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Mental Health Provision-Referral Form

(This form is used for Mental Health Enhanced - 8 week short term placements and Shared Lives long term placements)

The following documents are needed to support the referral to shared lives

1. (MH) CPA, support plan and risk assessment (updated within the last 4 weeks)
2. Occupational therapy assessment – (if applicable)
3. Calculate additional support needs in hours/minutes/ daily or weekly(if applicable)
4. Written confirmation from prescriber for medication
5. Hospital passport- Health information

Service user	
DOB	
Gender	
Ethnicity	
Contact number	
Contact email	
Address	

Name of referrer and role	
Contact number and email address	
Referring Team	
Social worker/ care co-ordinator	
Community team responsible for placement	
Address	
Contact number	
Contact email	

GP	
Practice address	
Contact number	

Client Assessed Needs:

1.Mental health and wellbeing	
1.1	What is the client's diagnosis? Please detail symptoms?
1.2	Are there any triggers for mental health deterioration?
1.3	What are the relapse indicators? Specify strategies if this occurs and contingency plan?
1.4	Any support with appointments required? Specify details and frequency?
1.5	Does the client require any regular support or supervision overnight?

1.6 Can the client be left alone during the day?

1.7 Does the client need support with eating or drinking? Managing and maintaining nutrition?

1.8 Any risks in this area? If yes, provide any details?

2. Medication

2.1 Does the client require medication?

2.2. Is the client self-medicating?

2.3 What support is required from the carer with medication management, if any? Please include prescribed frequency?

2.4 What medication has been prescribed? Include frequency and dosage?

2.5 Any risks in this area? If yes, provide any details?

3. Physical health

3.1 Does the client have any physical health conditions? Any allergies?

3.2 Does the client have any regular treatments?

3.3 Does the client have any mobility issues? Is there current/history of falls within the past year? If yes, provide dates?

3.4. Any support with appointments required? Specify details and frequency?

3.5 Any risks in this area? If yes, provide any details?

4. Personal Care

4.1 Any support with personal care required from the carer? Include details support required and frequency, time required for each task? E.g. bathing, showering, gaging water temperature, washing hair, dressing, being appropriately clothed etc.

4.2 Any incontinence issues?

4.3 Any risks in this area or additional support needed? If yes, provide

any details?

5. Money management

5.1 Does the client manage their own finances?

5.2 Provide details of appointee if applicable?

5.3 What is the client's income?

5.4 What support with finances is required from the carer, if applicable?

5.5 Any risks in this area? If yes, provide any details?

6.Client Assessed Risks:

Please provide further details from the risk assessment on how risk can be managed by a carer in a domestic setting. Please also provide any missing dates for incidents or concerns recorded.

6.1 What are the risks if unwell?

6.2 Is there a risk/history with challenging behaviour?

6.3 Is there a risk/history with physical violence to others?

6.4 Is there a risk/history of self-harm?

6.5 Is there a risk/history of substance, drugs or alcohol misuse?

6.6 Is there a risk/history of inappropriate sexual behaviour?

6.7 Is there a risk of verbal aggression?

6.8 Is there a risk to lone workers, male or female? Any risks in the community?

6.9 Any history/risk to children?
6.10 Any risk/history with suicidal attempts?
6.11 Is the client at risk from others?
6.12 Any cautions or convictions? Is the client under probation?
6.13 What additional support has been put in place to manage risks?
6.14 Are there any current safeguarding concerns?
6.15 Any other relevant information?

7. Move on plans:

7.1 Please detail move on plans and considerations?

8. Additional questions:

(Please provide full details for applicable questions and include assessors comments)

8.1 Reason for referral to shared Lives scheme? What have you found out about the person and their circumstances?	
8.2 When is the placement required and preferred timescale for move? What are the aims of the placement?	
8.3 Type of current accommodation and cost? <i>(family, supported living, independent, hospital, care/nursing home etc.)</i>	
8.4 Do you have any special needs relating to: culture, faith, ethnicity, spirituality, sexual orientation?	
8.5 Do you have capacity to understand the tenancy agreement? If not has an application been made to the Court of Protection?	
8.6 Date of any recent hospital admissions (if relevant)	
8.7 Is assistance with communication required? Is English your first language?	
8.8 Has advocacy been considered? <i>(Advocacy must be instructed if the person has substantial difficulty in being involved in the process, and where there is no appropriate individual to facilitate their involvement).</i>	
8.9 Do you travel independently in the community?	

8.9 Do you need help with letters and other correspondence?	
8.10 Are you a smoker? (how many, any risks, compliant with rules?)	
8.11 Any support (including emotional) required during the day? – <i>Please explain</i>	
8.12 Would you be at risk near the use of cleaning materials, detergents or bleach? (COSHE regulations)	
8.13 Ground floor required?	
8.14 Any adaptations required?	
8.15 Can you live with pets?	
8.16 Can you live with children?	
8.17 Any reason why you cannot live in a particular area?	
8.18 Do you have any day time activities or employment?	
8.19 Any other agency involvement?	

Questions to be answered for long-term placements only:

9. Areas of daily living

9.1 What provision do you require? Shared Lives (living with carer) Supported Living?	
9.2 What are your strengths? Include accessors comments	
9.3 What are your priorities and desired outcomes for day to day life? Do you need support?	

9.4 Being able to make use of the home safely (including getting in, out and around the home) Do you need support?	
9.5 Are you able to maintain a habitable home environment (keeping your home clean and safe and how you maintain essential amenities such as water, electricity and gas including any risks) Do you need support?	
9.6 Developing and maintaining family or other personal relationships (including how you keep in touch with friends and family) Do you need support?	
9.7 Accessing and engaging in work, training, education or volunteering? Do you need support?	
9.8 Making use of necessary facilities or services in the local community including public transport and recreational facilities or services? Do you need support?	
9.9 Carrying out any caring responsibilities the adult has for a child? Do you need support?	

10. Fire Safety check as specified by the London Fire Brigade Head Quarters Mandatory Questions

10.1 Is there an increased <u>likelihood</u> of a fire occurring	
10.2 Would you have difficulty <u>detecting</u> a fire?	
10.3 Would you have difficulty <u>responding</u> to a fire?	
10.4 Is there evidence that you have had <u>near misses</u> in the past e.g. burn marks on carpet/furniture?	
10.5 Do you consent to a Free Home Fire Safety visit by London Fire Brigade?	

11. Finances

11.1 Have you completed a non-residential financial assessment? Date? Client assessed weekly contribution?	
11.2 Have you considered Direct Payments?	
11.3 Are you accessing Continuing Health Care (CHC)? If yes, give full details?	
11.4 Do you have any savings and any debts?	
11.5 Agreed fee for shared lives? Please see Shared Lives standard provision.	
11.6 Please provide confirmation additional fee (if applicable)? Medication administration, personal care etc requires an additional fee, needing funding panel approval.	

12. Consent

12.1 Do you consent to sharing your personal information with others involved in planning or providing your support? If yes please refer to London Borough of Croydon (LBC) privacy notice in relation to sharing information	
12.2 Is this client entitled to free mental health aftercare under Section 117 of the Mental Health Act? If yes please give evidence: e.g. <i>detained under section 3 on 10.04.2012 and what was the client's address at the time of (or immediately before if in hospital at the time) the entitlement?</i>	
12.3 Has the person been seen face to face?	

Signatures:

Service user	
Date	
Referrer	
Date	