

Minimum Standards and Procedures for Individual Referrals

1. Purpose and scope

This document on minimum standards and procedures for individual referrals aims to guide protection agencies' staff (including frontline workers) in direct contact with refugees and host communities or any person affected by protection issues or in need of a specific service. The proposed standards intend to facilitate referrals as a means of ensuring the most holistic approach possible to the needs of beneficiaries. They cover all types of referrals done within the protection sector (for instance to legal counseling services, case management) and those done from a protection agency to a specific sector (for instance to shelter, basic assistance, education etc.). This document does not intend to be an exhaustive explanation of each agency's approach to referrals, but rather captures common principles and standards, and ensures minimum standards between organizations, in order to facilitate coordination and ensure accountability. These standards complement existing specific standards for referrals – for instance Child Protection National SOPs, SGBV SOPs – or specific procedures – e.g. referrals of cases of early marriage for legal assistance.

An individual has the freedom and the right to disclose an incident to anyone. She/he may disclose her/his experience to a trusted family member or friend. She/he may seek help from a trusted individual or organization in the community. Anyone the individual tells about her/his experience has a responsibility to give honest and accurate information. These guidelines apply to cases in which a service provider has been asked to take action for access to services on behalf of an individual or an individual has asked a service provider to take action in facilitating access to a service. General information on services (for instance requested during awareness raising sessions) is not to be considered a referral and, similarly, provision of information to an individual about how they can independently approach a service provider to seek services is not to be considered a referral (even if such information is provided on a one-to-one basis).

These procedures and standards apply in the following cases:

- Referral made from frontline workers (non-protection staff) to protection service providers (i.e. case management agency, legal service providers)
- Referral from protection service provider to another protection service provider
- Referral from protection service provider to a non-protection service provider (e.g. legal to health)
- Referral from non-protection service providers to protection service provider (e.g. education to protection)
- Self-referral from community members to (protection) service provider
- Referral from community group members, focal points/volunteers to (protection) service provider

2. Why referrals?

Members of affected populations can face a wide range of issues beyond those that agencies they are directly in contact with can address. Organizations can identify issues at individual or community level that are not directly covered through their own programmes or mandate. Staff, frontline workers and community members are sources of information on services available and can help persons of concern to access the services they need.

Referrals help facilitate refugees' and host community members' access to services by:

- Putting directly in contact individuals in need of a service with the service providers
- Enabling people to seek the assistance and support them in receiving the service/assistance, by addressing specific blockages or limitations and challenges

3. Types of individual referral

Self-referral – an individual seeks action or requests assistance from the service provider directly. The person may opt to be accompanied by a relative or a group (such as community focal point) during the process.

Referral by community (e.g. committees/focal points, volunteers) – Acting upon request and with consent of the person affected, a community committee will pass the person's request for assistance to the service provider. The committee may also act as peer support to the person needing (protection) assistance.

Organization-facilitated referral – Acting upon request and with consent of the person affected, the organization's staff/frontline worker will pass the information about the person's situation or needs and coordinate assistance with the relevant service provider.

4. Guiding Principles

In order for a referral not to create harm to the individual/community in need of assistance, the referral needs to respect at all times the following principles:

Confidentiality

The principle of confidentiality requires all staff, frontline workers, volunteers, and community members to protect information disclosed or gathered in relation to any individual and to ensure that information is made accessible to a third party (i.e. service providers) only with the individual's explicit permission. This includes ensuring that collecting, storing and sharing information on individual cases is conducted in a safe way and according to agreed-upon data protection policies. It is the right of the individual to decide if, how, when to whom, information on his/her case is disclosed. Staff should refrain from revealing names or any identifying information to anyone not directly involved in the provision of services, without explicit consent, and should, in no circumstance, discuss individual cases with family, friends and colleagues. Disrespecting the principle of confidentiality is a breach of the code of conduct.

