

ASSERTIVE OUTREACH GUIDELINE



Leadership. Respect. Accountability.

This document provides guidance on assertive outreach for services commissioned by Murray PHN to deliver the care finder program for people in the Murray PHN catchment. It has been prepared drawing on consultations and feedback from Murray PHN care finder organisations as part of a review of the assertive outreach component of care finders completed in 2025.

Introduction

Primary Health Networks (PHNs) have been funded by the Department of Health, Disability and Ageing (DHDA) to establish and maintain a network of care finder services. These services provide specialist and intensive assistance to help people within the target population to understand and access aged care and connect with other relevant supports in the community. A core component of the care finder program is assertive outreach.

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What is assertive outreach?

Assertive outreach in the care finder program is a proactive and respectful approach that aims to engage older Australians who are isolated, vulnerable or at risk of missing out on aged care and community support. Unlike passive referral models, it involves actively identifying and connecting with individuals who may not otherwise seek support, through community outreach and close collaboration with local partners. This approach requires intentional and consistent effort from care finders and ongoing commitment from their supporting organisations, to ensure reliable and safe practices, and positive outcomes for clients.

*References:

This definition has been adapted from the Department of Health, Disability and Ageing (DHDA), Care Finder policy guidance and COTA Australia's lessons learned on Assertive outreach adopted by Aged Care System Navigators and COTA Australia as part of the Australian Government funded Aged Care System Navigator Trial Measure (ACSN).

Assertive outreach

Stages	Outcomes
Identifying and connecting Actively reach out to isolated or vulnerable individuals	Break down barriers Remove obstacles to aged care access
Engaging and partnering Collaborate with local community organisations	Fair service delivery Make support equitable across populations
Intentional effort Work consistently to include those at risk	Include those at risk Actively involve the most vulnerable people
Reliable practices Ensure dependable approaches and methods	Foster trust and collaboration Build strong relationships with communities



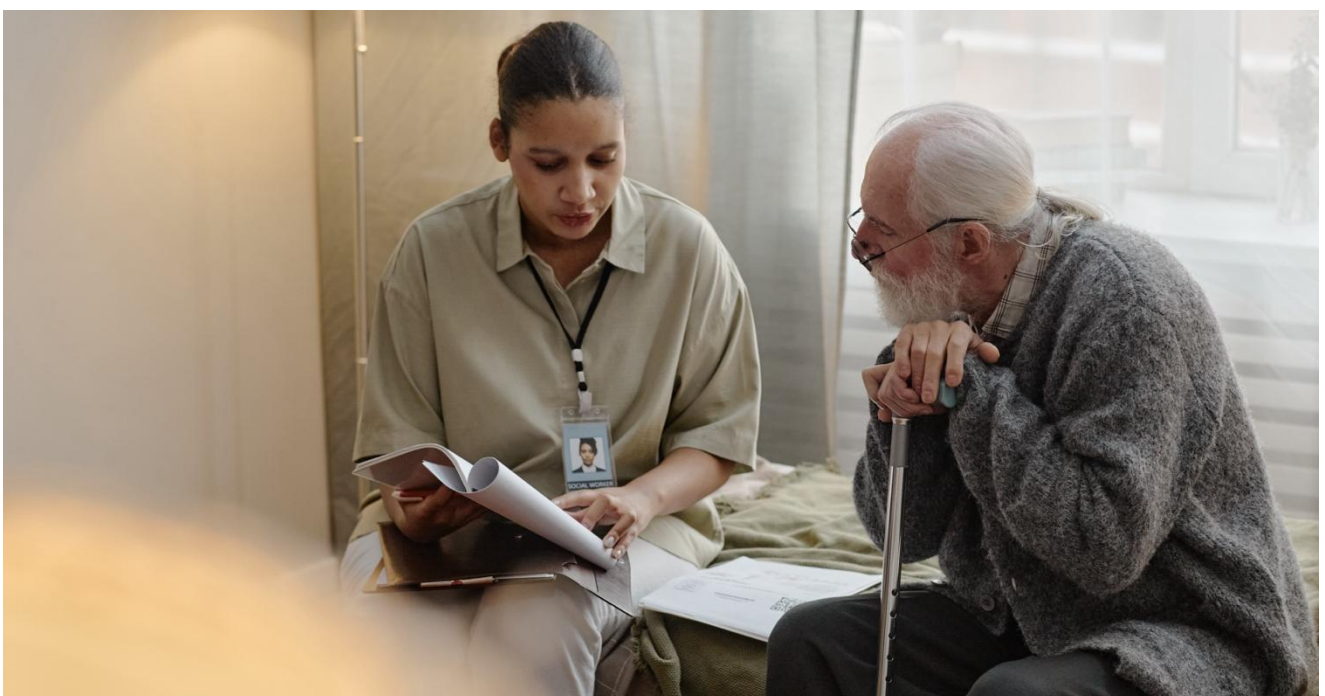
What should assertive outreach look like in the context of aged care navigation?

