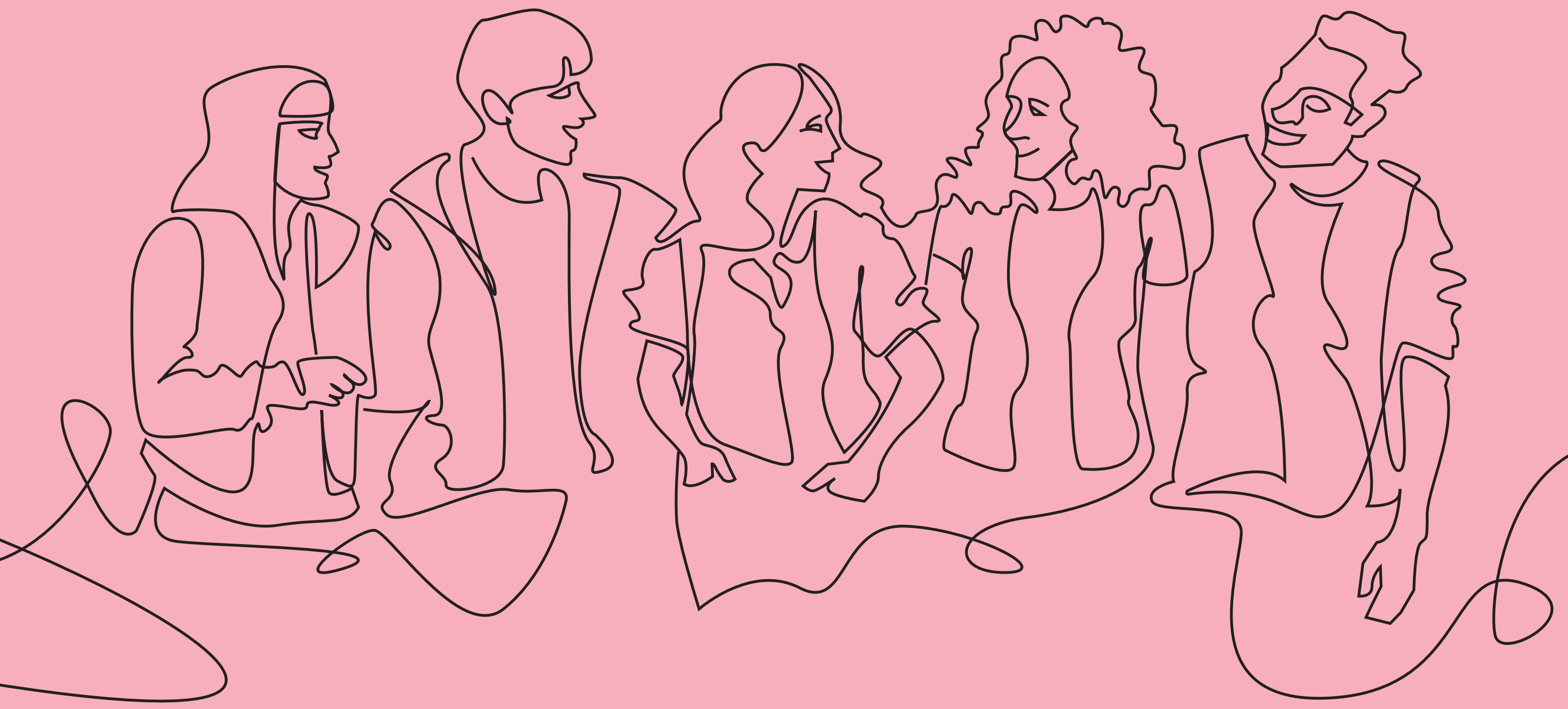

GUIDELINES ON
SAFE REFERRALS
FOR NATIONAL SOCIETIES

incorporating

GUIDANCE NOTE for leadership and staff
& POCKET GUIDE for staff and volunteers

PILOT VERSION

DANISH
RED
CROSS

GUIDELINES ON
SAFE REFERRALS
FOR NATIONAL SOCIETIES

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CONTENT

FOREWORD

These Guidelines have been developed by Danish Red Cross as part of the revision of 2019 Danish Red Cross Safe Referrals Pocket Guide. They are the result of a consultative process and two rounds of revisions by practitioners from the Red Cross and Red Crescent Movement. They are being shared in its current form for further piloting and consultation. If you have suggestions about the content, please contact:

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INTRODUCTION
WHAT ARE THE GUIDELINES?

Staff and volunteers in the Red Cross Red Crescent Movement ("the Movement") are uniquely placed to support people before, during and after conflicts and disasters, thanks to their permanent presence in communities and unparalleled reach. This means they can serve as important entry points to support people access information, connect with loved ones, address basic needs, and access the services and assistance they need.

The most appropriate way to connect people to the services they need will be determined by a range of factors: the person's needs, risks, capacities, and resources; availability and access to services; and National Red Cross and Red Crescent Societies ("National Societies") readiness to deliver services safely.

The objective of these guidelines is to foster a common understanding and approach within the Movement to safely identify persons' needs and risks, and connecting them to the services and support they need in the most appropriate way. It is particularly (but not exclusively) focused on supporting people who have been exposed to violence, coercion, or deprivation (protection risk)[1], especially for people and groups who are at heightened risk.[2]

The guidelines support National Societies, staff and volunteers to be able to safely address protection concerns identified in the course of their work and conduct **safe referrals** - which is highlighted as one of the four key elements of the Movement's **Minimum Protection Approach** in the **Movement Protection Framework**.[3]

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1. The ICRC Professional Standards for Protection Work defines "protection risk" as "actual or potential exposure to violence, coercion or deprivation (deliberate or otherwise)".
2. This can include but is not limited to: children; victims/survivors sexual and gender-based violence; persons with disabilities who are at risk of, or have experienced, violence or exclusion; people separated from their families; and people at risk of being trafficked, or who have been trafficked.
3. The Minimum Protection Approach was adopted by the 2024 Council of Delegates as part of the Movement Protection Framework, annexed to the Protection in the Movement Resolution.

The guidelines have two sections: a Guidance Note and a Pocket Guide

The Guidance Note supports **leadership and staff with program/operational management responsibilities** (HQ and Branches) to establish or strengthen systems, procedures, and capacities that are needed to ensure referrals are conducted in a dignified, safe and timely manner.

The Pocket Guide provides practical information and step-by-step guidance to **staff and volunteers with front-line operational responsibilities** on how to safely identify people's needs and connect people to the support, services and assistance they need in a dignified, safe and timely manner. It can also support staff and volunteers to better understand their role and recognise what they can/cannot manage thereby supporting their safety and wellbeing.

These Guidelines include key concepts, principles and steps that can be considered as foundations for all referrals. However, they are not intended to provide sector-specific guidance on specialised referrals e.g., medical, mental health and psychosocial support (MHPSS), specialised protection: trafficking, sexual and gender-based violence (SGBV), child protection, and restoring family links (RFL). **The Annex** provides a list of some sector-specific resources.

Each National Society is unique and operates within national legal frameworks and standards. These Guidelines will need to be contextualised and adapted to the specific context.

THE GUIDANCE NOTE FOR LEADERSHIP AND STAFF

KEY CONCEPTS

Language used to describe the process of connecting people with the support and services they need can sometimes be confusing. To foster shared understanding and common terminology, this section highlights key relevant concepts and terms.

LINK

“Link” refers to helping a person in distress by sharing accurate information relevant to their needs and linking them with necessary resources and support systems. This includes:

- **Providing information:** sharing relevant information about the situation, coping strategies, and available resources.
- **Connecting with loved ones and social support:** helping the person connect with family, friends, or other support networks.
- **Address basic needs:** ensuring the person has access to food, water, communication channels etc.
- **Linking with service providers:** helping the person access appropriate services, if needed e.g. by giving them reliable information on which trusted and quality services are available, and information on how people can safely **access the service themselves** – by providing accurate contact details, location, costs, opening hours, etc.

“Linking with service providers” may also be referred to as:

- **“information provision”**
- **“orientation to services”**
- **“self-referral”**
- **“signposting”**

PSYCHOLOGICAL FIRST AID (PFA)

“Link” is also known as one the three action principles of Psychological Fist Aid: **“Look, Listen, Link”**.

Psychological first aid is a method of helping people in distress, so they feel calm and supported in coping with their challenges. It involves paying attention to the person’s reactions, active listening and, if needed, providing practical assistance, such as problem solving or help to access basic needs. This often involves linking people with assistance from others. It can also help identify if someone is having a more complex or severe reaction and may need referral to specialised services elsewhere.

All staff and volunteers can use their PFA skills and knowledge in other aspects of their work and in their personal lives.[4]

Who can Link

All staff and volunteers with Psychological First Aid (PFA) skills[5], and who are familiar with, where and how people can safely access trusted and quality services.

In many situations, people have the capacity to access the necessary information or services **themselves**, when they feel supported after experiencing a difficult event and are provided with accurate information.

In humanitarian contexts, some people might require additional assistance to access a service because of specific barriers (safety, security, stigma, etc.), heightened risk, and/or if they are having a more complex and severe reaction to a difficult event. In these situations, a different approach might be needed and the person in need may require (or wish) to be formally connected to a service provider via a formal **referral**.

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4. IFRC PS Centre, A Guide to Psychological First Aid, 2018
5. See the Pledge: Psychological First Aid for all submitted at the 33rd International Conference of the Red Cross and Red Crescent.

REFERRAL

“Referral” is the process of formally connecting a person to appropriate service provider(s) in a structured manner because they require help that is beyond the expertise or scope of work of the current service provider. Referrals are facilitated to ensure that the person receives comprehensive care that addresses their specific needs and promotes their recovery.

Referrals are also a way of linking people in distress with ways to address their identified needs, but through a **more formalised and structured process**. This creates a stronger connection, for a longer period of time, between the individual referred and the organisation facilitating the referral, making it a distinct and more complex than other less formal ways of linking.

For this reason, referrals are a well-established process in their own right within the humanitarian system. These guidelines have been developed to address these different aspects of the increased complexity of the referral process.

To facilitate referrals, personal and sensitive data will usually need to be collected and shared with other service providers. The person being referred needs to provide their free and informed consent.

Informed consent is the foundation of safe referrals. Collection of personal and sensitive data and information should not take place until staff and volunteers have been trained, to ensure that they understand and respect the notion of informed consent.[6]

Who can refer

While all staff and volunteers should be trained in PFA and be able to “link” persons in distress, **not everyone should be facilitating referrals**. Staff and volunteers can be assigned this role if they have PFA skills and receive additional training, support, and supervision. These can often be Team Leaders or Volunteer Managers who have been designated as referral **Focal Points**. It is fundamental to clearly define who is responsible for receiving/facilitating referrals and following up with service providers in a specific area, to avoid duplication, delays and to maintain confidentiality.

