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PHN-PREP | Public Health Nursing Practice,
Research & Education Program

Warm Referrals

A trauma- & violence-informed approach to supporting clients' engagement with community services

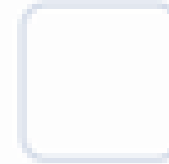
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www.phnprep.ca



Learner objectives:

- Identify when and with who it would be appropriate to use a referral, deferral, or warm referral process
- Describe how to apply trauma- and violence-informed approaches to providing client referrals
- Guide a client through the referral processes, in a supportive way that increases client engagement with community resources and services





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Trauma- and Violence-Informed Care (TVIC)

- is different than trauma-specific care or trauma-informed care
- is an important aspect of equity-oriented healthcare
- attends to ongoing structural, systemic, and institutional disadvantages that exists in society



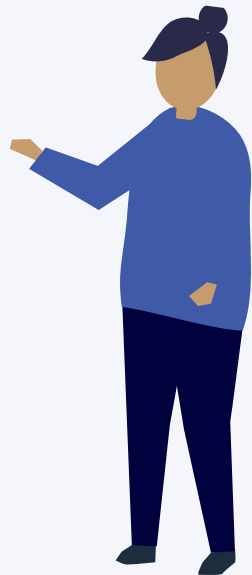


How the ‘V’ in TVIC shifts the lens

- “Universal precautions” – disclosure or knowledge of a history of trauma/violence is not necessary – improves
- Policies and practices that focus on **preventing harm by environments** for people who have experienced (and may still be experiencing) violence and trauma
- Accountability at the **organizational** and individual



MAKING REFERRALS WARM





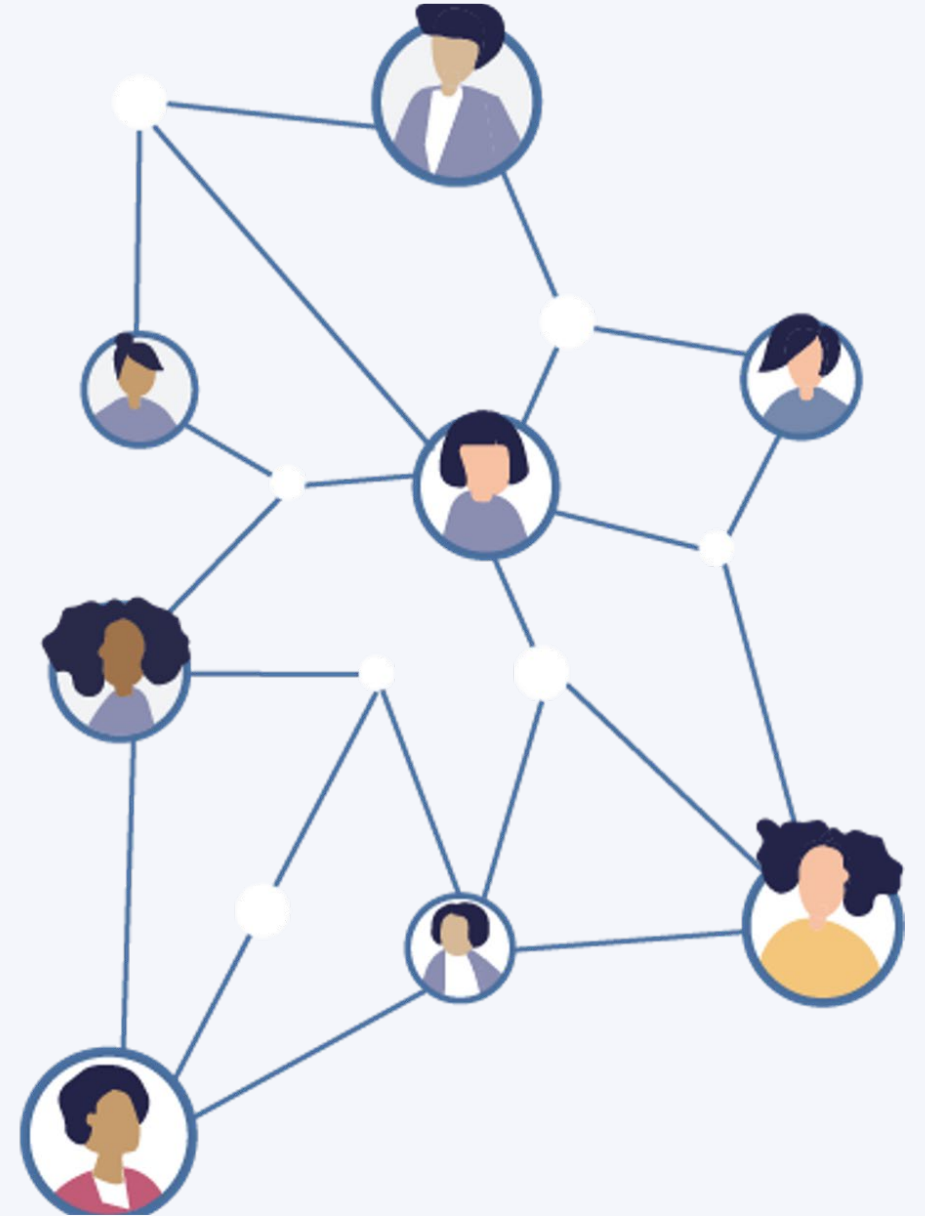
**Linking families to
community resources is an
important component of
home visiting programs**





