Evaluation of the Aged Care System Navigator trial extension measure

Technical supplement to the 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.

Abbreviations

Term	Definition
ACSN	Aged Care System Navigator
AHA	Australian Healthcare Associates
CALD	culturally and linguistically diverse
GP	general practitioner
HREC	Human Research Ethics Committee
LGBTIQ	Lesbian, gay, bisexual, transgender, intersex, queer
M	Mean
SD	standard deviation
the department	the Australian Government Department of Health and Aged Care (known as the Department of Health prior to 1 July 2022)
the extension measure	the Aged Care System Navigator 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
intermediary	People or organisations who identify and connect potential customers with their local navigator

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1 Program logic

A program logic is a diagrammatic representation of the program theory or conceptual basis of a program (Funnell and Rogers 2011). Figure 1-1 depicts the theoretical relationship between different aspects of the Aged Care System Navigator (ACSN) trial extension measure (the extension measure). It was developed by the Department of Health and Aged Care (the department) and refined by Australia Healthcare Associates (AHA) with input from COTA Australia. It aims to provide a foundation for the extension measure's implementation and evaluation by:

- articulating the extension measure's objectives, the assumptions underpinning them, and the external factors that may affect its implementation (e.g. policy landscape in which the trials are operating)
- guiding the data collection requirements for the evaluation, both in assessing whether the extension measure's objectives are achieved, and the structure and processes that contribute to that result
- facilitating an understanding of progress and outcomes across the consortium of partner organisations, while also allowing different trial activities and progress to be captured.

The program logic incorporates 6 core elements as follows:[1]

- **Inputs**: The financial, human and other resources available to deliver trials under the extension measure.
- **Activities**: Specific tasks and processes undertaken by stakeholders that contribute to the identified outputs.
- **Outputs**: The products or services delivered that reach people who participate in or are targeted by the ACSN trials.
- **Outcomes**: Changes for individuals, groups, communities, organisations, or systems. Due to the extension measure's relatively brief lifespan (to December 2022), the program logic presented here focuses on short-term outcomes. However, we have also included a medium to long-term outcome to indicate desired endpoint of navigator services more broadly, noting that will not be realised within the extension measure's operation nor measurable within the timeframe of this evaluation.
- **Assumptions**: Statements or hypotheses about how and why the extension measure will work.
- **Context**: The environment in which the extension measure exists, including the policy context and external factors that interact with and influence its implementation and outcomes.

[1] Adapted from Markiewicz & Patrick (2016).

Figure 1-1: Program logic

Aim

To assist older people who face barriers to accessing the aged care system through existing channels, and/or who are vulnerable or isolated, to:
- understand what aged care services are available to meet their needs
- connect with My Aged Care, and complete the assessment process if appropriate
- choose and gain timely access to aged care services.

Inputs	Activities	Outputs	Short-term outcomes (December 2022)	Medium to long-term outcomes
• $7m in Australian Government funding • My Aged Care infrastructure • COTA Australia staff, consortium management, support, and governance arrangements • Partner organisation staff, volunteers, and in-kind support • Older people and their families, friends, and carers	**Partner organisations** • Develop and implement processes for supporting individual customers, including: ◦ Building relationships and rapport ◦ One-on-one support to vulnerable and isolated customers ◦ Assistance to register with My Aged Care ◦ Support during assessment and service plan commencement meeting(s) ◦ Assertive outreach to identify and engage older people and their families, including those with poor experiences of care in the past • Develop and implement processes for developing, scheduling, and conducting information sessions • Develop and implement promotion and engagement strategies • Recruit (if necessary), train, and retain sufficient and appropriately qualified staff, including navigators • Identify and build relationships with local intermediaries • Develop and implement processes to meet data collection and reporting requirements • Participate in national communities of practice **COTA Australia** • Coordinate and support trial delivery and promotion across the consortium of partner organisations • Establish and coordinate national communities of practice • Monitor performance against KPIs and address issues as required **The department** • Promote navigator services nationally via My Aged Care, media releases, the department's website and newsletters to the sector • Educate My Aged Care contact centre staff, face-to-face staff, and assessors about local service offerings and availability	• Tailored support and information delivered to customers • Customer feedback surveys • Materials to support delivery of information sessions • Appropriately sized and skilled workforce of navigators and other relevant staff • Promotion and engagement strategy • Data collection and reporting arrangements to support trial delivery and evaluation • Documentation of local needs and issues in accessing and utilising aged care services • Established relationships and referral pathways between navigators and intermediaries	• Navigator customers are satisfied with their experience of navigator services • Navigator customers have an improved understanding of available aged care services and how to access them • Navigator customers have improved confidence to engage with the aged care system • Navigator customers register with My Aged Care • Navigator customers are supported through to service commencement, as appropriate • My Aged Care staff have greater awareness of available navigator supports	• Older people, including those from diverse backgrounds, have the support they need to engage with and understand the aged care system

Context
- Legislated Review of Aged Care 2017
- 2018-19 and 2020-21 ACSN budget measures
- Final report of the Royal Commission into Aged Care Quality and Safety (2021)
- Final report of the evaluation of the ACSN measure (2021)
- EnCOMPASS multicultural aged care connector program
- 2020-21 budget commitment to support an Indigenous workforce to provide navigator services to Aboriginal and Torres Strait Islander people

Assumptions
- Trial services will be set up on time
- Members of the target population identify a need for assistance to access or navigate the aged care system
- Partner organisations, locations, and settings are considered appropriate and accessible by the target population
- Information provided is high quality, timely, and accurate
- Appropriate aged care services are available and accessible in the customer's preferred location
- Trial delivery KPIs are appropriate and feasible for partner organisations to meet

2 Stakeholder consultations

Between September 2021 and June 2022 we consulted with a total of 110 individuals representing 3 stakeholder groups (navigators, intermediaries, and customers) via group and individual semi-structured interviews. Below we outline, for each stakeholder group, our approach to engaging participants in these interviews, the interview format, and participant characteristics.

2.1 Navigator interviews

On 4 February 2022 (and again on 30 May for the 2 trials that joined the extension measure in February 2022) we emailed the nominated contact person at each trial and, if that person was a navigator, invited them to participate in an interview. For contacts that held another role, we asked them to forward the invitation or help to schedule an interview with the navigator(s) in their trial.

We invited navigators to nominate their preferred day and time for an interview, and provided them with written information about the purpose, format, and voluntary and confidential nature of the interview, along with a discussion guide to enable them organise their thoughts ahead of time. All interviews were conducted online via Microsoft Teams and ranged in duration from 30 minutes to one hour. The interviews were attended by 2 consultants from AHA, recorded with consent, and transcribed.

Navigators working within all trials agreed to participate in an interview, although one was ultimately unable to attend. As such, between 14 February and 15 June 2022 we gathered input from a total of 45 navigators via 25 interviews and one written response to the discussion questions. Each interview included only navigators from a single partner organisation, and was conducted in an individual or group format depending on navigator numbers and preferences. For example, navigators from different trials operated by the same organisation sometimes opted to meet with us as a group, while schedules we conducted separate interviews for navigators from the same partner organisation whose schedules did not overlap.