All staff and volunteers with front-

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[6] See the ICRC Professional Standards for Protection Work, 2024, Chapter 7 on Managing Data and Information for Protection Outcomes and IFRC PGI in Emergencies Tool 3.2 Guidance on basic referral mapping and case management.

line operational responsibilities should be trained in PFA, be familiar with the guiding principles and steps of safe and dignified referral, and the existing service mappings/referral pathways as a minimum. Staff and volunteers with referral management responsibilities (**Focal Points**) need additional training e.g. on informed consent, information management and data protection, the safe referral steps, how to conduct service mappings/assessing the quality of service providers and develop/regularly update referral pathways. It is important to note that the development of the referral process and "pathways" should only be carried out by staff and volunteers with relevant training and experience.

LET'S CLEAR THE AIR:
A NOTE ON CASE MANAGEMENT

Case management is a way of addressing the needs of an individual (e.g. for cases of SGBV or child protection) in an appropriate, systematic and timely manner, through direct support and/or referrals. Case management involves the individual being supported by one person, known as case manager or case worker (often a social worker or psychologist). Case managers are normally responsible for ensuring coordination with a range of other service providers, including for referrals that take place as part of the case management process. A referral system is therefore backbone of any case management system. Case Management requires significant institutional capacities and resources. These Guidelines do not provide guidance on conducting case management.

SERVICE MAPPINGS AND REFERRAL PATHWAYS

Service mapping and referral pathways are complementary and continuous processes that support the facilitation of dignified, safe and timely referrals.

Service mapping aims to identify **what** services exist in a specific area, assess their quality and the extent to which the services are accessible. It provides the foundation for developing effective referral pathways.

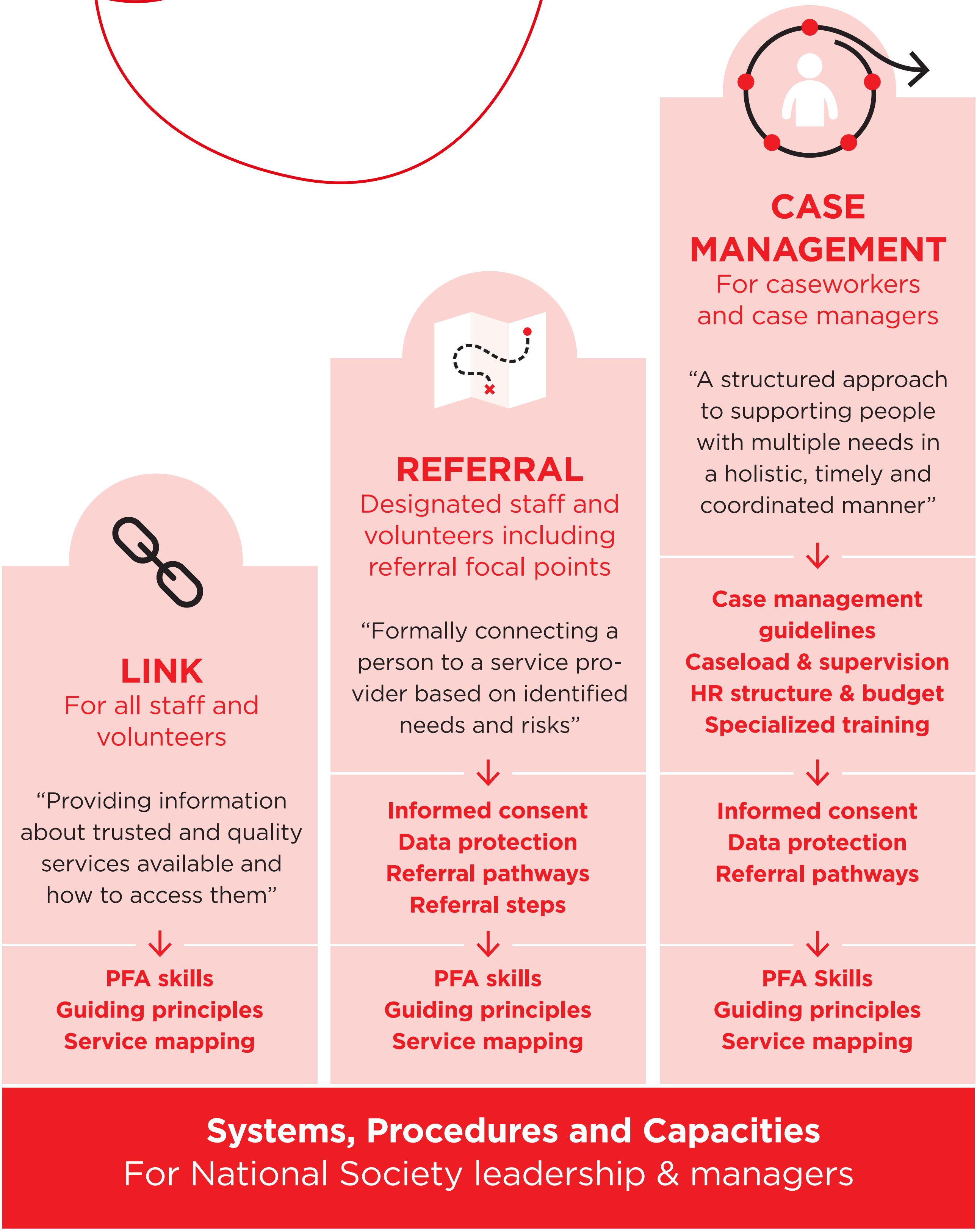
The purposes of conducting a service mapping are:

- To understand the existing service landscape and identify gaps.
- To inform the design of referral pathways.
- To optimise resource allocation and avoid duplication of efforts.
- To improve coordination among service providers.

A **referral pathway** is a process that outlines **how** people can be connected to the services they need. It involves clear steps, roles, and responsibilities for referring people. It also includes a system for tracking and monitoring referrals, which are agreed in coordination with existing service providers. It uses the information gathered through the service mapping to identify the most suitable service providers for specific needs, guiding people to the right services.

The purposes of establishing referral pathways are:

- To ensure efficient and effective access to the services that people need.
- To prevent unnecessary delays and barriers in the referral process.
- To improve the quality of services provided through accountability and monitoring.
- To enhance coordination and collaboration among service providers.



LINK

For all staff and volunteers

“Providing information about trusted and quality services available and how to access them”

↓

PFA skills
Guiding principles
Service mapping

REFERRAL

Designated staff and volunteers including referral focal points

“Formally connecting a person to a service provider based on identified needs and risks”

↓

Informed consent
Data protection
Referral pathways
Referral steps

↓

PFA skills
Guiding principles
Service mapping

CASE MANAGEMENT

For caseworkers and case managers

“A structured approach to supporting people with multiple needs in a holistic, timely and coordinated manner”

↓

Case management guidelines
Caseload & supervision
HR structure & budget
Specialized training

↓

Informed consent
Data protection
Referral pathways

↓

PFA Skills
Guiding principles
Service mapping

Systems, Procedures and Capacities

For National Society leadership & managers

LINK AND/OR REFERRAL?

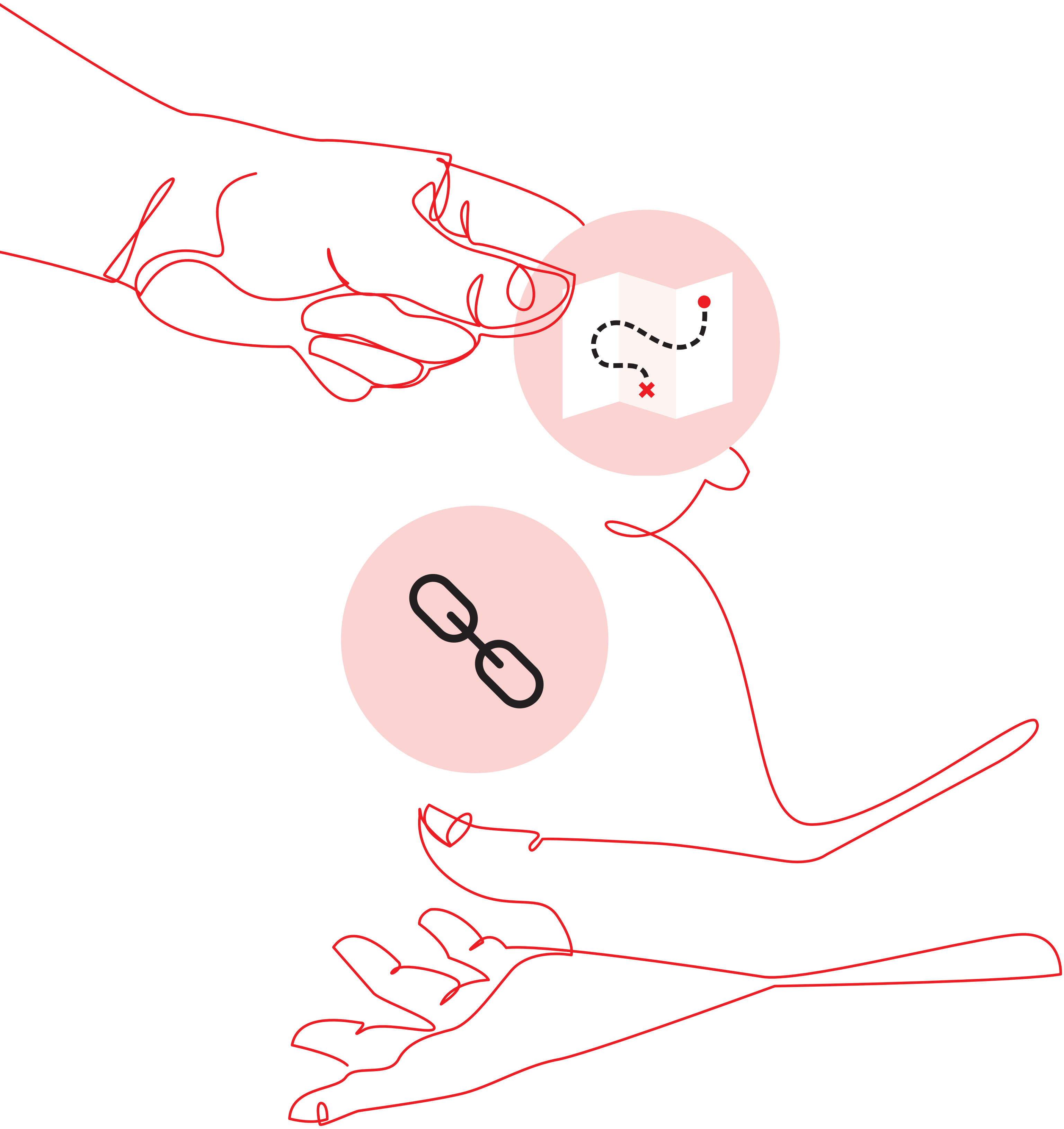
"Link" and **"referrals"** are complementary processes used to connect people with the support and services they need. While they differ in their scope, complexity and approach, both aim to provide timely and dignified assistance.

