

for each service provider and processes for resolving conflicts or concerns that arise in the course of managing referrals. **An example** of this includes a Memorandum of Understanding (MoU) signed between two or more service providers that is nonbinding, but documents agreements that have been made.

PROCESSES FOR COLLABORATION

The process to support ongoing collaboration involves formal or informal mechanisms for sustaining interaction between service providers, such as regular and formal meetings or phone calls to discuss individual cases or processes for managing referrals and addressing bottlenecks, or informal gatherings to encourage service providers to get to know each other and develop collegial relationships. **Examples include** a monthly meeting hosted by a health facility and involving healthcare providers and social service providers to update colleagues on services available and/or to discuss cases that have been lost to attrition or cases that need special health or social services, or a happy hour hosted by a social service organization to introduce services provided by the organization at which other relevant service providers have been invited to introduce their services as well.

REFERRAL FOCAL POINTS

Referral focal points involves hiring or task-shifting responsibility to existing staff for the management of referrals for a service provider or a network of service providers. **An example** of this could include a clinic-community coordinator who is seconded to clinics to facilitate referrals to community



Formal agreements and processes for collaboration are two key components of a successful referral system between social services and the health system.

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socio-economic services (see Liaison model, page 2), a hotline operator who provides limited services (e.g., limited psychosocial support) in the process of generating referrals to one or several service providers (see hub and spoke model), or an escort provided by a referring service provider to accompany a client to the receiving service provider. This is especially useful for clients referred for HIV testing and counseling who may need assistance and support processing the results of the test.

1 Roelen, K., Long, S., and Edström, J. on behalf of Institute for Development Studies and Centre for Social Protection (2012). [Pathways to protection – referral mechanisms and case management for vulnerable children in Eastern and Southern Africa Lessons learned and ways forward](#); International HIV/ AIDS Alliance in India (n.d.). [Building Linkages and Referrals- a step towards sustainability: Alliance India's Experience](#); MEASURE Evaluation (2013). [Referral Systems Assessment and Monitoring Toolkit](#). USAID, PEPFAR and MEASURE Evaluation.

2 https://www.health.ny.gov/diseases/aids/providers/standards/casemanagement/case_coordination_conferencing.htm

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REFERRAL MECHANISMS FOR CHILDREN ORPHANED OR MADE VULNERABLE BY HIV (OVC)

The timely referral of children to necessary services within and between different sectors (e.g., health, education, social services) is critical for effectively preventing and responding to the multiple vulnerabilities faced by children and families affected by HIV and other adversities. **A referral**, in this case, is understood as the process of recognizing a risk or concern about a child or household, deciding that action needs to be taken, and providing information about or referring the client to the identified service. Referrals include **self-referral** (e.g., calling a helpline) or a **referral from a service provider to another service provider** (e.g., a social worker referring a family to the health clinic for HIV testing). Within orphan and vulnerable children (OVC) programming, direct service referrals from one service provider to another are the most common. These referrals can occur within the same sector (from one social service provider to another) and between sectors (from social services to the health clinic or vice versa). The linkages between the health sector and social service system are especially



relevant within OVC programming given that children and families affected by HIV and other adversities tend to have multiple vulnerabilities that require services and support provided by both sectors.¹

Referrals are supported by a referral mechanism. This can be understood as the identified steps or processes that enable a referral to go from start to completion. A referral mechanism is a process of referring clients (this could be a vulnerable child, caregiver or household) to another organization or service provider for the purpose of receiving a service or services that the referring organization does not provide, but that the client requires.

A functional referral mechanism is a central component of any effective multisectoral and integrated service delivery system. OVC programming is based upon an understanding that vulnerable children have differing needs dependent on age, sex, risk factor and family environment. Therefore, a wide range of services and support are often required to provide a comprehensive and tailored package of services that meets the needs of each individual case. OVC implementing partners provide some, but not all, of the services required to address the multiple vulnerabilities among OVC and their families. When a referral mechanism works well, it can and does result in minimized duplication of services, strengthened linkages between service providers, holistic approaches to addressing multiple and different child and household strengths and needs, and can improve cost effectiveness and client satisfaction.

Types of referral mechanisms

There are several types of referral mechanisms that are commonly utilized by OVC implementing partners. Several of these models have been applied successfully in the health sector, thus providing OVC programming with important examples and lessons learned. In some cases, more than one type of referral mechanism might be utilized by an OVC program in an effort to ensure the best range of services are made available to and accessed by the client. The type of referral mechanisms used by a program should be determined by the context, the needs of the targeted population requiring the services and the type of engagement, including time and resources available of those engaged in the process. Following are examples of types of referral mechanisms within OVC programming.

HUB AND SPOKE

All referrals are generated from one service provider (the hub) and sent to other service providers (the spokes). **An example** of this is a hotline (the hub) receives calls and then makes a referral to other service providers (spokes), depending on the needs of each individual case.

