

Referral Form

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**.

How we work with

Beneficiaries can self-refer or be referred to us. We take external referrals from Brighton & Hove Council, any Brighton & Hove services that work with people who are exiting homelessness or by a Justlife worker. The applicants should be ready to engage with the Social Connection project, be stable in their accommodation, and meet the project's referral criteria.

Referral Criteria

We welcome any beneficiaries who have experienced, or are at risk of homelessness. Beneficiaries should be prepared to **engage with support** in order to overcome their **isolation and social barriers**, and **committed** to meeting regularly with a volunteer for up to **6 months**. We expect beneficiaries to:

- **Want to work with a volunteer to connect with activities in their community**
- **Be able to build a positive relationship with a volunteer**
- **Be willing to meet with a volunteer in a public place outside of their home**
- **Be in a stable housing situation**
- **Be able to attend sessions sober and not be misusing substances**
- **Be low risk and able to engage with support**

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**.

Covid-19 has created extraordinarily difficult circumstances for many people whilst also asking them to isolate further. The impact of loneliness is significant. Studies point not only to the profound negative consequences on mental health but on physical too. Loneliness has a co-morbidity akin to smoking 15 cigarettes a day.

We want to be continue supporting people during this crisis, the Social Connection Project can be adapted to function remotely by phone or zoom.

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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)			
Have they agreed to this referral?		Known risks? (If no risk assessment attached)	
YES/NO			
Do they have any substance misuse issues?		Do they have any previous offenses around violence, or sex offences?	
Do they have any mobility issues?		Do they have underline health issue which have required them to shield during the COVID-19 pandemic?	
Would they have any difficulties communicating over the telephone?		Do they have any difficulties meeting in a public place?	

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What other support are they receiving and from whom?

How do you / the beneficiary think they would benefit from this service?

REFERER'S DETAILS

Name	Agency
Email address	Phone number

Please email to scp@justlife.org.uk