Whether your National Society is providing a **link**, a **referral**, or both will depend on a lot of factors. In any case, it is important to consider the NS capacities that will need to be strengthened or established before staff and volunteers can begin referring people.

In most contexts and situations National Society staff and volunteers will **link** people to accurate information, loved ones and support networks they need, or guide them to access quality and trusted service providers. This is an essential step to establish human connection, empower people to access the support they need, and to regain control of their situation.

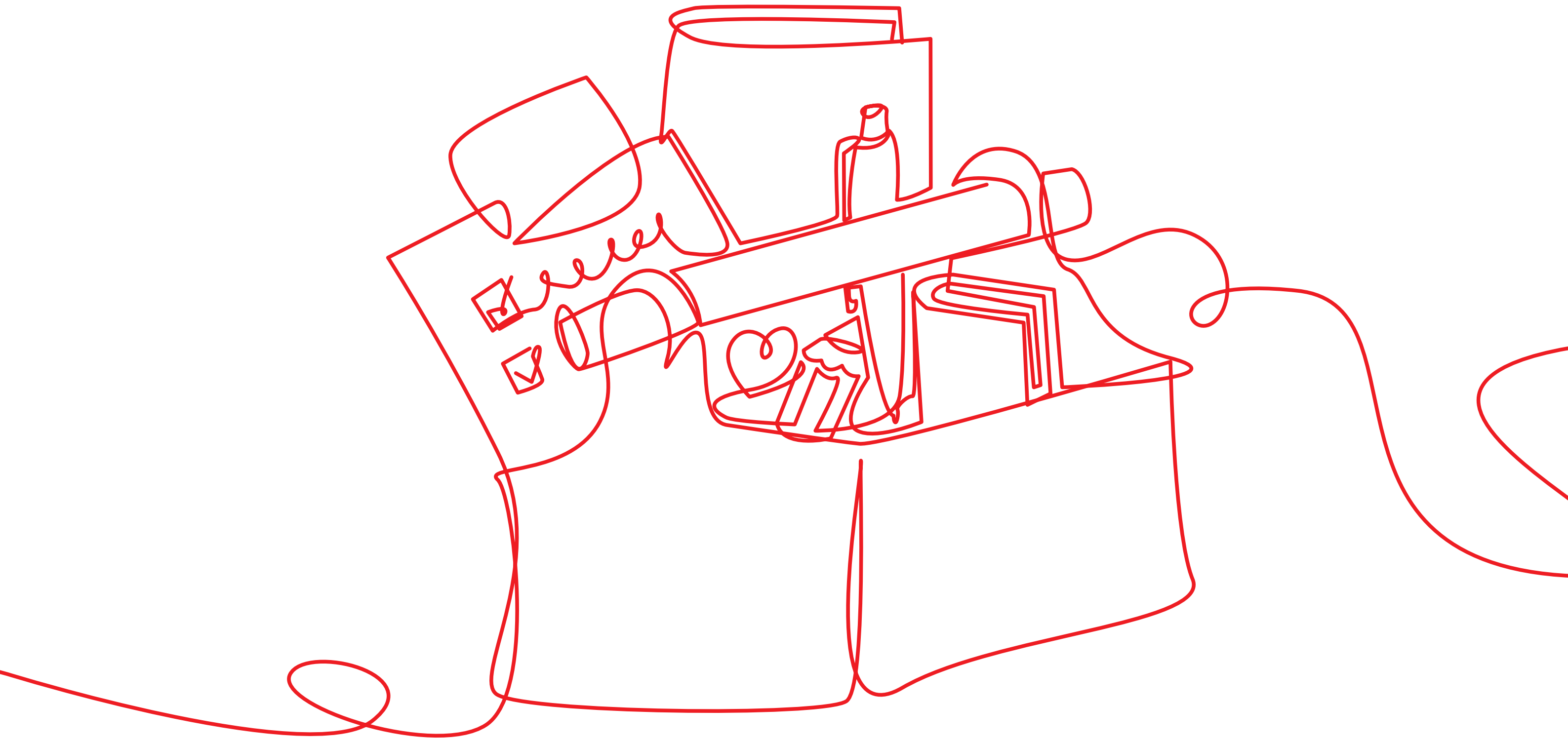
In some contexts and situations, the services that people require, or the risks they may be exposed to, mean that a **referral** (or both linking and referral for different services) is a more appropriate response. In such cases staff and volunteers with referral management responsibilities (Focal Points) can conduct referrals to specialised services based on a risk and need assessment of a person's specific situations.

The following section is most relevant for National Society that are already familiar with **linking** and are looking to begin facilitating referrals or strengthen existing **referral systems**.



STRENGTHEN SAFE REFERRAL SYSTEMS

This section supports National Societies' leadership and staff with program/operational management responsibilities (HQ and Branches) to establish or strengthen **systems**, **procedures**, and **capacities** that are needed to ensure referrals are conducted in dignified, safe and timely manner. It can be used by National Societies as a checklist.



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Ensure internal systems are in place and well-functioning

For National Societies to be ready to provide dignified, safe and timely referrals, it is recommended to have the following:

☐ Code of Conduct, Protection from Sexual Exploitation, Abuse and Harassment Policy, and Child Protection/Child Safeguarding Policy.[7]

☐ Data Protection Policy and adequate systems and procedures to protect people's data and information.[8] This may include:
  - Information management systems e.g. online platform, excel sheet, logbook;
  - Clear procedures on who has access to information management systems, who needs to keep these updated;
  - Defining how long data should be kept for and when/how data should be destroyed;
  - A method for anonymising personal data e.g. assigning a person a unique client identifier number.
  - Data sharing agreements/protocols with service providers

☐ Functioning mechanisms to receive and respond to feedback and complaints in a safe and confidential manner, including sensitive complaints on services provided by the National Society.[9]

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[7] See IFRC PGI Organisational Assessment Toolkit (OAT) and IFRC Safeguarding Framework and Self-Assessment Tool for more guidance.
[8] See ICRC Handbook on Data Protection in Humanitarian Action and IASC Operational Guidance on Data Responsibility in Humanitarian Action.
[9] See IFRC Community Engagement and Accountability (CEA) Toolkit.

2

Service mapping

For National Societies to be ready to provide dignified, safe and timely referrals, it is recommended to have the following:

- ☐ Monitoring and evaluation systems, procedures and tools for monitoring and evaluating referrals e.g. standard indicators and means of verification for referrals.
- ☐ Budget required to conduct referrals e.g. payment for services, transportation, costs for training, information management systems, service mapping, engagement with communities.
- ☐ Standard Operating Procedures (SOPs) for referrals e.g. defining the scope of work, referral procedures, forms/tools, roles and responsibility, internal coordination.

2,1

Service mapping and referral pathways

Reach out to other organisations, public authorities, coordination mechanisms (e.g. the UN cluster system) to find out if service mappings and referral pathways already exist before starting your service mapping. If so, actively use them. This is an opportunity to strengthen coordination and avoid duplication of efforts with other actors.

If service mapping and referral pathways are not available or are outdated in your geographical area, the following steps are recommended:

☐ Start by conducting a service mapping for different services[10] and target groups.[11]

☐ Talk to identified service providers, other organisations, and public authorities about creating a referral pathway and agree on clear and precise procedures. This may include signing a formal written agreement between service providers.

☐ Ensure the services offered by your National Society and other Movement partners are reflected in the service mapping and referral pathways.

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[10] This list is not exhaustive: health, MHPSS, food and nutrition, non-food items, cash and voucher assistance (CVA), shelter, education, protection (including child protection, SGBV, legal support, RFL).

[11] This list is not exhaustive: migrants (including asylum seekers, refugees, undocumented migrants, internally displaced people) children and adolescents (including unaccompanied and separated children), older people, people with disabilities, people with diverse sexual orientation/gender identity, survivors of SGBV, trafficking, etc.

☐ Assess the quality of service providers before including them in the referral pathway. Assessing the quality can be done in coordination with other organisations, public authorities, UN clusters who can provide information about services and their quality.

☐ Consider visiting the service provider to asses their services.

☐ When assessing the quality of the service providers, it is important to enquire and document:
- the organisation's name
- location
- key contact, phone number, email address
- services available and eligibility criteria
- opening hours
- accessibility (physical accessibility, transportation, fees and costs, and spoken languages etc.)
- availability of staff and volunteers of different genders
- referral procedures (walk-ins, referral form, by appointment, via phone, e-mail etc.)
- expected actions after referral (support offered, waiting time, follow up)
- how information is used and shared e.g. in context of migration and displacement, mandatory reporting requirements.

☐ Referral pathways are often written as a list or illustrated via a flowchart document, with different stages of the referral pathway represented within the flowchart. A flowchart can be a useful method for communicating (internally and externally) the referral pathway for your location.

☐ Ensure the referral pathway information (e.g. flowchart or list) is available and shared with people in the community (e.g. women's groups, youth leaders, community-based organisations) and in different formats (e.g. in relevant languages, easy to read formats, audio).

☐ In some cases, information (such as location or contact details) of certain service providers might need to be kept confidential and only be shared on a "need to know" basis/ to trusted individuals or agencies and people in need of the respective assistance. For example human trafficking support services, safe housing/shelters for survivors of SGBV.

☐ Engage with community members where possible, ensuring diverse representation, to understand where they feel safe accessing services, the quality of the services identified and barriers to access existing services.

☐ Contact the service provider on a periodic basis to review and confirm safe outcomes of referrals e.g. not asking about specific referrals, but broadly the services offered and impact (usually the responsibility of a Focal Point).

☐ Ensure feedback and complaint systems are in place and accessible to facilitate receiving feedback on service providers.

☐ Ensure that responsibility for updating referral pathways and service mapping is a clearly assigned role and responsibility within the National Society (usually the responsibility of a Focal Point).

3

Staff and volunteers capacities and resources

For staff and volunteers to be ready to link and provide dignified, safe and timely referrals; and to support their safety and wellbeing, the following steps are recommended:

- ☐ Allocate sufficient staff and volunteers to manage each step of the referral process.
- ☐ Appoint Focal Point(s) with referral management responsibilities to handle referrals and to whom other staff and volunteers can escalate complex cases and queries. Volunteers can perform the role of Focal Points if trained.
- ☐ Define the different roles and responsibilities e.g. for staff and volunteers, for staff and volunteers with referral management duties.
- ☐ Identify the training needed for staff and volunteers depending on their role and responsibilities, including Focal Points with referral management roles.
- ☐ It is recommended for all staff and volunteers to have attended PFA training and have basic PFA skills.
- ☐ All staff and volunteers are oriented and familiar with existing systems and processes (referral SOPs, Data Protection Policy, referral management roles and responsibilities).

