



# Lessons learnt from navigators

## Working with older people from Diverse Communities

### 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. The official operation of the National care finder program is governed by [care finder policy documentation](#).



# Links to *Care finder Competency Framework* Domains

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

- Communication / Interpersonal Skills
- Access to Services
- Person-Centred
- Building and sustaining networks

## COTA resources

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

- Awareness of Veterans and Services
- Assertive Outreach
- Working with LGBTI Seniors service model
- Working with complex customers

# Navigation for older people from diverse communities

Aged Care System Navigators (ACSN) supported older people who face barriers to accessing aged care, including people who were identified as belonging to [diverse communities](#). The navigator's role was to facilitate engagement with people from these diverse communities and enable them to access the aged care system and appropriate services.

# Who are diverse communities?

The Australian Government's [Aged Care Diversity Framework](#) has defined the following groups of people 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
- 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 people
- People with Mental Health Problems and Mental Illness
- People living with cognitive impairment, including Dementia
- Living with Disability

While some people may belong to one or more groups, 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 intersect to create more complex needs and require multi-level interventions.

# Lessons learnt

## 1. The right skills are crucial

Working effectively with older people from diverse communities is a skill-based, and not a prescriptive exercise. The older person you are working with is not a representative of their community but an individual presenting with a need for service and engagement that make sense to them and their values. Older people are not reducible to attributes – be it culture, gender etc. – but face certain challenges in dealing with services that do not reflect or understand this complexity.

Supporting people who have disengaged from systems or do not have the skills to engage with complex administrative systems effectively, requires both time and a skilled workforce.

### Some strategies to work with older people from diverse communities:

- Navigators stressed the need to be empathetic to and respectful of the communities and individuals' lived experiences and history. For some, inter-generational trauma is pervasive, such as for members of the Stolen Generations.
  - Become familiar with principles of trauma-informed practices. Blue Knot Foundation, the Australian National Centre of Excellence for Complex Trauma, provides both training and introductory webinars. The webinars can be accessed here: <https://professionals.blueknot.org.au/professional-development-training/training-programs/building-trauma-awareness-webinar-series/>
- Navigators stressed they sought to avoid stereotypes of cultures or communities. There is diversity within diverse groups – for example, differences in literacy, gender, migration status, levels of trauma, refugee status and length of time living in Australia. Factors such as class and gender also play out in diverse communities. This will affect how people understand how aged care should be delivered and familial relationships
- Navigators emphasised you should never assume or use a person's attribute as the explanation, i.e. that an expectation or behaviour is 'cultural'. Take time to clarify.
- It is important to understand and work with an individual's circumstances, preferences and capacities. Each person has their own unique story and history. The navigator had to shape the messages they had and ways of working to reflect the nuances of the people they were engaging with.

- Some communities or individuals may initially choose not to identify themselves as they are fearful of repercussions, such as for example, Forgotten Australians and members of the LGBTIQ community. Navigators required patience. They took time to actively listen to the stories of the community and understand why they may not wish to engage with the aged care system. This could include not knowing an aged care system exists in the case of some recent arrivals and refugee groups.
- Navigators need to be very mindful that people who are wary of engaging with the Government or people from outside of their community often have very rational reasons for doing so. The challenge for navigators is to understand these.
- Ensure that the person or community has understood what the navigator has told them and that they agree with the suggestions made. You may need to ask clarifying questions such as 'We have talked about different types of services. What kind of help do you think would benefit you? Where would you go for help?'
- Navigators stressed that working with people and communities who face disadvantages is hard and can be emotionally taxing. Good support and supervision are critical to stopping burnout, particularly in systems that are stressed.
- Learn how to work with an interpreter and bi-lingual/bi-cultural workers. See the *COTA Working with Interpreters Information Sheet* for lessons learned from the Navigator trial.
  - Become familiar with the use of Interpreters. National Ageing Research Institute (NARI) has produced a short video showing health professionals how to work with interpreters to complete a cognitive assessment for an older person with suspected Dementia. This video highlights how to work with interpreters.  
<https://www.nari.net.au/interpreters-in-cognitive-assessment>

## Case study

### Working with older people at risk of homelessness

Betty was at risk of homelessness, living in insecure accommodation late in her life and with serious medical needs that required ongoing intense medical interventions.

Despite her many interactions with institutions over the years where her vulnerability could have been determined and an Aged Care Assessment undertaken, she was not identified as a vulnerable person.

Following a change in health worker, Betty was referred to the navigator for support in being assessed for choosing and engaging a HCP provider. A care plan was developed with the provider. In-home support commenced weekly visits, alternating between domestic support and escorted grocery shopping, taxi vouchers and a personal alarm.

