



Referring older people to Age UK Westminster's Wellbeing & Connections Service (Befriending and Post-discharge Support)

These services are aimed at Westminster residents (**60+**) who are:

- **Housebound/reduced mobility** and/or
- **living alone** and/or
- **Isolated** and/or
- **Lonely** and/or
- **recently discharged from hospital** and/or
- **and** have agreed to be referred to Age UK Westminster.

Please note these services are not suitable for people who have significant **Mental Health problems** or cases where the client has been diagnosed with **advanced stages of Dementia** whereby specialist training and support would be required.

What we do

Contact the individual and arrange a Wellbeing & Connections Assessment to identify immediate support needs and longer-term support needs.

Befriending

The Befriending service provides companionship and support, but please note that our Befriending volunteers are not qualified carers.

We are also **unable to provide assistance for wheelchair users (pushing wheelchairs)** as volunteers are not trained in this area.

Due to demand priority will be given to those clients who **live alone** and **do not have any family members living in the same household.**

Post-discharge Support

This service aims to provide immediate, short-term support for Westminster residents aged 60+, particularly those living alone or with reduced confidence with mobility as they settle back into home after a hospital stay.

Please email the referral form to enquiries@ageukwestminster.org.uk

| | |
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| | |
| Client Details | |
| Name: | DOB |
| Address: | Is the client aware of this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Postcode: | Ethnicity: |
| Telephone: | Preferred Language: |
| Email; | Are there any other communication needs? <input type="checkbox"/> YES. <input type="checkbox"/> NO Please specify: |
| Reason for referral: Befriending Post-discharge Support Other | |
| If Post-discharge Support referral please provide relevant information about hospital stay etc. | |

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|--|--|---|--|--|
| Does the client live: | | <input type="checkbox"/> Alone | <input type="checkbox"/> With Partner | <input type="checkbox"/> With Family |
| | | <input type="checkbox"/> Other -specify | | |
| Mobility: | | <input type="checkbox"/> Independent | <input type="checkbox"/> With aids- specify | <input type="checkbox"/> Dependent |
| | | <input type="checkbox"/> With assistance | | |
| Health: | | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Other - specify |
| Medical Diagnosis: | | | | |
| Eye Sight: Good/Poor/Glasses/Visually Impaired | | Hearing: Good/Poor/Hearing Aid/ | | |
| Continent: <input type="checkbox"/> YES. <input type="checkbox"/> NO | | Speech: Clear/Slurred/None | | |

| | | |
|--|---|---|
| What support does the client currently receive? | | |
| <input type="checkbox"/> Family | <input type="checkbox"/> Neighbours | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Day Centre | <input type="checkbox"/> M.O.W. | <input type="checkbox"/> Home help |
| <input type="checkbox"/> District Nurse | <input type="checkbox"/> Care Manager | <input type="checkbox"/> Health Visitor |
| <input type="checkbox"/> Carer: | <input type="checkbox"/> Other - Please specify | |
| Other contact details: | | |
| GP's Name | Next of Kin Contact - in case of emergency Name: | |
| Address: | Address: | |
| Postcode: | Telephone: | |
| Telephone: | Relationship: | |

Are there any cultural, religious or language factors that we should be aware of?

Any additional comments:

Any known risk or hazards to lone workers: YES. NO

Please list potential hazards for staff and volunteers to be aware of e.g. potentially violent or aggressive behaviour/ dangerous dogs/ isolated property /hoarding.

Referrer's Details:

Name:

Organisation:

Relationship to client:

Job Title

Telephone:

Signed by referrer:

Date of referral:

Office Use Only:

Date Received:

By:

Date Assessed:

By:

Accepted/Declined/Referred to other services:

Allocated to: