Evaluation of the Aged Care System Navigator trial extension measure

Final report

Australian Government Department of Health and Aged Care

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AHA Australian Healthcare Associates
Australia's largest health & human services consulting firm

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Acknowledgement of Country

In the spirit of respect and reconciliation, Australian Healthcare Associates acknowledges the traditional custodians of Country, the Aboriginal and Torres Strait Islander peoples, and their continuing connection to land, waters, sea, and community.

Australian Healthcare Associates is located on the lands of the Kulin Nation. We pay respect to Elders past and present.

Acknowledgements

Abbreviations

Term	Definition
ACAT	Aged Care Assessment Team
ACSN	aged care system navigator
ACSOs	Aged Care Specialist Officers
AHA	Australian Healthcare Associates
CALD	culturally and linguistically diverse
CoP	community of practice
FECCA	Federation of Ethnic Communities' Councils of Australia
FTE	full-time equivalent
HREC	human research ethics committee
KPI	key performance indicator
LGBTIQ	lesbian, gay, bisexual, transgender, intersex, queer
MACLE	My Aged Care Learning Environment
OPAN	Older Persons Advocacy Network
RAS	Regional Assessment Service
RSL	Returned & Services League
the extension measure	the ACSN trial extension measure

Glossary

Term	Definition
case	The unit of measurement for provision of support to individual customers. Navigators were advised that: • A new case should be **opened** when a customer seeks support for a new issue or query, whether the customer has previously accessed the navigator service or not. • A case should be **closed** when the customer's issue or query has been resolved (with subsequent clarification to close cases for reporting purposes when the issue is resolved or after 3 months of inactivity, whichever occurs first).
case band	An indicator of the complexity of a customer's case, defined as the time required to resolve it: • Band 0: less than 30 minutes, • Band 1: 30 minutes to 2 hours • Band 2: 2 to 10 hours • Band 3: more than 10 hours
consumer	Someone who may be eligible for or currently accessing the aged care system or its services more broadly, but has not engaged with an aged care navigator under the extension measure
customer	The subset of consumers who have accessed navigator services
Department of Health and Aged Care	Known as the Department of Health prior to 1 July 2022
intermediary	People or organisations who identify and connect potential customers with their local navigator

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1 Executive summary

The Aged Care System Navigator (ACSN) trial measure was introduced by the Australian Government in 2018. It tested several models of providing older people and their families with personalised information and support to access the services they need. An evaluation conducted by Australian Healthcare Associates (AHA) published in early 2021, found that system navigators are an effective and important way to help older people understand and engage with Australia's complex aged care system.

Through the 2021-22 Budget, the Australian Government announced the ACSN trial extension measure (the extension measure). The extension measure was intended to ensure continued access to navigator services while a national network of local care finders is established (due to commence service from January 2023). It also provided an opportunity to refine the service model tested under the original measure based on evaluation findings. Key refinements included an increased emphasis on engaging vulnerable and hard-to-reach consumers, more individual face-to-face support for consumers, more purposeful delivery of information sessions to connect with people needing personalised support, and a shift from a volunteer workforce towards qualified and experienced professionals. Twenty-two partner organisations were funded to deliver navigator services under the extension measure, in a total of 24 trials operating in 28 locations across all states and territories.[1]

In July 2021, the Department of Health and Aged Care engaged AHA to evaluate the design, implementation, appropriateness, effectiveness, and cost effectiveness of the trials operating under the extension measure, to inform future directions for supporting aged care navigation to older people.

Overwhelmingly, we found that navigator services are providing much needed and much appreciated support for older people and their families. We identified 8 key lessons to emerge from the extension measure's operation that can inform how navigator services are designed and delivered in future:

1. A flexible, person-centred approach to service delivery is critical
2. Effective promotion of navigator services requires a combination of localised and national approaches
3. Engaging intermediaries (who identify and connect potential customers with their local navigator) is essential but can be resource intensive
4. The boundaries of the navigator role are not always clear cut
5. Staffing services with an appropriate number of qualified and experienced navigators is both important and difficult
6. Navigators require access to appropriate training and support
7. Navigators would benefit from improved access to My Aged Care functions
8. Navigator organisations require early clarity about their reporting obligations.

For each of these lessons, we determined specific opportunities to continue or enhance elements of the extension measure as navigator services are rolled out in 'business as usual' initiatives. These lessons and opportunities were informed by detailed analysis of a range of data collected over the first 12 months of the extension measure's operation. We consulted with navigators, their customers, and intermediaries, and drew on both qualitative and quantitative data routinely submitted by trials. A brief overview of key findings is provided below.

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[1] Throughout this report, the terms 'partner organisation', 'trial', and 'trial location' are used somewhat interchangeably.

The trials have been implemented largely as planned

There were some challenges to implementation associated with COVID-19 and systemic issues within the aged care sector, including problems of service availability and quality, workforce shortages, system fragmentation, and lack of integration with other sectors. Despite this, **all trials are now actively supporting older people and their families**. Most are delivering their expected number of information sessions and, while it has taken time for some services to gain traction, most are now delivering support to their expected number of individual customers. The majority of customers identify with at least one of the extension measure's 14 target population groups, suggesting that trials are achieving their goal of reaching customers who are vulnerable or who face barriers to accessing aged care. Although case numbers are growing, most **navigators are still spending less of their time delivering individual support than anticipated**, partly reflecting their commitment to nurturing relationships with local intermediaries and partly due to training, meeting attendance, and reporting requirements being more time-consuming than anticipated.

The shift towards a **paid, experienced, and qualified navigator workforce was viewed positively**, and partner organisations sought to employ navigators with a professional background in aged care, disability, or community services. They also highlighted the importance of recruiting navigators with soft skills such as problem-solving or the ability to work autonomously, and of ensuring that navigators work within a team comprising a complementary mix of skills and experience. However, **recruitment and retention have presented a significant challenge to successful implementation** in many regions. Partner organisations attributed this, in part, to the fact they could only offer short-term, part-time contracts. Staffing challenges were also compounded by broader aged care workforce shortages.

Most, but not all, navigators felt well supported by their organisation, and especially **valued the opportunity for supervision and debriefing**. Embedding navigators within broader organisational operations was seen to be a key ingredient to successful implementation, enabling them to leverage the organisation's existing reputation and resources. Several partner organisations further supported navigators to focus on the work of assisting customers with more complex needs by absorbing other activities critical to the success of the navigator service (e.g. promotion, intermediary engagement, outreach, intake). They noted, however, that this in-kind support draws on other funding streams and the trial data therefore underrepresents the true time and cost of delivering navigator services.

We heard that, as trial coordinator, **COTA Australia provided timely and helpful support throughout the extension measure**. However, feedback on communities of practice (CoPs) varied. While most navigators were supportive of the idea of CoPs, not all had had the opportunity to participate; in some partner organisations, CoP meetings were attended by managers rather than navigators themselves. Of those that did attend, not all felt the CoP meetings were valuable to them, reporting that meetings did not offer new information and that the large group format was not conducive to building relationships and providing practical support (e.g. workshopping difficult cases).

Partner organisation representatives also **identified some inconsistencies in how the trials were implemented** due to gaps in the information provided early in the extension measure's lifespan. There was some uncertainty about where the boundary between navigation and case management lies (and how it can be applied in practice), and about what data trials were required to collect, when, and why. It also appears that navigators are engaged in professional development and training to varying degrees, independently sourcing information about topics ranging from aged care reforms to working with complex clients. Similarly, the lack of a centralised promotional strategy has seen navigators expend time and effort developing their own – sometimes inconsistent – resources.

Community connections and engaged intermediaries are essential in paving pathways to navigator services; pathways from navigator services are less well established

The absence of centralised promotion presented both challenges and opportunities, with trials able to develop strategies that were appropriate to their communities. Although most engaged in broad awareness-raising activities (e.g. traditional and social media advertisements), they noted that **the key to reaching potential customers who are vulnerable or most in need is actively engaging the intermediaries that already come into contact with these individuals**. Leveraging local knowledge to meet potential customers in the places they frequent was also important; many navigators found it effective to deliver information sessions at venues such as senior citizens' centres, Returned & Services League (RSL) clubs, and libraries. Intermediary engagement activities went hand in hand with (and often, were not distinguished from) outreach activities, and frequently drew on existing organisational relationships and community networks to promote the navigator service as part of an already trusted brand. Where new relationships were required, navigators approached intermediaries directly via phone, mail, or in-person visits, or by networking at community events and exhibitions.

Intermediaries' buy-in to navigator services was enhanced by minimising the work involved in referring potential customers for support. **Referrals via telephone or email were preferred to more formal arrangements**, and were facilitated by intermediaries having clear information about the navigator service to pass on to customers. Navigators tended to provide support to all customers referred to them, even those outside the extension measure's target population, but identified that some customers' needs were more complex than their scope of practice could address (e.g. where mental illness, trauma, or challenging behaviours are prominent). However, a **lack of available, accessible, and acceptable alternatives often presented a barrier to referring elsewhere** and navigators often felt obligated to provide continued support to prevent these customers from falling through the cracks.

Customers are highly satisfied with the personalised support that navigators provide

Regardless of customer or service characteristics, at least **95% of customers agreed that the support the received from the navigator met their needs**, and 98% indicated that they would recommend the service to others. These high rates of satisfaction are in large part due to navigators' commitment to taking the time to understand the customer and their needs; providing information in a way that is clear and easy for the customer to understand; being honest, reliable, and keeping the customer informed on the progress of their case; and being available and responsive.

By adopting a person-centred approach, navigators were able to build trust and rapport with a diverse range of customers, including those who have had negative experiences of government services in the past. Further, they were able to **tailor the type of support they provide, and the format in which they provide it, to suit the customer's needs**. Importantly, customers' satisfaction with the navigator support they received meant that navigators were often the first port of call when customers' needs changed or they faced new issues at a later point in their aged care journey. Some navigators maintained regular contact with customers after their initial issue was resolved, to reduce barriers to re-engagement for customers that lacked the confidence or ability to reach out to the navigator themselves.

Navigator services improve customers' knowledge of and confidence in accessing aged care

As well as being satisfied with their interactions with the navigator service, **almost all customers were pleased with the outcome of the navigator support they received**. They reported improved understanding of the aged care system in general and more specific details such as the assessment process and how to use referral codes. They also felt more confident about taking control of their own interactions with the system, from having informed conversations with My Aged Care to choosing a service provider. However, some customers were confused by the information they received, especially if it was too much to take in at once or perceived to conflict with information provided by other aged care representatives (e.g. a member of an Aged Care Assessment Team or Regional Assessment Service).

A number of customers highlighted that, while they have not yet received the services they need, this reflected factors outside the navigator's control (e.g. service availability) rather than the effectiveness of the navigator service itself. **The experience of 'navigating to nowhere' was reported as a disheartening reality** by many navigators. Further, their ability to assist customers to register with My Aged Care was sometimes made more challenging by a **lack of awareness of the navigator role among contact centre staff**, and inconsistencies in how they handled interactions with navigators.

Trial expenditure varies but is not correlated with customer satisfaction

Between July 2021 and May 2022, the trials provided older people with support through 8,164 individual cases, and 471 information sessions (delivered to 8,856 attendees). These outputs were delivered at a **total cost of $3,421,556, for an average of $119,894 per full-time equivalent navigator**. As noted above, this figure underrepresents the true cost of providing navigator services due to the in-kind support provided by other staff within the partner organisations.

Expenditure within individual cost categories varied between trials, although **staff salary and oncosts consistently accounted for the majority of expenditure** (representing two-thirds of expenditure overall). Trials reporting low staffing costs contracted their service delivery out to other organisations and thus reported these costs elsewhere.

Customer feedback was consistently positive, regardless of total expenditure or how this was allocated to cost categories.

2 Context

The Australian aged care system is large, complex, and difficult to access and navigate (Royal Commission into Aged Care Quality and Safety 2021a). There are many factors contributing to this difficulty, not least of which is a lack of personalised information and support. Problems of navigation and access are compounded for older people who already experience socioeconomic disadvantage, including those who come from diverse backgrounds.

The Australian Government has introduced a range of reforms and initiatives to address these challenges, including the Aged Care System Navigator (ACSN) trial measure. The original ACSN measure operated from October 2018 to June 2021 and trialled several navigator service models supporting older people and their families in different ways, including peer and group formats and one-on-one specialist support. These trials were delivered by a consortium of partner organisations led by COTA Australia. The ACSN measure also trialled a financial information service, delivered by Services Australia.

Australian Healthcare Associates (AHA) was appointed to evaluate the ACSN measure and found that system navigators were an effective and important way to support older people to better understand and engage with the aged care system (Australian Healthcare Associates 2021).

In the 2021–22 Budget, the Australian Government announced a total investment of $272.5 million over 4 years to 'support senior Australians to access the aged care services they need and navigate through the system' (Australian Government Department of Health 2021). This commitment included funding to support:

- the establishment of a network of local Community Care Finders, due to commence service from January 2023
- continued access to face-to-face navigator services while this network is established, through the ACSN trial extension measure (the extension measure), operating to December 2022.

2.1 Aims

Similar to the original measure, the extension measure aims to assist older people to connect with My Aged Care (the gateway to Australian Government-subsidised aged care services) and to understand, choose and gain timely access to the services they need. However, the extension measure incorporates a number of refinements based on the lessons from the original measure.

First, the target population is more focused on people who need one-on-one support because they are vulnerable or isolated and face barriers to accessing the system through existing channels, including:

- Aboriginal and Torres Strait Islander people
- people from culturally and linguistically diverse (CALD) backgrounds
- lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people
- people who live in rural or remote areas
- people who have limited access to technology, limited computer literacy, or special website accessibility requirements (e.g. people who are vision impaired)
- people who are financially or socially disadvantaged
- people who are socially isolated or at risk of social isolation
- people who are homeless or at risk of becoming homeless
- care leavers (e.g. Forgotten Australians, Former Child Migrants, members of the Stolen Generations)
- parents separated from their children by forced adoption or removal
- people with a disability
- people with cognitive impairment, including dementia
- people with a mental health problem or mental illness
- veterans.

Second, the extension measure removed the distinction between the different service models in the COTA Australia-led trials. The financial information service is not part of the extension measure but remains available through Services Australia under the Aged Care Specialist Officers (ACSOs) initiative.

Other refinements aimed to:

- deliver information and education services (information sessions) with a particular emphasis on connecting with consumers who may benefit from individual navigator support
- focus on providing customers with individual, face-to-face support
- assist customers over a series of interactions to provide support up to the point of assessment or aged care service commencement as appropriate
- engage members of the hard-to-reach target population groups defined above, through assertive outreach activities
- staff services with appropriately qualified professionals with experience and expertise in both the aged care system and in the specific populations with which they work.

2.2 Service delivery

Navigator services under the extension measure began in July 2021. Services were initially delivered by 20 partner organisations, in 22 trials across 24 locations. Eight of these trials provide specialist support for members of particular groups within the extension measure's target population, including the LGBTIQ community (4 trials), Aboriginal and Torres Strait Islander people (2 trials), people with dementia (one trial), and people who are experiencing or are at risk of homelessness (one trial). Two additional partner organisations, each with a focus on supporting the care leaver population, joined in February 2022, for a total of 24 trials across 28 locations (Figure 2-1). There was good continuity of services from the original to the extension measure, with most partner organisations involved in both (and often, but not always, operating trials in the same locations).[2]

COTA Australia provided national trial coordination, with the Federation of Ethnic Communities' Councils of Australia (FECCA) and the Older Persons Advocacy Network (OPAN) serving as non-funded steering committee members.

Figure 2-1: Map of trial locations operating under the extension measure

KEY

1. COTA Queensland
2. LHA - Queensland Council for LGBTI Health
3. Aged & Disability Advocacy Australia
4. Brisbane South Primary Health Network
5. Institute for Urban Indigenous Health – Brisbane
6. Lotus Place
7. Dementia Australia
8. COTA NSW
9. ACT Disability, Aged and Carer Advocacy Service
10. LHA – Meridian
11. COTA ACT
12. Seniors Rights Service
13. Northeast Heath Wangaratta
14. COTA Victoria
15. Housing for the Aged Action Group
16. COTA Tasmania
17. Elder Rights Advocacy
18. Institute for Urban Indigenous Health – Loddon Mallee
19. COTA SA
20. Aged Rights Advocacy Service
21. Advocare
22. COTA WA
23. Tuart Place
24. COTA NT

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[2] A small number of partner organisations involved in the original extension measure did not carry on to the extension measure but instead were funded through the EnCOMPASS Multicultural Aged Care Connector program (FECCA 2020) to provide aged care navigation support to people from CALD backgrounds.

2.3 Operating environment

The extension measure was introduced into a particularly challenging environment, which included longstanding issues in the aged care system as well as natural disasters and a global pandemic.

There are ongoing issues with the availability of, and access to, high quality aged care services across Australia (Royal Commission into Aged Care Quality and Safety 2021b, p. 204). AHA's evaluation of the original ACSN measure noted that these issues presented 'a significant barrier to the effectiveness of the trials'. The idea of 'navigating to nowhere' was a key source of frustration for navigators, and some customers expected to receive services more quickly than was possible (Australian Healthcare Associates 2021, p. 22). These longstanding systemic issues will take time to address, and therefore present a similar challenge to the success of extension measure.

In addition, many of trials were impacted by the severe and repeated flooding in New South Wales and Queensland, which affected both the trials themselves and the communities they served. The floods affected navigators' ability to deliver support in several ways. For example, issues with internet connectivity and power outages meant limited access to required IT systems, while dangerous or closed roads prevented navigators, customers, and intermediaries (i.e. people who identify and connect potential customers with their local navigator) from travelling for face-to-face appointments.

Further, the extension measure commenced in the midst of the COVID-19 pandemic, the effects of which were threefold. First, in many jurisdictions, public health restrictions prevented navigators working face-to-face, restricting their ability not only to deliver support to individual customers but to conduct outreach and educational activities and engage intermediaries. Second, even when and where face-to-face contact was permitted, it is likely that many older people avoided contact with non-essential services (such as aged care navigation), given the prevailing advice to self-isolate for protection against COVID-19 (Atkins and Baldassar 2020; healthdirect 2022) and media coverage of the heightened risks for older people (National Mental Health Commission 2021). Finally, the pandemic exacerbated existing issues with service availability in the aged care system; for example, staff shortages worsened as staff contracted COVID-19, or were required to isolate after being exposed.

2.4 Requirements of the evaluation

This evaluation aimed to inform the direction of aged care navigator services that will serve older people in the future. Its overarching objectives were to:

- assess the implementation, appropriateness, effectiveness, and cost effectiveness of the trials operating under the extension measure
- evaluate views on, and experiences with, the extension measure, as reported by the 3 groups of stakeholders involved in its day-to-day operation: navigators, customers, and intermediaries
- identify effective ways of implementing navigator support for different audiences and at different stages of the process.

Related initiatives conducted in parallel to the extension measure were out of scope for this evaluation. This includes the ACSOs within Services Australia (Services Australia 2022), Trusted Indigenous Facilitators (TIFs) program (Wells 2022), and the EnCOMPASS Multicultural Aged Care Connector program (FECCA 2020). Also out of scope were the Advocates as Agents program used by some – but not all – navigators (OPAN n.d.) and My Aged Care case coordination teams, only available via referral from My Aged Care contact centre staff.

