



Guidance Notes for referrals to Flourish House



Why would someone be referred?

Flourish House provides a range of meaningful activity day services designed to promote recovery, social inclusion, self-determination and to reduce social isolation for people with serious mental illness (SMI).

We help people with an SMI to build structure and routine, to learn new skills (core and vocational), and tackle social isolation and loneliness. We also provide routes into paid employment, (including within our social enterprises), volunteering, and learning. There are also provides opportunities for improving health and wellbeing.

Who can become a 'member'?

Membership is open to people aged 16+ from the Glasgow City area who have a diagnosis of an SMI and are connected to a Community Mental Health Team.

Generally, our members are people living with the long-term experience of conditions such as schizophrenia, bipolar disorder, other psychoses, and severe depression. Other conditions can also come under the term SMI, which is usually based on a mental health diagnosis of long-term duration and where there is a substantial impairment and impact on major life activities.

Why does someone need to be connected to a Community Mental Health Team (CMHT) service before they can be referred?

Generally, most people living with an SMI are connected to secondary mental health services (or similar specialist services such as Forensic services) and we use this as a measure to determine that someone is eligible and appropriate for membership at Flourish House.

Determining whether someone meets the benchmark test for an SMI is a complex issue usually involving extensive assessment and discussion with the individual, their GP, and psychiatric services. We do not have the capacity to carry out mental health assessments and therefore rely on the judgment and expertise of clinicians.

Can other community services make referrals?

Anyone can complete an application form for Flourish House. In cases where people are connected to mental health services outside of CMHT's (e.g. addiction services or homelessness) these can be accepted if the referring practitioner is a mental health professional (e.g. CPN, OT, or psychiatrist) and it's their opinion that the individual would likely have been engaged with a CMHT if they had not been in their service.

What about a referral for someone still in hospital?

We actively encourage referrals from people in hospital, whether for long or short term and especially to support discharge planning for a return to the community. Please contact the membership team at Flourish House if you wish to arrange a visit for someone in hospital or have our Outreach Team visit the ward.

What is the catchment area of Flourish House?

Our catchment area is Glasgow City, specifically the areas covered by the Glasgow City Health and Social Care Partnerships (North West, North East, and South).

Referrals from outwith the Glasgow City boundary will require separate funding. Please get in touch to discuss a referral from outside the catchment area.

Is there a charge for attending Flourish House?

There is no charge for people attending Flourish House who are referred by mental health services in the catchment area. Referrals can also be made for people assessed for self-directed support (SDS) - this may be useful especially for people who live outside the catchment area.

What days and times are you open?

Flourish House is open from 9am – 4pm Mondays to Fridays. There are also regular social events and other events that take place in the early evenings.

How long can someone attend for?

Membership is not time-limited and you can be part of the service throughout your recovery journey. However, if you no longer feel the need to attend Flourish House and have not engaged for at least 6 months your membership will be made inactive. You can always be referred again should your needs change.

Do members need to attend every day or on specific days?

No, you decide your own pattern of attendance. We would suggest that members aim to attend at least once per week initially, which will give them the opportunity to establish a routine and to build up their relationships with staff and member colleagues.

Do members need to take part in activities?

Being a member of Flourish House makes a person part of a unique community. We depend on each other to sustain the service and make the place work. We all take responsibility to look after our space and the people in it and a member should be prepared to contribute in whatever way they can. Most members recognise that taking part in Flourish House makes them feel valued and needed and supports their recovery.

If a member doesn't feel great will there be someone that they can speak to?

There are staff and members available to help guide people through Flourish House and support them to take part in positive activities. Each member will also have a co-worker from the staff team who will help them establish and work towards goals. There will always be a member of staff or one of our Peer Support members, who can direct them to appropriate support if needed.

Can people access therapies such as CBT in Clubhouse?

We do not provide counselling or therapy in Flourish House. Our service provides meaningful activity, social and wellbeing opportunities and access to work and learning; all activities which complement recovery.

Is a member's progress monitored and assessed whilst they attend Clubhouse?

There are no formal assessments in place. We may ask people to complete evaluations of activities they undertake and identify whether these have had a positive impact. A co-worker from the staff team will help people set goals and will meet with them to track their progress, but this is entirely voluntary.

Can members get help knowing what to get involved in?

We recognise that there is a lot going on in Flourish House and it might be difficult to choose an area of work. Members can ask any other member or staff to help them decide where to get involved. We would recommend that any new member signs up to receive alerts via email and text as well as following us on Facebook to help them keep up to date with what is happening.