Although our intention was to speak only to the navigators themselves, 8 interviews were also attended by other partner organisation representatives (n = 10, including managers, other senior members of the partner organisation, or support staff involved in the provision of the navigator service), for a total count of 55 participants in this component of the evaluation. In these cases we highlighted that participants were welcome to contact us after the interview if they had further feedback that they did not feel comfortable sharing in a group setting, however we did not receive any further input.

2.2 Intermediary interviews

Intermediary interviews were conducted in 2 rounds, the first commencing in October 2021 and the second in February 2022. We sought to interview representatives of 4 groups of intermediaries: health professionals, aged care sector professionals, community sector professionals, and community volunteers. Our primary pathway to reach intermediaries was via partner organisations. At the beginning of each round, we emailed the nominated contact person for each trial to request their assistance in inviting their trial's intermediaries to participate, and provided an email template and information sheet to assist them in doing so. The email template invited interested intermediaries to contact AHA via telephone or email, although some partner organisations opted to provide contact details to us to follow up with intermediaries directly.

The exception to this partner organisation-led engagement strategy was for My Aged Care contact staff. For this group, the department drew on its own networks to identify and obtain expressions of interest from relevant individuals, and provided contact details on to us.

Altogether, we received 31 expressions of interest from intermediaries and followed up with all these candidates to provide information about the evaluation and what the interview would entail (including that they would be offered a small financial token of appreciation for their participation), and identify their preferred interview time and date (including out of hours). Where possible we conducted group interviews with intermediaries in similar or related roles, to facilitate discussion among participants and draw out similarities and differences in their experiences. However, if we could not convene a suitable group, we conducted interviews on an individual basis and took this opportunity to explore that intermediary's experience in more detail. Interviews were conducted online via Microsoft Teams[2] and ranged in duration from 30 minutes to one hour. They were attended by 2 AHA consultants, recorded with consent and transcribed.

Of the 31 intermediaries who expressed interest, 25 (81%) ultimately took part in an interview,[3] with at least one representative of each of our planned intermediary groups as follows:

- 2 health professionals (both registered nurses)
- 16 aged care sector professionals, including My Aged Care contact centre staff, assessors and service providers[4]
- 6 community support sector professionals, including local government staff, advocates and community organisations members
- One community volunteer

[2] One interview was conducted over the telephone, and not recorded, as per participant preference.

[3] We sent reminders to non-responders and offered those that were unable to attend their scheduled interview an opportunity to reschedule or provide feedback in writing.

[4] It should be noted, several aged care professionals are also health professionals such as registered nurses or allied health professionals however are working in aged care assessment services and alike.

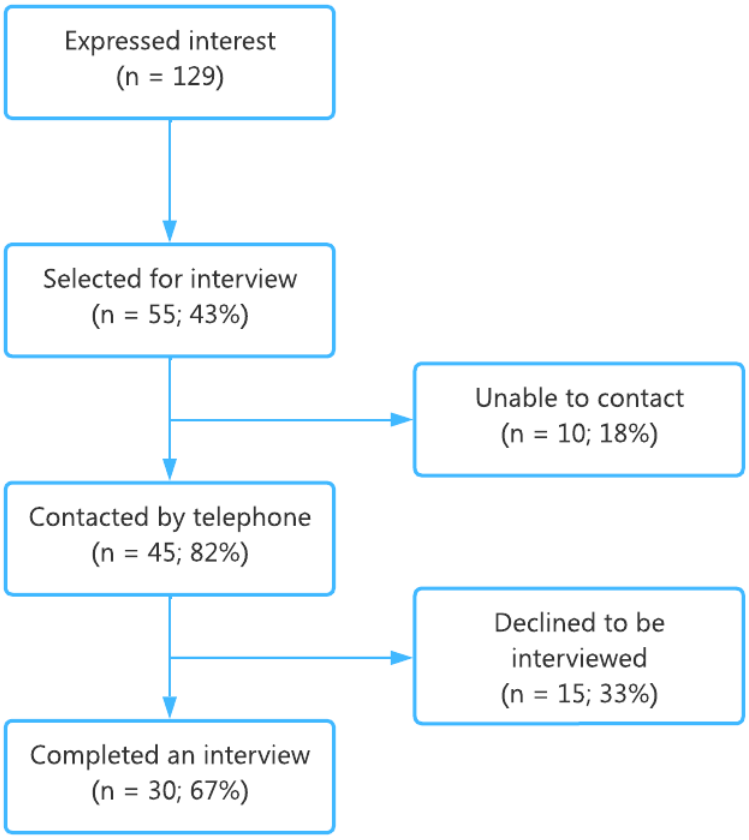
These intermediaries were associated with 11 different trials and were located in all but one of Australia's states and territories (as shown in Figure 2-1).

Figure 2-1:Locations of interviewed intermediaries

2.3 Customer interviews

Customer interviews were conducted in accordance with the protocol approved by Bellberry Human Research Ethics Committee (HREC; ID 2021-07-845). Customers were invited to opt-in to the interview component of the evaluation by providing their contact details at the end of the feedback survey. In total, 129 customers from 19 trials did so, from whom we selected and attempted to contact a subgroup of 55 (Figure 2-2). These individuals were identified on a monthly basis, to ensure that we spoke to customers while their most recent interaction with the navigator was still fresh in their mind. Our selection of interview candidates was informed by a review of survey responses, in order to ensure we obtained input from a mix of trials, ages, genders, and target population groups.

Figure 2-2: Customer interview participant flow diagram



All customers selected for an interview were contacted by telephone by a member of our team to explain what the interview would entail, confirm the customer's consent to take part, and schedule a time for the interview (or conduct it on the spot, according to customer preference). We aimed to conduct approximately 3 interviews per month, for a total of 30 interviews overall, and therefore selected and contacted additional interview candidates as needed to meet this target.

Interviews lasted approximately 30 minutes and were conducted via telephone with a single member of our team who took notes throughout the conversation. At the completion of the interview, customers had the option of providing their mailing address to receive a $30 eftpos gift card in recognition of their time.

Our final sample of interviewees represented 16 different trials, located in all states and territories (Figure 2-3).

Figure 2-3: Locations of interviewed customers

In line with the population of survey respondents from which interviewees were selected (see section 3.2.2), just under two-thirds identified as female (n = 19; 63%), with the remainder identifying as male (n = 11; 37%). Most customers we interviewed had sought navigator support for themselves (n = 18; 60%), with an even split between those who accessed the service on behalf of someone else (n = 7; 20%) and those who did so both for themselves and someone else (n = 6; 20%). Finally, three-quarters of our interview participants identified as a member of one or more groups within the extension measure's target population. Most commonly, they indicated barriers to using technology (due to limited access, limited computer literacy, or special website accessibility requirements such as vision impairment) (Table 2-1).

Table 2-1: Representation of target population groups in customer interviews

Target population group	Number	Proportion
Barriers to accessing technology	13	40%
Disability	8	27%
Financially or socially disadvantaged	7	23%
Mental health problem	6	20%
Rural or remote location	4	13%
Cognitive impairment	4	13%
CALD background	3	10%
Socially isolated	3	10%
Aboriginal and/or Torres Strait Islander	2	7%
Veteran	2	7%
Care leaver	2	7%
Affected by forced adoption or removal	1	3%
Homeless or at risk thereof	1	3%
LGBTIQ	0	0%
Any target population	**22**	**73%**

3 Results of customer feedback measures

As outlined in section 2.1 of the final report that this document accompanies, we used 2 approaches to obtaining customer feedback on navigator services, to ensure data collection requirements were proportionate to the time involved in actual service delivery.