Primary evaluation questions

To address the objectives outlined in section 2.1 above, this evaluation was guided by 8 primary evaluation questions:

- Have the trials been implemented as planned?
- How do consumers find out about navigator services?
- How do customers prefer to engage with navigators (e.g. in person or remotely, individually or in a group)?
- How satisfied are customers with the navigator services they receive?
- What are effective ways for navigators to connect with local intermediaries in order to identify and connect with consumers who need help?
- How effective do customers consider the trials in supporting them to navigate and access the aged care system?
- How cost effective have the trials been?
- What could be done to improve navigator services?

These primary evaluation questions are underpinned by a number of more specific secondary questions. These are listed in full in Appendix A, along with cross-references to the section(s) of this report that address each question.

This final report is accompanied by a technical supplement containing supporting data and other details.

3 Approach

This evaluation commenced in July 2021, with data collection commencing on 1 August 2021 and concluding on 10 August 2022. Our approach was designed in consultation with the project teams at the Department of Health and Aged Care and COTA Australia. Below, we provide an overview of our data collection activities, and how we analysed the information obtained.

3.1 Data sources

We collected information from 4 sources: customer feedback measures, stakeholder consultations, trial activity reports, and data provided by COTA Australia.

3.1.1 Customer feedback measures

Customer feedback was captured using 2 methods, depending on the amount of time that the navigator spent working with or on behalf of an individual customer.

Customers who received **less than 2 hours of navigator support** (band 0 and 1) were asked a single question about whether they agreed that the support they received from the navigator was of assistance to them. Navigators were instructed to ask this question verbally at the time of closing the case,[3] and customers provided a response on a 5-point scale from strongly agree to strongly disagree.[4] Aggregate results were submitted as part of regular monthly reporting (see section 3.1.3). Overall, 5,208 customers provided feedback in this way between 1 August 2021 and 30 June 2022.

Customers who received **more than 2 hours of navigator support** (band 2 and 3) were invited to complete a brief feedback survey comprising a mix of multiple choice and free-text responses. The survey asked customers about their demographic characteristics, type of engagement with the navigator, and their satisfaction with the service. Customers were also invited to register their interest in an interview with our team to discuss their experience in more detail (see section 3.1.2). Customers could choose to complete the survey on their own or with assistance (from their navigator or other support person), and to complete it online using the Qualtrics online platform, in hard copy, or verbally. All data, however, were ultimately provided to us via Qualtrics, with navigators responsible for entering any surveys that customers completed in hard copy or verbal formats. The survey was approved by Bellberry Human Research Ethics Committee (HREC) prior to its launch on 1 September 2021. It closed on 30 June 2022 with a total of 656 responses from 26 of the 28 trial locations.

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[3] A case is the unit of measurement for provision of support to individual customers. Navigators were initially advised that a new case should be opened when a customer seeks support for a new issue or query (whether the customer has previously accessed the navigator service or not) and closed when the customer's issue or query has been resolved. Subsequent advice clarified that cases should also be 'closed' for the purposes of reporting after 3 months of inactivity, regardless of whether the issue has been resolved. We identified some inconsistency in how these definitions were interpreted and applied (see section 3.1.3) which likely affected the timing of customer feedback collection.

[4] Customers could also decline to answer.

3.1.2 Stakeholder consultations

Between September 2021 and June 2022, we conducted interviews with 110 individuals representing 3 stakeholder groups:

Navigators (and other partner organisation representatives). We conducted 25 interviews with 44 navigators (via Microsoft Teams) and received a written submission from one navigator who was unable to attend at their scheduled time. Some interviews were also attended by managers and other partner organisation representatives,[5] resulting in a total of 55 participants providing input from all 24 trials. Our discussions aimed to understand the support being provided under the extension measure, the types of customers receiving this support, and the successes, challenges and opportunities that navigators had encountered in their role.

Intermediaries. We conducted 16 interviews with 25 intermediaries working in either the aged care, health, or community sector. These interviews were conducted via Microsoft Teams or over the telephone, according to intermediary preference. Discussions sought to understand intermediaries' relationships with the navigator service, the referral processes they have in place, and their perspectives on how well the navigator service is meeting the needs of the older people they engage with.

Customers. We conducted 30 interviews with 30 customers from 16 trial locations. Interviews were conducted over the telephone and took approximately 30 minutes. Discussions aimed to explore the customer's experience of the navigator service, including what they liked and what could have been better.

Additional information on our consultation approach and participant characteristics is provided in section 2 of the technical supplement.

3.1.3 Trial activity reporting

At the beginning of each month, trials submitted data on the previous month's activities via a brief Qualtrics survey. This 'activity report' collected aggregate information on:

- customer throughput: number of cases opened and closed, overall and within 4 case bands (see page 15)
- information sessions: number, number of attendees and volunteers, topic
- navigator activities: time allocated to individual support, information sessions, administrative activities (intermediary engagement, training and professional development, other), and leave
- customer feedback: number of customers – who received less than 2 hours of support – who provided each response to the question about the support they received from the navigator.

Between August 2021 and July 2022 we received 322 of a possible 324 activity reports.

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[5] Throughout this report, quotes are attributed either to 'navigator' or 'partner organisation representative' as appropriate.

3.1.4 Data provided by COTA Australia

At the start of the evaluation, COTA Australia provided **trial profiles** for each trial location. These profiles, agreed to by the relevant partner organisation, included key performance indicator (KPI) targets such as the number of individual support cases the trial was expected to open, and non-KPI benchmarks such as the estimated number of information sessions the trial would deliver – and corresponding number of attendees – over the course of the extension measure.

COTA Australia also collected and collated 3 types of data from partner organisations and provided it to us via email:

- Raw and summarised responses to **reflection questions** designed by COTA Australia to develop an understanding of how navigator services operate and the challenges or successes associated with implementing the service model. We received 3 sets of data relating to reflection questions administered in August 2021, February 2022 and May 2022. The questions themselves were different at each timepoint, to explore issues relevant to different stages of the extension measure's lifespan.[6]

- Ninety-five **case studies** (submitted by partner organisations in November 2021 and January, March, and April 2022) intended to highlight the work involved in providing navigation support and the challenges and success that navigators experience. The case studies were accompanied by a spreadsheet summarising customer demographics, referral pathways, My Aged Care status, service delivery modes and locations, navigator tasks, and outcomes.

- Two **financial data** extracts, covering the period from July 2021 to November 2021 and December 2021 to May 2022. Each extract provided a dollar value for each partner organisation's expenses over the reporting period, overall and within the following categories: staff salary and oncosts, staff overheads, publicity and communications, room hire, travel, management and auspicing, and other.

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[6] Throughout this report, all quotes drawn from reflection question responses are attributed to 'partner organisation representative', as it was not possible to determine if they came from a navigator, manager, or other representative.

3.2 Data analysis

Qualitative data collected through stakeholder interviews and free-text responses to the customer feedback survey were analysed thematically. We first read transcripts and survey comments to familiarise ourselves with the data, then extracted and coded information relevant to each of the key and secondary evaluation questions. We then reviewed the information coded against each evaluation question and developed additional codes to capture emerging themes. We read all reflection question responses and case studies in full to identify those highlighting or contradicting findings from our analysis of other data sources. Case studies included in this report were edited for clarity, length, and anonymity.

Quantitative data collected from trial activity reports, customer feedback measures, case studies and financial reports were summarised using standard descriptive statistics: counts and percentages for categorical data, and means, medians, standard deviations and/or ranges for continuous data. Highlights of these analyses are presented in the body of this report, with more detailed information presented in sections 3 through 5 of the technical supplement.

Customer feedback measures were calculated for all respondents and for 2 subgroups, to explore differences in response patterns by who the customer was seeking support for (themselves, someone else, or both), and whether they completed the survey on their own or with assistance. The responses were broadly similar across all groups; therefore, unless otherwise specified, we present overall findings in the body of this report. The full results of these subgroup analyses are presented in section 3 of the technical supplement.

Finally, in addition to calculating descriptive statistics for activity report data, we conducted a regression analysis to understand the relationship between case numbers (overall and within case bands) and the amount of navigator time spent delivering individual support; see section 4.2.1 of the technical supplement.

4 Findings

Overwhelmingly, the information collected through this evaluation indicates that the extension measure has made good progress towards fulfilling its objective of supporting vulnerable older people to understand and access the aged care system. Moreover, representatives of all stakeholder groups indicated strong support for the navigator services available.

> I want to reiterate the importance of the service. My Aged Care is this big national umbrella of every service and having that trusted person to help navigate such a complex system is just so important. – *Aged care sector intermediary*

Below we draw on the 4 data sources defined in section 3.1 to provide a detailed picture of the extension measure's implementation, engagement and referral pathways, customer satisfaction and outcomes, and cost effectiveness.

4.1 Trial implementation

> The model is a new way of working and it will take time to build and establish new local referral pathways ... There will also be an adjustment period (and potentially some upskilling required) to move to assertive outreach strategies rather than relying on inbound referrals. – *Partner organisation representative*

Although partner organisations were at different stages of readiness to implement the extension measure, all have now established their navigator service and are actively supporting older people and their families. Below we consider the extent to which trials are meeting pre-specified service delivery targets (section 4.1.1). We then explore partner organisations' approaches to (and challenges encountered in) establishing and supporting the navigator workforce (section 4.1.2). Finally, we examine COTA Australia's support for trial implementation, and the areas where further information and resources are needed to improve consistency across navigation services (section 4.1.3).

4.1.1 Service delivery targets are being met by some of the trials, some of the time

Below we summarise partner organisations' experience in implementing their trial(s) as planned, in terms of:

- the number of information sessions delivered
- the number of individual support cases opened, time taken to resolve these cases, customer characteristics and format in which support was provided
- the proportion of time that navigators spent delivering individual support.

In interpreting these findings it is important to remember that the navigator services delivered under the extension measure are, by definition, trials. They were intended to provide partner organisations with the flexibility to try different ways of working and gauge their success in order to inform how navigator support is planned and delivered in future. Similarly, the targets against which the trials are being compared are also experimental, designed to explore what benchmarks are appropriate

(e.g. how much time navigators can reasonably be expected to spend on individual support versus other activities). As such, lack of alignment between planned and actual performance does not necessarily reflect issues with trial implementation but may suggest that the target is unrealistic. A number of partner organisation representatives indicated that they would have liked more information about how their KPIs were determined; it is possible that a lack of understanding of this process makes it difficult for partner organisations to see the relevance of their KPIs or accept them as realistic goals for their service.

Further detail of how actual trial throughput and navigator activities compare against what was planned is provided in section 4 of the technical supplement.

Information session targets were significantly exceeded

Between August 2021 and July 2022, trials were expected to deliver 288 information sessions to 6,700 people. They exceeded both targets by significant margins, delivering 589 information sessions (205% of the target) to 11,377 people (170% of the target).

Feedback from most stakeholders indicated that information sessions continue to be highly valued as a way of engaging with potential customers (see also section ").[7] One partner organisation representative suggested that sessions have been more difficult to schedule and less well attended than in the original ACSN measure, primarily due to COVID-19 challenges.

Individual support targets were increasingly met

Between August 2021 and July 2022, trials were expected to open a total of 8,865 cases of individual support; in fact, they opened 10,231 cases (115% of the target). Case numbers consistently exceeded expectations, the exception being a seasonal dip over summer (Figure 4-1).

Figure 4-1: Expected and actual new cases, August 2021 to July 2022

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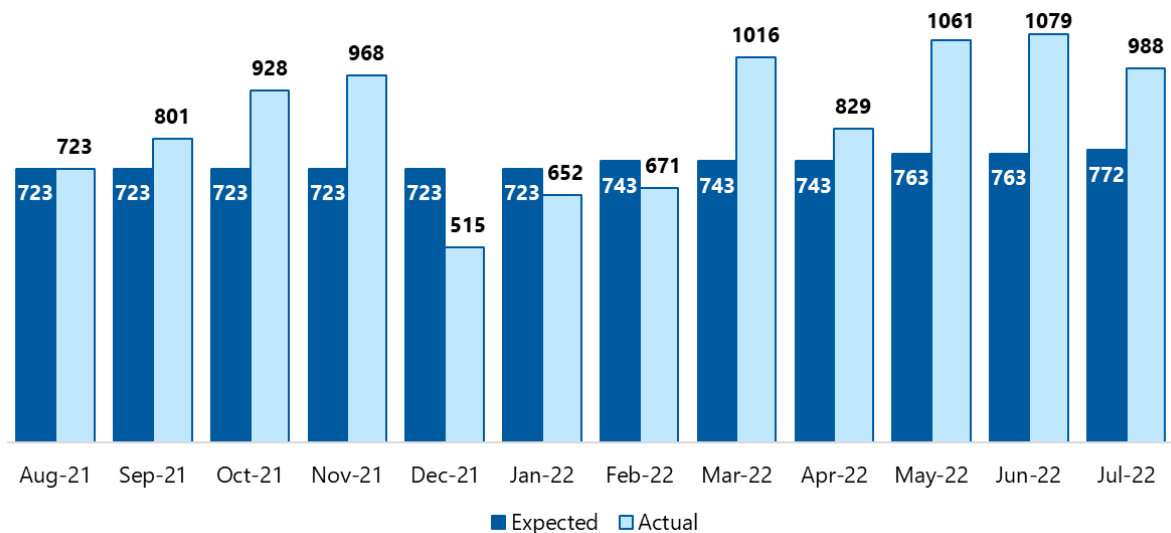
[7] Trials were not required to collect data on the characteristics of people attending information sessions, nor on the conversion rate from information session attendee to navigator customer. As such, we cannot comment on how effective these sessions were in engaging customers generally or members of the target population specifically.

While case number targets were met across the extension measure overall, they proved more challenging for some trial locations than others, particularly in the early weeks and months of operation. However, an increasing proportion of trials achieved their case number targets as the extension measure matured (Figure 4-2).

Figure 4-2: Proportion of trial locations meeting case number targets, by month
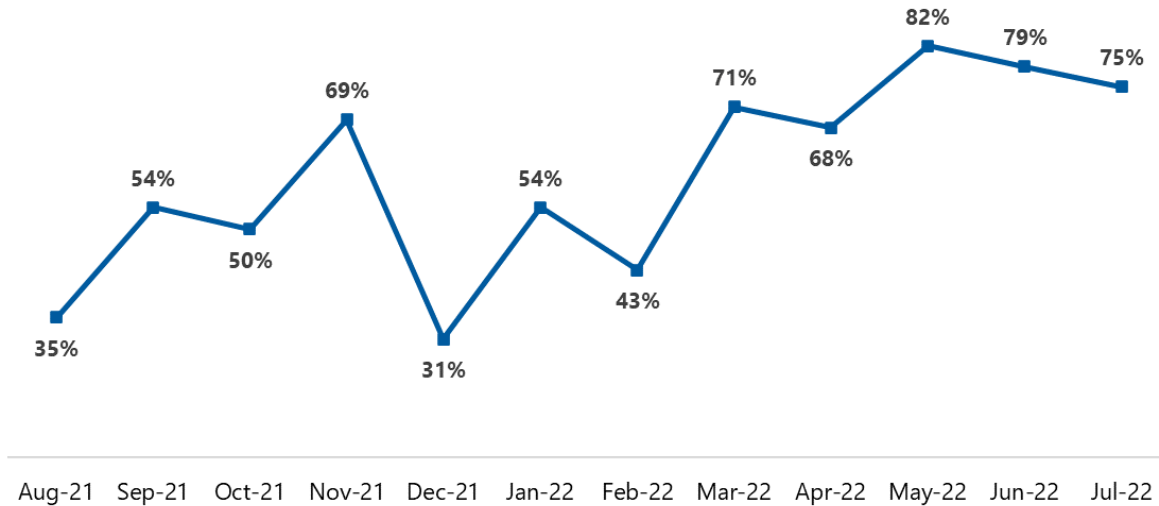
Note: Proportions are calculated using a denominator of 26 trial locations from August to January, and 28 trial locations from February to July. The 2 additional locations did not impact the results.

Fewer cases than expected required more than 10 hours to resolve

For each case they closed, navigators were asked to record the total time required to address the customer's issue, taking into account the time spent meeting with the customer directly plus related work such as travelling to appointments, preparing case notes and researching, sourcing, or liaising with relevant service providers. Each case was allocated to one of 4 case bands:

- Band 0: less than 30 minutes
- Band 1: between 30 minutes and 2 hours
- Band 2: between 2 and 10 hours
- Band 3: more than 10 hours.

Navigators provided us with the number of closed cases that they had allocated to each case band via monthly activity reports (i.e. aggregate rather than individual case-level data). As shown in Figure 4-3, there was good alignment between the expected and actual proportion of cases allocated to each case band, although fewer cases required 10 or more hours to resolve than had been anticipated.

Figure 4-3: Expected and actual proportion of cases allocated to each case band
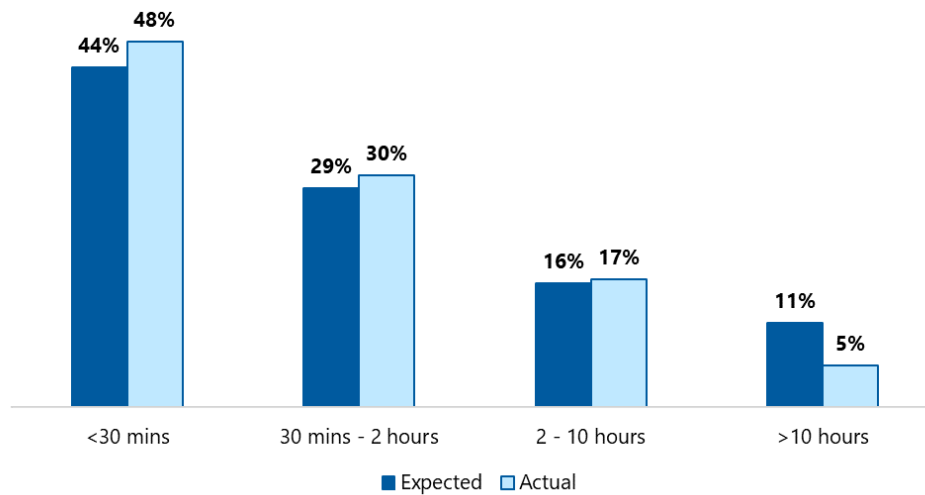
Navigators identified that cases that took longer to resolve often involved customers who:

- had been referred by a member of an Aged Care Assessment Team (ACAT) or Regional Assessment Service (RAS)
- had a more limited understanding of the aged care system
- was already registered for My Aged Care but needed help to organise an assessment or connect with and set up services.[8]

Some navigators mentioned that they often needed more time to support customers belonging to one or more of the target population groups (in particular, people from a CALD background, with cognitive decline or low digital literacy, or who live in a rural area). However, others were careful to note that customers from these groups did not necessarily have more complex cases or need more time than other customers.

Xi's story

Xi (82) needed assistance with home garden maintenance and was referred to the navigator, with consent, by the family violence response team of the local police force.

