

Australian Government Department of Health

Evaluation of the Aged Care System Navigator Measure

Interim Report

June 2020



AHA Australian Healthcare Associates

Level 6, 140 Bourke St, Melbourne VIC 3000
Locked Bag 32005, Collins Street East, VIC 8006
(03) 9663 1950
aha@ahaconsulting.com.au
www.ahaconsulting.com.au

Contents

1	Executive summary	3
1.1	Introduction	4
1.2	Conclusions	4
1.3	Summary of findings	5
6	Interim findings: review of other system navigator models	Error! Bookmark not defined.
	Key messages	Error! Bookmark not defined.
6.1	Introduction	Error! Bookmark not defined.
6.2	Methodology.....	Error! Bookmark not defined.
6.3	Interim findings: Models of system navigation	Error! Bookmark not defined.
6.4	Interim findings: Promising models and implementation considerations.....	Error! Bookmark not defined.

Tables

Table 6-1:	Identified models of system navigation.....	Error! Bookmark not defined.
Table 6-2:	Key strengths and weaknesses of system navigator models.....	Error! Bookmark not defined.
Table 6-3:	Ratings of importance of suggested design principles for aged care system navigator services, by stakeholder group	Error! Bookmark not defined.
Table 6-4:	Rated importance of provider type for aged care system navigator services, by stakeholder group (mean/100).....	Error! Bookmark not defined.
Table 6-5:	Rated importance of various elements of aged care system navigator services, by stakeholder group (mean/100).....	Error! Bookmark not defined.
Table 6-6:	Rated importance of system navigator services' modes of delivery, by stakeholder group (mean/100).....	Error! Bookmark not defined.

Figures

Figure 6-1:	Discussion paper respondents' ratings of importance of suggested design principles for aged care system navigator services.....	Error! Bookmark not defined.
Figure 6-2:	Relative importance of the highest rated design principles for ACSN services.....	Error! Bookmark not defined.

Abbreviations

Abbreviation	Definition
A&S	Access and Support
ACAT	Aged Care Assessment Team
ACSN	Aged Care System Navigator
AHA	Australian Healthcare Associates
CALD	Culturally and Linguistically Diverse
CHSP	Commonwealth Home Support Programme
CoP	Community of Practice
COTA	Council on the Ageing
DHS	Department of Human Services (now Services Australia)
FIS	Financial Information Service
FTE	Full-Time Equivalent
HCP	Home Care Package
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
NDIS	National Disability Insurance Scheme
NGO	Non-government organisation
PCAN	Positive CALD Ageing Network
PHN	Primary Health Network
PICAC	Partners in Culturally Appropriate Care
RAS	Regional Assessment Service
ROI	Record of Interview
SSW	Specialist Support Worker

Glossary

Aged care consumer: a person eligible (or potentially eligible for) aged care services. For the purposes of this report, this term includes people who are seeking information about aged care services and/or their eligibility for these, as well as those who have already engaged with the aged care system through My Aged Care (i.e. awaiting assessment, assessed, and/or awaiting provision of services).

Aged care service providers: includes Australian Government-funded and private providers of community-based and/or residential aged care services.

Service user: an actual or hypothetical user, or client, of an aged care navigation service.

Lay navigator: a navigator without directly relevant professional experience/qualifications (could be a paid worker or volunteer).

Peer navigator: a navigator with lived experience relevant to the setting or target population group.

1 Executive summary

1.1 Introduction

Australia's aged care system is difficult for older people and their families to understand and navigate. Some population groups—including those that are 'hard to reach' or who have complex needs—have particular difficulty accessing the services they need using My Aged Care, the gateway to Australian Government-subsidised aged care services (Department of Health, 2017; Royal Commission into Aged Care Quality and Safety, 2019).

In the 2018–19 budget, the Australian Government announced the Aged Care System Navigator Measure ('the Measure'). The Measure is a program of four trials that aim to support people to:

- Understand the aged care system, including what services are available to meet their needs and how to access them
- Engage with, and access, the aged care system, including connecting these people with My Aged Care and providing them with support to choose and access services.

