

REFERRAL FORM
STRICTLY PRIVATE AND CONFIDENTIAL
(Please Complete All Sections)

SECTION 1

SERVICE REQUIRED

- Recovery Service (*Support in the Community*)
- Floating Support (*Support in your own home*)
- Supported Housing (*Accommodation with Support*)

*Referrals for residential care must be submitted on the Residential Referral Form.
 This can be downloaded from our website, or available by request.*

AREA OF CITY PREFERRED: _____

NAME OF PREFERRED SERVICE: (Where Known) _____

General Information		Does applicant have a CPA: Y/N Is there a current risk assessment: Y/N
Preferred title: Miss, Ms, Mr, Mrs etc _____		GP: Dr _____
Known as: _____		GP Address: _____
Address: _____		Tel No: _____
Tel No: _____		Consultant: Tel No: _____
Age: _____	DOB: _____	CPN: Tel No: _____
Nat Ins No: _____		Social Worker: Tel No: _____
Religion: Gender: _____		Statutory Key worker: Address: Tel No: _____
Speak or Understands English: If not, what is your first language? _____		Who has responsibility for funding and benefits? _____
Nearest relative: Address: Tel No: _____		

Please provide contact details of significant others involved in support:

Ethnic Origin

Choose one section from (A) to (E) then tick the appropriate box to indicate your cultural background. These are based on the 2001 Census with additional categories included.

A) White

- British
- Albanian
- Bosnian
- Irish
- Kosovan
- Romanian

Other White background please write below:

B) Mixed

- White and Black – Caribbean
- White and Asian
- White and Black – African
- Asian and Black

Any other Mixed background please write in below:

C) Asian or Asian British

- Bangladeshi
- Indian
- Kashmiri
- Pakistani

Any other Asian background please write in below:

D) Black or Black British

- African
- Caribbean

Other Black background please write in below:

E) Chinese or other Ethnic Groups

- Chinese
- Arab
- Afghan
- Kurdish
- Vietnamese

Other ethnic background please write in below:

SECTION 2

TO BE COMPLETED BY THE SERVICE USER:

1. Briefly describe the sort of life you would like to achieve and the ambitions and goals you have for the future.

2. What sort of support would you want from Birmingham Mind to enable you to work towards these goals?

3. How would you describe your life at present under the following headings?

	<u>Are you satisfied with this area?</u>
Accommodation	Yes/No
What you do during the day	Yes/No
Friendships	Yes/No
Family	Yes/No
Finance	Yes/No
Support from mental health services	Yes/No

4. Please indicate why you are making this application. For example do you see this as a positive move for you personally at this time in your life, or is it a suggestion of the statutory worker?

5. How would you describe your mental health and emotional state at this time in your life?

6. What medication are you currently taking?

Do you think it helps?

Does it cause you any other problems?

Have you ever stopped taking your medication? If yes, how does this affect you?

7. What other things help you to cope with your current difficulties or problems?

8. What do you think has been the cause of your current difficulties?

9. What services have you received in the past?

10. Are you willing to be placed on our waiting list if a placement is not currently available?

Signature: _____

Date: _____

SECTION 3

TO BE COMPLETED BY THE STATUTORY KEYWORKER OR OTHER HEALTH CARE PROFESSIONAL INVOLVED WITH THE SUPPORT OF THE APPLICANT.

1. Reason for referral. (Please indicate the reasoning for the chosen service)

2. Brief personal history

3. Significant psychiatric history (Include details of any hospital admissions).

4. Details of current medication.

5. Current physical health issues.

6. What is your current involvement in support arrangements for the individual?

7. What is your assessment of the person's needs?

8. What will your involvement be in future support arrangements?

9. Are there any past or present risks that Birmingham Mind should be aware of?

- Arson Y / N
- Aggression and/or violence Y / N
- Self-harm Y / N
- Exploitation Y / N
- Suicide Attempts Y / N
- Severe self-neglect Y / N
- Risk of allegations Y / N

• Other (please specify) _____

10. Are there any warning signs that usually precede risk issues / triggers?

11. Is the person currently subject to a section of the Mental Health Act? Y / N

If yes please indicate which Section. _____

Will the person be subject to a Section of the Mental Health Act during their placement? Y / N

If yes please indicate which section of the Mental Health Act _____

Is the person subject to Section 117? Y / N

12. Has funding for the placement been applied for? Y / N (Residential Care referrals only)

Status of funding: Pending / Approved

Name of budget holder: _____

Does the person have control of his/her finances? Y / N

If no please specify:

If the person requires an appointee has this been arranged? Y / N

13. How many hours of support has the individual been assessed as needing?

(Residential and floating support only)

_____ hours per week.

14. Have the following reports been attached?

Medical report Y / N

Social Workers Report Y / N

Current CPA Y / N

These reports are required for all residential related services.