3.1 Customers who received less than 2 hours of support

Between 1 August 2021 and 30 June 2022, navigators were required[5] to ask at least 20% of **customers who received less than 2 hours of support** to provide a verbal rating of the extent to which the support they received was of assistance to them, on a 5-point scale from strongly agree to strongly disagree.[6] We provided navigators with a script to support a consistent approach to asking this question.

In total, we received 5,208 responses from customers of 22 trials, representing 88% of the 5,897 band 0 and band 1 cases closed during the feedback period. Eighty-four respondents (2%) opted not to provide a satisfaction rating. Aggregate data submitted by partner organisations for the remaining 5,124 customers shows that satisfaction with the navigator service among people receiving less than 2 hours of support was high. Ninety-seven percent of respondents agreed or strongly agreed that the support they from the navigator received was helpful (Table 3-1).

Table 3-1: Agreement that the support received from the navigator was of assistance, among customers who received less than 2 hours of support

Customer base	Number of responses	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual trials (range)	1 – 1,020	15% – 100%	5% – 85%	<1% – 25%	0% – 1%	0 – <1%
All trials	5,124	51%	46%	3%	<1%	<1%

[5] KPIs for inviting customer feedback were defined by COTA Australia.

[6] Customers also had the option of declining to answer.

3.2 Customers who received more than 2 hours of support

Between 1 September 2021 and 30 June 2022, navigators were required to ask at least 90% of **customers who received more than 2 hours of support** to complete a brief survey about themselves and the support they received from the navigator. We collected survey data using Qualtrics, and provided each trial with a unique survey link to enable us to match customer data to trial location without requiring customers to know or remember which trial their navigator was associated with. We also provided trials with:

- an invitation template to support navigators to distribute the survey to relevant customers
- detailed information sheets in large and standard font explaining what customers were being asked to do and why (including that they had the option of expressing interest in the telephone interviews described in section 2.3), the voluntary and confidential nature of participation, and where to find out more about the evaluation or make a complaint.[7]
- printable versions of the survey in large and standard font to distribute to customers who preferred to complete it in hard copy
- instructions on how to administer the survey verbally
- instructions on how to enter survey data into the Qualtrics platform.

Customers were able to complete the survey on their own or with assistance from their navigator or preferred support person. The survey methodology and materials were approved by Bellberry HREC (ID 2021-07-845).

3.2.1 Response rate

From a total of 1,643 customers who were eligible to complete the survey, we received 656 (40%) responses, ranging from 1 to 154 per trial (Table 3-2).

While the survey was intended for customers who received more than 2 hours of support, early in the evaluation 2 trials submitted more surveys than should have been possible based on their case numbers.[8] Because survey respondents were not asked to indicate the duration of their engagement with the navigator, we were unable to identify surveys completed by people outside of the intended audience and remove them from our analysis. However, we explored the extent to which the 2 trials with survey completion rates of over 100% influenced the overall results and found they had no impact. As such, we have included all data from these trials in the findings that follow.

Table 3-2: Customer feedback survey eligibility and completion rates

Trial	Number of closed cases	Number of surveys received	Completed surveys as a proportion of closed cases
Individual trials (range)	1 – 288	1 – 154	4 – 136%
All trials	1,643	656	40%

[7] This information sheet was also available for download from the Qualtrics landing page for customers who opted to complete the survey online.

[8] In October 2021 we became aware that trials may have been distributing the survey to customers receiving less than 2 hours of support and/or to information session attendees. We reminded trials of the intended audience and are not aware of any subsequent issues with survey distribution.

3.2.2 Respondent type

In order to understand our sample of survey respondents we first examined their responses to 2 key questions. First, we assessed who they had sought navigator support for; as shown in Table 3-3, the majority accessed the service for themselves, with 1 in 5 seeking help for a friend or family member and the remainder seeking support for both themselves and someone else or declining to provide this information.

Table 3-3: Number and proportion of survey respondents by who they sought navigator support for

Sought support for	Count	Proportion
Self	490	75%
A friend or family member	130	20%
Self and a friend or family member	34	5%
Prefer not to say	2	<1%
Total	**656**	**100%**

Next, we examined how respondents completed the survey, finding that most did so on their own. Among people who received assistance to complete the survey, most indicated that this was provided by their navigator (Table 3-4).

Table 3-4: Number and proportion of customers by whether they received help to complete the survey

Assistance completing survey	Count	Proportion
No help	478	73%
Help from navigator	143	22%
Help from someone else	34	5%
Prefer not to say	1	<1%
Total	**656**	**100%**

We considered that customers with different responses to these 2 items may also differ from the overall sample of survey respondents in other ways (due to the different nature of their interaction with the navigator or responses being influenced by the person providing assistance). As such, for our remaining analyses, we calculated the number and proportion of respondents selecting each response option, both for the sample overall and by:

- the intended recipient of aged care services (i.e. self, someone else, both self and someone else)
- method of survey completion (unassisted, assisted by the navigator, assisted by someone else).

The small number of customers who elected not to share who they sought help for or how they completed the survey were excluded from our subgroup analysis but included in the overall results.

3.2.3 Customer demographics

Overall, customers reported a mean age of 71 years (SD = 12). This was relatively consistent regardless of respondent type, although those that sought support for both themselves and someone else, and those who were received assistance from someone other than their navigator, were slightly older on average (Table 3-5 and Table 3-6).

Table 3-5: Customer age by recipient type

Recipient type	Number of responses	Mean	Standard deviation
Overall	**565**	**70.7**	**11.8**
Self	435	71.1	11.1
Someone else	102	68.7	13.7
Self and someone else	27	75.2	9.2

Table 3-6: Customer age by survey assistance

Assistance type	Number of responses	Mean	Standard deviation
Overall	**565**	**70.7**	**11.8**
Unassisted	415	69.7	11.8
Assisted by navigator	120	72.8	11.7
Assisted by someone else	30	76.6	8.9

Overall, two-thirds of customers (65%) identified as female. This proportion was slightly higher among those who sought navigator support for someone else (Table 3-7) and received help from the navigator to complete the survey (Table 3-8). The proportion of males was highest (44%) among respondents who completed the survey with support from someone other than the navigator.

Table 3-7: Customers' reported gender by intended recipient of aged care services

Gender	Self	Someone else	Both self and someone else	Overall
Number of responses	**490**	**130**	**34**	**656**
Female	61%	77%	65%	65%
Male	39%	22%	35%	35%
Other	0%	0%	0%	0%
Prefer not to say	0%	2%	0%	<1%

Table 3-8: Customers' reported gender by mode of survey completion

Gender	Unassisted	Assisted by navigator	Assisted by someone else	Overall
Number of responses	**478**	**143**	**34**	**656**
Female	63%	73%	53%	65%
Male	37%	27%	44%	35%
Other	0%	0%	0%	0%
Prefer not to say	0%	<1%	3%	<1%

Overall, 8% of customers indicated that they speak a language other than English at home (ranging from 0% to 67% in individual trials). These customers reported speaking a total of 22 languages, the most common being Spanish which was spoken by 13% of respondents to this question.[9] Customers who sought navigator support on behalf of someone else were more likely to report speaking another language at home (Table 3-9), perhaps suggesting that the person they are seeking support for does not have the English language skills or confidence to access the service themselves.

