Referral Networks

Purpose

Equip professional and volunteer actors working with trauma-affected populations, with the knowledge, skills & tools to enhance access to comprehensive support through referrals to various services and forms of support.

Briefly about

To ensure a survivor-centred approach, setting up strong holistic referral network in any given MHPSS programming for trauma-affected person is essential. A referral is the process of directing a person, in need of support, to another service provider because the person requires or expresses a need for support that is beyond the expertise or scope of work of the service provider.[1]

Developing a context specific referral mapping, referral guidance documentation is done with point of departure in international best-practice guidance from the Inter-Agency Standing Committee. Supporting actors in each given referral network should be assessed safe & inclusive for all persons.

Referral networks are often introduced alongside PFA (in line with principles LOOK, LISTEN & LINK), but can also be introduced as a stand-alone activity.

Target groups

Facilitators of referral networks: Organisations and service providers supporting trauma-affected individuals in need of diverse types of support

Beneficiaries supported by Referral Networks: Any person in need / seeking support.

Monitoring & Evaluation

To monitor referrals, organisations are recommended to use the Inter-Agency Referral Form and Guidance Note developed by the Inter-Agency Standing Committee as reference. This guide provides a referral template that can be adapted to meet specific needs.

It offers detailed guidance on when and how to make referrals, including information storage and confidentiality considerations. The guide provides annexes on key terms and suggestions for outcome and output indicators to support monitoring and evaluation. Since referrals are typically one-off actions, there is no post-assessment process.

Key considerations

Context specific mapping of services is essential and must be updated regularly and systematically.

[1] Such as specialised mental and physical health, psychosocial activities, protection/safety services, nutrition, education, shelter, material or financial assistance, physical rehabilitation, community centre and/ or a social service agency.

It is important to consider do-no-harm related to beneficiary safety when identifying service providers and including them in the referral network.

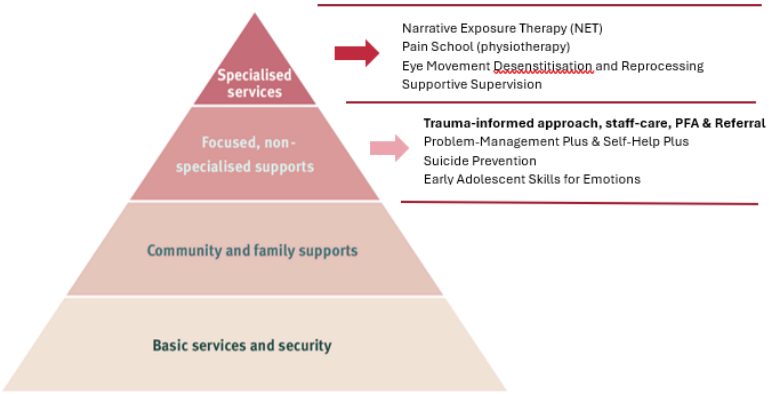
When mapping service providers and establishing referral pathways, it is important to consider a stepped care model, where beneficiaries can be referred to different levels and types of support depending on needs.

Check questions

- ☐ In my organisation, we need a (better) overview of available services relevant to the needs of our target group, and a more structured practice when it comes to referring individuals to different types of support.
- ☐ Managers in my organisation is willing and able to dedicate necessary time and resources, and to facilitate referral agreements with other organisations.
- ☐ Staff in my organisation are willing and able to follow the guidelines for referrals.

Type of intervention

Establishing referral networks is a focused, non-specialised intervention



Implementation overview: Referral Networks