individuals face to face. Whilst the welfare of the individual is paramount, agencies also have a responsibility to consider the safety of volunteers and venues. Where the agency does not know the individual well or has doubts this should be flagged up so the coordinator can make additional checks.

WYDAN NIGHT SHELTER has a duty to ensure that records are kept of every referral and outcome and that checks carried out are recorded in accordance with the General Data Protection Regulation 2018.

Referrals must come through designated agencies: Red Cross, PAFRAS, Migrant Help/Urban House.

Inappropriate Referrals

Due to the nature of the accommodation provided and the skill levels of volunteers it is important to safeguard the safety of host venues and teams. Only individuals assessed as LOW TO MEDIUM risk will be admitted to the shelter. The following groups of homeless individuals cannot be accepted by the scheme at this point.

- Individuals who are known to have committed serious violent or sexual crime or those with schedule one offences.
- Individuals with special needs that require specialist support e.g. serious physical/mental health issues or individuals who at the time of referral are under the influence of alcohol, drugs or solvents.
- Individuals who have been barred from the shelter.
- Individuals with a recent history of displaying aggressive behavior.

All records should be written in clear English, dated, with times and signed by the appropriate staff member.

PTO

WYDAN NIGHT SHELTER REFERRAL PROCEDURE

1. Please carry out a full assessment of your client and ensure that they fit the criteria for the WYDAN NIGHT SHELTER.
2. Ensure that they are fully aware of the nature of the shelter. This includes that they know the Shelter is run by volunteers, they know the time of opening at the relevant venue, they know they will share sleeping space, they know meals will be taken communally.
3. Phone the Shelter phone 07543 707418. Check with the Lead Volunteer if there is space at the shelter for your client. Please provide the Lead Volunteer with your client's name, age, country of origin, language and level of English, dietary requirements and any health issues. Please also provide the client's phone number to the hosting venue.
4. Please provide your client with a bus ticket to get to the host venue.
5. Email the referral form to wydan.shelter@gmail.com and CC it to gilliantober@yahoo.co.uk You only need to do this once for each client.
6. If your client receives a positive decision on their asylum claim they must leave the shelter and access section 4 accommodation.
7. Guests must continue to engage with yourselves and indeed any other agency that is supporting them, our role is purely to host your clients.
8. You or your client MUST inform us as soon as possible if they are leaving the shelter. We can only keep a guest's bed space for 2 days if we do not hear from you or them.

REFERRAL FORM

Today's Date:

1. Name of Client: _____

Date of Birth: _____ Age on referral: _____

Country of origin: _____

Language(s) spoken _____

Client's phone number: _____

Is the client on any prescribed medication? If so, please detail.

Special diet restrictions/concerns? _____

2. Named Agency and worker/key worker working with this client:

_____ PTO _____

3. Risk assessment, with basis: _____

Has the client ever been barred from another accommodation scheme? If so, explain.

4. Other contact details, if available:

Next of Kin or emergency contact: _____

Relationship _____

Address _____ Phone _____

Registered with a Doctor? No/Yes Surgery details:

Address _____ Phone _____

5. Referring Agency Details

Referrer's Name _____

Agency _____

Mobile No. _____

Email: _____

Address of Agency: _____

How long have you known the client? _____

Briefly explain why you are making this referral _____