Table 3-9: Customers who reported speaking a language other than English at home by intended recipient of aged care services

Speak a language other than English at home	Self	Someone else	Both self and someone else	Overall
Number of responses	**490**	**130**	**34**	**656**
Yes	7%	14%	9%	8%
No	93%	86%	91%	91%
Prefer not to say	<1%	0%	0%	<1%

Not surprisingly given that we were unable to provide translated survey materials, customers requiring assistance to complete the survey were much more likely to speak another language at home (Table 3-10). This may represent an avenue for exploration in future, to enable people from CALD backgrounds to provide feedback on navigator services in a more confidential manner.

Table 3-10: Customers who reported speaking a language other than English at home by mode of survey completion

Speak a language other than English at home	Unassisted	Assisted by navigator	Assisted by someone else	Overall
Number of responses	**478**	**143**	**34**	**656**
Yes	6%	13%	21%	8%
No	94%	87%	79%	91%
Prefer not to say	<1%	0%	0%	<1%

[9] Other languages reported were: Italian, Greek, German, Serbian, Arabic, French, Sinhala, Danish, Burmese, Russian, Cantonese, Croatian, Assyrian, Tamil, Chinese, Thai, Ukrainian, Malay, Dutch, Tagalog, Turkish.

More than three-quarters of customers (80%; ranging from 40% to 100% in individual trials) reported belonging to at least one target population group. On average, these individuals identified with 2.3 groups (1.0 to 4.0 in individual trials). Aboriginal and/or Torres Strait Islander people were the most commonly represented, although this result was skewed by a very high proportion of Aboriginal and/or Torres Strait Islander customers in a small number of trials providing specialist support for this group. Similarly, members of the LGBTIQ community were the most common target population group in some LGBTIQ-specialist trials. On the other hand, people experiencing barriers to using technology were the most *widely* represented target population group, being the most common in 14 out of the 24 trials.

Customers who sought navigator support on behalf of someone else were less likely to identify with any of the extension measure's target population groups than those seeking support for themselves (Table 3-11). It would be interesting to investigate the characteristics of the person these customers are acting on behalf; perhaps they are members of more target population groups than the average navigator customer and require more or different kinds of assistance to access the aged care system.

Table 3-11: Nature of self-reported target population group membership, by intended recipient of aged care services

Target population group membership	Self	Someone else	Both self and someone else	Overall
Number of responses	**490**	**130**	**34**	**656**
Member of one target population group	18%	22%	15%	18%
Member of more than one target population group	69%	36%	56%	62%
Does not identify with any target population groups	9%	29%	18%	13%
Unsure if any target population groups apply	3%	10%	12%	5%
Prefer not to say	2%	3%	0%	2%

Similar to the overall results, Aboriginal and/or Torres Strait Islander people were the most commonly reported population group by those who sought support for themselves (Table 3-12). Interestingly, however, no respondents seeking support for a family member or friend was of Aboriginal and/or Torres Strait Islander descent. These customers (and those interested in aged care for both themselves and someone else) were most likely to report barriers to using technology.

Table 3-12: Target population groups selected by customers who reported membership of at least one, by intended recipient of aged care services

Target population group	Self	Someone else	Both self and someone else	Overall
Number of responses	**423**	**75**	**24**	**523**
Aboriginal and/or Torres Strait Islander	56%	0%	8%	46%
Barriers to using technology	33%	47%	75%	37%
Socially isolated	41%	17%	13%	37%
Disability	28%	23%	29%	28%
Financially or socially disadvantaged	17%	21%	38%	18%
Mental health problem	18%	11%	8%	17%
CALD background	10%	23%	13%	12%
Rural or remote location	7%	23%	25%	10%
Cognitive impairment	8%	17%	13%	10%
Veteran	2%	8%	4%	3%
Homeless or at risk thereof	3%	4%	4%	3%
LGBTIQ	2%	4%	0%	2%
Care leaver	3%	0%	0%	2%
Affected by forced adoption or removal	1%	1%	0%	1%

Table 3-13 shows that customers who received assistance to completing the survey were more likely to identify with at least one target population group than those who completed it on their own, regardless of who provided that assistance. This is reassuring as it was our intention in providing the option of assistance to support customers with diverse needs and preferences to participate; navigators and other supports may have been able to explain the questions to customers in a way that made sense to them.

Table 3-13: Nature of self-reported target population group membership, by mode of survey completion

Target population group membership	Unassisted	Assisted by navigator	Assisted by someone else	Overall
Number of responses	**478**	**143**	**34**	**656**
Member of one target population group	19%	13%	24%	18%
Member of more than one target population group	57%	76%	65%	62%
Does not identify with any target population groups	17%	3%	3%	13%
Unsure if any target population groups apply	6%	3%	3%	5%
Prefer not to say	1%	5%	6%	2%

Customers who completed the survey with assistance were more likely than those who completed it on their own to report barriers to using technology, being financially or socially disadvantaged, living in a rural or remote areas, or living with a cognitive impairment (including dementia) (Table 3-14).

Table 3-14: Target population groups selected by customers who reported membership of at least one, by mode of survey completion

Target population group	Unassisted	Assisted by navigator	Assisted by someone else	Overall
Number of responses	**365**	**127**	**30**	**523**
Aboriginal and/or Torres Strait Islander	53%	32%	7%	46%
Barriers to using technology	28%	54%	60%	37%
Socially isolated	37%	36%	30%	37%
Disability	27%	28%	30%	28%
Financially or socially disadvantaged	14%	26%	40%	18%
Mental health problem	16%	20%	10%	17%
CALD background	9%	20%	13%	12%
Rural or remote location	7%	18%	17%	10%
Cognitive impairment	5%	17%	30%	10%
Veteran	3%	3%	3%	3%
Homeless or at risk thereof	3%	4%	3%	3%
LGBTIQ	2%	3%	0%	2%
Care leaver	1%	3%	20%	2%
Affected by forced adoption or removal	1%	0%	3%	1%

3.2.4 Customer experience of navigator service

Overall, and within most subgroups, customers most commonly reported that they became aware of the navigator service through a referral from their general practitioner (GP) or other health professional. However, people who sought navigator support for someone else (Table 3-15) and those who received help from the someone other than the navigator to complete the survey (Table 3-16) were most likely to find out about the navigator from a family member, friend, or neighbour as the most common.