Three of the four trial programs—the Information hub, Community hub and Specialist Support Worker (SSW) trials—are being delivered by a consortium of 30 partner organisations led by the Council on the Ageing (COTA) Australia, and are ongoing at the time of this report. The fourth trial program—the Financial Information Service (FIS) Officer trials—was delivered by the Department of Human Services (DHS)¹ and concluded in October 2019.

The Australian Government Department of Health (the Department) engaged Australian Healthcare Associates (AHA) to evaluate the four programs of trials, and also to review other system navigator models, to inform future decision-making about aged care system navigation.

This Interim Report presents evaluation findings based on analyses of data collected to 23 March 2020.

1.2 Conclusions

The Measure provides an important means of supporting older people to better understand and access the aged care system. The need for this support has been recognised for some time, and has been provided through formal programs as well as by a broad range of community-based organisations—often without funding (based on partner organisation feedback). There is strong stakeholder support for a comprehensive, multifaceted model based on strong core principles, and most particularly a quality workforce.

Preliminary findings from the evaluation of the Measure, and evidence from other system navigator approaches, suggest that many older people—and particularly those who face additional barriers or are vulnerable—require face-to-face engagement, with repeated interactions over time. Outreach by specialist organisations that are trusted by 'target populations' may be required to connect with individuals who are particularly isolated or vulnerable.

Given these emerging findings are based on information collected before the measures to control the spread of COVID-19 were imposed in Australia (see below), alternatives to face-to-face navigation service delivery—that may still offer effective support and outreach for older people—may now need to be considered. The next phase of the evaluation provides an opportunity to test whether provision of information through

¹ On 29 May 2019, the Prime Minister announced that DHS was to be renamed Services Australia.

1. Executive summary

alternate delivery modes (for example, telephone or video call) may be an effective way of supporting navigator service users.

Given that there are often lengthy delays between registration with My Aged Care, aged care assessment, and commencement of services, individuals may benefit from support from navigators until services commence. People will also need support to transition between different types of aged care services.

Despite the best efforts of aged care system navigators, there remain a number of systemic issues that may mean that people find it difficult to access the aged care services they need. These have been described in detail by the Royal Commission into Aged Care Quality and Safety (Royal Commission into Aged Care Quality and Safety, 2019), and include:

- Limitations of the My Aged Care contact centre and website
- Lack of available aged care services—resulting in long waits to receive services and a lack of choice for consumers
- Negative perceptions of the aged care system—which may be heightened for many people from diverse or vulnerable populations—resulting in reluctance to engage with the system until the point of crisis.

As mentioned above, the findings presented in this Interim Report are based on data collected before the measures to control the spread of COVID-19 were imposed in Australia, and therefore, have not been impacted by them. Towards the end of March 2020, and as a result of the COVID-19 pandemic, partner organisations were instructed to switch to non-face-to-face trial activity delivery modes. The Final Report² will incorporate analyses and syntheses of additional data collected as part of the evaluation from during the onset of COVID-19-related measures onwards, and the short-term impacts of the COVID-19 pandemic on the Information hub, Community hub and SSW trials will be reflected in the updated findings.

1.3 Summary of findings

Key findings in relation to each area of enquiry are provided below.

1.3.1 Interim findings: COTA Australia-led trials

Implementation

- By the end of November 2019, the 64 COTA Australia-led trials had delivered 5,792 separate trial activities over a total of 5,624 episodes.
- While the COTA Australia-led trials have largely been implemented as intended, the compressed timeframe between contract finalisation and trial commencement resulted in a number of challenges, including:
 - Lack of clear understanding between COTA Australia and partner organisations in relation to trial design, including definitions of trial types and activities, the extent of support to be provided to navigator service users and reporting arrangements

² Minister Colbeck has agreed to extend the Measure to 30 June 2021. As such, the timing of the Final Report will be confirmed as part of extension negotiations (underway at the time of drafting this Interim Report).

