



Referral types, practice and issues

The way we handle referrals impacts our approach to customer service. The Waterloo Collaborative has outlined its aspirations for customer service in Waterloo, including active linking and referral feedback. A Customer Service and other Toolkits can assist agencies and workers on the Collaborative website at www.waterloo2017.com.

Waterloo Collaborative's Aspiration for Active Linking and Referrals

On the 23 February 2024 the Collaborative agreed to the following approach:

- 1. The Waterloo Collaborative encourages all agency staff directly serving and supporting service users in Waterloo face to face, by phone or online, to be involved in active linking of service users to the services they need so they only re-tell their story when it's really necessary and find services that quickly meet their needs*
- 2. To the extent possible, active linking encourages agencies and their staff to take responsibility for the service user/customer until the customer has been handed over to an appropriate service.*
- 3. Continuous improvement in service delivery requires feedback on referrals. A person making a referral on behalf of a service user/customer should follow up on the effectiveness of their referral, and a person receiving the referral has a similar obligation to report the appropriateness and, subject to client approval, the outcome back to the referring agency. This may involve checking in with the service user/customer to see if they have received the support required or if other follow-up is needed.*
- 4. The Active Linking resources in this report should be added to the Collaborative Tool so that agencies can access resources to assist in implementing active linking. These resources should be added to and modified based on user experience.*

Referral types and active linking

Given the known complexity of the social services sector and the informal relationships between service providers, many possibilities exist concerning each client's journey through government and non-government services. A single client is also likely to enter the service system at several points for multiple purposes related to different problems.

The choice of referral process depends on the client's needs, what arrangements, if any, have been agreed with the service to which the client is to be referred and the capacity of both the referring organisation and the service to which the client is being referred at any particular point in time. Referral processes can take many forms. The table below outlines examples of referral processes and their advantages and disadvantages. Referral processes can occur in a telephone environment, face-to-face settings, written communication (including e-mail), or a combination of these channels. A referral process selected may combine aspects of each of these processes. For example, referrals may be active and warm or facilitated and cold.

Types of Referrals

Possible term	Characteristics	Possible advantages and disadvantages
Passive /informal referral	The client is given contact information for appropriate service(s) and is left to contact them at a time that best suits them.	This process gives the client the responsibility to act on their behalf. However, there is a greater likelihood that the referral will not be taken up.
Facilitated /assisted referral	The client is helped to access the other service; for example, the referring organisation makes an appointment with the different service on the client's behalf, asks the other service to contact the client/s, or transfers a caller to the other service.	The other service is made aware of the client, and the client is helped to access that other service. The client may need to wait for a response to the other service.
Active/formal referral	With the client's consent, the referring organisation provides the organisation to which it is referring the client with information that it has collected about the client or with its professional assessment of the client's needs.	The client does not need to repeat all of their story, and the agency to which the client is referred has relevant information about the client. However, there is a risk that the information is communicated out of context and, therefore, misinterpreted by the service receiving the referral, especially if it is not done as a 'warm' referral (see below).
Cold referral	The client is transferred to another service without immediate communication, for example, by transferring the client into a call centre queue.	The other service may be unaware of the call's nature or any information or services already provided. The client may be frustrated that they have to re-tell their story or may not communicate their needs in a way that allows the other service to see why the client has been referred.
Warm referral/ Active linking	A 'live' three-way conversation in the client's presence (whether face to face or by telephone) in which the referring organisation introduces the client, explains what has already been done to assist the client, and why the client is being referred.	This provides an open and transparent process for exchanging information between the initial service, the client, and the other service. Issues can be clarified immediately. The client does not need to repeat all of their story. The process relies on someone being available at the other service at the time the client is to be referred.

Good practice tips

- Phone the agency to which the referral will be made first. A referral may be considered an enquiry at this stage. Therefore, personal details should not be provided. Make them aware of the situation and ensure it is within their remit.
- Urgent referrals may be made by phone, and relevant paperwork may be forwarded later.
- Ensure you have the resident consent before making the referral to avoid breaches of confidentiality. The Resident should be informed of the form's contents and asked to sign and date the consent section at the bottom of the navigation tool.
- Fill in as many of the Resident's contact details as possible and highlight their preferred communication method. Please briefly outline any relevant background information in your cover note. Complete your own agency's contact details, including the time of access.
- Keep the responses in the boxes as simple, factual, and relevant as possible.
- If, on receiving a referral, it appears that the case is beyond your competencies/remit/capacity, communicate this to the referring navigator. It is also good practice to inform the navigator once your agency's involvement with the case is complete.
- Those referred should be given the contact name of the person they are referred to.
- They should also be advised of the expected waiting time to be seen and how they will be contacted.
- There should be awareness that the referral might be rejected for various reasons.
- Should this be the case, this should be explained to the Resident with an alternative course of action.
- The Resident should know you will follow up to ensure it has been a successful referral.
- The client's responsibilities to keep appointments and take appropriate documents should be explained clearly.
- They should also be advised of their right to return to the referring service if they are not satisfied with the outcome of the referral.

If no contact is received within 14 working days, appropriate follow-up contact should be made.

Feedback from Service Providers and Waterloo Residents to date

In preparing the Action Plan over recent years, we collected extensive feedback from service providers and users about referral feedback, leading to its inclusion in the Action Plan. The upcoming surveys aim to identify additional issues and test some of our existing assumptions. Here are some of the key points we've heard regarding the referral system:

- Inadequacy of Service Seeker / Ask Issy as a reliable referral source
- Lack of reliable information suitable for social prescriptions
- Habitual referrals made in the absence of feedback
- Inappropriate referrals to TEI services, which are primarily funded for information and referral
- Organisations with resource limits once at capacity are not accepting referrals, instead referring them to others
- Long waiting times for access to certain services
- There is no contingency plan if a specialised service cannot accept a referral, with no alternative service available
- NGOs unable to access government case coordination or coordinated care meetings
- One-way information flow, particularly with the government; NGOs share information, but it is not reciprocated
- NGOs sometimes receive back their original referral after it circulates through various agencies
- DCJ and other agency staff are often too busy to follow up on referrals and quick to pass them on
- There is no tracking of referral effectiveness within or between agencies
- Focus on DEX inputs rather than the client journey
- DEX does not track individuals' journeys through services
- There are high chances of disengagement during the referral process, especially with cold referrals
- Inappropriate DCJ and CSO referrals to NGOs to advocate back to DCJ/Housing on issues, such as contacting the maintenance hotline for Housing maintenance or calling Links2Home for temporary accommodation or form-filling
- Lack of clarity and responsiveness from DCJ to NGOs; for example, DCJ makes a referral without specifying what is expected of the service provider or what actions the parents need to take to regain care of their children, despite numerous requests from the NGO to which the DCJ referred the person