

Referrals and Assessment Policy

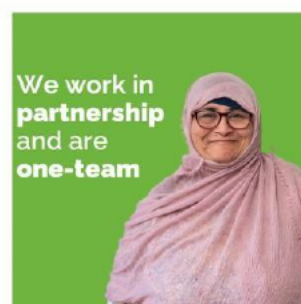
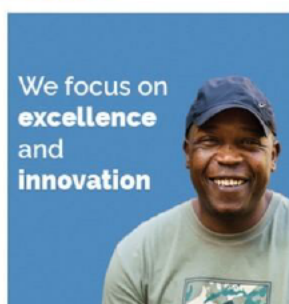
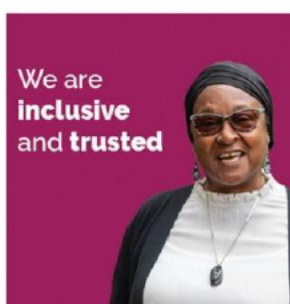
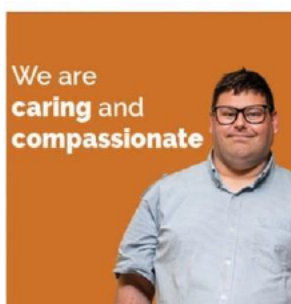
Our Vision

Building better lives through social care and housing in local communities.

Our Mission

We co-design and deliver services that offer innovative social care solutions and support people to thrive.

Our Values



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[Staff and Teams' Roles & Responsibilities](#)

1. Introduction

- 1.1 We provide fair, transparent and lawful access to commissioned supported housing. We deliver accommodation with structured support to people with a wide range of needs and make clear, defensible, person-centred decisions that balance safety, wellbeing, risk management and contractual requirements.
- 1.2 Access is set by commissioner-defined referral pathways. These pathways determine eligibility, required information and decision-making authority. Where pathway requirements differ from internal preferences, the commissioner pathway takes precedence.
- 1.3 Safety, compatibility and duty of care apply at every stage. This policy sets the strategic framework for receiving and considering referrals, determining eligibility, completing assessments and making lawful access decisions.
- 1.4 The purpose of this policy is to ensure that referrals and assessments for commissioned supported housing are managed within a clear, consistent and defensible framework. It sets out how we receive and consider referrals in line with commissioning contracts, and how eligibility, assessment and access decisions are made.
- 1.5 This policy aims to:
 - explain how referrals must be received, assessed and responded to in accordance with commissioner-defined pathways
 - set out the core principles that guide decision-making, including fairness, person-centred practice, risk, safeguarding and service capability
 - clarify the strategic criteria for accepting, conditionally accepting or declining referrals
 - promote equality of access through transparent, lawful and non-discriminatory processes
 - support defensible placements through proportionate assessments and clear reasoning
 - maintain commissioner and regulatory confidence through accurate documentation and sound record-keeping
- 1.6 Operational workflows and detailed procedures are provided separately in service-specific documents.

- 1.7 This policy applies to all commissioned supported housing services delivered by us. It sets out the strategic framework for how referrals are received, how eligibility is considered, how assessments are completed, and how access decisions are made.
- 1.8 The policy relates solely to supported housing. It does not apply to general needs allocations, mutual exchanges or asset-related lettings, which are governed by separate policies.
- 1.9 Where a supported housing placement results in a tenancy or licence agreement, those contractual requirements apply only at the point of sign-up and do not determine access to the service.
- 1.10 This policy establishes the strategic position and excludes operational processes, which are set out separately. Where there is any difference between internal practice and commissioner-defined pathways, the commissioner pathway always takes precedence.

2. Definitions

- 2. The following key terms are used throughout this policy. They provide clarity for staff and partners and support consistent application of commissioner-defined pathways. These definitions do not replace or override terminology set out in commissioning contracts.

2.1 Commissioner-defined pathway

The formal referral route and decision-making process established by the commissioning authority for a specific supported housing service. This includes rules on who may refer, the information required, prioritisation arrangements and who holds final authority for access decisions.