1. Executive summary

- Lack of opportunity for partner organisations to undertake the necessary scoping activities to identify possible organisations with which to engage, and to avoid duplication of existing services
- Delays in establishing Communities of Practice (CoP), which hampered communication between trials in the early implementation phase
- Delayed commencement for many trials, and a slow ramp up in navigator service user numbers.
- All partner organisation representatives were supportive of the Measure and saw value in the trial activities they were providing, and the linkages they were establishing within communities. However, they noted significant in-kind support from their organisation was required in order to deliver the trials.
- Partner organisations reported that a lack of centrally-developed resources (such as information sheets, presentations, and promotional materials) hampered their ability to get up and running quickly, and diverted time from service provision. This was a particular challenge for partner organisations that did not have a background in aged care. This was partly remedied by COTA Australia when they introduced BoostHQ, a central document sharing platform, in August 2019. Partner organisations regard BoostHQ positively; however, they note that it would have been more useful had it been introduced earlier.
- The data collection and reporting requirements for the trials were not established until after contract finalisation. This meant that many partner organisations underestimated the complexity of the reporting obligations, and needed to draw on in-kind support or divert resources from planned trial activities to fulfil their reporting requirements. Partner organisations found the data collection requirements to be onerous, and in some cases inappropriate (i.e. collecting data on individuals' vulnerability/diversity status). The quality and completeness of data submitted by partner organisations remains sub-optimal. Moreover, there were deficiencies in COTA Australia's data management, which have only recently been addressed.
- Partner organisations felt well supported by the National Coordinator from COTA Australia, but questioned if the role was adequately resourced to assist 64 trials.
- Some partner organisations felt the Measure lacked flexibility, and the requirements for reporting trial adaptations discouraged some partner organisations from making changes.
- Recruitment, retention and ongoing training of paid staff and volunteers has been challenging for a number of partner organisations.
- Broadly speaking, the partner organisations that were able to implement the trials most effectively were larger, had experience working in the aged care sector, and had pre-existing linkages with the target populations.
- The trials are only being delivered in a limited number of geographical areas, and awareness of them appears to be relatively low among both the general population and the aged care sector, including My Aged Care and the aged care assessment workforce. While noting that widespread promotion may not be appropriate, COTA Australia could take a stronger role in communicating the purpose of the trials and promoting them in a coordinated and more targeted manner.

Appropriateness

- Given the limitations of the trial activity data collected and reported by partner organisations ('COTA Australia data set'), including the quality of trial survey information, findings in relation to trial appropriateness—and particularly in relation to the trials' target populations—should be interpreted with caution.
- Partner organisations were considered by navigator service users to be trusted supports, with the majority indicating that they would recommend the trials' services to others.
- Most navigator service users reported that partner organisations, and their trials, were physically accessible.
- Feedback from some Group trial activities indicated that these settings did not always lend themselves to the successful dissemination of complex information. The format of future Group trial activities should take into account attendee numbers and the range of audience cognition.
- Partner organisations administered a trial survey to collect navigator service user outcomes and solicit additional feedback. Responses to the trial survey—submitted as part of the COTA Australia data set—indicated high levels of satisfaction with the trials, with most navigator service users reporting increased knowledge, understanding and confidence with accessing aged care services.
- Feedback from navigator service users was similarly positive across trial types, trial activity types and target populations.
- As the vast majority of trial survey respondents had received services face-to-face, it was not possible to compare satisfaction levels by mode of trial delivery.
- The evaluation did not set out to assess the trials' appropriateness in relation to whether the improved short-term outcomes reported by navigator service users, led to improved longer-term outcomes, namely ease and speed of accessing required aged care services.
- A relatively high proportion of navigator service users were already receiving aged care services, which indicates that ongoing support is required even once individuals are 'in the system'. However, this may also, in part, be an artefact of some partner organisations targeting individuals who are *existing clients* of their services.
- The lack of feedback from certain target populations supports the wider use of the 'short form' trial survey, which was designed to be more culturally appropriate.
- Some target populations were underrepresented in the trials, which may point to need for more focused and proactive efforts by partner organisations to engage with particular groups.
- Due to the under-reporting of vulnerable population and diverse group information, the COTA Australia data set does not currently support the evaluation of trial appropriateness for individuals who belong to multiple 'target populations'.
- The profiles of vulnerable populations and diverse groups were generally similar for the Information hub and Community hub trials, but somewhat different to the SSW trials, which may indicate that certain trial designs may be more appropriate for some groups than others.