Table 3-15: Customers' reported pathway of awareness by intended recipient of aged care services

Avenue of awareness	Self	Someone else	Both self and someone else	Overall
Number of responses	**490**	**130**	**34**	**656**
A GP or other health professional	39%	20%	26%	**35%**
A family member, friend, or neighbour	27%	27%	18%	**27%**
Already a customer of the organisation	10%	12%	0%	**10%**
A promotion or advertisement	6%	8%	15%	**7%**
A website or social media	3%	13%	6%	**5%**
A community organisation or centre	6%	0%	15%	**5%**
An aged care sector representative	2%	9%	6%	**4%**
Other	6%	12%	15%	**7%**
Prefer not to say	1%	0%	0%	**<1%**

Note: Aged care sector representatives include staff from the My Aged Care contact centre, aged care centres or service providers, Regional Assessment Service, and the Commonwealth Home Support Programme. Other avenues primarily include other government-funded programs such as Carer Gateway.

Table 3-16: Customers' reported pathway of awareness by mode of survey completion

Avenue of awareness	Unassisted	Assisted by navigator	Assisted by someone else	Overall
Number of responses	**478**	**143**	**34**	**656**
A GP or other health professional	36%	36%	12%	**35%**
A family member, friend, or neighbour	25%	31%	26%	**27%**
Already a customer of the organisation	10%	6%	12%	**10%**
A promotion or advertisement	6%	7%	21%	**7%**
A website or social media	6%	1%	9%	**5%**
A community organisation or centre	4%	6%	9%	**5%**
An aged care sector representative	3%	7%	6%	**4%**
Other	8%	5%	6%	**7%**
Prefer not to say	1%	0%	0%	**<1%**

Note: Aged care sector representatives include staff from the My Aged Care contact centre, aged care centres or service providers, Regional Assessment Service, and the Commonwealth Home Support Programme. Other avenues primarily include other government-funded programs such as Carer Gateway.

Customers indicated multiple modes of contact with their aged care navigator; for most (73%) this included at least one face-to-face interaction, often conducted in the customer's home. People accessing the navigator service for someone else were more likely than other customers to meet with the navigator at the navigator's office (Table 3-17) perhaps reflecting greater mobility.

Table 3-17: Customers' reported mode of contact with the navigator by intended recipient of aged care services

Mode of contact	Self	Someone else	Both self and someone else	Overall
Number of responses	**490**	**130**	**34**	**656**
Face-to-face	74%	63%	91%	**73%**
At customers house	48%	14%	53%	**41%**
At the navigator's office	20%	46%	15%	**25%**
At another location	7%	3%	24%	**7%**
Over the telephone	49%	39%	62%	**47%**
Online or on a video call	<1%	4%	3%	**1%**
Other	<1%	0%	3%	**<1%**
Prefer not to say	<1%	0%	0%	**<1%**

Table 3-18 shows that three-quarters of customers who were assisted by their navigator to complete the survey most frequently reported receiving support over the telephone. This is not surprising, as it may have been easier for these customers to complete the survey verbally rather than being sent and having to return a hard copy survey.

Table 3-18: Customers' reported mode of contact by mode of survey completion

Mode of contact	Unassisted	Assisted by navigator	Assisted by someone else	Overall
Number of responses	**478**	**143**	**34**	**656**
Face-to-face	76%	59%	85%	**73%**
At customers house	41%	39%	47%	**41%**
At the navigator's office	30%	3%	35%	**25%**
At another location	5%	16%	3%	**7%**
Over the telephone	40%	73%	38%	**47%**
Online or on a video call	2%	0%	0%	**1%**
Other	<1%	0%	0%	**<1%**
Prefer not to say	<1%	0%	0%	**<1%**

Finally, satisfaction with and perceived effectiveness of navigation services was universally high, regardless of the intended recipient of aged care services (Table 3-19) or the mode of survey completion (Table 3-20). At least 95% of customers agreed or strongly agreed that they received support that met their needs, learned more about aged care, felt more confident accessing aged care, and would recommend the navigator to others. The 2 minor deviations from this pattern were in the subgroup of customers seeking help for themselves and someone else. It may be that these customers and their family member or friend have different needs, making the information provided by the navigator more complex and leaving some customers uncertain as to how to proceed.

Table 3-19: Proportion of customers agreeing or strongly agreeing with statements about the navigator service, by intended recipient of aged care services

Statement	Self	Someone else	Both self and someone else	Overall
Number of responses	**490**	**130**	**34**	**656**
The support from the navigator was of assistance to me	99%	99%	100%	**99%**
I learned more about aged care services and supports	98%	100%	94%	**98%**
I feel more confident to get help from the aged care system	95%	97%	88%	**95%**
I would recommend the navigator service to others	98%	100%	97%	**99%**

Table 3-20: Proportion of customers agreeing or strongly agreeing with statements about the navigator service, by mode of survey completion

Statement	Unassisted	Assisted by navigator	Assisted by someone else	Overall
Number of responses	**478**	**143**	**34**	**656**
The support from the navigator was of assistance to me	99%	99%	100%	**99%**
I learned more about aged care services and supports	99%	96%	100%	**98%**
I feel more confident to get help from the aged care system	96%	90%	100%	**95%**
I would recommend the navigator service to others	99%	98%	100%	**99%**

4 Implementation overview

In this section we expand on the data presented in section 3.1 of the final report relating to trial implementation. We collected information on the following service delivery characteristics through trials' monthly activity reports:

- number of information sessions and attendees
- number of individual support cases, overall and by the time taken to resolve the presenting issue
- proportion of time that navigators spent on different activities.

Below we assess the alignment between actual and planned implementation by comparing submitted data against KPIs and other performance targets defined in trial profiles and contracts. We also consider other characteristics of the services implemented (e.g. the number of volunteers supporting information sessions) on which trials reported without the expectation to meet pre-specified benchmarks.

4.1 Delivery of information sessions

As noted in the final report, the focus of the extension measure was on delivering face-to-face support to individual customers, but there was also an expectation that trials would deliver some information and education services. These sessions served the dual purposes of promoting the aged care supports available to people who are confident in and capable of accessing these themselves, and helping to identify and connect with people who need more support to engage with the aged care system.

Overall, we found that trials delivered twice as many information sessions (n = 589) as expected (n = 288). All but 5 trials achieved their target number of sessions, with half delivering between 1 and 2.5 times as many information sessions as planned (Figure 4-1).

Figure 4-1:Summary statistics for the number of information sessions as a proportion of each trial's target

How to interpret a box and whisker plot

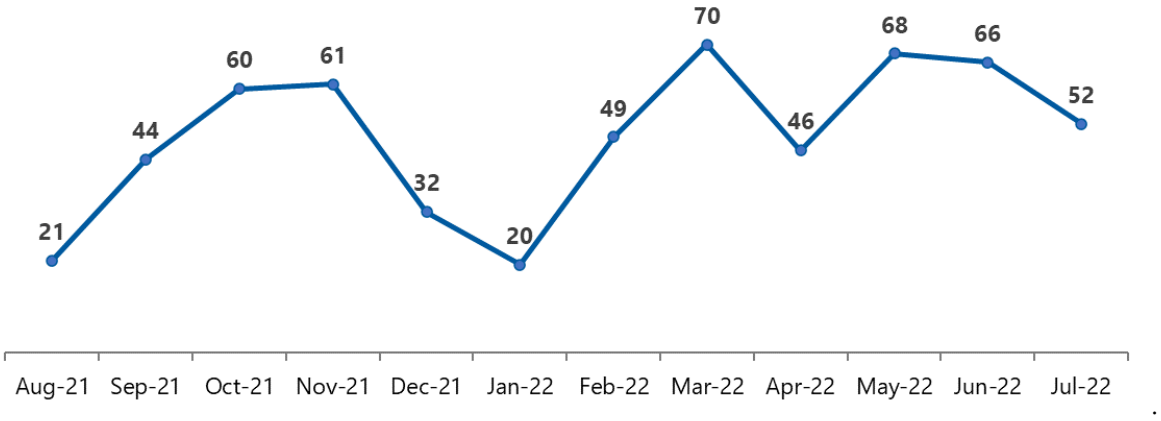
In this report, box and whisker plots display a 6-number summary of a set of data: minimum, lower quartile (25th percentile), median (50th percentile), upper quartile (75th percentile), maximum, and mean.

