**Sightline Telephone Befriending Service Information and Referral**

This information sheet explains about Sightline’s new Telephone Befriending Service, which aims to reduce social isolation amongst people facing any degree of sight loss, and boost their wellbeing. Please feel free to circulate this to others who may find this information useful.

About Sightline

Sightline are a charity that has been providing a peer-based helpline (0800 5872252) since 2002. We now have lottery funding to expand our services into phone-based befriending, and are keen to receive referrals from professionals for people who have sight loss, and who could benefit from a befriending service. All our volunteers have close experience of sight loss (direct, family/friends, or professional), and are recruited and trained primarily as Befrienders.

How Sightline Befriending works

Sightline’s befriending service works very simply. The stages are as follows:-

* Referral – Send a completed form (below) to Sightline
* A letter is sent by Sightline to the referred person explaining how the service works
* Sightline’s co-ordinator calls the referred person to support the matching process
* Sightline matches the person with a befriender and an initial call plan is agreed with all parties
* Sightline tells the referrer when the service will start
* Weekly befriending calls start on the agreed time and day, but can be skipped if either party is away
* Befrienders use a specially designed automated call system so phone numbers are kept confidential
* After three to four weeks the initial call plan is reviewed
* Plans are regularly reviewed to ensure satisfaction, and progress towards befriending outcomes
* If there are serious concerns for someone’s immediate safety, Sightline call their GP or emergency contact. One of these must be provided as a condition of receiving the service.
* Calls are recorded, with a sample reviewed for quality and training purposes, but all remain confidential

How to refer to Sightline

Simply send a fully completed and consented referral form (see overleaf) to Sightline by secure email to [info@sightline.org.uk](mailto:info@sightline.org.uk), or posting it to Sightline’s offices at Howick House, Howick Park Avenue, Preston, Lancashire, PR1 0LS.

To learn more about Sightline

You can find out more about accessing or volunteering for our services, or by visiting our website at [www.sightline.org.uk](http://www.sightline.org.uk), or calling us on 0800 5872252 during office hours. From 6-10pm, this number switches to Sightline’s helpline for people with sight loss.

Pete Hoey, Service Manager, Sightline

[Pete.Hoey@sightline.org.uk](mailto:Pete.Hoey@sightline.org.uk) 07407 180469

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| **Sightline Befriending Service – Referral Form** | | | | |
| Please discuss and gain consent on how this form is sent to us. Please answer all questions, unless marked by an asterisk. This will help us set outcomes and make a befriending match more likely. You can email this form to [info@sightline.org.uk](mailto:info@sightline.org.uk) (only staff will see it); post it (marked ‘Private and Confidential’), to Sightline, Howick House, Howick Park Avenue, Penwortham, Preston, PR1 0LS; or call our helpline (0800 587 2252), passing full details over verbally. You will be updated when the service starts. For details of Sightline’s peer-based services, or our privacy policy, visit [www.sightline.org.uk](http://www.sightline.org.uk). | | | | |
| **1 Personal Information** | | | | |
| Full name | |  | | |
| Other names / AKA | |  | | |
| Date of birth | |  | | |
| Full address including postcode | |  | | |
| Phone number 1 | |  | | |
| Phone number 2 \* | |  | | |
| Email address \* | |  | | |
| GP name, surgery and contact number | |  | | |
| **2 Befriending Service Information** | | | | |
| Please say a few words about the person’s hobbies, interests, and what day, or time of day is preferred? | |  | | |
| Briefly describe the type of befriender you would prefer. *(eg - age, gender etc).* | |  | | |
| What personal outcomes are hoped for from Befriending Service? | |  | | |
| Referrer’s full contact details *(Do not give a care-line or home care number) We will inform the referrer when the service starts)* | |  | | |
| Details of someone we may contact if we have concerns about your wellbeing? *(friend, family member or professional)* | |  | | |
|  | Consent given for form to be sent securely to Sightline via email / Post / Phone / Any method *(delete as appropriate)* | | | |
| **3 Statement of Consent** *(place an x to show consents were given. See* [*https://www.sightline.org.uk/sightline-privacy-policy/*](https://www.sightline.org.uk/sightline-privacy-policy/) | | | | |
| I consent to Sightline storing this information safely, and making contact as follows:- | | | | |
|  | With me, in order to set up the service and review this with me | | | |
|  | With me, as part of Sightline’s occasional satisfaction survey. \* | | | |
|  | With my nominated friend / family member / professional, if we have concerns about your wellbeing | | | |
| **4 Who is signing this referral** *(place an x in one of the boxes below to show who is signing this form).* | | | | |
|  | This form has been completed for someone else, with consent given verbally or in writing. | | | |
|  | I completed this form for myself. | | | |
| I understand that as part of use of the service, Sightline will contact the referred person’s GP or emergency contact if there are serious concerns about a befriended person’s immediate safety and welfare, or that of another person. | | | | |
| Signed  *(This can be done digitally)* | |  | Date |  |