Effectiveness

- The vast majority of navigator service users who completed the trial survey reported that their participation in trial activities had improved their knowledge of the aged care system and how to access it, and they felt more confident in accessing services. This finding was supported by qualitative data from AHA's interviews with navigator service users.
- It is not possible to establish if the reported changes in knowledge and confidence have improved ease of access to aged care services, due to the short timeline of the trials and the evaluation. This was identified as a medium-term outcome and will be explored, where available information permits, in the Final Report.
- It is not possible to establish differences in the effectiveness of trials between activities, modes of delivery or target populations from the available data. According to partner organisations, face-to-face interaction (often over multiple occasions) and outreach are important to addressing the needs of individuals who are particularly vulnerable. Partner organisations also noted that many individuals required the support of trial staff, acting on their behalf, to register with My Aged Care.
- Efforts by partner organisations to integrate with other trials and existing supports appear to be showing positive results, as evidenced by referrals to and from the trials. Detailed analysis of referral data has been hampered by under-reporting and will be explored more fully in the Final Report.
- Referral data shows that navigator service users are often referred *back* to the same trial, suggesting that additional sessions or visits may be needed to address unresolved issues.
- The relationship between the COTA Australia-led trials and other existing supports does not appear to be well-defined. While there are examples of positive working relationships between the trials and other existing navigator services, more work is required to ensure that the trials complement and do not duplicate other services or supports. This could include efforts by COTA Australia to ensure that the partner organisations, the RAS and ACAT assessment workforce and My Aged Care have a shared understanding of the scope and role of the COTA Australia-led trials.
- Potential unintended outcomes of the trials include:
 - Driving up demand for aged care services that may not be available, by registering more people with My Aged Care
 - Creating unrealistic expectations about which aged care services (particularly home support services) navigator service users are entitled to.

Cost-effectiveness

- Due to a range of program and data limitations, only a very rudimentary evaluation of trial costings has been possible at this time, and an evaluation of trial type—and trial activity type—cost-effectiveness has not been possible. Trial costings and cost-effectiveness will be explored further in the Final Report.
- Commonwealth funding for the three programs of trials amounted to \$5.5 m (noting that the GST-inclusive amount under the contract with COTA Australia is \$6.1 m).
- COTA Australia was responsible for establishing and managing payment arrangements with partner organisations. Following receipt of a front-loaded funding amount, partner organisation funding was linked directly to their quarterly reporting.

1. Executive summary

- To date, Commonwealth funds have been used to support the delivery of well over 1,000 Group trial activities and 4,000 Individual trial activities by partner organisations:
 - Early indications show that seminars are the most costly Group trial activity to deliver, with distribution of tailored information the cheapest
 - Due to the current quality and completeness of partner organisation *Trial summary* reporting, no (even early) indications of costings for Individual trial activities could be ascertained.
- As the three programs of trials continue, and the quantitative evidence base (i.e. the COTA Australia data set) becomes more established, it is anticipated that these data will be robust enough to support further explorations of trial costings and cost-effectiveness. As highlighted above, these will be presented in the Final Report.

Opportunities to enhance the trials

- Given the lack of actual distinction between Information hubs and Community hubs (in delivering group trial activities) and Information hubs and SSWs (in providing individual support), consider merging all trials provided by a partner organisation (in a specific location) into a single service. This may improve integration between the different activity types, enabling navigator service users to transition between different levels of service intensity based on need.
- In order to meet the needs of individuals who are particularly hard to reach, the trials should maintain focus on face-to-face interactions—where appropriate and feasible³—individual outreach and repeated interactions over time. Trial staff should continually build their awareness of the range of community supports that are available to address the holistic needs of the navigator service user (not limited to aged care).
- Partner organisations should continue to work actively to engage with target populations using a range of approaches. For mainstream partner organisations, this should include integrating with other services or community organisations that are used and trusted by their target populations. Additional focus should be placed on engaging with ‘nominated’ target population groups that are not currently participating in the trials. These include veterans, care leavers and people affected by forced adoption or removal.
- Partner organisations should increase focus on providing ongoing support to navigator service users beyond the point of registration with My Aged Care, up to the point of receiving services⁴. This may involve helping the navigator service user access interim care solutions until more suitable aged care services become available. In some instances (for example, particularly complex cases and/or where multiple issues indicate long-term support is required), it may be appropriate to refer navigator service users to other available services—such as advocacy services or, in Victoria, the Access and Support (A&S) program. Where this occurs, protocols for warm referral should be established so that navigator service users do not ‘fall through the cracks’.
- While acknowledging potential budget constraints, COTA Australia and partner organisations should review the role of volunteers in the navigation service model in light of findings that aged care navigation support may be best provided by trained staff with expertise in aged care. Volunteers can play an important role in providing *basic* aged care information and promoting navigation services,