The boxes correspond to the lower quartile, median and upper quartile. In essence, 50% of the data sits within the box. The cross within the box shows the mean, while the ends of the whiskers represent the minimum and maximum of the set of data.

For example, Figure 4-1 shows that trials delivered a minimum of 50% of their expected number of information sessions, and a median of 178%.

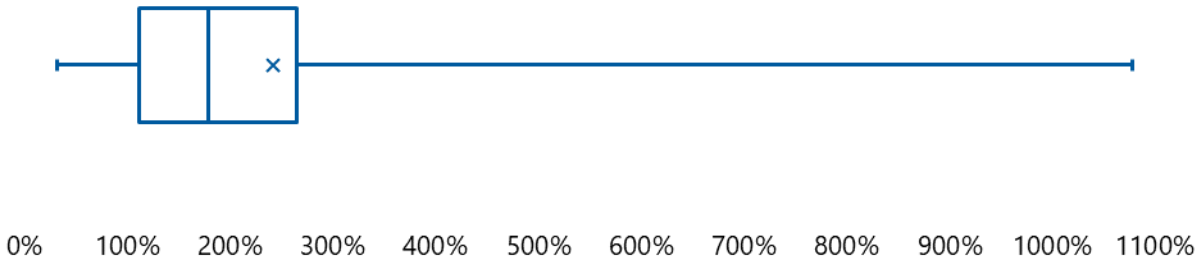
Trials achieved their target number of information sessions despite concerns about reduced capacity to deliver information sessions in some regions due to COVID-19 and staffing challenges. There was however some seasonal variation in the number of sessions delivered over time, with reductions coinciding with the Christmas and Easter holiday periods (Figure 4-2).

Figure 4-2: Number of information sessions held per month, August 2021 to July 2022



The delivery of more information sessions than anticipated naturally resulted in a larger total population of attendees. In total, 11,377 people participated in an information session, equating to 170% of the expected audience of 6,700. The average number of attendees per session (n = 19) was only slightly higher than the anticipated group size (n = 23) and therefore there was good correlation between attendee and information session numbers as a proportion of trial targets. Consistent with the information sessions themselves, individual trials generally reported attendee numbers in the range of 100% to 300% of what was expected (Figure 4-3).

Figure 4-3: Summary statistics for the number of information session attendees as a proportion of each trial's target



4.1.1 Information session topics

Information sessions were supported by a total of 86 volunteers (trials on average ranged from 0 to 2.5 volunteers per session), and most often covered topics such as:

- an introduction to the aged care system
- accessing and navigating the aged care system, including My Aged Care
- understanding the role of the aged care system navigators

In addition, several trials delivered information sessions targeted at specific groups within the extension measures' target population. These sessions were often, but not always, delivered by trials providing specialised support for these groups, and included, for example, topics such as:

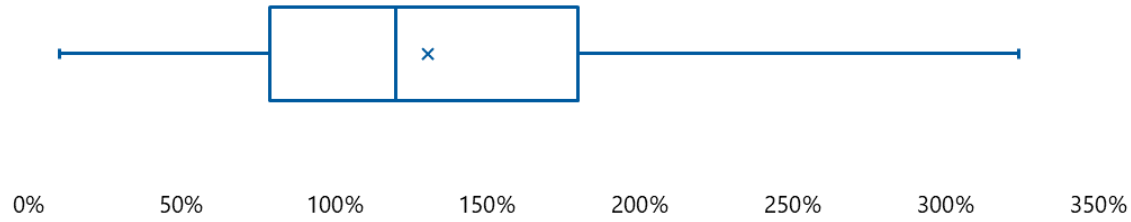
- enabling better aged and community care for Forgotten Australians
- how navigators can support Aboriginal and/or Torres Strait Islander elders to access aged care services, and gender-specific information sessions for Aboriginal and/or Torres Strait Islander people
- supporting LGBTIQ elders to age well
- aged care as a way out of homelessness.

A small number of trials also reported a number of information sessions on broader topics relevant to ageing, such as healthy eating, the importance of exercise, driving and other transport options, and wills and powers of attorney. While not directly related to the objectives of the extension measure, these information sessions were seen as a useful way of engaging older people who may not be attracted to a session specifically about My Aged Care. Relatedly, some information sessions appear to have been designed to encourage interaction, with the reported focus being question and answer sessions or quizzes.

4.2 Delivery of individual support

Figure 4-5 shows the variation in case numbers across trials, with reported cases ranging from 10% to 324% of pre-specified benchmarks. One-third of trials (n = 8) were unable to meet their target number of cases, often due to challenges with navigator recruitment or retention.

Figure 4-4: Summary statistics for the number of individual support cases as a proportion of each trial's target



4.2.1 Individual support case bands

The total case numbers presented above can be broken down into 4 'case bands', representing different levels of complexity defined as the time taken to resolve the issue at hand. Section 4.1.1 of the main report discusses case band allocations made by navigators at the time of closing a case, reflecting the *actual* time spent resolving the customer's issue.

In addition, navigators were asked to *estimate* the time that would be required to resolve the issue at the time of opening each case. While aggregate data showed good alignment between estimated and actual breakdown of case bands overall, this evaluation was not designed to assess how well navigators can predict case band allocations and it is possible that the stability of case bands overall masks inaccuracies at the individual case level. We heard that navigators do not always have the information required to judge at the outset how complex a case will be. For example, some navigators reflected that referrals from intermediaries often have limited information about a customer's needs, and that customers can be unaware of or reluctant to divulge more complex needs until their relationship with the navigator develops.

