Submission

New Framework Planning: Effective Pathways to Change Plans

Response to consultation on new framework planning rules

October 2026

DANA Disability Advocacy Network Australia

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About DANA

As the national peak body for more than 70 independent disability advocacy organisations, Disability Advocacy Network Australia (DANA) is uniquely positioned to contribute to the consultation on new framework planning. Our insights are grounded in the lived experience shared by our member organisations and people with disability. DANA brings a national systemic disability advocacy perspective to the design of new framework planning arrangements that are safe, workable, accessible and responsive to people's circumstances and support needs.

Through their day-to-day work, disability advocates support people to understand, access, review and implement NDIS plans. This gives them a strong understanding of where planning processes work well and where they create barriers, confusion or unintended consequences. Advocates regularly assist people to navigate changes in circumstances, seek adjustments to supports, address administrative issues and resolve problems before they escalate. This provides the sector with rich insight into the practical realities of planning and plan-change pathways across diverse disability communities and geographic locations.

DANA can help ensure that the NDIA's new framework for effective pathways to change is informed by this frontline expertise. Drawing on the experiences of advocates and the people they support, DANA can identify potential implementation risks, highlight barriers that may prevent people from obtaining appropriate adjustments to their supports and provide practical advice on how pathways can be designed to be more transparent, accessible and responsive. Involving DANA and the disability advocacy sector in the design and testing of the new framework plan will help ensure that changes are workable in practice, reduce the risk of unintended consequences and support a system that responds effectively to people's changing needs over time.

Our Vision

People with disability are valued, safer, have quality of life and can reach their full potential.

Our Purpose

DANA strengthens, supports and provides a collective voice for independent disability advocacy for and with people with disability across Australia.
We achieve this by:

- promoting the role and value of independent disability advocacy.
- providing a collective voice for our members.
- providing communication and information sharing between disability advocacy organisations.
- providing support and development for members, staff and volunteers of disability advocacy organisations.
- building the evidence base to demonstrate the value of disability advocacy.
- promoting the human rights, needs, value and diversity of people with disabilities.

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Executive summary

DANA welcomes the opportunity to provide feedback to the Department of Health, Disability and Ageing (the department) on new framework planning to inform the remaining NDIS rules. These reforms are well progressed. Targeted and public consultations have already taken place, including public consultation on four of the eight NDIS rules earlier this year and further opportunities to comment on the draft rules will follow.

Given the tight timeframe and DANA's previous responses on these topics, this submission is deliberately narrow. It addresses how participants identify and pursue pathways to change their plans - where advocates are most often involved. This submission sets out six interrelated areas where the arrangements to change a plan must operate more safely, accessibly and effectively:

1. Identifying unsafe or unworkable plans before harm occurs.
2. Providing a single, supported entry point to the appropriate plan-change pathway.
3. Ensuring evidence, communication and decision-making requirements are accessible, transparent and proportionate.
4. Establishing an urgent pathway that can respond before situations escalate into crisis.
5. Strengthening cross-system cooperation, escalation and accountability.
6. Clarifying roles and resourcing disability advocacy organisations to manage the additional demand created by reform.

Across these areas, DANA's central concern is that participants should not be required to navigate complex technical processes, overcome avoidable accessibility barriers, or wait until crisis point before an issue with their plan can be addressed. The recommendations set out on the following page offer government ways to mitigate this risk.

Recommendations

Recommendation 1: The department ensures that the rules governing plan variations and reassessments include a mechanism for amending plans that are demonstrated to be unworkable or unsafe in their implementation. The rules should build upon the existing co-designed Participant Safeguarding Policy and include:

- Clear procedures for delegates to flag risks proactively and trigger investigations into why a plan is failing before harm escalates.
- Meaningful checkpoints for longer plans that test whether supports remain safe, workable and usable.
- Guidance on not using expenditure or utilisation alone as evidence of need and investigating provider, coordination, market and accessibility barriers.
- Recognising changes in informal support, carer capacity, provider availability and other implementation failures as triggers for proactive review.
- Making sure support needs assessments and planning decisions consider all the practical circumstances in which a plan will operate.