³ In light of COVID-19, alternatives to face-to-face interactions—that may still offer effective support and outreach for older people—may now need to be considered. The next phase of the evaluation provides an opportunity to test whether provision of information through alternate delivery modes (for example, telephone or video call) may be an effective way of supporting navigator service users.

⁴ While not a primary focus of the trials, many navigator service users were *already receiving aged care services* and therefore may have been seeking support to navigate *between* services.

1. Executive summary

especially as they are often already known and trusted in the community. However, trained staff should be available to address more complex concerns.

- Data collection and reporting requirements for the trials should be reviewed, in order to establish a more contained, manageable and robust data set that places less burden on partner organisations. This could include consideration of rolling out the 'short form' trial survey to all partner organisations, to bolster the feedback received from different 'target populations', and enable more consistent reporting of vulnerability and diverse group data.
- COTA Australia should explore options for providing additional support to partner organisations to undertake data collection and reporting.
- COTA Australia should continue to strengthen internal processes to ensure quality and completeness of data submitted to the Department, and for evaluation purposes.
- COTA Australia and the Department should review the process for updating trial templates to ensure that adaptations to trial design are documented in a timely and more straightforward manner. Given the disparities in projected activity levels (with some partner organisations vastly overestimating what they may be able to achieve with the funding provided), it may be appropriate to give partner organisations an opportunity to revise their projections for the whole trial period.
- COTA Australia should continue efforts to promote the trials in a nationally consistent manner. This could include working to build a shared understanding across the aged care sector of the role of the trials, in relation to other components of the system including:
 - My Aged Care, in providing basic information and support to consumers
 - RAS and ACAT assessors, in helping consumers to choose services that meet their needs, and supporting them while they wait for services to commence
 - Other Commonwealth-funded programs such as the National Aged Care Advocacy Program (NACAP), Partners in Culturally Appropriate Care (PICAC) and the Commonwealth Home Support Programme (CHSP).
- With support from the Department, COTA Australia should seek to ensure that all My Aged Care contact centre staff are regularly reminded about the trials, and to address the issues identified by trial staff with registering navigator service users with My Aged Care.
- COTA Australia and partner organisations should continue work to improve the quality and consistency of information provided through the trials, including through:
 - Development of a training package for staff and volunteers
 - Frequent refreshers, to keep abreast of changes in the aged care system
 - Development and updating of information for consumers, including presentation templates
 - Promotion of mechanisms for collaboration between partner organisations, including:
 - Reviewing the operation of the CoPs, including their purpose and structure, and providing technological assistance (where requested) for partner organisations to participate via teleconference
 - Sharing of information on BoostHQ.
- COTA Australia should review the information provided on their ACSN webpages to ensure it is up-to-date and a useful resource for potential navigator service users.
- Given the identified need for improved central coordination of the trials, and the workload associated with managing 64 trials, it is suggested that COTA Australia increase resourcing for this function.

1.3.2 Findings: FIS Officer trials

Implementation

- 730 people received support to make financial decisions in relation to planning and accessing aged care, generally on behalf of family members.
- The FIS has a long history of providing independent financial information in relation to aged care (and other matters), making it very well-placed to deliver the trials. Despite this, awareness of the FIS in the general population appears to be fairly low, and those who knew about the service often did not associate it with aged care.
- Local promotion and outreach were successful in increasing uptake across the trials. Given the limited geographic reach of the six trials, promotional activities were targeted towards *local communities*, including vulnerable populations. FIS Officers who took a more *proactive* approach had particular success.
- Competition from commercial financial planners meant that many people who may otherwise have benefited from the FIS did not *need* to access it, or were not readily *able* to access it.

