COTA
For older Australians

# Lessons learnt from navigators

## Assertive outreach

### Who this is for and why

This resource may be helpful for the care finder line manager and the care finder as an additional resource to their existing expertise and knowledge. It is based upon experiences and reflections of Aged Care System Navigators and COTA Australia as part of the Australian Government funded Aged Care System Navigator Trial Measure (ACSN).

These lessons could be of assistance to care finder organisations and their teams. Official operation of the National Care finder program is governed by care finder policy documentation.

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# About assertive outreach

The Aged Care System Navigator (ACSN) Trial identified that the aged care system is not accessible to all people. Some people are marginalised from mainstream services, face barriers to accessing aged care services, or are disengaged from the systems. Care finders will be expected to undertake assertive outreach to actively identify and engage with people who may need aged care services but cannot access them. Many will have complex support needs. Building trust underpins assertive outreach.

Assertive outreach needs face-to-face engagements. Customers, especially those who face barriers in accessing mainstream services, want direct contact with someone who can help and listen at the first point of contact.

This information sheet will assist care finders to plan and implement assertive outreach strategies. It is based upon the experiences and reflections of the Aged Care Navigators as part of the National ACSN.

# Definitions

**Assertive outreach** is a service model where the worker actively identifies and connects with potential service users who would not otherwise engage with the aged care system and the support they are entitled to and need. It complements traditional outreach which provides support in settings away from the worker's office, in environments where people feel safe, such as their homes, community centres or other services.

**Assertive outreach** is marked by persistent and ongoing attempts to engage with people and communities who are disengaged from traditional mainstream services. This may include connecting with clients via trusted third parties, such as Homeless Services; Indigenous Health Centres; Community Pantries, Domestic Violence Agencies, Free Counselling Services at Community Centres, Rotary or other Community Volunteers that have access to marginalised communities, Veterans Organisations. Assertive outreach is not passive, it is a deliberate strategy to engage with people. It requires action by the navigator and commitment by the auspice organisation.

**Intermediaries** refers to a person or organisation who can link the navigator to people and communities that may not be part of the aged care system. Intermediaries often have a trusted role within a person's life. Intermediaries can provide entrée to groups and individuals who are disengaged from existing mainstream networks. Examples of intermediaries include church members, respected elders, women's groups, carer groups, men's sheds, and culturally specific community groups.

## Navigator reflections

*I have been working in aged care for years but had never heard the term assertive outreach. It would have helped to have known the difference between this and standard outreach, which is any time you leave the building to conduct the persons business, whether it is going into a person's home or hospital. With assertive outreach, nobody has invited you anywhere, you are going out to find services that work with people who can get you access to a marginalised community. It involves setting up close relationships and working collaboratively – it's about putting yourself in a position where marginalised people can find you. They will not come into a community centre to do a yoga class – you need to be more strategic in terms of how you find them and make your service accessible to them.*

Tips from navigators

# Know your community

## Identify vulnerable groups in your community

Know who lives in your community. Take time to look at census data for your area. Refer to the needs analysis conducted by the local PHN. Take time to learn and understand the communities that are not engaging with the aged care system.

## Build relationships with intermediaries

Attend inter-agency network meetings to link up with other services and intermediaries who reach into the broader community, and groups and individuals who are disengaged from existing mainstream networks.

## Understand the community's history

Take time to learn and understand why communities are not engaging with the aged care system. Recognising and demonstrating knowledge of a community and learning from them will enhance and build trust. For example, navigators working with Forgotten Australians stressed the importance of acknowledging their history and the trauma people experienced.

## Start with what is already known

Each Primary Health Network (PHN) had to undertake a Needs Assessment identifying potential communities who would benefit from care finders, aged care services and other supports in the community relevant to people as they age. These needs assessments can also help you identify who is not reached by service providers.

Tips from navigators

# Know your community data

## Consult ABS Census Data (2021)

It tells you a story about who is in your community, but also shows you the gaps in data. It is a snapshot of now, so while you have data breakdowns by age and gender, the data does not tell you community needs. You will need to consult other data sources and engage with communities to understand these. Talk to your data person.

