



Lessons learnt from navigators

Addressing service gaps: Responses to common problems encountered by navigators

Who is this for and why

This resource may be helpful for care finder line managers and care finders 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](#).

Recurring problems and navigator responses

This resource identifies common problems that ACSN navigators encountered in delivering navigation support to older people. It includes detailed examples and possible responses. All the issues presented demonstrate how navigators addressed challenges experienced with navigating into and through the aged care system.



1. Limited face-to-face services in client's homes

Although navigators operated in all States & Territories, their coverage was at a Trial level and not wide enough to provide face-to-face service at every navigator location. A range of models were engaged, including FIFO, (fly-in-fly out), which enabled some face-to-face services. Others were virtual, such as telephone or zoom. There may always be some towns/regions that won't be able to provide services face-to-face or in the customer's home.

Navigator example

Caller from remote location

There was no navigator or Aged Care Specialist Officer (ACSO) in the region, as the closest office was a two-hour drive from the customer's town. The caller did not have access to transport but was too unwell anyway to manage the distance. She had been released from hospital after brain surgery, was 86 years old and lived alone.

She needed a cleaner, had been approved for services with a home care package. The caller needed to complete income and means assessment forms (Assessment for Aged Care) but could not understand them and needed face-to-face support. She was hearing-impaired so telephone support was not appropriate.

I suggested she reach out to her local Council, local Library or GP, but the caller did not feel comfortable with any of these suggestions. I was unable to find a satisfactory solution for the customer.

Responses

Navigators responded by:

1. Referring customers to a Services Australia [Aged Care Specialist Officer](#) (ACSO) where this was operating in the area. The ACSO service provides face-to-face support but will only reach full roll-out by 31 December 2022. The cohort this supports is also broader than who the ACSN trial was supporting. However, this may not always be a suitable option for the customer's situation due to poor mobility, lack of transport, or distance.
2. Supporting the customer by phone and email/mail. This was an acceptable option for some customers however some customers had barriers to communication such as poor hearing and poor comprehension, rendering phone-based support inadequate.
3. Referring the customer to other agencies such as advocacy under the Older Persons Advocacy Network (OPAN) or Dementia Australia where appropriate. These services cross-referred to the ACSN Trial where they were likewise unable to provide the service face-to-face.

2. Navigating for customers who don't use digital technology

Navigators noted that for some customers, it was difficult to access aged care services when electronic communication devices were limited and the information and resources digitally based. For example: Webinars to understand services, Find a Provider Tool, online comparison tools and downloading forms.

Additionally, many customers utilising Navigator services had no or limited digital literacy. This included not knowing how to use web-based systems and poor literacy skills. Some customers did not have a mobile phone or a landline, while others did but did not use voicemail or had outgoing call restrictions.

Responses

1. Navigators supported the customer in person at an office, home, or other preferred location. They used their own digital devices to establish a connection with MAC alongside the customer, to facilitate registration.
2. This sometimes required the navigator to nominate themselves as a representative for the customer. This allowed the navigator to communicate with MAC on behalf of the customer once representation was established.
3. Navigators printed out the services they had identified so the customer had a list they could use to call providers independently.
4. Customers were referred to a local Services Australia Aged Care Specialist Officer (ACSO), or Financial Information Services Officer, where these were available in their area and no Navigator services were available face-to-face. Where the ACSO service is not a suitable option, i.e. the customer cannot travel to the office location, the navigator offered to support the customer by phone/post.

3. Customers not knowing what to do after initial assessment

Navigators identified that over 50% of customers were already registered with MAC and been assessed and approved for services. Sometimes a customer was assessed and approved for services but did not know how to proceed or did not realise the onus was on them to seek out service providers. They had assumed that approval for services meant that the provider would contact them.

Navigators also reported that many customers claimed not to have received confirmation of approval and care plans.

Months or even years can go by without any services being accessed. In the meantime, the customer's health deteriorates, they often cannot recall if or when they undertook the assessment and the process must commence again.

Navigator example

People need support to activate their care plans

The Navigator determined that the customer had received an ACAT assessment and had been assigned a Home Care Package (HCP) Level 2 (since expired) but was unaware of the assignment at the time.

The customer was at risk of homelessness, living in insecure accommodation and had serious medical needs that required intense medical interventions.

Despite many interactions with institutions, including an Aged Care Assessment Team where she was given both CHSP and HCP approvals, she was not identified (through assessment) as a 'vulnerable' person who would benefit from support to access and engage aged care services.

A key lesson was the importance of someone as vulnerable as this being 'flagged' through registration or assessment as vulnerable and needing extra support.

This way, when approvals are provided or a HCP is assigned, there is a mechanism that triggers a referral to a navigator/care finder. They would then engage with this person to make them aware of available supports and assist with accessing them.

Responses

1. Navigators called MAC alongside the customer to determine if the customer had been registered and, if so, what or when approvals were in place. Where there were CHSP referrals or HCP approval, the navigator could assist the customer in searching for providers and activating services.
2. If the customer consented to the Navigator using a professional representative, the navigator could access the customer's MAC file. Navigators could then assist the customer in activating services.
3. Asking the customer what mail (post/email/text messages) they had received from the government uncovered documentation from My Aged Care.

4. Understanding Home Care Packages (HCP)

One of the most common presenting needs to the navigator services was for assistance in understanding Home Care Packages (HCP). Although all HCPs are now consumer directed, many navigator customers found understanding how to access and use an HCP complicated, intimidating and overwhelming, causing many to forgo the offer of service, even though their needs signalled support was required.

This was particularly the case when the customer had no carer or family to turn to or seek advice from.

Others are too unwell, have memory or cognitive impairment and lack the mental agility to manage the task.

