

Safe Referrals

A POCKET GUIDE



DANISH
RED CROSS

What is a safe referral?

"A **referral** is the process of directing a client to another service provider because s/he requires help that is beyond the expertise or scope of work of the current service provider. A referral can be made to a variety of services, for example, health, psychosocial activities, protection services, nutrition, education, shelter, material or financial assistance, physical rehabilitation, community centre and/ or a social service agency."¹

A **safe** referral must take these minimum principles into consideration:

Do No Harm:

- Keep an updated list of trusted and relevant service providers;
- Don't take any actions which could harm the client's psychological condition, safety or exercising rights.

Access:

- Follow the eight steps for a referral to ensure the clients' access to services (see section 2);
- Refrain from making referrals where the payment for the service is not covered.

Dignity and respect:

¹ Inter-Agency Standing Committee (IASC) Reference Group for Mental Health and Psychosocial Support in Emergency Settings, *Inter-Agency Referral Form and Guidance Note*, 2017. p.3.

- Before taking any actions, obtain the client's informed consent;
- Clearly explain the procedure and their implications to those involved;
- Respect the wishes and decisions;
- Do not pressure the client to give consent or decide on her/his behalf.

Safety:

- Refrain from making referrals that could cause a risk to your or the client's safety.

Non-discrimination:

- Provide equal and fair services to anyone in need without discrimination.

Confidentiality:

- Never share information that the client has not consented to;
- Share only necessary and relevant information with others involved in providing assistance and support.

There are some situations that requires exceptions to maintaining confidentiality. They are:

- If a person has intention to hurt her/himself;
- If there is a risk that a person intends to hurt others;
- when a child is in danger;
- If national or international legal provisions require mandatory reporting – make sure to inform the person on these provisions before they disclose, to give them an option on whether they wish to go further with sharing their story.

~~1. MAPPING RELEVANT AND TRUSTFULL SERVICE PROVIDERS~~

Four steps of mapping relevant and trusted service providers

Ideally, the mapping is to be done prior to the actual referral process.

1. Step: Know the mandate

- Know your own mandate, and organisational and personal possibilities/limitations for providing a service.

2. Step: Identify service providers

- Determine: Which service providers could potentially fill the gap in terms of access to basic services that the Red Cross Red Crescent does not to cover?
- Identify the roles of different organisations and state services in the area and attend coordination meetings to gain information.
- If referral pathways already exist and are acceptable in terms of the Do No Harm principles, use existing procedures and do not duplicate pathways.
- Get to understand the official reporting and referral processes in the area to ensure that the referral/reporting is not delayed by wrongful procedures. Please consider:
 - What is the process for reporting a case of violence?
 - What is the process for referring to health or mental health services?
 - Who needs to give permission for referral of children and those who are incapable of giving their own permission?
 - When are children legally deemed adults? (is it the same for males and females?).

Questions should be expanded to the fields relevant in your context.

3. Step: Evaluate service providers according to the Do No Harm principles

- Make sure that humanitarian activities do not increase the risks people face, either by act or by omission.
- When mapping a list of service providers, evaluate them according to the Do No Harm principles:
 - Acceptance of the service provider in the area;
 - Solid track record, capacity and trustworthiness;
 - Official status (e.g. governmental or recognized and well-known NGO providers);
 - Cultural appropriateness e.g. do they have both male and female staff.²
- Understand the national response to different types of referrals (e.g. how survivors of sexual violence or persons living with disabilities are treated in the national system).³
- Make certain that there is no risk for persons' safety and wellbeing if referred to specific services.
- If you receive a complaint about a service provider, you should stop immediately with

² IFRC Reference Centre for Psychosocial Support (PS Centre), *IFRC Monitoring and Evaluation Framework for Psychosocial Support Interventions*, 2017, p. 80.

³Ibid, p. 80.

making referrals to the provider and have it investigated.

- If services are not of acceptable quality, it will often be better not to make the referral to avoid causing harm.

4. Step: Establish referral pathways

- Develop collaboration with the relevant service providers.
- Agree on the procedures for referrals:
 - Where is the service provider located, which location areas do they cover, and what time are they open and available?
 - To whom do they provide services (age, gender, impairments etc.)?
 - Do specific referral forms need to be filled?
 - How to secure the confidentiality of information?
 - Expectations in terms of the action to be taken by the service provider (what sort of support do they offer and how do they follow-up?)
 - How the payment for the service will be covered?
 - Who does the service provider cooperate with? (e.g. other organizations and authorities)
- Test that the referral pathway is functional.