2.2 Conditional acceptance

A decision to accept a referral subject to specific conditions being met, such as agreed multi-agency arrangements or confirmation of support input. Conditions must be consistent with pathway rules and within the scope of the commissioning contract.

2.3 Compatibility

The assessment of whether an individual can safely and sustainably live within the service environment, taking account of resident mix, shared spaces and the service model. Compatibility is an essential part of assessing suitability for placement.

2.4 Service capability

The ability of a service to meet an individual's needs safely and effectively, based on the commissioned service model, staffing levels, skill profile and contractual remit. Referral acceptance cannot proceed where needs exceed service capability.

2.5 **Sufficiency of information**

A threshold requiring that enough reliable information is available to reach a safe, lawful and proportionate decision. Where essential information is missing and cannot be obtained within pathway timeframes, a decline may be required.

2.6 **Spot-purchase referral**

A referral made under a commissioning contract that allows placements to be purchased on an individual basis outside standard pathway structures, where explicitly authorised.

2.7 **Move-on**

A transition from supported housing into general needs or unsupported accommodation once a customer has been assessed as ready for independent living. Move-on placements are governed by the Allocations & Lettings Policy.

2.8 **Right to Rent**

A statutory requirement for providers to confirm that individuals have the legal right to occupy residential accommodation in the UK, unless the service is exempt under legislation or commissioning arrangements. Checks must be completed where required by law.

3. **Strategic Principles**

- 3.1 These principles apply across all commissioned supported housing services and set the standard for fair, safe and consistent decision-making.

Pathway-Led and Contract-Defined Access

- 3.2 Referral routes, eligibility rules and decision-making arrangements are defined by commissioning contracts. These pathways must be followed as written. Internal workarounds, informal routes or local preferences cannot replace commissioner-approved processes.

Fairness, Transparency and Equality

- 3.3 Decisions must be evidence-based, non-discriminatory and clearly recorded. Reasonable adjustments must be made where required. Requirements such as documentation or local connection must not disadvantage survivors of domestic abuse where the pathway permits safe access.

Person-Centred, Holistic and Trauma-Informed Practice

- 3.4 Assessments must consider the whole person — including needs, strengths, risks and goals. Practice must be respectful, person-centred and trauma-informed, recognising that safety and wellbeing are essential to effective support.

Safety, Compatibility and Service Capability

- 3.5 A placement may proceed only where risks can be safely managed, the individual is compatible with the service environment and the staffing model and contractual remit enable safe and effective support. These requirements reflect our duty of care and are not optional.

Safeguarding as a Continuous Duty

- 3.6 Safeguarding responsibilities apply at every stage of the referral and assessment process. Staff must recognise concerns, act on reasonable grounds, escalate promptly and follow statutory guidance.

Lawful, Proportionate and Secure Information Sharing

- 3.7 Information must be handled in line with UK GDPR, the Data Protection Act and commissioner agreements. Sharing must be lawful, necessary, proportionate and clearly recorded.

Accountability and Defensible Decisions

- 3.8 All decisions must be transparent, based on clear evidence and recorded in a way that supports regulatory assurance. Decision-makers must act within delegated authority and apply this policy consistently.

Collaboration with Commissioners and Partners

- 3.9 We work constructively with commissioners, pathway panels and statutory partners. This includes maintaining timely communication, contributing to pathway processes and supporting safe, appropriate placements

4. Referral Pathways

- 4.1 Access to our commissioned supported housing services is determined by the referral pathways set out in each commissioning contract. These pathways specify who may submit a referral, what information must be provided, how prioritisation is applied and who holds final decision-making authority. We must follow these pathways exactly as written and internal preferences or informal routes must not replace authorised processes.
- 4.2 Most referrals come through local authority or NHS-led systems, such as homelessness and rough-sleeping pathways, mental health or learning disability panels, young people's gateways, leaving-care routes and health-commissioned discharge pathways. Some contracts also allow spot-purchase referrals or internal move-on arrangements, but only where this is explicitly authorised.
- 4.3 Direct approaches, self-referrals or informal professional referrals cannot be accepted unless explicitly permitted by the commissioner. Where individuals or professionals approach services outside the authorised pathway, staff must signpost them to the correct route to ensure fair and transparent access.

