

i-reach project referral

Eligibility Criteria and Guidance Notes

Introduction

The i-reach project is funded by NHS Eileanan Siar and Comhairle nan Eilean Siar. The Project was developed by the Western Isles Mental Health Partnership and is administered by Western Isles Association for Mental Health.

The project aims to provide enhanced support to adults with special mental health needs living in the Western Isles. The project aims to fund innovative and personalised support. The project will not normally fund any support which is available locally from other sources, and *cannot* give support which is normally given by public bodies. Support packages are not time-limited, but shorter-term commitments are preferred.

Referrals to the Project can be made by, or through, Community Psychiatric Nurses, Social Workers, General Practitioners, Consultant Psychiatrists, Voluntary Agencies or others involved in the delivery of mental health services. Users and carers can also refer themselves for assessment through the above agencies.

In addition, support may be given to organisations to enable them to deliver support which is not funded through other means, either to individuals or to specific groups of people who collectively meet the eligibility criteria (see below).

To Make a Referral

If you would like to refer someone, please complete a referral form. The following guidance notes should be read in conjunction with the form. The form and these notes can be downloaded from the WIAMH website.

The present version of the referral form is an interactive PDF Form, which can be filled in on-screen. However, the final submission of a form must be on paper and signed by the referrer.

You as the referrer are responsible for ensuring that the financial information presented is accurate. Applications for funding will normally only be accepted if they are accompanied by detailed costings and quotes for goods or services where appropriate.

We may wish to contact you for more information prior to committee consideration of the referral. Occasionally, we need to contact referrers afterwards to clarify points or make special arrangements. If you would like to ask for advice on your referral before submitting it, you can fill it in on-screen and send it to us by email.

Normally, the project committee meets quarterly to consider applications.

After Approval

Referrers will normally be required to complete the evaluation form in the aftermath of a referral. The project administrator will inform the referrer when this is to be done. Normally, this will be after three months in the case of one-off purchases, or following the end of a period of support work, or annually in the case of long-term support.

Eligibility Criteria

The following criteria are used to assess a person's eligibility to access support and/or services through the i-reach project:

- a) Illness:** The client is suffering from a severe and enduring mental illness.

- b) Isolation:** The client is living alone in particularly isolated circumstances, geographically or socially, which contribute towards their mental illness.
- c) Access:** The client is unable and/or unwilling to access other relevant services
- d) Self-Care:** The client is unable to maintain and/or having difficulty in maintaining, adequate skills in self care as a consequence of their mental illness.
- e) Specific Support:** The client is in need of very specific support which is not available within existing services provision.
- f) Age:** The client is between the ages of 18 and 65 years old.

Additional factors may also be relevant, for example any degree of physical disability, multiple diagnosis, learning disability etc.

Guidance Notes

1. Group Referrals will normally be accepted only for constituted organisations which publish verified accounts and reports. A copy of the accounts covering the period of the application must be sent to the project administrator. Exceptions to this may be made where full receipts will be provided, or in the case of projects run by statutory agencies. If in doubt, please ask.

2. Individual Referrals – please enter the client’s name. **Group Referrals** – please enter the name of a contact for the group being referred. This may be the same as the referrer.

3. Living Circumstances – you should give any information relevant to the referral. For example, a referral for support in dealing with accommodation-related problems will require more detail here than one which relates to training. *You should not give information which is not relevant to the referral.*

4. Timescale

- **Period** is the overall length of time to be covered by the application. This may be up to one year, after which the application may be resubmitted. (Please note that new applications will have priority over repeat applications.)
- **Frequency** is the frequency of support sessions, e.g. once per week, once per month etc.
- **Session Length** is the length of time for which a service is being purchased. This should normally be specified in hours, and may be directly related to an hourly rate under Costs.

If specifying a start date please indicate at §3.5 if this date is critical. Please bear in mind that it may not be possible to meet specific dates without adequate notice or if there is some other ambiguity in the proposal.

5. Specific Support – describe the specific support you wish to provide – this can be either goods (e.g. items of equipment) or services (e.g. training, travel costs, support work), or both. Each item must be specified and costed.

6. Agency – either the agency providing the support service, or the supplier providing goods. *n.b. as the referrer you are responsible for monitoring the provision of the support whether or not you are providing the support yourself.*

7. Costs – the more accurate the costing, the better. In some circumstances it may be difficult to specify costs precisely in advance. Where this is the case, this should be noted in §3.5. A **maximum cost** should be specified at §4.3. *Any funds unspent (or not accounted for in receipts) must be returned.*

Contact

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Revision 08-12