**Befriending Service**

**About our service**

We offer free one-to-one befriending to older people. A carefully selected volunteer will visit for about an hour a week to provide companionship and support. This service is reserved for those older people who fit all of the following criteria, and can be provided for as long as it is required:

* **Live alone**
* **Housebound/can only go out with assistance**
* **Over 55**

Unfortunately, at the current time, we are unable to open this service to those who have been diagnosed with a significant mental health condition or dementia. If you feel there is reason for an exception to be made regarding any of the criteria above, please call the Befriending Coordinator.

**About our volunteers** All our volunteers are interviewed, screened, DBS checked and fully trained in all of Age UK B&NES’ policies and procedures. They therefore understand the responsibilities of their role and issues such as professional boundaries and safeguarding. They are also informed of Age UK B&NES’ other activities so that people are referred to them if relevant.

**Support and follow-up** Each matched befriending pair is contacted by Age UK B&NES via the telephone to check that the visits are progressing well. Extra support is provided as necessary.

**Waiting times** There is high demand for our service, particularly during the winter months. If you make a referral then we will acknowledge its safe receipt, but do not have the resources to subsequently provide feedback while we are looking for a match. Once a match has been made, we will notify you at once. We contact and visit people within 2 weeks of receiving the referral. They will be matched as soon as a suitable volunteer becomes available. This may happen very swiftly, in days, or take longer. If for some reason we cannot make a match, then we will let you know.

**How to make a referral** Complete the attached referral form and email or post it to

**18 Kingsmead Square, Bath BA1 2AE.**

**befriending@ageukbanes.co.uk**

**01225 466135**

**Contact; Jen Ruskin Befriending Co-ordinator**

**Befriending Service Referral**

**Confidentiality**

All the information we hold about service users will be kept confidential. We will not discuss any information with third parties unless we have explicit permission to do so or, in exceptional circumstances, where we consider an individual to be at risk from others or to themselves.

## **Referral Details**

Name of individual being referred: ....................................................................Date of referral: ………………………...

Referred by; ………………….…………………………….……… Position: ……….………………….……………..……………………….….......

Agency name: ……………………………….……..………………… Contact number: ……………….….……….….………..…….…….....

Contact Address………………..………………………………………………Email………..………………………………………………….………

Does the person you are referring feel they would like a Befriender and are happy for us to call them? YES/NO

**Service User’s details**

**Full name…………………………………………………… DOB………. Age…………Do they live alone…**……………….………..

Address……………………………………………………………………………..Postcode……..Telephone…………………………...............

Emergency Contact……….……………………………….Telephone…………………………Email………………………………..…..…….

Reason for referral/background information:………………………………………………………………………………………….……..

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**Needs & General Health of Service User**

Communication difficulties (speech/hearing/eyesight) A befriender’s remit is to have a friendly chat for an hour.

Level of mobility (e.g. wheelchair or walking aid dependent): ................................................................................

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General physical and mental health..............................................................................................................................

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What other help/support is received? e.g. home care, day care, cleaner, hairdresser etc.:………………………..

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What social contact is currently in place? e.g. family, friends, neighbours:……….……………………………………....

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