Consent

Referrals should only take place once the individual has given their informed consent. The individual has the right to limit information s/he wishes to disclose and persons with whom information will be shared. (See more – section 10. Informed Consent)

Respect the individual

Your role as staff, partner or volunteer is to provide information about services available, in order for them to make a free and informed choice. Under no circumstances should you give counseling or put pressure to the individual to access one or other services. Respect their decision-making capacities and preferences. You are not supposed to express your opinion, pass judgment or blame the individual.

Do not make promises or create expectations

Only share information if, based on service mapping, the services exist/are available. Staff or volunteers of the referring agency cannot guarantee access to the services or the results or quality of the service, and this needs to be explained to beneficiaries. However, it should also be explained that in case of any problem accessing the services, individuals requesting referrals can come back to inform referring agency staff or volunteers and can ask for additional support.

Safety and Security

Organizations' staff must take actions to ensure the physical and emotional safety of individuals who have experienced or are at risk of violence, abuse, exploitation or neglect. The physical safety of the individual should be prioritized above all other actions or referrals that may be available. Safety and security considerations should also be taken into account when presenting referral options to an individual, to the extent that frontline staff can reasonably be expected to be aware of relevant risks.

5. How to make referrals

General considerations

Staff, frontline workers, and volunteers need to be aware and maintain up to date information, on the services available (mapping) and standard operational procedure to follow for referrals. All staff must be able to provide clear and concrete information to beneficiaries about the services available in their geographical areas of responsibility (upon request and during regular activities) and how to access them. Any sensitive and identifying information collected about any individual should only be shared on a need-to-know basis with as few individuals as possible and only for the purpose of providing services to the person concerned, based on their informed consent (see below). Different types of service providers have different needs for information, and the staff interviewing the beneficiary and doing the referral need to know what information is required.

In case directly approached by a beneficiary/individual requesting to be referred:

- Staff should introduce him/herself, and his/her role.
- Consent should be sought before making the referral (oral or written).
- To obtain consent staff should share the identity of the staff collecting the information and their role; contact information so that the person being referred can reach the staff collecting the information; service options available; providers; next steps and who s/he will contact as well as, confidentiality, and how information collected will be used and stored by the organization. The beneficiary should be informed of the fact that they can choose not to be referred, or they can request at any time that the information they provide is destroyed. This information should be communicated clearly and using non-technical language that the beneficiary can understand.
- If consent is given only basic information shall be taken or noted down for purpose of helping the individual accessing the services he/she requests, on a strict "need to know" basis (i.e. only information that is relevant for the provision of the specific service requested by the beneficiary).
- Only ask and share the minimum information necessary for the referral (e.g. first name, contact number to be reached, best time to call).

- Depending on the request of the person being referred:
 - Provide the individual requesting assistance with the relevant name and contact details of the service provider (which is not considered a referral) or;
 - Make contact for the individual with the relevant agency/ organization.
- Inform the person being referred that if they face any problem accessing the services they can come back to referring agency staff or volunteers. If the beneficiary/individual mentions that he/she is not able to access a specific service try to provide information (if available) on other relevant, nearby services.

If an individual does not provide consent or does not request the staff to contact the service providers, the staff should limit his/her role to providing information on where to access services and sharing any relevant hotline numbers.

Referrals from staff/frontline workers/volunteers to protection agencies

Important: if the individual gives informed consent for referral, referral needs to be done immediately (no delays) following the two categories below:

Fast Track/Priority: within a maximum of 24 or less in cases of immediate threat/ danger / lifesaving situation

Regular: within a maximum of 48 hours

- Via phone: communicate in a quiet place, ensure only relevant information is shared to allow receiving agencies to get in touch with the person in need of services. Ask the individual what are her/his preferred ways of communication. Indicate also if there are immediate risks expressed by the person being referred or observed.
- **Or** use Inter-Agency Referral Form.

Referrals between specialized services providers (protection service to protection service)

- Via email: use the Inter-Agency Referral Form - Protection.
- The referral form is sent by email and is password protected. Password is sent in a separate email or SMS, ONLY to the receiving agency focal point.

