



Lessons learnt from navigators

Referrals

Who is this 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](#).

This information sheet is for Primary Health Networks (PHNs), care finder Organisations and care finders to provide lessons from the Trial which may assist them in developing processes and practices to effectively make and receive referrals. The Care Finder Referral Pathways document developed by the Department of Health and Aged Care should be the main resource point used for referrals under the care finder program.



About referrals

As part of the Trial, Navigators worked with a range of customers with complex care needs, often resulting in referrals to Health, Housing and community-based social support services.

Making and receiving referrals is a key task when working with customers who have multiple and complex needs. This may include making referrals to aged care providers, health services, community support, and housing services. Navigators found that it was critical to develop effective working relationships with all local intermediaries across relevant sectors.

National Data Privacy Principles broadly govern the making and receiving of referrals. Consequently, the Navigator must seek the customer's informed permission to make a referral and inform the customer of what information about them and their needs will be shared.

Types of Referrals used under the ACSN Trial

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| Outgoing Referrals: | A worker formally links their client to another service or agency. |
| Incoming Referral: | A service is requested by another service or agency. |
| Warm Referral: | A worker (with consent) contacts the service or agency on behalf of, or alongside, the client. |
| Cold Referral: | A worker provides information about a service or agency to the client, so they can refer themselves to them, should they choose. |
| Self-Referral: | A person initiates contact with a service or agency independently of providers. i.e., they may have seen a flyer about the service. |

Lessons learnt

Establish a referral Pathway

- Because there were no shared, standard referral mechanisms, each Navigator Organisation and navigator had to develop their own. Navigators found they had to describe their roles in the aged care system to other organisations and workers. As part of this process, navigators contacted service providers to establish how referrals would be made, for example, by email, phone or other means. Navigators also had to explain/establish with service providers their preferred referral method, whether by email, telephone, in person.

Effective Systems

- Despite the Department sharing information about the Trial and local partners with My Aged Care, RAS and ACAT staff, Navigators found that many were not aware of their role or purpose. This made it difficult for Navigators to follow up on referrals and explain customers' needs. All key stakeholders within the aged care system must be aware of reforms and the respective roles of workers so they can make and receive referrals effectively.
- This is why the Department has developed the Referral Pathways resources in consultation with these relevant stakeholders.

Privacy

- Navigator Organisations needed to comply with the [National Data Privacy Principles](#) regarding the secure transfer of data.
- A customer's concerns around their privacy must be respected.
- It is important for organisations to work with their IT staff to ensure digital referral processes comply with privacy principles. Some Partners developed online referral forms which have been helpful for receiving external referrals.

Consent

- Receiving informed consent from clients is crucial. Consent can be verbal, but it must be clear that the client understands they are consenting to their information being passed on to another service, and they must understand how it will be used.
- Navigators found that some clients sometimes refused referrals to other services. A client has the right to refuse, and this client's right must be respected.

Incoming Referrals

- Some navigators reported that customers were referred to the ACSN inappropriately, e.g. the customer had needs outside the scope of the service or was not eligible within the target population. For this reason, navigators preferred to request warm referrals from third parties, by phone.
- Customers frequently reported being confused by the numerous contacts involved in the aged care system. When accepting a referral from a third party, navigators found it helpful to confirm with the referrer that the customer understood the role of the Navigator service, where it fit within the broader aged care system and they agreed to have their details passed on.
- Many referring agencies had unrealistic expectations of the Navigator service. It was important for navigators to educate other agencies to ensure accurate and appropriate referral pathways. Customers were frustrated when their expectations were raised by an incorrect referral.
- It was good practice for navigators to follow up with the referring organisation to update them on the referral outcome.

Outgoing Referrals

- Navigators reported that many Customers were confused by the Commonwealth Home Support Program (CHSP) Referral System, particularly where there are multiple referral codes for different Providers and services. Navigators often found they could achieve better outcomes for the customers by sitting down with customer and making calls to providers to see if referral had been accepted or if there were waiting lists
- Navigators required a strong knowledge of the aged care sector and local community supports to provide the most relevant referrals for customers. Some Navigators reported having to build contact databases to make their job easier as there were no local service directories.
- Navigators often followed up customers after a referral was made to see if they were contacted by the referral agency. Where the agency had not contacted the customer, navigators followed up.
- Navigators noted they need to spend time with customers for whom they were making referrals for. Often, they would include carers in this discussion as the customers could not remember the details.

Building networks and relationships with intermediaries: Some strategies employed by navigators

- Participation in networking forums and interagency meetings.
- Participation as a Member of specialist groups i.e. sitting on Committees.
- Running Information Sessions at other agency locations or in collaboration with other services.
- Collaboration with community centres and/or Libraries to host Information Hubs.
- Participation in regional seniors' events, e.g. Expos.
- Subscribing to various newsletters, emails from local services.
- Attending other agency presentations and/or training.
- Subscribing to alerts from the Department of Health and Aged Care; My Aged Care; Services Australia; Carers Gateway.
- Building an internal contact database.

Case study

Importance of community partnerships: working with the Deaf Community Centre for referrals

A worker from the Deaf Community Centre contacted the navigator service seeking support for senior group members regarding accessing services in their homes. The Navigator collaborated with the Deaf Community Centre and the Auslan Interpreter Service to co-present two information sessions to more than 45 members of the deaf community.

Working with the deaf community highlighted the importance of community partnerships to deliver services, tapping into resources and working with each other's expertise, resulting in effective communication for all involved.

The navigator service established a working relationship for future support to the deaf community. Staff increased confidence in working with members of the deaf community and supporting them with future referrals.

The pastoral care worker connected with Navigators to assist her to support people she visits in hospital, ensuring they have adequate support when they go home.

Common incoming sources of referrals

- Self-referred
- Word of mouth
- Neighbours/family members
- Older Persons Advocacy Service (OPAN)
- My Aged Care
- ACACT/RAS
- Internal referrals
- Local Community Organisations
- Local Councils
- Carers Organisations including Cares Gateway
- Veterans Organisations
- Community Centres
- Social Workers (hospital/residential facilities)
- Relationships Australia
- CALD organisations
- GPs
- Allied health specialists
- Hospital discharge staff

Common outgoing referrals

- Carers Gateway
- Carers (State-based) Organisations
- OPAN
- Services Australia – Aged Care Specialist Officer
- Services Australia - Financial Information Service
- Housing Services (State-based)
- Dementia Support Agencies
- Translation Interpreting Service
- Aboriginal Community Health Services
- Mental Health Services
- GPs
- Hospital At Home
- Homeless Services
- Department of Veterans Affairs
- NDIS Local Area Coordinator
- Meals on Wheels
- Multi-cultural agencies and EnCOMPASS Multicultural Connector
- Local community groups e.g. Mens Shed, Rotary
- Community Visitors Scheme
- Red Cross (Telechat)

Useful resources

Office of the Australian Information Commissioner

Australian Data Privacy Principles: <https://www.oaic.gov.au/privacy/australian-privacy-principles-guidelines>.

Open Referral

If you are interested in detailed information about setting up a directory, go to Open Referral Org which has documented an open standard for Human and Health services directories.

<https://openreferral.org/>

Primary Health Networks (PHNs)

As you know, PHNs are implementing digital health strategies and have directories. Contact your PHN to understand local initiatives.