

OTSi Practice Guideline:

Functional Capacity &
Support Needs Assessment
for People with Invisible Disabilities,
including
Psychosocial Disability
& Autistic people

V2 September 2026

OTSi

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Functional Capacity and Support Needs Assessment for People with Psychosocial Disability and Autistic People

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This guideline was developed by the Occupational Therapy Society for Hidden and Invisibility disability (OTSi). OTSi would like to acknowledge and thank those who contributed their knowledge and expertise to inform this submission, in particular, those who contributed a lived experience perspective. The guideline is consistent with NDIS legislation, Rules and operational guidance at September 4th 2026.

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Caveat on Language Use

This guideline and accompanying template contain some deficit-based language where required to align with NDIS legislative and operational requirements, particularly in describing functional impairments and eligibility criteria. This is not reflective of our preferred or values-based language, but is necessary to meet the evidentiary expectations of the Scheme. Wherever possible, we maintain a strengths-based and person-centred approach.

About OTSi

OT Society Incorporated for Invisible Disabilities (OTSi) is a national society whose purpose is to enable Occupational Therapists who work alongside people with hidden and invisible disabilities, to reduce barriers to full participation in our world as active citizens of Australia..Our focus is on ensuring access to resources, opportunities, and supports for people of all ages with invisible disabilities, including access to Occupational Therapy. OTSi has a strong voice in systemic advocacy and policy direction, as well as enabling individuals to build better lives.

Contents

Part A: Context for the Assessment Toolkit

Part A	Page
1.0 Why an assessment toolkit is necessary	5
2.0 How to use the OTSi assessment toolkit	5
3.0 Introduction: The Need for Functional Capacity and Support Needs Assessment for People with Hidden and Invisible Disability	5
3.1 The Need for Functional & Support Needs Assessments in the NDIS	6
3.2 2024 Legislative Changes & the Dual Role of Assessment	6
3.3 Why High-Quality Assessments Matter	7
4.0 Why the ICF Should Underpin Functional Capacity and Support Needs Assessments for Psychosocial Disability and Autism in the NDIS	8
4.1 Capacity to Elucidate the Functional Impact of Hidden and Invisible Disability	8
4.2 Supporting Equity in Access and Planning	9
4.3 Reflecting Best Practice in Disability and Health Systems	9
5.0 The role of occupational therapy in functional capacity and support needs assessment	10
6.0 Before commencing the assessment	11
6.1 Consider best practice principles, incorporating trauma-informed and neurodiversity affirming principles	11
6.2 Preparing in advance: The Importance of Pre-Assessment Information	11

Contents

Part B: The Assessment Guideline

Part B	Page
1. Purpose of Assessment Report	12
2. Summary of Support Needs and Recommendations	13
3. About [Participant Name]	14
4. Permanent Conditions Impacting on Function	14
5. Assessment Methodology	16
6. Assessment Tools	17
7. Formal Assessment Summary and Scores	19
8. Documenting ICF-aligned Functional Impact and Support Needs by Functional Domain	19
Assessment Findings and Functional Impact	19
NDIS Support Needs Identified	19
NDIS Reasonable and Necessary Criteria	19
9. Environmental Factors Including Current Supports	21
10. Therapist Signature, Date, Delegation, and AHPRA Registration	21
Appendix 1 Functional capacity and/or support needs assessment tools, compatible with the ICF	22
Appendix 2 NDIS preferred disability evidence September 2026	
Appendix 3 Webinar links and references	
Appendix 4 Impairment categories	
Appendix 5 ICAN domains and subdomains mapped to NDIS functional domains	
REFERENCES	24