Referrals from protection services to non-protection services providers (such as Basic Assistance and Shelter)

Via email: should be done through the Inter-Agency Protection Referral Form – no info on the incident, on type of violence reported; information sharing is done on a Need-to-Know basis.

6. Content of Information shared – Need-to-Know basis

In cases of individual referrals, the person making the referral needs to share only pertinent and relevant information for providing the services requested by the individual (need to know basis) and in any case no information or details about a protection incident can be shared.

- Basic bio-data
- Location/address
- Required service
- Best ways to contact the person
- Fast Track – Urgent – if there is an immediate threat/danger for the person/lifesaving situations
- If referral is urgent, 24 hour follow up is required, the service provider should be informed

- Other referrals made in parallel (if any)

7. Responsibility of the Referring Agency

- Referrals are conducted after identification of needs in the field and receipt of informed consent from the beneficiary within the time frame indicated in section 5 above (i.e. 48 hours for regular and 24 hours for fast track)
- Develop internal guidelines outlining specific procedures in relation to the following topics:
 - Specific consent/assent processes for children and adolescents
 - Safe handling of disclosures from survivors of GBV, and other forms of violence, including: torture and other forms of cruel, inhuman or degrading treatment or punishment
- Referrals are documents according to the internal procedures of each agency, ensuring the following minimum information is tracked:
 - Date of identification
 - Date of referrals
 - Name of referral focal point within the receiving agency
 - Reason for referral/category of case
 - Date feedback on referral received
 - Referral outcome
- Train staff, volunteers, community groups, outreach volunteers, frontline workers on safe ethical identification and referral, confidentiality and informed consent; and
- Train community groups and focal points on the minimum information necessary for a referral to be assessed.

8. Responsibility of the Receiving and Referring Agency

Accountability

Protection organizations (operating outside a case management context) ensure there is an internal referral focal point (or other equivalent staff member/s) trained to receive referrals, provide feedback on referrals received, and document feedback on referrals provided by other agencies.

Note: for the purpose of the present document the following terminology is indicated
 Receiving agency communication with referred person = “response to”
 the Receiving agency communication with referring agency = “feedback on the referral”

Receiving agency: Response to referrals

Receiving agencies/service providers will have to provide a response in any case to the individual referred – by phone. It is the responsibility of the referring agency to explain next steps, procedures and assess with the individual pros and cons (including risks) related to the provision of the requested service.

Receiving agency: Feedback on referrals received

- Acknowledge receipt of referrals directed toward them by other agencies within 24 hours or immediately for cases marked Fast Track/Urgent.
- Have a responsibility to provide feedback to the **referring agency** about whether the referral has been accepted and the timeframe in which it will be actioned, and provide feedback on whether or not the referral resulted in service provision within 14 days.
- Provide feedback on urgent cases involving threats to life or safety of refugees within 48 hours.

Information provided through feedback should be limited to details required to support the individual. No information is shared regarding the type of service provided, or the reasons for service provision or lack thereof, unless services were not provided because the referral was inappropriate and/or the receiving agency lacked capacity to respond. In the latter situations, this information may be needed to improve the quality of referrals from the referring agency (for example, to correct a misunderstanding about eligibility for service provision or types of services provided by the receiving agency), in which case no reference need be made to any individual referral/ beneficiary.

Receiving agencies/service providers have a responsibility to respond to the **beneficiary** in any case- whether the service can be provided, timeframe and modalities – or if it cannot be provided and reasons why. **Feedback on referrals received by referring agencies from receiving agencies is documented** according to the internal procedures of each referring agency, ensuring that the following minimum information is tracked:

- Date feedback received
- Type of feedback – see classification below

Referring Agency: Classification of Feedback

- Develop an internal referral monitoring tool and a coding system for each referral (ensuring same feedback classification of feedback as per these standards and procedures is included)
- Have a responsibility to contact service providers (as per referral pathways and procedures developed by each sector)
- Should the contacted service providers indicate that they are not in a position to provide the requested services, the Referring Agency has a responsibility to document the initial referral as “No services provided” and then refer the case to another service provider in the area
- Has the responsibility to track feedback on referrals and report in the Activity Info Database

Note on multiple referrals

Double referrals: when a first referral is made to the service provider, and because of lack of capacities to absorb the case or any other issue, the service provider confirms that they are not in a position to provide the service and a new referral has to be made for the same case and the same service to another service provider.

