



Lessons learnt from navigators

Overarching learnings for navigators

Who this is for, and why

This resource may be helpful for the care finder line manager and the care finder 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. The official operation of the National care finder program is governed by [care finder policy documentation](#).

This document complements the *Care finder Competency Framework* (Competency Framework). It provides a summary of lessons, with examples, from navigator work practices from the ACSN trial and assumes the worker has prior knowledge and experience in many of the work practices identified.

Links to the *Care finder Competency Framework*

The following domains within the *Competency Framework* relate to this document.

- Communication / Intrapersonal Skills
- Person-Centred
- Building and sustaining networks



Background

While navigators worked with individuals to deliver services, they also worked with a broad range of communities to effectively reach out and support individuals who had become disengaged from mainstream support services. This document identifies the overarching lesson learnt from both assisting individuals and working with communities, noting both will overlap.

Working with individuals

Navigator work was underpinned by a person-led approach. Navigators stressed that focusing on the individual, their needs, capacity, circumstance and lived experiences was essential in the delivery of navigator services. In doing so, they highlighted that work was within trauma-informed practices and a cultural safety framework.

Person-led approaches

A person-led approach¹ can be broadly defined as having the following attributes:

- supports the person at the 'centre of the service', to be involved in making decisions about their life
- considers each person's life experience, age, gender, culture, heritage, language, beliefs and identity
- requires flexible services and support to suit the person's wishes and priorities
- are strengths based, where people are acknowledged as the experts in their life with a focus on what they can do first and any help they need second
- includes the person's support networks as partners.

Navigators consistently identified that person-led approaches underpinned the way they worked. In practice, this meant respecting people where they are and not assuming or hoping they have different beliefs, skills and circumstances. People have arrived at this position over many decades, often shaped by circumstances beyond their control. The navigator's task was to support and enable a person to build and keep control over their life by accessing and utilising the supports they needed, including from the aged care system.

Navigators also identified that a broad range of their customers had experienced trauma and or came from diverse backgrounds. Consequently, navigators incorporated the principles of **Cultural Safety** and **Trauma Informed Practices**.

Cultural Safety in navigation

Cultural safety identifies that some groups of people have experienced and continue to experience, systemic discrimination, violence and dispossession. In the case of Aboriginal and Torres Strait Islander peoples, this includes the ongoing effects of colonisation at both individual and systemic levels.

Cultural safety seeks to create and sustain an environment that is safe for people. This means there is no assault, challenge or denial of a person's identity and experience at an individual and system level. It is about shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and truly listening.²

Cultural safety recognises that the worker is the 'exotic other' entering the world of the customer.³ In doing so, Cultural Safety seeks to fundamentally address power imbalances between the worker and the person they are working with.

Ensuring cultural safety for customers meant:

- Navigators openly listened to the customer and learnt about who they were, what support they wanted and how the customer wished to live their lives.
- Co-production. This meant that the encounter between the navigator and the customer was collaborative. It resulted in knowledge generation, understanding and trust, enabling the customer to take control and feel respected.
- The navigator acknowledged their values, attitudes, and assumptions and their actual and potential impact on equitable and safe outcomes for the customer.

Cultural awareness and sensitivity are separate concepts and are not interchangeable with cultural safety. However, in the first instance, navigators noted that they must acknowledge that cultural diversity exists and communicate in ways that incorporate cross-cultural communication.

Trauma-informed practice

Navigators worked with diverse clients, many of whom have experienced or continue to experience trauma. The experience of trauma is often exacerbated by the intersection of issues experienced by clients. For example, a higher proportion of women with a disability experience violence than non-disabled women.

Trauma is an event, series of events or circumstances experienced as physically or emotionally harmful or life threatening. When it is repeated and extreme, occurs over a long time, or is perpetrated in childhood by caregivers, it is called complex trauma. Trauma can result in acute and ongoing adverse effects, distress or disruption to the person's life.⁴

Trauma informed practice is a way of working with people who have experienced significant or complex trauma. Trauma informed practice is a strengths-based framework founded on five core principles: safety, trustworthiness, choice, collaboration, empowerment, and respect for diversity.

Trauma-informed services seek to:

- Not harm the person they are working with.
- Not re-traumatise or blame victims for their efforts to manage their traumatic reactions.
- Embrace a message of hope and optimism that recovery is possible.

