



Why a Navigator™?

NorthAble Navigator™ Services identified the following circumstances that might indicate that a disabled person and their family and whānau could derive sustainable outcomes from Navigation™.

- Families have multi services and professionals involved. There is no clear leadership and coordination of these services. Agencies supporting families need to work more closely together. The support to families is not cohesive or comprehensive and the flow of information between the families and the agencies involved lacks coordination.
- The family is overwhelmed by the vast requirements placed on them, the number of agencies involved, the amount of time and energy required to find solutions and they do not have the capacity to respond.
- The disabled person and their family and whānau demonstrate a lack of choice and control over their lives.
- There is complexity of issues around diagnosis and disabling effects, who is involved, providers are fragmented and working in isolation, delivering mixed messages to the individual and family.
- Little opportunity for families to sustain families. Parent relationships are not supported. Siblings are not supported.
- History shows a tendency for services to respond in crisis then withdraw with little or no follow up after the crisis period. Support is reactive and crisis driven with little evidence of strategies being implemented to avoid or lessen the impact of the situation in the future.
- The disabled person is identified as having needs, goals and aspirations that have not responded to traditional disability services. An intervention that has the potential to facilitate self-determination is identified, but cannot be addressed within existing disability supports.
- The functioning of the family unit is impacting on the ability of the disabled person to live their preferred life.
- The disabled person and their family and whānau would most likely be more responsive to an individualised, practical and holistic approach to service delivery.
- There is a need for early Navigation™ (especially for a person newly diagnosed) to ensure the opportunity for information provision and informed decision making is available at the start of the journey. Discharge planning is often fragmented with blurring of accountability regarding the continuum of service and follow up for disabled people.
- The disabled person and their family and whānau are rurally isolated with no natural supports and networks.
- There is evidence of informal supports but the disabled person and their family and whānau are unable to effectively identify and tap into these supports.
- There is little evidence of connection with the community and/or community networks and resources being explored.
- External indicators such as clinicians may flag that the family is not keeping appointments or an out of home placement is being considered.
- There is no long-term vision of how to function or live a life with a person with disability.