



# Lessons learnt from navigators

## Roles and boundaries of the navigator role

### Who is this 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. Official operation of the National care finder program is governed by [care finder policy documentation](#).



# Background

For the Trial, the role of a navigator was to help people who faced barriers to accessing aged care to navigate the aged care system and assist them to link with aged care services.

Navigators tested strategies to support people to:

- a) Understand and remove the fear/stigma associated with the aged care system, including what services are available to meet their needs and how to access them.
- b) Engage with and access the aged care system, including connecting them with My Aged Care and providing support to choose and access services.

The role of the navigator was also to refer people not in the target population to other appropriate services.

This resource documents the role boundaries for navigators as they developed over the course of the trial. It could be reasonably predicted that care finders will experience similar issues, as this new service is established across the country.

## Reflections from navigators

*Although there may be multiple factors impacting a client's life, our service is not a legal service, a housing service, a financial service or a welfare service that dispenses food vouchers.*

*We may provide information and options for people about those matters but keeping the focus on aged care outcomes is a challenge that is important to meet. As is the challenge of having up-to-date knowledge of how aged care services can be used for such clients.*

—Reflections of an ACSN Partner

# Working within the boundaries of the role: challenges for navigators

Case studies and collected responses show that navigators often worked with customers who would be better supported under another specialised agency. However, individuals themselves often did not recognise their own level of complexity and self-referred to the ACSN. Navigators frequently engaged with customers who required input beyond both the service scope and the navigator's capability.

Some of these challenges included:

- Delays in response time from other agencies.
- Safety concerns of staff providing assistance.
- Walking the line between navigation and case management.
- Clients may reject staff or discontinue services quickly and see a lot of staff/service providers.
- Navigator stress and anxiety about not being able to connect customers with help
- Navigator over-stepping boundaries.
- Client pressure on navigator through the customer's unwillingness to engage with another service.

## Key lessons

### Manage expectations

- It was crucial to manage customer expectations around waiting times for assessment and receiving local services.
- Customers and referring Organisations often had unrealistic expectations of the navigator service. It was an important part of the navigator's role to explain what the service could and could not provide. It is important for the navigator to educate intermediaries to ensure they were referring customers appropriately. This lessens frustration for all parties and supports better outcomes for older customers.
- The navigator service received many enquiries from people who are unable to find a service provider, either through unavailability or long waiting times. Many do not fall within the target population of the ACSN but were referred by other agencies (or self-referred) when their attempts to access services were fruitless.
- It was a common misapprehension that navigators had the authority or the ability to work outside the system to produce results others could not. Navigators could only inform, advise and assist customers to understand the system and how to work within it. This was one of the most frustrating aspects of the navigator role as they worked to build trust with a client and encourage them to seek support only to find there were no services available. This is often referred to as "Navigating to nowhere."

### Integrate services

- Navigators spent considerable time speaking with the My Aged Care (MAC) Contact Centre when assisting customers. COTA Australia, as the Lead Agency in the ACSN Trial, drew on the support of the funding body, the Department of Health and Aged Care (DHAC), to raise awareness of the navigator trial with the MAC Contact Centre staff to ensure collaboration. The Advocates as Agents Pilot was a helpful resource for navigators to connect with and work collaboratively between MAC and the customer.

- Navigators sometimes faced suspicion or resistance from other sector workers such as Aged Care Assessment Teams (ACATs), Regional Assessment Services (RAS), and Aged Care Specialist Officers (ACSOs) who were often unaware of the ACSN Trial and the role of navigators. The Department sent information sheets to these intermediaries about the Trial but some individual workers remained unaware. As the Lead Agency, COTA Australia drew on the support of DHAC to promote and raise awareness and encourage collaboration between complementary services. Agreed Referral Pathways between relevant agencies would be useful in the future and will be provided for care finders.

## Support navigators to work safely and effectively

- Dealing with vulnerable people with complex needs can take an emotional toll on workers. Where possible, ACSN Partners were encouraged to provide navigator staff with clinical supervision or peer support opportunities.
- ACSN Partners were required to develop work, health, and safety policies and procedures, including Home Visitation Policies and COVID management plans, to support the delivery of navigator services in customer homes and community settings, in isolation (travel) and while providing face-to-face service delivery.
- ACSN Partners were required to recruit workers with relevant professional backgrounds and experience required to deliver the navigator model of service.
- ACSN Partners were required to ensure navigator staff had undertaken training, at a minimum, in cultural competency, work health safety, and First Aid.
- Navigators were encouraged to participate in COTA Community of Practice meetings for peer support and reflection on practice and skills in dealing with customers

# Navigator boundaries: Lessons and case studies

There are challenges in determining the balance of tasks and roles that ideally constitute the service of a navigator. These evolved over time and through the trial. Some of these challenges are outlined in the Table below.