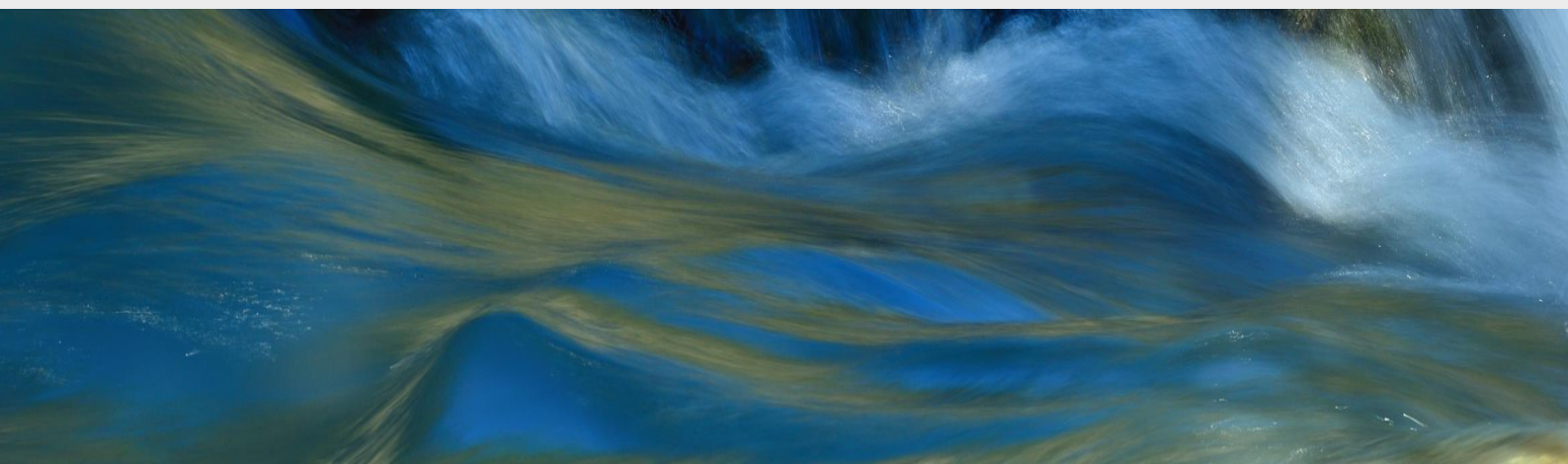
Part A: Context for the Assessment Toolkit:

1. Why an assessment toolkit is necessary

To ensure the NDIS delivers on its promise of equitable and effective support, the availability of a high-quality training program and standardised assessment toolkit is essential for occupational therapists working with people with invisible disability, including psychosocial disability and autistic people. The complexity and diversity of presentations in these cohorts—often marked by fluctuating capacity, sensory sensitivities, executive functioning challenges, and non-apparent impairments—require deep, informed, understanding and a nuanced approach to assessment. Without targeted training and well-designed tools, there is a significant risk that key functional and support needs may be overlooked, under-documented, or misinterpreted—resulting in denied access, or inadequate supports. A consistent, evidence-informed framework not only strengthens the quality of reports submitted to the NDIS but also reinforces consistency, improves participant experience, and supports a more equitable allocation of resources in line with the intent of the NDIS.

2. How to use the OTSi Assessment Toolkit

The OTSi Practice Guideline on Functional Capacity and Support Needs Assessment for People with Hidden and Invisible Disability (the Guideline), together with the OTSi Functional Capacity and Support Needs Assessment template (the Assessment Template), and the on-demand training webinar available via the OTSi website, together comprise the OTSi NDIS assessment toolkit. The guideline and on-demand training webinar aim to inform the implementation of the assessment process. Please note, the toolkit will be updated quarterly to reflect any relevant NDIS policy changes – please note date and version prior to use. This guideline is published with a Creative Commons licence for reuse and distribution. By contrast, the assessment template does not fall under the license and is designed for adaptation by practicing therapists.



Introduction:

3. The Need for Functional Capacity and Support Needs Assessment for People with Psychosocial Disability and Autistic People

3.1 The Need for Functional & Support Needs Assessments in the NDIS

The National Disability Insurance Scheme (NDIS) represents a transformative shift in the way disability support is delivered in Australia. At its core, the NDIS is built upon principles of equity, self-determination, and rights-based inclusion, as articulated in Australia's commitments under the United Nations Convention on the Rights of Persons with Disabilities (CRPD). The CRPD obliges states to ensure that people with disabilities can live full, independent lives in their communities. These principles have been operationalised through individualised funding and a personalised care model that provides participants with choice and control over the supports they receive (Needham & Dickinson, 2018; Lakhani et al., 2018).

