**Befrienders Highland - Recovery Through Supported Befriending**

**If you would like to refer someone to Befrienders Highland Mental Health Services, please read the information below to ensure this is the right service for that patient/client, then complete this form fully and ask the patient/client to read and sign the declaration at the bottom of page 2 and complete the attached Goal Form (page 4-6).** Please note, we only accept hand-written signatures from the person being referred (no electronic/digital, or proxy signatures).

**Who to refer?**

**We can only accept referrals for people (Friends) who:**

**• are adults (18+) living in the community.**

**• are ready to improve their situation by engaging in the recovery process.**

**• are willing and able to commit to a goal-based recovery programme.**

**• are receiving professional support for enduring mental ill health.**

**• have a named mental health professional, or GP contact, who will provide background information on the person and their condition.**

**Each person will also:**

**• be lonely and isolated and have limited opportunity or confidence for social contact.**

**• be able to independently meet their volunteer in a mutually agreed public place (if Face-to-Face Befriending).**

**• be in a period of relatively stable mental health at the time of referral.**

**• give consent to the Befriending Coordinator to speak confidentially to their nominated mental health professionals on an on-going basis as appropriate and agreed.**

**PLEASE NOTE THAT OUR VOLUNTEERS ARE NOT ABLE TO VISIT PEOPLE IN THEIR OWN HOMES.**

**Our Befriending services are NOT suitable for:**

**• anyone who does not have recognised enduring mental illness.**

**• anyone who has a significant learning disability (mental health must be the predominant difficulty and the person must have the ability to independently travel to meet a befriender (for Face-to-Face befriending).**

**• anyone who has a current drug or alcohol dependency (must be clear for 1 year).**

**• anyone who has had suicidal attempts or is a risk to themselves or others within 9-12 months prior to their application.**

**• anyone whose behaviour is unpredictable or has violent verbal or physical tendencies.**

**• anyone whose lifestyle is chaotic in a manner that would prevent them being able to maintain regular contact with their volunteer.**

**• anyone living in a care home.**

**IF IN ANY DOUBT, OR YOU HAVE ANY QUESTIONS, PLEASE CONTACT US TO DISCUSS INDIVIDUAL CASES BEFORE MAKING A REFERRAL.**

**Before proceeding with the referral, please ask the patient/client the following questions:**

**Do you believe recovery is possible for you? Yes  No**

**Are you ready to commit to a mental health recovery programme? Yes  No**

**Are you ready to engage in a goal-based recovery programme? Yes  No**

**If they have answered yes to these questions, please make sure this form is completed fully (including goal form) and return to: Befrienders Highland, 1st Floor, Academy House, 42 Academy Street, INVERNESS, IV1 1JT, or email it to** [**info@befriendershighland.org.uk**](mailto:info@befriendershighland.org.uk)

**Client / Patient Details – please enter the client’s / patient’s details in the box below.**

|  |  |
| --- | --- |
| **Name:** | **Date of Birth** |
| **Address:**  **Postcode:** | **Tel:** |
| **Tel:** |
| **Email:** |
| **Sex: Male  Female** | **Gender:** |

**Emergency Contact Details – please enter the details of their emergency contact in the box below (if any).**

|  |  |
| --- | --- |
| **Name:** | **Relationship:** |
| **Tel:** | **Tel:** |

**Referrers Details – please enter your (the referring persons) details in the box below.**

**If referrer is the client’s / patient’s nominated mental health worker or GP, please leave this section blank.**

|  |  |
| --- | --- |
| **Name:** | **Job Title:** |
| **Address:**  **Postcode:** | **Tel:** |
| **Tel:** |
| **E-mail:** |

**Mental Health Worker Details – please enter nominated mental health workers details in the box below.**

|  |  |
| --- | --- |
| **Name:** | **Job Title:** |
| **Address:**  **Postcode:** | **Tel:** |
| **Tel:** |
| **E-mail:** |

**GP Details – please enter the GP / Medical Practice details in the box below.**

|  |  |
| --- | --- |
| **GP Name:** | **Practice Name:** |
| **Address:**  **Postcode:** | **Tel:** |
| **Tel:** |
| **E-mail:** |

* **I give my consent for Befrienders Highland staff to have confidential contact with my nominated health professionals (shown above) and for them to provide Befrienders Highland with information regarding my mental health on an on-going basis, as required.**
* **I am ready, willing, and able to engage in a goal-based mental health recovery programme.**
* **I will complete the attached Goal Form and agree to work towards the goals I have created.**

**Signed: Date:**

**Which type of Befriending interests you? Please ‘X’ the Befriending Interests**

|  |
| --- |
| **Face to Face Befriending (p**lease mark preferred area).  Inverness  Nairn Caithness Skye/LochalshAlness/Invergordon    Dingwall Drumnadrochit |
| **Distance Befriending (p**lease mark the preferred method of contact).  Telephone  Letter  Email  Video Call / Conferencing  Gaming |
| **How did you hear about Befrienders Highland?** |

**Please complete all sections as fully as possible, making sure the client/patient signs and dates the declaration and completes the attached Goal Form.**

**The declaration will give us permission to contact the client’s/patient’s mental health worker and/or GP so Befrienders Highland staff can confidentially discuss mental health and present circumstances. It also provides the consent for the mental health worker and/or GP to provide information to Befrienders Highland on mental health and circumstances on an on-going basis, as necessary.**

**Thank you for your referral, we will be in touch shortly.**

**If you have any questions regarding the form, please call the office on 01463 712 791 or email** [**info@befriendershighland.org.uk**](mailto:info@befriendershighland.org.uk)

**Please note, if the client / patient does not wish to proceed with the application, at point of the application being ceased, any data held which has been gathered as part of the application process will be destroyed after 8 weeks of last contact. Should they return to the service in the future, the necessary application information will need to be gathered again. For further information regarding this please view our Privacy Policy or contact:** [**admin@befriendershighland.org.uk**](mailto:admin@befriendershighland.org.uk)

**Abbreviated Privacy Policy**

Full statement available from our website or by contacting Befrienders Highland Limited (BHL).

