



## **BowHaven Guidelines For Referrers**

Please read carefully before completing a referral form for your client. This referral form has to be completed by a mental health professional.

### **ABOUT BOWHAVEN**

BowHaven is a co-produced mental health centre. It was established in 2003 for Tower Hamlets clients who are experiencing (diagnosed) mental health problems. We offer an excellent number and variety of groups which enables us to cater to the diverse range of needs and wants of our clients. In this way we believe at BowHaven there is something for everyone.

Being a co-produced centre we support members to run their own groups and are driven by group involvement. The dedicated staff team also ensure that BowHaven is a safe and secure environment for groups to meet each week, and all our members are very much considered to be part of the BowHaven family. In the process of participation and helping to run the groups, our clients gain confidence and new skills that significantly benefit them in their day to day lives.

### **THE REFERRAL PROCEDURE**

To become a member of BowHaven your client must :-

1. be a resident of Tower Hamlets
2. be at least 18 years old
3. be experiencing a mental health problem
4. be able to abide by the rules of the centre (BowHaven Rules on next page).
5. be able to participate and help in the running of the groups.

If you are happy with the above guidelines, the referral process is as follows :-

1. Discuss the referral and our expectations with your client. Please read through our leaflet with your client, to identify which groups they would like to attend.
2. Fill in the referral form. This includes a section where you need to indicate which group(s) your client would like to attend, and a risk assessment section. Once completed send the referral form back to us. All referral forms need to be posted back, personally delivered or faxed on 020 8983 3257. Emailed copies cannot be accepted.
3. When we have received and processed the referral form, we may contact you to discuss the risk assessment. Please note that BowHaven cannot accommodate



clients who when on the premises, either use substances or present a risk to themselves or others.

4. Once a referral is accepted your client will then be contacted to come in for an induction and their group(s) of choice. As part of their induction we will ask clients to fill out an Emergency Contact form, and sign a copy of the BowHaven Rules (below) to confirm they have read and understood them.
5. After 4 sessions a review will take place with your client. This is to make sure that your client is happy with our service, and whether there is any further support we can provide them with.
6. If your client does not attend for over 2 months we will request a re-referral.

### **BOWHAVEN RULES**

1. Under no circumstances must alcohol or illegal drugs be brought or used on the premises.
2. Any member under the influence of alcohol or illegal drugs will be refused entry and if on the premises will be asked to leave.
3. No form of discrimination, which includes on the basis of race, gender, colour or religion will be tolerated.
4. Bullying or intimidating behaviour of any form will not be tolerated.
5. Violence, whether physical or verbal will not be tolerated.
6. Any personal information shared by members must remain confidential at all times.
7. Under no circumstances must any member of the groups ask to borrow money from any other member.
8. Swearing will not be tolerated.
9. If there is evidence of theft of property belonging to BowHaven or a member then it will lead to instant suspension.
10. Inappropriate sexual behaviour, whether physical or verbal, will not be tolerated.
11. All members must agree that staff may have to break confidentiality and disclose information to a third party, if they deem them to be at significant risk of harm to themselves or others. Examples of a third party include the police and social services.



## **BOWHAVEN REFERRAL FORM**

### **SECTION 1: CLIENT DETAILS (Please print)**

CLIENT NAME:	
CLIENT ADDRESS:	
CLIENT TELEPHONE NUMBER:	
CLIENT EMAIL ADDRESS:	
DATE OF BIRTH:	
MENTAL HEALTH DIAGNOSIS:	

- **MALE / FEMALE** (Delete as appropriate)

### **SECTION 2: PROFESSIONAL REFERRER DETAILS (please print)**

NAME:	
RELATIONSHIP TO CLIENT:	
ORGANISATION NAME:	
ORGANISATION ADDRESS: (Stamp)	
REFERRER TELEPHONE NUMBER:	
REFERRER EMAIL ADDRESS:	



### **SECTION 3: GROUP CHOICE**

#### **MONDAY**

**Healthy Lifestyle: 10.30am – 12.00pm**

Abilty Bow instructor-led gym sessions, advice on healthy eating and nutrition.

**Aspire 2: 1.00pm – 3.00pm**

A support group helping with depression, anxiety and agoraphobia.