How accessible is Flourish House?

All areas of Flourish House are wheelchair accessible but we are not suitable for mobility scooters due to tight corners. We have a disabled toilet and a lift to our upstairs for anyone to use. If you require any reasonable adjustments for your visits let us know on this form and we will do our best to accommodate!

How can I find out more about Flourish House before I apply?

We encourage everyone interested in Flourish House to come along for a tour. You can ring the receptionist and ask to be booked in for a tour. These run on Tuesdays and Wednesday at 11am and 2pm. Currently, we can accommodate 3 people from 2 groups on these tours.

Check out our website at www.flourishhouse.org.uk and search "Flourish House" on Youtube to see our videos.

When posting any paperwork please mark it as;

**PRIVATE AND CONFIDENTIAL,
FAO: Membership.**

Please DO NOT send this form via email



Member Testimony.

“ I regularly attend and participate in Flourish [House] which provides a supportive and positive environment associated with hope and offering a future. This is of particular significance for me with my experience of a serious mental illness.

It gives me a sense of security coming to Flourish [House] knowing that I have the continuity of a time-unlimited service that will support my long-term recovery.

Of special importance to me, given my extensive previous work record, Flourish House provides me with the opportunity to re-engage with and benefit from meaningful and structured activity within its Work-Ordered-Day.

The immense personal satisfaction of participating in the day-to-day running of the Clubhouse, through working in the Business & Admin unit makes me feel I have a life of purpose once more.

I have also taken the opportunity to learn new skills by participating in the unfamiliar work of other units in the Clubhouse, including the Membership unit and Cafeteria.

Throughout my time here I have received the support of experienced, helpful, and friendly staff coupled with the peer support of fellow members.

Following isolation and withdrawal from the world because of my serious mental illness, it has been very valuable to have the opportunity to socialize with other members through attending both internal and external events.

In addition, my interaction with the Wellbeing programme gave me the opportunity to create a series of local Health Heritage Walks. This re-engaged me with my passion for walking, whilst offering the future opportunity to train as a Health Walk Leader.

This Clubhouse has been a vital part of my recovery. I've received help and support during my recent PIP and DWP assessments.

I have the opportunity to build up structure and routine within a completely flexible work environment and I've been given opportunities such as access to meaningful training via Scottish Recovery's 'Peer2Peer' and Live Wise, Age Well's Resilience training. I hope the latter will provide an opportunity to progress onto a future 'Train the Trainer' course.

”



Flourish House

23-25 ASHLEY STREET, GLASGOW G3 6DR
Email: membership@flourishhouse.org.uk
Tel 0141 333 0099 www.flourishhouse.org.uk



Please tick here to confirm that you have read the guidance notes and the applicant fulfils all the criteria to be eligible for membership.

It may be beneficial to seek support with this form (e.g from a support worker)

FOR OFFICE USE ONLY

Date Received

When posting please mark as PRIVATE AND CONFIDENTIAL
FAO: membership.

Please **DO NOT** send this form
via email

PROSPECTIVE MEMBER DETAILS

Name

Nickname Date of birth.....

Address

.....Postcode.....

E-mail

Mobile No Other telephone.....

Emergency Contact

Relationship Telephone No.....

Address

.....Postcode.....

I have previously had a tour of Flourish House

I am a returning member



Please give us the reasons why you want to join Flourish House.

Is there anything that would affect you attending Flourish House?



Referrers Details



Name..... Designation.....

Organisation.....

Address.....

..... Postcode:

Contact No:.....

HSCP area;	South Glasgow	<input type="checkbox"/>
	North West Glasgow	<input type="checkbox"/>
	North East Glasgow	<input type="checkbox"/>
	Other (Please specify)	

(Please read guidance)

.....

Consultant (Please specify designation).....

Name

Contact number

Address

..... Postcode.....

CPN (Please specify designation)

Name

Contact number

Address

..... Postcode.....

GP (Please specify designation)

Name

Contact number.....

Address

..... Postcode.....

Please ensure that you have filled in all the sections of the application form.

Prospective Member Signature Date.....

Referral Source Signature Date.....

**When posting please mark as
PRIVATE AND CONFIDENTIAL
FAO: membership.
Please DO NOT send this form via email**

Thank you for applying to Flourish House!