BHL have a legal duty under the Data Protection Act to prevent your information falling into the wrong hands. BHL must also ensure that the data BHL hold is accurate, adequate, relevant, and not excessive.

BHL will make it clear which information is required in order to provide you with the information or service you need from us. You do not have to provide us with any additional information unless you choose to. BHL store your information securely on our computer system.

BHL would also like to contact you to tell you about other areas of our service or other support services we think you may benefit from. You can contact us directly at any time to tell us not to send you any information outside of information necessary for us to work effectively with you. You have the right to a copy of all the information BHL hold about you (apart from a very few things which BHL may be obliged to withhold because they concern other people as well as you).

**Please return the fully completed and signed Referral Form and Goal Form to:**

**Befrienders Highland, 1st Floor, Academy House, 42 Academy Street, INVERNESS, IV1 1JT,**

**or email it to** [**info@befriendershighland.org.uk**](mailto:info@befriendershighland.org.uk)

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Goal Form

|  |  |
| --- | --- |
| Name: | Date: |

**Why is goal setting so important in the recovery process?**

Setting goals can give you a longer-term vision and short-term motivation.

Setting some realistic and manageable goals is an important part of the recovery process.

Understanding what your goals are can help bring meaning to your life.

*“To live a fulfilled life, we need to keep creating the "what is next", of our lives. Without dreams and goals there is no living, only merely existing, and that is not why we are here.” - Mark Twain*

No matter how old you are, what your situation, or what stage of life you are at, having a plan is essential to moving forward, without it you can just drift in a sea of distraction and influence.

*"You are never too old to set another goal or to dream a new dream." - C.S. Lewis*

**What type of goals should I be setting?**

Setting long-term and short-term goals can help you develop a plan for your life. Knowing your goals can give your life direction and help you focus on the steps you need to take to get there.

**Creating goals**

First think about what you want for your future. Think about the things you need to do to create this future; these are your long-term goals. Then break these down into the smaller steps; these are your short-term goals. Working towards your short-term goals will then progress you towards your long-term goals and will help you to create your future. This process can help you gain control of your life, and it can stop you feeling overwhelmed by the size of the task.

**How to set a goal**

**S**pecific

**M**easurable

**A**chievable

**R**elevant

**T**ime-bound

First consider what you want to achieve, and then commit to it. Set SMART goals that you feel will help you improve your life and write them down in the boxes provided on the following pages.

**And remember -**

Text

Description automatically generated**Be positive:**

*“Focus on the possibilities for success, not on the potential for failure.” - Napoleon Hill*

**Small steps:**

*“Focus on progress, forget about perfection” – Bill Phillips*

**How befriending can help you**

Having a befriender who is aware of your goals and understands what you want from your life is a great way to start building a support network of people who have your best interests at heart. Your befriender or coordinator will not be a voice telling you what you should be doing, they will listen to what you think is best for your life and help you get there as best they can.

Making changes to our lives is not easy, so we need to surround ourselves with positive people who will support and encourage us. At Befrienders Highland we try to add to the support network that is assisting you through your recovery process.

**Setting your goals**

The task of writing down what you want from your life can be a real challenge, especially if you are not in a good frame of mind, but taking the time and effort to do this is essential, it is the first step to taking control of your life. This process can give you a structure that can inspire and motivate you, as well as give you determination and strength when you need it most.

No-one can do this for you, it must be you that decides what you would like for your life.

When thinking about your future let your mind be free, try not to restrict yourself in any way. If you had no barriers, what would you want for your life?

**Reviewing your goals**

You, your befriender, and your coordinator will talk through your goals every 6 months when you have a review of your befriending friendship. This will help you, and us, to see that your goals are still relevant, and you are heading in the right direction or if anything needs to be changed.

|  |
| --- |
| **Please describe the future you would really like; this can include things like your confidence, relationships (with yourself and others), health, finances, education, employment, hobbies.** |

## THINGS I WOULD LIKE TO ACHIEVE IN THE NEXT 6-12 MONTHS

I understand that working towards my short-term goals will help me achieve my long-term goals.

|  |
| --- |
| **Within the next 6-12 months these are the things I would like to accomplish:** |

|  |
| --- |
| **These are the steps I think I need to take to help me achieve these goals:** |

|  |
| --- |
| **These are the people I think can help and support me to work towards achieving these goals:** |

I agree to work towards the goals I have set here. I understand that progress may be slow at times, but I am willing to always give it my best. I will accept the assistance of others and try to build a network of support that will help me to achieve these goals.

**Name:**

**Signed: Date:**