Template: Referral resource list⁴

- Regularly update the list of service providers.
- Map relevant service providers for different services (this list is not exhaustive): child protection, mental health, PSS, physical health, sexual and reproductive health, food and nutrition, non-food items, shelter, legal support, adolescent and youth, people with disabilities, sex & gender minorities, child and female-headed households, education, family tracing, other, etc.⁵

Services provided and target group	Service Provider or Agency	Name and contact details (contact person, email, phone and physical address)	Notes on procedures (e.g., forms, preconditions, etc.)
1.			
2.			

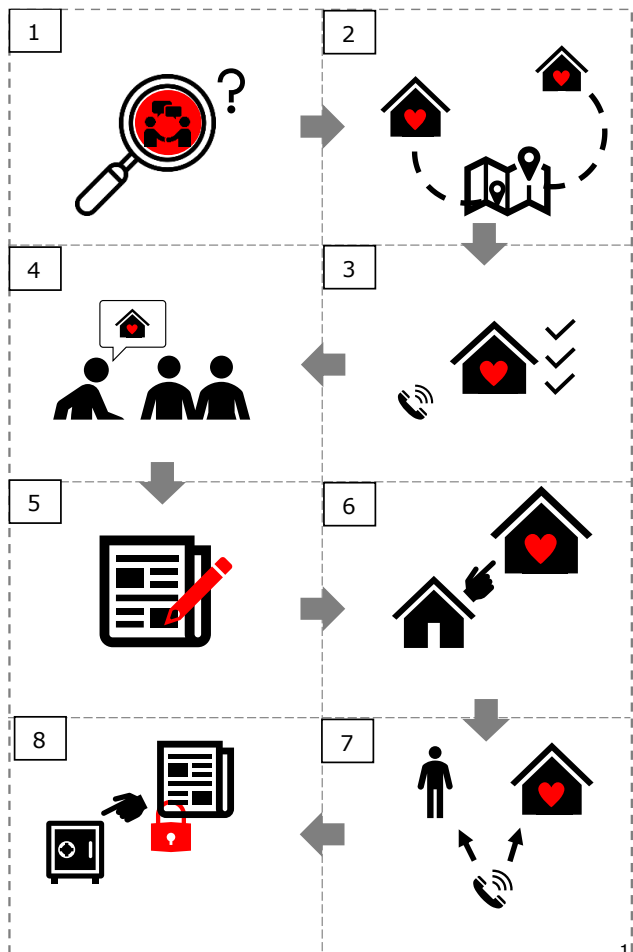
⁴ PS Centre, *IFRC Monitoring and Evaluation Framework for Psychosocial Support Interventions*, 2017, p. 81.

⁵ IASC, *How to support survivors of gender based violence when a GBV actor is not available in your area (GBV pocket guide)*, 2015, p. 5-6.

2. HOW TO MAKE SAFE REFERRALS

The eight steps of a safe referral





1. Step: Identify the problem - what does the client need?

- Identify and/or assess the client's problems, needs, risks, and strengths with her/him.⁶

DO'S	DON'TS
<ul style="list-style-type: none">✓ If needed, ask the client to choose someone s/he feels comfortable with translating✓ Ask the individual if s/he feels comfortable talking to you in your current location. The interview should be in a safe place where nobody can overhear the conversation✓ Provide a listening ear, free of judgement✓ Make sure you understand the need	<ul style="list-style-type: none">X Force help on people by being intrusive or pushyX Assume you know what someone wants or needsX Pressure the client into sharing more information beyond what s/he feels comfortable. Very specific details are not important to your role in listening and providing information on available services.

⁶ IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings, *Inter-Agency Referral Form and Guidance Note*, 2017. p. 4.

by asking follow-up questions and describing what the client has said (ask if you have understood correctly)

✓ Stay calm (do not overreact)

✓ Explain that the need described is beyond your expertise or the scope of the service which Red Cross Red Crescent provide, but that you will try to contact other organizations (ask for the individual's permission to do this).

X Discriminate for any reason including age, marital status, disability, religion, ethnicity, class, sexual orientation, or gender identity

X Make promises you can't keep or exaggerate your abilities for helping.⁸

⁸ IASC, *How to support survivors of gender based violence when a GBV actor is not available in your area (GBV pocket guide)*, 2015, p. 2-9.

✓ Set up a timeframe for when you will get back to the client.⁷

If the client is a child or a person with severely impaired function you should include their caregiver in the conversation. Note, that if the client is a survivor of violence, you should support the client by connecting them to a person that s/he identifies as safe and trusted - this may not be the caregiver.

2. Step: Identify which organization or agency can meet this need

- Identify other service providers who may be able to assist the client and/or the caregiver with her/his needs.⁹
- Prepare the list of service providers prior to the encounter with the client. If not, this step must be done ad hoc by researching relevant organisations or state services for the specific case.