Consent

Please complete the consent slip below and post back to us along with your application.
All information received by Flourish House is strictly confidential
and will not be shared with outside agencies without your written consent.

I hereby give my consent for information on my medical condition to be disclosed to Flourish House in relation to my application for membership

Name of prospective member.....

Signature of prospective member.....



Mandate



To be completed by **Secondary Mental Health Service Practitioner**
(Community Psychiatric Nurse/ Consultant Psychiatrist/ Psychologist/ Occupational Therapist)

Name of prospective member.....

How long have you known the applicant?.....

Please identify the primary mental health diagnosis of the applicant

- | | | |
|---|---|--|
| <input type="checkbox"/> Anxiety Disorders | <input type="checkbox"/> Depression | <input type="checkbox"/> Other (please state)
..... |
| <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Bipolar Disorder | |
| <input type="checkbox"/> Personality Disorder | <input type="checkbox"/> Self Harm | |
| <input type="checkbox"/> Anorexia/Bulimia | | |

Medical conditions

Does this person have any other medical conditions we should be aware of?

- | | | |
|---|--|--|
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Type 1 Diabetes | <input type="checkbox"/> Other (please state)
..... |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Type 2 Diabetes | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart condition | |
| <input type="checkbox"/> Mobility issues | | |

Allergies

Does this person have any allergies we should be aware of?

- Yes No If yes, please state:



Risk Information

Does this person have an alcohol or drug misuse problem at present or in their recent past?

Alcohol

Drugs

Yes No

Yes No

If yes are they currently in treatment for this problem?

Yes No

If alcohol or substance misuse exists, please give more details including treatment information and contact details of services.

Please circle if any of the following apply to this person. If yes, please give details:

Previous self harm Yes No

History of violence Yes No

Criminal convictions Yes No

Details:

From your knowledge of this person, do you believe they pose any risk to members and staff at Flourish House?

Yes No

Signature

Print Name

.....

.....

Designation.....

Date

Organisational stamp:

Please tick if you do not want this information to be shared with the prospective member.

Important: Please DO NOT send this form via email.

When posting please mark as PRIVATE AND CONFIDENTIAL, FAO: Membership



Flourish House Equalities Monitoring Form

This is a requirement from our funders to request this information for statistical purposes. The information provided is used for monitoring purposes and to help us improve our service. All information given in this part of the form is kept strictly confidential. You can choose not to answer any question by ticking the 'Prefer not to say' box after each question

Ethnic Group

Mixed or multiple ethnic groups

Any mixed or multiple ethnic groups, please specify _____

Asian, Asian Scottish, or Asian British

- | | |
|---|---|
| <input type="checkbox"/> Arab | <input type="checkbox"/> Pakistani, Pakistani Scottish, Pakistani British |
| <input type="checkbox"/> Bangladeshi, Bangladeshi Scottish, Bangladeshi British | <input type="checkbox"/> Chinese, Chinese Scottish, Chinese British |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Indian, Indian Scottish, Indian British |

African, Caribbean or Black

- | | |
|---|---|
| <input type="checkbox"/> Caribbean, Caribbean Scottish, Caribbean British | <input type="checkbox"/> African, African Scottish, African British |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Black, Black Scottish, Black British |

White

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Scottish | <input type="checkbox"/> English |
| <input type="checkbox"/> Welsh | <input type="checkbox"/> Northern Irish |
| <input type="checkbox"/> British | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Gypsy/traveller |
| <input type="checkbox"/> Other _____ | |

Other ethnic group

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Prefer not to answer |
|--------------------------------------|---|

Gender Identity

Woman (including MTF trans woman)

Man (including FTM trans man)

Other gender identity (e.g. non-binary)

Prefer not to say

Flourish House uses the term "transgender" as an inclusive umbrella term for a diverse range of people who find their gender identity or gender expression differs from the gender they were assigned at birth.

I do identify as transgender

Prefer not to say

I do not identify as transgender

Age

16-18

19-25

26-49

50-65

66+

Prefer not to say

Sexual orientation

Lesbian

Gay

Heterosexual

Prefer not to say

Bisexual

Other _____

Religion or belief

No religion

Christian

Buddhist

Jewish

Muslim

Sikh

Hindu

Prefer not to say

Other _____

Veteran status- tick if it applies to you

Navy

Air Force

Army

Health condition/disability

Do you have an impairment, health condition or learning difference that has a substantial or long term impact on your ability to carry out day to day activities?

Yes

No

Prefer not to answer

If yes, please specify _____