Recommendation 2: The NDIA establishes a single-entry point for plan variation and reassessment requests that are responsive to diverse access needs, including but not limited to the NDIS helpline. Through this mechanism, the NDIA will triage each request, explain the available pathways and support movement between a variation and a reassessment when new information or escalation circumstances justify it. This should include:

- Removing the need for participants to identify whether they need a variation or reassessment before initiating a request.
- Ensuring the NDIA provides information and guidance needed to make informed decisions about their circumstances and support needs.
- Explaining the proposed pathway, its consequences and review rights in accessible language and confirm the participant's informed choice.
- Allowing a request to move between a variation and reassessment without restarting the process or losing the original request date.

- Ensuring trusted supporters can raise concerns where a participant cannot advocate for themselves, while preserving the participant's rights and decision-making.

Recommendation 3: The NDIA should ensure that information, communication and evidence requirements for plan variations and reassessments are accessible, transparent and proportionate to the decision and the participant's circumstances. This should include:

- Plain-language, accessible and translated information is available on the NDIA website, as well printed information available for community settings.
- Reliable interpreter access throughout planning and change processes.
- Flexible evidence requirements that recognise language, cultural, geographic and service-access barriers.
- Clearly communicated purpose, consequences and available supports and accommodations at the start of communications, with support arranged within reasonable timeframes.

Recommendation 4: The NDIA should establish a nationally consistent urgent pathway that assesses risk at the point a person seeks change, accepts proportionate evidence and permits interim decisions or funding while the full variation or reassessment is completed. This urgent pathway should:

- Establish clear urgency criteria, interim decision-making and proportionate evidentiary thresholds. These can be co-designed with people with lived expertise.
- Adopt a staged approach that enables interim funding arrangements where credible evidence indicates delay would create or prolong an unsafe situation and allows further evidence to be supplied after immediate risk is addressed.
- Ensure accountability measures through prescribing response timeframes for the NDIA and transparent escalation mechanisms that advocates can use where there is immediate or escalating risk.
- Incorporate prevention of foreseeable harm into the operations of the NDIA in conjunction with the development of 'participant risk indicators' under the

Participant Safeguarding Policy Implementation Plan, *Actions to implement NDIA Participant Safeguarding Policy Focus Areas.*[1]

Recommendation 5: Establish nationally consistent, connected escalation channels to convert warning signs into a timely, accountable NDIA response. This will require cooperation across a wide range of stakeholders. The agency is best placed to undertake an initial gap analysis as part of its participant safeguarding policy implementation and develop a strategy to coordinate key partners to:

- Allocate responsibility for initiating, coordinating and communicating the NDIA response at service-system interfaces.
- Treat hospital admission, justice-system contact, provider failure and repeated crisis presentations as risk triggers requiring triage.
- Ensure health, justice and other liaison arrangements are explicit, nationally consistent and available to participants and advocates.
- Create structured channels through which advocates can raise recurring.

Recommendation 6: The department should clarify the roles and responsibilities of the NDIA, LACs, support coordinators and independent advocates and ensure advocacy organisations are resourced to meet increased demand associated with reforms, particularly in areas where the scope of work is expanding. This should include:

- Developing clearly defined responsibilities for the NDIA, LACs, support coordinators and independent disability advocates, so that administrative and implementation tasks are not shifted to advocates by default.
- Working with the NDIA to develop information on variation and reassessment processes that participants can navigate without having to rely on advocacy, but while preserving access to independent advocacy as a safeguard.

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[1] National Disability Insurance Agency, *Participant Safeguarding Policy*, NDIS, viewed 14 October 2026, https://www.ndis.gov.au/policies-rules-and-legal/policy/participant-safeguarding-policy

- Funding and commissioning an independent assessment of the cumulative impact of eligibility, initiation, evidence, timeframes and review settings on advocacy demand before the rules are finalised. DANA should be engaged in the assessment process to provide sector intelligence and insights from disability advocacy organisations on likely service demand and implementation risks.
- Establishing a time-limited transition fund for organisations funded through the DASP and NDIS Appeals Program. This will enable their critical role in helping people with disability navigate reform, access alternative supports and resolve issues arising from significant changes to the disability support ecosystem.