Xi comes from a CALD background and faced several barriers to engaging with My Aged Care, including speaking English as a second language, having a hearing impairment, and having no landline and limited confidence with a mobile phone.

The navigator was able to visit Xi at home and facilitate a call to My Aged Care, which lead to a referral to the Regional Assessment Service. Xi was approved for the service requested and their issue was resolved. Despite the complexity of Xi's situation, the experience of applying for and receiving an assessment was straightforward and resolved with less than 30 minutes of navigator support.

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[8] Navigators noted that these cases tend to require multiple interactions, whereas customers who simply need help registering for My Aged Care could have their issue resolved in a single, relatively brief interaction entailing a phone call to My Aged Care. For further discussion of the value of navigator support at different stages of the aged care journey, refer to section 4.3.3.

It is worth noting that the time spent on a case may not be a simple reflection of the time required to resolve the issue of concern. First, it also includes the time required for the navigator to identify this issue, either because the customer is unaware of it or needs time to become comfortable enough to discuss it (for details on how navigators build trust and rapport with their customers, see section 4.3.1). Further, as discussed in section 4.1.3, many navigators continued to follow up with customers after concluding formal navigation support; the extent to which these activities are represented in the data is unclear.

The majority of customers belonged to one or more of the target population groups

It appears that trials have fulfilled their objective of engaging customers who are vulnerable or face barriers to accessing aged care. The majority (80%) of customer feedback survey respondents reported that they belonged to one or more of the 14 target population groups. Importantly, the proportion of people identifying with at least one of these groups was significantly higher among customers seeking support for themselves (86%) than those seeking support for someone else (58%; see technical supplement Table 3-11).

Aboriginal and/or Torres Strait Islander people were the most commonly represented target population group overall (46% of respondents), with the vast majority of these customers receiving support from specialist Aboriginal and/or Torres Strait Islander trials. People experiencing **barriers to using technology** were the largest target population group outside of these trials – and the equal-second-largest group overall, tied with people who are **socially isolated** (37% of respondents). Note that target population groups are not mutually exclusive; for example, 56% of Aboriginal and/or Torres Strait Islander respondents also reported being socially isolated.

It is also important to note that the customer feedback survey was only given to customers whose case required more than 2 hours of support to resolve, and that only 40% of customers in this group completed it. It is possible, therefore, that these results do not reflect the true proportion of target population groups among the total population of navigator customers.

Most support was provided face-to-face

Three-quarters of respondents to our customer survey report that they had at least one face-to-face interaction with their navigator. The most common location was at the customer's own house. Many also reported telephone and other forms of contact (see technical supplement Tables 3-17 and 3-18), potentially reflecting an evolving approach to providing support over the course of several interactions and a recognition that support does not always need to be face-to-face to be effective (see section 4.3.2).

This was underscored by several navigators who worked across large geographic areas and suggested that the costs of providing face-to-face support can sometimes outweigh the benefits. For example, spending significant time travelling (including overnight trips) to meet with just one or 2 customers reduced their capacity to support others and perform other activities that are critical to the success of the navigator service (see below).

Administrative activities were more time-consuming than expected

Navigators were expected to dedicate 65% of their total funded full-time equivalent (FTE) hours to working with or on behalf of individual customers. Figure 4-4 shows that while the proportion of trial locations meeting this KPI generally increased over time, pass rates were bumpy and, even after a full year, the 65% benchmark remained unachievable for many.

Figure 4-4: Proportion of trial locations meeting individual support targets, by month
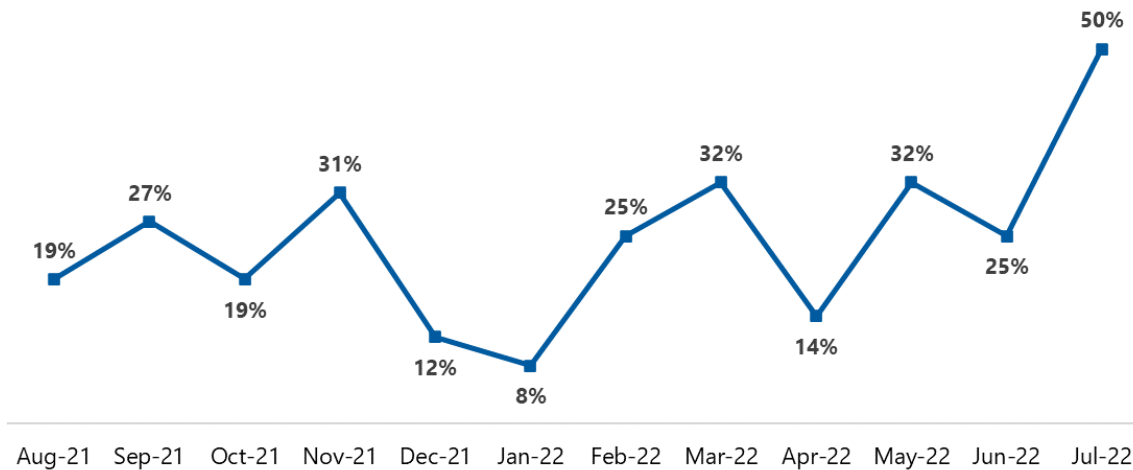
Note: Proportions are calculated using a denominator of 26 trial locations from August to January, and 28 trial locations from February to July. The 2 additional locations did not impact the results.

Given that funded hours do not necessarily reflect actual working hours, we also explored the breakdown of activities by the latter, excluding staff leave. In this analysis, across all trial locations, navigators spent an average of 56% of their working time delivering individual support (from 9% to 84% in individual trials). While trial locations with a higher number of cases reported a higher proportion of navigator time spent delivering individual support, there was no relationship between navigator time and the proportion of cases in each case band (see technical supplement section 4.2.1).

'Other administration' – including activities such as maintaining travel logs and other internal records, developing promotional strategies and materials, managing volunteers, attending internal and ACSN consortium meetings, and reporting – consistently accounted for around one-fifth of navigators' time (Figure 4-5). The remainder was dedicated to preparing and delivering information sessions, building and maintaining intermediary relationships, and training and professional development. Each of these activities accounted for 7-8% of navigators' working hours overall, with training and professional development time (and to a lesser extent, intermediary engagement) decreasing as the extension measure progressed.

Figure 4-5: Breakdown of time spent on different categories of navigator activity
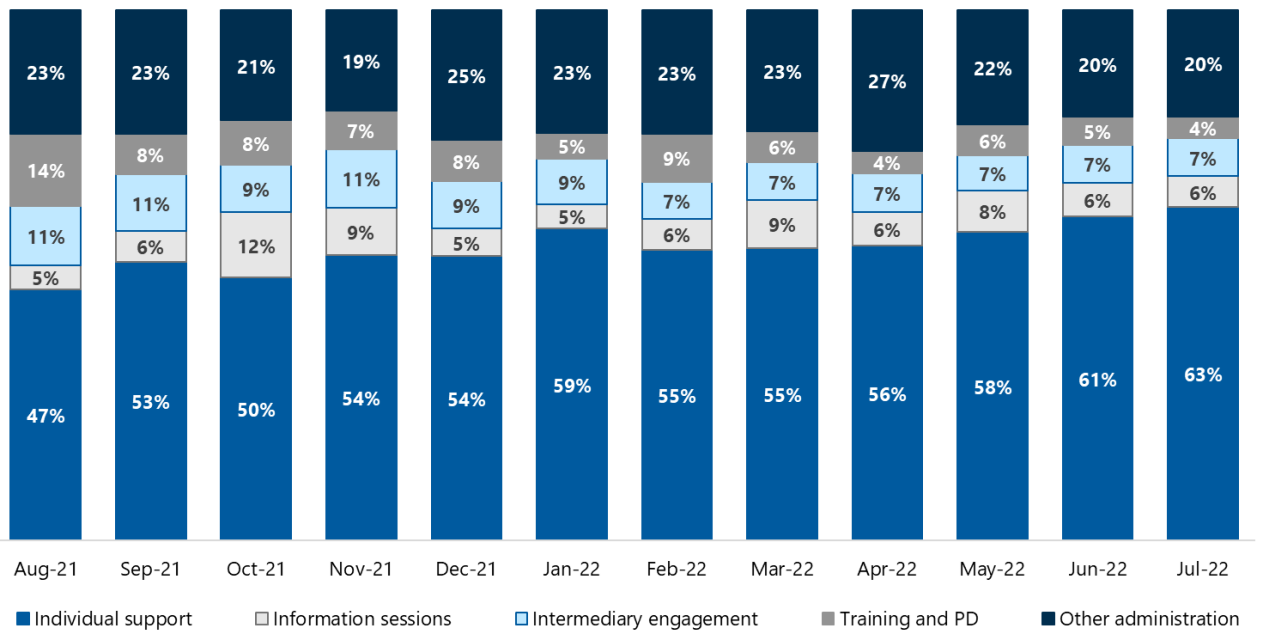
Partner organisations reported that the 65% KPI is particularly difficult to meet for newer services, as navigators must first build the relationships and referral pathways that will ultimately generate customers (and therefore increase their individual support hours). We also heard that navigators in more established trials often focused on administrative activities such as professional development and developing promotional resources when demand for individual support was diminished during COVID-19.

Partner organisations also reported that administrative tasks were more time-consuming than expected. For example, partner organisations highlighted the importance of building and nurturing relationships with intermediaries (see section 4.2.3). Many also reported that training (see section 4.1.3), and participating in the extension measure itself (e.g. attending ACSN consortium meetings and complying with contractual reporting requirements, especially preparing qualitative data) required more time than anticipated.

It is worth highlighting that, while reported administration time was higher than projected, it may still *underrepresent* the actual time and resources required to establish and operate a navigator service. Several partner organisations reported that administrative activities (and, sometimes, delivery of individual support to customers without complex needs) are often conducted by other staff and therefore not accounted for in regular trial reporting (see 'Organisational support for navigators benefits the navigators themselves and facilitates effective implementation' in section 4.1.2).

Further, reporting arrangements were not designed to capture the time invested in setting up the trials, including recruiting and training navigators, adapting existing processes and systems or designing new ones, and training other staff within the organisation.

> Considerable time and money have been spent modifying Salesforce to ensure it is fit for purpose for the navigator program, as it is extremely different from other programs. Considerable time and money have also been invested in process training for navigator staff as well as support staff (such as intake team, administration team, data support analyst). – *Partner organisation representative*

4.1.2 Appropriately experienced and qualified professionals facilitate effective service delivery

The extension measure saw a deliberate shift away from the routine use of volunteers to provide education and advice following challenges with this model in the original ACSN measure. Some navigators commented that this was a positive development:

> [Having a paid workforce] means everything is a lot more organised, integrated, and professional … this means we are able to engage more stakeholders and do networking. – *Navigator*

Nonetheless, several partner organisations continue to find value in the volunteer workforce. They reported that trained volunteers played an important role in promoting the service, for example, by acting as community champions who can effectively engage with the trial's target population.

> I have a fantastic volunteer who has been an extreme help, and she's got great knowledge of the community. She helps with organising the information sessions and does a lot of getting the information out to the [community] centre, talking to admin support at the centre. She collects information about the new membership; every month there is a new members morning tea at the centre, and she spreads the word at those events. – *Navigator*

Navigators need deep knowledge of the aged care system

Specific requirements for the navigator role varied between organisations, ranging from formal qualifications through to soft skills and personal attributes.

Partner organisation representatives and navigators confirmed that a rich knowledge of the aged care system and its complexities was critical in achieving good outcomes for customers. Several navigators reflected on how challenging it would be for someone to start in the role without aged care experience, although we also heard that a community care background can provide a useful foundation on which to build.

Interestingly, some partner organisation representatives reported that they 'particularly looked for applicants with case management experience'. While navigators with this experience no doubt bring a wealth of relevant expertise to the role, they may also find it more challenging to stay within its scope of practice (see page 25).

Organisations that specialise in working with one of the target population groups often sought navigators with lived experience or specific skills relevant to their customer base (e.g. community development frameworks or working with a trauma-centred approach).

General skills such as problem-solving skills and the ability to work independently were also highly valued.

> Most people who applied for the roles had experience in aged care, disability or community services (as was requested); we particularly looked for … those who could work with a reasonable amount of autonomy. – *Partner organisation representative*

> High on our list of selection criteria when recruiting is problem-solving and an ability to inquire to gain understanding. Many issues that arise are unique and the ability to work their way through systems issues is incredibly valuable. – *Partner organisation representative*

We also heard about the importance of considering the characteristics of the team overall, although different trials approach this in different ways. One navigator commented that having similar professional backgrounds enabled them to build a strong working relationship and support each other. Others discussed the need to ensure a diverse mix of skills within the team, highlighting the breadth of work involved in delivering effective navigator services.

> We have a mix of experience in our team in terms of qualifications (social work, regional development, ageing) and a mix of experience across local government, aged care and the community sector. The diversity of skills is valuable, but experience has shown that having at least one person with social work skills on the team is essential.
> – *Partner organisation representative*

Recruitment and retention presented challenges to the success of the extension measure

Staffing presented a significant challenge for many partner organisations, who faced issues with both recruitment and retention.

Recruitment was a time-consuming process, particularly in rural and remote areas where some partner organisations reported that it took multiple rounds of advertisements and interviews over several months to identify and secure appropriate candidates.

Several partner organisation representatives noted that recruitment difficulties were not unique to the extension measure, but rather occur in the context of workforce shortages affecting the aged care sector more broadly (as highlighted in section 2.3). The increased demand for staff across the sector was seen to exacerbate recruitment difficulties for the trials, leading to fewer applications for navigator roles than expected.

Partner organisation representatives felt that both recruitment and retention were affected by the ability to only offer part-time work, with one representative commenting that while the hourly rate may be attractive to potential navigators, the allocated FTE is not. Further, the short-term duration of navigator contracts (reflecting the nature of the extension measure) compounded recruitment and retention difficulties. This became more of an issue in 2022 as the end of the extension measure approached and navigators began to seek ongoing employment elsewhere.

> My biggest worry is that at the end of the trial I won't have a job – this uncertainty is a real issue for me. – *Navigator*

Training multiple staff in the navigator role provides some protection against service disruption during short-term absences

Partner organisations used a range of strategies to cover short-term staff absences, including splitting the navigator role across multiple part-time positions and upskilling staff in the broader team to cover the navigator role when required.

> Contingency plans [are] in place for staff leave or vacant positions with a variety of strategies, including: training of organisation staff not directly involved in navigator activities (e.g. committee members, bi-cultural workers), navigator functions sitting in larger teams in the organisation (e.g. community engagement), role-sharing to make up navigator FTE. – *Partner organisation representative*

Partner organisations with navigators working across different geographical areas also used technology to help cover short-term staff shortages. For example, one navigator was able to cover multiple areas by switching to phone-based support for individual customers and delivering a single virtual information session to reach people in different geographic areas (rather than travelling to provide separate face-to-face sessions in each region).

While backfilling with existing personnel was useful in the short term, partner organisation representatives noted that it is not sustainable long-term. We also heard that backfilling was more challenging for smaller organisations, and periods of leave sometimes had a noticeable impact on both the customer experience (e.g. increased wait time to see the navigator) and the trials' capacity to meet KPIs.

In addition, staff who were temporarily redeployed to the navigator role typically focused on delivering one-on-one support to individual customers and other important navigator activities (such as delivering information sessions and engaging with intermediaries) were often put on hold.

Organisational support for navigators benefits the navigators themselves and facilitates effective implementation

Most navigators reported that they felt well supported by their organisation, and highly valued having access to regular check-ins and debriefs with both navigator and non-navigator colleagues. Those without this support frequently indicated a need for more 'opportunity to debrief formally and have supervision like they do in a lot of jobs'. Navigators who felt well supported appeared to have greater job satisfaction and feel more comfortable and confident in their role.

> I've got 3 managers in different areas at work ... They are all great supports if I'm stuck with someone. We have a group reflective practice, which is every second month and so if I've got a stressful client there's a few people I can talk to and debrief about it.
> – *Navigator*

Leveraging the organisation's existing reputation and resources, and embedding the navigator service within broader operations to facilitate internal collaboration, was seen to be essential to its success. Both navigators and other partner organisation representatives suggested that the extension measure's implementation was exponentially more difficult when navigators needed to develop resources and relationships from scratch or without organisational support.

> We have strong links with our advocacy colleagues so can cross check with them for any issues for our clients ... it works very well. I can refer a customer to them too, meaning they won't fall by the wayside, and [our organisation] can continue to support them. – *Navigator*

Representatives of several organisations commented on the benefits of involving other teams within the organisation in developing and distributing promotional materials, engaging intermediaries already connected with other services operated by the organisation, connecting with hard-to-reach consumers through established outreach activities, conducting intake activities, supporting outbound referrals, and leading reporting and other general administration tasks. In some organisations, other staff also provide individual support to customers with straightforward enquiries (e.g. those requiring high level information on My Aged Care). By absorbing these activities elsewhere, navigators were able to focus on the work of supporting customers with more complex needs.

However, some also reflected that this in-kind support, provided to address perceived under-resourcing of the navigator service, comes at a cost.

> [The navigator service] is only successful because staff are paid under other resources, in order to give adequate time to customers. It goes over the amount of time per week that we are funded for, so it is underfunded. We give more than we receive. – *Navigator*

As noted in section 4.1.1, activities undertaken by staff in the broader organisation (who were not identified as being part of the navigator service) are not reflected in the trial data.

4.1.3 Centralised support encourages effective and nationally consistent implementation

The feedback we received suggests that support from COTA Australia, in its role as trial coordinator, has been critical to the success of the extension measure. This support was in place at the outset of the extension measure and continues throughout its operation.

Representatives of most partner organisations reported satisfaction with the information and assistance provided by COTA Australia during the contracting process. Several mentioned that the pre-populated draft 'trial profile' that COTA Australia provided was helpful, both to inform service planning and to support timely completion and submission of this documentation to COTA Australia.

> Having the information provided on the different aged care planning regions and the demographic data relevant to each region was very useful in planning for the location of the trial sites. Also, having many of the fields pre-populated – in particular, the budget details and KPI fields – greatly assisted our planning and compiling the necessary data quickly. Given the short time frame we had for submitting the trial profile, this was especially helpful and timesaving. – *Partner organisation representative*

COTA Australia also provided ongoing assistance by facilitating regular community of practice (CoP) meetings (see page 31) and providing ad hoc support and advice. While we heard of some discrepancies in access to this ad hoc support – for example, one navigator commented that their organisation prevented them from talking to COTA Australia directly – most partner organisation representatives were satisfied with COTA Australia's responsiveness throughout, noting that staff were readily available and had the expertise required to address issues as they arose.

> If I did have any kind of questions, I never had any problem calling COTA … I like listening to [their] perspectives on the broader picture. If I ever needed that little bit of motivation or to get out of my head, they're always great and always available.
> – *Navigator*

Early clarity on key requirements and access to centralised training and resources may reduce inconsistencies in implementation

Despite their experience with the original measure and general satisfaction with the information and resources provided in the lead-up to and early days of the extension measure, partner organisations also identified some gaps in information, training, and resources that may have contributed to inconsistencies in how the trials have been implemented. We heard a number of calls for centralised resources such as clear standards of practice, definitions, training, and promotional resources.