- 4.4 We will maintain regular communication with commissioners and pathway panels. This includes notifying them of vacancies and capacity, providing required information for allocation decisions and participating in panel or gateway processes where contracts require it.
- 4.5 Referral pathways form the authoritative framework for all access decisions. Our role is to apply these pathways consistently, lawfully and transparently, while contributing professional insight to support safe, appropriate and sustainable placements.

5. Eligibility Framework

- 5.1 Eligibility for our commissioned supported housing is determined by the commissioning contract and the referral pathway for each service. These contractual criteria define the customer groups the service is designed to support, any age or cohort requirements, and any statutory or legal conditions that must be satisfied before an individual can be considered.
- 5.2 Eligibility confirms whether a person may be considered for a specific service; it does not guarantee acceptance. Acceptance follows a separate assessment of suitability, safety, risk and service capability. Internal prioritisation methods used for general needs housing do not apply to supported housing access, as prioritisation is governed by the pathway or commissioner.
- 5.3 An individual is generally considered eligible where the referral demonstrates that they:
 - fall within the contracted customer cohort for the service;
 - have a support need aligned to the service model; and
 - can lawfully be accommodated, including any statutory occupancy requirements.
 - where required, the individual meets statutory Right to Rent requirements for lawful occupation, unless the service is exempt under legislation or the commissioning contract.
- 5.4 Some services may also require confirmation that the person can meet basic financial responsibilities associated with their licence or tenancy, such as rent and service charges, with support from Housing & Income teams where necessary. Where relevant, these expectations are set by the commissioning contract, not internal discretion.
- 5.5 Where demand exceeds capacity, the pathway or commissioner determines prioritisation. We will not operate internal waiting lists unless this is expressly permitted within the contract. Reasonable adjustments must be made where necessary to ensure fair eligibility decision-making. Lack of standard documentation, communication barriers, disability-related needs or experiences of domestic abuse must not prevent consideration where lawful, contract-compliant alternatives exist.

- 5.6 Move-on from supported housing into our general needs or unsupported accommodation is governed by the Allocations & Lettings Policy. Eligibility, prioritisation and matching for such housing follow that policy and not this one. Move-on eligibility requires that the individual has been assessed as ready to live independently without ongoing support, can safely sustain a tenancy and meets the eligibility and qualification criteria set out in the Allocations & Lettings Policy. The supported housing service must provide evidence of readiness, but the Housing team makes the final decision in line with organisational policy.

6. Assessment Framework

- 6.1 Assessment determines whether an eligible individual can be safely and appropriately offered a place within a specific supported housing service. Assessments must be holistic, proportionate and person-centred, reflecting our safeguarding responsibilities and the requirements of the relevant commissioning pathway. Assessments review the following domains:

Needs and Goals

- 6.2 Assessment must consider the individual's support needs, strengths, aspirations and previous engagement with services. It should identify what support is required and how this aligns with the commissioned purpose and model of the service.

Risk and Safeguarding

- 6.3 A core part of assessment is evaluating risks to and from the individual. This includes risks linked to self-neglect, exploitation, aggression or substance-related harms. Where safeguarding concerns are identified, staff must act on reasonable grounds and escalate appropriately. A placement cannot proceed where risks cannot be managed safely within the service environment or staffing model.

Compatibility and Service Environment

- 6.4 Assessment must consider whether the individual is likely to be compatible with the service environment, including the resident group, building layout and shared spaces. Compatibility is essential for safe, sustainable placement, particularly in shared or high-risk settings.

Service Capability

- 6.5 The service must have the staffing, skills and contractual remit to meet the individual's needs safely and effectively. Where needs exceed the commissioned service model or fall outside contractual scope, acceptance cannot proceed. This reflects our duty of care.

Mental Capacity and Consent

- 6.6 Where there are concerns about a person's capacity to understand and consent to the placement, decision-making must follow the Mental Capacity Act, including best-interest processes where required. Capacity must not be assumed based on diagnosis alone.