CASE CONFERENCING

An interdisciplinary group of service providers working with a client comes together to discuss the client's case and inform the development of the client's case plan, including identifying a range of services and support needed and where services can be accessed, and facilitating referrals for services.¹ **An example** of this is a social worker convenes a meeting involving a child's teacher, health care provider and case worker to share perceived needs and resources available to the child and the child's caregiver. During the case conferencing meeting, participants share ideas for addressing needs and maximizing

strengths within the child's and caregiver's case plan, and any specific services that they themselves or their organizations can provide or that are available through other service providers to help achieve the plan.

LIAISON

A representative from one service provider is seconded to another service provider to facilitate referrals. **An example** of this is a clinic-community case coordinator seconded by a community-based OVC program (the liaison) rotates through one or several health facilities on a regular basis to work with facility staff to identify children in need of socio-economic services, assess children for eligibility of services, open a case file at the facility, refer the child to the community-based OVC program and/or other social services for further support, and follow up with facility staff to ensure that children referred from community-based OVC programs to health facilities have received required services.

NETWORK

A group of service providers, each offering different services or services in different geographic areas, form a network of service providers with common protocols, standards of practices, tools and resources, confidentiality agreements and reporting processes to facilitate referrals within the network. Clients can engage with the network through any of the networked service providers (e.g., any of the service providers have the ability to initiate a case file for a client and refer the client to other providers within the network). Often service providers are connected through a phone network that allows them to call one another free of charge and send data through mobile phones or websites. **An example** of this is a service provider specializing in services for commercial sex workers enrolls a commercial sex worker and discovers she has two children. The service provider

refers the sex worker to a community-based OVC program providing parenting training and support groups and home visiting/case management focused on improving the well-being and protection of vulnerable children. The community-based OVC program works closely with the service provider that first enrolled the sex worker to develop a family-based case plan and achieve goals outlined in the case plan. Reports on progress or concerns are shared confidentially through the network website, case conferencing or other informal methods.



A referral may be made after a service provider recognizes a concern in the home.

Key components of referral mechanisms

There are several important steps involved in developing a coordinated and sustained referral mechanism. These include:

SERVICE MAPPING

Service mapping provides the basic foundation for a referral mechanism. In service mapping, information about services and support (statutory, and non-statutory, including community-based) in a specific geographic area (i.e., village, sub-county, or district) is collected and shared. **An example** of this includes virtual service directories accessed via a website or mobile phone, and hard-copy directories (accessed through a book or map) that are regularly updated and republished. A Service Provider Directory should include at a minimum the following information: name of service provider, address, phone, email, types and frequency of services provided, hours of operation and cost.

STANDARDIZED TOOLS AND SYSTEMS

Standardized tools and systems for ensuring referral completion involve a process by which networked service providers create common forms, software or other mechanisms to facilitate the initiation, tracking, and follow-up of referrals, as well as shared reports detailing the outcomes of referrals. **Examples include** referral registries, often in the form of a book held by the referring service provider; standardized referral forms, often available in triplicate to enable the referring service provider, the client and the receiving service provider to track the referral and confirm that services were received by the client; and electronic referral tools and resources, usually available within a larger electronic case management system that is Internet- and, in some cases, mobile-phone-based.² In addition to information generally recorded in referral forms and referral directories, electronic tools may also generate a receipt for the client with information about the receiving service provider; send an alert to the receiving provider to let them know that a client has been referred; monitor completion of the referral; send automatic reminders to the referring service provider, client and receiving service provider if clients do not present for services within a specified period of time; and record the outcomes of the services provided in a common database. A lower tech process for facilitating referrals electronically involves the referring service provider calling the receiving provider to alert them that a client has been referred, share a few critical details about the client, and request a report once the client has received services. In emergency cases where the child's safety and well-being are recognized as being life threatening or the environment is unsafe, standards of practice for emergency referrals should be known and understood by all who come in contact with the child. An immediate referral and follow-up should be made by whomever has identified the situation.

FORMAL AGREEMENTS

Formal agreements between networked service providers involve a process for coming to consensus around common objectives, protocols and procedures, standards of practices, confidentiality requirements, specific roles and responsibilities

ONE STOP SHOP

A group of service providers offering different services co-locate in one site or deliver mobile services through a coordinated outreach event, such as a service fair, or through a mobile unit, such as a bus or van transporting service providers and equipment to remote locations. As with other models, service providers use common protocols, standards of practices, tools and resources, confidentiality agreements and reporting processes to facilitate referrals. However, referrals and coordination are made easier due to the proximity of service providers. **An example** of this is when an abused child seeks medical services at a hospital or clinic, the medical officer treating the child conducts a forensic interview and provides post-exposure prophylactics. A police officer stationed at the hospital/clinic helps the child and her caregiver to file a criminal report, and arranges for the child and caregiver to meet with the prosecuting attorney. The hospital social worker provides a comfort kit with clean clothes and other essential items, ensures that the child and caregiver have a safe place to stay, offers counseling, and arranges for the child and caregiver to receive ongoing trauma-focused cognitive behavioral therapy at the hospital/clinic over a period of several weeks.