Unsafe or unworkable plans should be identified early

Under the proposed rules, a plan can be updated through a variation for short-term changes, or through a reassessment when ongoing support needs have changed significantly. Both pathways focus on a change in the participant's circumstances. They do not look at whether the plan actually works once it is put into practice.

A plan that seems adequate when it is approved can fail during implementation. Often this only becomes clear when the participant tries to use the plan and finds that supports are insufficient or unavailable within the approved budget. For example, a participant may be unable to find a provider, sustain informal care arrangements, or obtain the actual level of support assumed when the budget was developed. When they are unable to use their funding, that non-use is often mistaken as evidence that the support is not needed, resulting in funding cuts when plans are reviewed.

Advocates report that funding decisions are increasingly hard to understand, with decision-making frameworks applied inconsistently. With old framework plans, advocates have observed inconsistent application of certain report types for different applicants, disregarding evidence without justification, unclear calculations for amounts and technical or vague language open to misinterpretation. If participants are unable to understand their plan or feel uncertain about what is covered, they will struggle to translate funding into useable supports.

Case example: The participant had chronic health-related disabilities, diabetes, a lower-limb amputation and low vision. The NDIA considered only the impairment through which the participant had gained access to the NDIS and did not account for the combined impact of their other conditions. The participant required overnight support and Supported Independent Living, but the NDIA determined that these needs did not relate to the recognised disability. As a result, the plan was unworkable and unsafe because it did not address the participant's whole-of-life and safety needs.

Advocates are concerned that the NDIA lacks tools or process to assess whether a plan is unsafe or unworkable. The current and proposed policy settings result in decisions that look narrowly at eligible impairments. This often does not reflect a participant's holistic needs, intersecting functional impacts and resulting risks. Once a plan and budget are set, it is difficult to fix a gap between the plan and reality. As a result, unsafe or unworkable plans are often identified too late, when harm is already occurring. Advocates fear that the opaque automated decision-making and tighter review pathway will mean greater consequences if issues are not addressed early.

The NDIA has articulated the position and role they play in safeguarding participants in the Participant Safeguarding Policy. This work was actively co-designed, sets out principles and strategies for identifying risks and includes an implementation plan. Advocates' experiences indicate this policy is not effectively applied at the planning stage. Reforms offer a valuable opportunity to embed a proactive and individual approach to identifying, assessing and managing risks early in a participant's journey.

Recommendation 1: The department ensures that the rules governing plan variations and reassessments include a mechanism for amending plans that are demonstrated to be unworkable or unsafe in their implementation. The rules should build upon the existing co-designed Participant Safeguarding Policy and include:

- Clear procedures for delegates to flag risks proactively and trigger investigations into why a plan is failing before harm escalates.
- Meaningful checkpoints for longer plans that test whether supports remain safe, workable and usable.
- Guidance on not using expenditure or utilisation alone as evidence of need and investigating provider, coordination, market and accessibility barriers.
- Recognising changes in informal support, carer capacity, provider availability and other implementation failures as triggers for proactive review.
- Making sure support needs assessments and planning decisions consider all the practical circumstances in which a plan will operate.

Onus to identify the correct technical pathway should be borne by system, not participants

Under the proposed rules, a plan can be updated through a variation, which changes one specific part of a plan for short-term changes, or through a reassessment, which involves a new support needs assessment and creates a completely new plan. In practice, the line between the two is hard to work out, especially when a participant's circumstances are changing quickly. DANA members report that participants and families often understand what has changed, but not which technical pathway applies. Requiring participants to initiate requests correctly can delay action and create avoidable paperwork.

When the burden of getting the process right falls on participants, the people with the most urgent needs are often least able to get their plan fixed. Plan-change processes must work for people who rely on support and not disadvantage people who cannot advocate for themselves. Some people may have no workable way for an advocate, support coordinator or informal supporter to tell the NDIA that a plan is unsafe or unworkable. While advocates can offer valuable support with making sense of the options and pathways, this relies on participants being able to seek and access support that meets their needs. This also relies on advocates having the capacity to support them. As covered in more detail later in this submission (pp.19-20), demand is far outpacing resourcing for advocacy organisations.

