



Lessons learnt from navigators

Supporting complex customers

Who this is for, and why

This resource is provided to complement the existing expertise of care finder line managers and care finders. It is based upon the experiences and reflections of Aged Care Navigators and COTA Australia as part of the Australian Government funded Aged Care System Navigator (ACSN) Trial.

Operation of the national care finder program is governed by care finder policy documentation, available at [Care Finder Policy Guidance](#).

Aims of document

This resource documents how ACSN navigators responded when dealing with people who exhibited challenging behaviours. This resource identifies:

1. Expectations of the ACSN trial
2. Expectations of workers
3. How to recognise general psychological distress
4. ACSN and duty of care
5. Working within the scope of the role
6. Working with other agencies
7. Supervisor/Team leader obligations
8. Organisation obligations



Links to the *Care finder Competency Framework*

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

- 1 Communication and interpersonal skills
- 3 Person centred practice

COTA resources

As part of the *Lessons learnt* series of resources, COTA Australia has developed the following, which also provide information for working with specific communities.

- Roles and boundaries
- Overarching lessons
- Choice and control
- Working with older people from diverse communities

Background

The ACSN Trial supported a broad range of older people who faced barriers to accessing aged care. Some of these people needed help to access aged care and a need (outside the scope of ACSN) for support in response to difficult behaviour or behaviours of concern.

Navigators found that at times people had expectations over and above the scope of the Navigator service. The appropriate services for older people with complex mental health could be hard to access, had long waitlists or were unavailable in specific locations, in particular regional areas. In these situations, a person tried to source other avenues of support irrespective of their suitability or eligibility for the ACSN.

For example:

- The ACSN service gave people access to a compassionate professional who was available face-to-face. People may use the ACSN for unofficial emotional or social support, which could lead to a dependence on the relationship built with the individual navigator.
- A range of people with complex behaviours who did not wish to or did not acknowledge or accept they needed support to manage their mental health and rejected referrals to more appropriate services.

- The person may have been referred by another organisation to the Navigator Service without prior consultation. This was often done as a last resort when the organisation exhausted all other attempts to support the customer.

Navigators reported that these customers often engaged with various services on multiple occasions, ending up unsatisfied with the outcome. The customer's ongoing frustration frequently resulted in recurrent referrals to a wide range of services. Navigators reported feeling like the "last service standing" when dealing with these customers, who fell between the gaps as the various support services could not meet all the customer's particular needs.

1. What was the expectation of the ACSN Trial?

It was not a requirement of the ACSN Trial to support people whose primary needs fell outside the scope and aims of the ACSN Trial. The ACSN was not a clinical service, and the navigator should not assume the function of a clinical role or case worker. People in an emergency or crisis need an emergency or crisis service.

If the following situations were observed or identified, the navigator was best placed to refer the customer to other more appropriate (and responsive) services:

- The threat of self-harm or expressions of suicide ideation
- Verbal abuse or threat of violence
- The customer under the effects of drugs or alcohol
- Regular and persistent contact with the navigator despite the provision of appropriate referral pathways (only in cases where the navigator felt the relationship was not about the support goal but rather the connection with the navigator).

The ACSN Trial sought to identify a crisis, intervention and/or specialist service appropriate to the customer's situation, such as Mental Health Crisis, Emergency services, drug and alcohol services, hospital or GP.

Where the ACSN Trial was no longer able to support the customer with aged care navigation and the customer was registered with My Aged Care and continued to need support to access aged care, navigators referred the customer:

- back to My Aged Care for support by the My Aged Care Case Coordination team or

- to an Aged Care Specialist Officer in their local Services Australia office or
- alerted the Aged Care Assessment Team for a review of planning needs.

The ACSN Trial was informed by the National Data privacy principles and the circumstances when the organisation may reasonably disclose a customer's personal information if the person was seeking to harm themselves or others.

Where possible, referrals were done as warm referrals and in accordance with the policy of the ACSN Trial Partner organisation. It was explained to the customer why the ACSN Trial could no longer support their needs. Consideration was also given to providing the customer with written confirmation.

If a customer chose not to access other appropriate supports but continued to contact the ACSN, they were referred to a Team Leader or Manager in the first instance. If the situation could not be resolved, customers were referred to COTA Australia who followed complaint handling procedures.

If the customer received assistance from a service more appropriate to address their immediate complex needs, it was helpful for the navigator to work with this service to provide advice or guidance on accessing aged care supports.

Where a customer had addressed their complex needs appropriately and returned to the ACSN service, navigator staff sought advice from their Team Leader/Manager on continuing to work with the customer.

2. What was the expectation of the ACSN Navigator?

Navigator duties and qualifications were aligned with the SCHCADS Award Level 5 Social & Community Services. Staff were expected to have extensive knowledge of the aged care system and related community and State-based services. They were also generally expected to have received training in areas such as; First Aid, Cultural Awareness, Work Health Safety, mental health first aid/accidental counsellor, Silver Rainbow and/or group facilitation.

It was not the role of a navigator to provide clinical or specialist support with the aim of remediating or treating the person's condition. Regardless of their qualifications, the scope of their navigator role meant that staff should not undertake to provide service to a customer whose condition or behaviour required specialist support or medical attention. Instead, navigators supported the client to connect with specialist services to meet their immediate complex needs within the existing service system.

