

Appendix 4

COMMUNITY CARE ASSYNT Ltd REFERRAL PATHWAY

Individual will benefit from community activity
social inclusion and health & well-being activity

YES

Will the activity be part of their Care
Plan and be reviewed?

YES

NO

REFERRAL

SIGNPOST

Does the individual have additional support needs?
Personal care requirements e.g. toileting
Challenging behaviour
Have mobility issues that present a risk to themselves or others e.g. high risk of falling

Provide client with Community Care Assynt information

NO

YES

Provide client with Community Care Assynt information

Complete Community Care Assynt Referral Form

Complete Community Care Assynt Day Care Service Assessment