# Tool J - Referral tools

A functioning referral system is an essential component of good practice when implementing PS programmes. Careful documentation of referrals ensures programme participants receive the specialized support they need for optimal psychosocial wellbeing. Referrals may be made for specialized mental health services, as well as other types of services: general health care, protection, social services, legal services, economic support, etc.

It may be useful to include referral documentation forms as part of staff and volunteer activity records (see 7. Programme management cycle reports).

In developing your referral resource list, it is important to ensure the services and service providers you are referring to operate in accordance with good practice standards for PS interventions. Evaluate potential service providers according to Do No Harm principles such as trustworthiness, solid track record, official status (e.g., governmental or recognized and well-known NGO providers), cultural appropriateness, etc.

Furthermore, it is important to understand official systems and regulations in your area and country around reporting and referrals. For example, it is important o understand the rules and methods governing official response to mental health issues and violence by the police, courts, health and other institutions under whose jurisdiction your target community falls. Consider the following questions as you develop your referral resources list and referral documentation form[[1]](#footnote-1):

1. Reporting process

* What is the process to report a case of violence?
* What is the process for referring mental health cases?

2. Legal protections

* What is the age of “majority” or the age children are legally deemed adults? Is the age the same for males and females?
* Who needs to give permission for care of children and those who are incapable of giving their own permission?

3. Mandatory reporting laws on violence

* Is it mandatory to report any specific forms of violence? (e.g., sexual, physical, emotional abuse, any forms of violence against children, etc.).
* Is there a law on consent? What does it say?
* Are there special circumstances for which reporting is not mandatory?
* Who, if anyone, is required by law to report incidents of violence to police, or other, authorities?
* What are the penalties for non-reporting?

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| Referral resource list (contact details and procedures) |

When compiling a referral resource list, be sure to include not only the names of potential service providers, but also their contact details – preferably the name of a specific contact and their contact details. It is also important to know what the procedure is for referral to different types of service providers and agencies; for example, if a specific form needs to be filled out, how to make appointments, etc.

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| **Sample referral resource list** | | | |
| **Service Provider or Agency** | **Services provided** (e.g., counseling, health, legal, housing, etc.) | **Name and contact details** (email, phone and physical address) | **Notes on procedures** (e.g., forms, etc.) |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

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| Referral documentation forms |

In addition to understanding the referral procedures and requirements of the service providers and agencies in your referral list, it is important to have clear documentation of referral procedures from your PS programme. For example, consider:

* What are the criteria for referring someone to higher-level support services? (e.g., suicidal thoughts, suspicion of violence or abuse)
* Who is involved in assessing the need for referral? (e.g., volunteers, staff, supervisors)
* How is the recommendation for referral communicated to the beneficiary?
* What specific steps are taken in making a referral? For example:
  + staff/volunteer assessment of the need for referral,
  + identification of need for referral,
  + supervisor/line manager consultation and sign off,
  + beneficiary consent for sharing information and direct contact with referral resource provider or agency, OR
  + contact details of referral resource provided directly to beneficiary)
* What information is shared with the referral resource?
* How is follow-up conducted?

Develop clear policies and procedures around referral in your PS programme, and ensure that all managers, staff and volunteers are trained in those policies and procedures.

Below is a sample referral documentation form that you can use in tracking referrals made to other service providers or agencies in your referral list. This form is intended for programme monitoring purposes and should be kept in a safe place to ensure confidentiality and privacy of the person being referred for higher-level support. This form may be adapted for use with sharing information with the referral service provider or agency, but only with the consent of the beneficiary being referred.

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| **Sample Referral Documentation Form** | | |
| Date: | Name/location of programme: | Name of staff/volunteer: |
| Supervisor name: | Supervisor comments: | |
| Name of beneficiary:  Gender:  Age: | Beneficiary address and phone number: | Responsible person (if a minor or as appropriate) or safe family contact: |
| **Reason for referral**  *Provide a brief narrative of the behaviors, feelings or concerns of the beneficiary or observations of the staff/volunteer indicating the need for referral.* | | |
| **Needs identified**  *Referral may be made for one or more types of services and supports. Describe (and list, as appropriate) the needs identified (e.g., counseling, health services, legal services) for referral.* | | |
| **Referral procedure**  *Below is a sample checklist for referral procedures. Adapt the checklist as appropriate to your referral policies and procedures.*   * Staff/volunteer assessment of need for referral completed. * Supervisor/line manager consulted. * Supervisor/line manager sign off completed. * Need for referral discussed with beneficiary and/or guardian. * Joint planning conducted with beneficiary and/or guardian. * Beneficiary consent for referral obtained (e.g., to share information), where needed and appropriate. * Referral resource contacted and procedure followed (e.g., forms filled out, appointment made). * Contact information to referral resource provided to beneficiary and/or guardian. * Documentation completed by staff/volunteer * Supervisor signature (place below):   Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor Signature: | | |
| **Follow-up**  *Where feasible and appropriate, document follow-up information gathered about the referral of the beneficiary, including:*  *Date:*  *Outcome of referral:*  *Resolution of issue and/or additional services needed:*  *Plan (developed together with beneficiary):* | | |

1. The Rapid Assessment Guide for Psychosocial Support and Violence Prevention in Emergencies and Recovery (2015) IFRC Reference Centre for Psychosocial Support and Canadian Red Cross, p. 31. [↑](#footnote-ref-1)