



# **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.

Each National Society is unique and operates within national legal frameworks and standards. This Pocket Guide will need to be contextualised and adapted to the specific context. Ask your National Society for guidance.

# 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. Only collect and share the minimum information required - on a 'need to know' basis - to allow the service provider to respond to the referral.

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

There are only a limited number 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.

Dealing with these situations is often complex and can put the person at further risk. Reach out to your Focal Point or Team Leader and ask for support if in doubt.



# 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, Safe-guarding 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.
- Your role is to listen without judgement, communicate you believe them, check you have understood correctly and do not make promises.
- Seek guidance 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?”

## **Migrants and displaced people**

Migrants may be vulnerable to different protection risks such as arbitrary arrest, labour exploitation, detention, abuse, trafficking, and SGBV and torture. 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?”



## 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***



## 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.<sup>19</sup>

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

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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.

service mapping and explain what the service can and cannot do.

- 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):** 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**<sup>20</sup>, 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:

- 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.



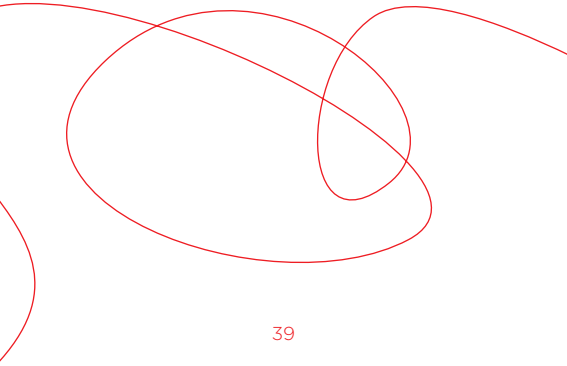
## 7 STEP

# **Record the referral and store data confidentially**



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:

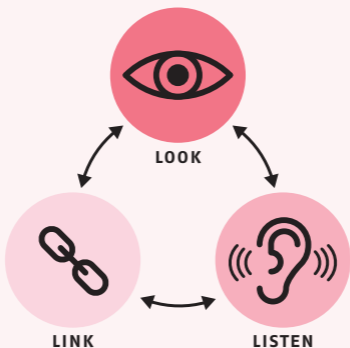
**Remain calm and help** the person in front of you feel calmer. Allow the person to share as much or as little as they would like to.

**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.<sup>21</sup>

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21. IFRC PS Centre, [Peer Support Systems in Volunteer Organizations](#)

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.

# 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)
- ✓ 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.

## 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.

- ✘ 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.
- ✘ 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.
- ✓ 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

## 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
- ✘ 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.