However, persistent and systemic barriers remain for people with hidden and invisible disability, including psychosocial disability and autistic people. These groups often experience significant disadvantage due to the episodic, non-visible, or misunderstood nature of their disabilities. These challenges contribute to difficulty accessing and navigating services systems. Contributing factors include system complexity, inadequate recognition of individualised support needs, and limited NDIS system understanding of invisible disability, including psychosocial and neurodivergent disability (Smith-Merry et al., 2018; Hamilton et al., 2020; Joint Standing Committee on the NDIS, 2017; Tune, 2019; Williams & Smith, 2021).

3.2 2024 Legislative Changes & the Dual Role of Assessment

The NDIS Act was amended through the National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Act 2024. This introduced a legislative requirement for support needs assessment, for NDIS participants [1]. This has meant that NDIS decision makers must consider the participants' NDIS Support Needs, as they relate to the impairment(s) [See APPENDIX 4] for which the person met NDIS eligibility requirements.

[1] In future, the NDIA are likely to determine new processes for Support Needs Assessments, at which point this guideline will be updated to reflect policy changes.

[2] [Applying to the NDIS for people with psychosocial disability | NDIS](#)



Functional capacity assessments are frequently used to demonstrate that a person meets the legislative access criteria under Section 24 of the NDIS Act. To be eligible for the NDIS, the person must demonstrate substantially reduced functional capacity in one or more of the six domains, for the ‘whole of the activity’, as per the amended NDIS Act (see page 20; NDIS Act s24 (1) (c) : communication, social interaction, learning, mobility, self-care, and self-management. Once access is granted, a support needs assessment will be used to determine the specific types and levels of supports required to address those impairments in a participant-centred, cost-effective manner (NDIS, 2024b; DSS, 2024). In theory, this two-part structure could reflect an evolving understanding of disability as not only a medical condition but also a result of the interaction between individuals and their environment—a perspective widely supported in disability research and policy (Fleming et al., 2016; Resika et al., 2019). In this context, combined functional capacity and support needs assessments can identify both functional impact and individualised supports required.

3.3 Why Quality Assessments Matter

Assessments must illustrate the often misunderstood impacts of invisible disability. For example, psychosocial disability—defined by the NDIA as disability arising from a mental health condition that significantly impacts a person’s ability to function—often presents with episodic or fluctuating capacity, cognitive overload, and sensory sensitivities (NDIA, 2021). Similarly, autistic people may experience executive functioning difficulties, communication differences, and sensory processing challenges that are poorly captured by standardised assessment models. Without a structured, context-sensitive approach to assessment, these functional realities are often overlooked, misunderstood, or insufficiently documented. This can lead to underfunded or overfunded plans, denied supports, or exclusion from the Scheme altogether (Hopper, 2007; Salzer & Baron, 2016; Hancock et al., 2018). Empirical and anecdotal evidence continues to highlight the consequences of inadequate assessment. Higher-than-average rejection rates for people with psychosocial disability have been directly linked to limited understanding of mental illness among decision-makers (AIHW, 2020; Joint Standing Committee on the NDIS, 2017). These gaps in support not only impact individual wellbeing but also undermine equity in the Scheme.

Consistent and conceptually clear assessment reports can assist with ensuring equity, recognition of disability impacts, and assist with NDIS decision making[1]. Tools must accommodate diverse and fluctuating disability presentations, while assessors must be trained to recognise context, trauma, sensory experiences, and non-visible impairments. Occupational therapists and other allied health professionals have a key role to play in this work, offering professional expertise and a whole-of-person perspective through robust and evidence-informed assessment practice.



This guideline has been developed to support occupational therapists in delivering high-quality, participant-centred functional capacity and support needs assessments for people with invisible disability, including psychosocial disability and autistic people. It is grounded in the NDIS legislative framework, the ICF, and informed by both policy and lived experience. Ultimately, it aims to enable more equitable, accurate, and inclusive assessment outcomes

4. Why the ICF Should Underpin Functional Capacity and Support Needs Assessments for Psychosocial Disability and Autism in the NDIS

The International Classification of Functioning, Disability and Health (ICF), developed by the World Health Organization (WHO, 2001), offers a comprehensive, biopsychosocial framework for understanding disability as an interaction between health conditions, personal factors, and environmental influences. It shifts the emphasis from diagnosis to **function**, and from deficit to **participation and inclusion**—an approach especially vital when assessing people with psychosocial disability and autistic people, whose impairments are often non-apparent, episodic, or context-dependent (Hamilton et al., 2020; Smith-Merry et al., 2018).

