Inter-Agency Referral Form and Guidance Note

IASC
Inter-Agency Standing Committee
IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings

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Inter-Agency Referral Guidance Note for MHPSS

What is an inter-agency referral?

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

Who can use the referral form?

The referral form is intended to be used by humanitarian organisations working with persons with MHPSS problems. The referral form and guidance note are tools to facilitate inter-agency referrals, referral pathways, trainings and workshops, and as a means to document referrals in accordance with minimum standards. The referral form and guide can be used by any service provider for example, by a Doctor working in a primary healthcare centre referring a child to a child friendly space or a nutrition feeding programme, or a Case Manager referring a client for physical rehabilitation. It can also be used by persons providing Psychological First Aid, depending on the person's role/ responsibilities, after a distressing event.

The referral form is designed to facilitate referrals between and within all four levels of the IASC MHPSS Intervention pyramid[1]. Case Managers and Community Workers may find the tool of particular use in their work with individual clients and their families.

The referral form is not a tool to detect persons with mental, neurological and/ or substance use (MNS) disorders, rather it can be used to refer persons to mental health care services for assessment and further management.

How can I make a referral?

At its most basic, the steps required to make a successful referral are:

1. **Identify the problem- what does the client need?** Identify and/or assess the client's problems, needs, and strengths with her/ him and/ or their caregiver (e.g. if the client is a minor or with severely impaired functioning requiring caregiver help).

2. **Identify which organization or agency can meet this need.** Identify and map other service providers who may be able to assist the client and/ or the caregiver with her/ his needs. Information about other services in your geographical areas can be obtained from service guides, 4Ws mapping reports or Coordination meetings[2]. Check if the child is already included within the child protection management system (e.g., Primero platform)[3]

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

4. **Explain referral to the client.** Provide information about available services and explain the referral to the client and/ or caregivers (e.g. What services are provided? Where is the service provider located? How can the client get there and receive services? Why do you recommend the referral?). Keep in mind that the client can choose to not be referred.

5. **Document consent.** If the client agrees to the referral, obtain consent before the client's information is shared with others and agree with the client, which information can be shared. Parental/ care giver consent should be obtained if the client is a minor.

6. **Make the referral.** Fill out the inter-agency referral form in triplicate (x1 copy with referring agency, x1 copy with client/ caregiver, x1 copy to receiving agency). Provide the referral agency's contact information to the client and accompany them to the referral agency if needed. Referrals can also be made over the phone (if in an emergency), via e-mail or through an App or a database. See Annex 1 for the IASC referral forms.

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

8. **Storage of information and confidentiality**. All referrals forms and case files should be stored in secure (locked) cabinets to ensure the implementation of safe and ethical data collection, management and storage of information.

How can I work together with different agencies to coordinate referrals?

The successful implementation of an inter-agency referral system includes participating agencies to (1) endorse uniform referral documentation (e.g., a uniform referral form - see IASC referral forms and key in Annex 1 and Annex 2), (2) agree on specific referral pathways, procedures and standards for making referrals (e.g., which organisation will be best suited to serve which kind of clients), (3) train relevant staff on the use of documentation, standards and procedures, and (4) participate in coordination activities such as a 4Ws MHPSS service mapping (Who is doing What, Where and When), coordination meetings and referral workshops.

These steps should be coordinated through existing mechanisms, such as inter-agency MHPSS coordination groups or through relevant clusters/ working groups. It is recommended that this effort is cross-sectoral, including actors from sectors such as nutrition, camp coordination and camp management, education, protection, MHPSS, and health.

Monitoring and evaluating referrals and functioning referral systems

The success of an inter-agency referral system could be tracked using a variety of indicators, depending on the agencies' data and reporting needs. For example, at a basic level, agencies could report an increase in inter-agency collaboration through agreeing on a referral form to be used by all coordinating agencies, citing the number of agencies who have endorsed the form and committed to training their staff on its use. At a higher level, agencies could track an increase in their staff capacity to make successful referrals via pre-, post-, and delayed-post tests or the number of successful referrals documented through inter-agency quality and tracking measurements. Where relevant, all indicators should be sex and age disaggregated. Please see Annex 3 for a list of output and outcome indicators with corresponding means of verification to measure referrals and functioning referral systems.