⁷ Ibid, p. 2-9.

⁹ IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings, *Inter-Agency Referral Form and Guidance Note*, 2017. p. 4.

- **Don't** skip procedures securing alignment with the Do No Harm principles because of time constraints.

3. Step: Contact the service provider to confirm eligibility

"Contact the other service providers in advance to find out more about their services and eligibility criteria, unless the specific type of referral is commonly done with the service provider. Requested information should include what their referral protocol entails and whether or not they will be able to assist the client."¹⁰

<i>DO'S</i>	<i>DON'TS</i>
✓Align expectations in terms of the action to be taken by the service provider	X Share any personal identifiers of the client before you have informed consent.
✓Make sure that the payment of the service is covered.	

¹⁰ Ibid, p. 4.

4. Step: Explain referral to the client

- "Provide information about available services and explain the referral to the client and/ or caregivers" ¹¹

<i>DO'S</i>	<i>DON'TS</i>
<ul style="list-style-type: none">✓ Provide updated information✓ Explain which services are provided✓ Explain where the service provider is located✓ Explain how the client can get there and receive services✓ Explain why you are recommending the referral	<p>See step 1.</p>

¹¹ Ibid, p. 4.

✓ Keep in mind that the *client* can choose not to be referred

5. Step: Document consent

- Obtain informed consent before the client's information is shared with others.
- Agree with the client, with whom which information can be shared.
- Parental/caregiver consent should be obtained if the client is a minor.¹²

6. Step: Make the referral

- Use the form agreed on by the organisation or state service.
- If there is no agreement on official forms or national procedures which must be complied with, it is recommended to "*fill out the inter-agency referral form in triplicate (x1 copy with referring agency, x1 copy with client/caregiver, x1 copy to receiving agency)*".¹³
- "Provide the referral agency's contact information to the client and accompany them to the referral agency if needed. Referrals can

¹² Ibid, p. 4.

¹³ Ibid, p. 4.

*The Inter-Agency Referral Form is available at

https://interagencystandingcommittee.org/system/files/1866_ps_c_iasc_ref_guidance_t2_digital.pdf

also be made over the phone (if in an emergency), via e-mail or through an App or a database.”¹⁴

7. Step: Follow up with client and receiving agency

- “Follow up with the client and the receiving agency to ensure the referral was successful and exchange information, where client consent allows for this. Areas for follow up include: did the client receive the planned services? What was the outcome? Was the client and/ or the caregiver satisfied with the referral process, and the services received?”.¹⁵

8. Step: Storage of information and confidentiality

- “All referrals forms and case files should be stored in secure (locked) cabinets to ensure the implementation of safe and ethical data collection, management and storage of information.”¹⁶
- Never discuss cases in public.
- Make sure that data protection is aligned with your national society’s agreement with ICRC

¹⁴ Ibid, p. 4.

¹⁵ Ibid, p. 4.

¹⁶ Ibid, p. 4.

and the ICRC's RFL Code of Conduct on Data Protection.¹⁷

- You should refrain from bringing confidential documents outside your office.
- You should never leave filled referral forms opened without supervision (e.g. on your computer or table).
- If referral forms are stored digitally, make sure that forms are stored in a locked folder with a password, which only relevant staff know.
- If you send referral forms via email, use passwords on the referral document, which you then send to receiving agency via WhatsApp or Telegram app.

3. WHAT TO DO WHEN REFERRAL IS NOT POSSIBLE

Three steps for contexts, where referral pathways are not preferable or available

It may sometimes be better not to make a referral if services are not compliant with the principles of Do No Harm. Moreover, in some areas referral pathways may not be available. This section will

¹⁷ Available at <https://www.icrc.org/en/document/rfl-code-conduct>) – see also the ICRC compliance checklist.

provide guidance on what to do in areas where it is not preferable or possible to make referrals.¹⁸

LOOK

Allow the person to approach you. Look for any immediate basic and practical needs. Ask how you can support with any basic urgent needs. Provide practical support like offering water, a private place to sit, a tissue etc. If needed, ask the person to choose someone s/he feels comfortable with to translate.

LISTEN

Treat any information shared with confidentiality. If you need to seek advice on how to best support the person, ask for permission. Manage the expectations on your role – you cannot make a referral.

¹⁸ IASG supports people with gender-based violence when a GBV actor is not available in your area (GBV pocket guide), 2015, p. 7-9

Listen more than you speak and give comfort.

LINK

Ask if there is someone, a friend, family member, caregiver or anyone else who the person trusts to go to for support. End the conversation supportively, but do not create false hope if you cannot help.