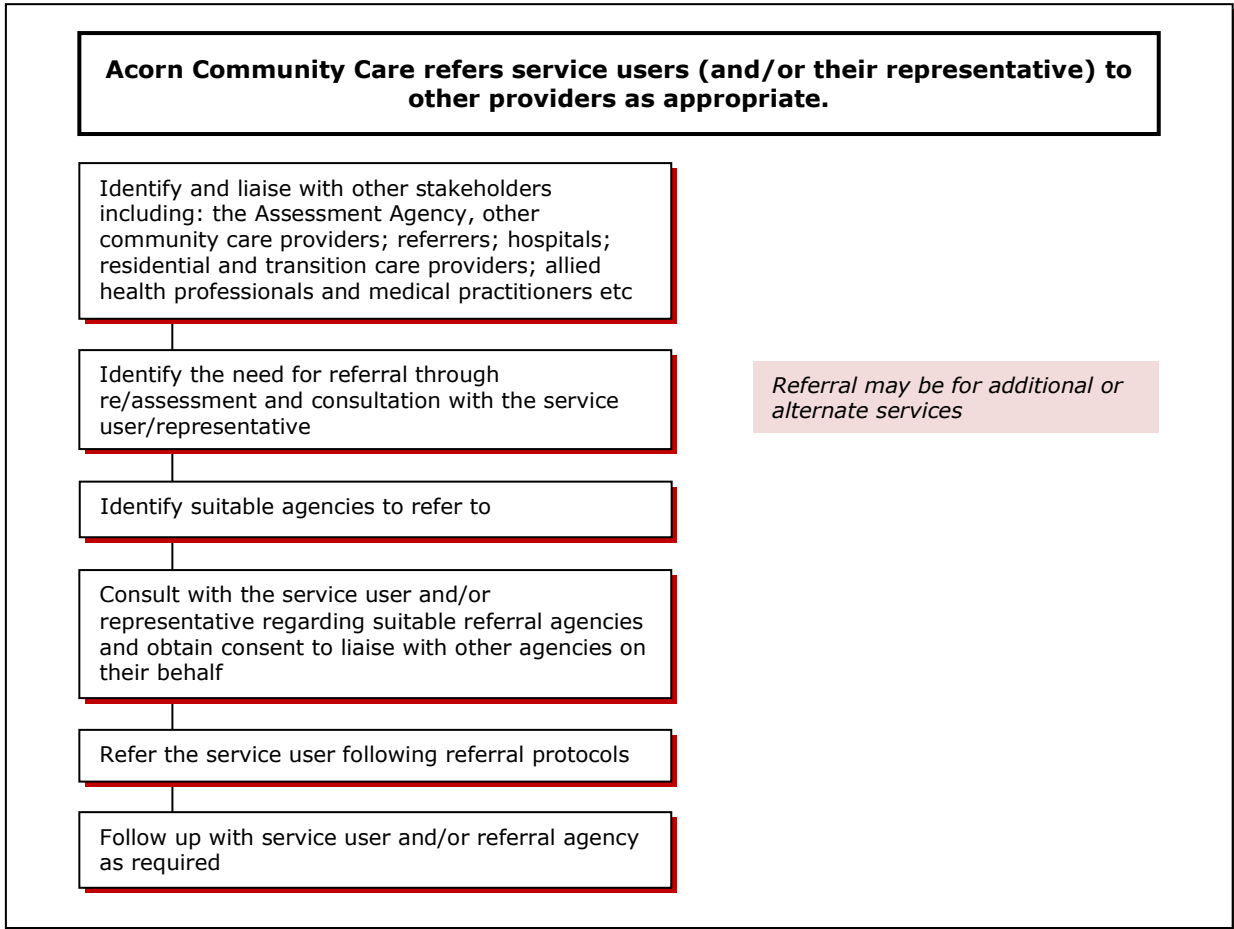


SERVICE USER REFERRAL



FORMS AND RECORDS

Community Resources Brochures	Office
Referral to Another Agency form	Service user records

13.1 Networking and Liaison with Other Providers

13.1.1 NETWORKING AND COORDINATION WITH OTHER AGENCIES

Acorn Community Care is aware of services provided by other local organisations; this ensures open communication with them on an ongoing basis. The Manager, Coordinator, Team Leaders, Assessment Officer and other Acorn Community Care personnel network and liaise with other stakeholders including the Assessment Agency, other community care providers, referrers, hospitals, residential and transition care providers, allied health professionals, medical practitioners and others as relevant.

Networking and coordination of other services is promoted through HACC forums, network meetings and telephone discussions; this is further described in 4.4 Program Planning and Community Involvement.

Acorn Community Care also maintains a range of brochures that outline other relevant community services and supports to assist in referrals (see 4.6 Community Resources Information).

13.2 Referral

The need for referral may be identified when the service user first contacts Acorn Community Care for services or after services are provided such as when support needs change.

13.2.1 IDENTIFYING THE NEED FOR REFERRAL

A referral to another service provider may be needed in the following circumstances:

- A new contact is ineligible for HACC, packaged care or NRCP services
- Acorn Community Care does not have the capacity to provide the required services due to a lack of appropriately skilled staff or funding to provide the required services
- The needs of the service user change or
- The service user requires specific assistance from another health provider.

13.2.2 REFERRAL PROCESS FOR INELIGIBLE SERVICE CONTACT

Ineligible service contacts are provided with contact details of agencies that may be able to meet their stated needs.

If appropriate, Acorn Community Care staff may contact the agency to confirm eligibility and to make an appointment for the person.

13.2.3 REFERRAL PROCESS FOR EXISTING SERVICE USERS

The referral process generally includes the following steps. The Assessment Officer:

- Liaises with the service user and/or their representative and identifies the need for services from another agency
- Explains the need for a referral to another agency including the reasons for being unable to provide the required or requested services
- Identifies referral options and discusses these with the service user
- Continues to provide services currently in place (as applicable)
- Obtains consent to liaise with other providers on behalf of the service user
- Contacts other service providers that may be able to provide services and contacts them to discuss the services needs of the service user
- Refers the service user to another provider and completes a [Referral to Another Agency](#) form
- Follows up with the service user and/or provider referred to, to check on the outcome of the referral

- Provides any further information to the other provider as required
- Documents any relevant information in the service user records
- Advises the Coordinator of any new agencies that should be included in the community resources information held by Acorn Community Care or of changes to current information on agencies.

13.3 Monitoring Service User Referral Processes

Service user referral processes and systems are regularly audited as part of the Acorn Community Care audit program and staff, service users and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made (see [Corporate Calendar](#) and Section 5: Continuous Improvement).