



Referrals

Introduction

This policy provides guiding principles on participants that are referred to our service and when we refer participants to other providers to access their supports and services.

Participants may be referred to us about our services from other service providers, the NDIA, health professionals or other organisations. Similarly, we may refer participants to other providers in order for a participant to meet specific support needs. As part of our duty of care responsibilities, we have an important role in identifying needs for referral services for participants we support.

There are many types of supports and services where a participant may benefit from a referral. Here are a few examples:

- Advocacy services
- Allied health services
- Assistance with independent living
- Capacity building supports
- Community integration supports
- Early intervention supports
- Assistance with personal finance
- Therapeutic supports
- Transport services.

Applicability

When

- Applies when participants are referred to our service
- Applies when we refer participants to other service providers.

Who

- Applies to all employees including key management personnel, full time workers, casual workers, contractors and volunteers.

Regulations relevant to this policy

- NDIS (Quality Indicators) Guidelines 2018 (Cth)

Referrals

Consent is sought from participants before we contact other service providers to discuss the participant's support needs, schedules, plans and goals.

When contacting other providers about referrals, just enough personal information of participants should be disclosed.

When setting up new supports for participants, workers should be mindful of existing supports through other service providers, if so, these should be discussed with the participant keeping in mind their needs, wishes and goals along with existing provider and worker relationships.

All details of any commenced referral services are recorded in the participant's file.



When to refer

When a need for a referral is identified, the level of urgency should be established, this involves looking at:

- Any risks involved
- The participant's wishes
- The immediate nature of the demands i.e. crisis or long-standing need
- Our service abilities to meet all or some of the participant's needs
- Wishes of other relevant stakeholders such as family, friends and other members of the treating team.

When considering a service provider for referral, the following should be considered:

- Are they the best possible provider for this participant?
- Will they adequately meet the needs of this participant?
- Are there specific cultural or other protocols to follow to ensure a smooth referral?

Supporting participation

Participants that need additional support to attend referral appointments will be provided this support.

We will encourage attendance of the referral service by:

- Discussing progress
- Listening to difficulties and assisting in managing these
- Following up any problems which require input or for which the participant needs advocacy.

Measuring success

We will ensure the needs of the participant are met at the referral service by:

- Asking the participant for feedback about the referral
- Checking with stakeholders for their perspective on the effectiveness of the referral
- Consulting with the referral provider to establish the level and quality of assistance given.