What percentage of referrals end with a connection?

- A. Less than 25%**
- B. 26-50%**
- C. 51-75%**
- D. More than 75%**



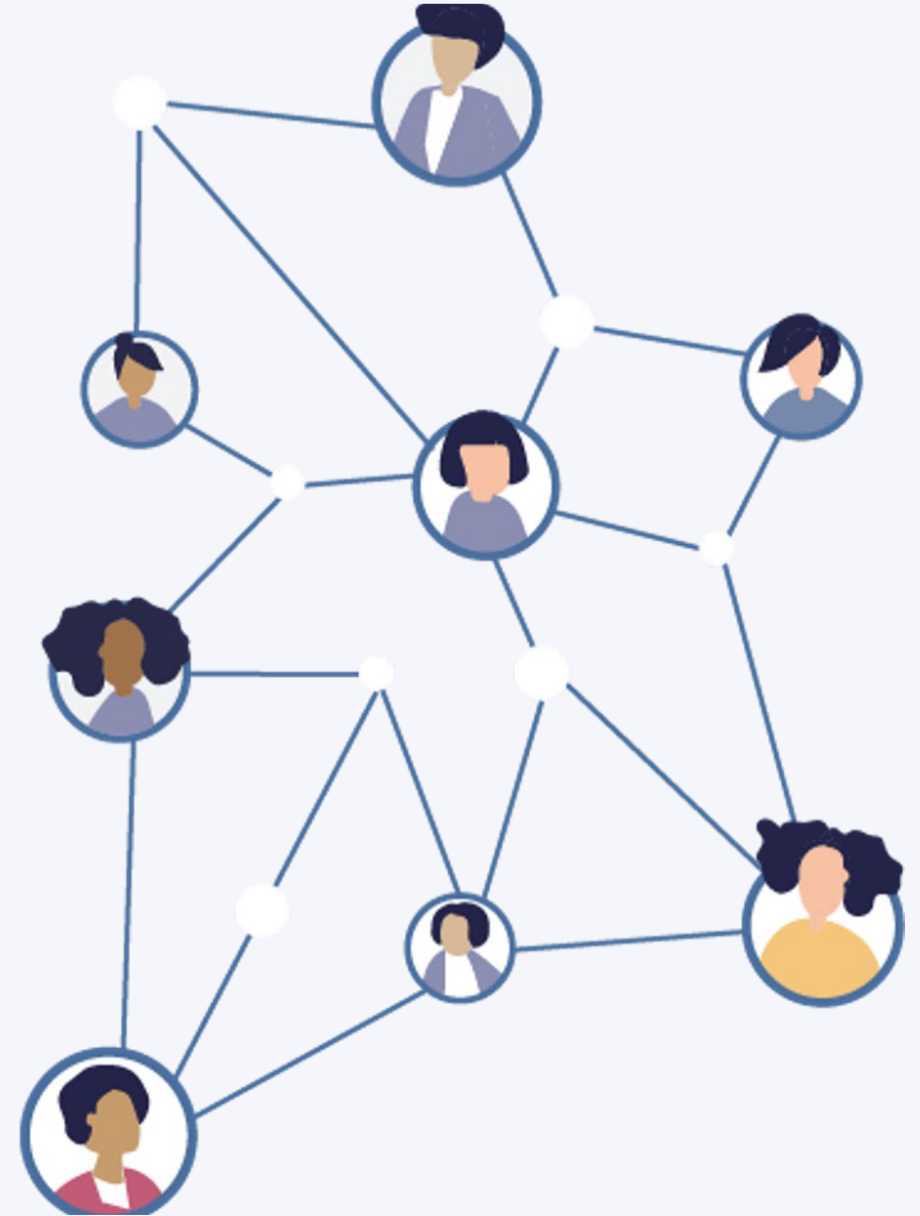


Referrals don't always work well!

