Brotherhood of St Laurence
Working for an Australia free of poverty

Discussion paper

System navigation

Approaches to navigate and minimise complexity

July 2025

Executive summary

The Brotherhood of St. Laurence and service delivery

The Brotherhood of St. Laurence (BSL) is a social justice organisation working towards an Australia free of poverty. Our purpose is to advance a fair Australia through our leadership on policy reform, our partnerships with communities and the quality of our services. Our approach is informed directly by people experiencing disadvantage and focuses on demonstrating and delivering effective responses and building compelling evidence for policy and practice reform and systems change.

BSL operates a range of services across aged care, children and families, disability, employment and is focused on integrated policy and service development that puts people at the centre of our work. When policies and services are aligned, resources can be better coordinated to address the complex and interconnected needs of people across systems.

The role of a navigator

Australia's human services systems are overly complex and difficult for people to navigate. Across the communities we support, people regularly tell us that it is hard to understand these complex systems, which affects their ability to access the services they need. In response, many systems across Australia and internationally have introduced navigation roles to support people to navigate to and access services.

Although there is no 'one size fits all' approach to system navigation, many people can benefit from access to a navigator for complex systems.[1]

Currently in Australia there is no agreed definition of a system navigator and no clarity of the boundaries with other types of support such as case management or care coordination. However, some of the key functions of existing navigator roles across Australia include:

- identification of goals and needs of the person being supported
- support for meeting access or eligibility requirements for relevant service systems
- referrals to other relevant services (e.g. advocacy, family violence services)
- support to increase informal supports (for example social or community networks)
- collecting and sharing local knowledge about services, service gaps and availability
- care coordination or support coordination
- education about the relevant condition, disability, developmental milestones or relevant circumstances.[2]

1 Australian Healthcare Associations (2019), *Evaluation of the Aged Care System Navigator Measure: discussion paper*. Available at: https://www.ahaconsulting.com.au/wp-content/uploads/2019/08/AHA_Discussion-Paper.pdf

2 These key functions were obtained by referring to existing navigator type roles – for example: Local Area Coordinators for the NDIS, Nurse Navigators, Care Finders in aged care.

As part of service-system reforms, Navigator roles have been proposed or created in a range of systems including aged care, disability, early childhood education and care (ECEC), employment services and health, with varying levels of information available on these roles. Types of navigator roles depend on the group that the navigator exists to support. Examples include peer navigators, lay-person navigators and professional navigators,[3] each with relative merits and weaknesses.

Most of the proposed or existing navigator roles are professional navigators, who are expected to be qualified in the area where they are providing support – for example the proposed Lead Practitioner supporting families with children with developmental differences would be an Allied Health Professional, Developmental or Early Childhood Educator.

Based on a review of the summary of the proposed or existing navigator roles (see Appendix), the design of a professional navigator role should include the following common principles:

- **Place-based:** Navigators should have strong local knowledge about service quality, availability and accessibility, and they should be embedded in the community.
- **Independence:** Navigators should be independent from the systems and services they are supporting people to access to ensure there is no conflict of interest and they are focused on representing the individual or family's needs.
- **Scalable according to needs:** Caseloads need to allow enough flexibility to be able to scale support up or down as circumstances change.
- **Outreach:** Navigation should include a proactive outreach strategy to reach individuals and families who are isolated and experiencing structural disadvantage to ensure they do not miss out on appropriate services.

These principles should be considered in the development of new navigator roles, particularly those working across the systems referenced above. Alongside these design principles, it is critical to recognise overlap in the proposed roles, and the potential of these additional roles to create additional complexity for people who need access to multiple service systems.

As a result, it is important in the short term to consider how these proposed or existing navigator roles can work more effectively together.

Recommendations for improving system navigation

Short-term recommendation: Support professional coordination across system-specific navigators by investing in communities of practice or other similar information sharing and learning mechanisms.

This paper details why this short-term solution is unlikely to fully address the longer-term issue of additional or unnecessary system complexity, and why an evolution in the role of navigators is needed in the medium term.

Medium-term recommendation: Pilot new navigation roles and models such as the life-stage navigator and develop competency frameworks and practice guidance based on insights. These navigators could be enabled by intergovernmental agreements that support collaborative policymaking across jurisdictions. These agreements will take time to be finalised so work would need to start in the short term.

We recommend exploring other navigation roles and models in the medium term that are not system specific, such as a person or family-centred life-stage navigator role. These navigators would be specific to the participant's life stage and needs and would ensure people can access the right services at the right time in their lives.

Long-term recommendation: Reduce system complexity and improve service availability to minimise the need for navigation support.

In the long term it will be critical to reduce system complexity. Multiple system reviews or Royal Commissions have provided recommendations or guidance on ways that this should be done.

3 Australian Healthcare Associations (2019), *Evaluation of the Aged Care System Navigator Measure: discussion paper*. Available at: https://www.ahaconsulting.com.au/wp-content/uploads/2019/08/AHA_Discussion-Paper.pdf

Contents

Introduction

Australia's human services systems are overly complex and difficult for people to navigate. It is hard for people to understand these complex systems affecting their ability to access the services they need. In response, several recent system reform reports have recommended the introduction of a 'navigator' (or navigator-type) role to assist people.

Already in Australia there is a range of navigation models in place but there is no agreed definition of a multi-system navigator and no clarity of the boundaries with other types of support such as case management or care coordination. Navigator roles have been proposed or created in systems including aged care, disability, early childhood education and care (ECEC), employment services and health. These proposed or existing roles are detailed in the Appendix and include the following:

- **Aged Care – Care Finders.** Care Finders were established in January 2023 following recommendations from the Aged Care Royal Commission.[4] Care Finders provide intensive (where possible) face-to-face, specialist assistance to help their clients understand and access aged care services and connect with other relevant supports in the community.[5]
- **Disability – General Navigator.** General Navigators were proposed in the National Disability Insurance Scheme (NDIS) Review. The Review proposed General Navigators be available to all people with disability to help them navigate and coordinate supports across mainstream, foundational and individualised budgets in the NDIS.[6] As government has not yet provided a response to the Review it is not known whether they intend to implement these navigators.
- **Disability, Early Childhood –Lead Practitioner.** The NDIS Review proposed Lead Practitioners be the 'key worker' who is the main professional working with the family – helping to identify and address a child's needs, connect them to relevant supports and provide information, advice and coaching to support their child's development.[7] Lead Practitioners were also proposed in the Review and no further updates on implementation have been provided.
- **Health – Disability Health Navigators.** The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability recommended introducing 'Disability Health Navigators' to support navigation of healthcare for people with disability.[8] The recommendation called for federal, state and territory governments to:
  - jointly fund a national workforce of navigators to support people with cognitive disability and complex health needs to access health services and to embed safe, accessible and inclusive practice in everyday health service provision
  - develop a national evaluation framework to assess the impact of Disability Health Navigators and publish evaluation findings, sharing lessons across jurisdictions.[9]

4 Details of the recommendations are in the Appendix.

5 Department of Health (2024), *First report on the implementation of the Care Finder Program*. Available at: https://www.health.gov.au/sites/default/files/2024-05/first-report-on-the-implementation-of-the-care-finder-program.pdf

6 NDIS Review (2024), *Final Report – working together to deliver the NDIS*. Available at: https://www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis

7 ibid.

8 Details of the recommendation are in the Appendix.

9 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023), *Executive summary: our vision for an inclusive Australia and recommendations*. Available at: https://disability.royalcommission.gov.au/system/files/2023-11/Final%20report%20-%20Executive%20Summary%2C%20Our%20vision%20for%20an%20inclusive%20Australia%20and%20Recommendations.pdf

This work would be led by the Health Ministers.

- **Early Childhood Education and Care – System Navigators.** The Productivity Commission report (2024) on the ECEC system proposed a trial of System Navigators to support families who face complex barriers to navigating and accessing ECEC.
- **Employment – Regional Hubs and Gateways.** The Select Committee on Workforce Australia Employment Services' final report recommended a network of regional hubs and service gateways to provide local service system coordination and mapping, jobseeker assessment and referrals to services among other responsibilities.[10]

As detailed above and in the Appendix, the proposed (or existing) navigator roles across systems are varied in their scope, the populations they work with, and require different qualifications/professional backgrounds.

We first examine the underlying problem(s) that adding system-specific navigator roles across multiple system seeks to address. We then consider alternative models for navigation and their relative merits, common design principles. Finally, it sets out short, medium and long-term solutions to the underlying problem of system complexity.

The problem

Navigators have been proposed to address two key problems:

1 helping participants 'navigate' underlying system complexity and thin service markets
2 collecting local intelligence about service availability and gaps to inform service design and policymaking.

System complexity and thin service markets

Recent system reviews have found that many social services are complex and impose barriers and costs for participants to access and navigate.[11] Understanding eligibility requirements, assessment processes, following up referrals, as well as managing changing needs and overcoming barriers, such as language, internet access, family violence etc., is complex.

In addition, there are multiple dimensions to system complexity including accessing the system, navigating within the system, navigating across multiple systems (such as early childhood and disability), accessing services across jurisdictions (such as national, state/territory and local government) and changing participant needs across time that require additional support.

These different forms of complexity may be due to:

- limitations in the initial design of a system (possibly due to inadequate consultation and testing systems with participants)

10 Select Committee on Workforce Australia Employment Services (2023), *Rebuilding Employment Services – final report on Workforce Australia Employment Services*. Available at: https://parlinfo.aph.gov.au/parlInfo/download/committees/reportrep/RB000017/toc_pdf/RebuildingEmploymentServices.pdf

11 Productivity Commission (2024), *A path to universal early childhood education and care, Inquiry report*, vol. 1. Available at: https://www.pc.gov.au/inquiries/completed/childhood/report
NDIS Review (2024), Final report – working together to deliver the NDIS. Available at: https://www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis
Select Committee on Workforce Australia Employment Services (2023), *Rebuilding Employment Services – final report on Workforce Australia Employment Services*. Available at: https://parlinfo.aph.gov.au/parlInfo/download/committees/reportrep/RB000017/toc_pdf/RebuildingEmploymentServices.pdf
Royal Commission into Aged Care Quality and Safety (2021), *Final report: care, dignity and respect*. Available at: https://www.royalcommission.gov.au/aged-care

- inadequate consideration of how multiple systems interact
- a failure to adapt and update systems as contexts change
- a lack of alignment across different parts of government, or across federal and state systems
- policy that is deliberately designed to limit demand for services.

The costs associated with system complexity fall on government (in the form of administrative cost), but more acutely and personally on participants who are often already experiencing disadvantage,[12] in the form of potentially missing out on receiving the services they need, administrative burden, emotional stress and wasting time that could be used for education and training, seeking employment, caring responsibilities, and managing health and wellbeing.

Alongside system complexity, navigators may help people navigate a lack of available or accessible services in their area by building connections and finding solutions to meet immediate needs.

Identifying service gaps

Effective navigation can collect information about service gaps to inform the design of better and more connected services. Importantly, in isolation navigation cannot address problems caused by services being unavailable or inadequate. Research from the Melbourne Disability Institute (MDI) and BSL investigated how people with disability who do not have access to the NDIS find and use the support and services they need.[13] This research, cited in the final reports of both the NDIS Review and the Disability Royal Commission, found there was a significant gap between stated availability and accessibility of supports and services outside the NDIS, and people's experiences of finding and accessing them.[14] The research highlighted that the market of services and supports for people with disability is complex, disconnected and incomplete – and where services and supports do exist they are often unaffordable, inaccessible or unavailable.[15]

This issue of lack of available services is not only present in the disability services system but also in aged care. Recent research from Anglicare identified that older people are waiting an average of 15 months for access to Home Care, and the waitlist has doubled from the year prior.[16] The Council of the Ageing also found that only one in three home support providers have availability for new clients.[17]

Improved navigation can support and inform wider changes in service design and policymaking to address these limitations by collecting information and experiences from participants and informing other stakeholders (community sector and government) who design systems and shape policy.

12 For example Care Finders in aged care serve Aboriginal and/or Torres Strait Islander people, people from culturally and linguistically diverse (CALD) backgrounds, people who live in rural or remote areas, LGBTQIA+ people, people who are experiencing financial or social disadvantage, veterans, people who are homeless or at risk of being homeless, care leavers, and parents separated from their children by forced adoption or removal.

