**Beacon Remote Befriending:**

**Self - Referral Form**

*Beacon is the remote befriending service set up by The Lighthouse CMHH to provide 1:1 peer support for mental health during, and after, the coronavirus crisis. The service is available to adults over 18 and living in the South Lakeland area.*

Referral date:

Name of Referrer/Self-Referral (please specify):

**This Box is For Referring Organisations ONLY**

Name and Address of organisation (GP/Voluntary Organisation/Social Worker/etc):

Telephone Number:

Please tick box (or type YES) to confirm that client has given their consent to be referred to The Lighthouse and for their information to be passed on to us:

|  |  |
| --- | --- |
| Verbal: | Written: |

Please tick box (or type YES) to give permission for The Lighthouse to keep your (referrers) details:

|  |
| --- |
|  |

**In what context do you know the client?:**

The information we collect is confidential and will be kept securely. This will not be shared with anyone, except in the event of an emergency or safeguarding issue. Please see our safeguarding and confidentiality policies for more information.  
*This referral form will be kept and disposed of in accordance with The Data Protection Act 2018 (*[*http://www.legislation.gov.uk/ukpga/2018/12/pdfs/ukpga\_20180012\_en.pdf*](http://www.legislation.gov.uk/ukpga/2018/12/pdfs/ukpga_20180012_en.pdf))

**REFERRAL PROCESS**

1. Please fill in as much as possible and email the completed form to Maddy Iddon: **maddy@thelighthousecmhh.org**

2. We will acknowledge receipt of the form and will contact the client directly within 14 days.

3. We will chat to the client to find out more about them as a person in order to match them with one of our volunteers.

4. Once a match is made, the pair will be put in contact and will agree their befriending contract (inc. boundaries, safeguarding and confidentiality). The befriending support can then commence.

5. Volunteers will be asked to check in with The Lighthouse each week to report progress/low level concerns. They will be given supervisions every month or two.

6. The Service Coordinator will also check in periodically with clients, and clients will be made aware that they can contact the Service Coordinator with any concerns.

**CLIENT DETAILS**

|  |  |
| --- | --- |
| Forename: | Surname: |
| Address: | |
| Landline: | Mobile: |
| Email: | |
| D.O.B: | Gender: |
| Marital status: | Sexual orientation: |
| Employment/Financial status: | Housing type: |
| Are there other people in the household?  Please give details (e.g. relationship to client, ages of children etc) | |

Highlight as appropriate

**MENTAL HEALTH**

1. **Do they/you have any mental health diagnoses? YES NO**

If yes, please give details.

2. **Are they/you under the care of mental health services? YES NO**

If yes, please give details.

3. **Have they/you ever been hospitalised due to their mental health?**

If yes, please give details. **YES NO**

4. **Do they/you have a known history of self-harm or harm to others?**

If yes, please give details.  **YES NO**

5. **Do they/you feel suicidal or attempted suicide in the past? YES NO**

If yes, the support offered by Action for Wellbeing may be more appropriate. Please visit [www.actionforwellbeing.uk](http://www.actionforwellbeing.uk). You can still refer to Beacon, and we will help find the right support, either with us or another organisation).

6. **Are they/you struggling with their mental wellbeing due to YES NO**

**Coronavirus crisis induced isolation, loneliness, anxiety?**

Please give details:

***Please share any other information that you feel is relevant:***

**PHYSICAL HEALTH RE: CORONAVIRUS**

7. **Are they/you clinically vulnerable (high risk) to covid-19, YES NO**

**and therefore taking extra precautions?**

If yes, please give details:

8. **Are they/you clinically EXTREMELY vulnerable (VERY high risk)**

**to covid-19, and therefore SHIELDING? YES NO**

If yes, please give details:

9. **Are they/you or have they/you been self-isolating or in hospital due to possible covid-19 infection? YES NO**

If yes, please give details:

10. **Are they/you self-isolating, or similar, for other reasons? YES NO**

If yes, please give details:

**CURRENT SUPPORT**

11. **Do they/you need support getting food or household items?**

If yes, please give details: **YES NO**

12. **Are they/you receiving support getting food or household items?**

If yes, please give details (e.g. from whom): **YES NO**

12. **Do they/you have relatives/friends/neighbours checking on them?**

Please give details: **YES NO**

***Please share any other information that you feel is relevant:***

**…………………………………………………………………………………………………..**

**Lighthouse Use:** (for those self-referring, we will discuss the following questions when the service coordinator calls you,)

14. Tell me about your hobbies or interests. What do you enjoy?

15. What is your expectation of this service? What would you like to get out of it?

16. In what way, or ways, would you like to have contact from your ‘buddy’?

Phone Call Video Call Text message

WhatsApp Email Other?

NOTES: