For Practitioners

Trauma-Informed Referrals Guide

For Health & Social Service Professionals

The Illinois ACEs Response Collaborative

a program of

HEALTH & MEDICINE POLICY RESEARCH GROUP

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Introduction

Health and social service providers can play a critical role in improving outcomes for patients and clients by connecting them to resources that address the Social Determinants of Health (SDoH), such as housing, food, healthcare, and social support.[1]

Referrals to community resources are a pathway to addressing unmet social needs and improving overall well-being. However, navigating community resources can be confusing, time-consuming, intimidating, and overwhelming due to barriers such as bureaucratic processes, language barriers, long waitlists, and discrimination. For individuals with trauma histories, these challenges can be even more pronounced, as referral processes may become re-traumatizing through stigma, rejection, or repeated storytelling. They may also reinforce distrust due to past harmful experiences with systems.[2-4] Direct service professionals can help make connections to social resources and services more supportive, accessible, and less harmful by using a trauma-informed approach.

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What is a Trauma-Informed Approach?

A trauma-informed approach recognizes how past traumatic experiences may shape a person's needs and responses and seeks to deliver services in ways that are supportive and healing.

This framework follows six core principles[5]

- **Safety:** Establish physical and emotional safety
- **Trust and Transparency:** Be clear, consistent, and honest about processes and expectations
- **Peer Support:** Recognize the value of shared experiences and community
- **Collaboration and Mutuality:** Value shared decision-making and reduce power differences
- **Power, Voice, and Choice:** Center strengths and support autonomy
- **Cultural Humility and Responsiveness:** Acknowledge systemic inequities and honor cultural preferences

By adopting a trauma-informed referral process, providers can reduce toxic stress, build trust, increase access to essential resources, and ultimately improve outcomes for clients.

Best Practice: Warm Referrals

Warm referrals are a supportive, hands-on approach to connecting clients to resources, in which the provider actively facilitates the connection rather than simply providing information ("cold referral"). The goal is to meet clients where they are and promote a smoother linkage to services and resources.

Examples of warm referral strategies include[2-4]

- Making a call to a service provider together
- Remaining present while the client schedules an appointment
- Sending a referral with the client's consent while they are there
- Arranging a joint introduction with another provider
- Helping the client prepare questions and explaining what to expect
- Problem-solving logistics such as transportation, childcare, or required documentation

When working with clients or patients who may have a history of trauma, warm referrals are a best practice for minimizing systems-induced stress, cultivating a sense of safety, and building trust. Research shows that warm referrals are associated with higher engagement, fewer unmet social needs, and improved health and wellbeing outcomes.[6] They are also an important strategy for advancing equity, as they provide additional support to individuals facing structural barriers.

Trauma-Informed Referrals in Practice

Safety

Creating a sense of physical and emotional safety can help clients engage more comfortably with services and supports.[2-4]

Before the referral

- Identify services that promote physical, emotional, and psychological safety for clients.
- Vet the resources firsthand (e.g., through site visits or partner relationships) to anticipate how clients may experience the setting or resource.
- Consider factors such as privacy, staff approach, and whether the space may feel welcoming or intimidating.
- Offer alternatives such as virtual services, phone-based support, or home-based programs when available. Collaborate with the client to identify options that prioritize their sense of safety and do not require them to take risks they are not comfortable with.

During the referral

- Check in with the client about how they are feeling throughout the process and adjust the pace as needed.
- Normalize that seeking help can feel overwhelming, especially if they have had difficult past experiences.
- Avoid rushing or overloading the client with too much information at once.

Sample script

"I know reaching out to new services can sometimes feel overwhelming or frustrating, especially if you've had difficult experiences before."

"We can go at your pace, and I'm here to support you through the process."

"I want to make sure we're looking at options that feel safe and realistic for you. Some services offer virtual or phone-based support, and others may have more flexible options. Would you like to explore these options?"

After the referral

- Follow up in a supportive, non-judgmental way.
- If the client did not complete follow-up tasks or appointments, approach with curiosity rather than blame and explore any safety concerns or barriers.

Trust and Transparency

Clear communication and honest expectations help build trust and reduce uncertainty throughout the referral process.[2-4]

Before the referral

- Maintain accurate, up-to-date information about services, including eligibility, documentation requirements, costs, waitlists, and logistics.
- Establish clear points of contact within agencies to improve coordination and reliability.

During the referral

- Clearly explain why the referral is being recommended and what the client can expect.
- Be honest about potential barriers such as long wait times or limited availability.
- Review confidentiality and ensure the client understands how their information will be shared.

Sample script

"Some of these have waitlists, so we can also look at more than one option if that feels helpful."

"Before we move forward, I want to check what information you feel comfortable sharing and who you'd like it shared with."

After the referral

- Keep the client informed of any updates or next steps.
- With consent, communicate with referral partners to support continuity of care.
- Reinforce that the client can change their mind about information sharing at any time.

Peer Support

Connecting clients with individuals who have lived experience can foster understanding, validation, and a greater sense of belonging.[2-4]

Before the referral

- Identify programs that include peer support, mentorship, or community-based approaches.
- Build awareness of services led by individuals with lived experience.

During the referral

- Offer options that include peer support when aligned with the client's preferences.
- Highlight how peer-based services can provide understanding, validation, and connection.
- When available, offer to connect clients directly with peer support workers within the agency or referral partner organizations to help make services feel more approachable.

Sample script

"Some people find it helpful to connect with others who have gone through similar experiences. There are programs where you can talk with someone who's been in a similar situation. Would you be interested in hearing more about that?"

After the referral

- Encourage continued connections to supportive networks beyond formal services.
- Check whether peer support options felt helpful or meaningful to the client.

