

Lessons learnt from navigators

Service intake and engagement models

Who is this resource for and why?

This resource may be helpful for PHNs and/or care finder line managers as an additional resource to their existing expertise and knowledge.

It is based upon the experiences and reflections of Aged Care System Navigators and COTA Australia as part of the Australian Government funded Aged Care System Navigator Trial Measure (ACSN).

These lessons could be of assistance to care finder organisations and their teams.

Official operation of the National care finder program is governed by care finder policy documentation.



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Aims of document

This document is designed to enable organisations to consider different intake systems and processes.

It summarises the four service-delivery models that operated in the Aged Care Navigation Trial:

- 1. Network Referral Model
- 2. Active Outreach Model
- 3. Collaborative Outreach
- 4. Specialist Organisation, Targeted Subgroup

The models reflect both the values of the navigator organisations operating the trial and the identified needs of the customers being supported and may be useful in planning intake and engagement for care finders.

Person-centred approaches inform the day-to-day care operation of the services and are detailed in other information sheets.

In addition to each navigator organisation having their own intake process, COTA Australia operated a 1300 number and online postcode search tool for consumers and referring organisations to find their local navigator. This included a description of that Trial's expertise area.

Links to Care finders Competency Framework and related information sheets

The following domains within the Competency Framework relate to this document.

- Communication / Intrapersonal Skills
- Person-Centred
- Building and sustaining networks

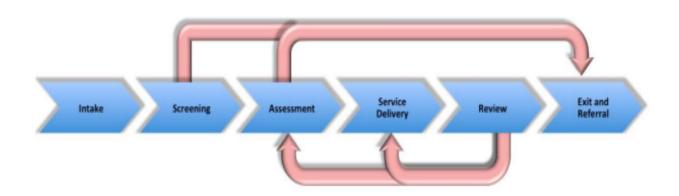
Navigator Trial identified service intake and engagement models: Archetypes

When reflecting upon how each Navigator trial undertook its respective engagement and intake process, it became apparent that four archetype models could be identified. The different models were shaped by the trial organisation's values, its history of working with the people it targeted, the geography of the trial site and the staff's skills.

Delivery models included having a physical outlet, virtual outlet and FIFO options, often determined by the geographical nature of the regions that Trial covered.

While each trial engagement and intake process varied across trial sites, it is essential to note that the underlying service model they utilised was similar and can be summarised in Figure 1 below. Each trial used a person-centred approach to service delivery which often involved using trauma-informed practices and cultural safety strategies. Trials also undertook broader communication activities, such as making presentations to small groups in the community.

Figure 1 – Underlying service model of all trial engagement and intake processes



The type of service delivered by navigators depended on client individual needs and circumstances, and included:

- Assisting customers in understanding the aged care system, including eligibility, access, assessment, and finding a service provider
- Supporting them through aged care system including service selection processes
- Supporting customers to link in with other services including housing, social services and health.
- Providing short-term intensive support to enable the customer to receive services

The four archetype models and organisation attributes are listed below and described in more detail.

- 1. Network Referral Model
- 2. Active Outreach Model
- 3. Collaborative Outreach
- 4. Specialist Organisation, Targeted Subgroup

Table 1 outlines the models.

Model	Organisation Type	Networks	Intermediaries	Intake	Navigation	Referral	Strengths	Weakness
Network Referral	Older person focus	Older People	Other Service Providers	Formalised – ie telephone number	Via reception staff Calls triaged Navigator undertakes complex navigation	Reception staff and navigator	Builds on well-developed networks. Scalable Builds upon reputation service Across Aged Care Sector	Similar to MyAged Care intake Only as strong as networks and reputation of organisation
Active Outreach	Community Focus All ages	All ages	Other Service Providers, Community Groups Formal and Informal Identified community leaders formal and informal	Formalised and informal as need identified	Navigator Navigator undertakes complex navigation	Navigator	Builds upon local networks and relationships Builds upon community development model Actively engages with most disengaged people	Rely on skilled staff who have an understanding of community development models Takes time to be relationships
Collaborative Outreach	Older Person Focus + specialist sub contractor contracted by navigator organisation. Service All Ages	All ages Specific Target Group ie LGBTIQ	Specialist contractor network	Informal as need identified	Sub-contractor Navigator undertakes complex navigation	Sub-contractor and navigator	Builds upon the links subcontractor has with specific target group Utilises knowledge of older person organisation to provide complex Navigation Underpinned by trusted relationships	Lead agency skilled in subcontracting and managing relationship Requires trust to work. This can change if staff change

Model	Organisation Type	Networks	Intermediaries	Intake	Navigation	Referral	Strengths	Weakness
Specialist Organisation, Targeted Subgroup	Specialist Service All Ages	All ages Specific Target Group ie LGBTIQ	Specialist network	Formalised and informal as need identified	Navigator Navigator undertakes complex Navigation	Navigator	Organisation is known to community Has networks with a broad range of services	Staff have to learn about aged care

1. Network referral model

Definition: Navigator organisation has links with mainstream services, intermediaries, and stakeholders from which they receive referrals

Elements / assumptions of the model

- The navigator utilises its extensive networks within the community to identify potential customers, including those who are marginalised.
- Builds strong links with the formal service system, including health, housing and other support services.
- These networks funnel people to a standard intake point operated by the navigator organisation.
- Potential customers are triaged at a common entry point within the navigator organisation (intake).
- Basic information is provided at triage, and internal referrals are made for complex support by the navigator.
- More likely to utilise a standard referral tool.

- Typically, the organisation sees navigation as an extension of its current work, such as information provision.
- The organisation assumes it can reach potential customers through its existing service provision, advertising, and its networks across the community.
- The organisation believes its reputation as a trusted service is known to potential customers or their intermediaries' will facilitate referrals
- The organisation may have formal links to receive referrals from existing mainstream
 Aged Care agencies, including Regional Assessments Services and Aged Care Assessment
 Teams.

The organisation is often a mainstream older person support service and has a strong history and experience in information provision and advocacy for older people. They may operate a telephone support line and have extensive links with aged care, health and social care organisations. They have a solid philosophical position on working with their target population, underpinned by a rights-based model and inclusion.

The organisation routinely attends interagency meetings across its region to keep service networks informed of the service. They also undertake regular mailouts and press releases to raise awareness of the service.

The navigator can be contacted via a standard phone number for the organisation by people requiring assistance. They also have a web-based form that can be utilised by people who need help and other providers. Phone calls into the service have been triaged based upon level of need. Intake workers answer basic questions, with people with complex issues referred to the navigator. All referrals are prioritised at a weekly team meeting and allocated to the navigator.

The navigator services rely on the strength of its relationship with other organisations and advertising to receive referrals and self-referrals.

The navigator primarily works out of a single office but does home visits to people who cannot attend the service. The navigator will refer to other services as required, depending on customer needs and circumstances.

In this model, all of the Trials that offered home visits had (voluntary) Home Visitation Policies in place.

2. Active outreach model

Definition: The navigator reaches out and utilises community development principles to collaboratively work with a broad range of community groups, organisations and gatekeepers to receive referrals and services.

A variety of 'Outreach' definitions were agreed to enable a shared and consistent understanding by all navigator organisations.

Elements of the model

- The navigator utilises its extensive networks within the community to identify potential customers, including those who are marginalised.
- Builds strong links with the formal and informal service systems
- It builds upon the strengths of existing local networks and vital local gatekeepers to contact underserved individuals and communities.
- The model is underpinned by community development theory.
- Navigators will embed themselves with other services on a routine basis to make themselves known to customers and workers.
- The intake point for service is the individual staff member/navigator. Emphasis is on service provision by a known person.
- The system relies heavily upon relationships and may use a standard referral tool.

- The organisation works with a community development framework.
- It recognises that it needs to actively reach out to individuals and specific groups of older people who may not have the capacity to or are wary of engaging with aged care service systems.
- Readily works with trusted intermediaries of the specific population.
- Understands networks.

The organisation is mainstream with a firm grounding in outreach service models underpinned by community development principles. The organisation has a strong history and experience in information provision and support of people. The organisation may operate a telephone support line and have extensive links with Aged Care, Health, Housing and Social Care organisations. They have worked within the principles of social justice and social inclusion. They have connections with a diverse range of communities, including those that have been marginalised.

The organisation routinely attends interagency meetings across its region to keep service networks informed of the service. This also undertakes press releases to raise awareness of the service. Importantly they routinely provide information sessions in conjunction with local organisations. The aim is to enhance links both with local trusted organisations and older people. This fosters trust and provides unexpected opportunities for older people to contact the navigator.

Additionally, the navigator may negotiate with the local library or other community organisations to routinely attend that site at specific times. In this way, the navigator becomes known to the community and builds upon local networks to become a trusted information provider.

Support can be sought via a direct phone number to the navigator. They also have a web-based form that can be utilised by people who need assistance and other providers. They also undertake intake when attending groups or routinely attending an outlet.

The navigator works across the community, and home visits people who cannot attend the service. The navigator will refer to other services as required, depending on customer needs and circumstances.

