

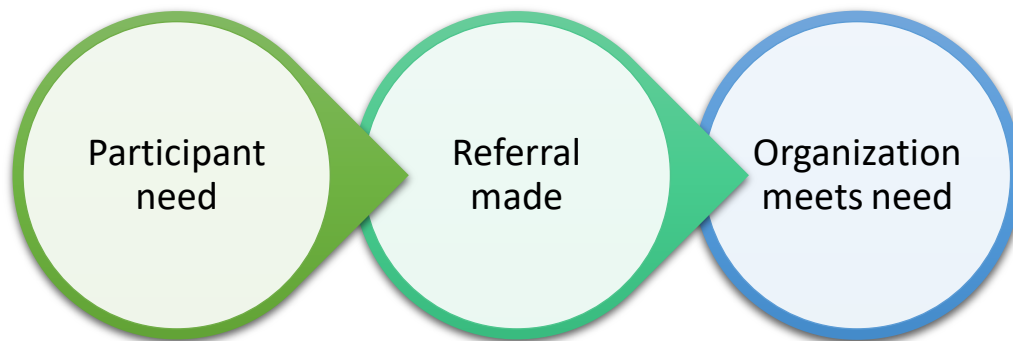
# 7-1 Making Good Referrals

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## Referral basics

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At its most basic, making a referral means matching a participant need with an organization that can help with that need, then documenting it in the participant record.



Any WIC staff person can make a basic referral and document it.



## The certifiers role in making referrals

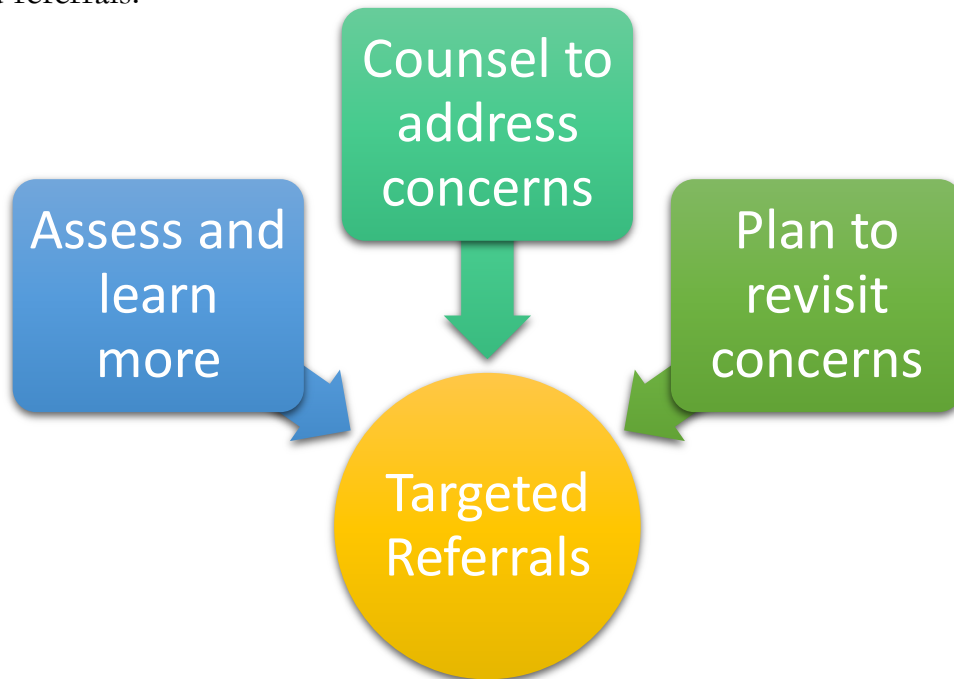
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Every WIC staff person helps make referrals, but a certifier has a bigger role in making referrals because they do 3 things that other staff don't do:

1. They complete an assessment where they learn more about what is happening with the family;
2. They provide nutrition-focused counseling where they help the family by addressing specific concerns; and,

3. They develop a quarterly nutrition education plan where they can revisit the concerns that came up during the initial certification throughout a participant's certification period.

These activities in the privacy of a certification room allow the certifier to make more targeted referrals.



#### Example:

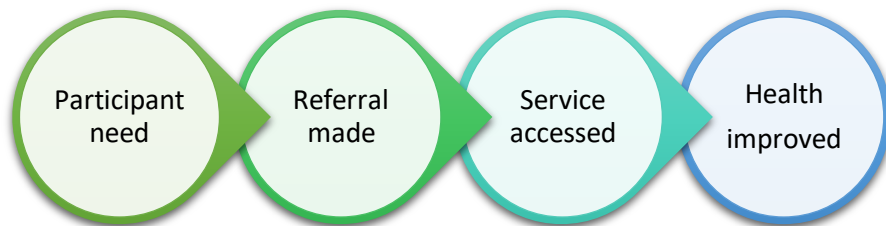
- **Assessment** – During the certification, you learn that the reason the family runs out of food each month is because during the winter they are paying high utility bills and their rent got raised recently.
- **Counseling** – The caregiver is willing to apply for energy and housing assistance, so you provide them with the contact and application information for those assistance programs in your area.
- **Plan** – You document the referrals for assistance in the participant record and then check in about the referrals at the mid-certification health assessment.