### Lessons learnt from this case study

Many people at risk are known to use services; however, staff may not know how to assist them as they believe that the person could not effectively utilise services and or they are not aware of the range of supports available.

It was important to educate those who work with marginalised groups to make them aware of the navigator's role.

## Case study

### Language needs underpin access to services

Zara was referred by a community worker from a specific cultural community that is relatively small and not well-established. She is aged in her early 70s and lives with her husband, son and his family. All members of the household speak very limited English.

Zara was referred for support in registering with My Aged Care (MAC) and being assessed for services. Upon investigation, it turned out Zara had been registered with MAC for many years and had been approved for a Level 2 Home Care Package since 2018, but she was identified as 'inactive' on this waitlist. The support she needed had been available for some time, but she had not remembered or understood how to activate this.

The navigator supported Zara over a number of home visits and phone calls, using an interpreter on each occasion. The first visit was to understand her needs and speak with MAC to reactivate her home care package. The navigator supported the establishment of a representative relationship and monitoring of the portal for package assignment and undertook phone liaison with Zara and providers to clarify her preferences (primarily access to a support worker who speaks her dialect). They also helped her to locate a provider able to offer the same and supported Zara in phone and home visits with the chosen Home Care provider through their initial assessment and sign-up process. Zara is now receiving the support she needs.

The biggest obstacles in this client experience were language related. Zara lacked the confidence to contact the navigator or other services – even where interpretation was available – so regular check-ins were required to keep things on track. As her dialect is relatively uncommon, it was also a challenge to find a bi-lingual support worker (eventually sourced by Zara through her own networks), and the availability and quality of interpreting were not always optimal.

### Lesson learnt from this case study

It takes time and persistence to build trust with people who are anxious or concerned about engaging with outsiders.

## 2. Understand the diversity of your community

- Navigators reported it was important to understand who lived in the community where they worked. This required attending local interagency meetings and meeting providers who work with people from diverse backgrounds as a good first step in understanding and contacting diverse communities. These workers can also provide background about the community and its attributes.
- Navigators stressed that customers' needs are not the same, even when they all identify as belonging to a specific community. While they may share attributes such as ethnicity or language, or circumstances such as economic insecurity, this does not define all their needs.
- To assist Navigators in understanding the diversity of their populations, COTA Australia provided demographic data to trial sites. This included census data and service provision data from the Australian Institute of Health and Welfare (AIHW). Navigators were asked to think about who they provide a service to and the potential customers who live in the community, as identified by different data sources.
- As Primary Health Networks (PHNs) will be aware, their needs assessment processes can provide rich sources of demographic data and identify the most vulnerable, disengaged or needing services.

# Learn more about your community:

## Data sources

**Public Health Information Development Unit (PHIDU)** provides comprehensive data sorted by Primary Health Unit and has been committed to providing information on a broad range of health and other determinants across the lifespan

<https://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlas-of-australia-primary-health-networks>

**The Australian Institute of Health and Welfare (AIHW) GEN** site describes itself as a comprehensive "one-stop shop" for data and information about aged care services in Australia. In the My aged care region tool, you can explore data from 2020 about the population of your region, the provision of aged care services, and the people who receive these services. <https://www.gen-agedcaredata.gov.au/My-aged-care-region>

**ABS Community Profiles** are excellent tools for researching, planning and analysing geographic areas for a number of social, economic and demographic characteristics. A Community Profile provides a comprehensive statistical picture of an area in Excel format, providing data relating to people, families and dwellings. They cover most topics on the Census form.

<https://www.abs.gov.au/websitedbs/D3310114.nsf/Home/2016%20Census%20Community%20Profiles>

## Case study

### Using data to access disadvantaged communities

Seniors Centres are the location for a range of social and educational activities and sometimes provide meals for older people. The navigator trial frequented Seniors Centres in areas of high social disadvantage weekly to provide information and individualised support to seniors struggling to connect with My Aged Care and access services often due to poor literacy and digital literacy skills.

The navigators negotiated space once a week in the centres at no cost. These sites were selected following a review of demographic data and consultation with providers.

The navigators were able to build upon the existing trusted relationships and networks within the senior's centre to make links with older people. The centre staff now organise face-to-face bookings for the navigator when they visit each week.

Additional navigators also take time to sit in public areas of the Centre with signage, so people can come up and informally ask them questions. As well, navigator staff now participate in Facebook groups established by the centre and have their posters on the wall. Participation in the centres has led to a snowballing effect where older people are now referring people they know to the navigators.