4.1 *Capacity to elucidate the functional impact of psychosocial disability and autism*

The NDIS Requires that people with both psychosocial disability, autism and other 'invisible' conditions document the experience of functional impact —such as challenges with executive functioning, emotional regulation, social communication, and sensory processing—that do not always conform to standard medical or diagnostic categories. The ICF supports a more nuanced understanding of how these challenges impact daily life by examining how impairments affect functioning across ICF categories. The ICF categories can be mapped to the NDIS functional domains - communication, social interaction, learning, mobility, self-care, and self-management outlined in Section 24 of the NDIS Act for determining access to the Scheme (NDIS, 2024a), to ensure a comprehensive framework for understanding functional impact.

The ICF's emphasis on participation restrictions and environmental barriers allows assessors to identify not just what an individual cannot do, but what supports are needed to enable participation—a critical distinction for autistic people and those with psychosocial disability, whose functional impairments are often situational, fluctuating, or masked in medicalised assessments (Hopper, 2007; Salzer & Baron, 2016).



4.2 Supporting Equity in Access and Planning

Historically, people with psychosocial disability and autism have frequently experienced higher rates of rejection and plan underutilisation in the NDIS, due in part to misunderstanding of their support needs and lack of alignment between standardised tools and their lived experience (Joint Standing Committee on the NDIS, 2017; AIHW, 2020). The ICF offers a means to overcome these barriers by enabling documentation that is individualised, contextual, and grounded in functional outcomes, not diagnosis alone.

With the introduction of the **NDIS legislation changes in 2024 and 2026**, assessments can now serve two interconnected purposes:

- **Functional capacity assessments** for eligibility, and
- **Support needs assessments** for planning (NDIS, 2024b).

The ICF is uniquely suited to underpin both assessments. It provides a structured yet flexible lens to document both substantially reduced functional capacity (for access) and the types of support and environmental changes needed (for planning). As the NDIS moves toward nationally consistent assessment tools (DSS, 2024; Team DSC, 2024), embedding the ICF would ensure coherence across assessments, reducing variability and improving fairness.

4.3 Reflecting Best Practice in Disability and Health Systems

The ICF is already widely used in rehabilitation, health, education, and social services globally and has been endorsed by multiple Australian disability (Madden et al., 2014). and allied health frameworks, including those informing occupational therapy practice. As occupational therapists are among the most common professionals providing NDIS access and planning evidence, particularly for people with invisible or cognitive disability, using a shared ICF-based framework promotes consistency, clarity, and professional integrity (Resnik et al., 2009).

Finally, the ICF's compatibility with Australia's obligations under the **UN Convention on the Rights of Persons with Disabilities** strengthens its relevance. The ICF should underpin both functional capacity and support needs assessments within the NDIS, especially for individuals with non-physical disability. It ensures a person-centred, equitable approach to documenting need and planning supports



5. The role of occupational therapy in functional capacity and support needs assessments

Occupational therapists (OTs) are uniquely qualified to conduct both functional capacity and support needs assessments for people with psychosocial disability and autistic people due to their core professional focus on the interaction between individuals, their environments, and the occupations (or activities) that support health and wellbeing. OTs are trained to assess how disability impacts a person's ability to participate in daily life and to recommend personalised, evidence-informed interventions to enhance function and inclusion[3]. This expertise aligns directly with the requirements of the NDIS for evidence of functional capacity and support needs across the six legislated domains: communication, social interaction, learning, mobility, self-care, and self-management (NDIS Act 2013, as amended 2024).

Furthermore, occupational therapists are recognised by the NDIS[2] as appropriately qualified practitioners for the purpose of access and planning evidence, particularly where disability impacts functional performance rather than being solely medically diagnosed. This is especially relevant in psychosocial and neurodivergent populations, where impairment may not be immediately visible, and functional capacity may fluctuate over time (NDIS, 2024; NDIA, 2021).

Research supports the effectiveness of OT-led functional assessment. Field et al. (2015) note the importance of allied health professionals in tailoring assessments within self-directed support models internationally. In Australia, Tune (2019) and Smith-Merry et al. (2018) identified poor-quality documentation and a lack of functional understanding as key reasons for the underrepresentation among people with psychosocial disability in the NDIS. OTs' ability to bridge clinical knowledge with a client-centred, contextualised view of functional need makes them particularly suited to address these gaps.