- ☐ All staff and volunteers have access to updated service mappings, and referral pathways, to provide accurate information about the services and assistance available, including services provided directly by the NS, how to access the services and the risks involved.
- ☐ Staff and volunteers with referral management roles (Focal Points) are trained on standards and procedures to receive, assess, send, record and follow up on referrals made and can update service mapping and referral pathways.
- ☐ Strengthen systems to support the safety, security and well being of staff and volunteers who are providing a link and referrals, e.g. peer-support systems.[12]

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[12] IFRC PS Centre, Peer Support Systems in Volunteer Organizations.

DO NO HARM

CONSIDERATIONS FOR NATIONAL SOCIETIES

National Societies assisting people affected by conflict, disasters or other emergencies may encounter protection risks[13] in the course of their work. They will also likely work with people and groups who are at heightened risk.[14] National Societies leadership and managers have a particular responsibility and duty to support staff and volunteers to ensure that when conducting referrals, staff and volunteers know how to safely identify protection risks[15] and/or escalate their concerns to trained focal points who can safely refer the person to a specialised protection actor.

Possible protection risks include, but are not limited to:

- Child abuse, exploitation, neglect
- Child and forced family separation
- Sexual and Gender Based Violence (SGBV)
- Trafficking in Persons (TiP)

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13. The ICRC Professional Standards for Protection Work defines “protection risk” as “actual or potential exposure to violence, coercion or deprivation (deliberate or otherwise)”.
14. This can include but is not limited to children; victims/survivors sexual and gender-based violence; people with disabilities who are at risk of, or have experienced, violence or exclusion; people separated from their families; and people at risk of being trafficked, or who have been trafficked.
15. For example of practical tools that NS can use see: IFRC PGI in Emergencies Tool 2.4 PGI assessment and analysis guidance

The Annex provides a list of some sector-specific resources to support National Societies to strengthen their capacity to address specific protection risks identified by staff and volunteers.

National Societies should put procedures in place that can guide staff and volunteers in complex situations, for example on:

Mandatory Reporting

Mandatory reporting is a law or policy requirement in some countries that obliges some professions and agencies/organisations, to report cases of SGBV or "non-accidental injuries" to law enforcement authorities, often without the consent of the victim/survivor. It is important for National Societies to be familiar with the local laws and standards applicable in their context. If mandatory reporting applies, the National Society should develop a clear procedure in advance for reporting that does not place frontline volunteers/staff or the person being assisted at greater risk.

Survivor-centred approach

A survivor-centred approach creates a supportive environment in which SGBV survivors' rights and wishes are respected, their safety is ensured, and they are treated with dignity and respect.
This approach is defined by four guiding principles:

1. Safety,
2. Confidentiality,
3. Respect and
4. Non-discrimination.

Informed Consent and Assent

Before conducting a referral, staff and volunteers must seek oral or written informed consent prior to proceeding with or recording any personal information related to a potential referral. Unless specific consent to do so has been obtained, personal information must not be disclosed or transferred for purposes other than those for which they were originally collected, and for which the consent was given. It is important that National Societies have systems in place for staff and volunteers to be trained, to ensure that they understand and respect the notion of informed consent prior to collecting information and conducting referrals.[16]

For adults:

Informed consent is the voluntary and freely given agreement of a person who has the legal capacity to give consent, by providing oral, and where possible, written permission to proceed with recording their personal information and for facilitating a referral for them. It entails that the person understands the nature of what they are agreeing to and is capable of making a decision without coercion or undue pressure. To obtain consent National Societies' staff and volunteers must:

- Provide honest and complete information about possible referral options available to the person. This means only sharing information on services they know, based on an updated service mapping and explain what the service can and cannot do.
- Inform the person that they may need to share their information with others in order to provide the service.
- Share potential risks the person may face in accessing the service.

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[16] ICRC, Professional Standards for Protection Work, 2024 (Chapter 7)

- Explain the next steps of the referral process, and that the person has the right to decline or refuse any part of the service at any time.

- Explain the limits of confidentiality *(see section on exceptions to principle of confidentiality below).*

For minors (under 18 years old):[17]
In the case of children, consent should generally be obtained from the child's parent or guardian, as well as consent or assent from the child according to the child's age and maturity, prior to providing services. Staff and volunteers should communicate in a child-friendly manner and encourage the child and their family to ask questions that will help them to make a decision regarding their own situation.

Informed assent is the expressed willingness of a child to participate in services. For younger children who are too young to give informed consent but old enough to understand and agree to participate in services, the child's informed assent is sought. If it is not appropriate to involve the child's parent or primary caregiver (in instance of suspected abuse) consult the National Society child protection focal point (if they are available) who should make a decision based on the principle of the best interest of the child.

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[17] Inter-Agency Guidelines for Case Management and Child Protection

Best interests of the child

The “best interests of the child” principle is a fundamental child rights principle enshrined in the UN Convention on the Rights of the Child (CRC). This principle means that when a course of action affecting a child is taken (for example the informed consent/assent process) that course of action should reflect what is best for the child.

The principle involves considering the child’s physical, emotional, and psychological needs, as well as their cultural and social context. It emphasises the importance of involving the child in decision-making processes, to the extent possible, and respecting their views.

Informed consent for persons with disabilities and mental health concerns

Staff and volunteers should always assume that all persons with disabilities and mental health concerns have the capacity to provide informed consent independently. Staff and volunteer should ask the person whether they would like to access support to make an informed decision.[18] However, in situations where communication is challenging, staff must adapt the level and means of communicating in order to achieve meaningful informed consent to, or refusal of, a service.

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[18] See WHO QualityRights framework which promotes rights and recovery in order to improve the lives of people with psychosocial, intellectual or cognitive disabilities and advocates for the transition from substitute decision-making (where others make decisions on behalf of individuals) to supported decision-making models.

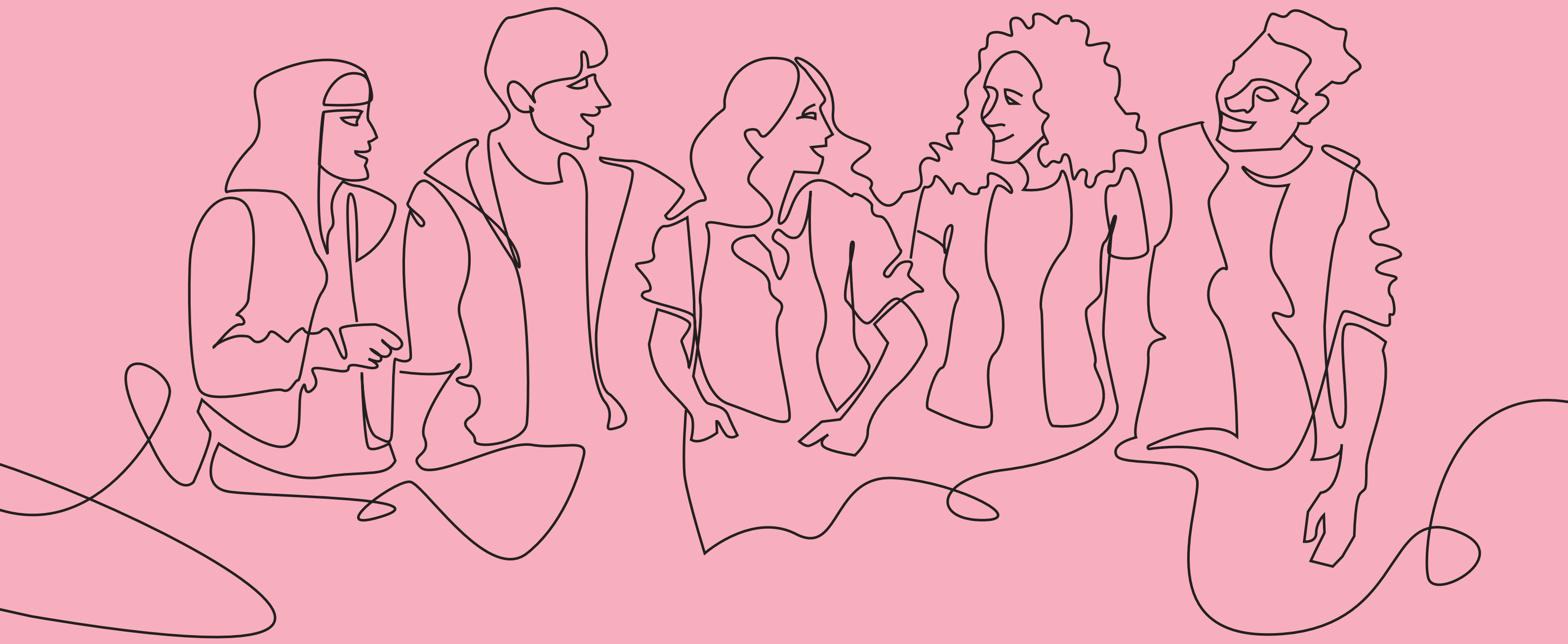
Exceptions to the principle of confidentiality

Some situations require exceptions to the principle of confidentiality, to ensure people are protected. National Societies should develop clear procedures with defined roles and responsibilities on how to deal with these situations and ensure staff and volunteers are familiar with these. Exceptions to the principle of confidentiality should be explained to the person by staff or volunteers during the informed consent process.
The exceptions are:

Immediate Risk Situations
If a person poses a serious and immediate risk of harm to themselves or others temporary measures may be taken without prior consent.

Legal Mandates
In jurisdictions where laws require specific actions, for example in the case of mandatory reporting laws.

In these cases, it is important for staff and volunteers to be aware of the requirement to inform people of these exceptions before they disclose information. This gives people the option of whether they wish to go further with sharing their story. It is also important to document the decision-making process and keep/store all evidence safely and confidentially.



THE SAFE REFERRALS POCKET GUIDE

FOR STAFF AND VOLUNTEERS

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This Safe Referrals Pocket Guide provides practical information and step-by-step guidance for staff and volunteers with front-line operational responsibilities.

It explains how to identify people's needs and connect people to the support, services and assistance they need in a dignified, safe and timely manner. It can also support staff and volunteers to better understand their role and recognise what they can/cannot manage thereby supporting their safety and wellbeing.

If you want to know more about how to establish or strengthen systems, procedures, and capacities that are needed to ensure referrals are conducted by your National Society in a dignified, safe and timely manner, you can consult the **Guidance Note** for **leadership and staff with program/operational management responsibilities.**

GUIDING PRINCIPLES

Do no Harm

Take all necessary measures to prevent and mitigate any negative impact of your actions on people, for example:

- Explain what your role is and what the person can expect from you.
- Avoid making promises and raising expectations about the outcome of the referral.
- Prioritise the safety and security of the person by considering and communicating the risks that they might face by accessing the service.

