

**Room to Heal**

**Mothers’ Psychosocial Support Group 2024**

**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 began in 2023 to support 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 ran weekly online psychosocial support groups, and hosted fortnightly in-person family socials.

We are now accepting referrals for the Mother’s Project 2024. The project will run for 6 months, from April 2024 until September 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** belowto 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 our Clinical Administrator, at Admin@roomtoheal.org and they 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 following 3 categories:
	+ Identify as a mother to **a child who will be under the age of 18 months in April 2024\***
	+ **Have a child over 2 years who will be in nursery or school from April 2024 at the time of the group** (Wednesdays 11.15am-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 11.15am-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, **or if the child is older than 18 months but does not receive childcare on Wednesdays between 11.15am-12.30pm,** funding for childcare ***may*** become available.

* ***Please tick here if you would like to be considered should this funding become available*.**

**Room to Heal will provide you with a laptop or an iPad to enable you to join the online group. You will have to return the divide when the group comes to an end.**

If parents do not meet the above criteria, they can refer themselves for our general in-person mixed gender groups (on Thursday or Tuesday mornings). Please see here <https://www.roomtoheal.org/make-a-referral/>

| 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](https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline), contact their Community Mental Health Team, or phone their local [NHS urgent mental health helplines](https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline). 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.** |
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**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 **held online, every Wednesday between 11.15am-12.30pm.** Is the individual available at this time? | Yes | No |
| Does the individual being referred have **at least one child who will be under the age of 18 months in April 2024?** If the individual has a **child who will be over 18 months by April 2024, would childcare be available for this child** between 11.15am-12.30pm on Wednesdays? | YesYes | NoNo |
| **Pregnant people who already have one or more children are able to join the support group *during* their pregnancy** (if they are in the second or third trimester). Is this the case for the individual being referred? | Yes | No |
| **Will any child/children who would be present during the support group be under 18 months old at the start of the group (April 2024)?** | Yes | No |
| Will the individual have **a confidential space from where to join the therapeutic sessions** (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. **Does the individual speak a sufficient level of English to engage fully in the support group and understand others?**  | Yes | No |
| Have you obtained consent from the person you are referring to Room to Heal? ***(Please complete consent form that follows on from this referral form)*** | Yes | No |

*\*If you have questions about any of the above criteria, please email the Clinical Administrator at* *admin@roomtoheal.org* *before completing a referral form.*

| **Referral details** |
| --- |
| Date of referral |  |
| Self-referral |  ☐ Yes ☐ 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. |  |
| **Do you have access to a laptop?** | Yes | No |
| **Do you have access to WiFi/data?** | Yes | No |
|

| **Pregnant people (please skip this section if the individual is not pregnant)** |
| --- |
| Please confirm that the pregnant person is already parent to another child:口 Yes, this is the case口 No, they will be a first-time parent - **if this is the case, unfortunately they do not fit the criteria for this project so please do not make a referral** |
| 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): |

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| **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 |  |
| 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  |  |
|  |  |
| **Detention history** |
| Name of Immigration Removal Centre, arrival date and release date |  |
|  |
|  |
|  |
| **Human Rights Violations** |
| Experience of human rights violations☐Assault☐ Child Soldiers☐ Domestic/family violence☐ Ethnic/racial/social persecution☐ Extreme physical/psychological violence☐ Female genital mutilation☐ Forced Marriage☐ Gang based/inter-tribal/inter-clan violence☐ Honour killings (threatened/attempted) | ☐ Political persecution☐ Rape☐ Religious persecution☐ Gender based persecution☐ Sexuality based persecution☐ Slavery☐ Solitary confinement☐ Trafficking☐ Violations of liberty☐ 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 |  |

| **Medical contact** |
| --- |
| Name of GP |  | GP Surgery |  |
| Address  |  | Phone |  |
| Email |  |

| **Physical Health History** |
| --- |
| Please provide a summary of physical health conditionsContinue overleaf if necessary |  |
| Current medication |  |
|  |

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

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

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| **Current / previous therapeutic support** |
| --- |
| 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
* Or call us at 020 7923 2007

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.