Sustainability

- 6.7 Assessment must consider whether a placement can be sustained safely. This includes reviewing immediate support arrangements set by the pathway, engagement expectations, and any practical factors that may affect stability at the start of the placement. Sustainable placements promote positive outcomes and reduce the likelihood of breakdown.

Sufficiency of Information

- 6.8 A placement decision can only be made where there is sufficient, reliable information to reach a safe and lawful judgement. Where essential information is missing and a safe conclusion cannot be reached within pathway timeframes, escalation may be required and a decline may be necessary

Property Readiness

- 6.9 A placement may only proceed where the property has been confirmed as safe, compliant and ready to let. All safety and compliance requirements set out in the Voids Policy must be completed before an offer is made, including electrical testing, gas safety certification where applicable, and checks of fire and carbon monoxide alarms

7. Decision-Making Framework

- 7.1 Placement decisions in our commissioned supported housing services must be evidence-based, transparent and contract-compliant. Decisions must follow the requirements of the relevant commissioning pathway and be made by the manager authorised within that contract. The purpose of each decision is to confirm whether a placement can proceed safely and appropriately following assessment.
- 7.2 Every decision must consider the individual's needs, risks, compatibility and whether the service is contractually and operationally able to support them. These elements form the basis of a clear, defensible judgement aligned with commissioning expectations.

Core Decision Criteria

- 7.3 A placement decision must confirm that:
- the individual meets the contracted eligibility for the specific service
 - risks can be safely managed within the service model, staffing and environment
 - the person is compatible with the resident mix and setting
 - the service has the capability and contractual scope to meet the individual's needs sustainably
 - any pathway or commissioner conditions have been met
- 7.4 Where these conditions cannot be satisfied, an offer of placement cannot be made.

Types of Decisions

7.5 Three outcomes may be issued following assessment:

a) Acceptance

Issued where eligibility is met, risks are manageable, and the service can safely and effectively meet the individual's needs within its remit and environment.

b) Conditional Acceptance

Used where acceptance appears suitable but requires certain conditions—such as agreed multi-agency arrangements or essential support commitments—provided these requirements are permitted within the pathway.

c) Decline

Issued where eligibility is not met, risks cannot be safely managed, needs exceed service capability, compatibility is not achievable, safety or compliance cannot be assured, or essential information is unavailable within pathway timeframes. Declines must be objective, evidence-based and communicated through the appropriate pathway.

Sufficiency of Information

7.6 A decision can only be made where there is adequate, reliable information to reach a safe conclusion. Where essential information is missing and cannot be obtained within pathway expectations, escalation may be required, and a decline may be necessary.

Decision Authority

7.7 Decisions must be made by the Service or Contract Manager or by another officer explicitly authorised in the commissioning contract. Complex or contested cases may require review by a Head of Service, particularly where safeguarding, risk or pathway interpretation issues arise.

Transparency and Accountability

7.8 All decisions must be communicated clearly to the pathway or commissioner and recorded in a way that ensures transparency, defensibility and regulatory readiness. Decision-makers are responsible for ensuring their rationale is anchored in evidence and aligns with this policy and contractual requirements.

8. Appeals

8.1 We provide a clear and transparent process for reviewing access decisions. Appeals must always follow the rules of the relevant commissioner pathway, which take precedence over internal arrangements. This ensures that decisions remain fair, evidence-based and compliant with contractual and safeguarding expectations.

What an Appeal May Cover

- 8.2 An appeal may be requested where there is disagreement about:
- a decline decision made by Look Ahead
 - a conditional acceptance where the conditions are disputed
 - the assessment outcome or the evidence used to reach it
 - specific lettings-related decisions where the pathway permits provider review
- 8.3 Appeals cannot challenge decisions that are made solely by commissioners or pathway panels, nor can they be used to raise concerns about staff behaviour or service quality. Those issues must be addressed through the corporate complaints process.

