



## **Room to Heal**

### **Referral and Consent Form - Therapy Group**

Thank you for your interest in Room to Heal. Room to Heal is a therapeutic community and human rights charity supporting asylum seekers and refugees who have survived torture and organised violence. We offer weekly mixed-gender group therapy, as well as social activities and casework support in a non residential community. Currently the groups are online, however, when it is safe to do so after the Covid-19 pandemic, we plan to go back to face to face groups that will be run from our office in Mildmay Community Centre, Newington Green, N16 8NA.

If you would like to refer someone who would benefit from our services, or if you would like to refer yourself, please ensure that you:

- **Complete all sections of this referral and consent form**
- **Submit relevant documents** regarding your client's asylum case and medical situation i.e. **witness statements, refusal letters, medical/psychiatric reports.**

Please read the **following criteria** before referring to Room to Heal. The person being referred should:

- o To be seeking asylum or have received refugee status or leave to remain.
- o To have survived torture (or a direct family member who due to their close relationship were directly affected at the time of the event) or trafficking in one's home country and to have a well-founded fear of return.
- o Be willing and able to engage in **mixed-gender group therapy** (either a group that runs for a year, or a group that is longer term).
- o **Be available to take part in our therapy group - for the one year group on a Thursday between 11.30-1pm and for the longer-term on a Tuesday, 11.30am-1pm.**
- o Living in Greater London.
- o Have a **good level of English**. Our groups are run in English due to the large mix of nationalities and languages at Room to Heal. This is so that members are able to relate directly with one another and participate fully.
- o **Be aged 21 or over**. People below this age will benefit more from an organisation specialised in working with younger age groups.
- o Be willing to be **part of a community**. Room to Heal values community as a mutually supportive means towards healing and we hold weekly community events in person on Friday afternoons.
- o It would be useful during the assessment period to have access to a laptop or telephone with internet, earphones and a confidential space for the duration of the sessions (we may be able provide a laptop on loan and internet data if you join the group) .

It is important to note that Room to Heal is not a crisis service. If an individual is in a mental health crisis or actively suicidal, please refer to the local crisis service, Community Mental Health Team, or

phone NHS urgent mental health helplines. Please also note that Room to Heal has a Duty of Care to people assessed by our service. **There may be exceptional circumstances in which there is a significant concern of a risk of serious harm to a person being assessed or another person. In such an event, it may be necessary for information to be shared outside of Room to Heal with other professionals (e.g. a doctor). Wherever possible, the service would seek consent of the person referred.**

**How to refer**

If you feel that Room to Heal is the right environment for your client, please send the completed referral form, consent form and relevant documentation to [info@roomtoheal.org](mailto:info@roomtoheal.org) and we will get back to you as soon as possible. Thank you.

**Referral Form**

**Please complete all sections and submit any relevant documents regarding the client's asylum case and medical situation.**

Referral	
Self-referral	<input type="checkbox"/> Yes <input type="checkbox"/> No      (If “no”, please answer the following questions)
Referrer’s name	
Organisation	
Contact phone	
Contact email	
Relationship to client	
Reasons for referral to Room to Heal (Please include any physical or psychological health issues)	
What would the individual like to gain by joining Room to Heal?	

Room to Heal members are expected to engage fully with our communal therapeutic activities and mixed-gender therapy groups. How do they feel about this, and what challenges do they foresee?

Is there a preference in joining a therapeutic group that is time limited (for 1 year) or a longer-term group - please provide as much detail as possible as why one is preferred over the other?

			RtH no:
<b>Date of referral</b>			
<b>Personal Information</b>			
First name:		Surname:	
Gender eg Male / Female / Transgender / Non Binary /Intersex / Self Describe / or Prefer not to say		Date of Birth:	
Address:		Email:	
Phone:		Mobile:	
Emergency contact name and relationship:		Emergency contact number:	
English speaking ability:		Other languages:	
<b>Required to join therapeutic support groups</b>			
Our therapeutic support groups currently take place on <b>Tuesdays</b> or <b>Thursdays</b> <b>11.30am-1pm on Zoom platform</b> . Is the individual available at these times?	Yes	No	
Our therapeutic support groups are run in <b>English</b> due to the variety of languages represented within Room to Heal. Does the individual speak a sufficient level of English to engage fully in the therapeutic support group and understand others?	Yes	No	
Is the individual willing to take part in a mixed-gender group therapy?	Yes	No	

If the individual has a child/ren, do they have someone to provide childcare during the group (leave blank if no childcare responsibilities)?	Yes	No
If the individual shares a room with someone, is it possible for them to have an inside space of their own during the group?	Yes	No
Have you obtained consent from the person you are referring to Room to Heal? <i>(Please complete consent form that follows on from this referral form)</i>	Yes	No

Immigration history			
Country of origin		Stage of current application: first claim awaiting decision / appeal / fresh claim	
Immigration status			
HO ref number			
NASS ref number		Date of arrival in UK	
Initial claim – date; outcome; reasons if refused			
Details of appeals / fresh claims			

Detention history	
Name of immigration Centre, arrival date and release date	1.
	2.
	3.

