

Theme 8: Making referrals

It may be necessary to make a referral to another program or service to ensure that a service user receives appropriate support for co-occurring harms. As a clinician, recognising when somebody requires support beyond your own sphere or level of expertise is an important skill to be cultivated in the workplace.¹

Referrals may involve transferring a service user out of a program or service either temporarily or permanently. Alternatively, it may involve instigating a shared care arrangement. Indeed, it is generally considered best practice to retain a service user experiencing co-occurring harms in the service or program they initially entered, even when they are simultaneously accessing other services.² In recognition of this, a number of services—including gambling support services—undertake in-reach to ATOD programs (especially, although not exclusively, to residential services).

Referrals are often the point in which service users—particularly those with more complex and/or co-occurring harms—may slip through the cracks.

It is important that the referral process occurs in such a way as to minimise the risk of service users exiting treatment altogether. Developing cross-sectoral collaborations can support service users with co-occurring gambling and substance use harms to remain engaged in the treatment process.³

WHEN REFERRING A SERVICE USER TO ANOTHER PROGRAM OR SERVICE, IT CAN BE HELPFUL TO GET THE SUPPORT OF A COLLEAGUE, MANAGER OR CLINICAL SUPERVISOR.

In-reach refers to bringing allied services to people who are already engaged within a healthcare service.

TYPES OF REFERRALS

COLD REFERRAL

Cold referral or passive referral occurs when a service user is provided the details of another service (for example, by being provided a pamphlet) in order to make their own appointment. This method is generally not suitable for service users with co-occurring conditions—although it may be used where there is a strong preference by the service user to manage the process independently.

WARM REFERRAL

Warm referral or facilitated referral is the preferred method for people experiencing co-occurring harms. A warm referral may involve a number of activities: from contacting a service for or with the service user; to going with a service user to a new service to assist in building rapport; and following up to make sure that the referral has been successful and that the service user is receiving the support they need.

Referrals should always be undertaken with the full knowledge and consent of the service user.

**TO ASSIST THE CLIENT IN ATTENDING A REFERRAL APPOINTMENT,
IT CAN BE USEFUL TO DISCUSS ISSUES SUCH AS:**

- The purpose and value of the referral;
- Where the service they are being referred to is located and how the service can be contacted;
- How the service user will get to the new service and any transportation or other access needs that can be supported;
- What the service user can expect on arrival at the new service;
- Any concerns the service user has about the referral; and
- How contact can be maintained with the original service and/or worker.

Support should continue to be provided to the service user until an appointment with the new service has been arranged.

**WHAT TO DO IF A SERVICE USER DECLINES A
REFERRAL?**

- 1 Respect the service user's decision. There are a number of possible reasons that a service user may be unwilling or unable to accept a referral at that particular time.
- 2 Consider whether, in the absence of a warm referral, the service user will accept written information (e.g. pamphlets) about the other service.
- 3 If appropriate ask the service user if they would like you to prepare a letter or other communication for them to take to services in their own time.
- 4 If appropriate, be prepared to return to the issue of referral at a later stage in the treatment process.

A KEY BENEFIT OF A WARM REFERRAL IS REDUCING THE NEED FOR THE SERVICE USER TO REPEAT THEIR STORY MULTIPLE TIMES.

A REFERRAL ROUNDABOUT CAN HAPPEN WHEN SOMEBODY SEEKS HELP AND GETS PASSED FROM SERVICE TO SERVICE UNTIL THEY END UP WHERE THEY STARTED.

WHERE TO REFER

Referring a service user who is experiencing co-occurring **gambling harms**

In the ACT

- The ACT Gambling Support Service (AGSS) is a free and confidential support service for people experiencing harm, as a result of theirs, or someone else's gambling: <https://actgamblingsupport.org.au/>
- Gambling harm can have a significant impact on relationships. Relationships Australia Canberra & Region is the lead agency responsible for the management of AGSS: <https://racr.org.au/>
- Care provides financial counselling services to help those experiencing or witnessing gambling harm: <https://www.carefcs.org/>

Nationally

- Gambling Help Online provides free online support 24/7 across Australia for anyone affected by gambling: <https://www.gamblinghelponline.org.au/>
- The National Gambling Helpline can be contacted on 1800 858 858 and provides free, professional and confidential support 24 hours a day, 7 days a week.

Referring a service user who is experiencing co-occurring **substance use harms**