Case example: The participant was a child with complex needs whose family sought an internal review. After two months without contact, an NDIA delegate called from a private number and emailed when the call was missed. The family was given until the following day to provide further information or evidence. The participant's advocate and support coordinator could not reach the delegate to clarify the request before the deadline. The short timeframe, vague request and power imbalance prevented the family from participating meaningfully in the review.

Disability advocates observe situations where the conduct of delegates can also aggravate barriers. Administrative processes must be clear and ensure the participants' rights to procedural fairness are protected. Advocates have raised process barriers with the NDIA and we appreciate that there have been some changes to the process and staff guidance. This includes a helpline allowing participants to request a variation and then, if needed, a phone advisor can triage and escalate matters for a reassessment. It is important that the agency ensures these efforts go beyond engagement with advocates and general public information sessions to reach those who lack informal supports. This must be an ongoing effort to ensure that support is prominent at the points in time when people are most impacted.

> **Recommendation 2:** The NDIA establishes a single-entry point for plan variation and reassessment requests that are responsive to diverse access needs, including but not limited to the NDIS helpline. Through this mechanism, the NDIA will triage each request, explain the available pathways and support movement between a variation and a reassessment when new information or escalation circumstances justify it. This should include:
>
> - Removing the need for participants to identify whether they need a variation or reassessment before initiating a request.
> - Ensuring the NDIA provides information and guidance needed to make informed decisions about their circumstances and support needs.
> - Explaining the proposed pathway, its consequences and review rights in accessible language and confirm the participant's informed choice.
> - Allowing a request to move between a variation and reassessment without restarting the process or losing the original request date.
> - Ensuring trusted supporters can raise concerns where a participant cannot advocate for themselves, while preserving the participant's rights and decision-making.

Evidence, communication and accessibility should not pose barriers

All participants should have equal access to plan variations and reassessments – this requires processes to be accessible, inclusive and culturally responsive. Cohorts that face communication barriers continue to experience discrimination and disadvantage. CALD participants and families face limited translated information, interpreter access and services with NDIS literacy. Overseas assessments may be rejected or unusable without funded translation. Interpreter shortages and poor continuity cause serious delays for Deaf people and Auslan users. Information is not consistently available in Easy Read, plain language, accessible formats or community languages. This makes evidence gathering and processes difficult.

Disability advocates observe that systems are not designed to respond to participants with complex circumstances. Processes assume participants can understand technical distinctions, gather evidence and advocate independently. Disability advocates observe ongoing issues with the use of inappropriate communication methods. Written and phone communication are often used where it poses barriers for people with intellectual or cognitive disability. Online-first processes disadvantage people with low digital skills, inaccessible technology, poor connectivity or no practical in-person alternative. Staff often do not have the requisite training or awareness to recognise and address barriers as they arise.

Case example: The participant had an intellectual disability and received a call from an NDIA delegate. The delegate asked informally how things were going and whether supports were still needed, without explaining that the call formed part of a reassessment or offering time to arrange support. The participant responded without a supporter present and said they were feeling well and did not need much support. Two days later, the participant received a new plan with substantially reduced supports. The change was discovered only when providers' invoices were rejected, leaving the participant without funding for supports documented in reports already provided to the NDIA.

Under the proposed rules, variation amounts will be calculated using the new NDIS budget method rule, and NDIA staff will follow different steps depending on the reason for the variation. Disability advocacy organisations are concerned that the new budget methodology will make it more difficult to provide a clear explanation and compound existing challenges.

Recommendation 3: The NDIA should ensure that information, communication and evidence requirements for plan variations and reassessments are accessible, transparent and proportionate to the decision and the participant's circumstances. This should include:

- Plain-language, accessible and translated information is available on the NDIA website, as well printed information available for community settings.
- Reliable interpreter access throughout planning and change processes.
- Flexible evidence requirements that recognise language, cultural, geographic and service-access barriers.
- Clearly communicated purpose, consequences and available supports and accommodations at the start of communications, with support arranged within reasonable timeframes.

Crisis pathways need to act before harm escalates

Both pathways for seeking a plan change (variation and reassessment) can be slow and neither responds reliably before a situation reaches crisis under the new framework plan. A plan that works initially can rapidly become unsafe when informal support breaks down, a carer's health declines or providers become unavailable. Without clear, accessible and responsive ways to change a plan, people are at risk of not receiving the support they need, which can have significant consequences.

Administrative and evidentiary burdens add further delay, and when circumstances change rapidly, that delay can worsen avoidable harm. Support gaps can increase while a request is being prepared or considered. Once the application is made, disability advocates have experienced delays in the NDIA's response – even where

safety risks have been clearly communicated. As a result, many report increasing hospitalisations because no alternative disability supports are available.

Case example: The participant could no longer be supported safely at home by ageing parent carers and required supported accommodation. Adequate accommodation and disability supports were not provided while the application was considered. The participant remained in hospital and was subjected to physical and chemical restraint. As the matter proceeded through review, the participant experienced a prolonged hospital admission and lasting institutional harm.

Under the new framework plan, a matter may only reach advocacy when it is critical. The NDIS previously offered internal escalation routes at a state level, but disability advocates were advised these could no longer be used. These arrangements offered advocates important opportunities to discuss urgent individual circumstances with NDIA staff directly and obtain faster responses. Advocates can help identify and prepare proactively for foreseeable changes, including ageing carers and deteriorating carer capacity. However, the agency must bear responsibility and have effective prevention strategies to respond to foreseeable harm.

Recommendation 4: The NDIA should establish a nationally consistent urgent pathway that assesses risk at the point a person seeks change, accepts proportionate evidence and permits interim decisions or funding while the full variation or reassessment is completed. This urgent pathway should:

- Establish clear urgency criteria, interim decision-making and proportionate evidentiary thresholds. These can be co-designed with people with lived expertise.
- Adopt a staged approach that enables interim funding arrangements where credible evidence indicates delay would create or prolong an unsafe situation and allows further evidence to be supplied after immediate risk is addressed.
- Ensure accountability measures through prescribing response timeframes for the NDIA and transparent escalation mechanisms that advocates can use where there is immediate or escalating risk.

- Incorporate prevention of foreseeable harm into the operations of the NDIA in conjunction with the development of 'participant risk indicators' under the Participant Safeguarding Policy Implementation Plan, *Actions to implement NDIA Participant Safeguarding Policy Focus Areas.*[2]

Systems must cooperate and be accountable to keep people safe

Escalation channels across systems are inconsistent because no one central body is clearly responsible for collecting key data and sharing information. Disability advocates' experiences differ across locations and systems, with different contact points, escalation channels and health liaison arrangements. Opportunities to intervene are missed because of fragmented systems, inconsistent data capture, unclear accountability and limited training in identifying risks. Repeated hospital or justice system contact can indicate that a plan is not responding to a person's risk or support needs, yet it is often unclear who is responsible for initiating a change.

Case example: The participant was a child with significant and complex needs who lived with two siblings who also had disability. The participant's plan provided insufficient daily-living support, the parent slept only a few hours each night and the family had no informal support in Australia. After additional evidence was submitted, it took months to receive further assistance. In the interim, the family could not attend regular hospital visits to use equipment – instead of this leading to more support, the hospital notified family services. The delay allowed an identifiable support gap to become a whole-family crisis and shifted its consequences to another system.

While data is gathered across different systems, it is often fragmented and disconnected, making it difficult to identify patterns and understand people's experiences as they move between services and supports. Hospital, justice agencies

[2] National Disability Insurance Agency, *Participant Safeguarding Policy*, NDIS, viewed 14 October 2026, https://www.ndis.gov.au/policies-rules-and-legal/policy/participant-safeguarding-policy

and other services regularly come into contact with participants whose plans are failing, yet opportunities to identify and communicate issues are often missed. Effective connections between services should enable these signals to trigger an appropriate NDIS response, rather than relying on individuals to recognise problems and navigate complex change processes themselves.