Human Rights Violations	
Experience of human rights violations	
<input type="checkbox"/> Assault	<input type="checkbox"/> Political persecution
<input type="checkbox"/> Child Soldiers	<input type="checkbox"/> Rape
<input type="checkbox"/> Domestic/family violence	<input type="checkbox"/> Religious persecution
<input type="checkbox"/> Ethnic/racial/social persecution	<input type="checkbox"/> Gender based persecution
<input type="checkbox"/> Extreme physical/psychological violence	<input type="checkbox"/> Slavery
<input type="checkbox"/> Female genital mutilation	<input type="checkbox"/> Solitary confinement
<input type="checkbox"/> Forced Marriage	<input type="checkbox"/> Trafficking
<input type="checkbox"/> Gang based/inter-tribal/inter-clan violence	<input type="checkbox"/> Violations of liberty
<input type="checkbox"/> Honour killings (threatened/attempted)	<input type="checkbox"/> Witness to atrocity

Other/Comments:

Please give a history of your client's experiences of human rights violations

Immigration legal Support / Representative			
Name		Firm / Organisation	
Address		Legal aid/private?	
		Phone	
		Email	

Other legal Support / Representative (e.g. housing)			
Name		Firm / Organisation	
Address		Phone	
		Email	

Medical contact			
Name of GP		GP Surgery	
Address		Phone	
		Email	

<b>Psychiatric History</b>	
<p>Please detail previous and recent contact with psychiatric services (including name / contact detail of services / in-patient / out-patient, and dates treated)</p> <p>Continue overleaf if necessary</p>	
<p>Medication (current and previous)</p>	
<p>Any history of alcohol or drug abuse. Please give details</p>	

**Risk Factors**

Any urgent / risk factors to be considered (e.g. level of trauma being exhibited, suicidal tendencies and suicide attempts)

**Current / previous Therapeutic Support**

Name of therapist

Contact details

Duration of therapy

Further details of any previous therapeutic support

**Support Network**

Accommodation

Financial Support

Other organisations supporting

Other family, friends

**Criminal convictions**

Give details if client has any criminal convictions	
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**Any other comments:**



**Referral Consent Form**

Name: .....

Date: \_\_/\_\_/\_\_\_\_

Room to Heal is committed to maintaining your confidentiality at all times. We comply with the Data Protection Act (2018) and the General Data Protection Regulation (GDPR). In order to be able to support you, Room to Heal needs to store, share and protect your data in a number of ways. To do this, we require your consent.

**Please read the following sections carefully, and let us know that you understand and agree by ticking the box in each section, and signing your name and date at the end of this form.**

**1. Referral**

I give consent to Room to Heal to hold all my personal information that is provided to them now and in future for the purpose of Room to Heal being able to provide me with therapeutic and casework assistance. All of my personal and sensitive data will be stored securely within Room to Heal. I understand that Room to Heal will need to process my personal data to provide me with casework assistance and therapy.

Yes       No



## 2. Sharing information about me with my referrer

Room to Heal may need to speak to -and share information about me- with my referrer, to let them know whether my referral was successful, or to ask for further information. Room to Heal will also work to communicate with me about further information required.

Yes  No

## 3. Using my information to help Room to Heal raise funds and improve its services

Room to Heal shares anonymised details of their work with people and organisations - for example funders - so that they may choose to support the charity. This is called research information. For example, Room to Heal will tell them how our services support our members, how many people they help, how many attend initial assessments, and how many people join the therapy groups. When they do this, they do not give any information to anyone that will identify me, such as my name or my address, without my permission.

Yes  No

## 4. Using my contact details to get in touch with me and invite me to an appointment

I give consent to Room to Heal's staff to contact me where necessary, for example to invite me to an initial assessment. I understand that Room to Heal staff will save my contact details for these purposes.

Yes  No

## 5. Storing and sharing my personal information

a) My personal information will be recorded and stored securely in paper and/or electronic files as necessary. Paper files are secured in locked filing units, and electronic files are saved in our encrypted and secure database.

b) My personal information will be shared securely, with the above mentioned people and organisations, through an encrypted email server. If Room to Heal ever thinks that it has somehow compromised my personal information, I will be notified straight away.

c) I understand that Room to Heal will not release my personal electronic data unless required by law or where there is a clear overriding public or vital interest in disclosure. However, where possible, I will be told if any disclosure is to take place.

Yes  No

## 6. Duty of Care and confidentiality

Room to Heal has a Duty of Care to its clients. There may be exceptional circumstances in which there is a significant concern of a risk of serious harm to a client or another person. In such an event it may be necessary for information to be shared outside of the Room to Heal with other professionals (e.g. a Doctor). Wherever possible, the service would seek consent of the client.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note:**

If you do not wish to grant Room to Heal consent to hold any of your personal data for the above-mentioned purposes, you are in no obligation to sign this consent form.

However, in the case you do not wish to grant us consent to process your data for the purposes of membership, referral and third party communications, you may not be able to access our full services and we may not be able to fully assist you to the best of our abilities.

You are allowed to withdraw consent from Room to Heal at any point and for any reason. To do this, you can:

- Orally express your desire to withdraw consent to any member of staff
- Email Anna at [info@roomtoheal.org](mailto:info@roomtoheal.org)
- Call us at 07863 442929

We will ask you to sign a consent withdrawal form. We may ask if you would like to share your reasons for withdrawing consent from Room to Heal. We will dispose of all your personal data securely and permanently following your request. Please find our Privacy Notice attached.