

Guidelines for Receiving Referrals in a Health Service

CBD Homelessness Health Access Protocol

Guideline	Strategy
1. People experiencing homelessness are a priority target group. All staff within the service will have an understanding of appropriate pathway and responses for homeless people requiring services.	Developing a Protocol that ensures homeless people are provided with appropriate and timely services in response to their identified physical and psychosocial needs.
2. Reception/ front end staff are welcoming, accepting and understanding of the reality of homelessness for the individual.	Dignity and respect shown at all times, to all clients.
3. Respect, acknowledge and where possible, cater for gender and cultural preferences throughout the provision of services by professionals.	Developing a skilled workforce, with sound knowledge of diverse gender and culture groups to allow clients to be more comfortable in asking for help, without feeling further stigmatised.
4. Ensure tolerance toward any difficult behaviour and be flexible in providing sensitive ways to contain and address difficult behaviour.	Allotting extra time (long consultations) to clients and include visual, auditory and assistive aids, where appropriate, to support people who have sensory disabilities and/or learning difficulties, for example.
5. Engage with the person, not the health issue and where possible designate someone with the service to build this relationship through ongoing support.	Building rapport through a case work model to ensure that the client is adequately serviced longitudinally rather than 'fixing' presenting problems, what the health profession believes needs to be fixed for the client.
6. Provide a service which is of value at the time of first attendance.	Make sure you provide some form of practical assistance or treatment at each appointment. Provide further time for a thorough assessment which allows the client's history to be explored and adequate time for the client to discuss the reason for their presentation at the service. Assessment should be documented to ensure records exist for future referral and consultation.
7. Gauge whether the person is comfortable answering questions and, where necessary, change or stagger assessment practices to ensure ease of engagement.	Allow for the different physical and cognitive capacities and styles that clients have, by providing visual as well as auditory information. Provide insight into the assessment processes so that clients are made aware that the assessment is of value to them, while allowing the client and service to make the correct treatment choice.
8. Having received permission from the client, communicate openly and work collaboratively with the support people that are already available to the person experiencing homelessness.	Develop referral pathways and Memorandums of Understanding with other organisations for the release of information so as to benefit the client. This can be done through case conferencing, phone liaison and/or in writing.
9. Make sure time is spent with the individual working out the practical details and addressing any barriers to care.	Develop a plan in consultation with the client that is realistic, discussing the various services that are available both within your setting and others that can help address their whole-of-health needs. Referring onto agencies that are placed to do follow-up such as those listed in the CBD Homelessness Health Access Protocol.
10. Provide medication and treatment materials (where able) and follow-up that they are used appropriately.	Provision of discharge information to the client, and ensure that on discharge, information is forwarded to the regular primary health provider of the client.
11. Provide access to appropriate resources to assist clients in accessing support services.	Do you provide tram tickets, meal vouchers, clothing blankets etc? If not, ensure information and access is provided to clients that do provide such services and/or materials.
12. Decide who will be responsible for: <ul style="list-style-type: none"> Assertive outreach Service follow up Communication with referring agencies. 	Understand the referral pathways for CBD services, and which services provide outreach. Ensure client information is provided to all services involved in the support of the individual.
13. Be welcoming and pleased to see them when they present again.	

Please Note: These Guidelines sit alongside policies, procedures and guidelines already in place within existing partner agencies and services.