Referral to multiple services: when a single case is in need of more than one service and referral is made to different services providers

Types of Feedback – Classification

Received: receiving agency indicates that referral has been received but no further action has been taken in response to the referral.

Accepted/Successfully closed: confirmation from the relevant service provider (Receiving Agency) that they have taken action in response to the referral received. It is not intended to represent beneficiary confirmation of service delivery, or beneficiary satisfaction with service delivery quality.

No Service Delivered: when confirmation is received from the service provider (Receiving Agency) that no action was taken in response to the referral because of lack of capacities of service providers

Not Eligible: referral was received, no action could be taken because of eligibility criteria.

No Feedback Received: when no feedback has been received from the receiving agency on the referral made.

9. Monitoring, Evaluation, Reporting

Referring and receiving agencies are responsible for:

- Maintaining statistical data on referrals by category to the extent possible, whilst respecting the principles of confidentiality and ensuring that individual or identifiable information is not included in the compiled data sets.
- Identify and inform relevant working groups / coordination mechanisms of gaps and trends in service delivery and advocate for appropriate solutions;
- Provide regular feedback to receiving agencies and relevant sector on the number of referrals and their status (accepted, declined, and pending).

10. Forms

- Inter-Agency Protection Referral Form
- Consent Form (Included in the IA Protection Referral Form)
- Referral Monitoring Tool

11. Informed Consent

Informed consent means making an informed choice freely and voluntarily. Informed consent occurs when the person understands the consequences of the choice, and freely chooses to accept the consequences, and is based on equal power relations. Obtaining informed consent means that before any information is shared with others, or any referral is made, in order to be able to make an informed decision, the individual should be given honest and complete information about possible referrals, their implication, and of **any risks or implications of sharing information about her/his situation and of any limits to confidentiality.**

Consent for children

As a general principle, permission to proceed with referrals (and other case actions) is sought from the child as well as the parent or caregiver, unless it is deemed inappropriate to involve the child's caregiver (for instance the caregiver or parent are involved in the abuse). Permission is sought by obtaining "informed consent" from caregivers or older children and/or "informed assent" from younger children. Informed consent and informed assent are similar, but not exactly the same.

Informed Assent

Informed assent is the expressed willingness to participate in services. For younger children who are by definition too young to give informed consent, but old enough to understand and agree to participate in services, the child’s “informed assent” is sought. Informed assent is the expressed willingness of the child to participate in services.

Exceptions to confidentiality: Confidentiality and informed consent should always be given priority. However, limits to these can occur in very exceptional circumstances

- If the survivor is a child, in situation where a child’s health or safety is at risk or a situation of abuse is suspected, limits to confidentiality exist in order to protect the child when it is in the best interest of the child.
- If the survivor is an adult who threatens his/her own life or who is directly threatening the safety of others, referrals to lifesaving services can be sought. This could only exceptionally happen when there are indications that the person is planning to take their own life. In all cases, the potential harm caused by non-disclosure of the confidential information should be weighed against the potential harm caused by disclosure of the information.

How to document consent for referrals

- Informed consent should be sought prior to recording any information related to potential referral of an individual
- If individual requests referral to services, oral or written consent should be obtained before proceeding to the referral or the provision of service
- When obtaining consent, the staff member or volunteer should clearly explain which information will be sent to the receiving agency in order to make the referral sought by the individual.

ADDITIONAL RESOURCES

- Lebanon SGBV SOPs
- Lebanon National Child Protection
- ICRC, Professional standards for protection work, 2013
- Sphere Handbook, Protection principles
- IASC, Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action