Care finders undertake assertive outreach to proactively identify and engage with people in the care finder target population. This includes:

- Actively identifying and engaging with potential clients through both direct and supported contact via intermediaries in local communities (such as health professionals, aged care and disability sector professionals and people from within community and voluntary organisations)
- Exploring and establishing different ways to effectively engage and build rapport with potential clients, including:
 - adapting their style of working to suit the individual needs of each person
 - meeting people in their own environment, such as their home or other environment familiar to them, at a convenient time for them
 - where needed, connecting with people over several occasions to build a relationship prior to providing support to understand and access aged care
- Building, maintaining and leveraging networks and connections in the local community to support identification of and engagement with potential clients.

Desired outcomes

- Increased understanding and willingness of people to engage with aged care services.
- Higher rates of access and sustained connection to aged care and other supports.
- Enhanced workforce capability to meet complex client needs.
- Improved coordination of support when accessing aged care for vulnerable or isolated people.
- Stronger integration between health, aged care, housing, and community systems.



Principles of care finder program

Care finder policy guidance for service delivery includes the following principles:



Person-centred approach	Care finders place clients at the centre of service delivery by: • respecting and responding to the unique needs, preferences, values and life experiences of each client • recognise the client is the expert in their own life, support clients to lead decision making.
Dignity and respect	Care finders treat clients with dignity and respect and in a way that values their identity, diverse backgrounds and life experiences.
Quality	Care finders provide clients with accurate, relevant, timely and independent information.
Choice and self-determination	Care finders respect and facilitate optimal consumer choice and client control in decision making.
Partnerships	Care finders actively build and maintain relationships and local community connections with: • the care finder target population • organisations delivering aged care supports and services and other relevant supports • networks linked with older people. • Care finders recognise and (where appropriate and with the client's consent) work in partnership with the client's carer/s, family and, or representative/s.
Equitable access	Care finder support is accessible to all people within the target population.
Continuous improvement	Care finder organisations adapt and respond to: • feedback from clients, carers, local organisations and networks • key findings from the evaluation of the care finder program. Care finders: • participate in training to build their knowledge and skills in relation to delivering support • share expertise and knowledge of local experiences, lessons learned and innovations to support continuous improvement • participate in, and contribute to, continuous improvement activities led by their PHN.

Best practice approaches

Assertive outreach can be approached in many ways. Below are themes identified by care finders and aged care system navigators based on experience and knowledge.

