



Winter Shelter

Referral handbook

Referrals

Inn Churches has a responsibility to ensure that agencies are competent to fulfil the requirements of the referral procedure. This includes an agreement to use appropriate guidelines.

Referral agencies have a responsibility to Inn Churches 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 that the **project coordinator** can make additional checks.

It is the referral agency's responsibility to inform each homeless individual being referred that if they arrive at a venue under the influence of alcohol, drugs, solvents or legal highs, or are carrying weapons, they are at risk of forfeiting their place.

Inn Churches reserve the right to conduct bag searches in accordance with our policy. Refusal may result in a bed space being denied.

Inn Churches have a duty to ensure that records are kept of every referral and that checks carried out are in accordance with the EU GDPR (2018). Data will be stored for a maximum of six years and will not be shared with third parties beyond appropriate organisations and professionals as part of their information gathering and assessment / risk assessment processes.

Referrals must come through one of our designated referral agencies (see right).

Julie Thompson, Project Coordinator



Referral agencies

- Bevan Healthcare
- Bradford Council – Housing Options
- Discovery House
- Hope Housing
- NHS Pathway Bradford
- Salvation Army Day Shelter
- West Yorkshire Police

Referral criteria

Due to the nature of the accommodation provided and the skill levels of volunteers, it is important to safeguard the safety of host churches and teams.

Only individuals assessed as LOW TO MEDIUM risk will be admitted.

We are unable to accept individuals who:

- are known to have committed serious violent or sexual crime, or with schedule one offences.
- require specialist support, for example those with serious physical or mental health issues, or those who at the time of referral are heavily under the influence of alcohol, drugs, solvents or 'legal highs'.
- have been barred from the shelter.

If the **project coordinator** gives a place to an individual by phone or text, please put the completed referral form into an envelope with a copy of the shelter rules, and give this to the referred guest to present as their 'ticket' into the shelter on the night

Please ensure that all sections of the form are completed. **In particular, referrals will not be accepted without a referral agency number.**

Referral form

A. Information about the guest being referred				Referral date		
Guest name				Referral agency number		
Date of birth				Support / key worker working with this guest		
Ethnicity				Support worker's phone number		
Home town				How long do you wish to refer the guest for?		nights (7 maximum)
Circle any of the following that apply to the guest:			Care leaver	Asylum seeker	Failed asylum seeker	EU migrant
Which benefit(s) is the guest in receipt of?						None
Frequency:	Weekly	2 weekly	Monthly	Next payment due:		

B. Emergency contact details or next of kin (if any)						
Name				Relationship to guest		None
Address				Phone		
Doctor's surgery and address						None

C. Please ask the guest the following questions and record their responses								
1. How long have you been sleeping rough? (If tonight will be 1 st night, skip Q2)	Tonight will be 1 st night	Last night only	Less than 1 week	More than 1 week	In past but not last night			
2. Where did you sleep rough?	Open air	Building	Skip	'Sofa surfing'	Car	Other		
Location:								
3. Why did you sleep rough?	Didn't know about emergency accommodation		Emergency accommodation full		Emergency accommodation refused			
	Barred from emergency accommodation	Excluded from social housing	Chose to	Former debt	Other			
Explanation / further details:								
4. To what extent have the following factors played a part in our present situation?								
	Alcohol	Drugs	Mental health	Physical health	Learning disability	Self-harm	Domestic violence	Other:
High								
Medium								
Low								
Not at all								
5. Do you have a pet with you?	Yes	Type:					No	
6. Have you ever had any cautions or convictions? Previous offences will not necessarily stop you being offered shelter. Are you currently on DRR, DIP, probation or awaiting sentencing for any of the following (please circle)								
Arson	Violent offences	Sexual offences	Offences against children	Racially-motivated offences				
Details of cautions or convictions								
Date	Caution/conviction	Offence and number of offences	Sentence and any conditions	Name and contact for probation / support workers				
7. What prescribed medication are you on?						None		
8. What diet restrictions / concerns do you have?						None		
9. Have you ever been barred from another accommodation scheme? If yes, please explain the circumstances.				Yes	No			

D. To ensure the safety of guests, staff and volunteers, please complete the following risk assessment.							
For each row, indicate whether this is completed using information from the (c)lient, your (o)wn knowledge or a (t)hird party.							
	No problem	Past, but significant	Present, occasional, minor	Present, persistent, minor	Present, occasional, serious	Present, persistent, serious	c / o / t
Aggression							
Disruptive drinking							
Drug taking							
Physical illness							
Hallucinations, delusions, paranoia							
Self-harm							
Suicide risk							
Relationship problems							
Daily living problems							
Overall, do you deem this client to be low or medium risk?				Low		Medium	

E. Referrer	Referrer's name		Agency	
Mobile phone		Email		
Relationship to guest		Length of time known		
Reason for referral				

F. Consent to information gathering: please get the client to complete this section

I, confirm that the information I have given in this referral form is true and complete to the best of my knowledge.

I understand that giving false or misleading information could result in being barred from the Inn Churches winter shelter. I understand that my stay at the Inn Churches winter shelter is conditional upon appropriate behaviour and that if I do not follow Inn Churches' rules then I may be asked to leave.

I give permission for Inn Churches to store this information according to the EU GDPR of 2018 for a maximum of six years. I give consent for Inn Churches to share my information with appropriate organisations and professionals as part of their information gathering and assessment / risk assessment process, unless I have declared below.

Signature	<input type="text"/>	Date	<input type="text"/>
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G. Any additional information (including any data protection opt-outs)