> It is very difficult to know what band a case will be before it has concluded as there are many variables that often are not obvious at the beginning. And often clients do not know what they need until the navigator has spent time with them. – *Navigator*

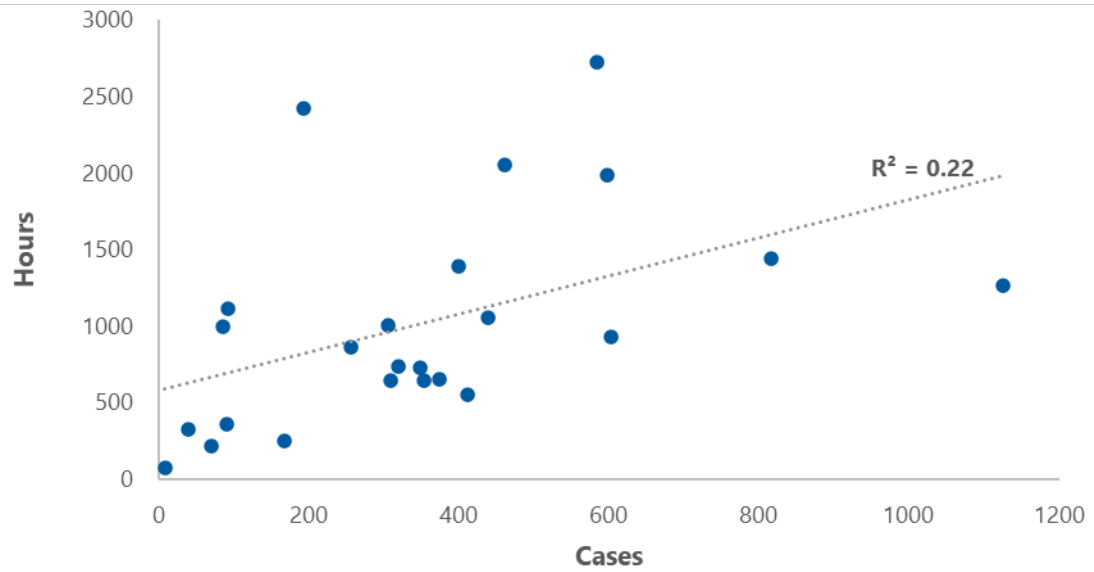
It is important to note that while trials were provided with targets for the proportion of cases to fall within each of the 4 case bands, there was no obligation that these quotas be met. However, we heard some evidence that some navigators felt they should allocate cases to certain bands to align with the targets provided, regardless of the actual level of support that customers required or received.

Relationship between case bands and navigator time

In addition to providing a target number of individual support cases for each case band, trial profiles also defined the total hours that navigators were expected to spend resolving cases in each band. However, in reporting on their activities, trials were not required to provide a breakdown of their individual support hours by case band, so we were unable to assess the extent to which this breakdown a) was consistent with expectations or b) correlated with reported case numbers.

We explored instead the correlation between total time spent delivering individual support and case bands allocations, and found almost no relationship between these 2 variables. R^2 values indicated that the proportion of cases allocated to different bands explained between 0% (band 0) and 11% (band 1) of variation in the proportion of time that navigators dedicate to providing individual support. The correlation between total individual support time and the total number of individual support cases was slightly stronger (Figure 4-8), although not as strong as anticipated, with trial profile data suggesting that around 60% of variation in navigator time would be accounted for by variation in case numbers. These findings highlight the complexity of navigator work which requires a high degree of flexibility to respond to diverse community and individual customer needs. In setting benchmarks for service delivery, it is important to remember that a simple count of case numbers is a relatively poor indicator of the time that navigators can or should dedicate to delivering individual support.

Figure 4-5: Correlation between total case numbers and time spent delivering individual support



Note: Each blue dot corresponds to an individual trial, the grey line shows the trend across trials. R^2 is a statistical measure of how well differences in one variable (in this case, the navigator time spent delivering individual support) are explained by differences in another (in this case, the number of individual support cases). An R^2 value of one suggests the first variable is entirely explained by the second, while a value of zero indicates the two variables are entirely unrelated.

5 Cost analysis

Partner organisations reported a total trial expenditure of $3,421,556 between July 2021 and May 2022, split fairly evenly (46% vs 54%) across 2 reporting periods. Note that these data reflect expenditure in the 22 original trials, with the 2 trials that joined the extension measure in February 2022 exempt from financial reporting. The proportion of expenses allocated to individual cost categories was also similar in both reporting periods, with staff salary and oncosts accounting for the majority of expenditure (Table 5-1).

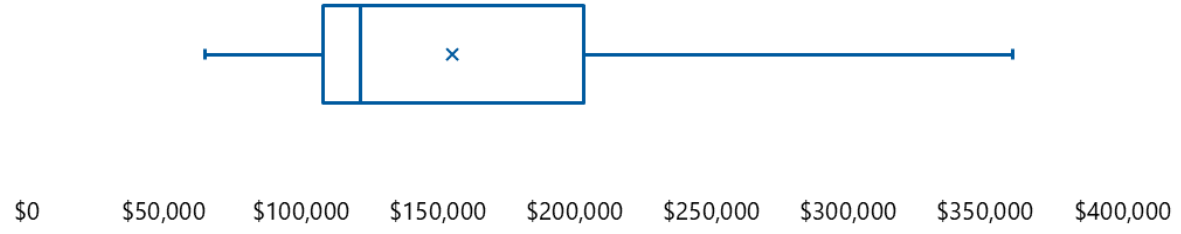
Table 5-1: Breakdown of trial expenditure across reporting periods

Expenditure category	July 2021 to November 2021	December 2021 to May 2022	Overall
Staff salary and oncosts	64%	69%	67%
Management and auspicing	15%	13%	14%
Staff overheads	4%	5%	5%
Publicity and communications	3%	2%	2%
Travel	2%	2%	2%
Room hire	1%	2%	1%
Other	12%	7%	9%
Total expenditure	**$1,582,356**	**$1,839,200**	**$3,421,556**

Below we explore how activity expenditure varied across trials, overall and within each cost category.[10] Importantly, trials were funded to employ navigators at different time fractions, ranging from 0.6 to 3 FTE. We assessed the relationship between reported expenditure and navigator FTE and, not surprisingly, higher FTE was strongly associated with higher overall expenditure, staff salaries and oncosts, and management and auspicing costs. Therefore in addition to calculating summary statistics for raw data for these categories, we also adjusted the data to enable a comparison of expenses assuming that all trials were operating at a capacity of one navigator FTE.

Trials reported a median total expenditure of $122,037, with half reporting expenditure in the range of $108,472 and $203,401 (Figure 5-1). Just one trial declared costs of more than $300,000, while 4 spent under $100,000 overall. Adjusting for navigator FTE, total trial costs ranged from $75,631 to $150,053 with a median of $120,028.

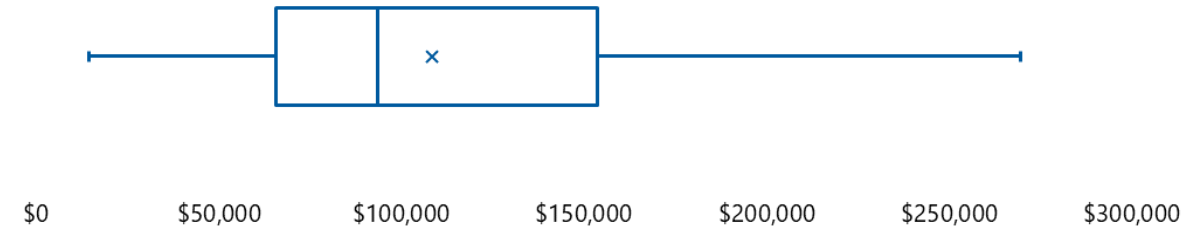
Figure 5-1:Summary statistics for total trial expenditure



[10] With the exception of 'other' costs, which were reported by only 5 trials. These costs ranged from $1,863 to $200,831 and reflected: 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.

