**What is the Social Connection project?**

Justlife’s Social Connection project provides support to people moving away from homelessness by helping them overcome **social barriers, isolation** and **loneliness.**

The project consists of a team of volunteers who meet one-to-one with clients and do an activity of their choice, whether that's going for a walk, trying something new or just going for coffee and a chat.

We also run a peer support group that meets regularly at a local venue to provide a space for clients to support each other.

**Who we work with**

Anyone can refer themselves or be referred to us. We welcome anyone living in Brighton and Hove who has experienced, or is moving away from homelessness, for example people living in temporary / supported accommodation or people with more stable housing.

**Referral Criteria**

Applicants should be ready to engage with the project and build a meaningful relationship with their befriender.

Befriending relationships can be short-term (3 – 6 months) or longer term (6 months up to 1 year)

**Referral Process**

Please complete as much information as you can on the form and email to **scp@justlife.org.uk**attaching a risk assessment and any other relevant information. We aim to respond to all referrals within **5 working days.**

**Equality and Diversity Monitoring**

Please complete theEquality and Diversity Monitoring formby following the link below:

<https://forms.gle/iMVAozYyrnHmGnj18>

**CLIENT DETAILS**

|  |  |
| --- | --- |
| Name | Referral date |
|  |  |
| Date of birth | Pronoun (he, she, they )  | Gender (self-identify as male, female, non-binary or other) |
|  |  |  |
| Mobile number / email address  | Address |
|  |  |
| Accommodation situation (e.g. supported, emergency, private renting) |
|  |
| Has they agreed to this referral? | Is there a risk assessment attached?  |
| YES/NO | Yes / No (if no please complete ‘known risk below  |
| Known risks (i.e. previous offences around arson, violence, or sex offences?) |
|  |
| Do they have any alcohol and / or substance misuse issues? If yes, how is this managed?  |
|  |
| Do they have any mobility issues?  |
|  |
| Do they have any difficulties meeting in a public place?  |
|  |
| What other support are they receiving and from whom? (please provide contact details i.e. name, tel. number / email address)  |
|  |
| How does the client think they would benefit from this befriending project?  |
|  |
| What activities would they like to do with their befriender?  |
|  |

**REFERER’S DETAILS**

|  |  |
| --- | --- |
| Name | Agency |
|  |  |
| Email address | Phone number |
|  |  |

**Please email to** **scp@justlife.org.uk**