Appropriateness

- The majority of navigator service users seeking support were found to have complex financial circumstances in relation to aged care due to their moderate (or higher) levels of wealth, rather than due to particular cultural or personal vulnerabilities. However, this could be at least partly due to the under-reporting of vulnerability data.
- Vulnerability information was under-reported in the trial data set ('DHS data set'), largely because FIS Officers were reluctant to collect information about *cultural or personal vulnerabilities* from navigator service users.

Effectiveness

- Navigator service users reported that, following their interaction with a FIS Officer, they had a greater understanding of financial arrangements and options, and greater confidence in making financial decisions when planning for and accessing aged care. Importantly, these improvements were *sustained* over time.
- FIS Officer trial services were twice as long as standard FIS services, allowing FIS Officers to convey comprehensive information at an appropriate pace. Navigator service users were also provided with a written 'Record of Interview' (ROI) to take home. Both this additional time and supporting documentation were identified as being key to maximising navigator service users' understanding.
- Navigator service users' general feedback was very positive, with their highest praise reserved for the FIS Officers. FIS Officers were reported as being professional, polite, helpful and respectful.
- Despite success in building navigator service users' capacity and confidence to make financial decisions regarding aged care, many navigator service users reported that they still faced challenges when trying to access and navigate aged care and, in particular, when trying to engage with My Aged Care.

Cost-effectiveness

- Based on available financial information, trial unit costings could only be estimated using direct navigator service user interactions with FIS Officers, and so the costs associated with all other service delivery outputs—such as seminar delivery and promotional and outreach activities—were rolled up into these costing calculations.
- As such, reported headline costs for *direct navigator service user interactions* with FIS Officers are likely to be a substantial *over-estimation*.

Opportunities to enhance the trials

- Increased promotion of the FIS Officer trials—and the FIS more broadly—to the general population, in order to improve future navigator service user awareness and increase uptake of navigator services. The importance of engaging with consumers *early* in their aged care journey was noted.
- Alignment of implementation timeframes and physical geographical locations would have facilitated integration between the FIS Officer trials and the other trials under the Measure.
- The FIS Officer trials were intended to deliver one-off in-person sessions of support, however, a proportion of navigator service users required additional follow-up, and these individuals may have benefited from a more standardised approach for making repeat bookings.
- A focus on building relationships with organisations working with specific populations, to improve engagement with vulnerable populations and reduce service gaps in these populations—while noting the time required to build trust.
- The constructive working relationship which developed between DHS and the Department has set a good foundation for future potential collaborations in the area of aged care navigation.

1.3.3 Interim findings: Review of other system navigator models

- A number of system navigation models have been developed in aged care and other sectors in in Australia and overseas. However, there are a number of factors that make it difficult to evaluate the relevance of these models to the Australian aged care setting. For example:
 - There is great diversity among existing system navigation models
 - There is no agreed definition of ‘a system navigator’, or clarity regarding the boundaries between system navigation and other types of support and service provision
 - There is little evidence of the impacts of system navigator services that is directly relevant to the aged care setting.

Despite this, through evaluation activities AHA has identified some key strengths and weaknesses (both theoretical and experiential) of the various existing models.

- Overall, stakeholders favoured professional navigation models, noting that peer models could be used alongside a professional navigator model to perform complementary functions or provide lower-level support to consumers.
- Face-to-face service delivery was considered vital in order to meet the needs and preferences of older people generally. Outreach was also considered essential to address the aged care sector’s current lack of engagement with vulnerable population groups. Online support was deemed least appropriate, although stakeholders noted that this may change for future generations of aged care consumers.

1. Executive summary

- Financial navigation was considered an important offering, though stakeholders noted that the skill set required to provide this service may be considerably different to that required for aged care system navigation more broadly.
- Stakeholders strongly supported a model built on robust, strategic design principles, and identified recruitment, training and support of a quality workforce as the most important of these.
- The majority of stakeholders felt that services needed to be flexible and holistic in order to meet the needs of a diverse population. A model that uses multiple modes of service delivery was reported to be most relevant to the Australian aged care setting.
- Good models of aged care navigation already operate across Australia, and stakeholders are keen to avoid duplication/repetition of effort in progressing a nationally consistent model of aged care navigation.