Dignity and Respect

- Respect choices and decision-making capacities, facilitating people's access to accurate and reliable information.
- Listen in a non-judgmental manner and accept the persons choices and decisions, even if you do not agree with their choices.

Non-discrimination

Provide equal and fair services to anyone in need without discrimination including on the basis of sex, age, language, religion, political or other opinion, national or social origin, racialised identity, property, birth, disability, health, sexual orientation, gender identity or any other status.

Informed consent and assent

Ensure the person has the capacity, maturity and adequate information in a language they understand to know what they are agreeing before they share personal information for a possible referral. Seek verbal, and where possible, written permission directly from the person to proceed with recording their information and by conducting a referral for them. There are specific considerations when seeking informed consent from children and persons with disability. Refer to Step 4 for more details.

Confidentiality

Ensure data and information is collected, stored and shared in a safe way only with informed consent of the person and for as long as data are retained. Managing referral data and information often involves dealing with a number of sensitivities. Only collect and share the minimum information required - on a 'need to know' basis - to allow the service provider to respond to the referral.

Unauthorised disclosure of or access to personal/sensitive data or information may result in harm to people. Remember that breaches of confidentiality often happen unintentionally, for example, when discussing the day's work with friends or family members, by leaving your work phones/computers unattended, taking pictures of persons seeking referrals.

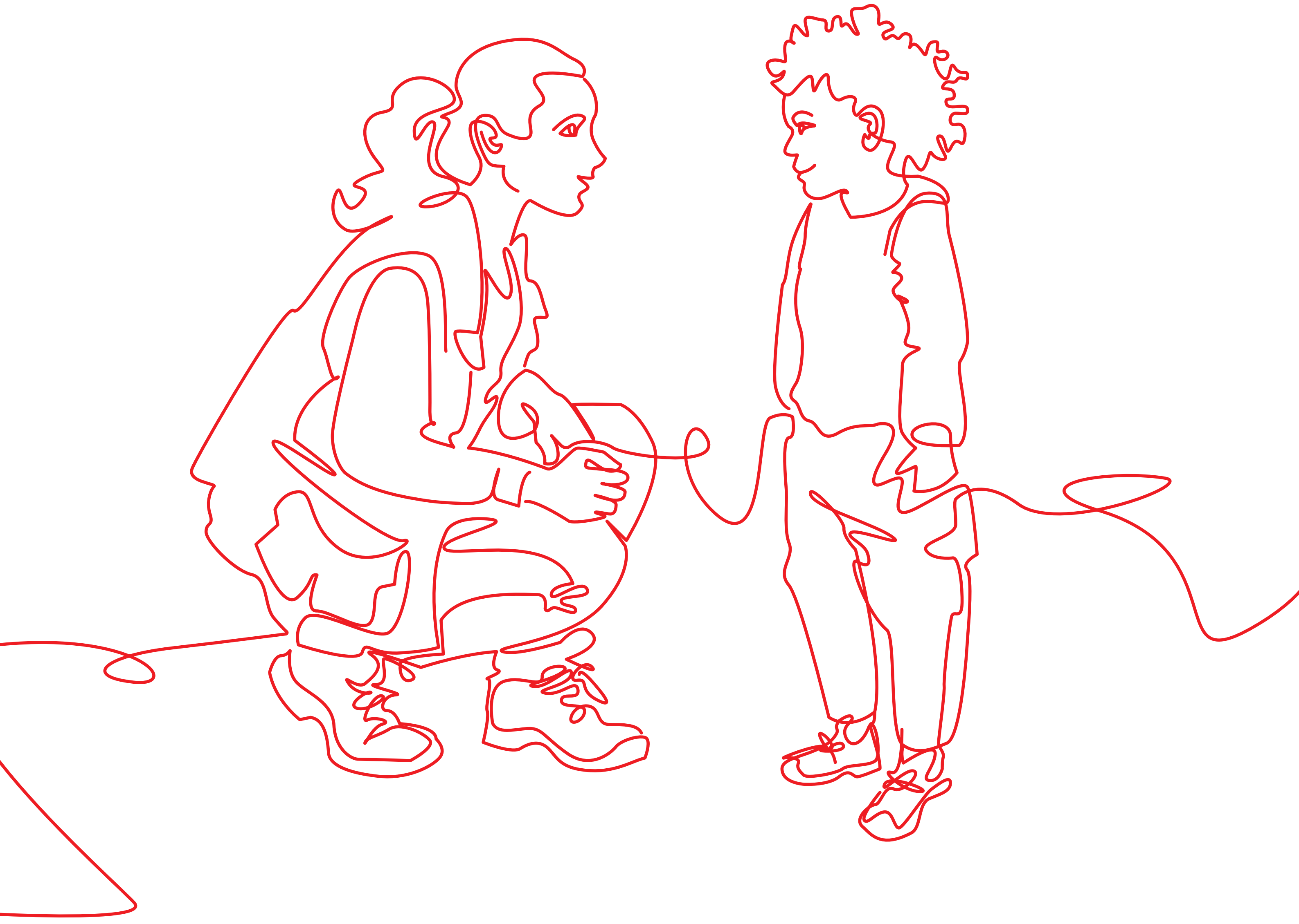
Exceptions to confidentiality

The are only a limited numbers of situations that require exceptions to the principle of confidentiality:

- If a person poses a serious and immediate risk of harm to themselves or others
- If national or international legal provisions require mandatory reporting. Mandatory reporting is a legal requirement in some countries which would require staff and volunteers to report sexual or gender-based violence or non-accidental injuries to law enforcement agencies, often without requiring the consent of the adult victim/survivor. This may put the victim/survivor at risk.

Make sure to inform the person on these provisions before they disclose information, to give them the option of whether they wish to go further with sharing their story.

In these specific cases necessary and relevant information should be shared to ensure the person is protected. However, dealing with these situations is often complex and can put the person at further risk. Your National Society should have procedures and assigned responsibilities for these situations. Reach out to your Focal Point or Team Leader and ask for support if in doubt. Remember to document the decision-making process and keep/store all evidence safely and confidentially.



THE 7 STEPS OF SAFE REFERRALS

The 7 steps support staff and volunteers with practical information on how to identify people's needs and connect people to the services and assistance they need in a dignified, safe and timely manner. It includes practical step-by-step guidance on the 7 steps of Safe Referrals.

PREPARE	1	**Prepare yourself**
IDENTIFY	2	**Safely identify the needs of the person**
	3	**Link: Share accurate information and link people with resources and support systems**
REFER	4	**Referral: seek and document informed consent**
	5	**Fill the referral form and make the referral**
	6	**Record the referral and store data confidentially**
	7	**Follow up on the status of referral**

1

STEP

Prepare yourself!

To be well prepared staff and volunteers should:

☐ Be familiar with your National Society policies and procedures including Code of Conduct, Data Protection Policy, Safeguarding Policies.

☐ Know how your National Society feedback and complaint mechanism works.

☐ Read through the Safe Referrals Guiding Principles.

☐ Know your role and responsibility, including when and who to ask for support. If you are unsure ask your Team Leader/ Volunteer Manager.

☐ Be aware of existing services. Check or ask your Team Leader for existing lists of service providers. This includes the services provided by your NS and any existing agreement that your NS holds with specific service providers.

☐ Know how existing services can be accessed and if they have any eligibility criteria.

☐ Prepare all necessary paperwork, consent forms, referral forms, and documentation required for the referral process (if needed).

☐ Practice your PFA skills including active listening and supportive communication techniques, e.g. focus on what the other person is saying without interrupting or offering solutions, practice asking open-ended questions.

☐ Keep the Pocket Guide with you.

2

STEP

Safely identify the needs of the person

- ☐ Introduce yourself, your role and your National Society in simple language.
- ☐ Find a safe, private, and quiet place to talk. Ask the person if they feel comfortable talking to you in your current location.
- ☐ Address the person’s most urgent basic needs which may include urgent medical care, water, finding a loved one or a blanket or clothes.
- ☐ Explain to the person that you will keep this conversation private, unless they give you permission to share information with colleagues/service providers.
- ☐ Remember that there are exceptions to confidentiality. Inform the person in front of you about these.
- ☐ Do not write down, take photos or document your interaction with the person at this stage. Put away any phones or computers that may be perceived as recording the conversation.
- ☐ Provide a listening ear, free of judgement to understand what the persons’ needs, risks and capacities are and their ability to access needed services.

☐ Support the person to feel heard, understood, and validated by letting them set the pace of the conversation.

☐ Remind them they can start/stop the conversation at any time and can always come back at another time.

☐ Make sure you understand the person’s needs by reflecting what has been shared and asking if you have understood correctly. Never assume that you know what the persons wants or needs.

☐ Pay attention to any sign of abuse or violence. Some situations require more specialised support beyond your role. In such cases, reach out to your Focal Point (or Team Leader/ Volunteer Manager).

Do No Harm: considerations for staff and volunteers

Children/adolescents

Children and adolescents may seek help in different ways or react differently from adults depending on the age, level of maturity and other factors.

If you identify a child/adolescent in need or they reach out to you for help your role is to listen to and comfort the child/adolescent, link them to someone that they trust, and share information on available services. You can always reach out to your Focal Point or Team Leader if in doubt.

Persons with disabilities

Persons with disabilities may experience different barriers when reaching out for support. Some examples include **physical barriers** such as: steps, narrow doorways, or poor lighting, negative **attitudes and stigma** including assumptions, discrimination and misperception around cognitive and intellectual disabilities; and **communication barriers** such as information provided only in one format (e.g. printed posters).

Identify potential barriers in advance and consult with persons with disabilities, caregivers on how you can provide support that responds to their specific requirements and needs.

Older people

Older people may face unique challenges, including health conditions, exploitation abuse and neglect, psychosocial distress, economic hardship, social isolation and not having access to appropriate and accessible information. They are often overlooked and rarely consulted. It is important to ensure assistance is age-appropriate and to identify potential barriers in consultation with older people and caregivers.

Victims/survivors of SGBV

SGBV takes place everywhere and can affect anyone. Survivors of SGBV often face significant barriers to seeking help, including fear of stigma, retaliation, or further harm. You should not seek out SGBV survivors.

Victims/survivors of Trafficking

Human trafficking can occur anywhere. Survivors of trafficking may still be in the exploitative situation or fear retaliation from their traffickers. You should not seek out Trafficking survivors.

- However, if a person tells you they have experienced **SGBV** or have been **trafficked** or at risk of being trafficked make sure you are in a safe place to talk to them and assess any risks to the person, yourself and other staff and volunteers.
- Rather than asking detailed questions about the incident itself, focus on understanding what the person needs.
- Your role is to listen without judgement, communicate you believe them, check you have understood correctly and do not make promises.
- Seek guidance and support from a Focal Point or Team Leader to ensure you are supported and provide accurate, up-to-date information on available services and let the survivor make their own choices on what feels safe for them.
- If services are not available see the Section “What can you do when services are not available in your area?” for more guidance.

