





Positive Assets Referral Form guidance notes for front line staff

Most people who use mental health services want to work and are capable of working with the right support. However, they can face discrimination when applying for work.

In order to challenge this discrimination, Humber NHS Foundation Trust has developed Positive Assets. This service encourages and supports individuals who live in Hull who have used secondary mental health services to apply for posts within Humber NHS Foundation Trust, Hull City Council, NHS Hull, City Healthcare Partnership and the wider employment market.

Positive Assets Referral Form Guidance Notes

Referral forms must be completed by a member of staff in order to ensure all relevant information is accurately recorded and communicated to the Positive Assets Team.

Referral criteria for the Positive Assets employment service;

- interested in gaining paid employment
- has used or is currently using secondary mental health services
- is a Hull resident or registered with a Hull GP

Please note: East Riding Teams can still access information, advice and guidance from the Positive Assets Team and will have access to training and information surrounding mental health and employment.

All front line staff are encouraged to promote the importance of employment within an individuals recovery, it is vital that all staff involved in an individuals care have explored meaningful activity prior to referral to Positive Assets as the services primary focus is on supporting people to gain paid employment.

All Humber NHS Foundation Trust staff will have access to the Positive Assets service and support will be offered in order to assist staff in helping their clients find meaningful activity. Any enquiries should be made to the team on 01482 389225 or email HNF-TR.PositiveAssets@nhs.net





Positive Assets Referral Form TO BE COMPLETED BY REFERRER ONLY

Referral Date:	NHS No	NHS Number:				
Name of referrer:	Contact	Contact details of referrer:				
Name: including any previous names/aliases	1	Title:	Date of Birth:			
Address:	Address:					
Post Code:						
Telephone Number:		Emergency Contact details:				
Mobile Number:						
National Insurance Number:		Email address:				
Is the person on CPA? Yes/No		Is the person currently receiving secondary mental health services or has previously received a				
Is the person interested in paid employment Yes/No		secondary mental health service? Yes/No				
Is the person aware of the referral? Yes / No)	Dependants/Parental responsibility: Yes / No				
Does the person have a Recovery Star? Yes/No		Date of last Recovery Star review: Score on Work section of Recovery Star:				
Current employment status:		Education/Qualification details:				
What level of benefits or currently being rece	ived?					
Current support networks: e.g. carer/neighbours/friends, significant other		Current weekly routine/commitments:				
Work aspirations ie number of hours, type of work, work	king environr	nent, preferred employe	r			
3 main areas of work your client is interested	in?		Full / Part time			
1.			Shift work Yes/No			
2.			Geographical area			
3.						
What employment support does the individual require?						
Are there any training needs which you could support your patient with prior to referral to Positive Assets? Yes/No						
Please indicate which of the following you have explored with the person, prior to referral to Positive Assets:						
Sought benefits advice / in-work calculation		CV creation				
Numeracy and literacy assessment		Exploration of training/voluntary opportunities				
Do you feel you have sufficient information/knowledge around Mental Health & Employment to support your patients? Yes/No if no do you feel you would benefit from attending a training session? Yes/No						

Mental Health History:						
Medication: include current and recent medication, any recent changes, and any side effects						
Physical Health problems or co-existing medical conditions relevant to the workplace: any allergies, physical disabilities, diabetes, epilepsy, drug misuse						
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Risk to Visiting Would person pose a risk to staff?	Yes	No	Unknown			
Would involvement pose a risk?						
Is a joint visit necessary?						
Should the person only be seen at a team base?						
Please identify if there are any other risks to be considered:						

Positive Assets Office Use Only					
Date received					
		Yes	No		
Appropriate referral					
Letter post referral sent					
Initial appointment made					
Intake characteristics inputted					
Entered Page1 texting service					
Notes					

Please return to:
Positive Assets
Humber NHS Foundation Trust
Trust Headquarters
Willerby Hill
Beverley Road
Willerby
HU10 6ED