



# 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

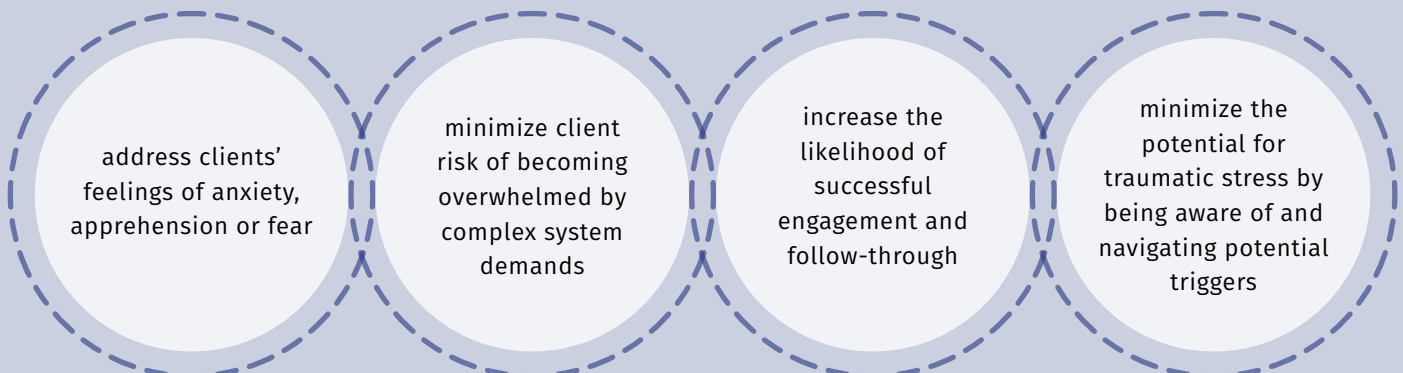
Within a home visitation program, when transferring a client to another public health nurse or involving a family home visitor, using a joint visit to introduce the client to the new provider. Other strategies such as distributing a calendar with photos and "facts" of each team member helps clients to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

For individuals with complex needs or who have experienced past negative, judgmental, or harmful interactions with different systems, warm referrals are a strategy to prioritize their emotional safety.




Organizational support of allocating time and resources to public health nurses is critical to facilitate their capacity to provide warm referrals to families who require additional support to confidently and safely access other services.