Migrants and displaced people

Migrants may be vulnerable to different protection risks such as arbitrary arrest, labour exploitation, detention, abuse, trafficking, and sexual and gender-based violence (SGBV) and torture. In addition, undocumented migrants may be worried about seeking help due to fear of being arrested and potentially deported. This results in reduced access to services and protection. Seek guidance and support from a Focal Point or Team Leader to ensure you are supported and provide accurate, up-to-date information on available services and let the migrant make their own choices on what feels safe for them. If services are not available see the Section “What can you do when services are not available in your area?” for more guidance.

3
STEP

LINK

Share accurate information and link people with resources and support systems

If the person is capable and safe to access the service providers on their own, they should do so.

☐ Select the relevant service providers which may be able to assist the person with their needs. Base your decision on existing service mappings.

☐ Contact or ask your Team Leader/Volunteer Manager to contact the service provider if you need more information from the service provider e.g. to confirm their services and eligibility criteria.

☐ Share with the person essential information about services available which may address their need and how they can access them. Important information can include:

- Name and location of the service provider, key contact/ phone number, opening hours, provided for free or at a cost.
- Personal information may need to be shared, and what risks they may face when accessing this service.

☐ Remind the person that accessing services is voluntary and free (unless the service provider has specific costs/fees) and service providers cannot ask anything in exchange for the assistance provided (favors, gifts, sex).

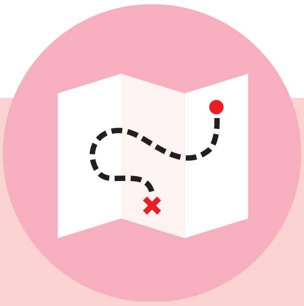
☐ Assess whether the person has the capacity/willingness to access needed services themselves, and confirm if they fully understand the information provided.

☐ If yes, you can end the conversation supportively, including sharing information on how to provide feedback through the National Society feedback and complaint mechanism.

In some situations, people face barriers (safety, security, stigma, etc.) that prevent them from safely accessing these services and/or are at heightened risk. This can include but is not limited to children at risk of abuse, exploitation and neglect; victims/survivors of sexual and gender-based violence (SGBV); persons with disabilities who are at risk of, or have experienced, violence and exclusion; migrants and displaced people; people separated from their families; and people at risk of being trafficked, or who have been trafficked.
In these situations, it might be necessary for designated staff and volunteers to facilitate a referral.

If this is the case, go to *STEP 4 REFERRAL – Seek and document informed consent*

4
STEP



REFERRAL
Seek and document informed consent

☐ Before conducting a referral, you must seek **informed consent** prior to proceeding with or recording any personal information related to a potential referral.

Informed consent is the voluntary and freely given agreement of a person who has the legal capacity to give consent, by providing oral, and where possible, written permission to proceed with recording their information and by conducting a referral for them.

People have the right to choose if, what and how their information is shared and with whom. They also have the right to request that their information not be documented or be deleted and/or retrieve that information at any time or to withdraw consent.[19]

☐ To obtain informed consent you must:

- Provide honest and complete information about possible referral options in a way the person can understand. This may involve using such means as visuals, audio or easy-to-read text.

- Only share information on services you know, based on an updated service mapping and explain what the service can and cannot do.

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[19] Asking for a signature may not always be culturally appropriate or safe, especially if the existence a form signed by the person poses risk to their safety. Alternative options are for the service provider to sign a form confirming consent was given. For those who cannot sign, a thumbprint or "X" may be appropriate, otherwise verbal consent must be obtained.

- Inform the person that you will need to share their data/information you are collecting with others in order to provide the service.
- Share potential risks the person may face in accessing the service.
- Explain the next steps of the referral process, and that the person has the right to decline or refuse any part of the service at any time.

☐ If consent is **not** obtained, do not proceed with the referral. End the conversation supportively and let the person know they can come back if they change their mind.

Do No Harm:
Considerations for staff and volunteers

Children (anyone under 18 years): In the case of children, informed consent should generally be obtained from the child's caregiver (parent or guardian). At the same time, **informed consent or informed assent** should also be sought from the child according to the child's age and maturity. **Informed assent** is the expressed willingness of a child to participate in services. For younger children who are too young to give informed consent but old enough to understand and agree to participate in services, the child's informed assent is sought. If it is not appropriate to involve the child's parent or primary caregiver (in instance of suspected abuse) consult the National Society child protection focal point (if they are available) who should make a decision based on the principle of the **best interest of the child**.

Persons with disabilities: always assume that persons with disabilities have the capacity to provide informed consent independently. Ask the person whether they would like to access support to make an informed decision. More time might be required during the informed consent process, and some persons with disabilities might want to ask a trusted person to support them in deciding.

Older persons: always assume that older persons have the capacity to provide informed consent independently. Ask the person whether they would like to access support to make an informed decision. More time might be required during the informed consent process, and some older persons might want to ask a trusted person to support them in deciding.

Exceptions to confidentiality: refer to this section in the Guiding Principles

5

STEP

Fill the referral form and make the referral

Referrals can be made in several ways: over the phone, via e-mail, in person, or through an app/online portal. This depends on the local context, existing coordination mechanisms and procedures in place:

☐ Follow the agreed procedures for referrals, if there is an active coordination mechanism or national/regional/local procedures for referrals in your location e.g. public authorities, UN clusters.

☐ Use the **IASC Inter-agency Referral Form**[20], if there is no existing coordination mechanism or national/regional/local procedures:

- Complete the form in three copies (1 copy to the NS making the referral, 1 copy to the person being referred, 1 copy to the selected service provider).
- Capture only the information required by the service provider to respond to the referral.
- Check with the person that you have captured the correct information in the form e.g. by reading it back.
- Share with the person being referred the relevant contact information of the service provider.
- Provide 1 copy of the referral form to the person, if it is safe to do this. In some situations, a person may be at risk of violence and retaliation, if the information in the form is disclosed.

☐ Share the form with the staff/volunteer who has been assigned a referral management role (e.g., Focal Point, Team Leader, Volunteer Manager, etc.), who will:

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[20] IASC Inter-Agency Referral Form: pp. 6-8

- Review the completed form for accuracy. If not, they will contact you to clarify.
- Sign and date the form.
- Share the form through the agreed channels (e.g. hard copy, via phone, referral management platform, or a password-protected email) with the service provider. Passwords should be sent in a separate email or by phone/SMS.

☐ Explain to the person the next steps, including what they can expect from the:

- National Society: if there will be any follow up, how often, who will contact you/how, additional support that can be provided to access the services.
  Share information on how to provide feedback through the National Society feedback and complaint mechanism.
- Service provider: when they will be contacted for an appointment and the expected timeframe.

☐ End the conversation supportively.

Do No Harm:
Considerations for staff and volunteers

For complex and sensitive cases (e.g. suspected violence and abuse of children, unaccompanied and separated children, SGBV, trafficking), seek specialised support from your Focal Point or Team Leader/Volunteer Manager. Follow your National Society procedure for anonymising personal data e.g. assigning a person a unique client identifier number. Do not use identifying information when you talk about the referral internally or externally.

6

STEP

Record the referral and store data confidentially

☐ Record referral information in your NS's referral management system (if available), or in a password-protected referral tracking sheet (excel) or a logbook. This could be part of your responsibility or the Focal Point's depending on your NS referral procedures.

☐ Store referral information in secure locations with limited authorised access.

☐ Secure hard copies in lockable cabinets. Do not take confidential documents outside of your office.

☐ Protect digital information with passwords. Your computers/laptops must be password-protected, and passwords are routinely changed/updated.

☐ Do not leave referral forms open without supervision (e.g. on your computer or table).

☐ Never discuss individual cases or details of referrals with family or friends.

☐ Share information about individual referrals with your Team Leader/Volunteer Manager or Focal Point for the purposes of the referral only, and with the informed consent of the person referred.

7

STEP

Follow up on the status of referral

It is usually the responsibility of the service provider, who is receiving the referral, to confirm the receipt and update the status.

- ☐ Ensure you or the Focal Point have received confirmation from the service provider.
- ☐ Follow up with the service provider on the status of the referral (received, accepted, completed) if you have not received any feedback. This should be done by the designated focal point unless otherwise specified in your NS referral procedures.
- ☐ To ensure the continued confidentiality of people's personal information, the method for anonymising people's data which the NS utilises e.g. assigning a person a unique client identifier number, should be used in all follow up communication with service providers.

WHAT CAN YOU DO WHEN SERVICES ARE NOT AVAILABLE IN YOUR AREA?

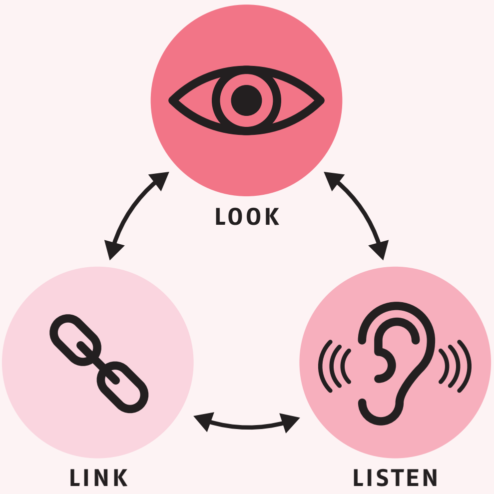
Sometimes you may be in a situation where there are no services or resources available for you to share with the person, or the existing services are not safe to access. The person in front of you may have different reactions: they may be sad, angry or confused and this may feel overwhelming. But there are practical things you can do:

Remain calm and help the person in front of you feel calmer. Allow the person to share as much or as little as they would like to.

Check if other services are available in the wider region/ in another area and check with other actors if they can provide cash support to facilitate access/transport to services in another area.

Check what community-based support networks are available. Community-based support networks (peer-to-peer, religious, informal groups) exist in most locations and may be helpful to address someone's needs.

Use your Psychological First Aid (PFA) skills. PFA is a short-term support that helps the person to understand and act on the pressure they experience. Its guiding principles are **LOOK, LISTEN and LINK.**



LOOK

Prepare yourself: make sure you follow *Step 1* to be ready to provide support.
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, food, a private place to sit, a tissue, a listening ear etc. If needed, ask the person to choose a person they feel comfortable with to translate.

LISTEN

Listen actively to the person you interact with and show that you genuinely care about the person. Show empathy, be present and caring, show calm body language. Allow people to express their feelings (crying, shouting, silence etc.). Listen to normalise emotions and reactions – we may have strong feelings and reactions in difficult times.