It is worth noting, however, that some representatives also appreciated that a lack of early clarity and national consistency is an inherent feature of trialling a new service model, as initial trial and error is required before clarity and consistency can take shape. They noted that the trade-off for working within an evolving and uncertain environment was 'great freedom to do things the way that you think might work'.

Navigator boundaries

We identified a lack of consistency in how navigators understood the boundaries of their role – both the geographical boundaries and the scope of practice. Notwithstanding the important role of the trials in testing and shaping these boundaries, and significant work throughout the extension measure to discuss and document them, these issues may have benefited from further – and earlier – clarification.

There was some variation in how fixed navigators consider the **limits of their region** to be. Some navigators reported that they only supported people who lived within the boundaries of their trial's catchment area, while others also accepted requests from potential customers and intermediaries outside their catchment (capacity permitting). While these requests tended to come from regions without a navigator, navigators appeared conscious of not treading on each others' toes; one told us 'if I think I'm going to be stepping into an area that's maybe another navigator's, I normally confirm whether or not I should go there'.

The second, more substantive issue relates to the **scope of the navigator role**.

> The working document that was produced by COTA Australia outlining the role/ function/skills required by navigator staff was an excellent resource for reflection and guidance with regard to our practice. We would have been grateful for this document at the commencement of the trial process, but appreciate that it has been a work in progress. – *Partner organisation representative*

While navigators generally understood that their role was not intended to include case management, they were not always certain where the boundary between navigation and case management lay, or how to stay within this boundary in practice.

> Sometimes you want to do more, but you don't know what the boundaries are so you could feel that you are at risk of case managing the person. So sometimes, the lines get blurred.

> I know navigators aren't case managers, but that's really difficult when you have built the rapport and trust and the family is taking you on board as well. You can't just stop and go 'ok, well, this is where my role finishes'.

> One thing that I am confident we are doing is laying down the boundaries of the service and indicating that 'I'm not your case manager, I'm not the social worker, but I can help to link you with one'.

Confusion around the scope of the navigator role was also experienced by others who interacted with navigator services. For example, one aged care sector intermediary commented, that 'this navigator does a lot more one-on-one work with clients ... it looks like more like case management work, from what I see'.

Another told us that, historically, ACAT members had taken responsibility for short-term case management during the assessment process; however, they no longer had the capacity to provide this additional support and would therefore refer customers to navigators for case management. In this case, a lack of clarity about the boundaries of the navigator role was seen as a good thing because it helped assessors to manage their workloads without compromising customer support.

However, in other cases we heard concerns about potential overlap between navigators and other aged care personnel (e.g. ACAT or RAS assessors), for example, both searching for the same services for the same customer. In addition to the obvious inefficiency, we heard that this duplication can hamper the navigator's relationship with the other staff and organisations involved, and confuse or upset the customer.

Pat's story

Pat (70s) lives alone in a small public housing unit. Pat has some physical and mental health challenges, and some ongoing family matters that are a source of distress. She periodically accesses a day centre for people with mental health needs, community social workers and other supports (including counselling services).

Pat contacted the navigator as she was unhappy with her current Home Care Package service provider and wanted support to find an alternative. While she initially stated that she didn't need to go into residential aged care 'just yet', during her engagement with the navigator, she decided that living on her own was no longer feasible due to her deteriorating health and some issues with her neighbours. Her navigator discussed options such as seeking social work support to transfer to other public housing, and helped Pat to register for residential care, first as a permanent resident and then on a respite basis after Pat opted to stay in her home after all.

At the same time, one of Pat's counsellors referred her to a local advocacy organisation.[9] Pat initially told the navigator that she wanted the advocacy organisation's help with family matters; however, it became apparent that they had been talking to Pat about her options for changing service providers. The navigator explained to Pat that it was her choice who helped her with aged care navigation, but that it couldn't be both organisations as this would result in overlap and confusion. Pat then spoke about another person who she thought worked for the advocacy organisation but she wasn't sure. The navigator suggested that Pat give some more thought to her aged care navigation support options, and emphasised that they would support her choice either way.

Pat continued to express confusion about all the different people giving her advice and support and dissatisfaction with how her aged care providers and the advocacy organisation were treating her. She ultimately asked the advocacy organisation to close her file. The navigator eventually determined that the other key person involved in the matter was a case manager at My Aged Care. The navigator was unsure how the case manager became involved. With Pat's permission, the navigator spoke with the case manager and clarified the navigator role.

In this case, well-intentioned referrals resulted in multiple services providing aged care navigation, which caused confusion and distress for the customer.

While Pat continues to make her own decisions, she struggles at times to identify who is who, and who is doing what, which is a common experience for people navigating the aged care system.

The navigator suggests that it would help to coordinate support and reduce duplication of effort if there was a way for professional aged care navigation and/or advocacy organisations to be noted on a consumer's My Aged Care file.

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[9] The navigator providing this case study did not specify the name of the advocacy organisation or whether it provides aged care or other advocacy.

KPIs and reporting requirements

Throughout the extension measure, trials were required to submit monthly quantitative and qualitative data (see section 3.1.3 and 3.1.4) summarising their activities. Building on learnings of the original ACSN measure, reporting arrangements were streamlined to improve the consistency and quality of data. Several partner organisation representatives who were also involved in the original measure reflected that, as a result, they found it easier to fulfil reporting responsibilities and to understand their progress over time and against KPIs. However, there were still inconsistencies in the reported data.

Partner organisations used a variety of systems and approaches to collecting, storing, and reporting on data, ranging from semi-automated customer records management systems to hand-written notes taken during customer interactions. Some felt that more information about reporting requirements during the contracting phase, and early opportunities to discuss processes and systems with other partner organisations, would have enabled them to better set up or customise their systems to ensure a consistent approach to collecting required data and therefore, a consistent understanding of trial activities and outcomes.

There is a substantial need for clear definitions that leave little room for interpretation. One of the most significant examples of this was the varied interpretations of advice to record a customer's case as 'closed' when the issue they required assistance with had been resolved. It appears that some navigators understood 'resolved' to mean that they had completed the activities within their scope of practice at that particular stage of the customer's aged care journey, while others understood 'resolved' to mean that the customer's desired outcome (e.g. service commencement) had been achieved. We also understand that several months into the extension measure, navigators received further clarification that they should 'close' cases for reporting purposes after 3 months of inactivity, even if the customer's issue had not been resolved. Some navigators appear to have interpreted this as an instruction to stop providing support after 3 months – which was not the intention – those navigators noted that this requirement does not reflect the needs of their customers and the reality of their work.

This underscores the importance of making sure definitions align with the reality of providing navigator services. Several navigators commented that customers might initially request assistance with one step in the process and subsequently need support for the next. We also heard that the customer's needs can change while they are waiting for assessment or services, such that they require new or different support from the navigator (see section 4.3.3). This suggests that the inclusion of both *customers* and *cases* in the extension measure's terminology may have introduced some confusion about the intended model of service delivery and practicalities of records management.[10]

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[10] Customers being individuals who have accessed navigator services, and cases being the unit of measurement for provision of support to those customers with a new case opened for each new issue or query that customer raises, if their previous case has been closed. In other words, a single customer could have multiple cases, but a case would relate only to one customer.

Training

While partner organisations sought to employ appropriately experienced and qualified navigators, navigators themselves highlighted that there is still a need for ongoing training and professional development across a range of topics. Some (but not all) navigators have access to training opportunities through their organisation; however, many reported spending significant time on self-directed research to address knowledge or confidence gaps. In addition to the inefficiencies inherent in navigators independently teaching themselves about topics of shared interest, there is the risk that individuals will access information from different sources leading to inconsistent understanding and practice.

> Developing training resources for new navigators is another key factor that we haven't really had time to focus on and needs attention. – *Partner organisation representative*

We heard of 2 broad areas in which navigators consistently reported a need for further training, namely working within the aged care system, and managing difficult customer presentations and interactions.

First, it appears that navigators expend substantial time and effort either teaching themselves about the aged care system (for those newer to the sector) or staying up-to-date with various system reforms.

> The real challenge for this role is the amount of information to keep up with – what's happening in residential care, for example. Although I don't see many clients who are ready for residential care, I still feel I need to be well informed as people rely on me to be a reliable source of up-to-date information. – *Navigator*

In addition, we heard calls for further training on the intersection between the aged care and related sectors (e.g. disability) and the services they offer. Several navigators reported that their local COTA office is useful for providing updates and information on sector changes and local initiatives that target older people, but this varies between local offices.

> It would be helpful to have a specific training package related to the navigator role or an induction video to ensure consistency across trial locations and when onboarding new staff. This might include some basics around My Aged Care; interacting as an Advocate as Agent; reporting issues with the My Aged Care Find a Provider tool, and any other areas that have come up for navigators. – *Partner organisation representative*

Several navigators wanted more information on how to use the My Aged Care website. One navigator who had learned to use website in a previous role as an ACAT assessor commented that without that experience they would not have known what to do. They suggested that the My Aged Care Learning Environment (MACLE) may go some way to addressing this training gap in a nationally consistent way, and we note that all navigators were provided with access to this platform in mid-2022. As this development occurred after the conclusion of our interviews we are unable to comment on its impact.

Second, it is clear that while the navigator role is straightforward 'on paper' (support people to understand and access aged care), in reality it can be complex and confronting. Navigators report challenges managing boundaries with older people who become attached and see them as a friend. Navigators also encountered distressing events, such as angry customers or customers who disclosed elder abuse, suicidal ideation or trauma. Most navigators with strong clinical and community backgrounds and networks felt well supported and confident in handling these difficult situations, but others noted that additional or refresher training - as well as access to supervision and support within organisations or the navigator community - would be beneficial.

> Refresher training in elder abuse and information about appropriate referral pathways would be appreciated. – *Navigator*

Promotional and educational resources

Concerns about the lack of national consistency in promotion were raised in the evaluation of the original ACSN trials, and the current findings suggest that this issue may not have been fully resolved. Although partner organisations were provided with a standard template from which to develop locally tailored flyers, this may not have been disseminated to all relevant staff as we heard a number of calls for 'a set of standard promotional information about the navigator program instead of each site having to create their own material'.

> There was a lot that we couldn't quite understand at the beginning. Even down to the [information sessions], we were not given any information or a template to throw up on the screens or anything, we had to develop that all ourselves. – *Navigator*

As with training, partner organisations appear to be investing substantial time and effort in developing promotional and educational resources independently, resulting in inefficiencies as well as inconsistencies and gaps in the information provided to consumers and intermediaries. For example, one customer reported having spoken to 2 different navigator trials and was confused as to why they were not linked, suggesting a need for promotional materials to explain the relationship between navigator services.

Communities of practice provide an opportunity to share learnings but feedback on their utility varies

COTA Australia facilitated 4 CoPs, each with a different focus, namely: referring to non-aged care systems; assertive outreach practices; working with diverse individuals and communities; and navigator skills and competencies. The CoPs involved all trials Australia-wide and met bi-monthly via video conference. Meetings commenced in August 2021 and were well attended; all partner organisations met the requirement to have at least one representative in attendance at each meeting.

The CoPs have been generally well received, with navigators reflecting on the benefit of being able to share concerns and receive guidance from others acting in a navigator role. Several (particularly those working reasonably independently) indicated they often feel alone in the issues they face, and find it reassuring to attend CoP meetings and hear that other navigators are experiencing the same difficulties.

> One of the things I really appreciated is having the time now to sit in the regular [CoP] meetings with COTA Australia. What I have learned from the other navigators has been invaluable. You know you can't put that in a book or anything like that. It's just those discussions that a lot of the navigators have been having in those video link meetings has been really useful. – *Navigator*

Not all navigators, however, have experienced the benefits of CoPs equally. Crucially, we heard that in some partner organisations, managers (rather than navigators) attended the CoPs; this may go some way to explaining why some navigators told us they would have liked more contact with peers from outside their organisation or geographic area.

There was also a sense among some partner organisations – particularly those that specialise in working with one of the extension measure's target population groups – that CoPs simply provide an opportunity for others to receive free informal training by leveraging their expertise.

Further, several navigators commented that CoPs add to their administrative load without offering any real opportunities for professional development. They identified a number of concerns about the current content and format of CoPs; for example, some felt that the large number of attendees limits opportunities for true engagement and relationship building between participants and suggested that informal state-based meetings would facilitate more support and sharing of ideas. Others commented that CoP discussions often have a metropolitan focus, with little appreciation of the issues faced in rural areas. Finally, there were also suggestions that CoPs spent too much time on sharing updates rather than providing opportunities for navigator-led discussions and workshopping of challenging cases.

> [CoPs] certainly give me the experience of hearing what other navigators are doing or how they are managing things. But beyond that I'm not sure [they're that helpful] because I feel like I could be utilising my time more effectively dealing with the people that need my help ... CoP would be great if we had scenarios to work through to help our management of cases with complex clients. – *Navigator*

4.2 Pathways to navigator services

As discussed in section 4.1.3, the lack of centralised resources presented some challenges to effective and efficient implementation of the extension measure, but also provided the flexibility to develop locally relevant approaches to community engagement.

In this section we first consider effective methods of raising awareness of the service among the broad population of potential customers, before exploring the assertive outreach strategies in place to connect with particularly vulnerable or hard-to-reach groups. We then describe the types of intermediaries that are helping to identify potential customers and connect them with navigator services, and how trials are connecting with these individuals and groups; and the challenges associated with engaging with intermediaries outside their local area, using the example of My Aged Care contact centre staff. Finally, we examine the processes by which these intermediaries refer customers to navigators, and the types of customers that navigators may subsequently refer elsewhere for additional or alternative support.

4.2.1 Word-of-mouth is critical in raising consumer awareness of navigator services

Most navigators are promoting their service through multiple channels, finding that a multi-pronged approach is more effective than any one activity alone. However, we heard that some navigators are apprehensive about advertising their service too widely for fear of being unable to meet the resulting increase in demand, while others were unsure how to most effectively spend their advertising budget.

> It's hard with a small budget trying to make meaningful decisions [about promotional strategies] that don't waste the money but target people. – *Navigator*

Given low engagement with technology among the target cohort, it is not surprising that most navigators reported that their promotional strategy focuses on the distribution of hard copy materials (e.g. letterbox newsletter drops, printed brochures or flyers for display in GP waiting rooms) and advertising through traditional media such as local newspapers and radio.[11]

Many navigators indicated that they also promote their service online, for example via organisational websites, social media, and email distribution lists. Online approaches were often designed to raise awareness of the navigator service among children of older adults, rather than older people themselves. Indeed, it appears that promotional activities may be more successful in reaching an older person's family, friends, and other supports, who can then provide that older person with the navigator's information.

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[11] Some partner organisations appear to have abandoned media advertising after experiencing limited success with this strategy in the original ACSN measure. However, their representatives did not expand on why the effectiveness of their local media campaigns may have been limited

Just 12% of respondents to our survey overall – but 21% of those seeking support for someone else – reported learning about the navigator service online or through an advertisement (see technical supplement Table 3-15). More commonly, customers report being told about the navigator service by their GP or other health professional; a family member, friend, or neighbour; or another representative of the partner organisation (e.g. in the course of enquiring about or accessing the organisation's other programs).

> A friend said that the navigator helped them a lot and highly suggested we go.
> – *Customer, male, age 62*

Word-of-mouth was perceived by both navigators and customers as a particularly powerful awareness-raising tool for some specific groups within the extension measure's target population, including Aboriginal and Torres Strait Islander people, care leavers and people from a CALD background. This was attributed to a combination of mistrust of government and high levels of trust in peers.

> We advertise in language also, but upon asking, customers mostly report hearing about us through word of mouth. It is easier for those from a CALD community to trust their friends and family, over a representative from an agency. – *Navigator*

4.2.2 Intermediaries and a strong community presence are key to effective outreach

Navigators who had been part of the original ACSN measure strongly supported the extension measure's increased emphasis on engaging vulnerable consumers via assertive outreach:

> The biggest change [from the original ACSN measure] is the focus on more complex cases; transitioning away from mass information sessions [and taking] a more targeted approach to engaging with … vulnerable people and their intermediaries. It's been very positive. – *Navigator*

Despite this, assertive outreach remains challenging, with one navigator commenting that 'outreach is hit and miss, mainly miss'. Engaging consumers who may otherwise 'fall through the cracks' was especially difficult for partner organisations without existing mechanisms, reputations, and relationships to 'get into those communities, because they weren't going to come to us'. Most partner organisations indicated that they were drawing on their established networks to:

- build awareness of the navigator service among individuals (including staff delivering other programs and services within the partner organisation) and organisations who routinely come into contact with hard-to-reach consumers and can connect them with navigators as required.
- work with these internal and external intermediaries to determine where and how navigators can most effectively target their outreach activities to connect directly with consumers in need.

In considering the relative effectiveness of different outreach strategies, it is clear from our consultations that the most important criterion is to meet potential customers in a non-threatening, informal environment in which they are already comfortable. Navigators also highlighted that having a regular presence in these settings is critical, so that they become a familiar face and vulnerable consumers can get to know and trust them over time, before formally seeking assistance with aged care matters.

Jack's story

Jack (65) lives alone in a Housing Trust unit and is socially and financially disadvantaged. He has no family or friends, and no social connections of any kind other than his neighbours. Jack also has health problems that limit his mobility, vision and hearing impairment, and a very poor diet. He drives his own car, but only in emergencies as he cannot afford the petrol.

Jack was referred to the navigator via a community centre volunteer who provides a weekly meal to people who are living with substance use problems and/or are financially and socially disadvantaged. The volunteer had been trying to find someone to support older people in her community and heard about the ACSN trial from another volunteer at the community centre who had seen a promotional flyer.

Jack was totally unaware that he may be eligible for government-subsidised services that could support him to keep living independently and increase his wellbeing. The navigator explained the types of support available and the process to access the support he needed, including the assessment process, the types of questions he would be asked, and information he would need to provide. Jack agreed to go ahead with registering with My Aged Care.

The navigator also explained that if Jack wished, they could become his representative and speak on his behalf. Jack said that this would be 'a relief' as he did not have any family. The navigator then helped Jack to register with My Aged Care via the Advocates as Agents line, was appointed Jack's representative, and will be present at any assessments at Jack's request.

During the conversation with the My Aged Care contact centre staff member, Jack mentioned that he was admitted to hospital a few months ago after falling in the bathroom and breaking his arm. He stated that after being discharged, he spent 6 weeks in isolation without outside support of any kind. The navigator asked if the hospital or his GP had arranged home support while he convalesced, to which simply answered 'no'.

Jack had completely slipped through the cracks until he encountered the community volunteer who referred him to the ACSN trial.

While the COVID-19 pandemic significantly limited some navigators' ability to engage in assertive outreach, we heard of a number of examples of specific activities that were seen to be worthwhile. For example, some navigators reported that hosting a stall at relevant exhibitions (e.g. on topics such as dementia or support for carers) can be valuable not only in engaging people who may not otherwise come into contact with a navigator service, but for building relationships with new intermediaries (section 4.2.3). We also heard that attending events hosted by their intermediaries that target specific vulnerable groups – such as a monthly breakfast for people who are at homeless or at risk of becoming so – can be highly effective in enabling consumers to get to know navigators on their own 'turf'. Others have opted to make themselves available in public locations (e.g. local shopping centres) that potential customers routinely visit, suggesting that this provides an opportunity for navigators to introduce themselves and their role to many people in a short timeframe. On the other hand, some organisations reported less success with this approach, perhaps suggesting a mismatch between the selected locations and the needs of the target population.

