

## REFERRAL FORM for **FLINT GREEN HOUSE** and **PERSHORE ROAD** RESIDENTIAL CARE HOMES (Please Complete All Sections)

**Please tick:**

**Flint Green House**

**Pershore Road**

For more information about Flint Green House and Pershore Rd, please visit  
<https://birminghammind.org/services/residential-care/>

### General Information

Preferred title: Miss, Ms, Mr, Mrs etc

Full Name:

Known as:

Current Address:

Tel No:

Age:

DOB:

Nat Ins No:

NHS number:

Religion:

Gender:

Speaks/understands English:

If not, what is your first language?

Does applicant have a CPA? **Yes / No**

Is the applicant subject to Section 117:

**Yes / No**

Does the applicant have recourse to public funds

**Yes / No**

GP Name:

GP Address:

Tel No:

Consultant:

Tel No:

CPN:

Tel No:

Social Worker:

Address/email:

Tel No:

Care Co-ordinator:

Address/email:

Tel No:

## **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 Black – African

White and Asian

Asian and Black

Other Mixed backgrounds please write below:

### **C) Asian or Asian British**

Bangladeshi

Indian

Kashmiri

Pakistani

Other Asian backgrounds please write below:

### **D) Black or Black British**

African

Caribbean

Other Black backgrounds please write below:

### **E) Chinese or other Ethnic Groups**

Chinese

Arab

Afghan

Kurdish

Vietnamese

Other ethnic backgrounds please write below:

## SECTION 2

TO BE COMPLETED BY THE SERVICE USER:

(Your referral information will also be shared with BSMHFT Steps to Recovery Service that we work in partnership with)

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?

Are you satisfied with these areas?

Accommodation	Yes / No
What you do during the day	Yes / No
Friendships	Yes / No
Family	Yes / No
Support from mental health services	Yes / No

4. Are there any past/present risks that Birmingham Mind should know about

Aggression or Violence	Yes / No
Arson	Yes / No
Exploitation	Yes / No
Restrictions imposed upon you by the Court or Home Office	Yes / No
Risk of Allegations	Yes / No
Self-Harm	Yes / No
Self-Neglect	Yes / No
Substance Use	Yes / No
Suicide	Yes / No

5. 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?

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

7. What medication are you currently taking?

How 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?

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

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

10. How do you think you will be able to use an 18 month rehabilitation placement to work towards your goals/ambitions?

11. Are there any significant others involved in your support. Y/N  
If yes what is their role?

12. Are you willing to be placed on our waiting list if a placement is not currently available?  
**Yes / No**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **SECTION 3**

TO BE COMPLETED BY THE CARE CO ORDINATOR 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 and any rehabilitation service previously received*).

4. Details of current medication

5. Current physical health issues.

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

Are there any significant others involved with supporting the person. Y/N  
If yes what is their role?

7. What are the person's rehabilitation needs?

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

9. Are there any past/present risks that Birmingham Mind should know about

Aggression & Violence	Yes / No
Arson	Yes / No
Exploitation	Yes / No
Restrictions imposed upon the person by the Court or Home Office	Yes / No
Risk of Allegations	Yes / No
Self-Harm	Yes / No
Self-Neglect	Yes / No
Substance use	Yes / No
Suicide	Yes / No

If Yes to above, please provide further details

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, or intending to be subject to a Community Treatment Order Y/N? If yes please provide details:

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

If no are they subject to an appointeeship Y / N

13. Should the person be accepted for our service, what would be the proposed exit strategy?  
Please note placements are for a maximum of 18 months

14. Have the following reports been attached?

Medical report **Yes / No**

Social Workers Report **Yes / No**

Current CPA **Yes / No**

Risk Assessment **Yes / No**

If no, please note: the referral cannot be progressed further until the above information has been received.

We also welcome OT Reports ad WRAP Plans\* (\*with the applicants permission)



## Information required to accompany the Referral Form

	Referral Form	Social circumstances report	CPA	Medical report	Risk Assessment
Residential Care Home	✓	✓	✓	✓	

Full Name of Referrer:

*(Please complete capital letters)*

Relationship to the Applicant:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

AFTER COMPLETION PLEASE RETURN TO:

### **OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Assessment Date: \_\_\_\_\_

Status:  Offered  Not Offered  Waiting List

Confirmation letter sent: \_\_\_\_\_

# 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 Residential Manager within two months of the decision.

## PROCESS OF APPEALS

1. The Residential 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 Residential Manager within 2 weeks, to discuss the reasons why the initial appeal was unsuccessful.

### Contact Details

Residential Operations Manager  
Birmingham Mind  
17 Graham Street  
Hockley  
Birmingham  
B1 3JR  
0121 608 8001

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

# Eligibility Criteria and Fair Access to the Service

Flint Green House and Pershore Road Residential Care homes are owned by Midland Heart and managed by Birmingham Mind. Care and support is individually based and recovery focused. All service users are encouraged to be actively involved in designing and reviewing their care/support package. Both homes offer an 18 month maximum time limited service.

Further details of the homes and any additional criteria can be found in the individual service leaflets and Statement of Purpose.

## ELIGIBILITY CRITERIA

Each service user:

- \* Must be resident in Birmingham.
- \* Is eligible for Section 117.
- \* Must have some form of mental illness/mental health difficulty.
- \* Must be over 18 and under 65.
- \* Must be needing a time limited residential care rehabilitation placement.
- \* 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.

If the person requires more than 18months in Residential Care, please refer to one of Birmingham Mind's 3 other Residential Care homes – details of these are also on our website.

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 be 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

Both homes are funded by NHS as part of Birmingham and Solihull Mental Health Foundation Trust Steps to Recovery Service

***Last Updated: 30 September 2020***