## Warm Referrals:

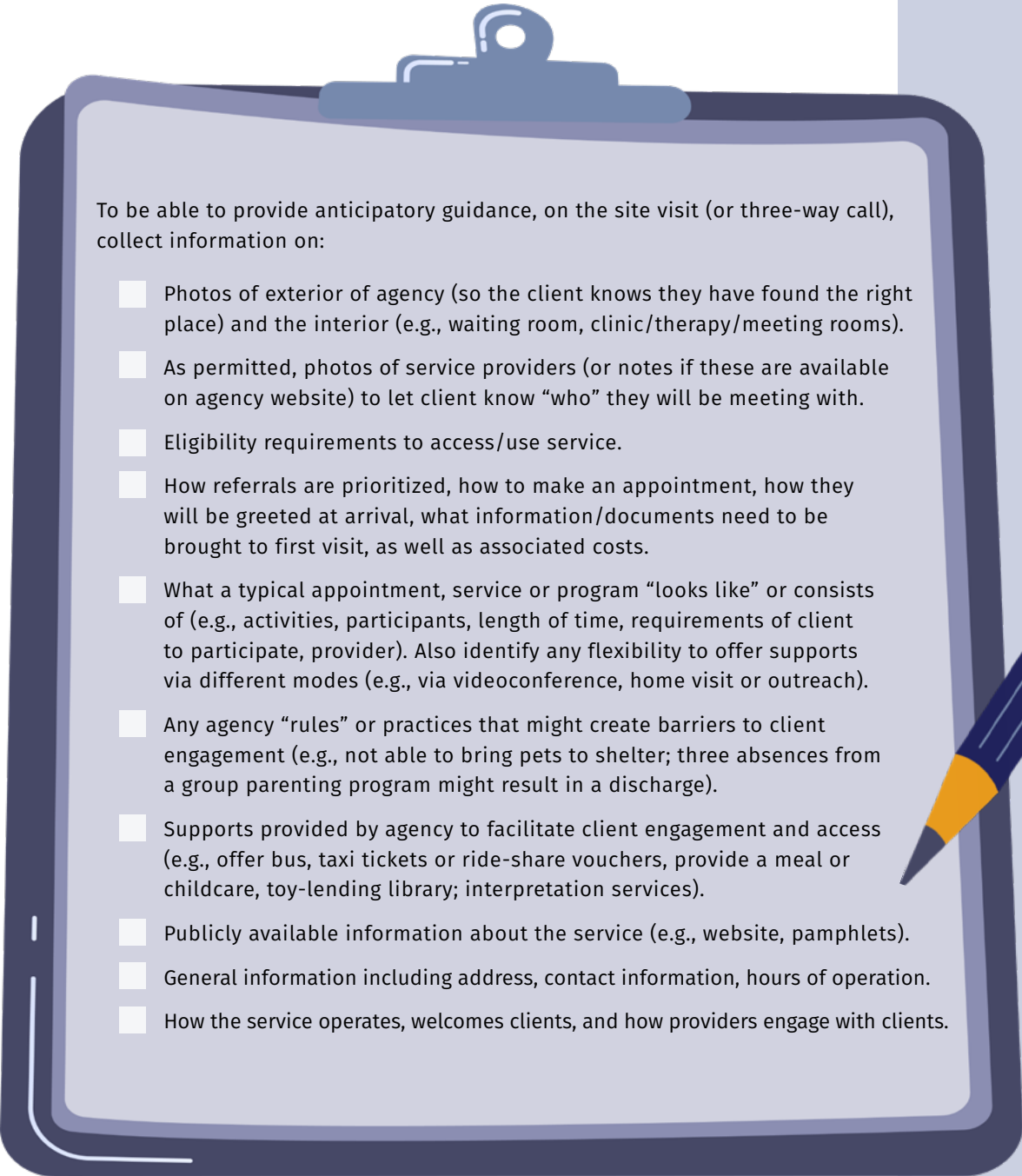


## Public Health Nurse Preparation for Making Warm Referrals

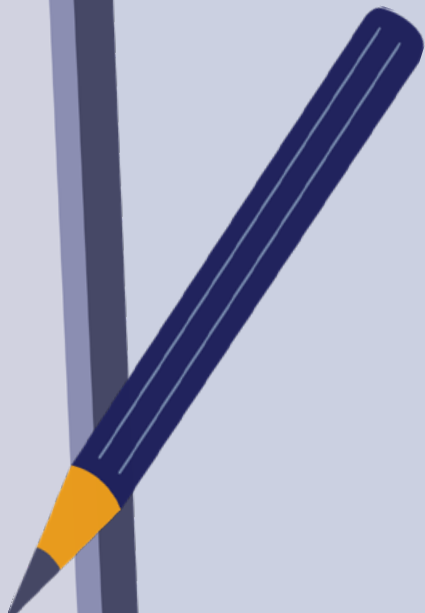
- ✔ Use local community and social services help lines (e.g., Ontario 211) to locate and find information about the nature of services provided as well as information related to access and engagement.
- ✔ Identify services where process of making warm referrals may increase client access to and engagement with those providers (e.g., women’s shelter and advocacy services, child protection agency).
- ✔ Maintain professional relationships with common community referral sources; this is often helpful to then hear about staffing or program updates.
- ✔ Arrange (where possible) a site visit (in person or virtually) to these prioritized services to strengthen existing relationships between providers, identify a key contact who can serve as a future navigator of the service. Do a “walk through” and experience the service/support in the same way that a client might.



It is important for nurses to be familiar with local agency policies for obtaining consent from clients to share information with other service providers or agencies. Also to be transparent in how care will, or could be, carried out by the nurse as per the client’s request.