LINK

Ask if there is someone, a friend, family member, teacher, caregiver or anyone else who the person trusts to go to for support. End the conversation supportively, without creating false hope if you cannot help.
Be honest with the person, express that you are sorry you cannot be more helpful. Being present while demonstrating active listening is supportive in and of itself.

REFLECT AND PRACTICE SELF-CARE

When you help others, you can be affected by the situation and their reactions. For example you might be feeling tired, unfocused, sad, scared, guilty. Think about how to take care of yourself as these feelings come up for you and what you can do e.g. maintain routines like sleep, eat, exercise. Reach out to your own support system and network, including your colleagues, team leader or a specialist and seek support. Check with your National Society if a peer-support system exists e.g. Buddy System.[21]

You can use the **Psychological First Aid action principles LOOK, LISTEN, LINK** to take care of yourself.

LOOK: pay attention to how you're doing

LISTEN: tune in to your mental and physical signals

LINK: ask for help when you need it.

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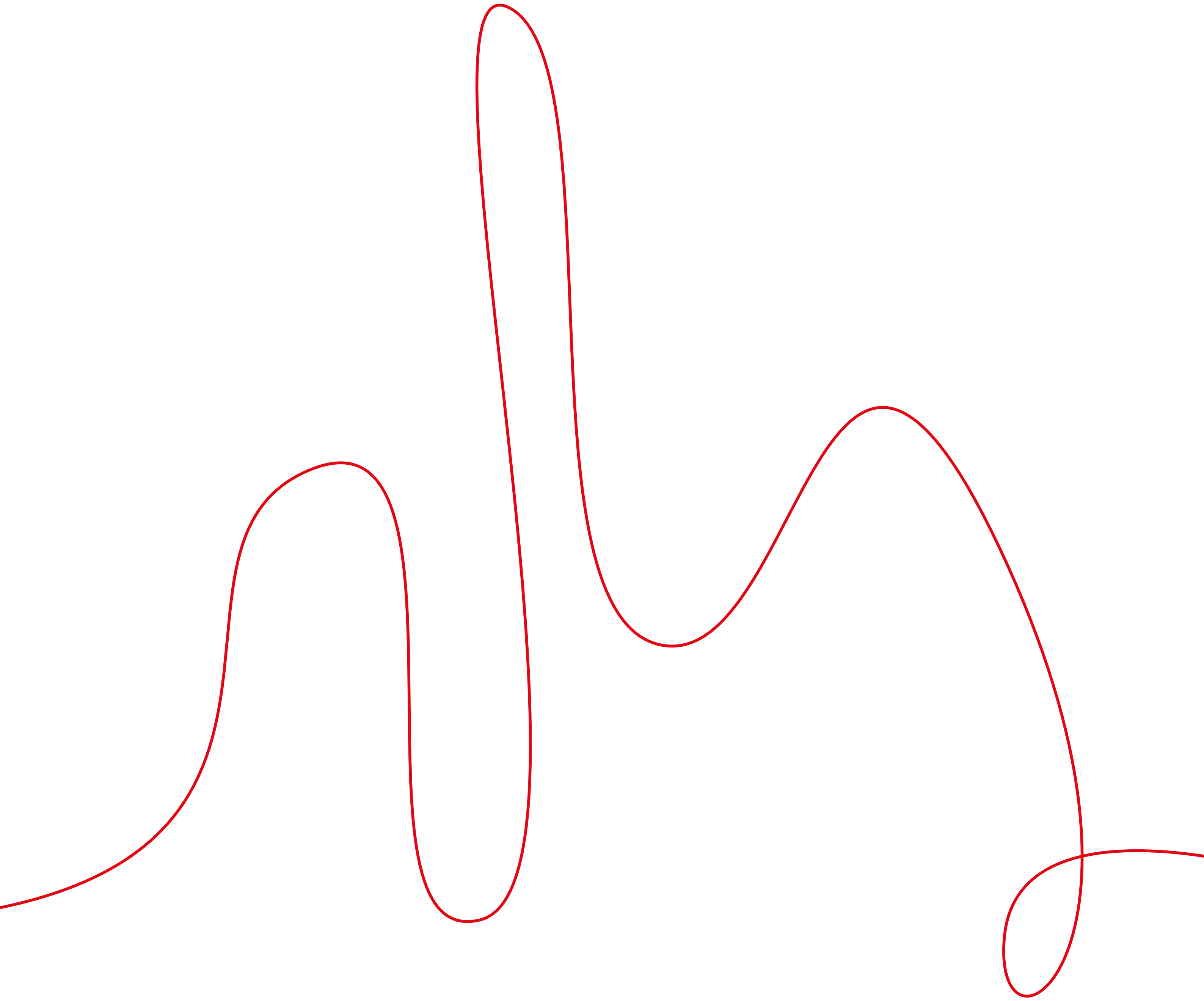
21. IFRC PS Centre, Peer Support Systems in Volunteer Organizations



DECISION TREE

①

PREPARE YOURSELF Do you feel prepared? You are aware of existing procedures, guiding principles, available services, who to contact for support?

YES

Good, you are ready to support people in need. Remember to take care of yourself as well

NO

Take some time to prepare. Follow **STEP 1**

②

SAFELY IDENTIFY THE NEEDS OF THE PERSON Have you found safe, private and quiet place to talk, made the person feel comfortable? Identified their needs/risks and understood them?

YES

Great! Go to **STEP 3**

NO

Make sure you understand the person's needs and wishes first. Follow **STEP 2**

③

LINK – SHARE ACCURATE INFORMATION AND LINK PEOPLE WITH RESOURCES AND SUPPORT SYSTEMS Are there relevant service providers in your area? Is the person capable/safe to access services on their own?

YES

Is the person capable and safe, and wishes to access needed services themselves?

YES

Link them to services and support they need by sharing essential information about services available which may address their need and how they can access them. Once done, end the conversation supportively

NO

If the person requires additional assistance because they are at heightened risk and/or in situations of vulnerability, explain the **referral process.** Go to **STEP 4**

NO

It's OK. Remain calm and be honest. You can check if other services are available in the wider region including community-based support, or ask the person if there is someone they trust to ask for support. Remember and apply the Psychological First Aid (PFA) principles: Look, Listen, Link. Being present and listening to the person can be supportive in itself.

4 REFERRAL, SEEK AND DOCUMENT INFORMED CONSENT

Did the person understand the referral process and provided their informed consent to be referred?

YES

Document informed consent and go to **STEP 5**

NO

Do not proceed with the referral. Explain what services are available and how the person can access them (**STEP 3** – Link)

5 FILL THE REFERRAL FORM AND MAKE THE REFERRAL

- Fill the referral form with required information
- Share it with your NS focal point that will conduct the referral in line with the agreed channels
- Leave a copy of the referral form with the person (if safe) and explain what they can expect. End the conversation supportively

Referral **focal points** should:

- Review the completed form for accuracy. If not, contact the staff/volunteer who completed it to clarify.
- Sign and date the form.
- Share the form/make the referral through the agreed channels

6 RECORD THE REFERRAL AND STORE DATA CONFIDENTIALLY

- Record referral information in your NS's referral management system/tracking sheet/logbook
- Store referral information in secure locations with limited authorized access

7 FOLLOW UP ON THE STATUS OF THE REFERRAL

Has the service provider confirmed the receipt of the referral? Have they informed your NS referral focal point on the status of the referral?

YES

Great, ensure the referral information is updated. If the person referred has provided informed consent, we can follow up with them to ensure that the referral was successful and receive feedback about the service

NO

It is our responsibility to follow up with the service provider. This is usually done by the NS referral focal point

I DO NOT KNOW

Ask your referral focal point if they have received any update on the referral

DO'S AND DON'TS AND EXAMPLES OF WHAT TO SAY

Examples of what you can say

when you meet a person in need of support:

- Hello, I am (your name) and I am working as a (your role) with (National Society name).
- Does this place feel OK for you? Is there another place where you would feel better? Do you feel comfortable having the conversation here?
- Would you like some water? Please feel free to have a seat.
- How can I support you?

Some helpful do's and don'ts

DO'S

✓ Do clearly explain your role and manage expectations.

✓ Ask the person if they are comfortable talking to you or if they would prefer to talk to a different person (e.g. female/male staff or volunteer)

DON'TS

✗ Do not make promises you cannot keep such as saying "everything will be OK" when it is not within your control.

✗ Do not assume you know what someone wants or needs.

- ✓ If needed, to the best of your ability ask the person to choose someone they feel comfortable with to translate and/or support them if needed.
- ✓ Do ask how you can support with any basic urgent needs first and if the person feels comfortable talking to you in your current location.
- ✓ Let the person tell you how they feel about their personal safety and security. Take care of not making assumptions about what you're seeing.
- ✓ Do listen in a non-judgmental manner and accept the persons choices and decisions.

- ✗ Do not force help on people by being pushy or intrusive.
- ✗ Do not overreact. Stay calm.
- ✗ Do not proactively identify or seek out survivors of SGBV/Trafficking
- ✗ Do not put the person in danger e.g., by calling the police without their consent.
- ✗ Do not pressure the person into sharing more information beyond what they feel comfortable with. Very specific details are not important to your role in listening and providing information on available services.
- ✗ Do not ignore, doubt or contradict what someone tells you, your role is to listen without judgment and to provide information on available services.

Examples of what you can say

when you need to link and/or explain the referral process to the person:

- I will try to support you as much as I can, but I am not a counsellor; I can provide you with the information that I have. There are some people/organisations that may be able to provide some support to you and/or your family. Would you like to know about them?
- Our conversation will stay between us. I will not share anything without your permission (if there are no limits to confidentiality).
- I am sorry this happened to you. What happened was not your fault.

