



## **Room to Heal** **Mothers' Psychosocial Support Group - Referral and Consent Form**

Thank you for your interest in Room to Heal. Room to Heal is a human rights charity supporting asylum seekers and refugees who have survived torture and serious human rights breaches. **We are a non-residential therapeutic community, offering weekly therapeutic group sessions.** Alongside the therapeutic groups, members are encouraged to get involved in our regular social activities.

### **Room to Heal's Mothers Project**

Room to Heal's Mothers Project is a new service aimed at supporting refugee and asylum seeking mothers with children under 18 months old, or those with older children who are currently pregnant (in the second or third trimester). We will run weekly online psychosocial support groups, and host fortnightly in-person family socials.

The project will run for 7 months, from June 2023 until December 2023. Subject to funding and an evaluation of how useful the project is, this may be extended into 2024.

### **Referral process**

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:

- **Thoroughly read the referral criteria** below to ensure that Room to Heal is right for you/your client.
- **Complete all sections of this referral and consent form** (at the bottom of the referral form).
- **Submit relevant documents** regarding your / client's asylum case and medical situation i.e. **witness statements, refusal letters, medical/psychiatric reports.**
- Email the completed referral form, consent form and documentation to Mary, our Clinical Administrator, at [mary@roomtoheal.org](mailto:mary@roomtoheal.org) and she will get back to you as soon as possible.

## Referral criteria

- Be **seeking asylum or have received refugee status or leave to remain (refugee, humanitarian protection or Discretionary Leave)**
- Have **survived torture** (or have been exposed to and directly impacted by the torture of a close family member), have survived **serious human rights abuses**, or have **been trafficked, and** have a **fear of return**;
- You must fit into one of the follow 3 categories:
  - Identify as a mother to **a child under the age of 18 months\* at the time of the referral**
  - **Have a child over 2 years who is in nursery at the time of the group** (Wednesdays 11.30am-12.30pm)
  - **Be currently pregnant (second or third trimester) and have one or more other children**
- Be available to **commit to a weekly online psychosocial group** with other mothers and their young children. The Mothers Psychosocial Support Group will run online on **Wednesdays 11.30am-12.30pm**.
- **Be living in Greater London.**
- **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 and English being the most shared language between members and staff. This means members will be able to relate directly with one another and participate fully.
- **Be aged 18 or over.**
- Be interested in becoming **part of a community**. Room to Heal believes that the mutually supportive environment of a community is vital to trauma recovery. This means we hold fortnightly family social gatherings, in person on Mondays, as well as other community activities and trips. All members are encouraged to participate in community activities.

\*Please note that, depending on the child/children's level of understanding of English, it may be inappropriate for some children aged 12-18 months to be present during the group. In such cases, parents are advised to apply again once their child is in nursery. They can either refer themselves for our general in-person mixed gender groups (on Thursday or Tuesday mornings) or to the mothers group (if their child is in nursery at the time of the group - Wednesdays 11.30am-12.30pm).

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 them to their [local crisis service](#), contact their Community Mental Health Team, or phone their local [NHS urgent mental health helplines](#).

Please also note that Room to Heal has a Duty of Care to people assessed by our service and their children. **In exceptional circumstances, where there is a significant risk of serious harm to a person being assessed, their child, or another person, it may be necessary for information to be shared outside of Room to Heal with other professionals (e.g. a doctor, social worker). Wherever possible, the service would seek consent of the person referred.**

## Referral Form

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

Requirements* to join the Mothers Psychosocial Support Group:		
The Mothers Group will be <b>held online, every Wednesday between 11.30am-12.30pm</b> . Is the individual available at this time?	Yes	No
Does the individual being referred have <b>at least one child under the age of 18 months</b> ?	Yes	No
If the individual has a child <u>over</u> 18 months, would childcare be available for this child between 11.30am-12.30pm on Wednesdays?	Yes	No
<b>Pregnant people who already have one or more children are able to join the support group during their pregnancy</b> (if they are in the second or third trimester). Is this the case for the individual being referred?	Yes	No
<b>Will any child/children who would be present during the support group be under 18 months old at the start of the group (June 2023)?</b>	Yes	No
Will the individual have a <b>confidential space from where to join the therapeutic sessions</b> (i.e. access to a private room for them and their child, from where they cannot be overheard)?	Yes	No
Our support groups are run in English due to the variety of languages represented within Room to Heal. <b>Does the individual speak a sufficient level of English to engage fully in the support group and understand others?</b>	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