These services see survivors as unique individuals who have experienced highly abnormal situations and managed as best as they could.⁵

This is relevant to care finders. As noted in the *Care finder policy guidance*, all client-facing staff in care finder organisations are expected to have training in trauma-informed care and ongoing support and supervision.

Case study

Older Aboriginal man who identifies as a Forgotten Australian

Les is an older Aboriginal man who communicates via an electronic writing board. When meeting with Les, I asked if he had any support. He shook his head and handed me a document that was sent by My Aged Care (MAC). The letter stated that he had been allocated and assigned a Level 4 Home Care Package (HCP); however, the cut off day to have an assigned provider was that day. I asked Les if he would like me to call My Aged Care, which he did, as Les is non-verbal and could not utilise the telephone. I spoke to MAC, and Les received an extension.

Following a discussion about what Les wanted, I asked Les if he would like me to find a provider for him, and he said that he would. I told him that I had identified a particular HCP provider who was really trauma informed, flexible and had low fees. Les said that fees were important to him because he “already did not trust the government and did want to be paying them any money if he did not have to”. Les also identified as being a Forgotten Australian and said he would not have anyone in his home that wore a uniform as that was a trigger for him due to his upbringing.

I arranged for the provider, whom I had briefed about issues of Forgotten Australians, to meet at our office a few days later, as Les felt shame about how messy his home was and had requested that the meeting was in my office. At this meeting, Les stated that the only service that he would like was cleaning, accompanied shopping and transport.

The provider said that they could ensure that they would provide the support that Les wanted. Les was given the option to read over the paperwork and sign when he felt comfortable doing so. He signed the paperwork on the spot. Services commenced after the meeting. I discussed with Les that I would not ever organise any support that he did not feel comfortable with. I will work closely with Les to ensure when he does need further support that, he knows that this can be arranged.

Lessons from this case study

This highlights the importance of building trust and understanding trauma and its many impacts over a lifetime. The navigator created a safe place for the customer by respecting his concerns without any hint of judgment. The navigator was able to shape the service response to the customer's needs, for example, by asking the service provider not to wear a uniform when working with Les.

Lessons learnt from navigators

Working with individuals

Listen and learn

Active listening was identified as a key skill by navigators. It is essential if the worker is to understand the person's life story, what assistance they may need and the support required to utilise the aged care system. Listening builds respect and trust between the navigator and the customer. Navigators stressed that the role is not just information provision; it's about the relationship built with the customer.

Trust

Navigators reported that building trust with customers underpinned their relationship with customers. If customers did not trust the navigator, they would not act upon the information and support provided by navigator. Navigators stressed it is vital to follow through on what you had said you would do and ensure that the information provided was accurate.

Safe environment

Navigators identified the need to create and sustain a safe environment for people who have been traumatised. When working with customers, they identified the importance of giving the person time to express their emotions and ask questions without judgment. They also noted that the office's physical environment should feel safe, warm and inviting. Enable the customer to control their personal space, ensure the room is well lit, and make the exits clear.

Communicate clearly and concisely

The capacity to communicate with a broad range of people was identified as a key skill by navigators. When communicating, the navigators sought to ensure the person could understand what was being communicated - noting more is not necessarily better. This includes both spoken and written materials. It takes time to explain terms and eliminate jargon. When working with customers, navigators stressed the need to clarify the person's understanding of what they have been told. Some people may not have

understood what has been said due to deafness, limited English or cognitive impairment. Where needed, interpreters or trained bilingual workers were used.

Multidimensional needs

Navigators reported that many customers had other needs, such as health, housing or social supports. This will result in referral to other services and agencies. This often takes time.

Don't assume the customer's level of knowledge

Navigators identified the need to ask what people know about the aged care system. Many people believe that aged care entails residential care only and don't realise that it also means getting support to live at home. People associate the term 'aged care' with permanent aged care homes and fear that seeking support from My Aged Care means they will be "put away."

Acknowledge system complexity and limitations

Navigators stress that it was critical that they acknowledge to customers that the registration process and receipt of services can take time, is administratively complex at times, and can be frustrating and time consuming. Setting up false expectations damages the relationship between the worker and the customer. However, they stressed the need to foster hope that the person will receive the assistance they need once through this process.

Ongoing persistence

Many navigators reported that customers felt the system was overwhelming, and it would be easier to walk away from it than to proceed. Navigators require persistence and active engagement with people so that the person feels supported when going through the system or roadblocks are encountered.

