Module 5

Sub module 3: Referral and network development

Session objectives

At the end of the training session, trainees will be able to:

- Discuss the rationale for the development of a referral system and networks
- Develop resources to facilitate referral at their VCT site
- Conduct referrals as part of their clinical duties at their VCT site

1. Referral and the continuum of care
Referral is the process when a health care worker or community worker assesses that their client may benefit from accessing additional and/or different services. Referral can be an important tool in ensuring a continuum of care for clients by helping them to access all the relevant services available to address their physical, psychological and social needs (Figure 1). The concept of a continuum of care encompasses the need for care through all stages of HIV infection, which should be accessible at several points along a continuum, from VCT services, health services (primary health care, secondary and tertiary health care) and social services to community-based support and home care.¹

The VCT service should work to set up linkages within the community that work on a two-way basis. These linkages will both provide support for clients who have received VCT services and ensure referrals from the community to the VCT centres. For example, when clients are recently diagnosed and in the early stages of the disease, they may find it beneficial to be referred to social and peer support groups. When they are at a later stage in the infection and contract opportunistic infections, they may need to be referred to tertiary level health care services. Appropriate referral ensures the efficient use of health care services and minimises the costs for the client.

2. Establishing a referral system
Counsellors from VCT services should be encouraged to make themselves aware of the health and social care services available in the area. Other programmes for chronic illnesses and/or community-based care need to be explored for collaboration mechanisms in order to ensure an integrated approach.² To find out what is available in the area, counsellors could meet with relevant health care workers and community workers to discuss their services and collect documentation about the service so that this can be provided to the client when making a referral. The information collected could include:

- Name of the organisation
- Address
- Phone number
- Name of the key contact people
- Services offered by the organisation
Hours of operation

A referral directory (either a book or set of referral cards) can be compiled as a reference guide available for all staff in the clinic or programme. The information can be grouped into different service areas, for example:

- Additional counselling sessions at the VCT centre
- Medical treatment (e.g. TB programmes, treatment of OIs)
- Prevention of mother-to-child transmission
- Reproductive health services and STI treatment
- Counselling: individual, relationship, family and spiritual
- Psychological or mental health counselling
- Drug and alcohol counselling, detoxification, treatment or rehabilitation
- Social support and welfare organisations
- Peer support organisations
- Home-based care services
- Organisations/clinics that work with adolescents (youth groups, etc.)
- Organisations/clinics that provide services for victims of sexual violence and abuse

This information should be updated regularly (at least once per year) to ensure that the information being provided by the VCT service is still relevant. It can be distressing for clients to be referred to a service, only to find out that their address or phone number has changed.

Forms should also be developed to enable the counsellor to document the referral process (See sample VCT referral form in section “Forms for VCT Services”). A referral form can be developed to document
information about the service to which the client is being referred, the date and purpose of referral. This will help the VCT service to keep track of the client so that they do not ‘get lost in the system’, and instead are kept in the continuum of care. For confidentiality purposes, the counsellor should only note the client’s code/file number on the referral form. One copy of the form should be kept at the VCT site in the client file and another should be provided to the client to give to the referral service provider upon presentation to the service. A release of confidential information form can also be used to accompany the referral form (See ‘sample VCT consent for release of information form’ in the section of this manual called “VCT service forms”).

3. Referring a client
Counsellors may refer clients to community support groups depending on the needs of the client and on the client’s responsiveness to counselling. When referring a client, in addition to providing information about the referral service, the counsellor should inform the client that in the process of referral, the client’s status might need to move from anonymity to confidentiality. This may be because some of the services may require having the client’s name and that each organisation has its own operational guidelines that may be different from how the VCT centres operate. This information is helpful when discussing a possible referral with a client as it allows the client to make a well-informed decision of where they may wish to go for ongoing supportive counselling.

To help facilitate the process and help the client make the transition to care and support services, it is important that the counsellor calls up the referral sources in the presence of the client and informs them of the referring client and schedules an appointment if possible. A referral form and release of confidential information form should be completed by the counsellor. The counsellor should ask the client to attend the referral services at the earliest convenience and to contact the VCT counsellor if he/she has any questions.

The counsellor should emphasise to the referral service provider the need for confidentiality. If the referral services does not respect confidentiality this can impact negatively on the VCT service.

4. UNAIDS/ WHO case studies
The ‘Continuum of Care Project’ in Manipur, North-East India, was set up to train interdisciplinary teams of health care workers and NGO volunteers in the provision of comprehensive HIV/AIDS care in three districts. The project initially concentrated on reaching intravenous drug users from a socio-economically deprived group of indigenous people and later extended to addressing the additional challenges of meeting the care needs of former IDUs, their partners and their children.

One of the components of the project was to develop a referral system to link the various actors together in order to create a continuum of care from home to hospital. Between the projects inception in 1994 up until July 2000, health institutions had made a total of 1844 referrals to counselling and home-care services. Just over half of those referred were HIV-positive.

Referrals had been facilitated by the creation of a resource directory for all three areas. These directories contained the contact details for all care and social support available to PLWHA in their local community. In all referrals, confidentiality was maintained through the use of code numbers for record keeping and only properly trained community mobilisers and staff shared information. This measure was vital in gaining and maintaining the trust of clients.
Thailand has developed home care programmes to provide care that the health system cannot afford nor is organised to offer. However, they refer clients for more complicated treatment to the hospital system or to private doctors, thereby extending the continuum of care available to clients.

**Thailand referral systems: Levels of care**

![Referral System Diagram]

**Thailand referral linkages at district level**

![Referral Linkages Diagram]

* A district hospital covers around 10,000 - 20,000 population

**References**

1. WHO/UNAIDS (September 2000), Key elements in HIV/AIDS care and support