Lessons learnt from navigators

Governance Framework for navigation

Who this resource for and why

This resource may be helpful for PHN staff and care finder line managers as an additional resource to inform 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).

The official operation of the National care finder program is governed by care finder policy documentation.

This information sheet provides an overview of governance structures used as part of the trial and the areas identified as problematic to organisations participating in the Navigator trial.
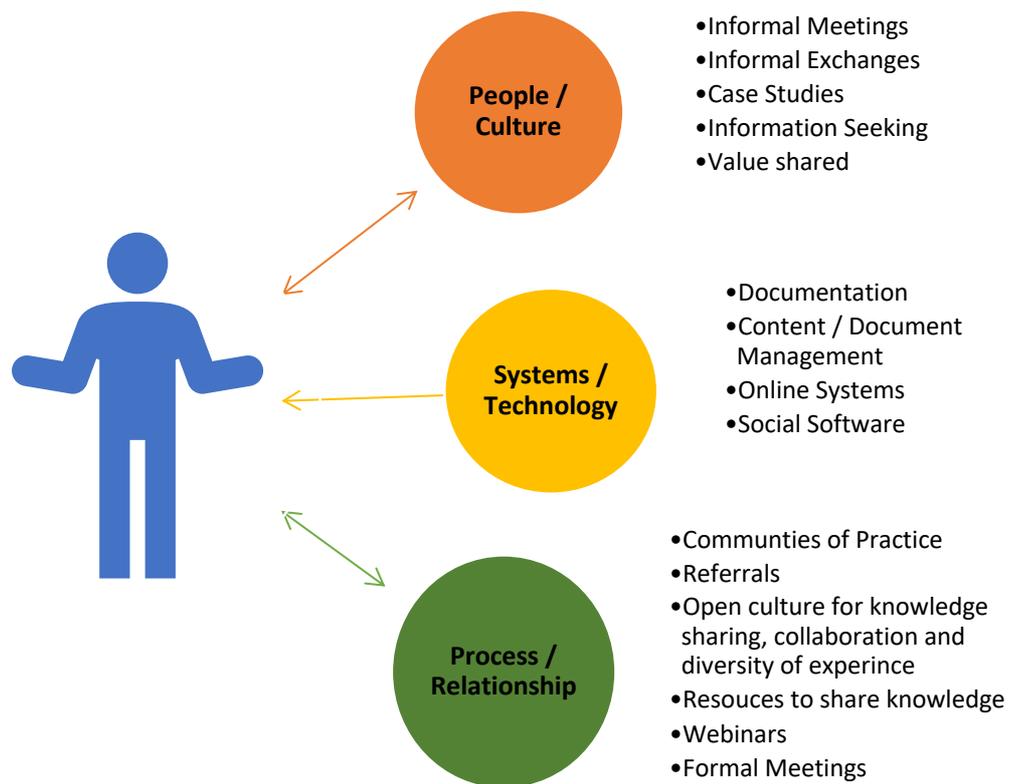
Background

Governance refers to an organisation's systems, policies and procedures that ensure safe and quality navigation services for Navigators and customers. COTA Australia understood that there were three broad areas of governance in the navigator trial:

- o People and Culture
- o Systems and Technologies
- o Processes and Relationships

The relationship between these elements was dynamic, and their relative importance varied between trial partners. As part of the trial, COTA Australia sought to support trial partners in understanding and utilising the governance process that maximised the trial's success.

Figure 1 below details the elements of each area of governance

People / Culture
- Informal Meetings
- Informal Exchanges
- Case Studies
- Information Seeking
- Value shared

Systems / Technology
- Documentation
- Content / Document Management
- Online Systems
- Social Software

Process / Relationship
- Communties of Practice
- Referrals
- Open culture for knowledge sharing, collaboration and diversity of experince
- Resouces to share knowledge
- Webinars
- Formal Meetings

Lessons learnt: Governance

Activity reporting

COTA Australia developed a range of strategies with the evaluators, the Department and the navigator organisation to ensure the effective governance and reporting of the Trial.

COTA Australia identified that ongoing reporting and reflection on service delivery were vital to developing high-quality services. Navigators were encouraged to provide feedback on how services could be improved and refined to meet customers' needs. This data was captured monthly through activity data and customer surveys.

Customer Activity Data

Customer activity was recorded in three main ways.

1. Monthly data on the quantum of service delivered to both individual and groups
2. Monthly data on customer attributes, i.e. gender, members of the identified marginalised group
3. Case Studies identified work practices that highlighted navigators' issues when working with customers.

This enabled the workers to account for how they spent their time and what they did. This data was also benchmarked against predefined KPIs. This encouraged navigators to reflect on how they were working, whom they were seeing and if their service models were working.

Customer Feedback through surveys

Critical to the ongoing measure of quality was the implementation of routine measures that measured customer satisfaction.

Navigators and trial evaluators routinely conducted voluntary, verbal customer surveys for clients who had received less than two hours of service as well as asking customers to complete the paper or online surveys if they had received more than two hours of service. Customers could refuse to participate but this feedback was critical to ensure ongoing quality measures and provide direct feedback to the navigators that they were making a difference to people.