Build on strengths

Navigators agreed that building upon the customer's skills, strengths and support to achieve outcomes enhanced customers' autonomy and independence. When providing choices, navigators stressed these need to be tangible and realistic. Do not set up the customer to fail; provide information and support in ways that are consistent with the person's preferences and capacity.

Life transition

Navigators found that for many people, entering the aged care system is a major life transition and stressful, both for those who are ageing and their carers. For some, it is also their first experience of engagement with the Government and large administrative systems. Consequently, navigators noted, customers will experience a broad range of emotions.

Triggering

Navigators noted that many people are wary of engaging with government agencies and aged care providers because of previous life experiences such as abuse or discrimination. The stress of change and engagement with Government may make a person resistant to receiving help or hard for them to effectively engage with it.

Set clear boundaries

Navigators reported they needed to set clear boundaries about what their role was and what they could and not do. They stressed that acting in punitive ways or making threats would only escalate the situation for some customers. Setting clear boundaries around scope of functions was essential when working with people, especially those with challenging behaviours.

Know your limits as a worker

Navigators stressed they need to be clear about their role and purpose to limit frustration and burnout. They noted support from peers and their employers was essential when working with people with challenging behaviour. They stressed the importance of professional supervision.

Working with community

Navigators recognised and understood that people's lives are shaped by the communities they identify as belonging to and the community that they physically live in. This understanding has enabled navigators to effectively target customers, particularly those who had become disengaged from formal support services.

This way of working was identified as Assertive Outreach and explained and defined for navigator staff. The key to assertive outreach is building networks and relationships with other formal and informal support, which is a critical aspect of identifying and accessing some of the most vulnerable members of communities.

Case study

Understanding of aged care

The navigator presented an information session to a group of Aboriginal and Torres Strait Islander people about aged care.

It became apparent that most of the people attending the talk assumed that the term 'aged care' related only to residential aged care, which was not their preferred choice.

The navigator clarified with the group participants that in-home support was another option, and further discussion was had about the different types of support available.

As a result of attending the talk, participants felt better informed to consider how they wanted their aged care delivered, what services they wanted to receive, and where and how they wanted to receive the services.

This talk highlighted that some communities do not understand what 'aged care' is and the broad range of available supports. By raising people's awareness of this, the navigator was able to start a dialogue with the community about how they could utilise the aged care system.

Navigators stressed the importance of understanding the groups identified by the Australian Government's [Aged Care Diversity Framework](#) (see below) as belonging to diverse communities, recognising that some people and communities require additional assistance to utilise the aged care system successfully.

- Aboriginal and Torres Strait Islander
- From Culturally and Linguistically Diverse (CALD) Backgrounds
- Living In rural or remote areas
- Financially or socially disadvantaged
- Veterans
- experiencing homelessness or at risk of becoming homeless
- Care, leavers
- Parents separated from their children by forced adoption or removal
- Lesbian, Gay, Bisexual, Transgender and Intersex
- Experiencing Mental Health Problems and Mental Illness
- Living with cognitive impairment, including dementia
- Living with a Disability

An additional resource is available to support these groups – see COTA Australia, *Lessons Learnt from Navigators: Working with older people from Diverse Communities*.

Case study

Mapping the local community

A navigator service in Perth sought to understand where potential customers from a CALD background lived across three Local Government Areas. They wanted this information so that they could establish a drop-in centre that was central to where people lived. Importantly, they wanted to use available census data to identify where people lived rather than speculating.

Using the 2021 census data and linking it to geographical information, they were able to produce a map that highlighted where people lived.

They brought together the following data:

- Proficiency in the English Language
- Language spoken other than English
- Needed assistance
- Usual Residence of person. Statistical Area 1 (SA1)

