From Referral to Personalised Planning

Purpose of this walkthrough

Understand how a provider can progress from receiving a referral to assessing needs, proposing support and arranging meaningful reviews.

What these examples are

- A fictionalised reconstruction informed by genuine supported-accommodation administrative processes.
- Three sample stages: a referral summary, a needs assessment and a personalised support plan.
- Names, dates, agencies, organisations, health details, addresses, signatures and property identifiers have been removed entirely.

The five-stage sequence

- 1. Receive referral and identify information requiring verification.
- 2. Discuss individual needs, strengths and preferences with the applicant.
- 3. Agree proportionate support actions and responsibilities.
- 4. Keep separate contemporaneous records of support actually delivered.
- 5. Review progress, ask for resident feedback and update the plan where necessary.

Important evidence distinction

A referral records information supplied; an assessment records needs considered; a support plan records intended activities. None proves actual delivery or a successful outcome. Dated support-contact records are required for that.

This example is reconstructed, not an original resident record. It shows proposed processes only; no completed support or outcomes are claimed.

Document 1 - Referral Summary

Applicant and referrer

Identity / referring service

Omitted. This training example contains no identifying personal or organisational information.

Initial request

Reason for referral

Current accommodation arrangements may not provide a suitable longer-term option. The applicant wishes to explore accommodation with structured housing-related assistance.

Possible support needs

Practical assistance with accommodation routines, official correspondence and arranging appointments may be helpful; needs are not yet verified.

Strengths and preferences

The applicant wishes to develop independence. Communication preferences and what can already be managed without help require direct discussion.

Risk and safeguarding considerations

Not determined at referral stage. Information gaps and any immediate concerns must be assessed before a placement decision.

Proposed next action

Arrange a person-centred assessment, verify accommodation suitability and check any appropriate information-sharing arrangements.

What the referral does not prove

It does not establish eligibility, a support intensity, acceptance to accommodation, delivered activity or any later outcome.

This example is reconstructed, not an original resident record. It shows proposed processes only; no completed support or outcomes are claimed.

Document 2 - Initial Needs Assessment

Illustrative assessment areas

Daily routines

May benefit from simple prompts when organising household and communal tasks. Discuss preferred methods and frequency.

Accommodation safety

Check understanding of emergency procedures, safe shared-facility use and fault-reporting arrangements.

Official correspondence

Explore support with opening, understanding and responding to important letters; signpost specialist issues.

Appointments and engagement

Discuss reminders, agreed assistance and the person’s preferred way of contacting appropriate services.

Resident rights and shared living

Explain privacy, reasonable adjustments, communal expectations and routes for raising concerns.

Independence and personal goals

Ask what the applicant wants to manage more confidently and what help is genuinely needed.

Assessment decision

A personalised support plan may be appropriate, subject to an individual discussion, confirmation of outstanding questions and a suitability decision.

Assessment evidence must be proportionate, accurate and updated. It is not proof that any support action has occurred.

This example is reconstructed, not an original resident record. It shows proposed processes only; no completed support or outcomes are claimed.

Illustrative agreed or proposed actions

1. Day-to-day accommodation routines

Propose a simple resident-led checklist for essential tasks. Review resident feedback and adapt prompting as needed.

2. Accommodation responsibilities

Offer accessible explanations of relevant safety procedures and repairs reporting. Document explanations actually provided.

3. Official letters and paperwork

Offer to review housing-related correspondence with the resident, note key deadlines and refer specialist issues as appropriate.

4. Access to other support

Offer agreed appointment reminders and referrals with an appropriate information-sharing basis. Document follow-up.

5. Greater independence

Set practical goals with the resident, then assess what can be managed with fewer reminders or other adjustments.

Recording and review

Confirm frequency and review timing with the resident. Record each actual contact separately, including assistance given, follow-up and resident views.

No intervention, improvement, completed referral, resident signature or successful move-on is asserted in this fictionalised example.

This example is reconstructed, not an original resident record. It shows proposed processes only; no completed support or outcomes are claimed.