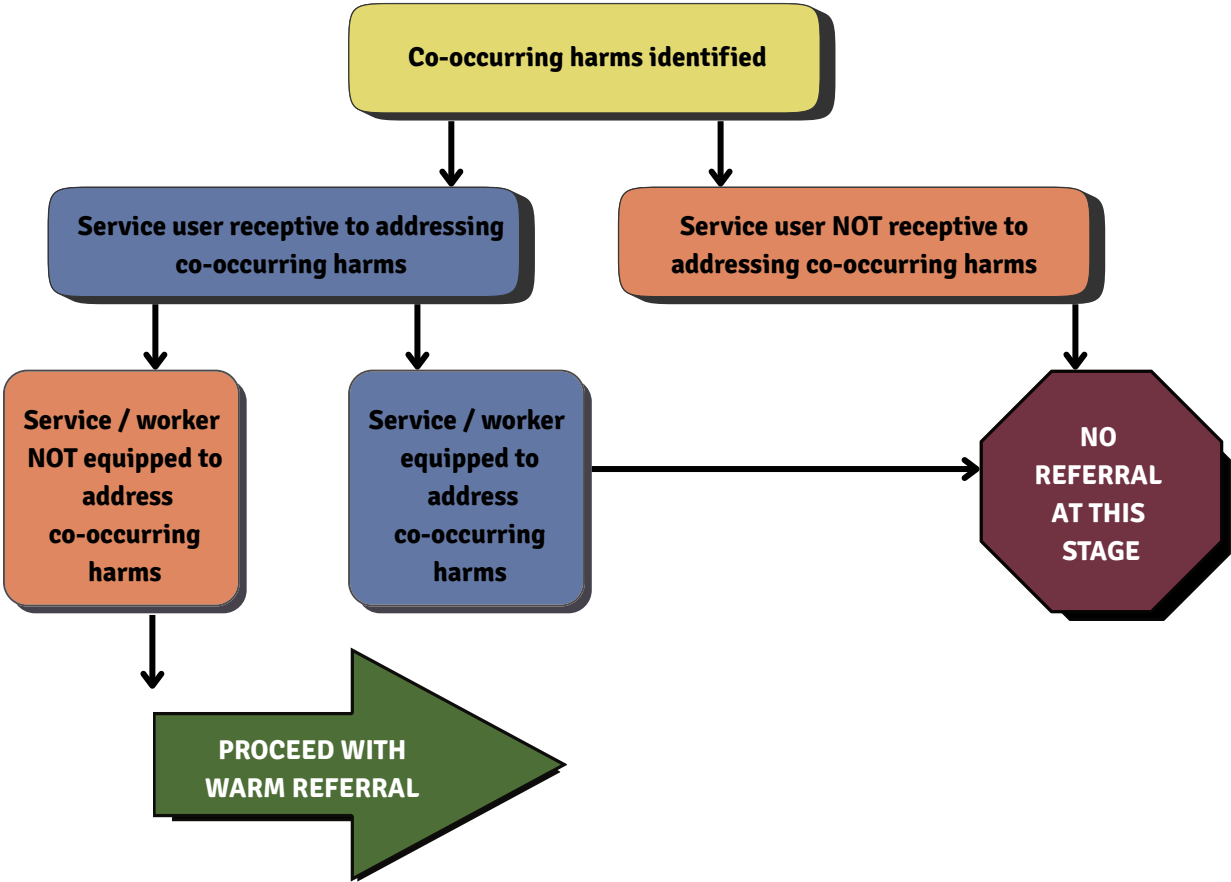
In the ACT

- An up-to-date directory of current programs available within the ACT alcohol, tobacco and other drug sector is available at <https://directory.atoda.org.au/programs/>. The ACT Alcohol, Tobacco and Other Drug (ATOD) Program Directory can be accessed by health professionals, as well as by people experiencing harms from alcohol, tobacco or other drug use and their families and friends.
- The ACT Health Central Health Intake (CHI) line for community and clinic services is (02) 5124 9977 (option 2 for drug and alcohol services)

Nationally

- The Alcohol and Drug Foundation offers Path2Help to allow people to find tailored support recommendations for someone impacted by alcohol or other drugs <https://adf.org.au/help-support/path2help/>
- Counselling Online is a free and confidential service that provides 24/7 support to people across Australia affected by alcohol or drug use <https://www.counsellingonline.org.au/>
- The National Alcohol and Other Drug Hotline provides confidential support for alcohol and other drug harms 24 hours a day, 7 days a week on 1800 250 015

Figure 8.1 A guide to when to refer



PRINCIPALS OF COMMUNICATION AT REFERRAL

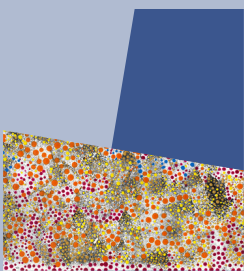
1. Gain the service user’s consent before sharing any information—both at the outset and any time you are communicating new information to another service.
2. Maintain confidentiality—only share relevant and necessary information and ensure communication procedures are in place to limit the risk of breaching confidentiality.
3. Obtain written permission from the service user before sharing case notes or other documentation and mark all reports as ‘strictly confidential’.
4. Avoid jargon—remember, the person you are communicating with may not be familiar with acronyms or commonly used term in your sector.
5. Be clear about where information comes from.
6. Avoid stigmatising language.

COMMUNICATING WITH OTHER SERVICES DURING THE REFERRAL PROCESS

Good communication between service providers involved in the care and support of people experiencing co-occurring harms is essential to ensuring a positive treatment experience and improving outcomes.

Services may develop their own referral protocols. However, existing models such as **ISBAR** (identification, situation, background, assessment, recommendation) can provide a standardised verbal or written tool for clear, cross-sectoral communication.

- I** **Identification** > Introduce yourself and the service user > I am [name]...I work at [service]... as a [role]; I am calling / writing to you about... [include relevant details of the service user's identity (e.g. name, gender, age)]
- S** **Situation** > Briefly state the situation > [Service user] initially came to this service for... they are experiencing co-occurring... [gambling / substance use harms]
- B** **Background** > Using a trauma-informed approach, provide relevant contextual information such as the service user's medical history, intervention/s to date, and social or cultural background > The background/context is...
- A** **Assessment** > Provide a summary of your interpretation of the situation > I think the issue might be.../I'm not sure what the issue is but I have noticed...
- R** **Recommendations** > Outline actions that may be required after referral > I'd like to recommend that [service user] be referred into your service / that we enter into a shared care arrangement to support [service user's] needs



Knowledge point: Referring to the right service or services will often be a critical factor in good treatment and harm reduction outcomes for a person experiencing co-occurring gambling and substance use harms.

Practice point: Take time to familiarise yourself with local services; get to know intake officers or other key personnel who can facilitate smooth referrals.