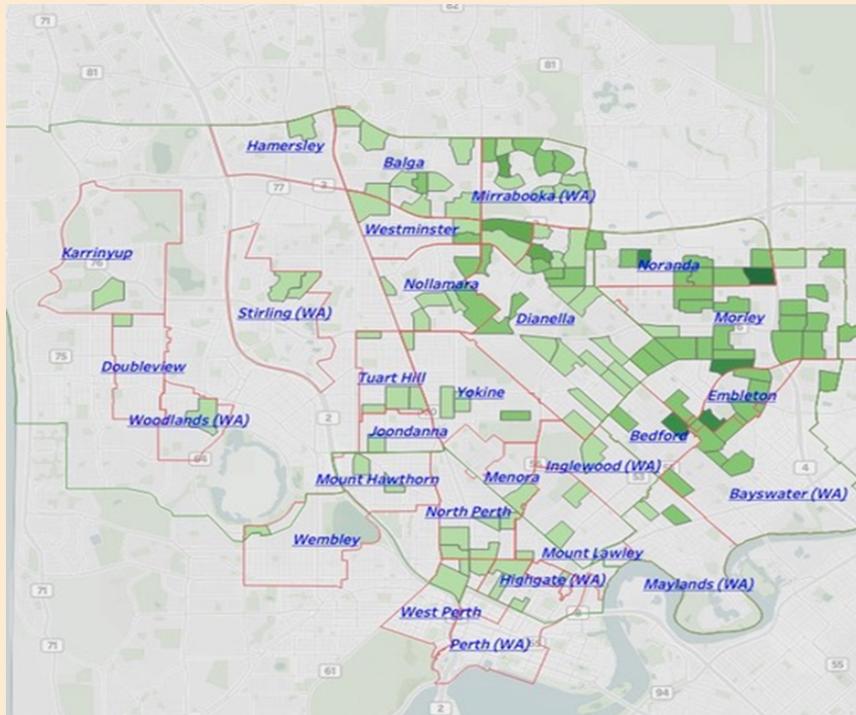
The map below displays where people from a CALD background were living. This is shaded in green (Diagram 1). The darker the green, the more CALD people lived within that geographical location. This data could further be sorted by proficiency in English.

Lessons from case study

Mapping the data and combining this with local knowledge enabled the service to identify where people lived and their numbers, which then identified a central location for a drop-in service. This process provided greater transparency and accuracy for decision-making (versus relying on anecdotal evidence).

Note: In bringing the data together, the navigator was mindful that figures were indicative only as ABS alters the number of people when aggregated together to protect people's privacy.

Diagram 1 – Person Place of Usual Residence by CALD Status



Lessons learnt from navigators

Working with community

Community of shared identity

People who have a similar history, attributes, circumstances, or experiences may identify as belonging to a specific community. Part of belonging to a specific community may be the result of shared history, systemic discrimination, violence, and dispossession. A key example are people who identify as being Aboriginal and or Torres Strait Islander, Forgotten Australians and LGBTIQ+ communities.

Navigators stressed that it was essential for **customers to identify** themselves and which community they belonged to, if any, and not the navigator, as many communities had suffered because of labels being assigned to them by services and the Government.

Community of shared geography

Becoming familiar with the community in which customers live includes knowledge of the services available, values and beliefs and an understanding of how the community self-identifies as a geographical area, such as people belonging to the Eastern suburbs of Sydney. Importantly a community's definition of local geography may not align with administrative geographies used by services. This can lead to confusion, frustration and feelings of inequity where one part of a community has services but not another.

Understand intersectionality

Whilst some people may belong to one or more communities, they are also individuals with their own unique stories and history. They may face similar barriers and difficulties in accessing the aged care system, but each person may also have other specific needs. Sometimes these compounds create more complex needs and interventions.

It is also important to understand that a person may be part of many communities, such as an older person with disability from a CALD background.

Learn about the community

Navigators identified that many areas had undertaken needs-based planning to inform their services, using sources from Local Councils, PHNs and Census Data for example. These data sources were useful in both understanding the needs of the community and identifying what they did not identify, such as issues of literacy, numeracy and digital competency.

Establish links

Navigators established links with formal aged care referral points such as Aged Care Specialist Officers (ACSOs); assessors (Regional Assessment Services and Aged Care Assessment Teams/ACATs); Discharge Planners; Aged Care Teams; and Nurse Navigators. They often encountered people in acute crisis or who were identified as high-risk and needing support. An important tool was attending inter-agency network meetings to link up with other services and intermediaries who reached into the broader community.

Invest time

Navigators stressed it takes time to build relationships. Trial partners reported the effective establishment and operation of the navigator service took a minimum of 6-8 months to attract customers and build momentum. Navigators highlighted that communities often observed how a navigator provided the initial service to people in their community. If a navigator reported that the service was delivered in ways that were satisfactory to the community, additional referrals often followed. Where additional referrals were not forthcoming, the navigators said it was crucial to go back to the community and explore why no more referrals were being made.

