|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency Name:** |  | | **No of FTES:** | | **1 FTE Co-ordinator**  **1 FTE Navigator**  **2 .5 Navigators** | **Month ending:** | |  |
| **Total Active Individuals / Households:** |  | | **New Households for month:** | |  | **Households Closed:** | |  |
| **Training sessions attended during month: (include dates and titles)** | | | | | | | | |
|  | | | | | | | | |
| **Weekly team meetings attended during month: (include dates)** | | | | | | | | |
|  | | | | | | | | |
| **Emerging trends & issues for residents:** | | | | | | | | |
| **Description** | | **How many instances** | | **Action to Date** | | | **Action Desired** | |
| *Eg. Lack of support for elderly to pack and unpack* | | *Eg. Three* | | *Eg. Case-by-case solution, i.e. Red Cross* | | | *Eg. Find an organisation to provide service* | |
|  | |  | |  | | |  | |
| **Practice / System Issues for Navigators** | | | | | | | | |
|  | | | | | | | | |
| **Gaps – Households that are unable to be referred on due to; either a lack of capacity of the agency (name) or NO appropriate service (details)** | | | | | | | | |
|  | | | | | | | | |
| **Promotional Activities** | | | | | | | | |
|  | | | | | | | | |

## **Navigator Service Monthly Report**

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| **Good news stories / positive feedback (in brief)** |
|  |

**Notes:**

1. One report per month per agency. This is to be emailed Barbara.dempsey@whakatane.govt.nz by the **first Tuesday of the month (for the previous month)**. This will allow for a collated report across the Navigator Services to be prepared and emailed to the Governance Group.
2. If you have more than one Navigator in your agency, please present only one report which collates their reports to you as a Team Leader.
3. Where you provide a narrative on emerging trends / issues for residents, please provide evidence, background to the trends etc. This needs to be described well so that it can be reported on with confidence.