13 Olney, S, Mills, A & Fallon, L (2022). *The Tier 2 tipping point: access to support for working-age Australians with disability without individual NDIS funding*. Melbourne Disability Institute https://apo.org.au/node/319016

14 ibid.

15 ibid.

16 Anglicare Australia (2024), *Life on the wait list*. Available at: https://www.anglicare.asn.au/wp-content/uploads/2024/09/Life-on-the-Waitlist-Report-Updated.pdf

17 Council of the Ageing (2024), 'Fears government's Support at Home waitlist promises based on false figures'. Available at: https://cota.org.au/news-items/anglicare-life-on-the-wait-list-report/

Determining the appropriate navigation approach

To address the problems above – complexity and identification of service gaps – alternative navigation models can be considered. Although there is no 'one size fits all' approach to system navigation, many people can benefit from access to a navigator while systems remain complex.

In Australia there is already a range of navigation models in place, and the lack of an agreed definition of a system navigator and clarity on the boundaries with other types of support, such as case management or care coordination, make classification and evaluation of the models difficult.[18] Some of the key functions of existing navigator roles across Australia include:

- identification of goals and needs of the person being supported
- support for meeting access or eligibility requirements for relevant service systems
- referrals to other relevant services (e.g. advocacy, family violence services)
- support to increase informal supports (for example social or community networks)
- collecting and sharing local knowledge about services, service gaps and availability
- care coordination or support coordination
- education about the relevant condition, disability, developmental milestones or relevant circumstances.[19]

The approach to designing and determining a navigation model will depend on the group that the navigator is there to support, and what is most useful for them in their community. The model will determine the settings in which the navigator role should be delivered (in hubs, through an integrated service approach, in natural settings) and the type of navigator that would be most appropriate.

Navigation role types

Types of navigator roles depend on the group that the navigator exists to support. Examples include peer navigators, lay-person navigators and professional navigators,[20] each with relative merits and weaknesses. These roles can also be complementary. The navigators that are being proposed or exist in aged care, disability, ECEC, employment services and health are all examples of professional navigators (Lead Practitioner, Care Finder, Disability Health Navigators) or are not specified (General Navigator, Regional Hubs Navigators and ECEC System Navigators).

Peer navigators

Peer navigators have lived experience of the population they are supporting and can provide peer support. There are many examples of peer navigation across Australia – including peer workers in mental health, disability, alcohol and other drugs, youth and family violence sectors among others. These peer support roles may also go beyond navigation and access to services to include support provision.

18 Australian Healthcare Associations (2019), *Evaluation of the Aged Care System Navigator Measure: discussion paper*. Available at: https://www.ahaconsulting.com.au/wp-content/uploads/2019/08/AHA_Discussion-Paper.pdf

19 These key functions were obtained by referring to existing navigator type roles – for example: Local Area Coordinators for the NDIS, Nurse Navigators, Care Finders in aged care.

20 Australian Healthcare Associations 2019, *Evaluation of the Aged Care System Navigator Measure*, discussion paper.

Australian Healthcare Associates has identified a range of benefits in peer navigation. These include:

- giving individuals a platform to express their needs and feelings with people who have had similar life experiences
- instilling a sense of hope for the future and trust through mutually sharing personal experiences
- fostering inclusion among people who may be socially isolated.[21]

There is also emerging research on the challenges of peer workers or peer navigators, including appropriate matching of navigator to recipient, the need for support to manage relationship boundaries and the need for robust organisational processes to support peer workers.[22]

Peer navigators may also be used alongside professional navigators.

Lay-person navigators

Lay-person navigators are considered trained 'non-professionals', trained in the systems they are supporting people to navigate. However, they are not qualified in that specific service area. For example, they may support people to access ECEC but are not qualified early childhood educators.

These lay-person navigators may also be peer navigators if they have relevant lived experience of the population they are supporting and are employed in this type of role.

Currently there is limited evidence distinguishing the benefits of a lay-person navigator in comparison with a peer navigator.

Professional navigators

Professional navigators are qualified in the area where they are providing support – for example the proposed Lead Practitioner supporting families with children with developmental differences would be an Allied Health Professional, Developmental or Early Childhood Educator. They can give relevant advice and support a family's individual circumstances and offer coaching/other support alongside navigation.

There are many examples of these types of navigators, particularly in healthcare settings. For example, nurse navigators assist patients with complex conditions to move between hospital and community settings.[23] The nurse navigator role contains some case management and care coordination alongside system navigation to respond to differing levels of need.[24]

The professional navigator model appears best placed to address the challenges of system complexity and service gaps as these navigators are qualified, which evidence shows improves the experience and outcomes of the people they are supporting. This model also aligns with the proposed approach for the Lead Practitioner and the Care Finder roles, and the navigators can scale support up or down according to need, which was recommended as part of the proposed General Navigator role. Peer navigation should also be considered as a complement to professional navigation.

The weakness of professional navigator roles is how resource intensive these roles can be, particularly where they include case management or care coordination.

These three roles are summarised in the table below along with the most appropriate use of each type of navigator based on its strengths and weaknesses. This will continue to evolve as new evaluations or research come out about the value of each type of navigator.

21 Australian Healthcare Associations 2019, *Evaluation of the Aged Care System Navigator Measure*, discussion paper.

22 Joo JH, Bone L, Forte J, Kerley E, Lynch T, Aboumatar H 2022, 'The benefits and challenges of established peer support programmes for patients, informal caregivers, and healthcare providers', *Family Practice*. vol. 39, no. 5, pp. 903–12. doi: 10.1093/fampra/cmac004

23 Australian Healthcare Associations (2019), *Evaluation of the Aged Care System Navigator Measure*, discussion paper.

24 ibid.