To be able to provide anticipatory guidance, on the site visit (or three-way call), collect information on:

- Photos of exterior of agency (so the client knows they have found the right place) and the interior (e.g., waiting room, clinic/therapy/meeting rooms).
  - As permitted, photos of service providers (or notes if these are available on agency website) to let client know “who” they will be meeting with.
  - Eligibility requirements to access/use service.
  - How referrals are prioritized, how to make an appointment, how they will be greeted at arrival, what information/documents need to be brought to first visit, as well as associated costs.
  - What a typical appointment, service or program “looks like” or consists of (e.g., activities, participants, length of time, requirements of client to participate, provider). Also identify any flexibility to offer supports via different modes (e.g., via videoconference, home visit or outreach).
  - Any agency “rules” or practices that might create barriers to client engagement (e.g., not able to bring pets to shelter; three absences from a group parenting program might result in a discharge).
  - Supports provided by agency to facilitate client engagement and access (e.g., offer bus, taxi tickets or ride-share vouchers, provide a meal or childcare, toy-lending library; interpretation services).
  - Publicly available information about the service (e.g., website, pamphlets).
  - General information including address, contact information, hours of operation.
  - How the service operates, welcomes clients, and how providers engage with clients.
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## Initiating a Warm Referral

- ✔ Once a need for additional supports or services is identified, explore with the client: what additional supports would be most helpful to them; what supports have they been referred to/used in the past; and their past experiences with those supports.
- ✔ Identify and discuss what “worked” and “what was not helpful” when accessing similar supports or services in the past. Listen carefully for any ambivalence or resistance to access a service. Seek to understand these reactions from the client’s perspective.
- ✔ Review different referral options (when available). Share information about the support.
- ✔ Explore client preferences for “who” should make the call. Is it their preference to make the call alone, to make a joint call, or to be present while the nurse makes the call?
- ✔ If the preference is to make a joint call, use a speaker phone or arrange for a three-way call. Also clarify roles and expectations (e.g., will client do most of the speaking and nurse be present to provide support, seek clarification, and take notes; OR will nurse speak and client will listen and ask questions for clarification).
- ✔ Another option is to arrange a service coordination meeting, including the client, to make introductions and to initiate the referral process.
- ✔ When introducing the client to a potential new service provider, start by highlighting client (and family) strengths.
- ✔ Confirm if client is eligible to access services and book initial appointment. Explore with client their strategies for recording information about important appointments and setting a reminder.
- ✔ Once initial appointment is scheduled, if feasible and if client expresses this preference, explore if attending the appointment as a joint visit is possible, obtain necessary consents. This can assist with continuation of care and facilitate transition to new provider.

This will give the client and the public health nurse an opportunity to reflect upon and discuss supports that may be unique to them and their personal or social situation.

If a nurse is going to speak on behalf of a client, then client **consent** needs to be obtained prior to the interaction.

At a **systems level**, the establishment of a memorandum of understanding (MOU) or a protocol between a home visitation program and another community service can improve and facilitate communication, referrals, and collaboration.



## Preparing for the First Encounter/Appointment with the New Support/Service

- ✓ Using information gathered during the site visit, provide anticipatory guidance on what the client can expect to experience during their initial encounter or appointment.
- ✓ Inquire about and respond to client concerns or questions about the appointment. Some clients may appreciate an offer to “role play” what that first encounter may be like.
- ✓ Review logistics on how the client will travel to the site (e.g., review bus route/schedule, arrange for transportation, explore if there are parking costs), or prepare for a home visit or if the encounter will occur through telehealth, be set up to connect remotely.
- ✓ Review if there is anything else the client needs to prepare prior to the appointment (e.g., locate and bring documentation, arrange for childcare).
- ✓ Assist the client in developing a list of questions or informational needs that they have for the new provider.
- ✓ If attending as part of a joint visit/encounter, clarify your client’s expectations on how you can best support them (e.g., take notes, ask questions for clarification).

## Following-up with the Client

- ✓ Follow-up with the client to explore if the provider/agency met their needs, what they found to be helpful (or unhelpful) and plans for next steps.
- ✓ If the appointment was missed or re-scheduled, identify and explore (e.g., by applying [OARS communication skills](#)) the individual, agency, or system barriers to accessing the support/appointment. If required, seek to understand and explore client ambivalence to engage with support; discuss and review alternate options.
- ✓ If there is an ongoing need for communication between public health and new support, review policies and obtain consent for sharing information.

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