[1] Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC, p11-13.
[2] The IASC 4Ws: Who is Doing What, Where and When in Mental Health and Psychosocial Support Emergency Settings maybe a useful guide when sourcing service providers.
[3] http://www.primero.org/

Referring agency copy ☐ Routine ☐ Urgent Date of Referral (DD/MM/YY):

Referring Agency	
Agency / Org:	Contact:
Phone:	E-mail:
Location:	

Receiving Agency	
Agency / Org:	Contact (if known):
Phone:	E-mail:
Location:	

Client Information	
Name:	Phone:
Address:	Age:
Sex:	Nationality:
Language:	ID Number:
If Client Is a Minor (under 18 years)	
Name of primary caregiver:	Relationship to child:
Contact information for caregiver:	Is child separated or unaccompanied? ☐ Yes ☐ No
Caregiver is informed of referral? ☐ Yes ☐ No (If no, explain)	

Background Information/Reason for Referral: (problem description, duration, frequency, etc.) and Services Already Provided	
Has the client been informed of the referral? ☐ Yes ☐ No (If no, explain below)	Has the client been referred to any other organizations? ☐ Yes ☐ No (If yes, explain below)

Services Requested

☐ Mental Health Services	☐ Protection Support/ Services	☐ Shelter
☐ Psychological Interventions	☐ Community Centre/ Social Services	☐ Material Assistance
☐ Physical Health Care	☐ Family Tracing Services	☐ Nutrition
☐ Physical Rehabilitation	☐ Legal Assistance	☐ Financial Assistance
☐ Psychosocial Activities	☐ Education	

Please explain any requested services:

Consent to Release Information (Read with client/ caregiver and answer any questions before s/he signs below)

I, (client name), understand that the purpose of the referral and of disclosing this information to (receiving agency) is to ensure the safety and continuity of care among service providers seeking to serve the client. The service provider, (referring agency), has clearly explained the procedure of the referral to me and has listed the exact information that is to be disclosed. By signing this form, I authorize this exchange of information.

Signature of Responsible Party:

(Client or Caregiver if a minor). Date (DD/MM/YY):

Details of Referral

Any contact or other restrictions? ☐ Yes ☐ No (If yes, explain below)

Referral delivered via: ☐ Phone (emergency only) ☐ E-mail ☐ Electronically (e.g., App or database) ☐ In Person

Follow-up expected via: ☐ Phone ☐ E-mail ☐ In Person. By date (DD/MM/YY):

Information agencies agree to exchange in follow up:

Name and signature of recipient: Date received (DD/MM/YY):

Client copy ☐ Routine ☐ Urgent Date of Referral (DD/MM/YY):

Referring Agency	
Agency / Org:	Contact:
Phone:	E-mail:
Location:	

Receiving Agency	
Agency / Org:	Contact (if known):
Phone:	E-mail:
Location:	

Client Information	
Name:	Phone:
Address:	Age:
Sex:	Nationality:
Language:	ID Number:
If Client Is a Minor (under 18 years)	
Name of primary caregiver:	Relationship to child:
Contact information for caregiver:	Is child separated or unaccompanied? ☐ Yes ☐ No
Caregiver is informed of referral? ☐ Yes ☐ No (If no, explain)	

Background Information/Reason for Referral: (problem description, duration, frequency, etc.) and Services Already Provided	
Has the client been informed of the referral? ☐ Yes ☐ No (If no, explain below)	Has the client been referred to any other organizations? ☐ Yes ☐ No (If yes, explain below)

Services Requested

☐ Mental Health Services	☐ Protection Support/ Services	☐ Shelter
☐ Psychological Interventions	☐ Community Centre/ Social Services	☐ Material Assistance
☐ Physical Health Care	☐ Family Tracing Services	☐ Nutrition
☐ Physical Rehabilitation	☐ Legal Assistance	☐ Financial Assistance
☐ Psychosocial Activities	☐ Education	

Please explain any requested services:

Consent to Release Information (Read with client/ caregiver and answer any questions before s/he signs below)

I, (client name), understand that the purpose of the referral and of disclosing this information to (receiving agency) is to ensure the safety and continuity of care among service providers seeking to serve the client. The service provider, (referring agency), has clearly explained the procedure of the referral to me and has listed the exact information that is to be disclosed. By signing this form, I authorize this exchange of information.