Table 1 Navigator type and who they support

Navigator type	Definition	Who does this role support?	Examples
Peer navigator	Peer navigators are people with lived experience of the population they are supporting. Navigation can also include 'peer support'.	People who are experiencing social isolation and who need peer connection with their circumstance or identity	Peer support workers – in sectors such as alcohol and other drugs, mental health etc.
Lay-person navigator	Lay-person navigators are considered trained 'non-professionals', so they are trained in the systems they are supporting people to navigate but are not qualified in that relevant service area.	People who may need high-level navigation support including referrals, understanding service system eligibility and access requirements	Intake workers who support with navigation to other services
Professional navigator	Professional navigators are qualified in the relevant area they are supporting people in. They can give relevant advice and support to family's individual circumstances and offer coaching/other support alongside navigation support.	People who need additional support to navigate barriers to access, require education about their circumstance or stage of live (e.g. developmental milestones), or need case/care management or support coordination	Lead Practitioners, Early Childhood Coordinators

Design principles for Professional Navigators

Given that the professional navigator role is proposed or already exists in aged care, disability, ECEC, employment services and health, it requires consideration of how the role can be best designed. Based on a review of the summary of the proposed or existing navigator roles (see Appendix), the design of a professional navigator roles should include the following common principles:

- **Place-based:** Navigators should have strong local knowledge about service quality, availability and accessibility and they should be embedded in the community.
- **Independence:** Navigators should be independent from the systems and services they are supporting people to access to ensure there is no conflict of interest and that they are focused on representing the individual or family's needs.
- **Scalable according to needs:** Caseloads need to allow enough flexibility to be able to scale support up or down as circumstances change.
- **Outreach:** Navigation should include a proactive outreach strategy to reach individuals and families who are isolated and experiencing structural disadvantage to ensure they do not miss out on appropriate services.

In addition to the above design principles for professional navigators, the University of Melbourne has also developed the Service Navigation Relational Autonomy Framework (SNAF) to guide practice.[25] This framework incorporates four key areas:

- **Fostering self-determination:** Service Navigators should consider self-determination, including autonomous

25 Davidson, J, Hampson, R & Connolly, M 2018, 'Service navigators in the workforce: an ethical framework for practice', *Asia-Pacific Journal of Health Management*, vol. 13, no. 2, i36. Doi: 10.24083/apjhm.v13i2.11

decision-making and how the role of family and/or social networks are working within this context. Navigators may step in where family support is not present, but the role of the navigator is to strengthen these supports rather than replace them.

- **Supporting transitions and wellbeing:** Understanding the service user, including their context, needs and priorities, is considered essential to providing a personalised navigation service.
- **Mobilising service systems:** Service Navigators require an in-depth understanding of what systems offer, where and to whom, as well as the complexity of how systems interact and intersect. The 'mobilising services' domain also draws attention to risk assessment and risk management. Working within this framework, navigators need to be mindful of the physical, emotional, legal and organisational risks when clients interact with service systems.
- **Reinforcing ethical practices:** In defining ethical navigation practice, the framework considers clarifying roles and responsibilities, transparency, and efficient and effective use of resources. This domain also focuses on 'relational autonomy' and the importance of power influences.

It will be important to consider how new navigator roles can be rolled out – both in the short term and over longer timeframes. This is discussed in the next section, which covers short-term solutions to the introduction of system-specific navigator roles, as well as medium and long-term solutions to reduce system complexity.

Short-term solution – improved coordination among navigators

As additional navigators are introduced it appears likely they will be 'system specific', for example to disability or aged care. In the short term, it will be critical that there is effective coordination between navigators in other systems to ensure that the introduction of new navigators is not inadvertently increasing complexity in people's lives. This can be realised by improving coordination between system-specific navigators.

Initially, existing systems would introduce (or retain) system-specific navigators. However, cooperation and coordination across navigators could be strengthened through creating intentional communities of practice and learning where navigators (and possibly participants) could share lessons and insights about problems, and possible solutions, to improve navigation for participants. This offers scope to reduce the burden and complexity of engaging with multiple navigators and improve the navigation experience for participants as well as providing more opportunities for navigators to share system gaps or potential opportunities to improve systems.

An example of this model is detailed in the case study below of Northern and Western Homelessness Networks.

While improved coordination is an important short-term measure, there will still be challenges with the introduction of system-specific navigators. Where the introduction of additional navigators creates complexity and for participants and families, research has also highlighted that adding more administrative burden also has the potential to exacerbate inequality.[26] This is particularly concerning as the proposed navigator roles aim to serve people who are already experiencing discrimination and disadvantage.

Risks from additional navigation services or roles:

- **Masking system complexity or service shortages:** The addition of navigator roles to existing systems may provide some support to participants, however, it may also mask

26 Herd, P, & Moynihan, DP 2018, Understanding administrative burden. In *Administrative burden: policymaking by other means*, pp. 15–42, Russell Sage Foundation.

Case study: Northern and Western Homelessness Networks

The Northern and Western Homelessness Networks (NWHNs) are two aligned networks of 50 specialist homelessness and family violence organisations, managing 180 homelessness and family violence programs in Melbourne's north and west.

The NWHNs are two of the nine homelessness networks funded across Victoria to:

- develop and maintain coordinated homelessness systems arrangements in their geographic catchments
- build consistency and quality of service delivery practice among member agencies
- coordinate referrals with allied services and services in other areas
- undertake data monitoring and client satisfaction reviews to identify gaps and trends in service provision
- make evidence-based recommendations to the Department of Families, Fairness and Housing about responses to service gaps (changes in agency catchments/targets/allocation of funds/utilisation of funding).

The NWHNs each meet six-weekly to undertake this work. The networks share advocacy and work together on several shared projects.

Available at: https://www.nwhn.net.au/

shortfalls in the system that could be fixed with proper structural change.