Navigator peer learning

As part of effective governance, it was important to identify good practice and common ways of working. Therefore, the trial implemented the following process to facilitate peer learning:

Communities of Practice

Communities of Practice allowed COTA Australia and navigators to identify, share and refine navigator practice and document good practice. It acknowledged that the participants of these groups were both active, and skilled, in the provision of aged care navigation. Secondly, group participants were encouraged to create and maintain a culture that values information sharing and knowledge creation. Community of Practice occurred bi-monthly and utilised Microsoft Teams.

State and Territory Meetings

State and Territory Meetings allowed COTA Australia and Navigators to identify issues and concerns common across trail site operations and provide feedback to each other. The State and Territory Meetings utilised Microsoft Teams.

Support and supervision

For navigators the provision of supervision and support by their organisations was key to effective delivery of the service. Navigators identified that working with people who had been marginalised, distressed and had significant social and health issues was both demanding and stressful.

Navigators stressed the need for ongoing support and supervision to enable them to work effectively and safely. In addition, support and supervision would allow workers to reflect upon their work practices, debrief and identify different ways of working with customers.

Professional supervision and clinical supervision

Within the community and social support system, terms used to describe support and supervision remain contested. Workers trained within the health system such as social workers often describe support and supervision as 'clinical supervision'. It should be noted that ongoing clinical supervision is often a requirement of professional

registration. Non-health workers refer to support and supervision as professional supervision.

Support and supervision: Tips from navigator services

- We put in place regular meetings to debrief on cases collectively and individual debriefing is carried out internally on a regular basis. If further assistance is required, we have an employee assistance program in place. Frequent breaks were also crucial for staff with a heavy and complex workload.
- Our service established a buddy and mentor system where support is provided by and from the aged care advocacy team.
- We actively supported staff to reserve 25% of work time for non-customer contact to facilitate team collaboration, training, debriefing, CoP attendance, reporting, and data entry.
- Coaching by other members of the ACSN team for new staff was a key component or our training.

- Partners identified they had employed diverse staff with a range of skills, and professional backgrounds. Trial sites developed support based on the available resources and the worker's needs.

Navigator reflections

Vicarious trauma
It is important to realise that navigators can experience vicarious trauma when working with people who have been traumatised. This becomes more stressful when services are not readily available to support the person.

Formal feedback sessions and Employee Assistance Programs (EAP)
As a trial site, we implemented formal feedback sessions for navigators. Where it became apparent that the navigator required additional support or professional supervision to actively problem-solve the issues they were having with a particular customer, we escalated support to our EAPs provider. The sessions with the EAP's provider also ensured that the customer who was a social worker received the appropriate clinical supervision from a similarly trained worker.

Home visiting and travel policies

Home visits and travel policies initially proved problematic for some navigator organisations, as some had not previously undertaken home visits or community visits as part of their routine work and were or unaware that these were requirements of insurance companies and workers safety legislation.

Home visits: Tips from navigators and services

- Review the organisation's insurance requirements for home visiting by staff and use of cars, including the transporting of customers. Existing policies and procedures may have to be reviewed or new ones implemented.

- Develop home safety audit checklist and use to ensure risks are identified and effectively managed. Such a checklist includes noting the home's structural integrity, i.e., holes in floors, dangerous animals, firearms, easy access and exit from dwellings, and excessive door locks and squalor.
- Have the mobile phone turned on when home visiting and redialled to office when undertaking home visits so they can contact people if they are in danger.
- Utilise the Lone Worker Safety Zone App when travelling to track workers in real-time. Be aware of driver fatigue working in regional and remote areas.
- Track visits using a shared organisational calendar to ensure all staff movements could be accounted for. Additionally, the calendar documented where staff were going, what time they left and expected return time.
- Option to see clients at the office or in a neutral location where the living environment may pose risk to the client or worker (e.g., elder abuse allegations).
- In remote areas, two workers travel together because of distance and in case of a breakdown. In some regions weather conditions may be more dangerous at certain time of year e.g. the wet season and the risk of flooding could strand workers in Northern Australia.
- Provide regular staff supervision to debrief and discuss any challenges brought up by the work. Option to see clients at the office or in a neutral location where the living environment may pose risk to client or worker (e.g., elder abuse allegations).

Employment and recruitment

Most Partners reported that they provided their navigator staff with three areas of training:

1. Induction/orientation to the ACSN: internal processes to deliver the program including data collection and reporting
2. Online training: My Aged Care, MyGov, suicide prevention, cultural competency, work health safety.
3. Professional/external: Silver Rainbow; First Aid; Indigenous Cultural Sensitivity & Awareness, customer service, mental health first aid and group facilitation skills.

Navigator service reflections

When recruiting we look for experience in this area and then train for other skills and knowledge required (i.e., technical skills, IT skills). Coaching by other members of the ACSN team for new staff is also a key component or our training.
*We have been fortunate to attract staff with social work and community development skills, which has been highly beneficial to our ACSN trial**. (Trial partner)***

The minimum requirement we had for recruiting for the navigator positions was experience and knowledge of the aged care system. (Senior's service)