Date:

Age Well Together Service Referral Form

If you have any questions regarding this form, please contact the Age Well Together Team.

When you have completed the form send to the AWT email address below.

Email: awt@ageukwandsworth.org.uk Contact number: 020 8877 8940

CONSENT			
The client consented to the referral and for Age UK Wandsworth to hold their details on file:	**Yes** ☐	**No** ☐	
The client/listed contact is aware that they will be contacted by Age UK Wandsworth:	**Yes** ☐	**No** ☐	
CLIENT INFORMATION			
Client Name:		**Date of birth:**	
Email:		**Phone Number:**	
Does the client live in the borough of Wandsworth?	Yes ☐ No ☐ (Wandsworth Borough residents only)		
Address:			
Postcode:			
Estimated hospital discharge date (if applicable)			
Can the client be contacted directly or contact via Next of Kin *(NOK)?*	**Client** ☐	**NOK** ☐	
Home circumstances Living alone ☐ With a partner ☐ With family ☐ Other ☐ *If other please specify:*			
Referrer's name:			
Referrer's role:			
Organisation:			
Phone Number:			
Email:			
Client's Next of Kin/ Emergency contact:		**Client's GP/ Surgery:**	
Relationship to client:		Address:	
Phone Number:		Phone number:	
Email:		Email:	

CLIENT'S NEEDS	
Mobility	Independent ☐ Independent with mobility aid ☐ Restricted ☐ Assistance required ☐
Hearing	Able to hear ☐ Hearing Aid ☐ Limited ☐ Partially Deaf ☐ Deaf ☐
Vision	Good ☐ Visually Impaired ☐ Registered Blind ☐
Speech	Clear ☐ Slurred ☐ Limited ☐ Non-verbal ☐

Please state if the client has any specific health conditions, cognitive difficulties/memory issues or any other special needs:

Package of care (PoC):

1 x day ☐ 2 x day ☐ 3 x day ☐ Double handed ☐

Care agency Manager:

Care agency address and telephone no:

Does the client have caring responsibilities? *Please tick all that apply:*

None ☐ Primary carer of a child/children (under 18) ☐ Primary carer of disabled child/children ☐

Primary carer of disabled adult (age 18+) ☐ Primary carer of older person ☐

Secondary carer (another person carries out the main caring role) ☐ Prefer not to say ☐

Environment Risk in the client's home: *Please tick all that apply:*

Bed bugs in the home ☐ Poorly lit home ☐ Hoarding conditions ☐ Vermin ☐ Broken electrical sockets ☐

Loose carpets ☐ No fire alarm ☐ Pets ☐ Loose cables ☐ Damp Conditions ☐ Smoker ☐

Any other relevant information or risks you may be aware of that would impact a visit from our staff or volunteers?

Where volunteers will be visiting the client's home, the coordinator will visit to assess the home environment to ensure it is suitable for a volunteer to visit. The coordinator will decline any clients whose homes and/or behaviour are not deemed safe for a volunteer to visit.

REFERRAL GUIDANCE NOTES

When making a referral please bear in mind the information below:

- All Sections of the referral form must be complete for us to accept your referral and client must give their consent to make a referral.
- Age UK Wandsworth reserves the right to refuse any referrals at its discretion.
- Our services are unable to offer domestic support or personal care.
- Most of our services are supported by volunteers.

Please note if the client would benefit from the supply and fitting of a free key safe:
Prior to key safe installation we need written permission by email from a Building or Estate Manager if either;
a) property is not owned by client,
b) property shares a communal entrance or
c) it is part of a larger development/ block of flats and is to be fitted at a communal door or in a communal area

Please note if the client would benefit from befriending

- *Our befriending service is purely a sociable service to help combat loneliness, social isolation, for house bound clients living alone or unpaid carers.*
- *Please note our volunteers are not specialist trained.*

Please note if the client would benefit from assistance with online shopping:

- A mobile phone is needed to facilitate One Time Pass (OTP) codes.
- We would require answers to the following questions:

Is the client able to prepare their shopping list and communicate clearly over the phone? ☐

Does the client have debit or credit card and is willing to use it for the shopping service? ☐

Is the client able to remember the shopping arranged appointments? ☐

Does the client have a mobile phone? ☐

REASON FOR REFERRAL
(please also refer to the attached service information sheet)

Why does the client require Age Well Together Services?