- **Reinforcing existing silos:** The proposed introduction of additional navigators across multiple service systems reflects existing Australian Government structures and ways of working in portfolios and departments, which can reinforce policy silos and hinder scope to create policy and deliver services across portfolios.[27]
- **Creating overlap in navigator roles:** Creating new navigator roles carries risk of overlap – both in the scope of the navigator roles and the population they are proposing to serve. This means that multiple navigators may be performing the same functions or working with the same communities. This risk has been echoed by the Disability Advocacy Network Australia, specifically in relation to the navigator roles proposed by the NDIS Review.[28]

This risk is particularly prominent for the proposed General Navigator and Lead Practitioner roles for people with disability. The most recent data indicates that there are 5.5 million people with disability across Australia,[29] with 2.3 million of these people aged over 65 years of age. Accordingly, a large proportion of people with disability could be eligible to receive support from both Care Finders and a General Navigator under the current and proposed eligibility for access. Currently there is no proposed or existing eligibility criteria that would prevent a person from using both a Care Finder and a General Navigator, although eligibility for the NDIS and aged care services often preclude

27 Olney, S 2021, 'Serving the Public, but Not Public Servants?', in *The Palgrave Handbook of the Public Servant*, eds H Sullivan, H Dickinson & H Henderson, Springer International Publishing. https://doi.org/10.1007/978-3-030-29980-4_90

28 Disability Advocacy Network Australia 2025, *Guiding the way: building common principles for navigators*. Available at: https://dana.org.au/wp-content/uploads/2025/04/Navigator-Report-FNL.pdf

29 Australian Bureau of Statistics 2022, 'Disability, ageing and carers, Australia: summary of findings'. Available at: https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summaryfindings/latest-release

access from one another or limit the services that each system provides. There would also be crossover between General Navigator and Lead Practitioner roles (disability) and Disability Health Navigator roles (health). In addition, the NDIS Review highlighted that one in five children have developmental concerns or disability,[30] indicating that a significant proportion of these families may need access to a Lead Practitioner, General Navigator and an ECEC System Navigator due to the proposed eligibility criteria for each. As the ECEC System Navigator is proposed to support families who experience complex barriers to accessing ECEC, children with development concerns would likely fit those criteria.

People with disability who are working age are also overrepresented in mainstream employment services. Recent data from Workforce Australia shows that 26% of their participants are people with disability.[31] It is likely many of these people will be eligible to access the General Navigator for disability support as well as accessing employment services navigation support.

These examples suggest that additional navigator roles may provide greater navigation support to participants. They may also increase the risk of overlap or confusion in the scope of different navigator roles even with improved coordination, which may inadvertently increase burden and cost for participants.

Medium-term solution – life-stage navigators

Integrated policy development and service system design that places people at the centre is essential to ensuring cohesive, effective and impactful service delivery across federal, state/territory and local government. When policies and services are aligned, resources can be better coordinated to address the complex and interconnected needs of people across systems including disability, aged care, early childhood, employment, education, health and community connections.

BSL therefore recommends in the medium term that government test and invest in a 'life-stage' navigator approach as it is person or family-centred, unique to the participant's life stage and needs, and ensures that people can access the right services at the right time in their lives. This approach is detailed below and includes practical insights into the design elements of navigation that are critical to success based on current literature.

This cross-systems approach will require governments departments and agencies to work together – both within and across jurisdictions. This could be enabled by intergovernmental agreements between Commonwealth, state and territory governments. Similar agreements have been made between the Commonwealth and each state/territory for the NDIS, public health reforms, data sharing and other important cross-jurisdictional priorities.[32]

Under this model different navigators could support people's system needs at critical life stages – including early childhood, transitions from school to work, ageing, and changes in health and wellbeing. Navigators could specialise in particular stages and transition points and be backed by multidisciplinary team to ensure that navigators can provide holistic support and be culturally safe, inclusive and accessible for all people.

In each sociocultural and historical context, life stages are characterised by a broad set of normative activities, behaviours and developmental milestones, as well as community and system links. For example, children in Australia today are required to be in education,

30 NDIS Review 2024, *Final report – working together to deliver the NDIS*. Available at: https://www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis

31 Department of Employment and Workplace Relations (2024). 'Workforce Australia Caseload by selected cohorts'. 30 November 2024. Available at: https://www.dewr.gov.au/employment-services-data/resources/workforce-australia-caseload-selected-cohorts-30-november-2024

32 Department of Prime Minister and Cabinet 2025, *Agreements*. Available at: https://federation.gov.au/resources/agreements

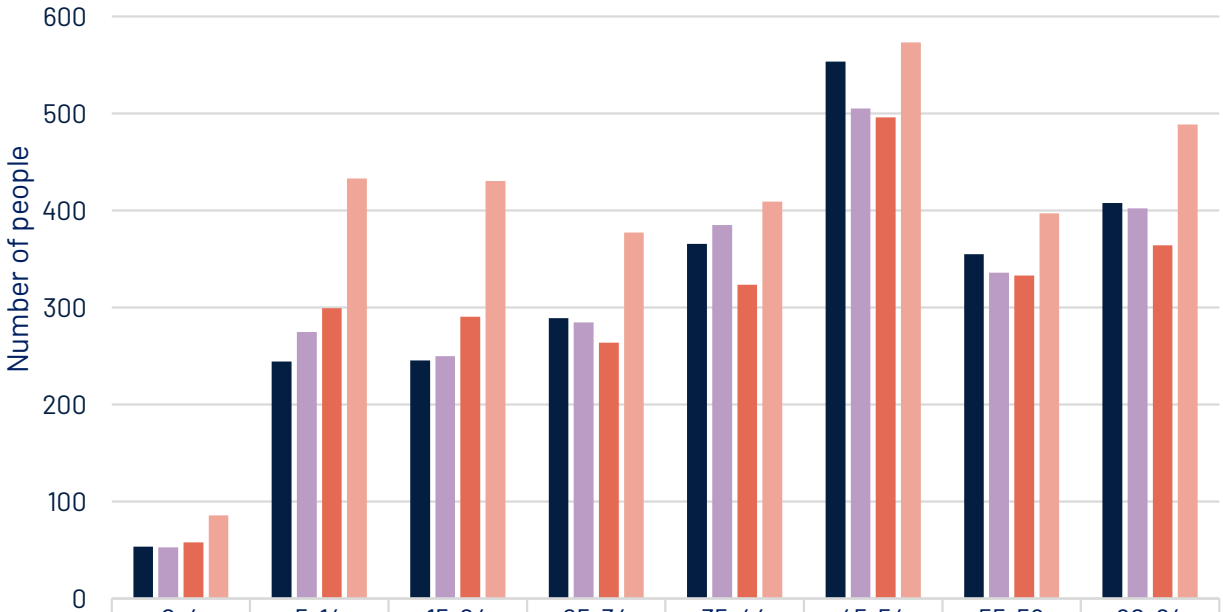
are recognised as dependent on their parents or caregivers, need connection to peers and do not routinely engage in paid work. Schools, healthcare, community activities (and others) are developed to reflect these normative assumptions. Service system responses to individuals and households within a life course perspective are therefore tailored to respond to the needs and leverage the opportunities, resources and networks required by people's stage of life.

