

MOSAIC procedure for welfare referrals

A practical, frontline-friendly guide to recognise need, make safe referrals and close the loop.

Generic framework — adapt to local policy, thresholds and consent rules.



PURPOSE

Why use MOSAIC?

A shared route reduces missed needs and makes each referral easier to act on.

One consistent path from concern to confirmed support.

MOSAIC helps staff to...

Notice welfare needs early, before they escalate

Ask the minimum necessary questions with confidence

Choose the right referral route and urgency

Record consent, risk and follow-up clearly

It does not replace...

Local safeguarding procedures or emergency escalation

Professional judgement and supervision

Person-centred conversations and informed consent

Data protection rules for sharing information

Default stance: listen first, explain choices, share only what is necessary.

MOSAIC at a glance

Six practical steps for making a welfare referral without losing the thread.

Immediate risk, abuse, neglect or danger? Follow emergency / safeguarding pathway now, then record the referral.



M
Make safe

Calm the situation and check immediate safety

O
Observe

Notice signs, needs and strengths

S
Screen

Clarify urgency, consent and thresholds

A
Agree route

Agree the best route with the person

I
Initiate

Send a complete referral or warm handover

C
Confirm

Check receipt, outcome and next steps

Thread through every step: respect, consent, proportionate information sharing and clear records.

STEP 1

M — Make initial contact and immediate safety

The first task is to stabilise the situation and know when to escalate.



First five minutes

Find a private, safe space where possible

Use calm, non-judgemental language

Ask what the person needs right now

Check whether anyone is in immediate danger

If urgent risk is present

Do not wait for the routine referral route.

Follow local emergency, safeguarding or duty team procedure.

Record who was contacted and what was agreed.

Say “I can help you think through what support is available.”

Do Stay with the person until the next safe step is clear.

Record Facts, risk indicators, consent position and immediate action.

STEPS 2–3

O + S — Observe and screen

Gather enough information to choose the right next step — no more than is needed.

Observe: what has changed?



Wellbeing

distress, isolation, health changes



Home

housing, food, utilities, safety



Money

debt, benefits, employment impact



Support

family, carers, community links

**Ask enough to understand the concern;
avoid collecting unnecessary detail.**

Screen: choose urgency



Red

Immediate harm, abuse, neglect or serious deterioration
Escalate now



Amber

Significant welfare need or worsening risk
Same-day advice or referral



Green

Need for support but stable and consented
Routine referral / signpost

Consent check

Explain what will be shared, why, and any safety-duty limits.

STEPS 4–5

A + I — Agree the route and initiate referral

Move from assessment to action with the person's goal at the centre.



A good referral includes

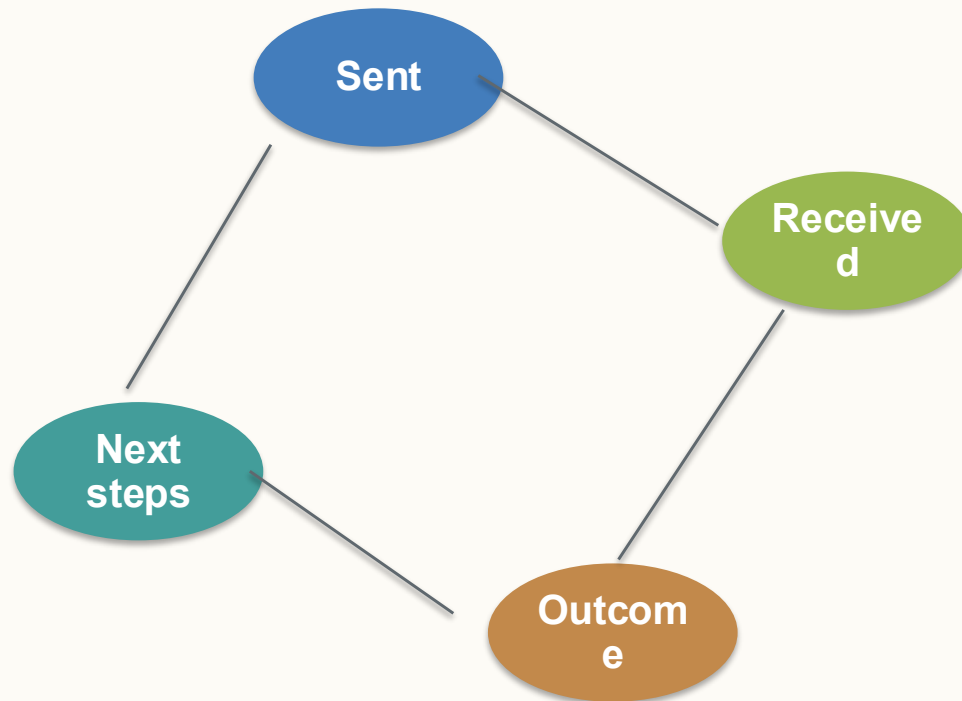
- N** **Need**
What has changed and what support is requested
- C** **Consent**
What the person agreed, declined or could not agree
- R** **Risk**
Urgency, safeguarding concerns and protective factors
- C** **Contact**
Preferred method, accessibility needs and availability
- C** **Context**
Support already tried and key relationships

Warm handover beats passive signposting: introduce the service, confirm receipt and tell the person what happens next.

STEP 6

C — Confirm, close the loop and record

A referral is not complete until the next responsible person is clear.



Close-the-loop actions

Confirm the referral was received by the right team

Clarify who now owns the next action

Tell the person what to expect and when

Record outcome, advice given and any remaining risk

Escalate if the referral is declined and risk remains

Record: what was observed, what was shared, consent status, referral route, owner and follow-up date.

SUMMARY

Frontline desk aid

Use this as a prompt before, during and after a welfare referral.

Emergency / safeguarding

Trigger

Immediate harm, abuse, neglect or danger

Action

Escalate now through local emergency or safeguarding pathway.

Urgent welfare need

Trigger

Essential needs are unmet or risk is rising

Action

Seek same-day advice and make a complete referral.

Ongoing support

Trigger

Needs are stable and the person agrees support

Action

Use routine referral route and agree follow-up.

Quality checklist



Safety considered



Consent explained



Need and urgency clear



Referral route named



Follow-up owner set

MOSAIC makes referrals practical: make safe, observe, screen, agree, initiate and confirm.