What assistance would the client benefit from? (*e.g. key safe installation, falls prevention adaptations in the home, support when returning from hospital, befriending, help with online food shopping)*

Equality and Diversity Monitoring Form

Age UK Wandsworth wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the service users in encouraging equality and diversity.

The organisation needs your help and co-operation to complete this form. It is important to fill it in as accurately as you can. The information provided will be kept confidentially and will be used for monitoring purposes.

Client Gender: Male ☐ Female ☐ Intersex ☐ Non-binary ☐ Prefer not to say ☐

If you prefer to use your own gender identity, please state: .....

Is the gender you identify with the same as your gender registered at birth?

Yes ☐ No ☐ Prefer not to say ☐

What is the client's ethnicity?
Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

Asian or Asian British

Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Prefer not to say ☐

Any other Asian background, please state:

Black, African, Caribbean or Black British

African ☐ Caribbean ☐ Black British ☐ Prefer not to say ☐

Any other Black, African, or Caribbean background, please state:

Mixed or Multiple ethnic groups

White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐

Prefer not to say ☐ Any other Mixed or Multiple ethnic background, please state:

White

English ☐ Welsh ☐ Scottish ☐ Northern Irish ☐ Irish ☐

British ☐ Gypsy or Irish Traveller ☐ Prefer not to say ☐

Any other White background, please state:

Other ethnic group

Arab ☐ Prefer not to say ☐

Any other ethnic group, please state: .....

Does the client consider themself to have a disability or health condition?

Yes ☐ No ☐ Prefer not to say ☐

What is the client's sexual orientation?

Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Asexual ☐ Pansexual ☐ LGBTQ+ ☐ Prefer not to say ☐

If you prefer to use your own identity, please state: .....

What is the client's religion or belief?

No religion or belief ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh ☐

Prefer not to say ☐ If other religion or belief, please state:

Please return this completed form to awt@ageukwandsworth.org.uk

Thank you from Age UK Wandsworth.

Age UK Wandsworth – Age Well Together Service

The Age Well Together Service offers Wandsworth residents a range of assistance at home to help maintain independence, prevent decline and reduce isolation. This includes support transitioning home after a stay in hospital, regular online shopping orders, and telephone calls and visits from befrienders. We can also offer practical help with jobs and adaptations in the home, including the supply and fitting of key safes and rails for falls prevention.

Please see below a list of support that this service can offer older residents of the borough of Wandsworth. Please refer to this list when making a referral to the service:

- We offer befriending and social contact to clients who are being cared for by an informal carer or an unpaid older carer who may be experiencing isolation and loneliness. The service provides a volunteer to contact the client either by home visits or telephone.
- The service provides practical help by installing specialist safety equipment in the client's home with a focus on reducing the risk of falling and supporting hospital discharges.
    - Key Safes.
    - Grab Rails/Stair rails.
    - Helping to create a micro-environment.
    - Changing light bulbs.
    - Other small DIY type jobs – some DIY works carry a labour charge of which client's would be advised prior to any works being agreed.
- Helping clients to settle back into home and their normal routine after a stay in hospital.
- Checking that the home is safe and warm.
- Obtaining any emergency shopping they may need on discharge.
- Assisting in the management of medications/picking up prescriptions.
- Emotional support and a listening ear, supporting self-care, confidence and well-being.
- Accessing social activities to improve confidence and well-being.
- Improving skills, accessing learning opportunities and volunteering.
- Information to access financial help and benefits.
- Arranging installation of safety equipment for independent living.
- Facilitating direct referrals for clients to access services if required.
- Working with community health and GPs to support their patients with VCS services.
- We can assist clients who struggle with getting their grocery shopping or are unable to carry larger grocery items. The client will pay for their groceries and delivery charge.
- To be able to assist with online shopping we require clients to:
    1. Have a debit or credit card
    2. Provide a shopping list over the phone to the coordinator
    3. Have a mobile phone and be able to manage text messages and OTP codes linked to their bank
    4. Able to remember the arranged shopping phone appointments and delivery times

All services are for people who live in the Borough of Wandsworth and are provided free to the client except where stated, none of the services offer cleaning or personal care.

NOTE: Age UK Wandsworth reserves the right to refuse any referrals at its discretion.