

Connecting Refugee Clients to the Right Resources: 8 Tips for Effective Referrals

As a newcomer service provider, you may not always have enough bandwidth to effectively serve all your clients' needs, or they may require specific support beyond your scope of work or expertise. In these situations, you will need to refer your clients to other colleagues, services, or agencies. This resource provides tips for making referrals with clients to help them feel respected and empowered throughout the process. For more on referrals, see [Switchboard's relevant resources](#), including a [General Referral Letter Template](#) and a [Mental Health Referral Template](#).

1. Assess client eligibility, suitability of the service, and any barriers to the client's access.

Before talking to the client about the referral, make sure you have enough information about the service, including **confirmation that the client is currently eligible** (e.g., based on age, immigration status, health insurance, or where they live). Confirm the service is **accepting new enrollments**, and evaluate if the client needs assistance **mitigating any barriers** to access the referral (e.g., transportation, language interpretation, cost, digital literacy skills).

2. Obtain informed consent and only share client information pertinent to the referral.

Make sure you get [informed consent](#) from the client before making a referral (unless it is to an [emergency service](#) or [mandated higher level of care](#)). Informed consent ensures clients fully understand what they are agreeing to and how their information will be shared. You typically need the client to sign a **release of information (ROI)** to be able to send their information to a referring agency. Only share as much information as is necessary, and be particularly careful with sensitive data. If you want to receive updates directly from the external service about the status of the referral, the client will likely need to sign a reciprocal ROI with the other service.

3. Validate and normalize any difficulties the client is experiencing.

Reassure the client that it's normal to have difficulty coping or feel uncertain about asking for help. For example, *"What you're experiencing is normal for everything that you've been through. Many newcomers feel frustrated, overwhelmed, or sad, or they have worrying thoughts, bad memories, or too much stress because of the challenges of resettlement."* Share with the client that many newcomers pursue other services or work with other agencies to meet all their goals. If appropriate and the client consents, offer to connect them with other clients or colleagues who are willing to share about their own similar experiences.

Example Referral Conversation

"Many people we work with have gone through similar things to what you are sharing. I think it may be helpful for you to speak with a health care professional who can dedicate more time to supporting you through these difficult feelings. It's your choice if you want to meet with them. Would you like me to make a connection?"

4. Explore the client's background, culture, and context in relation to the referral.

Consider if there may be **different cultural understandings or stigmas** around the service you are referring your client to. Clients may have had past negative experiences with similar services. Be curious about your client's perspective and patient in addressing their concerns. [Motivational Interviewing](#) may be a helpful tool to explore your client's hesitation and support their self-determination through a referral. Consider framing counseling or mental health services as "support," "healing," or "wellness," which can improve willingness to engage. For more tips, refer to Switchboard's blog post [Working Across Cultures in Mental Health Services](#).

5. Recognize client strengths, and encourage choice and empowerment.

In your discussions with the client, highlight their strengths, goals, and existing supports. Assure them that getting more assistance is not a sign of weakness or that their case is too difficult to manage. Work with the client to make sure they are an **active participant in the referral process**. Listen and respond to their questions, and remind them they always have choice in engaging (unless you're referring them to mandated or emergency services).

Example Referral Conversation

"When you attend the first appointment, you can see what you think and decide if you want to continue. You're not required to go—this is always your choice."

6. Educate and prepare the client.

Provide clear and comprehensive information about the referral so the client understands what to expect. **Explain the purpose of the service**, what the next steps may look like, and any timelines involved. Make sure the client knows how to access the service, including contact information, hours of operation, required documents, or eligibility steps. Before ending the conversation, offer tips on how they can make the most of the service once enrolled.

7. Conduct warm handoffs whenever possible.

A **warm handoff** is when you directly introduce the client to a new service provider, ideally face-to-face. This reassures the client that you support the referral and helps maintain ongoing shared trust. It can also confer some of that shared trust and rapport to the new provider. During a warm handoff, the client and new provider can ask questions and learn more about each other, with you serving as a facilitator. Make sure informed consent and any necessary ROIs are obtained first.

8. Follow up and document the referral in your case files.

Check with the client to see how the referral is going and if they need additional support. If you can no longer follow up with the client directly because of confidentiality constraints or concerns for safety, try to confirm that they made the connection successfully. Be sure to document the details of the referral and any follow-ups in the client's [case file](#).

The IRC received competitive funding through the U.S. Department of Health and Human Services, Administration for Children and Families, Grant #90RB0053. The project is 100% financed by federal funds. The contents of this document are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services, Administration for Children and Families.