Principles Guiding Appeals

- 8.4 Appeals must follow these principles:
- Pathway precedence: commissioner or pathway appeal mechanisms must be used first where they exist.
 - Fairness and independence: reviews should be carried out by a manager who was not involved in the original decision wherever possible.
 - Evidence-based review: decisions must be reconsidered based on assessment findings, relevant information and any new evidence allowed under the pathway.
 - Safety and duty of care: safeguarding and risk remain central throughout the review process.
 - Accessibility and reasonable adjustments: individuals must be supported to engage meaningfully where the pathway requires their involvement.
 - Timeliness: reviews must follow pathway timelines, or reasonable organisational standards where pathways do not specify timeframes.

Appeal Routes

- 8.5 Commissioning pathways determine which appeal routes apply. There are three strategic routes:

a) Pathway or Panel Review (Primary Route)

Most pathways include their own review or appeal mechanism. Where this applies, the pathway review must be used first. Commissioners or pathway panels hold final authority, and Look Ahead will provide the required evidence and professional input.

b) Internal Review

Where the pathway allows a provider-led appeal we will undertake an internal review. A Service or Contract Manager will lead the review, with complex or contested cases escalated to a Head of Service. In exceptional or high-risk cases, Director oversight may also be required.

c) Commissioner Reconsideration

Some pathways require us to return the case to the commissioner or pathway panel after an internal review for a final determination. In these cases, the commissioner's decision is final.

Transparency and Accountability

- 8.6 All appeal outcomes must be communicated clearly to the pathway or referrer and recorded in a way that supports transparency, defensibility and regulatory compliance. Any safeguarding concerns identified during the appeal must be escalated and acted on in line with policy.

Learning from Appeals

- 8.7 Appeals provide opportunities for learning. Services must review any themes emerging from appeal outcomes to identify improvements in assessment quality, decision-making and documentation. Relevant learning should be shared through governance structures and, where appropriate, with commissioners.

9. Information Governance

- 9.1 We are committed to ensuring that all information relating to referrals, assessments, decisions and placements is handled lawfully, securely and transparently. Information governance supports safeguarding responsibilities, regulatory compliance and the integrity of access decisions.

Legal and Contractual Requirements

- 9.2 All personal information must be processed in compliance with UK GDPR, the Data Protection Act, and any data-sharing agreements set by commissioners or statutory partners.

The lawful bases most relevant to supported housing include:

- Public Task – delivering commissioned housing-related support
- Legal Obligation – including safeguarding duties and statutory reporting (such as CORE returns)
- Vital Interests – protecting individuals from immediate or serious harm
- Consent – used only where no other lawful basis applies

Lawful and Proportionate Information Sharing

- 9.3 Information shared with commissioners, local authorities, NHS partners, social care and safeguarding bodies must be necessary, proportionate and secure, and must follow both pathway rules and formal data-sharing agreements. Sharing must be recorded clearly so that a reliable audit trail is maintained.

Accuracy and Record Integrity

- 9.4 Information used in referrals, assessments and decisions must be accurate, factual and up to date. Records must be maintained consistently across services in a way

that supports transparency, defensible decision-making and readiness for commissioner or regulatory scrutiny.

Secure Storage and Access Control

- 9.5 All information must be stored securely, whether held digitally or in physical form. Access must be restricted to staff with a legitimate business need and must comply with organisational and contractual access controls. Staff must not store or transfer information using unapproved systems or personal devices.

Record Retention

- 9.6 Records must be retained in accordance with our retention schedules and any commissioner requirements. This includes referral information, assessment documentation, decision rationales, safeguarding records and evidence required for statutory or contractual reporting. Records must not be destroyed before the end of the required retention period.

Data Breaches and Non-Compliance

- 9.7 Any suspected or actual data breach must be reported immediately through organisational governance channels and investigated promptly. Serious breaches may need to be escalated to commissioners or statutory regulators, in line with legal and contractual requirements.

Record Keeping and Confidentiality

It is the Policy Owner's responsibility to update the Asset & Liability Register with any risks and/or information arising from the implementation of this policy.

We will comply with our Data Protection and Confidentiality Policy which can be found by clicking [Here](#) or visiting our website at www.lookahead.org.uk

Governance, Assurance and Monitoring

We maintain a governance framework that ensures referrals, assessments and placement decisions are delivered safely, consistently and in line with contractual, safeguarding and regulatory requirements. Governance arrangements support transparency, accountability and continuous improvement across all supported housing services.