*\*If you have questions about any of the above criteria, please email Mary at [mary@roomtoheal.org](mailto:mary@roomtoheal.org) before completing a referral form.*

Referral details	
Date of 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 the Mothers Psychosocial Support Group at Room to Heal?**

In addition to the weekly online therapeutic group, there will be a fortnightly social gathering for families. This will be an important opportunity to bond as a group and meet other parents and children. **How does the individual feel about attending these sessions? Do they foresee any challenges to participation?**

**Referred individual - Personal information**

First name:		Surname:	
Gender e.g. 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:		Language spoken at home:	
Religion:		Sexual orientation (optional)	
Do you have a disability? If so, please provide details here, including any access needs.			
<b>Do you have access to a laptop?</b>		Yes	No

Do you have access to WiFi/data?	Yes	No
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Pregnant people (please skip this section if the individual is not pregnant)	
Please confirm that the pregnant person is already parent to another child:	
<input type="checkbox"/> Yes, this is the case <input type="checkbox"/> No, they will be a first-time parent - <b>if this is the case, unfortunately they do not fit the criteria for this project so please do not make a referral</b>	
Due date:	Number of weeks pregnant at time of referral:
Hospital for birth:	
Name and telephone number of midwife/antenatal team:	
Emergency contact for the child, should the mother go into labour (name, telephone number, relationship to mother/child):	

Immigration history			
Country of origin		Stage of current application: e.g. first claim / appeal / fresh claim	
Immigration status			
HO ref number			
NASS ref number		Date of arrival in UK	
Initial claim – date; outcome; reasons if refused	Under family reunion application April 26th 2022 Likely refused based on route.		
Details of appeals / fresh claims			
If you have been a victim of trafficking, have you been referred to the National Referral Mechanism (NRM)? If so, please provide details of your current status and any decision dates			

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**Detention history**

Name of Immigration Removal 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

Stillborn child. Culture frowns upon this. Rape & abuse at hands of partner.

Nobody can love me. Trying to love myself and love my children and live.

Don't think it's an option for me to go back. Brings back memories. Put me back into cage.

2012 - youth worker visa. Expired 2014. Married to dutch man. Met father of children. Has leave to remain. She put in application separately based on children and life.

Older child 4 in august and younger child is 2 in august.

2 year old not in nursery. Can look for support. Applied for nursery for youngest. 15 hours. For myself so will pay extra money.

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

Medical contact			
Name of GP		GP Surgery	
Address		Phone	
		Email	

Physical Health History	
Please provide a summary of physical health conditions  Continue overleaf if necessary	
Current medication	

Psychiatric History
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<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>	

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

<b>Current / previous therapeutic support</b>	
Name of therapist	
Contact details	
Duration of therapy	



Further details of any previous therapeutic support (e.g. type of therapy, usefulness)

### Housing and subsistence support

Details of accommodation (e.g. Asylum Support, local authority temporary accommodation)

Financial support

### Support network in London

Other organisations supporting

Other family and friends

### Criminal convictions

Give details if client has any criminal convictions

### Details of children

Full name

Date of birth and age

Are they living with the individual referred?

Do they attend nursery on Wednesday (11.30am-1pm)?

Details of any allergies, disabilities or special needs (*please provide details of any extra help the child/children may need to join the family social and feel comfortable*):

**Details Child's GP Practice (if different to their mother's)**

Name of GP practice

Practice address

Practice telephone number

Emergency contact for the child, should the mother be taken ill (name, telephone number, relationship to mother/child):

**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's and your child/children's 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 (and that of my child/children) 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 and my child/children's 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 therapeutic support.

Yes  No

### **2. Sharing information about me and my child/children with my referrer**

Room to Heal may need to speak to - and share information about me and my child/children - 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 therapeutic groups. When they do this, they do not give any information to anyone that will identify me or my child/children, such as our name/s or 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 (and that of my child/children) 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 (and that of my child/children) 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 (or my child/children's) personal information, I will be notified straight away.

c) I understand that Room to Heal will not release my personal electronic data (or that of my child/children) 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 and their child/children. There may be exceptional circumstances in which there is a significant concern of a risk of serious harm to a client, their child/children 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 (or that of your child/children) 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 (and that of your child/children) 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
- Or email [info@roomtoheal.org](mailto:info@roomtoheal.org)
- Or 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.