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What a navigator could <i>not</i> do	What a navigator <i>could</i> do
<p>A navigator could not duplicate existing funded services within the aged care system or perform the role of a Service Provider, for example, delivering meals.</p> <p>(See Case Study 1)</p>	<p>Navigators could only advise and guide within the constraints of the available services and resources. They did not have special access to aged care services.</p> <p>Where there were waiting lists for services or lack of available Providers, navigators could help the customer investigate other channels of support for e.g., State-based services, charity organisations, local council services or private options.</p>
<p>A navigator could not provide official advocacy services. The National Aged Care Advocacy Program (NACAP) and the Older Persons Advocacy Network (OPAN) are funded to provide advocacy services for older people who receive or are applying for government-subsidised aged care.</p> <p>(See Case Study 2)</p>	<p>Navigators could help customers to communicate with providers where there may be misunderstandings or there were barriers to effective communication. (See <i>Care finder policy guidance</i> regarding advocacy services and customer choice).</p> <p>Navigators could help customers to understand how the aged care system worked and connect them to advocacy services or assist them to register a complaint through the Aged Care Quality &amp; Safety Commission where there is a dispute or disagreement about services or the system more broadly.</p>

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## What a navigator could *not* do

Navigators were not case managers. They could not provide ongoing coordinated support for a customer's needs that lie outside the aged care system.

Note: Care finders can provide further navigation support to an older client beyond the receipt of aged care services, where this is required. Their role should not duplicate the service providers' responsibilities.

(See Case Study 3)

## What a navigator could do

Where customers were receiving similar support from other agencies, such as Advocacy, social worker, and/or My Aged Care Case Worker, this often resulted in confusion for all parties and duplication of resources.

In these situations, the navigator acknowledged and supported other agencies who were resourced to deliver case management. Where there was confusion, they could bring different agencies together to ensure they were communicating with the customer and each other.

Under care finders there will be clear Referral Pathways and agencies will collaborate depending on the client's needs.

The most appropriate action for the navigator is to warmly refer the customer to the more appropriate program and continue to offer advice or support to the other agencies involved in respect to understanding the aged care system.

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A navigator service was not an emergency service. Most navigator Sites were only funded to deliver services part-time. Customers could not expect any urgent support from a navigator service as the aim of the trial was to help people to engage with the aged care system in a planned way.

If the navigator encountered a customer in crisis, the customer was to be referred to the most appropriate agency for their situation, such as Mental Health Crisis Team, Emergency services, drug and alcohol services, hospital or a GP.

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## What a navigator could *not* do

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Navigators do not provide clinical services

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The navigator service was required to work with customers that fell within the eligible target population, specifically those who face significant barriers to accessing support.

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Navigators did not have an obligation to provide services for customers who fell between the gaps in the aged care system. For example, they were not to undertake service provision i.e., pay for transport.

[\(See Case Study 4\)](#)

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## What a navigator could do

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Navigator staff could not undertake to provide service to a customer who required clinical support such as counselling. However, they could be emotionally supportive as they navigated people through the system.

Navigators could identify the support the client needed and connect with the most appropriate service to meet these needs.

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Customers who do not fall within the target population were to be referred to the most appropriate service for their needs, ie Aged Care Specialist Officer (ACSO); My Aged Care.

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Navigators were often conflicted by what their role could reasonably provide if services were unavailable due to lack of Providers or long waiting lists. Navigators needed ongoing support and supervision to manage boundaries and customer frustrations.

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## Case study 1

### Understanding navigator role boundaries

Peter, 74, receives some Community Home Support Program (CHSP) services for domestic support and shopping and requested assistance from the navigator to include help with linen cleaning and podiatry. The navigator visited Peter at home and talked through his options. At this meeting, the navigator became concerned about the client's inability to heal from a recent knee operation.

Peter's mobility was seriously compromised, and he was no longer able to walk with a stick. Peter faced a 6-month waiting list for a Home Care Package, and a 12-month period to accrue funds to purchase a mobility scooter.

The navigator became very concerned for Peter's wellbeing and frustrated with the system. The navigator arranged a donation of a disability scooter from a local community charity. The scooter was too small for the customer. The navigator requested funding from her organisation to purchase a disability scooter for the client and if this was not possible, she was hoping to start a GoFundMe account on his behalf.

### Lessons from this case study

The navigator in the case study works in a small regional centre, is well known and has friends and family in the community. This often makes the role of navigator more susceptible to crossing boundaries and stepping outside of the role.

The navigator cannot donate equipment to a customer. Equipment such as wheelchairs, disability scooters, and wheeled walkers must be the correct size and weight for the individual and requires consultation with an occupational therapist. The navigator should have requested CHSP Referral Codes for OT, podiatry and Goods & Equipment from the ACAT while the customer was waiting for the assignment of an HCP.

While the navigator cannot take it upon themselves to volunteer to support a client, they can suggest to the customer or their friends and family to work with local charities to seek additional funding.