Signature of Responsible Party:

(Client or Caregiver if a minor). Date (DD/MM/YY):

Details of Referral

Any contact or other restrictions? ☐ Yes ☐ No (If yes, explain below)

Referral delivered via: ☐ Phone (emergency only) ☐ E-mail ☐ Electronically (e.g., App or database) ☐ In Person

Follow-up expected via: ☐ Phone ☐ E-mail ☐ In Person. By date (DD/MM/YY):

Information agencies agree to exchange in follow up:

Name and signature of recipient: Date received (DD/MM/YY):

Receiving agency copy ☐ Routine ☐ Urgent Date of Referral (DD/MM/YY):

Referring Agency	
Agency / Org:	Contact:
Phone:	E-mail:
Location:	

Receiving Agency	
Agency / Org:	Contact (if known):
Phone:	E-mail:
Location:	

Client Information	
Name:	Phone:
Address:	Age:
Sex:	Nationality:
Language:	ID Number:
If Client Is a Minor (under 18 years)	
Name of primary caregiver:	Relationship to child:
Contact information for caregiver:	Is child separated or unaccompanied? ☐ Yes ☐ No
Caregiver is informed of referral? ☐ Yes ☐ No (If no, explain)	

Background Information/Reason for Referral: (problem description, duration, frequency, etc.) and Services Already Provided	
Has the client been informed of the referral? ☐ Yes ☐ No (If no, explain below)	Has the client been referred to any other organizations? ☐ Yes ☐ No (If yes, explain below)

Services Requested

☐ Mental Health Services	☐ Protection Support/ Services	☐ Shelter
☐ Psychological Interventions	☐ Community Centre/ Social Services	☐ Material Assistance
☐ Physical Health Care	☐ Family Tracing Services	☐ Nutrition
☐ Physical Rehabilitation	☐ Legal Assistance	☐ Financial Assistance
☐ Psychosocial Activities	☐ Education	

Please explain any requested services:

Consent to Release Information (Read with client/ caregiver and answer any questions before s/he signs below)

I, (client name), understand that the purpose of the referral and of disclosing this information to (receiving agency) is to ensure the safety and continuity of care among service providers seeking to serve the client. The service provider, (referring agency), has clearly explained the procedure of the referral to me and has listed the exact information that is to be disclosed. By signing this form, I authorize this exchange of information.

Signature of Responsible Party:

(Client or Caregiver if a minor). Date (DD/MM/YY):

Details of Referral

Any contact or other restrictions? ☐ Yes ☐ No (If yes, explain below)

Referral delivered via: ☐ Phone (emergency only) ☐ E-mail ☐ Electronically (e.g., App or database) ☐ In Person

Follow-up expected via: ☐ Phone ☐ E-mail ☐ In Person. By date (DD/MM/YY):

Information agencies agree to exchange in follow up:

Name and signature of recipient: Date received (DD/MM/YY):

Annex 2: Description of key terms in the referral form

Section on the referral form	Explanation and examples[4]
Location	Examples include the name of a specific camp, or a physical street address. The client/ care giver should be able to physically locate the receiving agency from this information.
Age	Can be written in a date of birth format (DD/MM/YYYY); or exact age written in years; or written as an estimated age if the information is not known by the client/ care giver.
Client has been informed of referral (Y/N)	If checking 'no', please explain why the client or caregiver has not been informed of the referral. The consent signature appears towards the end of the form.
Has client been referred to any other organizations (Y/N)	It is helpful for agencies to know about previous referrals to prevent one individual or family being referred several times by multiple agencies for the same service. It also helps guide any future referrals.
Mental Health Services	Category refers to the assessment and clinical management of mental, neurological and substance use (MNS) disorders (whether by specialised or non-specialised health care providers); and support to the caregivers of persons with MNS disorders. Please specify in the narrative box whether inpatient or outpatient services are requested. Of note, mental health services often also offer psychological interventions and psychosocial activities (see below).
Psychological Interventions	This includes psychological interventions such as individual, family or group counselling/ therapy.
Physical Health Care	Refers to physical health care by Doctors, Nurses, Midwives and Community Health Workers etc. Please specify in the narrative box whether inpatient or outpatient services are requested.
Physical Rehabilitation	This primarily includes physiotherapy, occupational therapy and prosthetics.
Psychosocial Activities	This includes community, group and family support activities; child, women and youth friendly spaces; assistance to vulnerable individuals and families; parenting classes, early childhood development and psycho-education for individuals and families.
Protection Support/ Services	Protection includes mine action and mine risk education, child protection and sexual and gender based violence. Protection support/ services also covers protection monitoring, specific services for persons with disabilities, survivors of sexual and gender based violence, survivors of torture, targeted programmes for children associated with armed groups/ forces, child labour and case management services for children and SGBV survivors.