> " I used to house myself in a community location such as a pharmacy and people wouldn't turn up, I wasted a lot of time there. – *Navigator*

As touched on in section 4.1.1, feedback from navigators, other partner organisation representatives, and intermediaries was consistent in highlighting the importance of information sessions as a way of reaching potential customers. While some felt that these sessions are ineffective in reaching particularly vulnerable or isolated members of the community, others had the opposite experience: they found that individuals with complex needs were more likely to attend an information session than to 'suddenly appear to the navigator through a broad public setting (e.g. shopping mall outreach)'. Several navigators discussed the strategies they have in place to ensure that information sessions are specifically targeted towards consumers in their region that are most in need.

> Our foundations are good safe settings and food. Outreach is done in language; people come into our centre for a morning tea or lunch (with traditional foodstuffs such as Eritrean coffee or Colombian food) that we present in a cultural context. These morning teas and food are a really successful method – there's no motivation for them to come otherwise. – *Navigator*

Information sessions are typically delivered onsite at venues that consumers already attend. These venues are frequently operated by or play host to the intermediaries with which the navigator service has established a relationship (e.g. Lions clubs, RSLs, retirement villages, neighbourhood houses, and libraries). Thus, like pop-up stalls at shopping centres and exhibitions described above, they are designed to introduce people to the navigator service in a way that is informal, makes them feel safe, and supports them to talk with family or friends and engage with the navigator when they are ready.

4.2.3 Navigators are connecting with local intermediaries through multiple avenues

> Engagement and relationship building takes time and cannot be rushed. The sector is frustrated and aged care staff and intermediaries are 'venting' and sharing their experiences. This sharing of and validating experiences is an important component of trust and subsequent relationship building which ultimately has improved outcomes for cases. – *Partner organisation representative*

In the section above we discussed the importance of intermediaries in identifying potential customers and engaging them in the navigator service. Of course, to fulfil this role, intermediaries themselves must first be aware of the service and understand the support that navigators can provide. Navigators and other partner organisation representatives considered their relationships with local intermediaries to be one of their trial's greatest strengths, and suggested that intermediary engagement is key to 'the success of the [navigator] service and is what sets it apart from other aged care services'. Indeed, one navigator described their aim of not only developing their own relationships but facilitating connections between intermediaries as well.

> I've been trying to work out what aged care networks exist in [this region] and apparently there are very few. Just this morning, I was talking to a care provider about networks, and she said that we should create one and I said let's. – *Navigator*

Partner organisation representatives discussed their efforts to engage a range of intermediaries in their regions, including:

- health professionals (e.g. GPs, allied health services, and hospital staff including those working in outpatient clinics)
- RAS and ACAT assessors
- local council and community services (e.g. Meals on Wheels, community and senior citizens centres)
- local and state government representatives (e.g. those with oversight of veterans' affairs or taxi subsidy schemes)
- places of worship (e.g. churches, mosques)
- support or advocacy organisations (e.g. OPAN, Carer Gateway)
- organisations that specialise in working with target population groups (e.g. Mission Australia, St Vincent's, multicultural groups).

As highlighted previously, many partner organisations have existing relationships with one or more of these groups, and these connections have provided a strong foundation on which to discuss the additional support the partner organisation can provide through the navigator service. We also heard of a range of engagement strategies designed to develop new links with potential intermediaries; overall, these were similar regardless of the intermediary group in focus and included sourcing lists of relevant individuals or groups and cold calling or mailing them, visiting workplaces, and networking at community events and exhibitions (including those aimed at specific target population groups). One navigator also described a short video they had recorded and distributed to intermediaries across the health and community sectors. Some partner organisations reported additional strategies in place to connect with health professionals (and in particular, GPs) who were seen to be a highly important but difficult to engage group. For example, several indicated they had connected with Primary Health Networks to help build awareness of the service among GPs through existing communication channels.

> Sitting [down directly] with the doctors' surgeries was actually a good idea ... I spent three or four hours at one of the medical centres, and as the doctors came in [to the lunch room], they asked their questions about what we did. – *Navigator*

As the quote above suggests, face-to-face interactions were seen to be an important component of effective engagement, especially in building new relationships. Within these interactions, both intermediaries and navigators suggested that intermediaries must be provided with clear information on the navigator's role, target population, and how the navigator and intermediary can work together. Navigators also reported that buy-in to the idea of the navigator service can be enhanced by introducing intermediaries who are new to the organisation to the broader array of services available, and by explaining their role as one that can reduce intermediaries' workload while improving outcomes for the older people they support. However, while this message may be communicated verbally it appears that it is not always reiterated in tailored written resources for intermediaries; as implied in section ", some representatives indicated that they have not developed different materials for different groups but rather use a single brochure to promote the service to both customers and intermediaries. As such, individuals working with intermediary organisations – particularly those not present during the navigator's initial presentation – may not always fully understand the navigator role or how to contact them. For example, one aged care sector intermediary reported having found out about the navigator service second-hand, only after mentioning, in an informal conversation with her manager, the lack of supports available for people confused by their aged care options.

Finally, one navigator identified the presence of another navigator service in the area further complicated their work in building effective working relationships with intermediaries. This individual suggested that engagement can 'become a bit muddied', potentially due to a lack of centralised referral pathways and insufficient information on the role of and relationship between the different navigator services, making it difficult for intermediaries to understand when to engage with one navigator service rather than another.

4.2.4 Informal referral processes support effective referrals from a range of sources

Navigators reported that customers frequently self-refer to the navigator service, often following attendance at an information session or, as discussed in section 4.2.1, after hearing about the service from family, friends, or other contacts. However, many, particularly those with more complex needs, are referred by internal (i.e. staff within the navigator's organisation) or external intermediaries (including those mentioned in section 4.2.3 as well as other members of the ACSN partner organisation consortium).

For these third-party referrals, the referral process tends to be relatively informal, with navigators, intermediaries, and customers identifying value in this approach. Some navigators noted that informal processes help create a level playing field for the variety of intermediaries that refer to their service; they reflected that while some (in particular, health and aged care professionals) may be more familiar with formal processes and paperwork, these may present a barrier to referral for others (including volunteers). Intermediaries, too, were supportive of reducing barriers to referral, with some noting that an informal channel of communication with the navigator does not preclude completion and storage of more structured referral documentation in accordance with their organisation's policies.

Interestingly, even where formal (hard copy or online) referral forms exist, navigators reported they are used infrequently, with most referrals instead made by telephone or email. Intermediaries and navigators alike explained that obtaining the individual's consent prior to initiating the referral is imperative, but that asking older people to sign a hard copy consent form is 'really difficult' in many cases (e.g. due to the person's past experiences, literacy, or phone-based interaction with the intermediary). As such, most reported obtaining verbal consent from customers (and documenting this in their own records), with some preferring email to telephone referrals as a way of creating a paper trail in the absence of formal paperwork.

Alternatively, several intermediaries indicated that their referral process simply entails providing the navigator's details to the customer, for them to follow up in their own time (the customer's consent to the referral then implied by their decision to follow up). However, this option received less support, for 2 primary reasons. First, navigators indicated that they find it helpful to receive high-level information about the new customer's needs prior to their first contact with them. Second, a personal touch and being able to introduce the customer to the navigator by name (i.e. a warm handover) was considered more likely to result in a 'successful' referral than relying on the customer to have the confidence and capacity to reach out to the navigator themselves. Intermediaries felt that even if customers have negative perceptions of aged care or poor experiences in the past, it is not difficult to engage them in the idea of the navigator service:

> " I don't feel like we have to sell the service at all. I think for those clients who are a bit more vulnerable, they really appreciate that extra support and someone with the time and interest to come and help them. – *Aged care sector intermediary*

Whether opting for a warm handover or leaving the decision to contact the navigator up to the customer, it is evident that intermediaries require clear and concise information in order to communicate effectively with potential navigator customers about the support available. Importantly, we found that customers do not always recall exactly how they were referred to the navigator, and while this may in part reflect the informality of the process,[12] it may also suggest a need to provide potential customers with hard copy information to refer back to as needed, or share with family members or others. Intermediaries reported variable access to this type of information service, but those provided with these resources highlighted its impact both for themselves and the older people they work with.

> It's so simple and easy to explain to my clients. I've got the ACSN brochures here and I hand them out so the clients can go home and have a read. Sometimes it's hard for people to make a decision right then and there – they want to take it home and have a discussion with their partner or family. – *Community sector intermediary*

The potential for uncertainty over referral pathways also suggests a need for navigators to check the customer's understanding of how they have come into contact with the service and why, reiterate the support available, and confirm consent. We also heard about the value of navigators seeking consent to engage in two-way communication with the intermediary, in order facilitate a shared approach to care and consistent messaging for the customer. In the absence of consent to discuss the actions taken or outcomes of the customer's involvement with the navigator service, some navigators simply report back to the intermediary that the customer has been accepted to the navigator service or request more information about the case.

> Generally, [the navigator] will … acknowledge that she has received the [referral] email. We don't necessarily find out [details of the case], but if there are some complexities, then she may get back in contact with us, or if she is working with someone and she is unsure about some options, she might contact us for some advice. But, I guess if we don't hear, then I assume it's been dealt with and managed. – *Aged care sector intermediary*

Finally, we heard that referrals from internal intermediaries (i.e. those working in other sections of the navigator's own organisation) may be particularly beneficial in facilitating warm handover and information sharing between the referrer and navigator. Internal intermediaries were also seen to be more likely to have a thorough understanding of the navigator's role, and therefore more likely to identify whether or not a customer is appropriate for the navigator service.

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[12] And potentially, customer characteristics; dementia and cognitive impairment may preclude some customers from recalling the referral source despite being fully aware of and consenting to the referral at the time.

4.2.5 Some target population groups are considered to be more appropriately supported by services other than ACSN navigators

Importantly, for a referral to the navigator to be initiated and accepted, both the intermediary and navigator must first consider the older person and/or their family member a suitable candidate for navigator support. This judgement appears to depend on the intermediary and navigator's understanding of the customer's needs and the navigator role, the navigator's professional background, and alternative supports in the region.

While navigators accepted referrals for all customers, even those outside the target population, we heard of several groups *within* the target population that may be less likely to be referred to navigator services, and that navigators may seek to refer elsewhere if they feel they are unable to provide adequate support (e.g. people from an Aboriginal and Torres Strait Islander or CALD background, those with complex mental health issues or advanced dementia, and people experiencing or at risk of homelessness). In some cases, accessing alternative supports entails a referral to another service offered by the navigator's organisation, or, if possible and appropriate, to another navigator service within the region.[13] For example, some navigators working in generalist organisations identified that they refer customers from a specific target population group to a trial providing specialised support for that group (and vice versa). Of course, given the location of the trials, referral to a population-specific navigator service was not an option available to all navigators.

However, navigators voiced concerns about referring on more complex clients, even if addressing their needs is outside the navigator's scope of practice (see also section 4.1.3). We heard that, at times, navigators felt obligated to provide short-term case management-type support to prevent customers from falling through the cracks. In some cases, this was due to a risk of the customer disengaging due to previous experience of being 'bounced around' the system or fear or distrust of government. In other cases, there was a lack of appropriate alternative supports. Navigators noted that, even where services exist, there can be problems with availability. They highlighted that availability issues are not limited to the aged care sector, and that health and mental health services in particular are often lacking or oversubscribed. As a result, navigators may perceive a need to work outside their usual role to maintain customers' connection to the system while they wait to access these services.

Navigators also discussed the challenge of finding appropriate support for customers who are prematurely aged.[14] We heard that this group is not well understood and, while not explicitly defined as a target population group for the extension measure, requires significant support to access the aged care system. Navigators reported that My Aged Care staff have different understandings of whether someone belongs to this category or not. To access some aged care services a younger (or prematurely aged) person may need to have fully explored alternative accommodation and support options and should be able to demonstrate why these options are not appropriate. This includes being found not eligible for supports funded under the National Disability Insurance Scheme. As such, the navigator's role in these cases can include assisting the customer to apply for disability support, as this is a key step in the process of accessing the aged care system.

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[13] Note that people from Aboriginal and Torres Strait Islander or CALD backgrounds may have personal, family, or other reasons for seeking support from a generalist organisation, and that referral to more specialised support may therefore not always be appropriate.

[14] Prematurely aged individuals are defined as those who are aged 50 years or older (or 45 for Aboriginal and Torres Strait Islander people) whose life experiences – such as active military service, homelessness or substance abuse – have seen them age more quickly than other people (Australian Government n.d.).

Denise's story

Denise (50s) was referred to the navigator by the regional ACAT, for support to change her Home Care Package provider. In their initial phone conversation, Denise told the navigator that she has agoraphobia and has previously received aged care services such as personal care, social support and domestic assistance but has been 'blacklisted' by multiple service providers.

After this first lengthy conversation with Denise, the navigator decided to call the ACAT referrer to learn more about her case. The referrer shared that Denise is a complex individual who has a diagnosis of borderline personality disorder. With Denise's consent, the navigator also spoke with a local advocate who had worked with Denise over many years, dealing with various complaints about service providers. He confirmed that several providers had terminated services for Denise after staff refused to work with her due to alleged verbal abuse and drug taking in their presence.

With this additional information, the navigator spoke to Denise again and asked what she could do to support her. Denise requested help to contact service providers, view their pricing schedules, and come up with questions to ask the providers – particularly about their support workers, and also how much flexibility she would have in how her package funds could be used. Denise consented for the navigator to provide her contact details to service providers so that they could follow up with her directly. However, some recognised her name and did not want to take her on as a client due to safety concerns for their staff. Others reported that they had previously tried to contact Denise but she either did not respond or eventually replied that she didn't know who they were and did not need their assistance.

The navigator received countless phone calls from Denise, who would often shout and complain about things that were not related to aged care navigation. It was very difficult at times to redirect the conversation. Denise did, however, relay that she had not been able to find a provider and asked the navigator to negotiate an extension to her deadline for doing so. The navigator facilitated a 3-way call with My Aged Care to discuss this. Denise did not participate in this call; however, she had previously approved the navigator to act as her representative through the Advocates as Agents program. The My Aged Care representative advised the navigator that no more extensions were permissible. The navigator emailed Denise with instructions about what to do next. Denise did not respond until after the deadline had passed, when she advised that she had been in contact with My Aged Care to have her package reinstated and asked the navigator once again to help her to find a service provider.

As this was re-commencing the same cycle as before with no reason to expect a different outcome, the navigator explained to Denise that she had helped her as much as she could within the scope of her role. Denise accepted a referral for assistance with housing but declined the navigator's offer to refer her for support with her mental health, denying that she has mental health issues.

This case highlights the challenges for people who experience mental health conditions, particularly in places where services for people who are ageing and living with mental health conditions are limited.

It also highlights the challenges for navigators trying to support people with needs that are beyond the scope of their role and the available avenues for referral. This particular case warranted debriefing with managers, which identified the need for ongoing professional supervision for the navigator – to both build skills in working with challenging clients and to provide support to process these confronting situations.

4.3 Customer satisfaction and engagement

> Something that seemed too huge to deal with has become manageable. [The navigator] was even more helpful than I could have imagined. – *Customer, female, age 86*

Evidence collected through this evaluation suggests that customers are highly satisfied with navigator services, with 95% of all customers who provided feedback either agreeing or strongly agreeing that the support they received was of assistance to them. Satisfaction was high regardless of the navigator service that customers accessed, customer characteristics, and the amount of support they received, although a slightly higher proportion of customers that received more than 2 hours of support *strongly* agreed that this support was helpful than those whose case was more quickly resolved (Table 4-1).

Table 4-1:   Customer agreement that the navigator support they received was of assistance

Level of agreement	Less than 2 hours of support	More than 2 hours of support	Overall
Number of responses	**5,208**	**656**	**5,865**
Strongly agree	50%	71%	52%
Agree	45%	28%	43%
Neither agree nor disagree	3%	<1%	3%
Disagree	<1%	<1%	<1%
Strongly disagree	<1%	0%	<1%
Prefer not to say	2%	<1%	1%

Similarly, 98% of survey respondents either agreed or strongly agreed that they would recommend the navigator service to others (Figure 4-6). In fact, many reported already having done so, including both customers who received support for themselves and those that accessed the navigator service on behalf of someone else.[15]

> I attempted to complete the form on My Aged Care website for an assessment but the website was suggesting my mother was ineligible for support. I was sure this wasn't correct. I was getting frustrated with the process of applying online; that's why I asked my uncle [who had previously seen the navigator] for the navigator's number. I was wanting impartial advice and help arranging for the assessment to take place, and information about what services are available through My Aged Care so that I could be better prepared for when my mum gets older … The support from the navigator meant I could have an informed conversation when the assessment happened and advocate for my mother. I have already recommended the service to lots of my friends with elderly parents. – *Customer, male, age 57*

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[15] The extension measure was intended for older people who do not have people in their lives who can help them through the aged care journey. However, we heard that family members, like older people themselves, are frequently overwhelmed by the complexity of the system and need support to understand and engage with the services available.

Figure 4-6: Customer agreement that they would recommend the navigator service to others
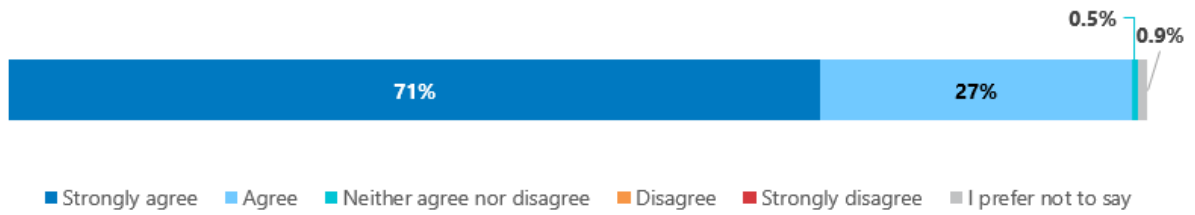
Note: This question was asked only of customers whose case required at least 2 hours of navigator support to resolve.

The findings above suggest that interaction with navigator services is a positive experience for customers and indeed, several explicitly stated that there was no aspect of their encounter that could have been improved. The small number of customers that did suggest improvements primarily talked about the need to increase navigator availability, echoing concerns raised by navigators about the potential for demand for their service to outstrip supply (see section 4.2.1).

> The waiting time to see [the navigator] has grown. There is not enough of them. Her workload has increased. – *Customer, male, age 70*

On the other hand, customers provided a number of reasons behind their satisfaction with the navigator service. Some felt that they gained the knowledge, confidence, or services they were seeking (see section 4.4), while many were simply relieved to have support during what was often described as an overwhelming and stressful time. [16]

> [The navigator] really saved me. I don't know what would have happened without the navigator. I don't see how people could possibly [navigate the system] without the navigators. – *Customer, female, age 70*

It appears, however, that the key drivers of customers' satisfaction with navigator services is that navigators take a **person-centred approach** that enables them to provide **support that is tailored to each customer's needs**, and that **customers can easily reconnect** with their navigator if and when they need. In the sections that follow we consider each of these characteristics in turn.