#### What is a good referral?

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A referral is only good if the participant is able to access the service they need. During counseling you can find out what barriers might keep the participant from getting what they need, and then helping them figure out how to overcome that barrier. The easier you make it for the participant, the more likely they are to use the referral. Ultimately, using the referral helps improve their health outcomes. Documenting the

need and the referral in the participant record allows you to follow-up at the next appointment.



## Know your referral options

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The best thing that you can do to make a great referral is to learn about the organizations in your area. That means learning more than just the phone number. It takes a while but the more you know, the better the referral.



### Things to know about an organization:

- Phone number;
- Where are they located?
- When are they open and closed?
- What kind of help they offer?
- What is their service area?
- What makes a person eligible for their services?
- Will citizenship status impact eligibility?
- What is the application process, if there is one?

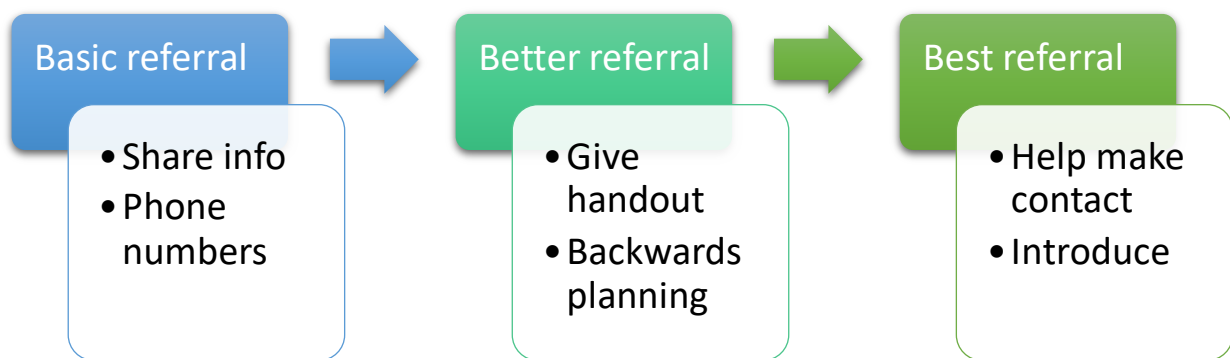
## Making referrals better

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Here is a list of things that you can do to make a referral more effective. They are listed from least to most time consuming and from least to most effective, which also works better for the participant.

- Refer participants to the statewide toll-free **211info** information and referral service;
- Provide the phone number of the specific organization in your area;
- Give participants a handout, brochure, or application for the service. Circle or underline the phone number or most important information;

- If they don't have access to a phone, offer to let them use your office phone to contact the organization in your area;
- Use backwards planning to help the participant figure out when, where, and how they would contact the referral organization;
- Try to coordinate their WIC appointments with appointments for other services in your agency (e.g. family planning, medical care, immunizations);
- Offer to contact or send information to the referral organization on their behalf with their permission;
- Provide a "warm handoff," which means you introduce them to a person from the referral organization.



Document the referral in the participant record, then follow-up with the participant at their next WIC appointment and find out how the referral went and if they need any further help

### Learning activity

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Observe a certifier making a referral. Think about what went well and what you might do to make the referral better.



### Learning activity

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Your best resource is to talk with other staff in your agency about the services they recommend to participants. Your agency may have collected information about common referral agencies in your area or made a list for staff or participants.



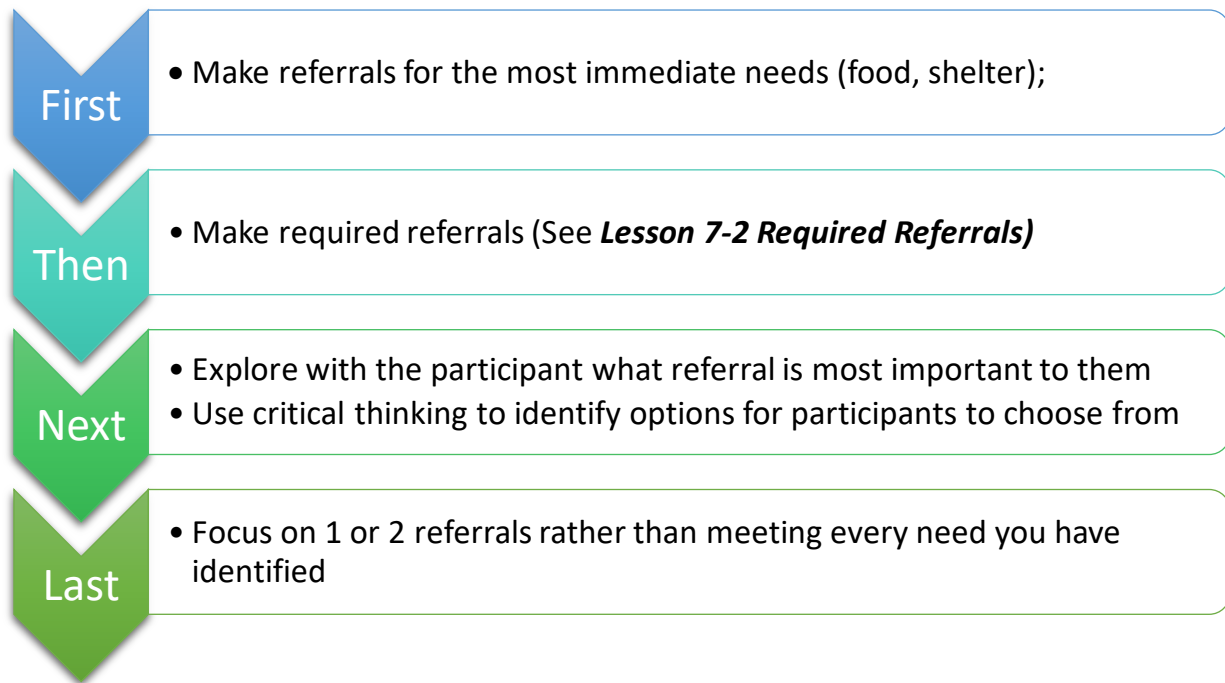
1. Ask your training supervisor for any written referral organization information or lists.