## Case study 2

### Helen, a woman in her early sixties wants aged care services

“Helen,” aged 62 (and not of Indigenous heritage), contacted the navigator service seeking support to access aged care services despite not meeting the age criteria. Helen had been advised by service providers, My Aged Care, and Aged Care Assessment Team (ACAT) that she would need to apply for the NDIS and if she was ineligible, she would receive an “Access Not Met” letter which could be used to apply for My Aged Care.

Helen refused to do this. She did not wish to engage with the NDIS. When faced with the possibility that she may qualify for NDIS services due to her obvious need for assistance, Helen said she would never consider NDIS and was adamant she qualified for aged care services. Helen requested that the navigator advocate on her behalf.

The navigator stated that their role was not to act as an advocate but could guide and support her in her search for a service provider, navigate MAC or help her once she was able to provide an Access Not Met letter to MAC (which Helen refused to do).

### Lessons from this case study

Helen’s needs could be met if she followed due process and obtained the letter via NDIS. This case highlights the difficulty that navigators face with clients that require case management and more assistance than what a navigator can provide. It also highlights the difficulty that navigators face with some clients who repeatedly present for assistance, despite being told many times that the navigator cannot assist them.

## Case study 3

### Identifying issues and duplication of services

Pat is aged in her 70s. She lives alone in a small public housing unit. Pat has a Level 3 Home Care Package (HCP) and has accessed a few different service providers over time. Pat has some physical health challenges, and she has also been diagnosed with anxiety and depression. Pat also accesses community social workers and other supports (including counselling services) periodically. Pat sees herself as being estranged from several family members. There is also an ongoing Child Safety matter within the family that is a major cause of concern and distress for Pat.

When Pat first contacted the navigator service, she said that she didn't think she needed to go into permanent aged care "just yet" but wanted to talk to someone about her options. In a series of face-to-face conversations with Pat, it became apparent that she was dissatisfied with the services that she was receiving from her Home Care Package service provider and the communication styles that care managers used with her. The navigator assisted Pat to explore alternative service provider options and navigate relevant My Aged Care administrative processes.

At the same time, one of Pat's counsellors referred her to a local advocacy organisation. Pat initially told the navigator that she wanted the advocacy organisation's help with the Child Safety matter; however, it became apparent that they had been talking to Pat about her options for changing HCP service providers. The navigator explained to Pat that it was her choice who helped her with aged care navigation, but it couldn't be both organisations, as this would result in overlap and confusion. Pat also spoke about another person being involved, who the navigator eventually identified as being a My Aged Care case manager. It was unclear how the case manager had become involved. The navigator again explained to Pat about duplication of services and that she would have to withdraw her services as a navigator.

### Lessons from this case study

The client received support from the navigator, My Aged Care Case Manager, Advocacy Case Manager and counsellors. Over time, the navigator became aware that different stakeholders were duplicating supports. The navigator could have clarified and explained the varying functions of each support or program and ensured there was a 'lead agency' managing the client's services.

## Case study 4

### Navigator role in complex cases

Alex is 98 years old and lives alone. His partner has been taken into a dementia-specific aged care facility over 200kms away 18 months ago. Alex has only been able to visit twice in this time and this has caused immense grief and loneliness. Alex has no children or family for support. Alex currently resides in an independent living village and has, to date, declined to receive any Commonwealth-funded or privately funded aged care services.

When the navigator visited Alex at home, Alex was unable to find the approval letter for the Home Care Package. He did not fully understand the reasons for the assessment, and the services he had been assessed as eligible to receive.

Alex was reluctant to engage with government services, believing the services could be better used by others, and struggled to understand the complexity of the aged care system. Much time was needed to be spent with him, building a relationship and covering the processes.

Alex had no mobile phone, no internet access, no bank cards, or credit cards. Alex only had a cheque book and his driver's license had recently been suspended.

Alex requested assistance to be admitted into the same aged care facility as his partner. Alex's partner resides in a Dementia specific facility and, although Alex does not have a diagnosis of Dementia, the facility approved his admittance for a trial period.

Alex was unable to find transport to the facility as he lived in a regional area and the facility was over 200 kms away. The navigator tried to organise transport but as Alex didn't have a bank card to pay and this was the policy of all transport options, the transport could not be arranged.

The only solution was for the navigator's organisation to pay the transport organisation and be reimbursed via cheque from Alex.

### Lessons from this case study

Although the navigator was able to assist Alex in gaining admittance into the facility, many issues became apparent:

- It was not good practice for navigators to be involved in any aspects of client finances including handling any credit cards or cheques.

- State funded services could be explored in relation to transport to and from a facility or CHSP transport services.
- A person can face many service limitations if they lack a mobile phone and a credit card.
- There is a lack of Australian Government-funded services for complex clients who need additional support to transition to aged care. For example, providing help to sell their car, with labelling clothes to enter a residential facility, organising the house to be packed up and furniture sold etc. Some older people who can afford it may use commercial aged care placement services in these instances.
- Large amounts of support are needed to assist older people with complex needs who have no friends or family. This is especially so for those in rural and regional areas where such specialist or case managed Government services may be very limited.