[4] IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings. (2012). Who is Where, When, and doing What (4Ws) in Mental Health and Psychosocial Support: Manual with Activity Codes (field test-version). Geneva.

Family Tracing Services	Restoring family links; reunification services; best interest assessment (BIA) and alternative care for unaccompanied and separated children.
Legal Assistance	Access to legal advice including through paralegals and lawyers; housing, land and property issues; and documentation (e.g., identification cards and certificates for: birth, death, marriage, divorce and educational qualifications etc.).
Nutrition	Mother-baby groups, promotion of breastfeeding practices, therapeutic-feeding for severe and/ or acute malnutrition and cognitive stimulation groups.
Any contact or other restrictions (Y/N)	This question relates to the protection of the client being referred and the principle of 'Do No Harm'. In some cases, (such as persons with mental health disorders, survivors of sexual and gender based violence, or in cases of child protection), there may be certain restrictions on how to contact the client and how to provide services/ support to ensure that you are not causing additional harm. This is important in protection-related cases when the perpetrator maybe a family or a community member, and when working with persons with mental health problems to minimise any related stigma and to ensure confidentiality. In such situations, the client may request that she/ he be contacted through a close friend, another relative or a trusted community member, or through another medium such as via e-mail, rather than through the telephone. Please write any such concerns or restrictions in the space provided on the form.
Information agencies agree to exchange in follow up	In functioning referral systems, there is often a need for an exchange of information between the referring agency and the receiving agency. In most situations this is just a confirmation receipt for a referral, but in other situations additional information exchange maybe required, whilst respecting the client's wishes for confidentiality (e.g., if one agency is providing case management services and is responsible for coordinating a client's referrals).

Annex 3: A table listing output and outcome level indicators and corresponding means of verification to measure inter-agency referrals[5].

Output/ Outcome	Indicators	Means of Verification
Functioning referral system is established (Output)	Referral procedures established, including referral documentation and forms	Referral documentation forms & referral guidelines
	MHPSS 4Ws Service Mapping conducted	IASC MHPSS 4Ws: Who is doing What, Where and When Service mapping (could also be conducted by OCHA)
	# of inter-agency referral work-shops (or trainings) conducted	Attendance sheets
	# of organisations and agencies participating in inter-agency referral workshops (or trainings)	Workshop reports
	# of MHPSS staff and volun-teers providing direct services are knowledgeable of referral resources and procedures.	Staff/ volunteer activity records, referral tracking sheets or individual client files Activity space weekly report Clinic records/ register
	# and % of medical facilities, social service facilities and community programmes that have and apply procedures for the referral of people with MHPSS problems	Individual clinic or social service register Activity space weekly report Referral documentation forms Inter-Agency quality and tracking measurements
Increase in the frequency and quality of referrals (Outcome)	# of documented successful[6] referrals (made & received) disaggregated by service, gender and age.	Referral documentation forms Inter-Agency quality and tracking measurements Weekly/ monthly activity reports
	Level of satisfaction of people with MHPSS problems regarding the referral/ or referral process	Client satisfaction survey Feedback forms/ surveys
	# of clients (out of the total number of clients) who were successfully referred to other services. # and % of referrals received from other service providers.	Client files Referral documentation forms Monthly/ quarterly activity reports (take a baseline, mid and end-line to measure changes over time)
	Increase in staff and volunteers' knowledge and capacity to make successful referrals	Staff/ volunteer competency checklist Pre and delayed post tests Supervision sessions

[5] Some examples of indicators were taken from the Inter-Agency Standing Committee (IASC) Reference Group for Mental Health and Psychosocial Support in Emergency Settings, A Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings, IASC, Geneva, (2017); and the International Federation of Red Cross and Red Crescent Societies' Reference Centre for Psychosocial Support (IFRC PS Centre), Monitoring and Evaluation Framework for Psycho-social Support Interventions, IFRC PS Centre, Copenhagen 2017: http://pscentre.org/topics/m-and-e/

[6] Agencies are strongly encouraged to define 'successful referrals' in their monitoring and evaluation plans, and to ensure that any means of verification adhere to this definition.