Protocol 3

Referral between agencies

Outcomes

A. Service user accesses appropriate services in line with agreed interagency care plan.

B. Agreement and clarity among service providers and service user regarding referral to another service, including steps and timeframe involved.

C. The service user is supported throughout the process as required and appropriate follow up takes place.

Key Processes

1. A referral to a different agency should be made when a service user's need is identified following an initial and/or comprehensive assessment which requires some form of service outside of the assessing agency.
2. In this context all services should ensure the availability of clear information and staff knowledge concerning criteria for access, current waiting times and referral process.
3. The service user should be supported in the referral by the referring service having regard to the service user's own wishes, their needs and the nature of the service involved.
4. Written agreement to share information must be obtained from the service user, if not obtained already, for this purpose.
5. Where an interagency care plan meeting is not possible in advance of referral, the case manager should send any referral documents together with a cover letter outlining their role, highlighting the importance of the agreed interagency care plan.
6. Following referral, the person making the referral should follow up with the service user and the service to ensure that the client has engaged with the new service.