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[16] Feedback provided to us by customers directly was echoed by some intermediaries who indicated they have received informal feedback from people they referred to a navigator: 'We have had quite a few calls from clients and their family members. You can tell they are happy. You can tell that they feel supported and appreciated and you know that [the navigator] acts in a timely manner to address their concerns.'

4.3.1 Navigators establish and maintain trust and rapport through a person-centred approach to care

Feedback from navigators, intermediaries, and customers suggests that navigators' ability to build trust and rapport with customers is one of the great advantages and successes of the ACSN trials. We heard that their effectiveness in developing these relationships can be attributed to their compassionate, person-centred approach that – unfortunately – stands in stark contrast to many customers' previous experiences with the aged care system.[17]

There is a general sense that navigators are friendly and respectful, and adopt an approach that enables the customer to feel at ease and connect with the navigator as a person (e.g. through using humour or finding common ground). In addition, we identified 4 key features of navigators' approach to service provision that contribute to customers' satisfaction with the support they receive.

First, **navigators take the time to get to know the customer and understand their specific needs**. Aged care intermediaries appreciated navigators' ability to do this, lamenting the fact that their own workload or service model precluded them from being able to build relationships over time.[18] For example, one My Aged Care contact centre staff member commented that they only have one, time-limited opportunity to help each customer and are acutely aware that this is insufficient for those who require more time to develop trust and accept help. Both navigators and customers identified the importance of not rushing the process of getting to know each other, and of navigators engaging in active listening, and acknowledging the customer's life experience with empathy and without judgement. Customers valued the fact that they felt in control of their own decisions about care, echoed by some navigators who commented that through the role they have learned that 'just because someone is older they can still be independent' and that it is therefore critical to understand, not assume, what the customer wants to achieve through the navigation process.

> " The navigator understood the complexity of the situation and advocated for the needs of me and my partner. The navigator understood that my partner was getting distressed about the garden and advocated for gardening services. This was unexpected and nice.
> – Customer, female, age 74

Second, navigators are seen to be **knowledgeable, impartial, and confident in the information they provide**. Critically, customers trust their navigator not only because they believe they have the knowledge and expertise required to address the customer's needs, but because the navigator is able to communicate this knowledge to the customer in a way that is clear and easy to understand. Customers also view their navigator as a source of impartial advice; one shared that the best thing about their experience was that the navigator did not try to push their own agenda. Navigators noted that this perspective reflects not only their own discussions with customers but often, their organisation's reputation as a provider of independent support to older adults (and/or specific groups within the extension measure's target population).[19] Representatives of all stakeholder groups

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[17] Of course, it is important to note that negative past experiences are not universal and that navigators are not unique in recognising the importance of, and having the skills to provide, person-centred care.

[18] As noted in section 3.2.4, intermediaries reported that telling potential customers that navigators can dedicate time to their customers can be an effective way of encouraging them to accept a referral to the navigator.

[19] The navigator's ability to provide impartial and confidential advice was reported to be particularly important for groups such as Aboriginal and Torres Strait Islander people, members of LGBTIQ and CALD communities, and for people suffering from complex health issues.

appeared concerned about aged care 'service providers offering navigator-type services' and adding pressure to older people trying to make decisions about their care.[20]

> A key feature which helps customers be more receptive to the navigator service is the perception [that it is] independent from government departments and service providers. People like coming to us because we're nongovernment, we appear as an ally walking alongside someone, supporting them and re-enforcing that they have the choice in this interaction. – *Navigator*

Third, customers reported that **navigators are honest about what they can do, and follow through.** Rapport appears to be enhanced by navigators' early, honest discussion about the limits of their role and what they are able (and unable) to assist the customer with. Navigators also considered that honesty about how the aged care system works more broadly is important, as it can help to explain why customers may have had poor experiences in the past (and what the navigator can do to prevent this in future). Importantly, customers perceived that navigators' honest communication extends to their actions. They emphasised how much they valued the navigator keeping them informed about what they were doing, which allowed the customer to see that the navigator was keeping their promises (even if, for reasons outside their control, the desired outcome was not achieved). Navigators recognised that customers often feel they have been 'lost in the system' and that it is therefore essential that the navigator does not 'over-promise and under-deliver'. For many customers, this was a distinguishing feature of the navigator service.

> When you call services, often you are passed around and it's "someone else's problem". It was really good that she actually actioned helping me and did what she said she would do. I really valued this. When someone actually helps you it really stands out because so often when you're dealing with the aged care system you get passed around and nothing ends up happening. – *Customer, female, age 69*

Finally, we heard that **navigators are available and responsive**, with customers feeling they can call at any time and that even if the navigator cannot answer, they will return the call promptly. Some navigators indicated that they provide customers with their direct line, commenting that 'a wall comes down' when customers 'know they can get you on the line and it's not going to a call centre'. That navigators are perceived to be available and responsive is interesting given that many work part-time. It appears that some navigators respond to enquiries outside their allocated work hours to maintain customer trust and rapport, although many customers appeared satisfied with their navigator responding on their next working day.

> She explained the days that she works and that if she wasn't working, we should leave a message and she'd get back to us first thing. – *Customer, male, age 62*

A person-centred approach to care, supported by the 4 characteristics above, appears to have supported navigators to build trust and rapport with customers from a wide range of backgrounds and current circumstances, including those who have negative perceptions of or past experiences with aged care. However, some navigators highlighted additional strategies to build rapport with customers from target population groups. For example, they discussed the importance of trauma-informed and culturally safe care, and of identifying a hearing impaired or non-English speaking customer's preferred option for communication. Navigators also recognised that despite their best efforts, they

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[20] At the same time, many stakeholders recognised that for some groups within the target population (e.g. Aboriginal and Torres Strait Islander people, people experiencing or at risk of homelessness), specialist aged care service providers may be the organisations best placed to provide navigation support.

may be unable to develop trust with some customers; in these cases a referral to another navigator (if available) or alternative service (depending on the customer's needs) may be more appropriate, and navigators may need additional support and supervision to manage these challenges.

4.3.2 A person-centred approach enables navigators to tailor interactions to customer needs and preferences

By adopting a person-centred approach as described above, navigators are able to tailor the type of support they provide, and the format in which they provide it, to suit the customer's needs.

Navigators' interactions with customers involve a range of activities, from providing information about the aged care system and the steps involved in accessing it, to attending assessments, and sourcing and meeting providers. Customer feedback suggests that no single activity is consistently valued more (or less) highly than the others; rather, the critical ingredient is the time that navigators invest at the beginning of a case to understand the customer (their history, presenting issue, and desired outcome of navigation) and tailor support accordingly. For example, some customers are confident meeting assessors or service providers alone, armed with information and guidance from the navigator, while others are grateful that their navigator provides support during these meetings. Few customers reported an interest in learning how to use the My Aged Care website (e.g. because they were not confident with technology) and were therefore pleased that their navigator had not demonstrated it to them.

In terms of the format in which the above activities take place, face-to-face interactions are both the most common (as highlighted in section 4.1.1), and generally speaking, the most preferred by customers, regardless of their demographic characteristics. Navigators and customers alike highlighted that meeting in person facilitates rapport-building, enables navigators to review documentation and show new resources to customers, and improves accessibility of the service for people that face difficulties accessing telephone- or technology-based support (e.g. people from CALD backgrounds or with sensory and functional impairments). Navigators also suggested that early face-to-face interactions enabled them to develop a better understanding of the customer's needs by seeing their presentation and functioning firsthand, rather than relying on the customer's description.

> All the sessions were face-to-face, in our home. For my generation of people face-to-face is much better because we can hear better and read facial expressions. It also helped me feel more comfortable with the navigator because I could see them and they weren't a call from who knows where. – *Customer, male, age 87*

The opportunity to provide support in the customer's own home was considered an important part of the program by both navigators and customers, with one navigator commenting that 'for our elderly who may have mobility issues, getting to a venue is difficult and they feel more secure at home'. Some customers commented that face-to-face service delivery could be further enhanced through the use of demonstrations or practical examples. For example, one person remarked that when discussing assistive devices with the navigator, they would have liked to have seen a medical alarm as it was hard to envisage what the navigator was talking about. Most customers also expressed a preference for receiving hard copy (not electronic) information in addition to the verbal information provided during an interaction with the navigator, to refer back to as needed.

Of course it is important to note that while customers *typically* prefer face-to-face support, there are exceptions. For example, most customers engage with navigators in more than one way during their navigation journey and appear satisfied with this multimodal approach. Feedback from both navigators and customers suggests that once navigators have built rapport and taken steps to address

the customer's presenting issue (e.g. researched and provided a list of potential service providers), their interactions shift. While the customer is waiting for their assessment or for services to commence, navigator support will take the form of quick, telephone-based check-ins.

Further, several customers we spoke to expressed a preference for receiving support remotely at all stages of their engagement with the navigator service. They cited a range of reasons for this; for example, some preferred the anonymity of a telephone conversation, while others were concerned about the risk of COVID-19 in a face-to-face interactions. Some customers indicated that, while they were comfortable accessing support over the telephone, they opted to engage with the navigator service after previous interactions with My Aged Care had not yielded the information or outcome they desired.

> I had a transport card that had expired and I wasn't sure why. I had made multiple calls to My Aged Care but I wasn't able to understand what I needed to do to get my transport card approved again … My appointment with the navigator was over the phone. I explained my situation and the navigator explained that my approval had expired because I hadn't been assessed in a few years. The navigator explained the assessment process and gave me the number of an assessment organisation.
> – *Customer, female, age 80*

Finally, although the extension measure was designed to focus on individual support, some navigators suggested that, at times, a group format can be more appropriate. For example, they highlighted that group support can be more acceptable and accessible for some people from Aboriginal and Torres Strait Islander and CALD backgrounds (e.g. by reducing anxiety about a one-on-one appointment or increasing the likelihood that an interpreter will be available). However, we cannot comment on whether customers themselves share this perspective.

4.3.3 Customers can easily reconnect with navigators as needed as they progress through the aged care system

Navigator support is seen as valuable regardless of when in the aged care journey it is provided; customers were satisfied with their experience regardless of whether they sought help from the navigator to register with My Aged Care for the first time, arrange an assessment, connect with service providers, or revise the aged care supports they currently have in place.

> The [navigator] service provided a good introduction to the services provided through aged care and available to me and my wife. – *Customer, male, age 81*

> It was like a light at the end of the tunnel, if I didn't have the navigator, we would probably still be waiting for services to start because we did not know what to do after the assessment. – *Customer, female, age 69*

Importantly, a customer's satisfaction with the navigator service at one stage of the aged care journey does not preclude the need for later assistance. Indeed, in many cases navigators are re-engaged *because* the customer was highly satisfied with their previous experience; as one navigator commented, customers return 'because they know us and know that we helped them last time'.[21]

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[21] Only a handful of customers indicated they would not return to the navigator if they had additional questions, and suggested this was due to their new-found knowledge of, and confidence in engaging directly with, aged care services as a result of the navigator support they received (see section 3.4.2).

Navigators identified that they are often re-contacted because the customer is anxious or confused about correspondence they have received from My Aged Care or service providers (e.g. assessment outcomes, fee notices, or service provider changes), and is looking for a plain language explanation of the information and what (if anything) they need to do as a result.

> " [The navigator] was most informative, but I fear that by the time my husband receives an ACAT assessment I will have forgotten most of what she said. I feel that it would be good to see her once an assessment is in place. – *Customer, female, age 74*

We also heard that customers can re-present to the navigator service because they have not been contacted by an assessor or service provider as expected, or because they have follow-up questions about an issue the navigator had considered resolved.

> " I set someone up with a medical alarm … When they got the alarm, they came back and needed step-by-step instructions on what to do with the pendant and they had all these questions about the alarm. I spent all that time doing something which I thought would take one hour then all of a sudden, I've spent 6 hours on one case. – *Navigator*

Given the complexity of the aged care system and the potential for customer needs to change over time, representatives of all stakeholder groups discussed the importance of it being easy for customers to reconnect with their navigator if required. During our interviews, many customers identified they had filed their navigator's contact details for safe keeping and could easily reach them if needed (via telephone, email, or in person at the navigator's office or one of their scheduled visits to another location such as a senior citizens' centre).

Alice's story

Alice (72) is a member of the LGBTIQ community. She has several chronic health conditions that affect her mobility. She also lives alone and is socially isolated.

Alice registered with My Aged Care some time ago following a hospital admission, and has been approved for the Commonwealth Home Support Programme. However, she reports that 'I think they have forgotten about me; I had my assessment and haven't heard from anyone, I am not sure what to do'.

The experience of feeling lost and forgotten in the system added to the discrimination that Alice has felt throughout her life and made her reluctant to follow up with My Aged Care directly. She therefore contacted the navigator to follow up on her approved occupational therapy and home modifications.

After the original case was resolved, Alice's health status declined further; she needed ongoing assistance with self-care and, as a result, required admission to a residential aged care facility. She is fearful and distrusting of services due to her experiences of historical and ongoing discrimination, prejudice and stigma. As such, she re-contacted the navigator to request support to find a welcoming, safe, respectable, and supportive LGBTIQ-inclusive facility.

Some navigators also noted that they routinely follow up with customers whose initial issue has been resolved, removing the onus on customers to pro-actively seek additional support. Internal record management systems in place in some organisations were seen as helpful in supporting navigators to conduct these check-ins and maintain contact with customers as they work their way through the aged care journey, providing an 'at a glance' view of where in the process the customer is at and what else (if anything) is required. Finally, we also heard of the important role that intermediaries can play in supporting customers who need to reconnect with navigation services.

> It does rely on intermediaries noticing when people are stuck and not sure what to do. A lot of people that I meet don't have the confidence perhaps to ring again, and they do rely on the connection they have with the senior citizens' centre or neighbourhood centre to refer them on. – *Navigator*

4.4 Perceived effectiveness of navigator services

> This has felt like a lifejacket for a drowning person. – *Customer, female, age 58*

The findings presented in section 4.3 suggest that customers who access navigator services are satisfied with the support they receive because it is delivered by a navigator with whom they have trust and rapport receive support and is tailored to their needs.

In this section we consider the extent to which customers believe this support is *effective* in helping them to understand and access the aged care system, with effectiveness defined in in 2 ways: the extent to which customers feel more informed about aged care services and supports; and the extent to which they are more confident in accessing the aged care system.

By both of these measures, the vast majority of customers perceived the navigator service to have been effective, regardless of their own characteristics, the nature of their engagement with the navigator, and the trial they accessed support through.

Note that only customers receiving at least 2 hours of navigator support were asked to reflect on how effective this support was in helping them to navigate the aged care system. The results presented below may or may not extend to customers who had less contact with their navigator.

4.4.1 Improved understanding of available services and supports

Among respondents to our feedback survey, 99% either agreed or strongly agreed that they had learned more about aged care services and supports as a result of their interaction(s) with the navigator (Figure 4-7). Among the 6 customers who were neutral on this issue, one expanded on their response to suggest that while the navigator had supported them to *access* the aged care system, they still did not really *understand* the system. None of the customers who indicated they were not more informed about available services and supports elaborated on why this was the case.

Figure 4-7: Customer agreement that the navigator helped them learn more about aged care services and supports
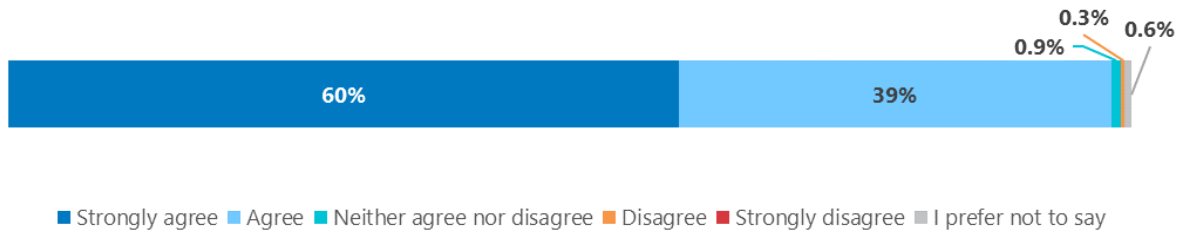
In interviews and free-text survey responses, customers explained the specific knowledge they had gained from the navigator, highlighting improved understanding of: the aged care system in general and the different stages and levels of aged care; how to navigate the My Aged Care website; the aged care assessment process; likely out-of-pocket costs; how to use referral codes; and how to find a service provider.

> The aged care navigator who my wife and I saw today was very helpful, caring and answered all our queries with both of us coming away feeling a lot more understanding going forward. – *Customer, male, age 72*

> I now have the knowledge to understand and support other elderly people in my life such as my partner's parents. – *Customer, female, age not disclosed*

A small number of customers indicated that, while the navigator service had improved their knowledge and understanding of the aged care system, they also felt somewhat overwhelmed or confused by the information provided. One person (aged 77) suggested that 'too much [information] was provided in one session and [it] was too general' while another felt that there were discrepancies between the information provided by the navigator and the service provider. These perspectives may indicate a misunderstanding of the information provided by navigators (i.e. about the services available and how to access them) and the more specific information and advice that service providers offer about their service. Alternatively, or additionally, these findings may reflect the challenges navigators experience in accessing up-to-date information on available services and staying informed about aged care sector reforms (section 4.1.3).

4.4.2 Improved confidence in accessing the aged care system

Ninety-five per cent of survey respondents agreed or strongly agreed that the support provided by their navigator improved their confidence in accessing available services and supports (Figure 4-8). None of the 4 respondents who disagreed with this statement provided details as to why their confidence was not improved.

Figure 4-8: Customer agreement that support from the navigator made them more confident in engaging with the aged care system
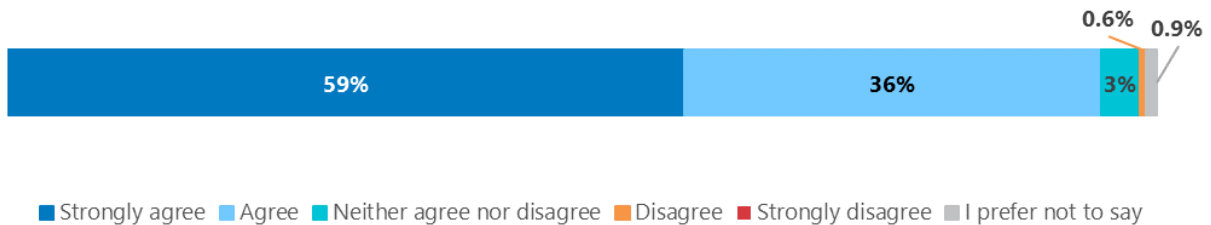
Specific elements of aged care that customers reported feeling more confident about included choosing a service provider, requesting more information from service providers, having informed conversations with My Aged Care, and advocating for the needs of family members requiring aged care services and supports. More broadly, several customers indicated that they felt more confident about navigating the pathway forwards themselves.