This has been reinforced by the Disability Advocacy Network Australia who highlighted that transitioning between life stages can be challenging for people with disability, so a navigator for transitions could be beneficial.[33] The life-stage approach is also validated from the perspective of disability data which shows that in the four years between 2018 and 2022, there were sharp increases in disability in the 5–14 year age range (45% increase), the 15–24 year age range (48% increase), and the 60–64 year age range (34% increase).[34] This supports a case for intensive investment in cross-system navigation at three life stages – in early childhood, transition from school to work and ageing.

This is not to minimise the need to address people's particular needs outside the life stages, as people's personal circumstances, identities and communities (e.g. mental health, sexual and gender identity) should be addressed through tailored person-centred practice.

Life-stage navigators should be professional navigators with a relevant qualification in social work, early childhood education, allied health or aged care depending on their focus. The design of this role should utilise the design principles highlighted above – place-based, independent, scalable according to needs and include proactive outreach.

Figure 1 Australians with disability – trends by age group 2012–22 ('000s)



	0-4	5-14	15-24	25-34	35-44	45-54	55-59	60-64
2012	53.3	244.4	245.3	288.9	365.6	553.4	355.0	407.6
2015	52.8	274.6	249.6	284.5	384.9	505.0	335.8	402.0
2018	57.8	299.2	290.6	263.7	323.4	496.1	332.8	364.0
2022	85.7	432.9	430.2	377.3	409.3	573.4	397.0	488.7

33 Disability Advocacy Network Australia (2025), *Guiding the way: building common principles for navigators*. Available at: https://dana.org.au/wp-content/uploads/2025/04/Navigator-Report-FNL.pdf

34 The Costs of Living With Disability in Australia: Accounting for Variable Disability-Related Deprivation in Poverty Measures. *Australian Economic Review*. https://doi.org/10.1111/1467-8462.70017

In order for this model to be effectively realised there also needs to be investment in the development of a competency framework and practice guidance to ensure that there is a suitably qualified and trained workforce to deliver navigation services. Below is an example where a life-stage approach to navigation and access to supports are working.

Longer-term and more sustainable solutions

As noted above, longer-term solutions that address underlying problems will include system redesign to reduce complexity and improve availability. This can be informed by navigators as they support people to travel through complex systems and collect local intelligence about service gaps and availability to inform policymaking.

Recent reviews of relevant systems have put forward recommendations including:

Royal Commission into Aged Care:

- **Integrate long-term support and care for older people (Recommendation 4):** Coordinate the development of an integrated system for the long-term support and care of older people within a 10-year period.
- **Implement a new aged care program (Recommendation 25):** Implement a new aged care program that combines the existing programs across the aged care system and includes common eligibility criteria and a single assessment process.
- **Ensure the provision of aged care in regional, rural and remote areas (Recommendation 54):** Identify areas where service supply is inadequate and plan for/ supplement services.

The new Act responded to some of the recommendations made by the Royal Commission, and the resulting Aged Care Taskforce, however, it has not actioned these recommendations in full.

NDIS Review:

- **Foundational supports (Recommendation 1):** Introduce general foundational supports for all people with disability, and targeted

Case study: Housing Connect life course approach

Housing Connect is the entry point for assistance for people who are experiencing homelessness or are in housing need. It provides support for people in all housing circumstances, from those who need crisis accommodation through to a long-term home. Housing Connect also provides connections in with other services or systems including education and training, health, aged care, employment and disability services.

Housing Connect provides services and supports shaped to each person's individual circumstances and life stage. They work with young people, families with or without children, single adults and older people. Challenges that relate to someone's individual circumstances (e.g. mental health, family violence) are addressed through tailored, person-centred practice.

Alongside this focus on life stage, there is a strong practice principle of 'place' – and what services and communities are in a region to support people. Critically, Housing Connect ensures there is local data capture to understand local needs, and service availability to help target resourcing to meet regional demand.

Available at:
https://www.homestasmania.com.au/housing-and-homelessness/housing-connect
https://www.homestasmania.com.au/__data/assets/pdf_file/0045/279999/Housing-Connect-Practice-Framework-MASTER2.PDF

foundational supports to help fill gaps in supports outside the NDIS for people with disability who do not meet access requirements for the NDIS but have higher support needs.

- **Improve the connection between mainstream services and the NDIS (Recommendation 2):** Connect to a range of mainstream services including education and transport.
- **Provide a fairer and more consistent participant pathway (Recommendation 3):** Streamline and provide consistent assessments, eligibility guidelines and flexible budgeting.

Productivity Commission Inquiry into the Early Childhood Education and Care System:

- **Enhance the Inclusion Support Program as an immediate priority (Recommendation 2.1/2.2):** Federal and state governments work together to streamline application processes and reduce the need for services to apply for funding multiple times.
- **Set goals for the ECEC workforce (Recommendation 3.1):** Ensure there is a pipeline of future educators and teachers to meet future demand.

Select Committee on Workforce Australia Employment Services:

- **Develop a new Commonwealth employment service system (Recommendation 1):** Set out roles and responsibilities for coordination with skills, training and related human services.
- **Develop, trial and implement measures to embed pre-employment and vocational supports within a person's primary human service (Recommendation 9):** Include mental health, homelessness or family violence services.

Reducing system complexity by adopting the recommendations of these significant inquiries and reports is a step towards simpler systems that anyone can navigate. In future reviews into these service systems, reducing system complexity and including scope to address service users' intersectional needs and circumstances must be a priority to reduce the reliance on band-aid fixes.

Alongside this, the Commonwealth Ombudsman has released a paper on how to remove barriers to accessing government services which includes steps agencies can take to improve service delivery. For example, anticipating barriers to access in service design, empowering frontline staff with system knowledge, and how to act on feedback and maintain good systems through quality assurance and good record keeping.[35] This calls for a whole-of-government commitment to change and to work collaboratively to produce better outcomes.