Case example: The participant had an intellectual disability, with their plan managed by a guardian. They moved repeatedly in and out of prison. When the participant was in the community without adequate support, they engaged in risky behaviour and experienced multiple arrests. Despite repeated justice-system contact and an evident pattern of escalating risk, neither the guardian nor the NDIA initiated a plan change. The representative arrangement did not result in action and justice-system contact did not trigger reassessment, coordination or independent advocacy.

Recommendation 5: Establish nationally consistent, connected escalation channels to convert warning signs into a timely, accountable NDIA response. This will require cooperation across a wide range of stakeholders. The agency is best placed to undertake an initial gap analysis as part of its participant safeguarding policy implementation and develop a strategy to coordinate key partners to:

- Allocate responsibility for initiating, coordinating and communicating the NDIA response at service-system interfaces.
- Treat hospital admission, justice-system contact, provider failure and repeated crisis presentations as risk triggers requiring triage.
- Ensure health, justice and other liaison arrangements are explicit, nationally consistent and available to participants and advocates.
- Create structured channels through which advocates can raise recurring systemic issues as well as urgent individual matters.

Disability advocacy must be resourced to respond to reform

Disability advocacy organisations are not resourced to meet the increasing demand for advocacy flowing from these and other reforms. Concerningly, we anticipate that further changes to plan-change pathways will add to the extreme pressures they are already facing. The proposed changes reflect narrower initiation rules, higher reassessment thresholds, longer decision periods and fewer review pathways. As a result, we expect that these changes will bring more complex referrals and greater demand for disability advocacy organisations. We also foresee increased demand for support at earlier stages of planning, particularly where participants need assistance to question, clarify or correct decisions affecting their supports.

The sector is facing more demand and a broader role with less capacity to respond. Confusion about who is responsible among the NDIA, Local Area Coordinators (LACs), support coordinators and advocates risks shifting administrative responsibilities, such as resolving implementation problems, onto an already constrained disability advocacy sector. LACs and support coordinators refer difficult matters to disability advocacy even where navigation or implementation is part of their own role. Advocates then fill gaps across coordination, plan interpretation and appeals while managing demand beyond their funded remit.

Participants and services increasingly rely on advocates as a practical safeguard and system “connector.” Disability advocacy organisations spend significant time providing information and navigation, advice and referrals. This work is time-consuming, but is not adequately reflected in current reporting data due to capacity and reporting system constraints. DANA previously developed a service design model of Foundational Navigators that could provide a dedicated service to connect people with services, complete forms and follow up to keep support on track (see appendix A). Currently, advocates are often left to explain negative outcomes and adverse decisions arising from the changes and organisations report growing distress and anger directed at advocates, raising concerns about staff wellbeing, burnout and vicarious trauma across the sector.

Recommendation 6: The department should clarify the roles and responsibilities of the NDIA, LACs, support coordinators and independent advocates and ensure advocacy organisations are resourced to meet increased demand associated with reforms, particularly in areas where the scope of work is expanding. This should include:

- Developing clearly defined responsibilities for the NDIA, LACs, support coordinators and independent disability advocates, so that administrative and implementation tasks are not shifted to advocates by default.
- Working with the NDIA to develop information on variation and reassessment processes that participants can navigate without having to rely on advocacy, but while preserving access to independent advocacy as a safeguard.
- Funding and commissioning an independent assessment of the cumulative impact of eligibility, initiation, evidence, timeframes and review settings on advocacy demand before the rules are finalised. DANA should be engaged in the assessment process to provide sector intelligence and insights from disability advocacy organisations on likely service demand and implementation risks.
- Establishing a time-limited transition fund for organisations funded through the DASP and NDIS Appeals Program. This will enable their critical role in helping people with disability navigate reform, access alternative supports and resolve issues arising from significant changes to the disability support ecosystem.

Conclusion

The rules relating to changing plans under new framework planning arrangements will shape whether participants can correct plans that are unsafe, unworkable or no longer responsive to their circumstances. Clear variation and reassessment pathways can improve consistency, but only if people can access them without first having to identify the correct technical process. These pathways must recognise when plans are failing in practice, support participants to provide relevant evidence and respond early when risks emerge.