> I felt much more empowered after our session and have a much better idea how to organise and direct care for my father's best welfare from now. – *Customer, female, age 59*

Mary's story

Mary (84) lives on her own, is isolated from family, has limited access to a phone and does not have a computer. Mary has received basic Commonwealth Home Support Programme services and has approval for a Home Care Package. She was at the stage of choosing a provider, which she found overwhelming so she contacted the navigator service for help.

During a home visit, the navigator discussed service options, reviewed documents to understand Mary's needs and priorities, and used a laptop to help Mary compare service providers through the My Aged Care website. After working with the navigator to progressively eliminate providers based on her needs, Mary decided on a provider. Including Mary in this online research process was important as she was able to view the information herself, which gave her the confidence to make her own decision.

Mary requested that the navigator assist her to call her provider of choice to make further arrangements. After 4 attempts, the navigator reached the right person, who accepted Mary's request and confirmed arrangements for a case manager to meet with Mary to set up her services. Mary was very thankful for the support provided and relieved that the decision had been made, saying 'now I will be able to sleep tonight'.

Mary is typical of many clients seeking support through the navigator service – isolated, no digital connection, overwhelmed with paperwork, feeling stressed and anxious about having to make choices before deadlines, and basically just needing someone to sit down and talk directly to her.

4.4.3 External factors affect navigators' success in supporting access to aged care

Customers who talked about how the navigator service could have been more effective in improving their access to the aged care system reflected on the broader challenges within the system itself rather than issues with the navigator service specifically. They highlighted barriers to service access such as poor communication following assessments or from service providers, lack of service providers in some regions, long waiting times for both assessments and services, and service affordability.

> [I am] still waiting for services to start, the only thing I have had is the physio. We have been approved for gardening, cleaning and home maintenance, but there aren't any service providers. There is a really long waitlist. – *Customer, female, age 74*

> I am in no different position than when I started with the navigator in that I couldn't be re-assessed, and still haven't got a package and I can't afford a service provider. This isn't the fault of the navigator though. – *Customer, male, age not disclosed*

Navigators echoed customer feedback, frequently raising the notion of 'navigating to nowhere' (section 2.3) as a key limitation on the effectiveness of their service. They highlighted that this is a particular challenge in regional and rural areas and something that has been exacerbated by COVID-19.

> We get a lot of feedback around navigating to nowhere … that service side of things is complicating the role of navigators. – *Navigator*

Most customers recognised that the lack of service availability is beyond the navigator's control. However, both customers and navigators reflected on how this can, nevertheless, be a discouraging reality for those involved with navigator services.

> I found a lot of people get a little bit disheartened that we go through the process and we help them, to [then] find out that the services can't be got. – *Navigator*

> It is very frustrating that the government would provide this service in an area where they know there aren't any service providers. Just gives hope only to find out you can't receive the service. – *Customer, female, age 70*

Navigators also identified that in some cases, a lack of service availability is compounded by difficulties accessing relevant information. This may reflect a lack of training in how to use the My Aged Care website (see section 4.1.3), or a lack of consistency in information available at different levels of access. For example, one navigator expressed frustration that they were seeing different service availability (using the Find a Provider tool on the My Aged Care website) to what RAS assessors could view. Given that navigators are perceived as having the expertise and information that customers need (section 4.3.2), difficulty accessing this information may present a risk that customers become confused or upset, and subsequently disengage from the navigator service and potentially, the aged care system.

Jenny's story

Jenny was referred to the navigator service by a local community centre where she participates in shared lunches and activities, which she finds beneficial for her mental health and wellbeing. She experiences back pain, reduced mobility, financial hardship, and social isolation, particularly after her husband passed away 6 months ago. The goal of the referral was to obtain an assessment and Commonwealth Home Support Programme referral codes for any services that may be required.

The navigator spoke with Jenny about aged care services and the My Aged Care registration and assessment process. Jenny was at first reluctant to register; she associated the term 'aged care' with residential care, and feared that her right to independence would be not be upheld if she provided the government with information about her increasing frailty. The navigator needed strong communication skills to establish the trust, rapport and connection necessary to inform and educate Jenny about the aged care system. It was important to inform her about her right to access services, and create the space for her to feel comfortable enough to accept navigator support. The ethical principles of informed consent and client confidentiality were imperative in building this rapport.

After registration and assessment, Jenny received a referral code for domestic assistance. She was heartened by the opportunity to have somebody to help clean her home. It was initially difficult for Jenny to choose a provider as she has no access to a computer and could not view listings on the My Aged Care website. The navigator helped by showing Jenny the provider options on a laptop during a home visit, and although none were showing availability in her area, Jenny took down a list of provider names and phone numbers. Jenny and the navigator agreed to keep searching and contact each other when they had found a provider with availability.

Jenny continued to call the providers in her area regularly, but none ever had availability. Nor did they have waitlists; the onus was on Jenny to keep calling. As weeks turned into months of no success, Jenny became despondent. She had less energy and motivation to ring providers, and resigned herself to the fact that support would not be forthcoming.

One day, 8 months after Jenny originally registered for support, the navigator called a provider who had temporarily opened their service for new clients. This was a fortuitous find. The information on the My Aged Care website did not indicate that this provider had availability; it seemingly came down to the luck of the navigator calling on the right day, at the right time.[22] The provider accepted Jenny's referral and has started providing domestic assistance. Jenny was extremely emotional and grateful for the navigator's support in eventually securing her a service.

This case highlights the need for navigator support for a cohort of consumers who are increasingly frustrated with and disheartened by the aged care system. Being approved for services that subsequently seem inaccessible and unattainable results in consumers like Jenny simply losing faith, and giving up on their basic right to access vitally necessary in-home support that is otherwise unaffordable.

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[22] We acknowledge that, while providers are responsible for keeping information in My Aged Care up to date, this can be challenging for home care services because availability is constantly changing.

My Aged Care contact centre staff have had limited opportunity to engage with the ACSN trials

A core activity for navigators is to assist customers to register with My Aged Care, often by contacting the My Aged Care contact centre by telephone and supporting the customer through the registration process or speaking on their behalf. However, navigators frequently reported that when they called using the general My Aged Care number, contact centre staff were often not familiar with the trials and the navigator role, and this hampered their ability to effectively support clients to register. This experience was also common in the original ACSN evaluation and does not appear to have changed over time.

Some navigators reported inconsistency in how different My Aged Care contact centre staff handle interactions with both navigators and customers; for example, we heard that some staff are open to talking on speaker phone while the navigator is present, while others indicate they will only speak directly to the customer. These difficult encounters can have significant consequences, with some navigators reporting that they now avoid calling the contact centre where possible, and others indicating concern about the potential for customers (particularly those with additional barriers such as requiring an interpreter or privacy concerns) to be deterred from attempting to access aged care services in future.

> I've found contact centre staff to be 50/50 on awareness – even if I give them the aged care number and they have my details, sometimes they ask for my private details [Medicare number and date of birth] even if I have a customer on the line – which is not good practice. – *Navigator*

> Sometimes we've hung up [and called again] hoping to get a new My Aged Care call centre representative, as a poor interaction can really sway a customer and put them off, given that we've built up a relationship to get them to this stage to look at aged care. – *Navigator*

In contrast to the often negative experiences of contacting the My Aged Care contact centre through the general line, navigators with access to the dedicated line for the Advocates as Agents program perceived it to be highly beneficial. These individuals reported that the line enables them to directly contact staff that are familiar with the trial and the role of navigators, resulting in smooth communication and better outcomes for customers.

> The Advocates as Agents line is absolutely fantastic. Sometimes I've had to call the general line and they're not aware of the Advocates as Agents or ACSN trial which can be a bit tricky. – *Navigator*

While were only able to speak to a small number of staff working in My Aged Care contact centres, their feedback confirmed that awareness of navigators and the extension measure is relatively low.[23] This likely reflects the limited geographic regions in which the trials are operating, the comparatively large My Aged Care contact centre workforce, and the small proportion of ACSN-related calls handled by each staff member as a result. One manager suggested that an individual staff member may take up to 30 calls per day but were likely to record just one navigator call per month.

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[23] Although they were generally supportive of the *concept* of aged care navigators. We also heard some examples of intermediaries and customers being connected to a navigator by a contact centre staff member, suggesting that some contact centre staff are both aware of and actively engaged in the trials (and highlighting the importance of navigator support for people already registered in the system, as discussed in section 3.3.3).

Contact centre staff also reported confusion between the extension measure and other programs, including advocacy programs and the ACSOs initiative being delivered through Services Australia. Interviewees indicated that information on the extension measure had been provided in team 'huddles', but in the absence of regular contact with navigators it is not surprising that the details have not been retained. We heard that the information remains available for review in internal learning management systems although staff are unlikely to seek this out unless prompted to do so.

4.5 Cost effectiveness of navigator services

As discussed in section 3.1.4, partner organisations submitted 2 financial declarations, reporting on trial expenditure from July to November 2021 and from December 2021 to May 2022. While overall expenditure was higher in the second reporting period than the first, both saw a similar proportion of expenses allocated to individual cost categories (technical supplement section 5). As such, for simplicity we have combined data for the 2 reporting periods. Given the high rates of customer satisfaction across trials (section 4.4) we did not pursue our planned analysis of how expenditure patterns correlate with customer satisfaction.

Table 4-2 shows a summary of expenses for the period 1 July 2021 to 30 May 2022, for trials employing a total of approximately 29 FTE navigators. During this period, the trials reported 8,164 cases of individual support, and 471 information sessions (delivered to 8,856 attendees). Average (mean) trial expenditure overall was $155,525 (equating to $14,139 per month), ranging from a minimum of $65,123 to a maximum of $360,084 for individual trials ($5,920 to $32,735 per month).[24] Of course, expenses were generally higher in trials with a higher navigator FTE. Adjusting accordingly, mean expenditure was $119,894 per one FTE, ranging from $75,631 to $150,053 ($6,876 to $13,641 per month).

In some cases, trials with lower overall expenditure were also those that reported that their organisation supplemented its extension measure funding through in-kind support (e.g. room hire), or other income streams (e.g. to fund administration and intake staff; section 4.1.2). Thus, the true cost of implementing and delivering the service may not be reflected in declarations of how extension measure funds have been used. In other cases, lower overall spends may reflect challenges with navigator recruitment and the impact of this on all aspects of the trial.

Staff salary and oncosts accounted for the majority of total expenditure in all but 2 trials (which reported 0% and 6% of expenditure against this category). Both of these trials contracted their service delivery out to other providers and reported staffing costs under the 'other' category. Taking overheads into account, total staffing-related costs accounted for 69% of expenditure overall and more than 75% of expenditure in 16 of the 22 trials.

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[24] Further information on how activity expenditure differs across trials, overall and within individual cost categories, is provided in technical supplement section 5. Note that the 2 partner organisations that joined the extension measure in February 2022 were exempt from submitting financial reports.

Table 4-2:   Summary statistics of trial expenditure across individual cost categories, from July 2021 to May 2022

Cost category	Number of trials	Collective expenditure	Collective expenditure (% of total trial expenses)	Mean expenditure	Expenditure range	Expenditure range (% of total trial expenses)
Staff salary and oncosts	21	$2,275,680	67%	$45,868	$14,612 – $269,543	6% – 90%
Management and auspicing	20	$480,480	14%	$10,876	$1,398 – $74,779	2% – 33%
Staff overheads	18	$157,501	5%	$2,999	$106 – $23,913	1% – 20%
Publicity and communications	21	$84,825	2%	$1,964	$143 – $8,969	1% – 10%
Travel	19	$72,246	2%	$1,316	$17 – $20,418	1% – 9%
Room hire	15	$43,040	1%	$713	$76 – 17,737	1% – 6%
Other	5	$307,784	9%	$8,418	$1,863 – $200,831	1% – 79%
Total	**22**	**$3,421,556**	**100%**	**$155,525**	**$65,123 – $360,084**	**n/a**

Note: Data relate to 22 trials funded to employ approximately 29 FTE navigators. Minimum values in expenditure ranges exclude trials reporting zero expenses in a given cost category. Expenses recorded in the 'other' category include subcontracting and subsequent oversight of other organisations to deliver navigator services; combined costs of publicity, room hire, travel, and overheads; and provision of cultural awareness training.

Trials with proportionally high management and auspicing costs often operated navigator services in multiple locations and/or served relatively large geographic locations. Similarly, the only trials spending more than 5% of their total budget on travel were located in larger states, where navigators reflected on the financial burden of airfares and overnight accommodation associated with supporting customers in remote areas. Room hire was both the least common expense (reported by only 15 trials) and accounted for the least expenditure, likely reflecting trials' capacity to conduct group-based activities during the COVID-19 pandemic. Indeed, the organisation with the highest room hire costs also delivered more than the average number of information sessions.

Given the findings in Table 4-2 it is perhaps not surprising that some navigators were concerned about how best to spend a limited advertising budget (section 4.2.1). With finite resourcing available, proportionally higher expenditure on one category requires savings elsewhere; trials spending more of their budget on publicity and communications reported negligible travel, room hire, and management expenses. On the other hand, 3 trials reported zero expenses in this category, each for a different reason: delays in appointing a navigator, use of contracted organisations to provide navigator services; and promotion embedded in the organisation's routine activities.

4.6 Section summary

Taken together, the findings of this evaluation suggest that navigator services continue to provide a valuable mechanism by which older people connect with the aged care system. Despite some challenges to effective implementation (presented by, for example, staffing stability and COVID-19), the trials are continuing to gain traction as navigators build connections with their local communities and particularly, the individuals and organisations that routinely work with target population groups. Importantly, customers from diverse backgrounds and geographic regions are satisfied with both the experience and outcomes of accessing navigator services. Reflecting the centrality of the navigators themselves to the trials' success, their salaries account for the bulk of trial expenditure, although the true cost of service establishment and delivery is difficult to determine given widespread use of in-kind support and supplementary funding. In the next section we consider the implications of these findings for the future design and delivery of aged care navigation.

5 Lessons learned and future directions

The extension measure's first 12 months of operation has provided an opportunity to build on the learnings of the original ACSN measure. Improvements made to the original navigator service model under the extension measure have been well received and resulted in a refined design that:

- focused on identifying and engaging with individuals through face-to-face support
- established a workforce of qualified, experienced professionals and reduced reliance on volunteers
- saw more purposeful delivery of information sessions, with an emphasis on engaging people who need additional support
- focused on working with local intermediaries and communities to identify and support vulnerable consumers
- enabled both the format and content of navigator support to be tailored to individual customer needs.

Crucially, we did not hear any evidence to suggest that there are aspects of the extension measure that have not worked and should be abandoned. Rather, the challenge is in overcoming some of the implementation challenges identified in this report. We have identified 8 key lessons to come out of the extension measure, and highlight below how they can inform 'business as usual' aged care navigation services such as those delivered under the forthcoming care finder program.25

Before we do, we want to acknowledge one of the most important lessons learned in both the original ACSN and extension measures, namely that navigators themselves are working to resolve customers' aged care issues as effectively as they can, within the well-documented challenges facing the aged care sector. Addressing systemic issues (e.g. service quality and availability, workforce shortages, system fragmentation, lack of integration with other sectors) is beyond the scope of both current and future navigator services, and of this evaluation.

We also note that stakeholders who contributed to this evaluation often suggested that an opportunity to improve navigator services is through expansion, in terms of geographic coverage and specialised support for Aboriginal and Torres Strait Islander people. These suggestions reflect the intentionally limited availability of navigators during the trial period, and are being addressed through related initiatives already in train (see section 2.4). As such, we take as read that navigator services must be scaled up, and do not discuss this further here.

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25 Note that we use the terms 'navigators' and 'navigator services' in this section to refer generically to the people and services that support people to understand and access the aged care system. We recognise that future programs may use different terminology and these terms can be substituted accordingly.

Lesson 1: A flexible, person-centred approach to service delivery is critical

At the service level, partner organisations valued having freedom to tailor their navigator service to the needs of their local community and to adapt their approach as appropriate (e.g. in response to changing needs or increased knowledge of effective implementation activities).

Performance targets under the extension measure were useful in providing some direction, but there was a reasonable tolerance for these targets not being met as trials explored new ways of working. It is important to recognise that community needs will change over time and differ across regions.

Further, rigid case number targets may have a detrimental effect on service quality. In order to meet targets, navigators may feel they need to drive up case numbers by providing low-level support to customers who are able to engage with the aged care system through existing channels, rather than spending time on intensive support to a smaller number of individuals who are in real need of assistance. As such, it may not always be possible or appropriate for navigators to meet pre-specified targets, or to use these targets to compare the relative performance of different navigator services.

At an individual level, flexibility and person-centred care are key drivers of customer satisfaction. Customers place a high value on the fact that navigators are:

- able to understand them and their situation
- knowledgeable, impartial, and confident in the information they provide
- honest and reliable
- available and responsive.

Future directions:

Continue to support flexibility and person -centred care at both a service and individual level by:

- encouraging navigator services to take a flexible approach not only in their establishment phase but on an ongoing basis in response to changing community need.
- approaching performance targets with an open mind, and where they are not met, aiming to understand why this is the case (and whether there is a need to revise the service model or the target itself).
- enabling navigators to spend time getting to know the customer and building rapport, and tailoring the format, content, frequency, and duration of their support accordingly.

Lesson 2: Effective promotion of navigator services requires a combination of localised and national approaches

The nature of the extension measure meant that navigator services were available in limited geographic regions, making promotion via a centralised national promotional campaign unfeasible. As a result, navigator services independently developed awareness-raising strategies and promotional materials. While this approach confers the benefits of flexibility and local relevance, it can be time-consuming (reducing navigators' capacity to focus on other activities), inefficient (with services duplicating effort to produce similar materials), and may lead to inconsistencies in the information available.

There is no strong evidence to suggest that any one promotional activity is more or less effective than any other. Rather, a multipronged strategy utilising a range of formats and channels of communication can facilitate awareness raising among different audiences. For example, online promotion may be effective in reaching an older person's family and social supports, who are then able to link the older person with the navigator.

Future directions:

Continue to afford navigator services the flexibility to develop and implement awareness-raising strategies appropriate to the needs of their local community.

Enhance the promotion of navigator services to older people and their families through national and regional strategies. Consider:

- Developing a package of promotional materials providing key messages (e.g. about what a navigator is and does, who can access the service, and how) that navigator services can tailor to their context and branding.
- Developing and promoting a central directory (at national and state or regional levels) where consumers can search for their local navigator(s).
- Seeking support from representatives of the aged care and related sectors (e.g. peak bodies for consumers and carers) to raise awareness of navigator services and the navigator directory among consumers that may not be reached by local or regional promotional campaigns.
- Making promotional materials available in multiple languages, using culturally appropriate terminology.

Lesson 3: Intermediary engagement is essential but can be resource intensive

Intermediaries are highly effective in connecting members of the target population with navigators, particularly when they have clear information on how to explain the navigator service to potential customers. Both their engagement and effectiveness are enhanced by simple referral pathways and processes, which facilitate warm handover by enabling the intermediary to refer customers directly to the navigator without completing detailed referral paperwork.

Intermediary engagement is particularly resource intensive for navigators that are building new relationships (e.g. because their partner organisation does not have established relationships to draw on). However, maintaining existing relationships also requires time and effort.