Expenditure related to staff salary and oncosts varied widely across trials, from a minimum of $14,612 to a maximum of $269,543 (Figure 5-2). Adjusting reported expenditure to reflect one FTE, salaries and oncosts ranged from $7,306 to $118,169 with a median of $89,848.

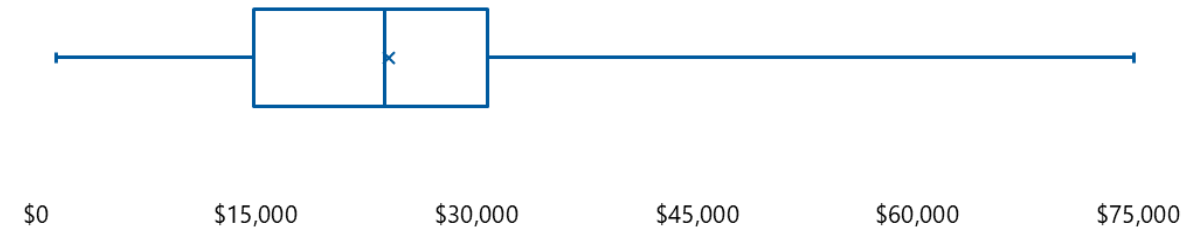
Figure 5-2: Summary statistics for staff salary and oncosts



Note: Excludes 1 trial that did not report any expenditure in the category of staff salary and oncosts.

Among the 20 trials reporting management and auspicing costs, both mean and median expenditure was around $24,000 (Figure 5-3), with half of trials spending between $15,828 and $30,767. Assuming one FTE, these costs ranged from $2,330 to $44,267 with a median of $18,576.

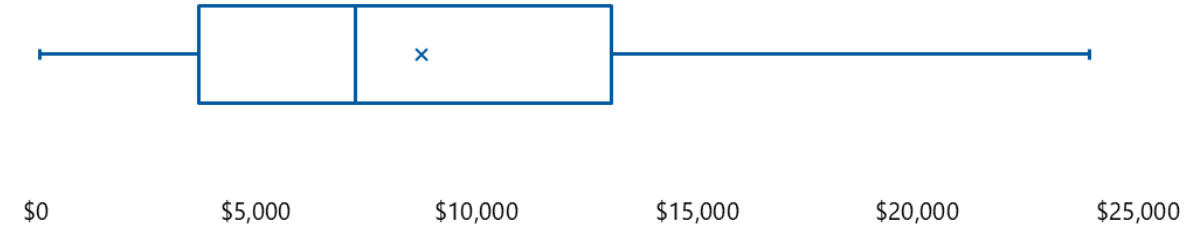
Figure 5-3: Summary statistics for management and auspicing costs



Note: Excludes 2 trials that did not report any expenditure in the category of management and auspicing.

Staff overhead costs were less than $15,000 for the majority of trials (Figure 5-4), and were not influenced by navigator FTE. Three trials reported overheads of more than $20,000, with no obvious similarities (e.g. in their geographic region or organisational characteristics) to distinguish them from trials with lower overheads.

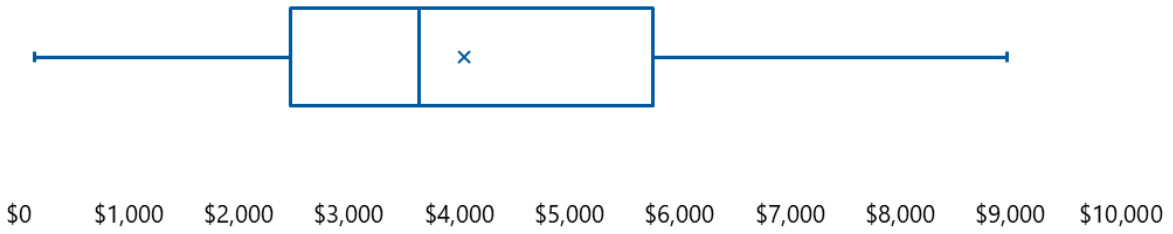
Figure 5-4: Summary statistics for staff overhead costs



Note: Excludes 4 trials that did not report any expenditure in the category of staff overheads.

Publicity and communication costs were relatively low, with a maximum of $8,969 (Figure 5-5). As such there was limited room for variation across trials and most fell within about $3,000 of each other. Publicity and communication costs were largely independent of navigator FTE which makes sense as in theory, these activities occur on a service level and require a similar amount of work whether the service has one navigator or 3.

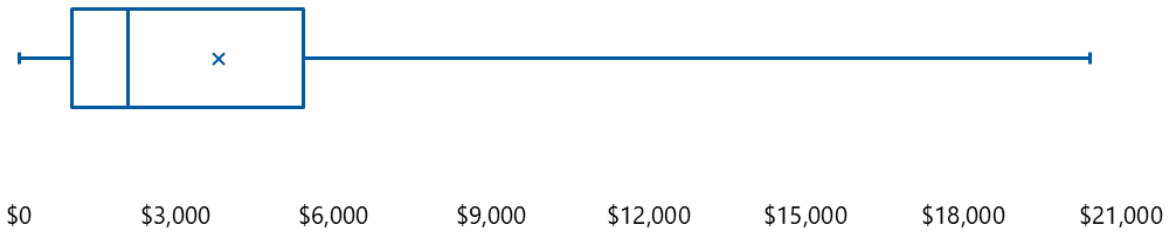
Figure 5-5: Summary statistics for publicity and communication costs



Note: Excludes one trial that did not report any expenditure in the category of publicity and communications.

Travel costs were reported by 19 of the 22 trials, with a median spend of $2,080 (Figure 5-6). While one quarter of trials reported expenditure greater than $5,420, the maximum spend of $20,418 was something of an outlier (as reflected in the discrepancy between mean and median values). The second highest reported expenditure in this category was $8,580.

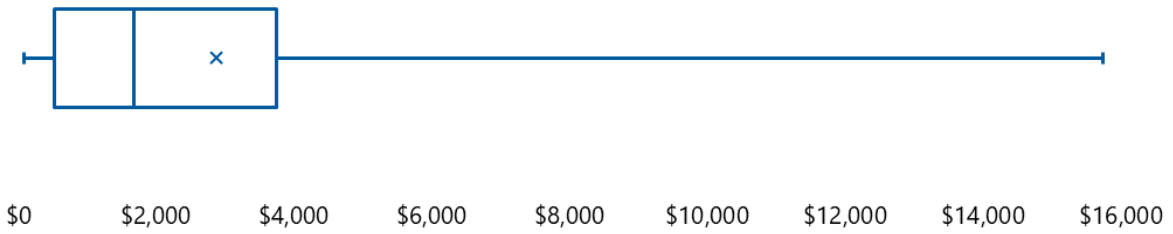
Figure 5-6: Summary statistics for travel costs



Note: Excludes 3 trials that did not report any expenditure in the category of travel hire.

Room hire costs were the least frequently reported and again, relatively low, with three-quarters of trials spending less than $3,738 (Figure 5-7). Of the one-quarter who spent more than this, all but one – incidentally, not the same trial that reported the highest travel costs – reported room hire expenses of under $6,000.

Figure 5-7: Summary statistics for room hire costs



Note: Excludes 7 trials that did not report any expenditure in the category of room hire.

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