



## **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](mailto:enquiries@ageukwestminster.org.uk)**

<b>Client Details</b>	
<b>Name:</b>	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.	
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"/> With assistance	<input type="checkbox"/> Dependent	
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: <input type="checkbox"/> YES. <input type="checkbox"/> 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.	
<b>Referrer's Details:</b>	
Name:	Organisation:
Relationship to client:	Job Title
Telephone:	
Email:	
Signed by referrer:	Date of referral:
<b>Office Use Only:</b>	
Date Received:	By:
Date Assessed:	By:
Accepted/Declined/Referred to other services:	
Allocated to:	