Approximately

20%

of referrals end with a connection





Low, Moderate, and Advanced-level Support

Low-level supports

- Check-ins

“Were you able to find a family doctor?”

Moderate-level supports

- Encouragement
- Emotional support
- Information provision

“I brought you some pamphlets about housing services in Hamilton”

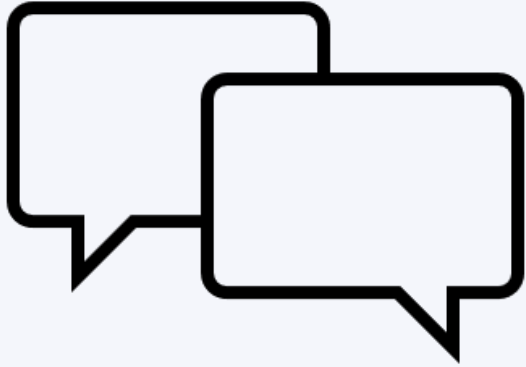
Advanced-level supports

- Instrumental support

“Let’s fill out the financial application for child support together”



Sometimes 'cold referrals' can be appropriate



No language/literacy barriers



Reliable internet/phone access



Housing/transportation



Access to supports (e.g., social, financial, etc.)



An expectation of privacy (e.g., Alcoholics Anonymous)



Previous positive relationship with service provider



WARM REFERRALS



- assessing the fit of the agency to meet client needs,
- facilitating client introductions to new providers,
- setting up joint meetings as needed,
- following up to assess if the new service is meeting client needs.



Warm referrals require some background work

- Identify local community resources and services
- Develop relationships with common community referrals
- Contact agencies to better understand how they work





Warm referrals take time

During the referral

- Making the referral
- Follow-up after the referral





Warm referral process

1. Establish a connection with the client and explore their needs
 - What is most helpful
 - How do they like to be addressed
 - What has/hasn't helped before
 - Validate their experiences
 - Understand any reactions to services
2. Review options and share information





Warm referral process

3. Reconfirm confidentiality and determine preferences for *how* and *who* should make referral call
 - Obtain informed consent, if calling on their behalf
 - Client can determine what information needs to be shared and when and with whom
 - Start with strengths





Warm referral process

4. Set the appointment
 - Acknowledge what they have accomplished
 - Encourage writing info down
 - Brainstorm how they will get to the appointment
 - Role play, answer any questions, be there if needed, provide support





Warm referral process

5. Follow-up with the client
 - If the appointment was missed, have a non-judgmental conversation
6. Make plans for next steps
 - Consider important aspects of the experience and share with your team and future clients





WARM TRANSFERS





Why TVIC approaches to referrals?





