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Job Aid: The Referral Checklist

All actors involved in care and support for children and adolescents who have experienced sexual violence and exploitation are responsible for setting up a strong referral network. Children and adolescents with signs of sexual violence and exploitation may first present (or be identified) at a police station, educational institution (e.g., school or university), religious organization, community shelter, or children, adolescent, or women's organizations. Any of these groups can initiate a network to provide more comprehensive services.

The following checklist provides more detailed guidance to help with setting up a referral pathway/coordination network.

1 **Determine what a minimum service package might contain (even if much of the package is aspirational at the moment) and what resources might be available**

☐ **Review minimum standards package** to get general idea of what an integrated package entails (see *Minimum Standard Package*).

☐ **Consider what services and resources** are needed for this network to comprehensively serve children and adolescents who have experienced sexual violence and exploitation (*initial brainstorming of organizations and services you will need to link with*).

☐ **Conduct assessment** of internal service offerings and available resources: *What do you already offer internally, and what can be built upon?*

☐ **Review the basic principles and practice** of the legal system and obligations of legal staff to children and adolescents who have experienced sexual violence and exploitation, and implications in terms of service delivery.

☐ **Conduct community mapping** of potential referral points that provide relevant services, including government and nongovernmental resources. Determine which resources have stable, long-term funding, and which may be more precarious (this activity could be conducted with other stakeholders). Remember that there are traditional and informal community structures that can play an important role in supporting children, adolescents, and their families.

☐ **Conduct community-based assessments and/or focus group discussions** to get community input; identify social, economic, and physical barriers to services and ways to mitigate them; and identify opportunities for accessing services. If you are unsure of where services are offered, this is an opportunity to find out (Keesbury and Thompson 2010).

☐ **Hold consultations with children and adolescents themselves** to learn about their priorities, needs, and gaps. These consultations can give programs insight in how to better serve these groups as well as foster informal word of mouth about the upcoming available services.

* At this initial stage, it may be useful to contact other organizations/programs offering similar models to obtain informal advice (and support) about developing or strengthening the referral process. See *Section 9: Program Highlights* for contact information for various other program models; and also see the *Resources section*.

Resource: *UNFPA Partner Mapping*

2 Invite/encourage the multidisciplinary stakeholder team to participate

☐ **Ask stakeholders** to consider joining network of referral providers, including traditional and informal stakeholders. Hold an introductory stakeholders meeting.

☐ A**gree upon general, network-wide principles for working with children and adolescents.** This includes principles for all service providers/agencies for communicating standardized, positive messages to the child/adolescent. All members of the network should commit to putting these principles into action and add them to their memorandum of understanding (see *Guiding Principles*).

☐ **Adapt or develop** a context-specific Minimum Standard Services Package, based on national/local protocols, laws and norms, and available resources. It may be helpful to also develop an aspirational Minimum Standard Services Package for the future that includes steps needed to achieve the next level, such as advocacy to government or soliciting of funds (see *Minimum Standard Package*).

3 Workshop, review, and develop agreed-upon network service offerings and coordination (standards /protocols)

☐ **Develop agreed-upon standards/protocols for network service offerings and coordination.** These standards should be based on national guidelines and/or protocols that have already been developed. If not, global guidance provides various examples. This includes:

   ○ Agreement on minimum standard services package (see *Minimum Standard of Care*).

   ○ Documented roles and responsibilities for all staff and volunteers of all network members (including mandatory consent responsibilities) (see *Roles and Responsibilities*).

   ○ Standardized algorithms for care, including safeguards to ensure that children/adolescents are not interviewed multiple times about their experience/history with sexual violence and exploitation; with clear follow-up and after care procedures.

   ○ Guidelines for informed consent and confidentiality procedures for children/adolescents under the legal age of consent (See *Mandatory Reporting*).

   ○ Standards for data collection and information-sharing protocols, including how information about cases will be shared with network members.

   ○ Standard operating procedures and expectations for network agencies (frequency of meetings, lead agency, and other procedural details).

Resource: *Sample Consent Forms*

4 Workshop, review, and develop agreed-upon referral mechanisms, including case coordination/case management (standards /protocols) (see Case Management)

☐ Develop agreed-upon standards/protocols for referrals, case management coordination, and case coordination. These standards should be based on already developed national guidelines and/or protocols. This includes:

   ○ Identifying the lead case management agency's:

      ☐ Specific responsibility for actions made in case response (case managers, victim's advocates, other actors)

      ☐ Protocols for case managers and supervisors

      ☐ Protocols to support case managers, also covering difficult cases and case coordination meetings

      ☐ Determination of when a case is considered closed.