Moreover, individual navigator services are limited in the extent to which they can raise awareness of navigator services at the broader sector level. Navigators indicated that a more coordinated and centralised effort to promote their role to intermediaries could help to reduce the burden on them to explain their role.

Future directions:

Continue to support the critical role of intermediaries in generating referrals to navigator services by encouraging navigator services to:

- build and maintain relationships with intermediaries in their region
- implement streamlined referral pathways and processes that promote warm handover.

Enhance intermediary connections by supporting a nationally and/or regionally consistent approach to engagement. Consider:

- Developing and implementing a communications strategy to raise awareness of navigator services among intermediaries in the health, community, and aged care sectors, using established channels of communication. For example, working with PHNs may assist in engaging GPs and other primary care intermediaries in a more efficient way than navigators attempting to do this on a local level.
- Advising intermediaries, as part of this communications strategy, how they can find their local navigator(s) (e.g. through a central directory).
- Developing a package of engagement materials that navigator services can tailor to their local context. This package could include, for example, key messages to include in written information for intermediaries themselves (on how the navigator role can improve outcomes for the older people they support, what support is available and for whom, and how intermediaries can refer to the navigator service), and for intermediaries to pass on to consumers.
- Providing opportunities for navigators to discuss and learn from each other's intermediary engagement activities, as a part of a broader suite of supports for navigators.

Lesson 4: The boundaries of the navigator role are not always clear cut

On paper, case management is outside the navigator's scope of practice. In practice, this line is difficult, and potentially, not always appropriate, to draw. Related to the lesson that flexibility is an essential component of service delivery, navigators may need flexibility to expand their role in some cases and address an issue that is not related to aged care navigation in order to build trust and rapport with people who have had previous negative experiences, or support those for whom alternative supports are unavailable.

The boundaries of the navigator role are also complicated by geography. At present, the process for handling out-of-area enquiries is unclear, which may become more problematic as more services are rolled out in overlapping or neighbouring areas.

Future directions:

Enhance awareness and implementation of role boundaries by:

- reviewing and refining existing role definitions to reflect the reality of navigators' work
- providing practical guidance on how to establish and maintain role boundaries, when and where to refer people requiring support that is outside the navigator's scope of practice, and what to do if these alternative supports are not available or accessible
- providing guidance on the extent to which geographic boundaries affect navigator service delivery and the process for managing out-of-area enquiries
- ensuring that resources developed for consumers and intermediaries clearly describe the navigator role (e.g. what they can and cannot do and for whom), and if relevant (depending on the nature of the resource), provide advice on alternative options for support.

Lesson 5: Staffing services with an appropriate number of qualified and experienced navigators is both important and difficult

Staffing navigator services with paid professionals with experience in aged and/or community care, and reducing the reliance on volunteers, was a positive change from the original ACSN measure. Flexible employment conditions and job security are important in attracting and retaining high quality staff, particularly in the current competitive market. There is also a need to ensure sufficient capacity to meet community needs, as one of the characteristics of navigators that is most valued by customers is that they are available and responsive. It can be helpful to have more than one person trained in the navigator role, to ensure continuity of support during short-term staff absences.

Future directions:

Continue staffing navigator services with appropriately qualified and experienced professionals, with volunteers assisting to raise awareness of navigator services and support information sessions if appropriate.

Enhance the recruitment, retention, and capacity of the navigator workforce by:
- providing organisations responsible for delivering navigator services with sufficient funding to employ enough navigators to meet community need, and recognising any in-kind support they provide
- offering employment contracts with the maximum duration and FTE possible within the funding available, while retaining flexibility to accommodate candidate preferences
- maximising the time that navigators have available to support individual customers, for example by integrating some aspects of the navigator service (e.g. promotion, intake) with other sections of the organisation.

Lesson 6: Navigators require equitable access to appropriate training and support

Navigators frequently work alone and offsite, in a role that is complex and challenging. Regardless of the professional background and experience they bring to the role, navigators may benefit from ongoing professional development and supervision. In addition, navigators desire opportunities to meet with colleagues for debriefing, practical support, and problem-solving, and the current community of practice model is not entirely meeting this need. In addition, organisational differences mean that to date, navigators have had access to varied levels of training, supervision, and support, both within and external to their organisation.

Future directions:

Continue supporting navigators to engage in self-directed learning as needed.

Enhance the support available for navigators at the organisational, regional, and national level by:

- ensuring that appropriate organisational supports are in place to help navigators fulfil their role, such as:
  - policies and procedures including risk management, health and safety, and quality assurance processes
  - protected work time for team collaboration, debriefing and case discussion, training and professional development, and attendance at relevant meetings
  - a culture that encourages participation in both internal and external training and support opportunities.

- ensuring all navigators have access to a suite of centralised training and professional development resources that enable them to:
  - stay up-to-date with aged care sector reforms and changes to processes and systems
  - use the My Aged Care website effectively
  - work with customers with complex health, mental health, or social problems, and understand referral pathways when aged care navigation is not the most appropriate support option
  - provide trauma-informed and culturally competent care
  - work with difficult presentations such as anger, grief, or suicidal ideation.

- expanding opportunities for navigators to connect with and support each other via regional and national peer support networks and communities of practice

- working with navigators to ensure that centralised or regional supports are meeting their needs, conducting regular scheduled reviews and adapting arrangements as needed to maintain relevance.

Lesson 7: Navigators would benefit from improved access to My Aged Care functions

While navigators' independence from aged care services is critical, the pathways between them and My Aged Care services are not always clear. There is the potential for confusion and fatigue for customers who are in contact with, need to repeat information to, and sometimes receive different advice from, multiple people and organisations.

Navigators need quick and easy access to accurate information about service availability to manage customer expectations and ensure customers receive consistent messaging from navigators and members of the My Aged Care workforce (e.g. assessors, contact centre staff). It is also beneficial for navigators to be able to see a customer's record in the My Aged Care platform; this facilitates rapid understanding of the customer's circumstances and current issues, and enables proactive follow-up and support for customers that get 'stuck' in the process of accessing aged care after their initial interaction with the navigator. Navigators also reflected that the ability to update the customer's record, including to document their own involvement in the case would help to reduce duplication of effort and provide more coordinated support.

Future directions:

Enhance the effectiveness with which navigators work independently from, but collaboratively with, other elements of the aged care system to ensure customers receive necessary services and support. Consider:

- Promoting the availability of navigators to members of the My Aged Care workforce via existing channels of communication
- Providing navigators with greater access to service- and consumer-level information within the My Aged Care system
- Opportunities to improve communication between navigator services and My Aged Care contact centre staff, informed by or integrating with existing models such as the Advocates as Agents program
- Exploring options to support bi-directional referrals between navigators and members of the My Aged Care workforce, such as by including navigator services as a referral point in the My Aged Care platform.

Lesson 8: Navigator organisations require early clarity about their reporting obligations

Understanding the progress and performance of navigator services requires access to timely and accurate data. Compared to the original ACSN measure, both the volume of data to be collected and the process of submitting it were streamlined under the extension measure, and partner organisations were able to view their submitted data and monitor progress over time. These changes were well received by partner organisations and appear to have improved the quality of data submitted.

Future directions:

Continue to focus on supporting navigator services to buy into, and comply with, reporting requirements by:

- ensuring that reporting requirements minimise the burden on navigator service staff and customers while still collecting sufficient information to understand progress and outcomes and inform continuous improvement
- providing clear information on what data are required, in what format, and how often, and allow sufficient time and funding to establish the systems necessary to achieve this
- ensuring roles and responsibilities for reporting are clearly defined, and handed over in the event of staff turnover.

6 Conclusion

As with any evaluation, our methodology has both limitations and strengths which should be kept in mind when interpreting the findings and future directions presented in this report. Below, we outline key aspects of our approach that may influence the results, recognising that this may not be an exhaustive list.

6.1 Strengths

First, running this evaluation in parallel to the extension measure's implementation had a number of benefits. For example we were able to identify and address potential data collection issues as soon as they arose. Our role in supporting routine data collection and reporting (used by COTA Australia and partner organisations to monitor performance against KPIs) enabled us to develop good working relationships and stay in regular contact with all partner organisations. As such, we observed good engagement in evaluation-specific activities, with navigators from all trials participating in consultations and speaking openly about their experiences of the extension measure.

The evaluation's longitudinal design enabled us to examine how implementation progressed over the first 12 months of the extension measure's lifespan and consider seasonal fluctuations in customer numbers and navigator activities. Importantly, with the exception of 2 activity reports in the first month of the evaluation, all trials submitted their required implementation data at all timepoints. With minimal missing data, we are confident in the patterns observed over time both within trials and across the extension measure overall.

The longitudinal design also enabled us to conduct our customer interviews on a rolling schedule. This had 2 key advantages; first, we were able to assess whether customer experiences changed over time as the extension measure became more established (they did not). Second, we were able to contact customers soon after their interaction with the navigator. This reduced the likelihood of recall bias and yielded richer insights than we were able to glean in our evaluation of the original ACSN trials, when customers were often interviewed several months after they received navigator support.

Finally, we achieved our target number of customer interviews. While we were unable to meet our goal of speaking to at least one customer from every trial (due to survey response and interview opt-in numbers), we did get input from all trials we possibly could have. In addition, we successfully interviewed customers with diverse characteristics, including males and females, people who sought support for themselves and/or someone else, and a range of ages and target population groups. The consistency of the feedback they provided gives us confidence in the conclusions we have drawn about customer experiences of navigator services.

6.2 Limitations

Much of the data informing this evaluation was collected and submitted by partner organisations. While we were able to work with representatives of the partner organisations themselves and COTA Australia to correct specific data entry errors and address broader issues as needed, we cannot guarantee the accuracy of the data submitted (and indeed, discuss some potential inaccuracies and inconsistencies elsewhere in this report).

We also relied on partner organisations to invite intermediaries to the evaluation on our behalf. Despite our best efforts to encourage them to do so and to support intermediaries to participate (e.g. through offering shorter or out-of-hours interviews or the option to submit written feedback), we were unable to achieve our target of interviewing 50 intermediaries. However, we did consult with at least 2 representatives of each of our planned intermediary subgroups (health, aged care, and community sector professionals, and community volunteers). The consistency of feedback they provided suggests that additional interviews would not markedly change the evaluation findings.

Partner organisations were also responsible for inviting customers to contribute to the evaluation and assisting them to do so. Although we provided guidance on seeking feedback in a consistent and impartial way, we cannot confirm that customers received the information necessary to provide informed consent to take part, nor rule out the possibility that they felt pressured to participate or to respond in a particular way. However, response patterns were similar between surveys that respondents indicated were completed by the customer alone, and those completed with the navigator's support. It is also worth noting that the customer feedback survey asked only about the characteristics of the person accessing the navigator service; the 20% of respondents who indicated they were seeking support for a family member or friend were not asked to disclose the characteristics of that individual. It may be that the person they were seeking support for has more complex needs which prevents them from accessing navigator services directly, and may have a different perspective of how navigator services are currently working and could be improved in future.

6.3 Final reflections

The goal of this evaluation was to assess the implementation, appropriateness, effectiveness, and cost-effectiveness of ACSN trials operating under the extension measure, with a view to informing future directions for supporting older people to understand and access the aged care system. Over the first 12 months of the extension measure's operation, we worked with partner organisations and COTA Australia to collect a range of data on trial throughput and expenditure, navigator activities, customer characteristics and experiences, and reflections on implementation and service delivery. We also consulted directly with 110 individuals including navigators, their customers, and the intermediaries who connect them.

This body of evidence indicates that navigator services continue to play an important role in connecting vulnerable older people with appropriate aged care services and supports and are highly valued by all stakeholders. A strong understanding of and connection to the local community is key to success, as is navigators' aged care expertise and commitment to a person-centred approach to care. One of the key challenges to effective and implementation has been the limitations inherent in working within a trial context, such as lack of certainty over role definitions and limited opportunity to support and promote services on a national scale. With navigator services soon to transition out of their trial phase and into business as usual, there is now an opportunity to address these challenges while harnessing features of the ACSN model that have worked well.

> " The navigator couldn't have done any more than what they did to help me. I have had the service start, once the navigator got involved it started very quickly after that. I really recommend the navigators … it's really nice to have people explain things to you in a way that doesn't make you feel silly but lets you understand. At 85, I need people to help me. This is what the navigator did and I am grateful for that. – *Customer, female, age 85*

Appendix A Evaluation questions

Table A-1: Evaluation questions and their location in this report

Evaluation question	Section	Subsection
1. Have the trials been implemented as planned?	**4.1.1**	**n/a**
1a. What lessons can be learned from the implementation of the trials?	5	n/a
1b. Do trial partners feel that national consistency is being achieved through the extension measure and, if not, what could be improved?	4.1.3	Early clarity on key requirements and access to centralised training and resources may reduce inconsistencies in implementation
1c. Do trial partners feel supported by COTA Australia in a way that allows them to connect with each other and share learnings from the extension measure (including shared communication materials)?	4.1.3	n/a
1d. Do navigators feel they have the necessary supports from their organisation (including supervision) to undertake their navigational work effectively?	4.1.2	Training multiple staff in the navigator role provides some protection against service disruption during short-term absences
1e. Is navigator staffing stability impacting on the extension measure's success?	4.1.2	Recruitment and retention presented challenges to the success of the extension measure
1f. Is there a good awareness of, and support for, the extension measure from My Aged Care supports such as its contact centre staff?	4.4.3	My Aged Care contact centre staff have had limited opportunity to engage with the ACSN trials
1g. Are there any correlations between individual services hours and customer band proportions?	4.1.1	Administrative activities were more time-consuming than expected
1h. How does the referral process work? For example, how do intermediaries make referrals to navigators and how do they obtain and record consent for this?	4.2.4	n/a
1i. Other than trial partners, what types of organisations are involved in the referral process?	4.2.4	n/a
2. How do consumers find out about navigator services?	**4.2**	n/a
2a. What forms of proactive outreach are effective in identifying appropriate consumers?	4.2.2	n/a
2b. How do navigators manage referrals to more suitable supports for consumers who are not in the target population for the extension measure?	4.2.5	n/a

Evaluation question	Section	Subsection
3. How do customers prefer to engage with navigators (e.g. in person or remotely, individually or in a group)?	**4.3.2**	n/a
3a. Does this vary between customers with different characteristics?	4.3.2	n/a
3b. What are effective ways for navigators to make different types of engagement suit customer needs?	4.3.2	n/a
3c. How do navigators build trust and rapport with vulnerable customers, especially those who have had negative care experiences in the past?	4.3.1	n/a
3d. What types of messaging from navigators and intermediaries are effective in helping consumers understand the benefits of aged care, especially if they have negative perceptions of aged care?	4.3.2	n/a
4. How satisfied are customers with the navigator services they receive?	**4.3**	n/a
4a. How does this vary at different points in the aged care consumer journey?	4.3.3	n/a
4b. What types of interactions do customers value (e.g. navigators providing rapport-building and information, attending an assessment with the customer, sourcing a provider, meeting providers with the customer, use of electronic devices vs hard copy materials)?	4.3.2	n/a
4c. How and why do customers reconnect with a navigator and what, if any, are the challenges they face in reconnecting?	4.3.3	n/a
5. What are effective ways for navigators to connect with local intermediaries in order to identify and connect with consumers who need help?	**4.2.3**	n/a
5a. How does this vary for different types of intermediary, such as community workers, community groups and GPs?	4.2.3	n/a
5b. What types of messaging are effective in helping intermediaries understand the role of navigators and how to contact them?	4.2.3	n/a

Evaluation question	Section	Subsection
6. How effective do customers consider the trials in supporting them to navigate and access the aged care system?	4.4	n/a
6a. To what extent do customers feel more informed about available services and supports?	4.4.1	n/a
6b. To what extent do customers feel more confident in accessing available services and supports?	4.4.2	n/a
6c. Does effectiveness differ for customers with different characteristics?	4.4	n/a
7. How cost-effective have the trials been?	**4.5**	n/a
7a. How does activity expenditure differ across trials?	4.5	n/a
7b. Are there any correlations between expenditure patterns and customer satisfaction levels?	4.5	n/a
8. What could be done to improve navigator services?	**5**	**n/a**

Appendix B List of trials

Table B-1:   Trials locations operating under the extension measure

Jurisdiction	Location	Partner organisation
Australian Capital Territory and New South Wales	Canberra and Queanbeyan	ACT Disability, Aged and Carer Advocacy Service
Australian Capital Territory and New South Wales	Canberra and Queanbeyan	COTA ACT
Australian Capital Territory and New South Wales	Canberra and Queanbeyan	LHA – Meridian
New South Wales	Western Sydney, Blue Mountains, and Nepean	COTA NSW
New South Wales	Hunter	Dementia Australia
New South Wales	Dubbo	Seniors Rights Service
New South Wales	Batemans Bay	Seniors Rights Service
Northern Territory	Darwin and Alice Springs	COTA NT
Queensland	Wide Bay	Aged & Disability Advocacy Australia
Queensland	Brisbane	Brisbane South Primary Health Network
Queensland	Far north	COTA Queensland
Queensland	Brisbane	Institute for Urban Indigenous Health
Queensland	Far north	LHA – Queensland Council for LGBTI Health
Queensland	Brisbane	Lotus Place
South Australia	Adelaide and Barossa	Aged Rights Advocacy Service
South Australia	Adelaide	COTA SA
Tasmania	Tasmania	COTA Tasmania
Victoria	Melbourne and Loddon Mallee	COTA Victoria
Victoria	Melbourne	Elder Rights Advocacy
Victoria	Melbourne	Housing for the Aged Action Group
Victoria	Mildura	Institute for Urban Indigenous Health
Victoria	Bendigo	Institute for Urban Indigenous Health
Victoria	Wangaratta	Northeast Health Wangaratta
Western Australia	Southwest	Advocare
Western Australia	Mid-west	Advocare
Western Australia	Perth	COTA WA
Western Australia	Perth	Dementia Australia
Western Australia	Perth	Tuart Place

Appendix C Data tables

To assist with accessibility, Table C-1 and Table C-2 provide the data presented in Figure 4-1 and Figure 4-5 respectively.

Table C-1: Expected and actual new cases, August 2021 to July 2022

Activity month	Expected number of new cases	Actual number of new cases
August 2021	723	723
September 2021	723	801
October 2021	723	928
November 2021	723	968
December 2021	723	515
January 2022	723	652
February 2022	743	671
March 2022	743	1,016
April 2022	743	829
May 2022	763	1,061
June 2022	763	1,079
July 2022	772	988

Table C-2: Breakdown of time spent on different categories of navigator activity

Activity month	Individual support	Information sessions	Intermediary engagement	Training and PD	Other administration
August 2021	47%	5%	11%	14%	23%
September 2021	53%	6%	11%	8%	23%
October 2021	50%	12%	9%	8%	21%
November 2021	54%	9%	11%	7%	19%
December 2021	54%	5%	9%	8%	25%
January 2022	59%	5%	9%	5%	23%
February 2022	55%	6%	7%	9%	23%
March 2022	55%	9%	7%	6%	23%
April 2022	56%	6%	7%	4%	27%
May 2022	58%	8%	7%	6%	22%
June 2022	61%	6%	7%	5%	20%
July 2022	63%	6%	7%	4%	20%

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