



“Hello Southampton” Telephone support service

Communicare in Southampton are a local charity who aims to match volunteers with people who need help in the city of Southampton. Our ‘Communiters’ are kind-hearted volunteers who act as ‘good neighbours’ to help reduce loneliness and isolation.

“Hello Southampton” is a telephone support service run by Communicare in Southampton. Through the scheme our volunteers call clients on a regular basis to check in on their wellbeing, and say a quick hello. The pattern of calls is agreed in response to individual needs, daily through to weekly. Regular calls can be made Monday-Friday 9am-1pm (excluding Bank Holidays).

This light touch intervention is designed to provide reassurance to individuals to help them feel more confident about living independently. It will also aim to support people to find and access the help they need from a range of organisations to address problems as they arise, and prevent small difficulties escalating into crises.

The service is available to adults currently living independently within the City of Southampton. It is delivered by our volunteers, who are not trained support workers. Therefore the help it can offer is limited to what a good neighbour might reasonably be expected to give. It cannot replace any professionally trained or statutory support. In particular it cannot offer advice, counselling or practical help. Before being accepted onto the scheme service users will have a telephone assessment with our coordinators to ensure it can safely provide the right level of support to them. Service users must be willing and able to answer a regular phone-call under normal circumstances.

Service users and/or referrers will be asked to provide the names and contact details of two people who have agreed to respond should Communicare be unable to contact, or have concerns about the individual. These people will be contacted the same day if we are unable to reach or locate the individual to check on their wellbeing.

If you have any questions please call our office on 023 8021 6023, leaving a message if necessary. We do not have out of hours availability; the office is staffed 9.00am - 5.00pm Monday to Friday.

Communicare will look after information securely and only use it to run our organisation. We will not pass on your details to other organisations without your permission unless we have reason to believe you may be injured or at risk of harm. Full details are in our privacy policy and data retention policies which are available on our website or from our office.

If possible, please give this page to the person you are introducing.

www.communicareinsouthampton.org.uk

Communicare in Southampton is a Charitable Company Limited by Guarantee. Charity Registration No.1110427. Registered in England No.5430846. Registered Office – Shirley Baptist Church, Church St, Southampton SO15 5LG

Please email to referral@communicareinsouthampton.org.uk or soccc.communicareinsouthampton@nhs.net or call 02380 216 023



“Hello Southampton” Telephone Support - Introduction form

Details of person wanting support:			
Title:	First Name:	Surname:	GP practice:
Postal Address (including postcode):		Landline	
		Mobile	
		Email	
Next of kin name and contact details:			Date of birth:
Contact details of person completing form (if introducing someone else):			
Name:	Job title & organisation/relationship to service user:		Date:
Phone:	Email:	I confirm that the client has given me permission to pass on their details <input type="checkbox"/>	

Which days are calls required?	Mon	Tue	Wed	Thurs	Fri
Preferred time slot(s)	9-10am	10-11am	11am-12 noon	12-1pm	
Preferred phone number for “Hello” calls:			Prefers to be addressed as (if different from 1 st name):		
<p>Please provide details of 2 nominated contacts (eg. family member, friend, neighbour), who we will alert if our phone calls are unanswered, or we are concerned. This may be the next of kin or someone else. They should be willing to check on the person receiving support in these circumstances, and ideally live or work locally. We will inform them that we are holding their information for this purpose:</p>					
Contact 1			Contact 2		
Name:			Name:		
Relationship to client:			Relationship to client:		
Mobile:			Mobile:		
Landline:			Landline:		
Area where they live/work:			Area where they live/work:		

Please email to referral@communicareinsouthampton.org.uk or soccg.communicareinsouthampton@nhs.net or call 02380 216 023



Risk assessment: please answer to help us protect volunteers and the people we help from possible harm. We may contact you for more information.

Is there any history of violent, aggressive or unpredictable behaviour towards others? (Including verbally aggressive behaviour).	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>
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Is there any history of violence towards themselves e.g. self-harm, suicidal thoughts or is considered to be at risk of suicide attempts?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Unsure <input type="checkbox"/>
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Please give further details if applicable:

Please give details about the needs of the person wanting support

Disadvantages Faced <i>Please highlight all applicable disadvantages</i>	Medical	Social isolation	Physical disability	Mental health issue
	Dementia	Learning difficulty	Sensory loss	Carer
	Shielding list	Long term health condition	Frail	Other

Please describe why telephone support is needed:

Is there any support already in place?

Include family/friends /other agencies and any personal care providers or alarm systems.

Any other information?

(Including any specific topics that wellbeing phone calls should address):



ETHNICITY & DIVERSITY MONITORING

Many of our funders are interested in the range of backgrounds of our **clients**. By completing this form you will be helping us to provide this and secure further funding

This information will be only used for anonymised monitoring purposes.

Please complete this for the person who would like our help (yourself or the client if you are their referrer)					
Age:		Date of Birth:		Gender:	
What is their ethnic group?					
Choose one section from (a) to (e) and tick the appropriate box to indicate your cultural background					
(a) White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background <i>please write in below</i>			(b) Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background <i>please write in below</i>		
(c) Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background <i>please write in below</i>			(d) Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed background <i>please write in below</i>		
(e) Other ethnic group <i>please write in below</i>					