Plan-change processes should be accessible, transparent and proportionate, with enough flexibility to respond to complex circumstances. Urgent and cross-system escalation arrangements must enable agencies to act before avoidable harm occurs. Getting this right means building clear responsibilities, reliable contact points and meaningful safeguards into the rules and the supporting systems from the start.

DANA and disability advocates are critical partners in design and implementation. Disability advocacy organisations are already absorbing navigation and escalation work that the system has not adequately allocated or resourced. We welcome the opportunity to continue working with the department to deliver plan variation and reassessment arrangements that are safe, accessible, timely and accountable.

Appendix A: Foundational Navigation - a co-designed approach

Summary of DANA's Foundational Navigation short-form paper

DANA developed the Foundational Navigator concept through a month-long, human-centred co-design process with leaders from disability advocacy organisations across several jurisdictions. Weekly workshops examined people's navigation needs, practical solutions and the organisational capabilities required to deliver them. The project focused specifically on navigation as a Foundational Support, while recognising that related principles may also inform navigation within the NDIS.

This is a summary of a short paper developed and presented to key decisions makers. It covers:

- The co-design process
- Identified needs and service features
- Navigator roles and provider capabilities
- Independence and conflict-of-interest safeguards
- Commissioning options and system intelligence
- Indicative investment
- A concise key takeaway

Co-designed framework

The concept begins with four groups of needs:

- **Empowerment and autonomy:** support to make informed decisions that reflect each person's will, preferences and goals.
- **Clear, local and relevant information:** simple, timely information about nearby options and smoother connections to services.
- **Trust, safety and psychological security:** culturally safe, respectful support that protects privacy and gives people control over their story.
- **Consistent, person-centred relationships:** continuity with someone who understands the person and responds to changing needs.

DANA proposes three corresponding service features: person-led and flexible support; informed choice and empowered decision-making; and trust, safety and respect. People should be able to choose how and when they engage, increase or reduce support as circumstances change, receive supported decision-making, and share information by consent so they do not need to repeatedly tell their story.

Role and capabilities of Foundational Navigators

Foundational Navigators would be local experts who help people understand and compare options, make decisions, develop simple plans, connect with services, complete forms and follow up to keep support on track. They would complement—not replace—digital information and telephone services. They could also gather robust, de-identified intelligence about unmet needs, service gaps and how systems operate locally.

Organisations delivering navigation would need:

- Person-led and flexible practice, including accessible ways to opt in, pause, re-engage and scale support.
- Expertise in information navigation, supported decision-making and dignity of risk.
- Relational and cultural capability, including trauma-informed practice, adaptable communication and peer-informed approaches.
- deep local knowledge and connections across disability, health, housing, education and justice systems.
- independence from service referral benefits, supported by clear conflict-of-interest policies and boundaries between navigation and other services.

Commissioning and system role

DANA's central design requirement is local responsiveness. Delivery could be commissioned centrally by the Commonwealth through small service areas, by states through districts aligned with local service systems, or through intermediaries experienced in commissioning community-based programs. Existing organisations

funded through programs such as the National Disability Advocacy Program,[3] Care Finders and Elder Care may already hold relevant capabilities, subject to independence and suitability.

DANA also identifies a strategic role for Navigators in the staged development of Foundational Supports. Because Navigators would work alongside people across multiple systems, they could provide government with independent, community-level intelligence about additional supports required, emerging gaps, cost shifting and the performance of new services. The paper suggests establishing Navigators in the initial tranche of Foundational Supports, potentially through a three-year term with a two-year extension, so this evidence can guide later commissioning.

As an indicative benchmark, the paper compares proposed navigation investment with NDIS expenditure on Partners in the Community and Support Coordination. On that basis, it estimates approximately $36 million for navigation for every $1 billion invested in Foundational Supports. This is presented as a high-level estimate requiring further development.

[3] The Disability Advocacy Support Program (DASP) launches in late 2026 and will replace several existing programs, including NDAP.