



For better mental health

Side by Side Befriending - Referral Form

| Eligibility Checklist | | | |
|--|--------------------------|---|--|
| Tick if identified as government defined 'shielded' group (desirable but not necessary for referral) | <input type="checkbox"/> | 18 years or over | <input type="checkbox"/> |
| Not accessing NHS specialist mental health service support. | <input type="checkbox"/> | Low to medium risk needs (excluding significant risk to self or others) | <input type="checkbox"/> |
| Mental health is being negatively impacted due to covid-19 isolation | <input type="checkbox"/> | No other support networks | <input type="checkbox"/> |
| Type of Service Preferred: 121 (places are limited) or Peer Support Group | | | <input type="checkbox"/> <input type="checkbox"/> |

| Client Contact & Personal Details | | | | | |
|-----------------------------------|--|----------|--------------------------|--------|--------------------------|
| Full Name | | | | Title | |
| Address | | | | | |
| | | Postcode | | | |
| Landline | | Mobile | | | |
| Date of birth | | Male | <input type="checkbox"/> | Female | <input type="checkbox"/> |
| Email | | | | | |

| Next of kin/named contact | | | | |
|---------------------------|--|--------|-------|--|
| Full Name | | | Title | |
| Landline | | Mobile | | |
| Email | | | | |

| Access Needs | |
|-------------------------|---------------------------------------|
| Interpreter needed | <input type="checkbox"/> Language(s): |
| Disability access needs | |

| How would you describe your mental health and wellbeing, including diagnosis if appropriate? |
|--|
| |

| Type of service requested | | | | | |
|---------------------------|--------------------------|---|--------------------------|--------------------------------------|--------------------------|
| 121 befriending | <input type="checkbox"/> | Tick if consent to using video via mobile or other online platforms | <input type="checkbox"/> | Digital Peer Support Wellbeing group | <input type="checkbox"/> |



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| Client Risk Assessment | | | |
|--|--------------------------|-------------|--------------------------|
| High risk | <input type="checkbox"/> | Medium risk | <input type="checkbox"/> |
| | | Low risk | <input type="checkbox"/> |
| Please provide details - Medium to High risk | | | |
| | | | |

| Referrer – Contact Details IF APPLICABLE | | | |
|--|--|--------|--------------------------|
| Staff name | | Agency | |
| Phone | | Email | |
| Client consent given to share this information | | | <input type="checkbox"/> |

| Referral record details | |
|-------------------------------------|--|
| Date of referral | |
| Staff/volunteer name completed form | |

Information for referrals

Eligibility criteria

Please ensure that your referral fulfils the Side by Side eligibility criteria stated at the top of this referral form. Please contact Mind in Harrow if you have any queries about eligibility for this service.

What happens next?

- 1) The Side by Side Service team will check the eligibility of the referral and will contact the client to conduct an assessment of their support needs and goals within 5 working days.
- 2) If the client is not eligible for Side by Side, we will inform you as the referrer and signpost to any appropriate alternative service.
- 3) If eligible, we will match the client within one of our two support structures, either 121 befriending or Peer Support Wellbeing group, based on their expressed preferences and availability within each structure, with an agreed support plan to achieve their goals.
- 4) Side by Side is a time-limited service up to the middle of May 2021 and intends to offer support for on average 4 months for each service user depending on the point at which they access the service. We do not offer home visits.

Contact details: Mind in Harrow | E: info@mindinharrow.org.uk | T: 020 8426 0929