



East Toronto
Health Partners

Role of the Holistic Intake Navigation Counsellor (HINC) & Service Navigation Tips and Tricks

EastTCaN Health and Social
Collaborative

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Overview – Context & Importance of HINCs



- Many clients face challenges navigating complex health, social, and community service systems.
- Barriers such as language, culture, transportation, and lack of awareness can make it difficult to access needed services.
- Fragmented services can lead to unmet needs, delayed care, and poorer health outcomes.

Why the Role is Important

- Provides a single point of access for clients seeking support.
- Collaborate with healthcare providers and community organizations to streamline services and reduce barriers to care.
- Promotes equitable access to care for diverse and underserved populations.
- Identify systemic gaps and contribute to service improvements, especially in communities facing inequities.

The Impact of HINCs



Why navigation matters

- Newcomers and equity-deserving residents often face a complicated system – many doors, long waitlists, language and cultural barriers
- The HINC acts as a single point of access that makes the system easier to enter

Impact

- Reduces barriers to accessing services and improves client experiences and outcomes.
- Strengthens connections between clients and community resources.
- Work across health, social work and community sectors addressing social determinants of health
- Advocate for clients, enable timely access, continuity and coordinate care

HINC Access Points



How can one get connected?

Through Internal Referrals (HATP & HATM)

- Providers at HATM & HATP identify social, health, or community support needs and refer patients to the Social Services Team. A HINC connects with the client to assess needs, provide navigation support, and coordinate services.

Through Walk-In (Self Referrals) Support (Access Clinics at HATP & FHC)

- Community members can visit HATP & HATM and request assistance with health, social, or community service needs.
- The Administrative team connects clients with the Social Services Team, who then provide navigation and support.

Primary Care Navigation Clinic (ETHP- MGH – PCNC)

- Patients connected to the clinic are referred to a HINC for additional support and system navigation.

Thornccliffe Park Community Hub-Health Care Connect (ETHP-HCC & Central Intake)

- Referrals from HCC & Central Intake are triaged and further referred for primary care attachment across East Toronto partners

How HINCs Support the Internal Team



- **Collaborate with Primary Care and Social Services Teams** Work closely with the interdisciplinary team members to provide coordinated, client-centred care.
- **Facilitate Access to Benefits and Services** Support the completion of applications and forms such as ODSP, Wheel-Trans, housing, income support, and other government programs.
- **Improve Communication with Clients** HINCs improve communication through culturally appropriate services that reflect and respect the diverse communities they serve, including access to interpretation for those who face barriers in communication.
- **Promote Informed Decision-Making** Ensure clients understand their care options, services, and referrals so they can make informed decisions and provide meaningful consent.
- **Support Caregivers and Families** Connect family members and caregivers to support services, respite programs, and community resources to reduce caregiver stress and burnout.

Tips & Tricks?



- **Engagement**
 - Proactive, on-the-ground engagement, building relationships and trust with the community
 - Ensuring on-going presence at community events, schools, libraries and other spaces
 - Being in the community, same day, same place – builds recognition and walk-ins
- **Partnership & Integration**
 - Building rapport with internal team members and connecting on an ongoing basis on how to best navigate client's needs.
 - Keeping informal, formal, and consistent communication
 - Identify "champions" in workspaces who can unlock access to additional resources across different environments
- **Navigation & Client Support**
 - Comprehensive & holistic needs assessment
 - On-going and consistent follow ups and warm referrals
 - HINCs support clients by navigating the health and social systems, connecting to services while building their understanding and confidence to access care independently

Tips & Tricks?



Equity & Access

- HINCs are grounded in the lived experiences of community members that they serve with teams that reflect and connect with those communities.
- Working closely with community leaders and ambassadors and using their deep connections to improve the services

Operations

- HINCs act as a bridge & integrating care across home, hospital, and community, ensuring seamless and coordinated access
- HINC role is highly adaptable with responsibilities evolving to meet each diverse environment
- Having reference sheets to quickly refer to several resources – common resource pool across the HINCs

Data Tracking

- Capturing cases and using success stories to advocate for clients and programs.
- Identifying gaps in the services and systems to inform continuous improvements to better meet community needs.

Questions?

Please raise your hand or use
the chat



Resources Shared During Session



- Resources shared in the chat
 - City of Toronto Renovictions Bylaw
 - https://www.toronto.ca/services-payments/permits-licences-bylaws/renovictions-bylaw-development/?gad_source=1&gad_campaignid=23804838692&gbraid=0AAA-AAC-3pi6WI-qBb-IRRpbEtEQP-cWBF&gclid=CjwKCAjwgO7RBhBKEiwAZNP85pk9rysWRBhOb52YWzvKr0NF2wJxr eenHav8LPFfUbablG9eyMXr2BoC6ZUQAvD_BwE
- Don Valley Community Legal Services
 - <https://www.donvalleylegal.ca/>
- LifeLabs Mobile (in-home) Lab Services
 - <https://www.lifelabs.com/tests-services/mobile-lab-services/>
- TNG Client Accompaniment Program
 - <https://tngcommunityto.org/programs-services/urban-health-homelessness/client-accompaniment-program>

Resources Shared During Session



- WoodGreen Friendly Visiting Program
 - <https://www.woodgreen.org/programs/friendly-visiting>
- WoodGreen Medical Escort Program
 - <https://www.woodgreen.org/programs/medical-escorts-for-seniors>
- WoodGreen COSS (Crisis Outreach for Seniors) Program
 - <https://www.woodgreen.org/programs/crisis-outreach-service-for-seniors>
- Circle of Care
 - <https://circleofcare.com/>
- North York Seniors Centre
 - <https://nyseniors.org/>
- Toronto Seniors Helpline
 - <https://torontoseniorshelpline.ca/>



Resources Shared During Session

- Enhanced Home Support Program (EHSP) Funding -- Application Form
 - https://forms.office.com/pages/responsepage.aspx?id=erv3o1K-ekWp4LEgYpk-wvxtSOAdKo5EvStE_Jd-9TNUNFZPNTJKV0FXSEJCWIKNDINS05XRzNWQS4u&route=shorturl
- TNO Senior Personal Support Services
 - <https://tno-toronto.org/programs/personal-support-services-for-low%E2%80%99Iacuity-home-care-seniors>
- City of Toronto Homemakers and Nurses Services
 - <https://www.toronto.ca/community-people/children-parenting/seniors-services/seniors-health-services/homemakers-and-nurses-services/>