   ○ Determining when and how referrals should be made and documented (use of a form, verbal, other means).

- ○ Determining what type of referrals can be accepted and under what circumstances (e.g., if a referee service only works with youth under a certain age).

- ○ Establishing a process for case conferencing using a multidisciplinary team approach to care review and case planning.

- ○ Specifying the type of information that can be shared between agencies, professionals, and family members.

Resources: *Child Needs Assessment and Case Action Planning Form; Child Case Follow-up Form; Child Case Closure Form; Risk Identification Tools; Child Sexual Exploitation Risk Identification Tool; A Framework for Safety in Child Welfare*

5 Formalize relationship between referral institutions/sign Memorandum of Understanding

This step can happen earlier; however, the details require many discussions, so it may be useful to go through that process and then finalize the memorandum of understanding.

Document the memorandum of understanding details including:

- ☐ Expectations and client-centered norms for all agencies, professionals, and volunteers in the network.

- ☐ Service provider agreements that outline referral and information-sharing protocols.

- ☐ Agreement on case management protocols.

- ☐ Agreement on guidelines for interacting with clinical, legal, and other reporting systems.

- ☐ Guidelines on monitoring, information-sharing, and quality assurance protocols.

- ☐ Expectations/guidelines on regular referral network meetings.

6 Develop short- and long-term staff development plan

- ☐ Even if all the managers/heads of services agree on the protocols/steps outlined above, their staff still need regular training. Work as a network to develop a practical curriculum and determine how staff can be trained in a cost-effective manner. Call upon resources already operating in your area, such as other donor-funded programs and professional associations already offering training.

- ☐ Develop a plan for ongoing and refresher trainings so that service providers have and retain the knowledge, skills, attitudes, and tools to use referral pathways, reporting agreements, and information-sharing protocols.

- ☐ Develop a curriculum and plan for self-care, since professionals and volunteers working in this field are at risk for secondary trauma.

Note that there are many country examples of training programs that incorporate combined training of health care personnel, community groups, service site workers, police, and criminal justice system/legal teams to foster a culture of collaboration while also educating people on caring for and managing young people who have experienced sexual violence.

Resources: *Caring for Child Survivors Training Materials; NACOSA Guidelines and Standards for the Provision of Support to Rape Survivors in the Acute Stages of Trauma; The Teddy Bear Clinic Training Manuals for Management of Child Abuse*

7 Ensure that monitoring and evaluation plans, including accountability mechanisms, are in place

These may include:

- ☐ Referral pathways and reporting agreements are used properly.
- ☐ Information-sharing protocols used properly.
- ☐ Processes for client feedback are in place.
- ☐ General quality assurance processes are in place to maintain quality.
- ☐ Mechanisms exist to hold all stakeholders accountable to their mandates and ensure efficient services.

Note the importance of having a process for peer review and clinical case review in place.

Resource: *Illustrative Referral Pathway*

8 Develop and finalize forms and materials

This may include:

- ☐ Client posters and other information for display
- ☐ A clear referral directory for all members of the network
- ☐ Standardized referral forms
- ☐ Pamphlet with information available for clients (i.e., client manuals, pocket-size lists of useful phone numbers, checklist of services so clients can see if they have received all the services they need for proper care and support, and any other forms/tools/items to give to clients to take home)
- ☐ Making sure that copies of police forms and forensic reporting forms are readily available.

Resources: *Rape Survivors Manual; A Guide for Survivors of Rape and Sexual Assault; Advocacy Manual: A Guide for Survivor Advocates; What Parents Need to Know About Sexual Abuse*

ABOUT THIS TOOL

This job aid is an excerpt from the publication entitled, *Strengthening Linkages Between Clinical and Social/Community Services for Children and Adolescents who Have Experienced Sexual Violence: A Companion Guide*, which can be accessed at: https://aidsfree.usaid.gov/resources/prc-companion-guide.

The information in this job aid was sourced from Keesbury, Jill, and Jill Thompson. 2010. *A Step-by-Step Guide to Strengthening Sexual Violence Services in Public Health Facilities: Lessons and Tools from Sexual Violence Services in Africa*. Lusaka, Zambia: Population Council and USAID. The full document is available here: http://www.popcouncil.org/uploads/pdfs/2010HIV_PEPFAR_SGBV_Toolkit.pdf.