3. Collaborative outreach model

Definition: Navigator Organisation has a formal collaborative relationship with a specialist service organisation to receive referrals

Elements of the model

- The navigator utilises its extensive networks within the community to identify potential customers, including those who are marginalised.
- Builds strong links with the formal and informal service systems.
- The navigator organisation has determined it will not undertake outreach to some communities or groups of people (perhaps due to lack of expertise in its own organisation). Instead, it has established a legal relationship (subcontracted) with a specialist service provider to reach those specific marginalised communities.
- Both organisations build upon their respective strengths, knowledge, and networks to target marginalised groups and people within their communities.
- The specialist service provider's engagement and service delivery are highly personalised to enhance trust and safety between customers and navigator.
- The specialist service provider will utilise informal settings and groups to engage with potential customers.
- The specialist service provider undertakes active outreach activities, triaging customers, and provides essential information provision and support.
- The primary navigator supports people with complex support needs and will receive a referral from the subcontracted specialist provider as a warm / wrap-around referral.

- The organisation is aware of its capacity to reach marginalised people and communities.
- The Organisation works with a community development framework.
- The Organisation recognises where it does not have the expertise to reach out to specific groups of older people and sub-contracts this speciality.
- Readily works with trusted intermediaries of the specific population.
- Administratively nimble.
- Understands networks and the importance of maintaining trust with marginalised groups.

The organisation is a mainstream older person support service. The organisation has a strong history and experience in information provision and advocacy for older people. They operate a telephone support line and have extensive links with Aged Care, Health and Social Care organisations. They have a solid philosophical position on working with their target population, underpinned by a rights-based model and inclusion.

Where it lacks the appropriate knowledge of the local community, the organisation has established a formal relationship (subcontracted) with a specialist service provider to reach a specific marginalised community. The subcontracted organisation and its workers have developed a high degree of expertise when supporting people within their target group. In doing so, both organisations are building upon their respective strengths.

Both the organisation and subcontracted organisation will routinely attend interagency meetings across their region to keep service networks informed of the service. Importantly the subcontracted organisation will build upon its own formal and informal networks to locate people.

The navigator can be contacted via a common phone number for the organisation by people or services needing assistance. They are generally triaged at this point directly to the navigator.

The subcontracted organisation will deal with people who require less intensive support. Where appropriate, the subcontracted service will make referrals to the contracted organisation. This occurs when person needs are complex or intensive. The subcontracted service will continue to support the person until they have sufficient trust in mainstream navigator.

4. Specialist organisation targeted subgroup

Definition: The navigator is located within a specialist support organisation that targets a subgroup within its own identified population

Elements of the model

- The navigator utilises extensive networks within the community to connect with people from specific population groups. This includes people and communities such as LGBTIQ+, Forgotten Australians, Rural and Remote, and People with Dementia.
- The Organisation understands the needs of specific population groups across all age groups, not specifically Older People.
- People come to the organisation based upon self-identified attributes other than ageing.
- The Organisation will triage based on customers by age and need. These may be informal or formal.
- Customers will often require periods of intensive support to assist in arranging appropriate permission.
- The organisation has specialised in providing services to a particular group of people and has expert knowledge.
- The organisation model of service delivery is highly personalised to enhance trust and safety between customers and navigator, as many customers experienced trauma and discrimination resulting in marginalisation.
- Will utilise informal settings and groups to engage with potential customers.

- The organisation has a strong focus on rights and inclusion.
- The organisation work with groups of people who may be experiencing significant intersectional issues. Consequently, both the organisation and its workers have developed a high degree of expertise when supporting people within their target group.
- The organisation has links across all ages.
- Underpinned by strong Human Rights and Social Justice principles.
- The organisation is aware that many of its customers have experienced marginalisation due to trauma and discrimination both at the individual and systematic levels.

The organisation has been established to provide services to a specific population based on attributes and supports all age groups. Older people represent a subgroup within their specific target population. The organisation has a strong history and experience in information provision and advocacy for people belonging to its target population. They have a solid philosophical position on working with their target population, underpinned by a rights-based model and inclusion.

The organisation generally operates a telephone support line and has extensive links with Health, Social Care and Housing organisations. The organisation routinely attends interagency meetings across their region to keep service networks informed of the service. They also undertake regular mailouts and press releases to raise awareness of the service. They will receive a broad range of referrals from other support services, particularly social support and health services.

The navigator can be contacted via a common phone number for the organisation by people wishing assistance. They are generally triaged at this point directly to the navigator. They also have a web-based form that can be utilised by people who need support and other providers. Importantly the organisation will build upon its own formal and informal networks to locate people. This both fosters trust and provides unexpected opportunities for older people within the subgroup to contact navigator. It may include organised social occasions.

Developing and sustaining trust between potential customers, actual customers, and workers is essential.

The navigator, at times, will be required to work with people who may be experiencing significant intersectional issues. This can require substantial periods of intensive support to enable the customer to be linked to the appropriate supports, for example, identifying appropriate housing options. Navigators have developed a high degree of expertise when supporting people within their target group and are experts in working within trauma-informed practices. Due to the complexity of intersectional issues, engagement with the navigator may be over an extended time.