Also, resources to understand HCPs are predominately online, and as many vulnerable customers struggle to access information to educate themselves, go without much needed support.

Navigator examples

1. The customer was scared of completing HCP access paperwork and had no access to the internet. She felt unsure about accepting a home care package as it was “too hard.”
2. The customer is cognitively not able to engage with MAC as they do not understand the aged care system even with extensive support to do so and does not have insight into cognitive difficulties or health issues. This client would never have engaged with My Aged Care without extensive support. Even now, the client still does not really understand that they have had an ACAT assessment.
3. Mary was typical of many clients seeking support through the navigator service – isolated at home, no family support, no digital connection, overwhelmed with paperwork, feeling stressed and anxious about having to make choices before deadlines. She needed someone to sit down and talk directly to her. Although previously supplied with a printed list of 10 providers in the area, this had not helped her to decide but left her feeling frustrated and concerned.

Responses

1. Navigators supported the customer in person at an office, home or a preferred location. They worked directly with the customer to help them understand HCPs, complete Centrelink forms, search for a provider, compare providers, assist with interviewing providers and complete paperwork to accept their allocated package.
2. Where no Navigator service was available in person, customers could be referred to the [OPAN Financial Advocacy Service](#), the [Financial Information Service](#) or Services Australia Aged Care Specialist Officer (ACSO) where available in their area.
3. If none of the above referrals were suitable for the customer's situation and/or location, the navigator offered to support the customer by phone/post/email.
4. If none of the above were suitable options for the customer's situation and/or location, the customer could be referred to the MAC Case Coordination Team.

5. Finding a service provider/Lack of service providers

Navigators across all Trial locations consistently reported they were often “navigating to nowhere” in trying to find available CHSP or HCP service providers for customers. The focus of the navigator’s role was to help people understand the aged care system and link them to appropriate services. Many cases were however, already registered in the system, understood some aspects but were unable to locate available services from providers with capacity.

Navigator examples

1. “The process of finding an available provider proved increasingly difficult. Providers that the customer phoned regularly in her area never had availability, nor did they have wait lists for services, so the **onus was always on the customer** to continually ring around. As weeks turned into months of no success, the customer became despondent, had less energy and motivation to ring providers, and resigned herself to the fact that support would not be forthcoming. She **lost faith in the system** that she was told to would be available as a means of support.”
2. “Very few clients have a sufficient understanding of how to find providers, and it is difficult for many people to maintain the stamina to keep searching even if they can. If they ring MAC and look at availability (according to information that providers complete) then the client may think, “Ah, now it is going to happen.” **But unfortunately, “availability on the system does not mean availability in reality.”**

As a result, the referral may be rejected, and it is up to the client to keep ringing MAC to ask “What’s happening?” Many people simply give up.”

Responses

1. Many people contact the navigator service looking for help to find a provider. These callers may not always be eligible for a Navigator but are referred from other agencies having exhausted other avenues of support. Where the person was not within the navigator target population, they were often referred to Services Australia [Aged Care Specialist Officer \(ACSO\)](#) if available in their region, OPAN, or provided with contact details for MAC and/or the Aged Care Quality and Safety Commission to register a complaint.
2. If the customer was within the target population, the navigator supported them by undertaking Provider searches on their behalf. Sometimes, a Navigator will have greater insights into the local community, have more experience conducting provider searches or have relationships in the aged care networks they could leverage for assistance or advice.
3. Customers were encouraged to join waiting lists for services. Although some waiting periods can be up to 6 months, it is better to join the queue than not. The customer can continue to look for other providers while they wait.
4. Other service options were also explored such as local Council services, charities, and volunteer services or if the customer has the means, purchasing a private service.
5. If the customer is using CHSP but has higher care needs, they were supported to undergo an ACAT for consideration of an HCP or residential care. As a HCP is consumer-directed, it gives the customer more flexibility to source services if self-managed or if the HCP Provider allows the customer to choose their own service providers.
6. If the caller was the live-in carer or partner of the customer, they were referred to [Carer Gateway](#) to explore additional means of accessing support. Where the carer/partner of the aged care customer is aged 65 years and over (or 50 years and over if of Aboriginal or Torres Strait Islander heritage) they can be encouraged to undertake a MAC assessment for themselves and seek flexible respite support. It often doesn't occur to partners/carers to register themselves with MAC, not realising their vulnerability brought on by stress, physical demand, carer fatigue and/or social isolation.

6. Lack of quality services

Navigators found that workforce shortages in the aged care sector severely impacted home care services of some customers. This occurred where providers had trouble meeting the demand for assistance and providing the required support and flexibility. Navigators reported this resulted in many customers being unhappy with the quality of aged care service on offer. With limited available options, the choice sometimes came down to no service or continuing with an insufficient service.

Navigator examples

1. The client needed to stay with their current service provider to continue to receive Domestic Assistance, despite the client feeling the support was below standard and the service unacceptable. The customer lived in a rural area where there was only one provider organisation, so there was a lack of other options. The navigator could only support the client to access available complaint mechanisms.
2. Judy felt that the support was never able to cover all her needs and the ongoing unreliability of services provided was creating more problems for her than they were addressing. Judy stated that she had tried to be heard by the provider to no end and she was now feeling defeated.
3. The client is on a Level 4 Home Care Package and is having trouble with the Provider not supplying adequate services. This is despite agreed times being included in the provider's signed contract.

Responses

1. It was important for Navigators to help people understand the current 'system' landscape and manage their expectations. Where possible, the navigator could assist the customer in exploring alternative service providers and/or self-management options.
2. Where there was no other service provider available and self-management was not an option, customers were referred to OPAN for assistance to advocate with the current provider.
3. The customer was also supported to register a complaint with MAC and the Aged Care Quality and Safety Commission.