## Check the *Community Profile* data

Check the *2021 Community Profile* data available from the Census. Descriptive data is ok. ABS Census data only gives you some of the picture. It is useful to sort the data by geography so you can see where people live or where there are clusters of people your service has not reached.

- Check if the local government area has undertaken a needs analysis of older people in their community. Most local government areas will have a web page with community data , such as that created by Lane Cove Council.
- Identify intermediaries and ask for relevant data. Who are the people who know your community well and have links with diverse groups? For example, LGBTIQ support groups, seniors' groups run through diverse faith groups, homelessness services; General Practitioner and practice nurse networks run through the PHNs.
- Meet with acute care facilities staff such as discharge planners who may have developed lists over time of people and services who work with older people and provide support.

Lessons learnt from navigators

# Understand why people are isolated

There are many reasons for isolation. Some people are isolated due to systemic disadvantage, for example an older couple living on a rural property and who no longer drive. Other people actively choose to self-isolate, and not make connections. This group of people often emerge at times of crisis within the acute care system. Navigators noted that the COVID-19 Pandemic compounded issues of isolation and delays in people reaching out for support and services.

## Person-centred approaches are important

Understand that the person who has withdrawn from the service system has reason/s for doing so. Listen to the person's story to understand these experiences and motivations.

## Recognise that people 'tumble into' systems

There is a range of people who self-isolate and only become known to systems at a time of crisis, such as admission to a hospital for a fall. It is important to take the time to learn and understand how these people may be reached. Navigators found that building contacts with acute care providers such as ACATS, Nurse Navigators and discharge planners enabled contact with this group of people.

## There is an establishment phase

Recognise it takes time to build relationships. Trial partners stressed that it takes at least 6-8 months to establish the service and build effective relationships with communities and individuals.

## Communication systems should be simple

Complex administrative and communication systems create barriers. Do not build systems that replicate My Aged Care intake systems. Navigators found that Trial

customers valued being independent of bureaucracy, and that many customers did not want to engage with Government systems.

## Culturally informed practices

Be mindful of the cultural norms and practices of diverse groups, but also understand that services that are not inclusive can marginalise people.

Some people find services inaccessible because of barriers created by mono-lingual staff and information, and others choose to withdraw from services because of perceived discrimination or not feeling culturally safe.

For example, consider how culturally safe your service is for people with non-traditional families in the LGBTIQA+ community; First Nations peoples; refugees with traumatic pre-arrival experiences.

## Case study

## Linking with community-based services

Over many months, the navigator steadily built-up connections with the Community Resource Centre and made the staff aware of the services the Navigation trial offered to older Australians. An older couple with hearing impairments, living in a rural area, visited the Centre and took away information on the Navigation trial. The couple was aged in their late seventies and late eighties, and due to their hearing difficulties could not contact My Aged Care (MAC). Neither was registered on MAC. The Centre staff facilitated a face-to-face meeting between the navigator and the couple. With the navigator's assistance, a 3-way call to MAC was made and the navigator assisted the couple to understand some of the screening questions they were being asked by the MAC representative by sitting next to them during the session.

# Community development strategies used by navigators: Examples in practice

Below are examples of strategies Partners successfully employed across the ACSN Trial. These are based on strong community development principles, building on the strengths of individuals and communities, and recognising their lived experiences and history.

## Information sessions

Offer to host information sessions to develop links and trust with the community. For example, navigators found attending community afternoon teas or lunches and giving informal talks to be very successful. This allows the community to check you out and ask questions supported by other group members.

## Promotional tools

Not all people are literate in their first language or literate at all. Don't assume flyers will be accessible to potential clients. Identify which information strategies work with your target group by asking them how they would like the information delivered beforehand. For example, when working with a CALD community, the navigator took time to explain what the materials said in plain language as some people were ashamed to admit they had trouble reading the materials that were available in their first language.

## Innovate

Consider using engagement strategies that do not solely rely on written text. For example, some rural and regional areas of Tasmania had high illiteracy rates (approximately 50%) amongst older people. Knowing this, the navigator used props to help explain the aged care system rather than rely on written materials.