The challenges to working collaboratively across government levels and departments should not be underestimated. Intentional work will be essential to ensure that the collaboration is effective including setting common aims, common practices and protocols and defining and understanding the different roles, responsibilities, governance structures and cultures across different levels and areas of government.[36] This is in addition to the work required to initially establish cross-government collaboration – such as through intergovernmental agreements. However, effective collaboration is critical to drive better policy outcomes for citizens, so it is essential to prioritise and work through the challenges.[37]

35 Commonwealth Ombudsman (2025), *Removing barriers to government services*. Available at: https://www.ombudsman.gov.au/__data/assets/pdf_file/0022/315508/Insights-paper-Removing-barriers-to-government-services.pdf

36 Victorian Public Sector Commission (2022), *Collaborating across and beyond the Victorian public sector*. Available at: https://vpsc.vic.gov.au/workforce-capability-leadership-and-management/leading-in-the-public-sector/manager-development-guides/10-collaborating-across-and-beyond-the-victorian-public-sector/

37 Prime Minister and Cabinet (2019), *Our Public Service, Our Future: Independent Review of the Australian Public Service*. Available at: https://www.pmc.gov.au/sites/default/files/resource/download/independent-review-aps.pdf

Recommendations

There is scope to support and strengthen navigation for participants within and across complex systems over the short, medium and long term:

Short-term recommendation: Invest in supporting professional coordination across system-specific navigators through communities of practice or other similar information sharing and learning mechanisms.

Medium-term recommendation: Pilot new navigation roles and models such as the life-stage navigator and develop competency frameworks and practice guidance based on insights.

Long-term recommendation: Invest in reducing system complexity and improving service availability to minimise the need for navigation support.

Glossary

Navigator: there is no agreed upon definition of what a navigator is and what the role should include beyond they should support people in navigating services and systems alongside changes in their life/ circumstance. However, below are some of the key functions of existing navigator roles across Australia:

- Identification of goals and needs of the person being supported.
- Support for meeting access or eligibility requirements for relevant service systems.
- Referrals to other relevant services (e.g. advocacy, family violence services).
- Support to increase informal supports (for example social or community networks).
- Collecting and sharing local knowledge about services, service gaps and availability.
- Care coordination or support coordination.
- Education about the relevant condition, disability, developmental milestones or relevant circumstance.

Peer navigator: Peer navigators are people with lived experience of the population they are supporting that can also include 'peer support'.

Lay-person navigator: Lay-person navigators are considered trained 'non-professionals', so they are trained in the systems they are supporting people to navigate but are not qualified in that service area.

Professional navigator: Professional navigators are qualified in the area they are supporting people in. They can give relevant advice and support to a family's individual circumstances and offer coaching/other support alongside navigation support.

Life-stage navigator: A navigator who supports people's system needs at critical life stages such as early childhood, transitions from school to work and ageing.

Appendix

Table 2 Overview of proposed/existing navigator roles

System	Problem	Solution	Role components
Aged Care	The Royal Commission into Aged Care highlighted that the current system is complex and difficult to navigate, which has operated as a barrier to those seeking to access aged care services.[38] The Royal Commission went further to state that people who have accessed the aged care system have reported the experience as time-consuming, overwhelming, frightening and intimidating.[39]	The Royal Commission recommended the introduction of Care Finders to support navigation of aged care services (Recommendation 29). Since the Royal Commission, the Care Finder role has been piloted and established.	**Eligibility:** Care Finders should be available to older people, their families and carers. This was proposed in the Royal Commission. However, since the Care Finder program began it has been targeted to: - Aboriginal and/or Torres Strait Islander people - people from culturally and linguistically diverse (CALD) backgrounds - people who live in rural or remote areas - LGBTQIA+ people - people who are financially or socially disadvantaged - veterans - people who are homeless or at risk of being homeless - care leavers - parents separated from their children by forced adoption or removal **Role:** Incorporate a range of functions into their roles including: - providing face-to-face support to identify best options for care to meet individuals needs and goals, to exercise informed choice and understand their entitlements - assisting older people to understand, access and participate in re/assessments of needs and eligibility for aged care - linking people to best options for services in the local area for their needs/goals (this may include services other than aged care) - following up on referrals to ensure supports are in place - supporting with any changes to services as a result of needs changing or services not meeting needs **Level of support:** Support should be scalable and proportionate to need and vulnerabilities **Qualification:** Care Finders need to be suitably qualified in aged care, health care or social work **Contracting:** Care Finders will be employees of the system governor, a state or territory or local government body and funding will come via the Commonwealth Department that oversees aged care

38 Royal Commission into Aged Care Quality and Safety (2021), *Final report: care, dignity and respect*. Available at: https://www.royalcommission.gov.au/aged-care

39 ibid.

System	Problem	Solution	Role components
Disability	The NDIS Review highlighted that people want an end to the complexity and uncertainty of access to the scheme and what supports can be covered. They want a system that is easier to navigate, fairer and more consistent. These disconnected systems are hard to navigate and there are gaps, which means people with disability can't get the supports or assistance they need.[40]	The NDIS Review recommended a local navigation function be introduced (Recommendation 4) to support people with disability to find supports in their community and make the best use of their funding.	**Eligibility:** Navigators would be available to all people with disability **Role:** The NDIS Review had very clear recommendations about what elements are contained in the navigator role which includes: - work for the participants and help them find and coordinate the supports they need across mainstream services, foundational supports and individualised budgets from the NDIS (if applicable) - supporting people where they are eligible to make an access request and help to understand who/what the NDIS is for - ensuring people with intellectual disability have access to supported decision-making - helping to improve data collection to strengthen market monitoring and coordination of NDIS markets - building capacity, supporting to reach goals, facilitating choice and enabling inclusion - supporting participants to communicate with providers, helping them switch providers where arrangements aren't working - providing support on how to best use NDIS funding and, if risks or issues are identified, increase the level of support provided to participants **Location:** Navigators should operate out of locally based hubs with other relevant services. **Knowledge:** Navigators will be trained to understand NDIS funding, how to comply with the rules and how to escalate any issues. They should also have local connections to the community, knowledge and links to local services. **Conditions for success:** Navigation needs to be complemented by the recommended changes to Foundational Supports, and mainstream and community services (recommendations 1 and 2), so people aren't navigated to supports that are not available, or navigated to supports that do not meet their needs. **Funding:** Navigators should be funded outside of individual budgets to ensure participants do not need to choose between a navigator and other supports. **Framework:** There should be a national framework to ensure consistent delivery. **Scope:** Navigators must have realistic caseloads and be able to increase or decrease support as the needs of participants change.

