

Guidance Note 3: Referrals

Making referrals requires information on appropriate referral services available in the local area. Better Work and CARE International recommends the following steps in making referrals available:

- **Step 1. Mapping referral systems**
- **Step 2. Disseminating referral information**
- **Step 3. Collecting feedback on referral services**



Step 1. Mapping referral systems

To conduct a referral mapping, research is needed in advance of dealing with cases so there is no delay in providing accurate referral information to people making disclosures. It is recommended to directly contact the referral services to understand the services they provide as well as the steps involved in obtaining the services (i.e. the questions they may ask in an in-person or virtual consultation, or the types of documents they may request).

As part of this mapping exercise, due diligence is needed to ensure the **accessibility** and **quality** of the referral services. This means ensuring that there are no barriers in accessing the services due to potential cost and time for the persons seeking these services that may further impede remedy and recovery, especially if the victim has to go through a long process to receive the necessary support. In areas where there are migrant workers from different ethnic and linguistic groups, the mapping needs to take into consideration of services that provide local language to support them in accessing better quality care. The quality of the services also can vary based on the level of training, gender sensitivity, equipment, and resources available to the service provider.

Assessing the accessibility and quality of services should not be a one-off event, as some of these services may change locations or contact information or may be terminated due to funding issues. It is important to review this mapping on a periodic basis (i.e. at least annually).

Consultation with Local women's organizations, grassroots organizations, non-profit organizations, international organizations, trade unions, and gender-based violence and harassment (GBVH) experts may facilitate this mapping process, particularly in understanding the accessibility and quality of the services. Some of these organizations may provide the services listed below.

At a minimum, a referral mapping should consider the following services:

- **Psychological support services:** This can be in the form of a registered psychologist, or through a reputable counselling service. Ensure that the service takes an appropriate approach to counselling and does not reinforce messages of victim blaming. The company should support any costs involved in access these services.

- **Health services, particularly women's health services:** This may be one of the few services available in some areas. As well, for cases where physical injury is reported or suspect, medical services are necessary. However, due diligence is required to ensure that these services that are rights-based and will not further traumatise an individual.

- **Crisis accommodation:** It may be that immediate removal from a normal site of accommodation is needed, which requires identifying crisis accommodation. Ensure that information about a person's whereabouts is kept secure and confidential.

- **Legal services:** This includes information about rights and responsibilities under the law and suggest reputable legal services that may be available, including free or government funded ones. Ensure that any legal recommendations do not have a conflict of interest for the company.

- **Child services:** It may be that children are involved in an incident. In this case, appropriate children's support should be made available.

- **Perpetrator services:** Where a perpetrator is a member of the workforce, provide appropriate support in counselling, legal, and other services to enable them to address the issues underlying the incident.

- **Law enforcement:** Where mandatory reporting requirements exist, ensure you have details for the appropriate law enforcement agency. Where available, considering using units or departments specialised in GBVH to avoid re-traumatisation in engagement with officers of the law.

Step 2. Disseminating referral information

Referral information should also be provided in public areas where people may choose to access information without making a complaint. Referrals should be made widely available to ensure that potential victims, survivors, and witnesses can access this information beyond formal channels. Referrals may be shared in the following places, including but not limited to: induction trainings; trainings on occupational health and safety, gender equality, and GBVH; newsletters; lunchrooms; stairwells; public bulletin boards; employee meetings or townhalls; and medical and health service centres.

Step 3. Collecting feedback on referral services

Feedback should be collected from employees regarding the referral services offered. This can be done through follow-up conversations with employees who were referred to external services or through surveys with the general workforce. The continuous feedback collection process can further help evaluate the accessibility and quality of services provided.