PRACTICE GUIDE 5: REFERRALS

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This practice guide provides information, resources, tools and practice tips about referrals, including what they are, why they are required, who should do them and how they should be done safely and effectively.

Conducting referrals applies to universal and specialist workers.

REMEMBER: All adults must comply with their existing legal obligations under mandatory reporting laws – see Practice Guide 4- Shared Legal Responsibilities.

It is best practice to inform the client of your responsibility to report DFV, and child abuse and neglect, as early as possible in the interaction, provided this does not compromise their safety.

NOTE: IF THE CLIENT (OR ANY OTHER PERSON) IS IN IMMEDIATE DANGER, CONTACT POLICE.

What is referral?	Referral is the process of connecting clients to other information or services. There are different types of referrals, including information, warm and facilitated referrals. A secondary consultation is where a worker discusses a client with a worker from the same or another service, to gain advice, perspective or information about the client. Usually the client is not present, and the confidential details of the client are not shared.
Why is DFV referral important?	Referral to specialist DFV and broader support services is an essential part of the risk management process, as clients often have multiple needs that require multiple service responses. Secondary consultation can take place for a range of reasons, including using the skills and knowledge of specialist DFV services to help a worker in risk assessment, risk management and possible referral options. Secondary consultation can also occur with mainstream and other specialist services that have expertise to address wide-ranging needs such as providing practical or therapeutic support; working with Aboriginal people or people who identify as belonging to diverse communities; working with children, young people or older people. Using secondary consultation can help workers to build their own knowledge, establish working relationships across organisations, and to assist in providing support that is culturally safe.
Who should do DFV referrals?	Workers from all services should make referrals depending on the needs identified by the client. Workers from universal services that do not have the time available or the skills necessary to conduct a comprehensive risk assessment and management response should refer the client to a specialist DFV service or a trained worker where available. Services should have a good understanding of the programs provided by other services, including their eligibility and intake processes.
When should DFV referrals occur?	Referrals may be needed at any stage in the risk assessment and management process – during or after screening, risk assessment, or risk management.

How should referrals be made?

- All referrals should be made in consultation with the client, and, where safe, possible and practical, with their informed consent. Referrals are likely to be more effective when the client is involved in deciding which service is most appropriate for them. You can provide information about a range of options and let the client decide which services they want to use.
- An informal referral or information provision, is providing the client with verbal or written information about other services. If this type of referral is made, you should check at a later time if they have made contact and, if not, explore the reasons why. Do not assume that the person will follow up on the information and make contact. There may be various reasons for not making contact, and a warm or facilitated referral may help overcome any barriers.
- A warm referral involves contacting a service for or with the client, rather than just providing contact information and recommending that they contact the service directly. For example, the worker and client could make the phone call to the service together to make introductions and share information. Warm referral also involves a certain amount of follow up, in which the worker checks to make sure that the referral has been successful and that the client is receiving the required support from the service to which they were referred.
- A facilitated referral is where the worker provides relevant information to another service (verbally or in writing), makes arrangements for the client to attend, and/or goes with them to the service to assist in building rapport with a new service. This includes sharing information that prevents a client from having to repeat their story.
- Referrals can occur by telephone, face-to-face, or in writing (including e-mail), or a combination of these.
- Services may have referral protocols, agreed pathways or MOUs with other relevant services, to enable smooth referrals for their clients.
- Services can develop referral forms that include agreed information, minimising the need to ask the same questions of the client many times.
- Before making a referral, a worker should contact the service receiving the referral to make sure it is appropriate to refer, find out about waiting times and costs, advocate for the client to receive the service, and share relevant information (see Practice Guide 4).
- Consider what other support the client may need to assist them to access the service (for example interpreters, transport, childcare, speaking to a new worker while you are present).
- A referral, when made, should also include the option to accompany the client if required or if necessary. If possible provide the client with transport to get to the referral agency safely.
- The worker should explain to the client the purpose of the referral/s, the possible outcomes of the referral/s and any responses or actions that may be taken after referral. They should also be told of any risks associated with referral, the processes for referral and what information will be shared to facilitate the referral. Complete referral forms together with the client where appropriate.

How should referrals be made? (Continued)	• Clients should be offered choices where possible in being referred to a service that specialises in working with their community. Aboriginal clients, or people who have family members who are Aboriginal, may choose to use an Aboriginal or mainstream organisation. People from culturally, linguistically and faith diverse communities and LGBTIQ communities may also choose to access a specialist organisation. If there is no specialist service in your local area, you can support a receiving service to connect with a specialist service by secondary consultation to continue to facilitate safe engagement and service delivery. • Where a client declines, is unwilling or unable to accept a referral to support services, this decision must be respected. Clients of DFV may decline offers of assistance and support for a number of complex reasons, including (but not limited to) concerns related to culture, religious beliefs, fear, finances, previous experience with support agencies, concern about losing children or a combination of any of these and other factors. • If a client indicates that they do not want assistance, you can still provide them with written information and contact details for support services (where this is safe); discuss safety planning; and attempt to remain in contact with the client, perhaps by scheduling other appointments or telephone contact times. • You may also consider asking the client if they would like you to prepare a letter or other communication for them to take to other services that provides foundational information to enable safe engagement, such as about medical or mental health issues, medication, communication assistance needs, identity characteristics and pronouns.
What needs to happen after referrals?	In most situations, referral does not mean you stop working with a client. Depending on your role, you will likely need to maintain engagement or continue to 'check in' with the client to support connection to a receiving service and respond to any issues that arise. In most cases, it will also be necessary for you to work with the client to develop a safety plan to ensure their immediate safety. Referrals also need follow up. If a referral is made, you should check at a later appointment if the client has made contact and, if not, explore the reasons why.
Referrals and people who commit DFV	People who commit DFV often present with issues that intersect with their use of violence, for example, alcohol and drug misuse, mental health concerns and intergenerational trauma. These intersecting issues are not to be blamed for the violence, but they may exacerbate the violence or be used as an excuse for the violence and potentially act as a barrier to accessing the service system or making behavioural change. It is important that the person who has committed DFV is referred to appropriate services. When making a referral, indicate the forms of DFV used by the perpetrator as identified by the victim survivor, for example sexual violence, financially controlling behaviour, stalking. For more information see Practice Tool 2: Different forms of DFV. An inappropriate referral may result in continued, and in some situations, escalated risk for the adult victim survivors and children. Appropriate referrals for people who have committed DFV include: men's behaviour change programs; men's DFV helplines; and individual violence focused counselling. Inappropriate referrals for people who have committed DFV include: anger management; couples counselling, mediation, family counselling; and individual counselling that does not focus on the violence.
Related resources	For a Territory wide list of specialist domestic and family violence services see the NT Government website, or for NT social services see the NTCOSS Service Directory.