**Compassionate Neighbours Referral Form**

***The Compassionate Neighbours scheme intends to support those in the last years of life.***

Compassionate Neighbours is free, community-led support for anyone with a life-limiting illness and who is lonely and/or socially isolated. It is delivered by North London Hospice in Barnet, Enfield and Haringey but the person does not need to be known to the Hospice.

The Community Member (CM) should be a client/patient of yours and should be able, and want to, enter a reciprocal relationship with a Compassionate Neighbour (CN) or be happy to participate in a group. A CM is someone who is socially isolated and/or lonely and living with an end of life illness and/or frailty in need of friendship and emotional support from local people. They could be in one or more of the following situations:

* Feeling isolated even though they may be working or living with family
* Not been out in their community\* for some time and needing emotional and/or physical support to do so
* Wanting someone to share an activity with at home or in the community
* Wanting help to think about the practical support they need at home
* Wanting help with paperwork and organising belongings
* Wanting support to meet other people e.g. grandchildren or visiting a friend

\* Shops, cafés, pubs, parks, leisure centres, faith centres, cultural events

Following referral, the person will be contacted to be invited to join a group, or they will be added to our list of profiles to receive support from a Compassionate Neighbour. Please include as much information about them to inform this profile. Once a match is identified we will make contact with them to ask whether they would like to go ahead with the introduction to a trained and supported volunteer. Please note that it is not always possible to find a match. If one hasn’t been made within four months we will inform you and close the referral.

*Please note that we cannot assist participants with personal care or undertake any manual handling. We cannot provide transport to attend our group activities however carers are welcome to accompany anyone who would like to participate. Please email for a copy of what’s on.*

Please fill in this form to refer someone to Compassionate Neighbours (fill in as much detail as possible), and email it to [compassionate.neighbours@nhs.net](mailto:compassionate.neighbours@nhs.net)

**Section one: details of the person who would like support**

|  |  |  |  |
| --- | --- | --- | --- |
| Reason for referral |  | | |
| Title |  | | |
| First name |  | | |
| Last name |  | | |
| Preferred phone number |  | | |
| Second phone number |  | | |
| Email address |  | | |
| Address |  | | |
| Borough |  | | |
| Post code |  | | |
| Date of Birth |  | | |
| Ethnicity |  | | |
| Preferred language |  | | |
| Main health condition(s) |  | | |
| What support is requested?  *Please select one or more* | One to one | Group activity | Respite (NLH patients only) |
|  |  |  |
| Any extra information for the group facilitators about this referral? |  | | |
| Has this person agreed to be referred to Compassionate Neighbours? | | |  |
| Does this person have capacity to consent? | | |  |
| Is the person willing to be contacted by phone? | | |  |
| Is the person willing to be contacted by post/e-mail? | | |  |

**Emergency contact details**

|  |  |
| --- | --- |
| Title |  |
| Name |  |
| Relationship |  |
| Preferred phone number |  |
| Second phone number |  |
| Email address |  |
| Date this person consented to be named emergency contact |  |
| Other information |  |

**Section two: additional details for one to one support only (if a group referral, please go to section three)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Will an interpreter be required for a home visit? |  | | | | |
| What do they want to get out of a relationship with a Compassionate Neighbour? |  | | | | |
| We can offer face to face visits or phone calls (or both). What is their preference? |  | | | | |
| Can you share details of this person’s interests and character? |  | | | | |
| How is the person’s mobility? |  | | | | |
| Are there other people who live in the property? |  | | Is there a smoker in the house? |  | |
| Does anyone living in the property have a history of aggressive, violent or disruptive behaviour? |  | | | | |
| Are there any regular visitors? If so how many/how often? |  | | | | |
| Do they have any pets? |  | | | | |
| Is there parking available? |  | Is there easy access to public transport? | | |  |
| Is there street lighting? |  | Does the location of the property pose any risks? | | |  |
| Does the property pose any risks? E.g. are there cluttered passageways inside the property? |  | | | | |
| Are there any additional identified risks? |  | | | | |
| Any other information |  | | | | |

**Section 3: Referrer details**

|  |  |
| --- | --- |
| Name |  |
| Organisation (if applicable) |  |
| Telephone number |  |
| Email address |  |
| Do you agree to attend the initial visit to introduce the Compassionate Neighbour? (if required) |  |
| How should we inform you of the result of this referral? |  |
| Date |  |

Thank you for your referral. If there is anything else you would like to discuss, please contact the Compassionate Neighbours team on 020 8343 6806.