Name of Referrer:

Relationship to the Applicant:

Signature: _____ Date: _____

AFTER COMPLETION PLEASE RETURN TO:

The Director

Birmingham Mind

17 Graham Street

Hockley

Birmingham B1 3JR

OFFICE USE ONLY.

Received: _____

Assessment date: _____

Status: Offered

Not Offered

Waiting List

Confirmation letter sent:

Information required to accompany the Referral Form

	Referral Form	CPA/ Risk Assessment	Social Worker report	Medical report	Support letter from Health Care Worker
Day Services	✓	✓			✓
Floating Support	✓	✓			✓
Supported Housing	✓	✓	✓	✓	
Internal transfer	✓	✓			

Appeals Process

We are sorry that we have not been able to offer you a service. If you disagree with this decision, or the reasons the decision was made, specified in your letter, then you have the right to appeal.

You may appeal either in writing or verbally to the relevant Team Manager within two months of the decision.

Process of Appeals

1. The Team Manager will arrange a meeting with the applicant and/or referrer, to discuss the circumstances and if appropriate reassess the applicant. This will happen within 2 weeks of receiving the appeal. The person appealing has the right to be accompanied by a person of their choosing.
2. A decision shall be communicated to the applicant within 7 days by writing.
3. If the applicant and/or referrer are still not satisfied with the decision they may appeal, in writing, to a Director, at Head Office.
4. The Director will arrange a meeting with the applicant and the Team Manager within 2 weeks, to discuss the reasons why the initial appeal was unsuccessful.

Contact Details

Team Managers
Suite 1, 1st Floor, Alma House
Newtown Shopping Centre
Aston
Birmingham
B19 2SS
0121 359 1151

The Director of Operations
Birmingham Mind
17 Graham Street
Hockley
Birmingham
B1 3JR
0121 608 8001

Supported Accommodation

Eligibility criteria and fair access to the service

Birmingham Mind's Supported Housing is owned by a variety of Housing Associations and managed by Birmingham Mind. This service offers support to tenants in a variety of properties (group homes/individual flats) provided for people who are experiencing mental health problems. Support is individually based and recovery focused. All tenants are encouraged to be actively involved in designing their support package. Support is offered by visiting support workers.

Some of the properties have additional criteria detailed

below ELIGIBILITY CRITERIA - GENERAL

Each service user:

- Must be resident in Birmingham or have strong links to Birmingham
- Must have some form of mental illness/mental health difficulty
- Must be over 18 and will usually be under 65
- Must have housing related support needs
- Must be capable of living independently in the community, providing that suitable visiting support is available.
- Must be willing to engage with the service and with the support offered

EXCLUSION CRITERIA

An individual may be refused a service if:

The type or degree of required intervention is assessed as being incompatible with the funding criteria, skills or capacity of the service.

Due to insurance if the person has a conviction or history of arson it is unlikely we will be able to offer them a place. It is recommended that an initial enquiry to the Director is made before a full referral.

A history of violence, self harm, alcohol or drug use will be assessed on an individual basis and no blanket exclusions apply.

FUNDING

Accommodation (rent) charges are the responsibility of the service user. Support staff will assist each service user to access any benefits/assistance they may be entitled to in this respect. The Supporting People Team currently pays support charges in full.

Additional Criteria for specialist services

Holyhead Road is for women only

Webcroft Road is for women only

Floating Support: **Eligibility criteria and fair access to the service**

Floating support is available to people who have experienced mental health problems and who require some support to maintain a home in the community. It is a general requirement that people are living in accommodation where Housing Benefit is contributing towards the rent. Up to 2 years support is available to each service user, with the aim of moving the service user toward greater independence within this timeframe.

ELIGIBILITY CRITERIA

Each service user:

- Must be resident in Birmingham
- Must have some form of mental illness/mental health difficulty
- Must be over 18 and will usually be under 65
- Must have housing related support needs
- Must be capable of living independently in the community, providing that suitable support is made available
- Must be willing to engage with the service and with the support offered

EXCLUSION CRITERIA

An individual may be refused a service if:

- The type or degree or required intervention is assessed as being incompatible with the funding criteria, skills or capacity of the service.
- The property, neighbourhood, other people living at the property or the person themselves poses a significant risk to the welfare of the support worker.

FUNDING

- Short term support (up to 18 months) is funded by Supporting People