SAFER Birth PROJECT
TRAINING
COMMUNITY
CHANGE

Referral Route

How partners can refer survivors of sexual trauma into specialist non-clinical maternity support

Prepared by Michaela Kalusova, Founder | Version 1.1, November 2026 | Review date: August 2027

1. Purpose

This document sets out how partner organisations can refer people to SAFER Birth Project CIC. It explains who can be referred, the routes available, what happens after a referral, and how safeguarding, consent and confidentiality are handled. It is written to be shared with referral partners and their teams.

2. About SAFER Birth Project CIC

SAFER Birth Project CIC provides specialist, non-clinical support to women, trans men and non-binary people who are survivors of sexual trauma, whether it happened in childhood or at any other time in their life, as they go through pregnancy, birth and the postnatal period. The service is grant-funded and free to everyone we support.

We use the words each person uses for themselves and for their body. In this document we talk about “the person we support”, so that everyone who may need us can see that they are welcome.

Support is led by Michaela Kalusova, the founder, who has fourteen years of experience as a doula, a Masters in Psychology, and the When Survivors Give Birth practitioner training with Penny Simkin and Phyllis Klaus, the leading international programme in this field. The CIC is governed by a board with an independent majority.

3. Who can be referred

A woman, trans man or non-binary person can be referred if they:

- are pregnant or in the postnatal period, and
- have experienced sexual trauma at any point in their life, including in childhood, and find, or expect to find, that it affects their experience of maternity care.

No one needs to have told their maternity team about their history, or to describe what happened, in order to be referred or supported. Sexual trauma is common: ONS data for 2025 indicates that around one in four women in England and Wales have experienced sexual assault since the age of sixteen, and many never disclose it. Support is primarily online, which removes geographic barriers.

4. The two referral routes

Signposting, or self-referral (the default route). SAFER Birth is included among the organisations a partner points people to, using a short standard description that we provide. The person then contacts us themselves. No personal data passes between organisations, so no data-sharing agreement is needed. This route is consistent with how advice and information services already operate.

Consent-based warm referral (optional). Where the person gives their explicit consent, a partner can share their name and contact details, together with anything else they agree to, so that we make the first contact. This route needs the person's recorded consent, a lawful basis under UK GDPR, and a short referral form, and is supported by a simple data-sharing agreement where required.

5. What happens after a referral

Everyone referred to SAFER Birth can expect the same careful process.

- **First contact and welcome.** We acknowledge every referral or enquiry within three to five working days and respond warmly, without pressure.

- **Scope, consent and confidentiality.** At the outset we explain clearly what we do and do not do, and we agree consent and confidentiality, including the limits of confidentiality where safeguarding applies.

- **Understanding what would help.** We have a gentle conversation about what the person needs. They are never asked to recount their history.

- **Support.** Each person is offered a short series of one-to-one sessions, typically two to five across pregnancy and the postnatal period, depending on what they need. These may include birth preparation, a birth plan that communicates their needs to their maternity team, self-regulation and grounding skills, and a postnatal debrief, alongside a monthly online peer support group (where no disclosure is required) and self-help resources. The birth plan can include the SAFER Birth advocacy record, which sets out their triggers, stop signals, communication preferences and coping strategies in a form that can sit within their NHS notes, so they do not have to repeat themselves or explain their history to every member of staff.

- **Onward referral where needed.** If someone's needs sit outside our scope, we refer them to the right service, so no one is left without support.

6. Scope and boundaries

What we provide: birth preparation, birth planning, advocacy and bridging support, self-regulation and grounding skills, peer support, self-help resources, and postnatal debrief.

What we do not provide: we are a non-clinical service. We do not offer diagnosis or assessment of trauma, therapy or mental health treatment, specialist trauma counselling, clinical care, clinical governance or clinical decision-making, or safeguarding assessments. Standard safeguarding procedures apply where a disclosure is made. This boundary is explained to everyone at first contact, so expectations are clear from the start.

7. Safeguarding

- The founder, Michaela Kalusova, is the designated safeguarding lead.

- A safeguarding policy is in place, and the practitioner holds an enhanced DBS check.

- Where a disclosure raises a risk to the person, a child, or someone else, standard safeguarding procedures are followed. This includes escalation to statutory services, such as local authority adult or children's social care, or the police in an emergency, as appropriate.

- The boundaries of the service are explained to each person at first contact, so they understand what it can and cannot do.

- The practitioner works with regular supervision and a managed caseload, which protect the quality and safety of support and guard against vicarious trauma.

- Safeguarding practice is reviewed quarterly.

- The full safeguarding policy is available to partners on request.

8. Consent, confidentiality and data protection

- **Consent**. Signposting requires no sharing of personal data. A warm referral requires the person's explicit, recorded consent.

- **Confidentiality.** What someone shares with us is kept confidential, except where safeguarding requires disclosure. This limit is explained at the outset.

- **Data protection.** Personal data is handled in line with UK GDPR and the Data Protection Act 2018. Only information the person has agreed to is shared or held, and it is kept no longer than necessary.

9. Onward referral and escalation

Where someone's needs go beyond our scope, we signpost or refer to specialist services. These may include Rape Crisis, Women's Aid and other domestic abuse services, Independent Sexual Violence Advisers, Victim Support, FGM support services, refugee and asylum organisations, perinatal mental health services, NHS Talking Therapies, AIMS, and the Birth Trauma Association.

10. Equality, diversity and inclusion

- SAFER Birth is for every survivor who needs it, whatever their gender identity, ethnicity, background or circumstances. We recognise that LGBTQ+ people, and people from Black, Asian and minoritised ethnic backgrounds, face well-documented inequalities in maternity care, and that these can add to the barriers survivors already face.

- Our EDI policy sets out our commitments and the practical steps we take, including free support, evening peer sessions, reasonable adjustments without the need to disclose a diagnosis, and voluntary, anonymous equity monitoring. It is available at saferbirthproject.co.uk/edi.

11. What partners can expect

- A short standard description of SAFER Birth for signposting.

- Acknowledgement of any warm referral within three to five working days.

- A named contact for referral partners.

- Honest communication about capacity, particularly during the launch phase, so referrals are only encouraged when we can support them well.

12. Contact and referral details

- **Referrals and enquiries:** hello@saferbirthproject.co.uk

- **Website:** saferbirthproject.co.uk

- **Named contact:** Michaela Kalusova, Founder