Collaboration and Mutuality

Referrals are most effective when providers and clients work together as partners, sharing knowledge and decision-making throughout the process.[2-4]

Before the referral

- Build and maintain relationships with community providers to support smoother coordination.
- Develop shared resource tools that allow teams to collaborate and stay informed.

During the referral

- Engage the client as an active partner in the process by exploring their needs, preferences, and past experiences.
- Ask what has and hasn't worked before and incorporate that into referral decisions.
- Offer to make the call together, role-play, or provide real-time support to reduce burden.

Sample script

"Based on what you've shared, there are some resources that might be helpful. Would it be okay if we talked through a few options together?"

"If you'd like, we can call together now, or I can stay with you while you make the call."

"If you'd prefer, I can reach out on your behalf, with your permission, and include you in the process."

"Would it be okay if I check in with you after your appointment to see how it went or if you need anything else?"

After the referral

- With client consent, coordinate with other providers to ensure a more integrated and supportive experience.
- Continue shared decision-making when identifying next steps or alternative options.

Power, Voice and Choice

Centering client preferences and choices helps promote autonomy, dignity, and meaningful engagement in services.[2-4]

Before the referral

- Prepare multiple referral options whenever possible to allow for client choice.
- Ensure options reflect client preferences related to identity, accessibility, and service type.

During the referral

- Ask what feels most helpful and what the client feels comfortable with.
- Support the client in leading the process (e.g., making the call themselves) if they choose.
- Offer practical supports such as brainstorming questions, writing down information, or practicing conversations.

Sample script

"What kind of support feels most helpful right now?"

"Here are a couple of options that might fit what you're looking for. I can walk you through what each one offers and what to expect."

"Is there anything that might make it harder to get there that we can plan for together?"

"We can also write down some questions ahead of time or practice what you'd like to say."

"You don't have to decide anything right away. We can look at options together, and you can choose what feels most comfortable or decide to hold off."

After the referral

- Reinforce the client's autonomy and acknowledge their efforts in navigating the process.
- Invite feedback about whether the referral met their needs and adjust accordingly.
- Respect the client's right to decline services or request alternatives.

Cultural Humility and Responsiveness

Recognizing and responding to each client's unique experiences, identities, and context can help ensure referrals feel respectful, relevant, and accessible.[2-4]

Before the referral

- Identify services that are culturally responsive, language-accessible, and affirming of diverse identities.
- Consider how historical and systemic inequities may impact trust in services.

During the referral

- Acknowledge potential stigma, discrimination, or past harm experienced in systems.
- Tailor referrals to align with the client's cultural, gender, and identity-based preferences.
- Avoid assumptions and invite the client to share what feels most appropriate for them.

> **Sample script:**
>
> "I want to make sure any referrals I suggest feel like a good fit for you. Are there things that are important to you, such as language, cultural background, or the identity of the provider?"
>
> "People have very different experiences with services, so we can take this at your pace and focus on what feels right for you."

After the referral

- Ask whether the service felt respectful, inclusive, and aligned with their needs.
- Be prepared to identify alternative options if the initial referral was not a good fit.

Organizational Recommendations

Trauma-informed referrals are most effective when they are supported at the organizational level. The following recommendations highlight ways agencies can build systems, policies, and partnerships that can ensure trauma-informed practices are consistent and sustainable.

1. Build Strong Referral Networks

- Maintain updated resource lists[2-4]
- Develop relationships with trusted providers[2-4]
- Establish feedback loops with community providers[7]

2. Standardize Warm Referral Practices

- Create written policies and protocols referrals[8]
- Integrate into existing workflows (not "extra work")
- Use consent for information sharing[2-4]

3. Train and Support Staff

- Provide training on trauma, trauma-informed care, and SDoH
- Offer scripts and tools for difficult conversations[8]
- Support staff wellbeing to prevent burnout

4. Reduce System Barriers

- Simplify referral processes
- Minimize paperwork
- Avoid punitive or compliance-focused approaches

5. Promote Equity

- Evaluate trends related to who is/is not accessing referrals
- Address language and accessibility needs[2-4, 8]
- Prioritize culturally responsive and accessible services[2-4]

6. Integrate Peer Support

- Embed peer support workers within intake or referral processes
- Develop formal partnerships with community-based, peer-led programs[2-4, 8]
- Offer peer support services for ongoing support and resource navigation[7]

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About Us

Illinois ACEs Response Collaborative

Established in 2011, the Illinois ACEs Response Collaborative (the Collaborative) works to catalyze a cross-sector movement to prevent trauma and promote thriving across the lifespan and to place the impact of childhood experience at the forefront of the equity agenda in Illinois. The Collaborative envisions a thriving and equitable Illinois in which individuals, families, communities, and all systems and sectors work together to prevent trauma, heal, and flourish.

Learn more by visiting hmprg.org/programs/illinois-aces-response-collaborative/

Health & Medicine Policy Research Group

Health & Medicine is a Chicago based non-profit working to improve the health of all people in Illinois by promoting health equity. Founded in 1981 by Dr. Quentin Young, it was formed as an action-oriented policy center—nimble, independent, and focused on regional health issues. Health & Medicine's mission is to promote social justice and challenge inequities in health and health care. It conducts research, educates and collaborates with other groups to advocate for policies and impact health systems to improve the health status of all people. Health & Medicine has successfully developed health policy recommendations and implementation strategies for different public and private entities, earning the trust of the legislature, advocates, the media, researchers and policymakers at all levels of government in Illinois to become the region's "honest broker" on healthcare policy matters.

Learn more at hmprg.org

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