### Lesson from this case study

Being physically present in areas where people are significantly disadvantaged helps build relationships with the community.

### 3. Understand and identify barriers to access

- Barriers to access result from and create disadvantage. Poor or limited literacy in English, limited access to technology to use My Aged Care (MAC), and experiences of individual and systemic discrimination that result in limited trust in the Government and its agencies all perpetuate disadvantage and exclusion. Some people and communities experience disadvantages on many levels. It was important for navigators to understand and address this in their practice.
- Navigators stressed there is only so much they could do working with individuals when issues are systemic and result in disadvantages. For example, the lack of internet access in remote communities will take time to resolve.

Some strategies for addressing barriers include:

- Learning why some individuals or groups had disengaged. Navigators learned from customers and workers who worked with diverse communities about different groups and how to link in with them, particularly what works and what does not work.
- Attending social groups and informal gatherings of different groups was broadly acknowledged by Navigators as an excellent way of understanding communities and the issues they had. Take time to talk to members of the group informally. Ask them to describe the issues and concerns they have rather than rely only on workers' perceptions.
- Navigators reported it was very useful to undertake training run by different groups to explain their history and lived experiences, for example, Forgotten Australians.

## Case study

### Navigator assistance in a complex case – gender, language and violence

Sophie was referred, with consent, to the Aged Care Navigator through the Family Violence Response Team of the local police force. Sophie is 82 years old and identifies as a member of a culturally and linguistically diverse group. Occasionally, her adult child lives in a shed in Sophie's garden.

Sophie was not receiving any aged care services, and due to impaired hearing, limited skills with a mobile phone, having no landline and English being her second language, Sophie was reluctant to engage with My Aged Care.

Sophie wanted to receive assistance with home garden maintenance. The navigator was able to visit Sophie at home and facilitate the call to My Aged Care. Sophie was very appreciative of the support to make the call and glad that a referral was made to the Regional Assessment Service. Sophie was approved for the service requested, and Sophie's issue was resolved.

### Lesson learnt from this case study

Reaching out to a broad range of community services will result in referrals for older people who are vulnerable.

## 4. Connecting with Diverse Communities

- Navigators stressed the importance of reaching out to communities. This may involve cold calling a community group or using a member of that community to introduce them. Navigators stress this is not a passive exercise – they had to initiate contact and take the first step.
- Identify and develop relationships with trusted formal and informal intermediaries or community leaders. They can often provide entrée to groups and disengaged individuals. This could include other services, church members, respected elders, carer groups, men's sheds, disability group meetings and culturally specific group meetings in community houses.

### Case Study

#### LGBTI Elders

An LGBTI Hub hosts monthly lunch events as part of the organisations regular group information sessions as part of the navigator Trial. The aim is to increase opportunities for LGBTI elders to access aged care information and supports in a welcoming environment. This includes events such as the Seniors LGBTIQA+ Health and Wellbeing Day.

The Lunch and Wellbeing Days provide the opportunity for older people to share their experiences and stories and be in the community. At these events, members received more information about My Aged Care navigator staff. These events provide an opportunity for a warm referral to the navigator, who can provide individual support and information for people with complex needs.

In doing so, the older person is supported on their journey via a trusted intermediary to an organisation with specialist skills that are sensitive to the lived experiences of LGBTI elders.

## Navigator reflections

*To make the navigator service known to a particularly vulnerable community, I met with the Director of the intermediary service, and explained the role of the program. We then established an ongoing working relationship that fitted with their business model and preferred approaches to how they engaged with people. Complete openness and willingness to facilitate and assuage any concerns to its vulnerable community were key elements to a successful engagement of this community. Patience and the establishment of trust were key factors throughout.*

- Mainstream navigators working with Aboriginal and Torres Strait Islander people highlighted the need to contact Aboriginal and Torres Strait Islander communities when they first started operating in an area. This included making time to attend interagency meetings, visiting service providers and elder's groups and building trust through respectful relationships.
- Navigators highlighted that honesty and transparency underpinned the relationship with diverse communities. They stressed that workers should not set up false expectations about what the Navigator can do and achieve. They noted that many people have previously been let down by the aged care system or faced other systemic barriers and discrimination, so it is important to communicate realistic expectations and clear boundaries.
- Trust was key to engagement with groups from diverse communities. Recognise and understand that people from some communities, who have experienced systemic abuse and discrimination, may find it difficult to trust. Navigators reported that trust took time and was easily lost if communities believed that you were not working in their best interest or simply replicated the existing system.