3. How to recognise general psychological distress

While some of the customers who presented to the ACSN had complex mental health and behavioural conditions; approximately 5-10%, it was expected that most navigation customers

might be experiencing some degree of anxiety or stress related to their personal circumstances or situation.

The stresses and changes that sometimes go along with ageing can include factors such as poor health, memory problems, loss of independence, loneliness and financial hardship. These stressors may naturally have a negative impact on the person's mental well-being.

Navigators regularly reported that customers felt frustrated, disempowered, and confused by the processes involved in accessing aged care support. This, along with known barriers such as lack of service providers or deadlines to select home care providers, can all have a negative impact on the customer's mental health and well-being.

ACSN navigators were expected to be suitably trained and experienced to support such customers with general stressors and anxieties compatible with their situation. ACSN evaluation showed that the involvement of a navigator assisted in alleviating or easing some of these stressors by helping the customer access the services they need.

4. ACSN and Duty of Care

Navigators reported at times they felt uncertain about the boundaries of their work and their duty of care to customers who appeared to have limited resources available to them.

The legal definition of Duty of Care is defined within the SafeWork Act (relevant to each State and Territory) that a worker has an obligation to avoid acts or omissions which could be reasonably foreseen to injure or harm other people. In relation to the navigator, this meant navigators were required to work in a safe manner, provide a safe environment for customers and work within the parameters of the trial aims and objectives.

Navigators at times reflected on feelings of responsibility or culpability toward a customer and their expected outcomes. Over the course of the ACSN Trial, navigators often reported feeling they had a duty of care to provide service or continued engagement with a customer when that person had exhausted all other avenues of support. It was understandable that a navigator, working closely with a vulnerable and distressed person, felt a sense of obligation to provide solutions. It was also understandable that, on occasion, navigators may have crossed service-delivery boundaries for reasons such as pressure from the client and or carer, timing, frustration with the system, lack of support etc.

It was important that staff at the coalface were not conflicted by their perceptions of duty of care. Staff needed to be supported and understand they could only work within the resources they had. Navigators were supported by the ACSN Trial organisation to consider individual situations and determine the most appropriate course of action, balancing the limited scope of the program, the best interest of the customer to receive the most suitable support and the capacity of the individual staff member.

5. Working within the scope of the role

It was very important for ACSN staff to work within the scope of their role and to be clear about what the service could and could not provide. This reduced frustration for both the worker and the person seeking assistance.

It can be useful to use a pre-defined tool or checklist for the identification of the initial need, including the possible outcome of 'navigation to nowhere'.

It was important that navigators understood and articulated they were not responsible for the lack of services in the community and could only advise and guide within the constraints of the available services and resources. The lack of local services remained a source of frustration for Navigators over the course of the trial.

When dealing with customers who presented with complex behaviour a priority under the ACSN was to protect both their worker and the customer by referring to services that were designed and resourced accordingly.

6. Working with other agencies

Navigators reported that customers experiencing complex behaviours were often receiving similar support from other agencies, such as Advocacy, mental health workers, and/or My Aged Care Case Worker. This resulted in confusion for ACSN staff who might be unaware of other agency involvement, confusion for the customer who could not keep track of the people and organisations they were in contact with and duplication of resources.

In these situations, the navigator acknowledged and supported the other agencies who were resourced to deliver case management. In doing so, the most appropriate action for the navigator was to refer the customer to those services and continue to offer advice or support to the other agencies involved.

7. Supervisor/team leader obligations

Working with people who were distressed and/or have a lack of boundaries could be emotionally taxing and stressful for navigators. Repeated ongoing engagement with customers who exhibited these challenging behaviours could lead to worker burnout and poor service delivery. Supervisors and team leaders needed to actively support workers in these situations to not only enable workers to do their jobs effectively but as an obligation to provide a safe working environment. Workers should be supported across the organisation on a day-to-day level.

Navigators stressed the importance of appropriate induction/orientation and support. In particular, the induction should stress the boundaries of the navigator role and the importance of regular supervision and support when working with challenging customers.

Navigators also identified the importance of the Supervisor/Team leader stepping in and reinforcing boundaries set by the navigator. Consistency of messaging was critical in working with challenging customers.

As part of the ongoing support and supervision, the navigator was also encouraged to identify and make links with older person mental health teams and similar services and support organisations to enable effective referral and consultation about customers who were challenging.

8. Organisation obligations

ACSN Trial organisations were responsible for the well-being and safety of their staff. They were also required to work within the scope and aims of the Trial and had an obligation to avoid acts or omissions which could be reasonably foreseen to injure or harm other people.

The organisation established processes and systems that supported the worker to undertake their role safely and effectively. This included clear position descriptions, reporting guidelines and policies and procedures that guide workers' day-to-day operations, in particular working with people who display challenging behaviours. It also included a voluntary Home Visitation Policy which COTA Australia audited after six months of the Trial operation. This was especially useful during the COVID-19 situation and captured vaccination status of workers with direct contact with clients.

Such a procedure might outline limits on service delivery, how customers would be reviewed and the process for escalation of support within the organisation. These were critical elements in ensuring that workers did not feel isolated or unable to ask for support.

The ACSN Trial had in place appropriate orientation procedures, supervision and support strategies, and access to outside clinical supervision if the organisation could not appropriately offer this support within its internal structures.

Importantly the organisation had to have adequate record-keeping systems if the customer made a complaint. The development of appropriate documentation process also enabled navigator managers to provide effective supervision and review of the navigator's work.