

## **Ability to signpost/refer to and coordinate with services**

### **Recognising limits and the need for referral**

An ability for practitioners/individuals to:
work within the scope of their responsibilities
recognise when they are at risk of working beyond the boundaries of their expertise or professional reach
signpost or refer a person to services and other professionals with the expertise to meet the person's immediate and longer-term needs

### **Linking with services with whom a person already has contact**

An ability to identify and connect with services that are already involved with a person
Where a number of services are involved with a person, an ability to identify their roles and responsibilities in relation to the various domains of a person's life

### **Referring to services**

An ability to draw on knowledge of local referral pathways for both third sector and statutory services (i.e. the protocols and procedures to be followed)
An ability to draw on knowledge of the reach and responsibilities of services in order to identify those most suited to a person's needs
An ability to communicate a current and accurate understanding of a person's difficulties using both verbal and written communication and to be clear about:
the actions that are expected of the service
the specific areas of responsibility for care and support the service is being expected to undertake
An ability to update services if additional information emerges that is relevant to the referral

### **Signposting to services**

An ability to draw on knowledge of the services offered by local third sector and statutory organisations
An ability to draw on knowledge of services offered by national support organisations and helplines
An ability to discuss with a person the reach, responsibilities and limits of services in order to identify those that are both suited to their needs and acceptable to them

## Managing obstacles to a successful referral or signposting

An ability to establish that a person is willing and able to access the service
An ability to identify whether there are any issues that might prevent a person accessing the service (e.g. practical, psychological or cultural)
An ability to support access to a service through administrative or practical help (e.g. by accompanying a person to an initial appointment)
An ability to recognise when effective liaison with other services might be compromised and to identify the reasons for this, for example:
institutional/systemic factors (e.g. shortage of appropriately trained staff)
lack of trust between professionals (e.g. where this reflects the 'legacy' of previous contacts)
An ability to detect and manage any problems that arise as a result of differing customs and practice across services, particularly where these differences have implications for the success of the referral
an ability to identify potential barriers to effective communications and, where possible, to develop strategies to overcome them
An ability to identify transitions that have implications for the range of services involved (e.g. a person having no fixed abode) and to plan how these can be managed, to ensure:
continuity of care
the identification and management of any risks
the identification and engagement of relevant services

## Sharing information with services

An ability to discuss with a person issues of consent and confidentiality in relation to the sharing of information with other services and to secure and record their consent to share information
An ability to share relevant information with other services (based on the principle of a 'need to know')
an ability to assess when sharing of information is not necessary and when requests for sharing information should be refused
An ability to share assessment information in a manner that helps other services:
understand and recognise areas of risk
the reasons for these concerns
the outcomes which are being sought from any planned response