Governance Framework

Oversight of referrals and access decisions is shared across operational management, the Safeguarding and Quality Team, Property Compliance, Business Development and senior leadership. These functions work together to ensure that decisions are well-evidenced, risk-aware and compliant with commissioner expectations.

Assurance Activities

A range of assurance activities support safe and consistent practice. These include:

- Case file and documentation reviews, checking the quality of assessments, decision rationales, safeguarding records and compliance evidence.
- Safeguarding and Quality oversight, monitoring incident data and safeguarding concerns to identify emerging risks and themes.
- Performance monitoring, including assessment timeliness, referral flow, void turnaround, occupancy levels and appeal outcomes.
- Property compliance assurance, ensuring accommodation meets safety and compliance requirements before any placement proceeds.

These activities support regulatory compliance and provide assurance to commissioners.

Exceptions and Escalation

Any deviation from this policy must be exceptional, risk-assessed and approved at Head of Service or Director level. Exceptions must be time-limited and must not compromise safety, equality or compliance with commissioning requirements. Systemic issues, such as recurring pathway delays, documentation concerns or barriers to compliance, must be escalated promptly through operational or senior leadership channels. Commissioners must be informed where relevant to support joint problem-solving and protect service quality.

Learning and Continuous Improvement

Learning from safeguarding cases, incidents, appeals, complaints, audits and commissioner feedback must be used to strengthen practice. Themes identified

through governance processes should be shared across services and embedded in training, procedures and improvement plans.

Inclusion and Diversity

We are committed to ensuring that access to commissioned supported housing is fair, transparent and non-discriminatory, and that decisions reflect statutory equality, safeguarding and human rights duties. All referrals, assessments and placement decisions must promote equality of opportunity, remove avoidable barriers, and support safe, consistent outcomes across services.

Non-Discriminatory Decision-Making

All decisions must comply with the Equality Act 2010 and must not treat anyone less favourably because of a protected characteristic. Decisions must be based on evidence rather than assumption and must be applied consistently across services and customer groups.

Reasonable Adjustments

Reasonable adjustments must be made where required to support fair access for people with disabilities, communication needs or other factors that may affect engagement. Lack of standard documentation must not prevent consideration where lawful and contract-compliant alternatives exist.

Domestic Abuse and Other Safety Considerations

Survivors of domestic abuse must not be disadvantaged by requirements such as local connection or documentation where pathways allow for safe access. Safety, trauma-informed practice and the need for immediate protection must guide decision-making at all stages.

Objective and Evidence-Based Declines

Where a referral is declined, the decision must be objective, clearly reasoned and free from discrimination, stigma or assumptions about behaviour, diagnosis or past service use. Before issuing a decline, staff must consider whether reasonable adjustments or additional information could enable a fair and safe decision.

Accessible Communication

Communication with customers, referrers and commissioners must be respectful, clear and trauma-informed. Where individuals are directly involved in the pathway process, information must be provided in accessible formats and reasonable support must be offered where needed.

Safeguarding and Equality Interdependence

Safeguarding, equality and fair-access duties are closely linked. Where equality-related barriers increase risk, such as exploitation, self-neglect or domestic abuse, decision-making must reflect our ongoing safeguarding responsibilities and the need to act on reasonable grounds for protection.

Policy Sign Off and Ownership

Document Name	127.00_Referrals-Assessments
Version	1.0

Equality Impact Assessment	See above
Who was consulted?	
Approved By/Date	Policy Group, 18 March 2026
Date for Review	March 2027
Exec Director Policy Owner	Executive Director Group Operations & Customer Experience
Author	Head of Housing
Related Policies/Procedures	Asset & Liability Register Allocations & Lettings Voids Safeguarding Adults and Children Policies Inclusion & Diversity Domestic Abuse Policy
Relevant Legislation and Regulatory Requirements	Equalities Act 2010 Right to Rent Social Housing (Regulation) Act 2023

Version History			
Version	Date	Description of Changes	Author
1.0	March 2026	New policy	