Build on strengths

Use informal information sessions and events such as community afternoon teas to develop links and trust with the community. Become known in the different communities, be present in the community, listen, learn and ask questions about what is important to them. For example, having a communal lunch session with Samoan women led to enquiries and referrals to a navigator.

Identify informal and formal intermediaries

Map and identify trusted informal and formal intermediaries who can provide entrée to groups and individuals who are disengaged from existing mainstream networks. This could include church members, respected elders, carer groups, Men's sheds, and culturally specific group meetings in community houses.

For example, the navigator in regional/remote Queensland used the snowball effect to link in with widely geographically diverse communities. She identified a church group as an initial contact point and as a result, other church groups invited her to talk after hearing about how good she was.

Be informed

Take time to learn about communities and their histories and cultural norms. For example, in culturally gendered roles of carers within some CALD communities women are identified as primary carers. Another example is that of non-traditional families within the LGBTIQ+ community.

Be accessible

Work with the community and learn from them what is important and what works for them. Navigators reported success routinely attending libraries, community houses and seniors centres. Becoming a familiar face resulted in people approaching the navigator who would otherwise not reach out to the service.

Advertise locally

Identify which information strategy messages work for the people the service targeted. Navigators reported the use of local flyers and pieces in local newspapers helping raise awareness of navigator services.

It was also important to identify the appropriate local information strategy. For example, navigators said “Don’t assume written flyers, whether in English or other languages will be accessible to potential clients.”

One trial site utilised the message of “Take control of your life as you get older” following a discussion with older people in their community. However, members of some communities reported that some people in their community could not read or write Italian due to a lack of educational opportunities in Italy during the Second World War and extreme poverty.

Case study

Beyond addressing a language barrier

Mrs R, an 86-year-old woman, is from Pakistan and cannot speak English or use a computer. Mrs R's birthdate is uncertain and therefore an estimate. She regularly participates in social support programs.

Mrs R sought assistance in contacting My Aged Care (MAC) over the phone to update her contact details.

- The client, with the assistance of the Aged Care Navigator, placed a phone call to MAC, assisted by a bicultural worker who was familiar with the client and spoke her language.
- The client was asked to identify herself to MAC staff, by confirming her date of birth. She was unable to do this.
- The client then asked the bicultural worker to speak on her behalf to update her MAC information. The navigator explained this to the MAC staff member and why the client was unable to identify herself by using her date of birth.
- The MAC staff member informed them that unless the client could confirm her identity with her date of birth, she would not be able to appoint the bicultural worker to act on her behalf (as a representative).

During this phone call, the client had access to a telephone interpreter, who was unable to communicate appropriately with the client. The interpreter was replaced twice before one was found who could understand and be understood by the client because of her dialect. Even with an interpreter, however, the client was unable to confirm her identity.

This 20-minute phone call was very disempowering and stressful for the client, who was unable to have her contact details updated that day. It was also a very stressful and upsetting process for the bicultural worker and navigator staff member. They felt equally as disempowered as they were unable to assist the client with what should have been a very simple phone call.

Lesson from case study

Systems make assumptions about people. For example, people knowing their dates of birth, their mother's maiden name, or the name of the hospital in which they were born,

and do not take into consideration the different experiences and ways in which people from CALD communities identify themselves.

This is an example of a system barrier preventing some people from equitably accessing services, despite having support from an interpreter and bilingual worker to help navigate the system.

It was not simply a matter of addressing a language barrier.

Endnotes

- ¹ NSW Health. **What is a person-led approach?** At: <https://www.health.nsw.gov.au/mentalhealth/psychosocial/principles/Pages/person-centred.aspx>.
- ² Australian Human Rights Commission, *Social Justice Report*, **Chapter 4: Cultural safety and security: Tools to address lateral violence**. At: <https://humanrights.gov.au/our-work/chapter-4-cultural-safety-and-security-tools-address-lateral-violence-social-justice#Heading56>.
- ³ Curtis, E., Jones, R., Tipene-Leach, D. *et al.* **Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition**. *Int J Equity Health* 18, 174 (2019). <https://doi.org/10.1186/s12939-019-1082-3>.
- ⁴ NSW Health. **What is trauma-informed care?** At: <https://www.health.nsw.gov.au/mentalhealth/psychosocial/principles/Pages/trauma-informed.aspx>.
- ⁵ Mental Health Australia. Trauma informed practice. At: <https://mhaustralia.org/general/trauma-informed-practice>.