Some helpful do's and don'ts

DO'S

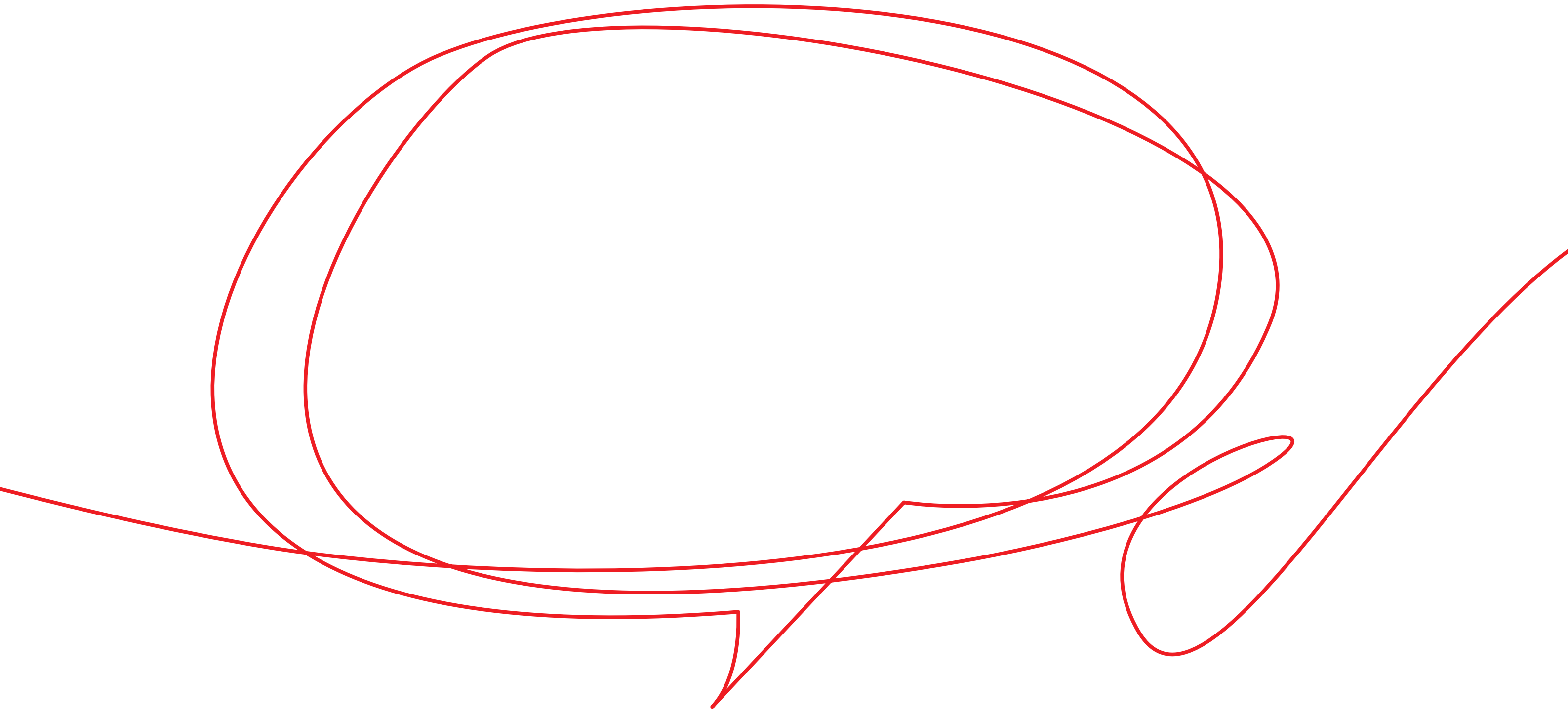
- ✓ Make sure you have an updated list of service providers in your area.
- ✓ Provide clear, accurate, updated and age-appropriate information about the options available. Remember your role is not to advise.
- ✓ Tell the person that they do not have to make any decisions now, they can change their mind and access these services in the future.

DON'TS

- ✗ Do not exaggerate your skills, make false promises or provide false information.
- ✗ Do not assume you know what a person wants or needs, some actions may put a person at risk of stigma, retaliation, or harm.
- ✗ Do not offer your own advice or offer opinion on the best course of action or what to do next

- ✓ Keep any information confidential and let the person know if you are obliged to tell someone what happened (e.g., the police)
- ✓ Minimise the number of times a person needs to tell their story. If you need to seek advice on how to support the person, ask for their permission to talk to your Team Leader/Focal Point.
- ✓ Use some statements of comfort and support.
- ✓ Pay attention to your own emotional and physical reactions. Practice self-care

- ✗ Do not judge or blame the person for what happened to them or for any other reason.
- ✗ Do not make comparison with something that has happened to another person and do not minimise the person’s experience.
- ✗ Do not take photos of the person or record the conversation.



FREQUENTLY ASKED QUESTIONS (FAQS) FOR STAFF AND VOLUNTEERS

I'm confused! What is the difference between link, referrals, and case management?

	WHAT	**WHO**	**WHEN**
LINK	Sharing accurate information relevant to the person and their needs and link them with necessary resources and support systems	This can be done by all staff/volunteers trained in PFA skills	The person has the capacity/resources to access the needed services themselves, do not wish or require to be formally connected to a service provider
REFERRALS	Formally connecting a person to a service provider based on identified needs and risks.	This should be done by a staff/volunteer with referral management responsibility with more in-depth training	When the person requires additional assistance to access a service because they are at heightened risk and/or in situations of vulnerability and consents to be referred
CASE MANAGEMENT	A structured approach to supporting people with multiple needs (e.g., for cases of SGBV or child protection) in a timely and coordinated manner - through direct support and/or referrals.	Role of specialized service providers and conducted by specialized staff e.g., social workers, case managers, psychologists.	When the person has multiple and complex needs that require a structured timely and coordinated approach with multiple actors involved

I'm not sure I understand the difference between service mapping and referral pathways!

To keep it simple service mapping is like a road map of available services and referral pathways are like the directions on that map, helping people access services. Service mapping focuses on WHAT services are available in a specific location, referral pathways focus on HOW people can be connected to appropriate services. For example, by including information on where people can obtain each service and how when and at what cost. By working together, service mapping and referral pathways contribute to a more efficient, coordinated, and effective humanitarian response.

What if I need to refer a person to a service provided by a different department in my National Society?

While the Pocket Guide mostly focus on referrals to external service providers, referrals can also take place within the same National Society between different Units/Departments. The guiding principles and steps can be applied to internal referrals within a National Society as well. Some National Societies have different procedures for internal referrals. Find out what is your National Society procedures for internal referrals. If you are not sure ask your Team Leader/Volunteer Manager or the Focal Point.

How can referral information be managed?

There are different ways to manage referrals information. The system used will depend on several factors, including existing data protection laws, availability of internet connection and personal computers, etc.

These include information management system (digital platform/software), a database or referral tracking sheet usually in excel (password protected) or a logbook in hard copy that can be safely stored.

Having such a system in place is critical to facilitate, track, follow-up and monitor individual referrals, protect data and help with the analysis of non-identifying referral data.

ANNEX
REFERENCES AND ADDITIONAL RESOURCES

GENERAL GUIDANCE:

- IFRC **PGI in Emergencies Minimum Standards**, 2018
- IFRC **Guide to Community Engagement and Accountability**, 2022
- ICRC **Professional Standards for Protection Work**, 2024
- ICRC **Handbook on Data Protection in Humanitarian Action**, 3rd edition, Cambridge University Press, 2024. University Press, 2024.
- IASC, **Operational Guidance on Data Responsibility in Humanitarian Action**, 2023.

REFERRALS, SERVICE MAPPING AND REFERRAL PATHWAYS:

- IFRC, **PGI in Emergencies Minimum Standards** and **Toolkit:**
    - **Guidance on basic referral mapping and case management**
    - **Quality assurance checklist**
    - **Referral services mapping template**
    - **Referral pathways template for focal points**
    - **Sample referral pathway**
    - **Referral form sample template**

- Inter-Agency Coordination Lebanon, **Lebanon Inter-Agency Minimum Standard on Referrals**, 2020

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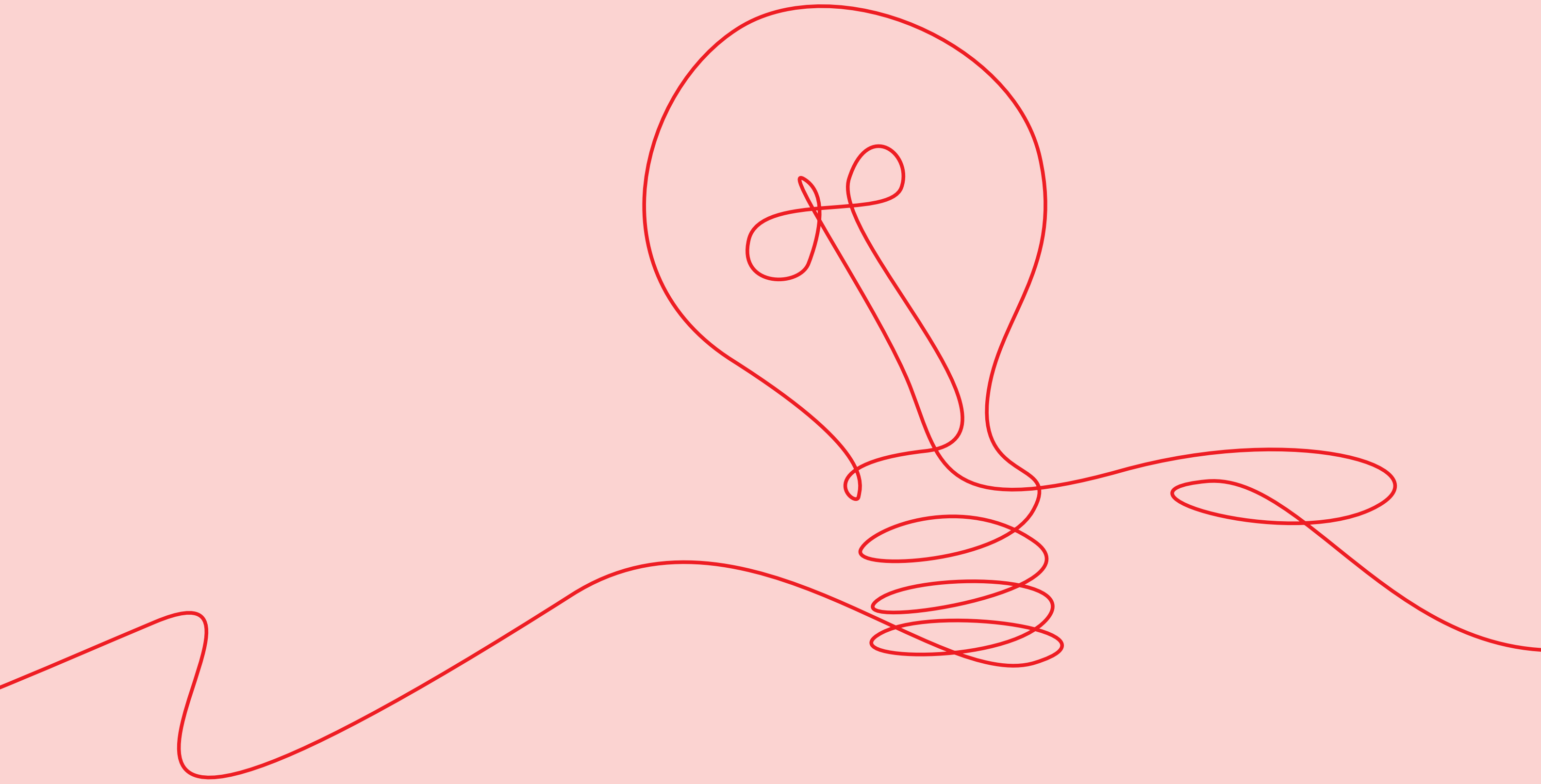

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