



Hospital Homecoming Information

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 want to help reduce loneliness and isolation within our city. They are not trained support workers and their help is limited to the sort of help a good neighbour might be reasonably expected to give.

Under the Hospital Homecoming initiative we can offer short term (usually up to about 4 weeks) good neighbourly help for people who have recently left hospital, are about to be discharged, or in order to help reduce the risk of hospital admission for those recovering at home. Our Communiters can help with things like errands or shopping, or just phoning for a friendly chat. Long term support requested would be handled as a new request to Communicare's existing service, which unfortunately has long waiting lists for some types of help.

We can only help if we have a suitable volunteer available and offer good neighbourly support only. **Our service is not a guarantee and cannot replace statutory assistance.** In particular we **do not** offer services such as help with dressing/bathing, advice, medication assistance, ongoing cleaning services or counselling. This form is in initial introduction, we may contact you or the service user for more information.

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 you have any questions, or if the referral is urgent please call our office on 023 8250 0050. We do not have out of hours availability, the office is staffed 9.00am - 5.00pm Monday to Friday.

Please give this page to the person you are introducing.

www.communicareinsouthampton.org.uk



Hospital Homecoming Introduction form			
Details of person wanting support:			
Full name:	Expected date of hospital discharge (if known): Click here to enter a date.		
Postal Address (including postcode):	Landline		
	Mobile		
	Email		
Next of kin/secondary contact name and contact details:			Date of birth: Click here to enter a date.
Contact details of person completing form (if introducing someone else):			
Name:	Job title & organisation/relationship to service user:	Date: Click here to enter a date.	
Phone:	Email:	I confirm that the client has given me permission to pass on their details <input type="checkbox"/>	
Risk assessment: please answer to help us protect volunteers and the people we help from possible harm. If Yes or Unsure ticked please give further details below. 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"/>
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"/>
Details of pets or known hazards in accommodation:			
Please give details about the person requiring support.			
Tick all that apply and give details below where applicable:	<input type="checkbox"/> Smoker	<input type="checkbox"/> Unable to answer the door themselves	<input type="checkbox"/> Substance abuse
	<input type="checkbox"/> Memory loss	<input type="checkbox"/> Learning disability	<input type="checkbox"/> Mental health issues
	<input type="checkbox"/> Walking aid	<input type="checkbox"/> Care package in place	<input type="checkbox"/> Communication difficulties
What sort of help might the person want?			
<input type="checkbox"/> Shopping (must have cash available if needing a volunteer to shop for them)	<input type="checkbox"/> Friendly chats on the phone		
<input type="checkbox"/> Essential transport (subject to current Covid guidance)	<input type="checkbox"/> Socially distanced doorstep visits (subject to individual risk assessment and current guidance)		
<input type="checkbox"/> Other: please explain below	<input type="checkbox"/> Picking up a prescription or other errand		
Please give details of nature and reason for help requested, and any additional relevant information about the service user:			

Please return to **Communicare in Southampton, Amplevine House, Dukes Road, Southampton SO14 0ST** or email to referral@communicareinsouthampton.org.uk

Secure mailbox for NHS referrals: soccg.communicareinsouthampton@nhs.net



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>					

Please return to **Communicare in Southampton, Amplevine House, Dukes Road, Southampton SO14 0ST** or email to referral@communicareinsouthampton.org.uk

Secure mailbox for NHS referrals: soccg.communicareinsouthampton@nhs.net