40 NDIS Review (2024), *Final report – working together to deliver the NDIS*. Available at: https://www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis
NDIS Review (2024), *What we heard report*. Available at: https://www.ndisreview.gov.au/resources/reports/what-we-have-heard-report

System	Problem	Solution	Role components
Disability (cont'd)			**Exclusions:** To avoid conflicts of interest, navigators must not be involved in information gathering, budget setting functions and should not deliver NDIS services. **Design process:** The role and functions of navigators should be scoped and co-designed with people with disability and other relevant community services/sector representatives.[41]
Disability – Early Childhood	The NDIS Review highlighted that early childhood supports under the NDIS aren't working effectively. Often, they are not based on best practice and families are not receiving holistic, wraparound support to promote community inclusion. Alongside this there is not enough support for families where they live, learn and play.[42]	The NDIS Review proposed the introduction of a Lead Practitioner (recommendations 1 and 6).	**Professional background:** Lead Practitioners should be an allied health practitioner, developmental specialist or early childhood educator. **Role:** Lead Practitioners should be the 'key worker' who is the main professional working with the family. They would: - work for the family and in the best interests of the child to identify and address needs, connect them to foundational and mainstream supports, and provide information, advice and coaching to support their child's development - help coordinate the team around the child, provide information and advice, emotional support, identify and address needs and support the family to develop self-advocacy skills - work with the family and the navigator to develop a plan of action to guide the family and the team around the child **Knowledge:** The Lead Practitioner should provide families with information about child development. **Registration:** Lead Practitioners should be registered, consistent with the graduated risk-proportionate regulatory model proposed in the NDIS Review. **Level of support:** The amount of support available to the child from the Lead Practitioner should be determined through the needs assessment. **Choice and control:** There should be sufficient market depth to allow families to have a choice of Lead Practitioner and contestability to incentivise higher performance by Lead Practitioners, including allowing new workers to enter the market. **Funding:** The Lead Practitioner should be funded from participant budgets, including for the delivery of NDIS supports within their scope of practice. The Review did not clarify how the position should be funded for those who are not eligible for the NDIS. **Contracting:** Service delivery requirements for the Lead Practitioner will be set by the NDIA through contractual arrangements.

41 NDIS Review (2024), *Final report – working together to* deliver the NDIS. Available at: https://www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis
42 NDIS Review (2024), *What we heard report*. Available at: https://www.ndisreview.gov.au/resources/reports/what-we-have-heard-report

System	Problem	Solution	Role components
Early Childhood	The ECEC system can be confusing for families to navigate, with multiple funding sources and programs. For some families, this difficulty is compounded by a range of factors, including low English proficiency or poor digital literacy, a lack of access to government services and mistrust or fear of governments.[43]	The Productivity Commission (2024) on the Early Childhood Education and Care (ECEC) system in response to the above problem has proposed a system navigator role (Recommendation 7.2) to support families to navigate and access the ECEC system.[44]	**Eligibility:** Navigators would be available to families who face complex barriers to navigating and accessing ECEC and who would otherwise be unlikely to engage. **Who will deliver:** Navigation would be provided by inclusion agencies as part of the Inclusion Support Program. **Independence:** The navigator role should be independent of ECEC services. **How the navigators will get clients:** There should be a referral model from other services that support children and families. Outreach options should be explored during the trial implementation. **Trial and evaluation:** A trial should be undertaken and be subject to evaluation prior to considering further investment. **Role:** The navigator will support families to access ECEC services and will have a small pool of funding that the Inclusion Agencies could use to address barriers (such as clothing, bonds for ECEC).
Employment	A common theme in evidence was that human services – including the employment services system – are fragmented, disconnected and hard to navigate. Moreover, service delivery at the Commonwealth, state and territory, and local government levels is characterised by policy silos, which limit coordination and collaboration.[45]	The Select Committee on Workforce Australia Employment Services final report on Workforce Australia recommended a network of regional hubs and service gateways (Recommendation 4).[46]	**Co-located:** Where possible hubs should be co-located with existing services. **Role:** Hubs should provide local service system coordination and mapping, jobseeker assessment and referrals to services, industry and employer engagement and support, administration of government support for social enterprise and local projects, delivery of industry transition and place-based projects for Commonwealth and state governments. **How it will be commissioned:** The Workforce Australia report recommended a new entity called Employment Services Australia (ESA), this new entity will deliver regional hubs and service gateways.[47]

43 Productivity Commission (2024), *A path to universal early childhood education and care, Inquiry report – Volume 1*. Available at: https://www.pc.gov.au/inquiries/completed/childhood/report

44 ibid.

45 Select Committee on Workforce Australia Employment Services (2023), *Rebuilding Employment Services – final report on Workforce Australia Employment Services*. Available at: https://parlinfo.aph.gov.au/parlInfo/download/committees/reportrep/RB000017/toc_pdf/RebuildingEmploymentServices.pdf

46 ibid.

47 ibid.

System	Problem	Solution	Role components
Health	The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability highlighted that health systems are not only complex to navigate, but they are also not well designed for people with cognitive disability and people with complex chronic health issues.	The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability recommended the introduction of Health Navigators (Recommendation 6.34) to support people with cognitive disability and complex health needs access health services and to embed safe, accessible and inclusive practice in everyday health service provision.[48]	**Role:** Health Navigators should support participants to navigate the health system and care coordination. They should support the improvement of practice across hospitals and other health settings. **Qualification:** Health Navigators should be nurses or other qualified health professionals with experience in disability and health. **Evaluation:** The federal government should develop an evaluation framework across Commonwealth, state and territory governments to ensure consistency in evaluation approach.[49]

48 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023), *Volume 6: Enabling autonomy and access*. Available at: https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Volume%206%2C%20Enabling%20autonomy%20and%20access.pdf

49 ibid.