

What is Justlife's 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**.

Befriending:

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.

Community Activities:

We offer a range of wellbeing and creative themed workshops and activities and trips. These are advertised on our quarterly *Community Activities Program*

Peer Support Group:

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 situations.

Referral Criteria

Applicants should be ready to engage with the project coordinators and be able to build a positive and meaningful relationship with their befriender and / or participate in group activities.

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**.

Contact Details

The Social Connection Project Coordinators can be contacted on:

Tel: **0300 123 1550**

E: scp@justlife.org.uk

Full Name:		Referral Date:	
Date of birth:	Identified Gender <i>(non-binary, male, female)</i>	Preferred Pronouns <i>(they, he, she)</i>	
Contact Details <i>(optional – state preferred method of contact)</i>			
Phone Number:		Email Address:	
Address:			
Current Housing Situation <i>(e.g. Emergency Accommodation, long-term temporary, supported housing, housing association, private rented, other)</i>			
Have you/they agreed to this referral Yes / no		Is there a risk assessment attached <i>(if no please complete known risk below)</i> Yes / No	
Known risks <i>(e.g. previous offences around arson, violence, or sex offences)</i>			
Is there anything we need to know to help you/them to take part comfortably? <i>(e.g. I struggle in group environments, I have difficulties with my mobility, I have social anxiety)</i>			
Is there any information we need to know about you/them to keep you/them or others safe? <i>(eg. allergies, health conditions, triggers, substance misuse)</i>			
What areas of the social connection project are you/they interested (please circle)			
Befriending Peer	community activities	Peer support groups	
What support are you/they receiving and from who? <i>(please provide contact details inclusive of telephone and email)</i>			
Referrers Details			
Name:		Agency:	
Email address:		telephone number:	