Benefits to clients who have experienced or are experiencing stigma and judgment

address clients' feelings of anxiety, apprehension or fear

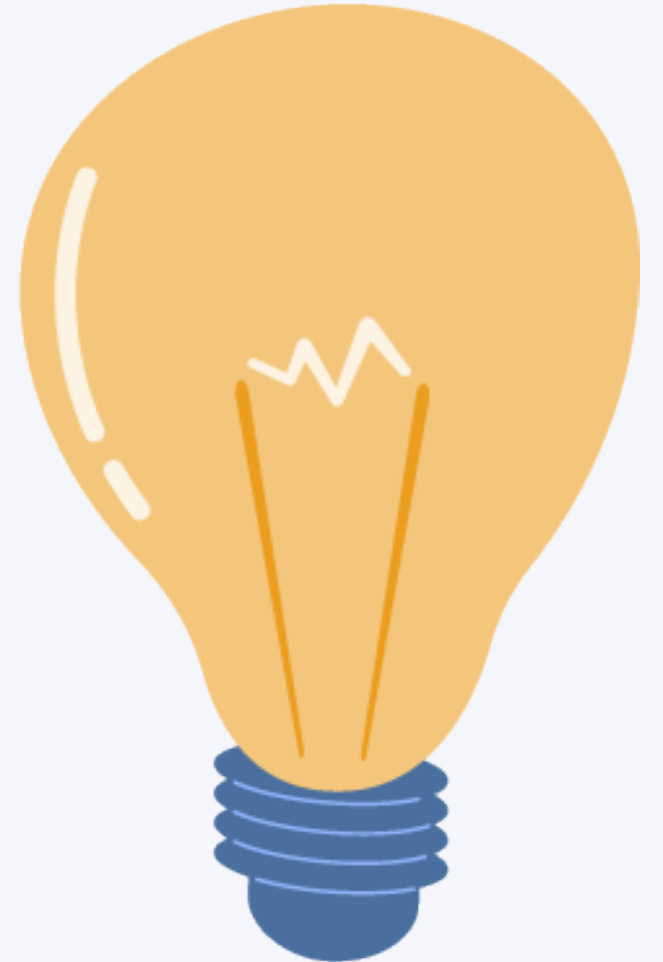
minimize client risk of becoming overwhelmed by complex system demands

minimize the potential for traumatic stress by being aware of and navigating potential triggers



TVIC principles include organizational and provider level accountability

Allocating time and resources to public health nurses is critical to facilitate their capacity to provide warm referrals to families





The visitor intent on providing a holistic and family-focused service often uncovers family needs beyond those related narrowly to parenting practices or whatever the single primary focus of the program might be... ”

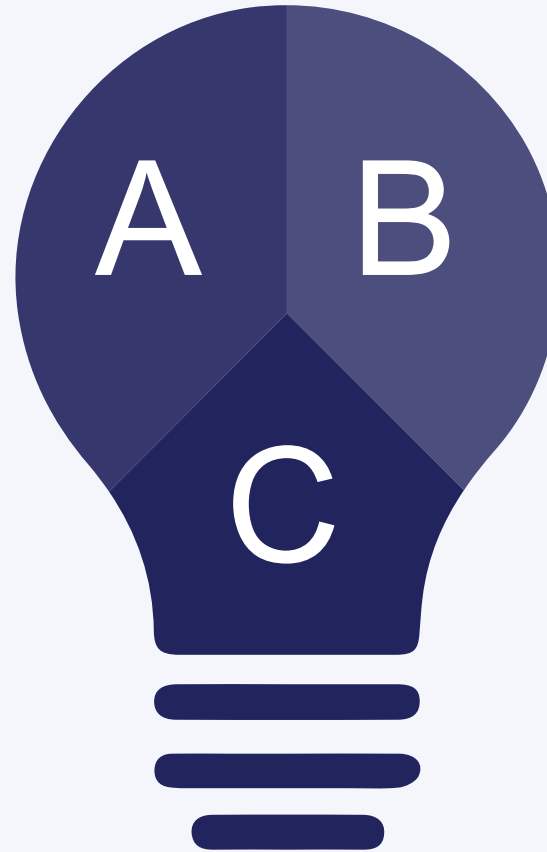
- Weiss, 1993



Warm Referrals

Key Takeaway Messages

Warm referrals are **trauma- and violence-informed** and support health equity for clients experiencing structural disadvantage.



Warm referrals require **establishing trust and building relationships** with clients

Organizational and system changes that recognize the importance of warm referrals and allocate necessary time and resources for nurses are necessary



Trauma- and Violence-Informed Care: Making Warm Referrals

Public health nurses frequently refer clients, and their children, to other programs or services to address families' health, social, parenting, economic, legal, or housing needs. This resource provides guidance on how to make warm referrals and actively support clients to navigate complex systems.

There are different types of referrals that public health nurses will offer to address their clients' needs for support.

Common Referral Process

Providing a client with information about another provider, program, or service. Expectation is that the client is responsible for contacting the support, collecting information about the types of services offered, and setting up the appointment.

Warm Referral

When a need for additional supports or services is required, providing anticipatory guidance and then working collaboratively with the client to actively navigate the referral process, including setting up and getting to the appointment, and following-up with respect to "next steps."

Warm Transfer

Within a home visitation program, when transferring a client to another public health nurse or involving a family home visitor, using a joint visit to introduce the client to the new provider. Other strategies such as distributing a calendar with photos and "facts" of each team member helps clients to "get to know" the team.





THANK YOU!

