**Better Together**

**Eligibility Checklist and Referral Form**

**Better Together is targeted at people whose loneliness and social isolation is the PRIMARY factor affecting their mental and physical health and wellbeing.**

**We can offer support to help people get out more and become more involved with their activities in their community.**

**Use this form to check whether the person is suitable for the Better Together service and to make a referral.**

|  |  |  |
| --- | --- | --- |
| **About the person you wish to refer** | | |
|  | **Yes** | **No** |
| Is the person you wish to refer lonely or social isolated? |  |  |
| Is their loneliness and social isolation having a negative impact on their physical or mental health and wellbeing? |  |  |
| Are they willing to get out more and take part in activities? |  |  |
| Are they physically able, with support if necessary, to get out more and take part in activities? |  |  |
| Are they likely to benefit from getting out more and taking part in their community? |  |  |
| Does the person know they are being referred for support from the Better Together team? |  |  |
| **You must answer yes to all of the above for us to progress this referral** | | |

**Please note, if the person you wish to refer meets any of the following criteria, they MAY not be suitable for this service without greater consent and information being gained.**

**· Currently receiving support from the crisis team**

**· Exhibiting or has a history of sexual violence or thoughts of sexual violence**

**· A threat to others**

**· Currently having suicidal or homicidal thoughts**

**· Currently using weapons or has used weapons in the past 12 months**

**· Is exhibiting signs of radicalisation**

**· A person or a parent of someone subject to a full care order**

|  |  |  |
| --- | --- | --- |
| **What specific outcomes would you like your client to work with Better Together to achieve? Tick all that apply.**  **(We will work with your client to form a joint support plan to enable them to achieve these outcomes)** | | |
|  | **Yes** | **No** |
| Meet new people |  |  |
| Re-kindle a hobby or interest |  |  |
| Increase in confidence |  |  |
| Contribute their skills and experience |  |  |
| Access community assets/services |  |  |
| Move into volunteering |  |  |
| **They need information, advice and guidance (IAG) in the following area(s) to enable them to take part** | | |
| Transport, travel and mobility |  |  |
| Health |  |  |
| Caring responsibilities |  |  |
| Finance, benefits and money |  |  |
| **Other Support (Please state)** | | |

**Referral Information**

|  |  |
| --- | --- |
| **About the person you wish to refer** | |
| First Name |  |
| Last Name |  |
| Address |  |
| Village or Town |  |
| Postcode |  |
| Mobile phone number |  |
| Home Telephone No. |  |
| Email Address |  |
| Date of Birth |  |
| Tell us more about their situation |  |
| How would they like us to contact them? | Mobile phone  Home phone  Email |
| Is there a preferred time for us to contact them? Please note the Better Together service operates Monday to Friday 9am-5pm |  |
| Does this person have any additional needs? |  |
| Are there any risks associated with this person?  (Please attach any formal Risk Assessments) |  |

|  |  |
| --- | --- |
| **About you (as the professional making the Referral)** | |
| First Name |  |
| Last Name |  |
| Job Title |  |
| Which organisation do you work for? |  |
| Which department (if applicable) |  |
| You mobile number |  |
| Your work telephone number |  |
| Email address |  |
| **Please note, we cannot progress this referral without your contact details** | |

Please email this form to [info@bettertogethernorfolk.org.uk](mailto:info@bettertogethernorfolk.org.uk). We will then contact the person directly within 10 working days.

Better Together is part of a county-wide initiative funded by Norfolk County Council to help tackle loneliness and social isolation. We deliver services and support in South Norfolk, parts of Breckland, Greater Norwich and Great Yarmouth. Better Together is a partnership led by Voluntary Norfolk together with Access Community Trust, Opening Doors, KindaKafe (The Missing Kind), St Martins Housing Trust, Home-Start Norfolk, Harleston Information Plus, Centre 81, Feedback Mental Health, Independence Matters and Carers Voice. [www.bettertogethernorfolk.org.uk](http://www.bettertogethernorfolk.org.uk)