## Case study

### Engaging with older Aboriginal and Torres Strait Islander people

Most of the seniors in attendance at the information session assumed that the term 'aged care' related to residential aged care, and it was evident that this was not their preferred choice. We were able to clarify that in-home support was another option, and further discussion was had about the different types of support available.

As a result, the people attending felt better informed to consider how they want their aged care to be delivered, what services they want to receive, and where and how they want to receive services. Carers also felt they are supporting the older person in their care with up-to-date information and resources.

Although the attendees had increased their knowledge and understanding of aged care services and supports, they still faced the challenge of the digital literacy or social competency required to initiate the My Aged Care registration and undertake and participate in the RAS/ACAT assessment process.

It was evident that a dedicated resource was required to work individually with each person to achieve this.

# Learn more

## Examples of Resources and Training for Diverse Communities

### Culturally and Linguistically Diverse communities

#### **Centre for Cultural Diversity in Ageing**

The Centre for Cultural Diversity in Ageing is funded by the Department of Health and Aged Care under the Partners in Culturally Appropriate Care (PICAC) program. The centre has a broad range of training and professional development resources and online training resources. Accessed June 2022.

<https://www.culturaldiversity.com.au/training-development>

### LGBTI

#### **LGBTIQ+ Health Australia**

Silver Rainbow: Ageing and Aged Care. The Silver Rainbow project is designed to improve the experiences of LGBTI people as they age and enter the Australian aged care system. The Silver Rainbow site provides a range of online training resources and support.

Accessed June 2022. [https://www.lgbtiqhealth.org.au/silver\\_rainbow](https://www.lgbtiqhealth.org.au/silver_rainbow)

### Forgotten Australians

#### **Helping Hand Org**

Working with aged care clients who experienced childhood trauma in 'care'. Helping Hand provides a range of online training and resources. Accessed June 2022.

<https://www.helpinghand.org.au/about-us/diversity-inclusion/forgotten-australians/trauma-training/>

### Homelessness

#### **Homelessness Australia**

Homelessness Australia provides links to a range of resources that provide background and support to people supporting people who are homeless. Accessed June 2022.

<https://homelessnessaustralia.org.au/homelessness-resources/>

These Guidelines provide a framework for Specialist Homelessness Services (SHS) to effectively deliver assertive outreach to people who are sleeping rough in NSW. It has a good practical overview of implementing assertive outreach, and straightforward checklists for Culturally Sensitive Practice Checklist and trauma-informed care and practice (TICP).

*Specialist Homelessness Services Assertive Outreach Good Practice Guidelines.* (n.d.).

<http://homelessnessnsw.org.au>. <http://homelessnessnsw.org.au/wp-content/uploads/2021/03/Assertive-Outreach-Practice-Guidelines.pdf>

## Working With People Who Are Deaf or Hard of Hearing

Expression Australia is a not-for-profit organisation created by and for the Deaf Community. We empower people who are Deaf, hard of hearing to overcome barriers in their life and choose how they want to live.

<https://www.expression.com.au/>

## My Aged Care Learning

All care finder organisations will undertake a specific Care Finder training module available on MAC Learning. Care finders will also be able to access other modules on MAC Learning should they choose to. Useful modules included

- Working with Forgotten Australians / Care Leavers in My Aged Care
- Cultural Competency: Aboriginal and Torres Strait Islander (ATSI) people
- Identify and Respond to Vulnerable Clients with Complex Needs
- Abuse of an older person
- Dementia
- Mental Health
- Working with Carers
- Older People Living in Rural and Remote Areas
- Knowing your Local Community and Networking
- Active Listening and Motivational Interviewing

## Older People Advocacy Network (OPAN)

The Older Persons Advocacy Network is funded by the Australian Government to provide diversity education to aged care services around the country. OPAN has created a range of webinars\* including;

- The Ageing Mosaic – Support for LGBTI people – [watch the webinar](#)
- The Ageing Mosaic – First Nations Communities – [watch the webinar](#)
- The Ageing Mosaic – Supporting My Cultural Diversity – [watch the webinar](#)
- Intersections: Ageing and Disability – [watch the webinar](#)
- Navigating Aged Care Services for people at risk of Homelessness – [watch the webinar](#)
- Navigating Aged Care Services for Forgotten Australians and Care Leavers – [watch the webinar](#)
- Creating safe and inclusive care for Forgotten Australians and Care Leavers – [watch the webinar](#)
- [Watch the webinar series](#) on DVA services for veterans
- [Watch the webinar series](#) on living with Dementia

\*These were accessed September 2022.