Identification of isolated and vulnerable people	This can be done in a variety of ways, including review and analysis of postcode data to identify areas or target population groups not currently being supported and review of referral sources and identification of key gaps such as GP clinics, community health and homelessness services.
Engagement and assertive outreach	By facilitating information sessions at places such as libraires, neighbourhood houses and food banks, people who otherwise may not find out about the program can be reached. Participation in expos, senior events and sector forums can promote awareness and access. Regular engagement with key contacts at hospital, police stations and GP clinics combined with established relationships and networking with councils, local community groups and organisations can ensure supported referrals. Outreach to caravan parks, remote towns and community hubs where vulnerable older people are known to gather is also recommended.
Cultural responsiveness	Partnerships with Aboriginal Community Controlled Health Organisations (ACCHOs) and multicultural organisations can provide strategies that support inclusion of marginalised people. Organisational policies and procedures to support cultural safety and awareness (including training) for all staff can ensure care finder organisations provide culturally safe and accessible support. Requesting secondary consultations from local cultural services as needed is encouraged, as is use of interpreters.
Person-centred, trauma-informed support	Assertive outreach should be based on principles of trauma-informed care, recognising the impact of past and present trauma on older people, aiming to create safe, empowering and person-centred environments and models of care. Person-centred, trauma-informed planning supported by joint home visits (with other services or family/carers as an example), clear consent processes, and structured discharge planning can enhance outcomes for clients.
Follow-up and persistence	Assertive outreach is enhanced when care finders proactively follow-up and offer persistent and varied methods of engagement to individuals initially unwilling or unable to engage. This can be supported by individual and organisational approaches such as: • weekly allocation and prioritisation meetings • active hold management until allocation • text reminders to reduce 'did not attend' (DNA) rates • ongoing communication with referrers • providing up-to-date and easy to read brochures, flyers and other promotional materials • continuous monitoring of demand and capacity.
Collaboration and sector integration	Assertive outreach efforts are enhanced when efforts are not only focussed on the individual. A systems approach, built on partnerships, collaboration and integration can support seamless referral paths and integrated care planning. Effective partnerships support a holistic response to the need to individuals.

Staff capability	Workforce capability should be supported through training, supervision and participation in communities of practice. This support builds capacity and confidence of staff in supporting clients with complex needs, including those experiencing homelessness, family violence, cognitive decline or social isolation, and can result in better client outcomes.
Client trust and safety	Effective practice should be centred on the development and maintenance of trusting relationships, recognising that it takes time to build trust. Key aspects for care finders include: • flexibility • reliability • openness • empathy and respect • clear communication • clear and accessible feedback processes.

Priority intake and active waitlist approach

To support assertive outreach activities and the care finder program overall, a structured intake and prioritisation system is recommended. Care finder organisations must have appropriate demand management strategies and processes in place to manage service access and risk of referred individuals. This should include:

- regular referral review through a centralised or coordinated intake point and active waitlist management processes to ensure those on the waitlist are still requiring a service and their needs have not changed
- priority based triage for people with higher levels of need or complexity
- transparent communication with referrers and those being referred including an indication of service wait times
- provision of information on alternate supports available to address needs.

Assertive outreach activity can be used to ensure referring services understand the program scope, reducing the likelihood of inappropriate referrals. Care finder organisations update Murray PHN on waitlists and how this is being managed via monthly contract meetings. Assertive outreach activities may need to reduce where there is limited or no capacity to take on new clients in the short term.



Target populations and frequency

The Department of Health, Disability and Ageing does not set targets in the care finder program however assertive outreach is a core component. Assertive outreach activity should be planned within teams, recognising regional and local needs may differ. Teams should identify and document planned assertive outreach activity, monitor, update and adapt this as required. Planning should consider geographical access and identify planned approaches for people requiring additional support because of:

- communication and language barriers
- difficulty processing information due to cognitive decline
- reluctance to recognise or engage with a need for support
- reluctance to engage with government services.

Including those who are:

- experiencing or at risk of homelessness
- First Nations
- from multicultural backgrounds
- experiencing issues with English proficiency
- prematurely ageing
- socially isolated
- care leavers.

The frequency and length of assertive outreach activities will differ according to geography and community need and may be influenced by:

- client feedback
- past and existing relationships and referral pathways
- program capacity
- Care finder experience and existing relationships
- local government area (LGA) and postcode data
- special needs program data.

As assertive outreach is a core requirement of the program, each care finder should have a clear plan to undertake assertive outreach activities as part of day-to-day service delivery. Activity is captured in Australian Healthcare Associates (AHA) quarterly reporting, monitoring the total hours of activity including travel time. Hours spent on assertive outreach will be informed by identified needs, gaps, demand FTE and capacity of the care finder.

Resources

- [Care finder policy guidance for Primary Health Networks \(PHNs\)](#)
- [Assertive outreach](#)

Contact details

For further information or clarification about any information outlined in this document, contact carefinders@murrayphn.org.au

Appendix 1: Tips from navigators

Assertive outreach

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.