**Phoenix: 3.15pm – 5.15pm**

A support group which helps people cope with issues of self-harm.

#### **TUESDAY**

**Women's Group: 9.30am – 1.30pm**

External speakers, ESOL, first language appreciation, pampering.

**Melody Makers: 2.00pm – 5.00pm**

An opportunity to write songs, sing and learn instruments.

#### **WEDNESDAY**

**Voices Within: 10.30am – 12.30pm**

A support group helping those who experience hearing voices (psychosis).

**Cool to Believe: 1.00pm – 3.00pm**

Support group for people experiencing paranoia and distressing beliefs.

**Time to Talk: 3.15pm – 5.15pm**

A social chat group.

#### **THURSDAY**

**Handicrafts Group: 10.15am – 1.15pm**

Learn and develop skills and get involved in a variety of craft based projects.

**Art +: 1.30pm – 5.15pm**

Express yourself and explore a variety of artistic techniques and styles.

#### **FRIDAY**

**Open Morning: 9.30am – 1.30pm**

Social (tea/coffee), skills workshops, holistic treatments, gym (12-1pm).

**Creative Writing: 2.00pm – 4.00pm**

Express thoughts and feelings through poetry and writing. All levels welcome.



Please mark with an 'X' the group(s) your client would like to join.

<b>GROUP</b>	<b>DAY</b>	<b>TIME</b>	<b>INTERESTED</b>
Healthy Lifestyle	Monday	10.30am-12.00pm	
Aspire 2	Monday	1.00pm-3.00pm	
Phoenix	Monday	3.15pm-5.15pm	
Women's Group	Tuesday	9.30am-1.30pm	
Melody Makers	Tuesday	2.00pm-5.00pm	
Voices Within	Wednesday	10.30am-12.30pm	
Cool 2 Believe	Wednesday	1.00pm-3.00pm	
Time to Talk	Wednesday	3.15pm-5.15pm	
Handicrafts	Thursday	10.15am-1.15pm	
Art +	Thursday	1.30pm-5.15pm	
Open Morning	Friday	9.30am-1.30pm	
Creative Writing	Friday	2.00pm-4.00pm	



## RISK & VULNERABILITY ASSESSMENT

**To the best of your knowledge please circle to indicate whether your client has ever presented with the following risks.**

Suicidal thoughts/attempts - No/Yes  
If yes please provide details including dates:-

Self Harm - No/Yes  
If yes please provide details including dates:-

Alcohol/Substance Misuse - No/Yes  
If yes please provide details including dates:-

Verbal Aggression/Abuse - No/Yes  
If yes please provide details including dates:-

Physical Aggression/Violence – No/Yes  
If yes please provide details including dates:-

Sexually Inappropriate Behaviour – No/Yes  
If yes please provide details including dates:-

Racial/Gender Prejudice – No/Yes  
If yes please provide details including dates:-

Fraud/Robbery/Theft – No/Yes  
If yes please provide details including dates:-



- Please detail any coping strategies your client uses to help in difficult situations:

- Please detail any triggers that can affect the client's health/behaviour:

- Please detail any patterns in behaviour that should be highlighted as a concern ie, the beginnings of a period of being unwell:

Have you attended BowHaven before? YES/NO (If YES please give details of when you stopped attending, and what the reasons were): .....

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Family members / spouse attending BowHaven? YES / NO (If YES please give details and any risk issues):.....

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Signed.....

Date.....

Please note that a completed risk and vulnerability assessment is a requirement of acceptance of the referral. All referrals will be considered on an individual basis. If a referral is deemed too high a risk the application for membership will be rejected. In this case



BowHaven will contact you with an explanation of our reasons. Please inform your client in cases of rejected referrals.

**Please ask the person you are referring to read the following statement:**

I am applying for a place at BowHaven and need the attached referral form completed.

I am aware of the information requested in the form and hereby give my authority for you to discuss the information with the person referring me.

I understand that the information will remain confidential within the terms of BowHaven's policy and procedures and will only be used in connection with my application for a place with the BowHaven groups.

Name:

Signed:

Date:

Thank you for taking the time to complete this form. Once BowHaven has received the completed form, referrals can take up to two weeks to be processed.