2. Choose a referral organization to find out more about. Use the list of things to know to learn more about the organization.
3. Share what you learned with other certifiers in your agency.

## Prioritizing referrals

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Prioritizing which referrals to provide is similar to prioritizing what nutrition-focused counseling to offer. You will use critical thinking to make the best referrals.



### Example:

You certify a pregnant woman who smokes, is homeless, lives in her car, and gets her food from a food pantry. Her most immediate need is food and shelter. A referral to a homeless shelter might meet the immediate need, but a referral to TANF and SNAP might be most important to the participant. You might save the referral to a stop-smoking program until a future appointment.

## Learning activity

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Using the information in the case study and what you know about services available in your area, decide what referrals you would offer.

### Case Study

Harriet and her 1-year-old son Henry are couch surfing at a good friend's house. Harriet's SNAP benefits are already gone this month and there is still a week left before she gets any more. Harriet is very concerned about the rash on Henry's tummy.

What referrals you could provide based on your agency's compiled resources?

How would you learn more to prioritize the referrals?

What would a basic referral look like for Harriet?

What would a best practice referral look like for Harriet?

## Referrals within WIC

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You could think of scheduling a participant to see the WIC nutritionist or IBCLC as an “in-house” referral. This kind of in-house referral will be part of the quarterly nutrition education plan. You will learn more about referring high-risk participants to the WIC nutritionist in ***Lesson 7-3 High Risk Referral Process***.



Even low-risk participants sometimes need to be referred to a certifier who is a health professional. It is important to use critical thinking skills when certain behaviors or concerns indicate that a participant needs additional support. Let's consider some examples of situations when a certifier would need to refer a participant to a WIC nutritionist or IBCLC.

### Example 1:

A pregnant woman tells you that she is taking special vitamins that her neighbor has recommended she take during her pregnancy. She explains that she has not stopped taking her prenatal vitamins, but instead is taking both vitamins. The appropriate

action would be to refer this participant to her health care provider to discuss supplementation and to the WIC nutritionist for follow-up.

**Example 2:**

The mother of a 2-year-old says she is a strict vegan and is making sure her child is following the same strict diet. After asking the mom some probing questions, you find that she is not giving her child any animal products. You would want to refer her to the WIC nutritionist for follow-up.

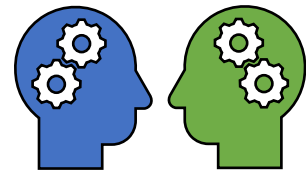
**Example 3:**

A breastfeeding woman tells you she is using a special tea to increase her milk supply for her twins. You would want to refer her to the WIC nutritionist or IBCLC for follow-up.

## Consulting with others

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Other staff in your agency can help you make decisions about referrals, especially in-house referrals. Consulting is when you ask someone for advice on a specific subject.



**Considerations:**

- Don't be afraid to ask a participant to wait while you consult with a colleague that has more information than you do.
- You can consult with other WIC staff if you don't know what resources are available to help with a particular issue.
- You can consult with the WIC nutritionist or IBCLC when deciding if an in-house referral is needed for a specific situation.
- You can introduce the WIC nutritionist or IBCLC to the participant and let them answer a question or complete a certification if needed.

## Learning activity

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1. Find out who the professional certifiers are in your agency (WIC nutritionist, IBCLC, or nurses).
2. What is their schedule?
3. How do you schedule someone to see them?

## Learning activity

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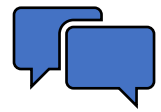
Using the information in the case study and what you know about your agency, decide what in-house referral or consultation makes sense.

### **Case study**

Jenna is breastfeeding her 6-week-old daughter Rose and she wants to continue until Rose is a year old. Jenna is on a special diet to help her lose weight.

## Talk it over

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Talk with your training supervisor about any questions you have related to referrals.

Talk with about what kind of in-house referrals you might make.

## References

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[Policy 885 – Other Referrals: Required and Recommended](#)