## Build on community strengths

Working with intermediary organisations to host events/information sessions was an effective way of introducing the navigator to the community, building trust, and enabling community members to share information. For example, the navigator in regional Northwest Queensland was invited to church groups across small country towns as people from the communities she had visited spoke to other communities about how good she was. This snowballing model worked well in tightly bound communities and is an effective community development strategy that facilitates agency. Another example is that of Identifying and supporting community champions.

## Build up and support trusted intermediaries

Navigators worked with trusted intermediaries to enhance their knowledge of the Aged Care system and role of navigators. These intermediaries were then able to effectively identify and informally introduce people who required support to the navigators.

### Case study

### Using champions and community members

The navigator was invited to conduct an information session with the Nepalese social group at the request of the local Council. The navigators had worked hard to develop a strong relationship with the local Councils in their regions to collaborate on assisting community members.

A bilingual member of the Nepalese social group, T., attended the information session and worked with the navigator to provide interpreting. A second session was arranged so the navigators could work alongside participants to help them register with My Aged Care. There were no available interpreters through the Translation Information Service (TIS), so T. worked alongside navigators to register all eight attendees on My Aged Care. This took around 3 hours. Over the following months, the navigators provided follow-up calls and returned several times to support the social group. The group faced issues with interpreters, incorrect details, missing registrations, and lengthy wait times. The Aged Care navigators worked with the local volunteer and helped her to build up knowledge of My Aged Care so she could (informally) assist others in her community with basic aged care queries.

Through a program developed by the navigators, T. become a 'Champion' in her community. She continues to support Nepalese seniors as they find their way through the aged care system. Working with the Nepalese seniors group helped the navigators develop a pathway for other cultural community groups in the region.

## Tips from navigators

## Building networks and relationships with intermediaries

- Participate in networking forums and interagency meetings to identify other groups and services targeting the most vulnerable and marginalised individuals.
- Actively participate as a member of specialist groups e.g., sitting on Committees, such as an interagency working group identifying people who are isolated.
- Run Information Sessions at other agency locations or in collaboration with other services.
- Collaborate with community centres and/or Libraries to host Information Hubs.
- Host Pop-up booths at shopping malls and/or supermarkets.
- Visit homeless facilities, community pantries, food van drop-off locations.
- Attend other agency presentations and/or training.
- Build an internal contact database to identify key local services that are routinely referred to.
- Get to know staff at hospitals who work with older people, particularly those involved in discharge planning of older people – discharge staff, geriatric assessment teams, social workers, and nurses.

## Case study

## Building trust

Through an assertive outreach strategy, the navigator engaged monthly with the local Salvo's services to reach a highly vulnerable community. The ACSN connected with the Salvo's representative through the local Interagency Network Group. The event was supported by a range of community organisations. The navigator approach was one of patience and openness. Community members were invited to come in and connect in a relaxed manner with no expectation of support uptake. Navigators committed to regular and ongoing attendance to build trust and rapport with regulars. Participants often had intersectional challenges such as being homeless or at risk of homelessness, poor mental ill-health or identified in the LGBTIQA+ community.

Engaging with this community group was a very positive experience. It required a patient approach to form a connection with other community workers and a willingness to be flexible with customer support to facilitate the 'safe space' being generated by organisers, this resulted in both self-referral and referrals to the by organisations working with people from marginalised communities.

# Useful resources

Assertive Outreach Practice Guidelines provide a framework for Specialist Homelessness Services (SHS) to effectively deliver assertive outreach to people who are sleeping rough in NSW. An excellent resource with strategies and suggestions that can be adapted/used by care finders.

*Specialist Homelessness Services Assertive Outreach Good Practice Guidelines*. Homelessness NSW At http://homelessnessnsw.org.au/wp-content/uploads/2021/03/Assertive-Outreach-Practice-Guidelines.pdf.

Sastry, S., Zoller, H. M., Walker, T., & Sunderland, S. (2017). *From Patient Navigation to Cancer Justice: Toward a Culture-Cantered, Community-Owned Intervention Addressing Disparities in Cancer Prevention*. Front. Commun., 2. https://doi.org/10.3389/fcomm.2017.00019 An excellent overview community-based Navigator study.