ABOUT FOOTPRINTS

Footprints Community is a well-regarded not-for-profit provider of community-based services, working in the community for over 30 years. We specialise in working with older people, those that experience disability, mental illness, as well as those who are at risk of homelessness.

Footprints adopts a non-discriminatory practice and working alongside people with respect and dignity, to enhance their capacity to live independently in the community, is integral to our service.

Our professionally qualified and highly skilled workforce operate within a client-centred practice framework ensuring principles of strengths-based practice are implemented into service delivery.

We believe in independence, strength and choice. We work with people and their representatives, at their own pace, to empower and support people to reach their goals.

Australian Government

This service is supported by funding from the Australian Government through the PHN Program.

HOW TO REFER TO THE CCS

We receive referrals from:

- any General Practitioner (GP) in the Logan region
- participating GPs in the Inala region
- Community Health Hubs in Logan
- the Mater Refugee Complex Care Clinic (Mater Hospital)
- Nurse Navigators.

We receive referrals via Fax, medical objects from either your GP, or the health services listed above.

Our referral form is on the Footprints website and outlines eligibility criteria, if you require more information our contacts are detailed below.

Contact us:

P: 07 3252 3488
F: 07 3252 3688

P.O. Box 735 New Farm QLD 4005

www.footprintscommunity.org.au

STAY CONNECTED WITH US

SEPTEMBER 2021

CARE COORDINATION SERVICE

Community Based Coordination for Patients and General Practitioners

footprints
positive steps with you

ABOUT THE CARE COORDINATION SERVICE (CCS)

The aim of CCS is to provide non-clinical supports for adults who have chronic heath conditions. The program supports adults to build independence and self-management of their health and wellbeing through links to community, health literacy and support with navigating the Australian health care systems.

General Practitioner testimonial — *"This service and team are doing amazing work, it is truly wonderful and so needed in our local community, thank you."*

Client testimonial — *"This service gave me the encouraging support and kick I needed to get the medical help I need."*

WHO IS CCS IS FOR?

People with chronic health conditions that have additional stressors in their lives, for example:

- difficulties managing appointments and medication
- financial and housing matters
- relationship and family factors
- caring for others
- language or cultural barriers.

The service supports a broad variety of adults that may be living in isolation, be from diverse backgrounds, or have vulnerabilities that make it difficult to coordinate their health care and services.

THE PROGRAM OFFERS:

- personalised links to health services and community supports in your local area
- support to increase independence and self-management of chronic health conditions
- support to manage barriers to health care for example housing or finances
- support and guidance to navigate the Australian health care systems, such as the National Disability Insurance Scheme (NDIS), My Aged Care and Centrelink
- information and advocacy
- clear communication between you and your health care providers.

ELIGIBILITY CRITERIA:

- have one to four chronic disease(s)
- are 18 years and over
- experiencing bio-psychosocial risk factors (e.g. social challenges or complexity impacting management of medical conditions).
- a Primary Care GP is the main party responsible for the person's clinical health care.