In summary, occupational therapists' focus on function, participation, and environmental fit, combined with their professional training and experience across functional domains, makes them ideally placed to provide the high-quality assessments required for equitable access and tailored NDIS supports.

[3] [Allied health providers | NDIS](#)

[4] [Providing evidence of your disability | NDIS](#)



6. Before commencing the assessment

6.1 Consider best practice principles, incorporating trauma-informed and neurodiversity affirming principles

Best practice functional assessments for invisible disability must be comprehensive, person-centred, and clinically sound[1]. They identify individualised support needs, ensuring that recommendations are tailored and clearly linked to what is reasonable and necessary under the NDIS. Assessments must be conducted by skilled and experienced health professionals with disability-specific knowledge and a clear understanding of functional capacity across all six domains set out in the NDIS Act (self-care, communication, social interaction, learning, mobility, and self-management). Importantly, best practice assessments must also be trauma-informed[2], acknowledging that traditional deficit-based assessments can be distressing for individuals, particularly those with complex trauma histories. Where possible, assessment approaches must aim to be neurodiversity-affirming, accommodating diverse communication styles, cognitive processing differences, and sensory profiles[3] to ensure inclusive and respectful evaluation of functional capacity. These approaches are detailed in the OTSi toolkit training webinar. Finally, impartiality and integrity must underpin all assessment models; alongside adherence to professional codes of practice and conduct. Assessment reports can be utilised in legal contexts and must provide clear, detailed information.

6.2 Preparing in advance: The Importance of Pre-Assessment Information

Providing clear, accessible information to a person before a functional assessment is essential to ensuring a safe, respectful, and effective process. Advance communication allows the individual to understand what to expect, how to prepare, and what kinds of questions or topics may be explored—fostering transparency and reducing uncertainty. This is especially critical for people with trauma histories, additional communication needs, or those who have experienced distressing or disempowering assessments in the past. Sharing pre-interview prompts, visual aids, or examples of assessment themes can reduce anxiety, support cognitive processing, and allow individuals to participate more meaningfully. For neurodivergent individuals or those with executive functioning challenges, this approach also helps reduce cognitive load and ensures the assessment can capture their lived reality. Ultimately, preparing individuals in this way upholds principles of informed consent, supports autonomy, and promotes equity in assessment outcomes.

5] Malitha Perera & Muriel Cummins. Best practice functional capacity assessment for people living with psychosocial disability. Connections, Winter 2022. [Occupational Therapy Australia. Best practice functional capacity assessment for people living with psychosocial disability - Issuu](#)

[6] NDIS Review Supporting Analysis – Chapter 2 (Participant Pathway, Psychosocial Disability) [Working together to deliver the NDIS - supporting analysis | NDIS Review](#)

[7] [National Guideline for the assessment and diagnosis of autism in Australia | Autism CRC](#)

Part B: The Assessment Guideline

Please use the Guideline alongside the accompanying assessment template, as the numbered sections correspond. OTSi strongly recommends attending the OTSi toolkit training webinar for an in-depth overview of the toolkit, encompassing application of both the Guideline and the Assessment template.

1. Purpose of assessment report

You may choose to complete this section after you have completed the functional capacity assessment. Identify the functional domain(s) where the functional assessment has identified substantially reduced functional capacity. The person's evidence must document substantially reduced functional capacity in at least one of the six functional domains, to be eligible for the NDIS. Further, it must document a need for support that is listed as NDIS support, to be eligible.

These clauses are central to determining NDIS eligibility

 MAKE THE CONNECTION - NDIS Act (2013):

Section 24(1)

— Disability Requirements: A person meets the disability requirements if:

(c) the impairment or impairments result in substantially reduced functional capacity to undertake, or psychosocial functioning in undertaking, one or more of the following activities: communication; social interaction; learning; mobility; self-care; self-management



2. Summary of Support Needs and Recommendations

- Summarise the person's NDIS Support Needs and recommendations (from Section 8) on the first page so they are clear and visible. You may choose to complete this section after you have completed the functional capacity and support needs assessment.
- Support needs must relate to the impairments [See APPENDIX 4] that the person has met eligibility requirements for.
- Recommend supports that are NDIS Supports, as defined by the NDIS Supports Lists. This definition ensures that only items or services explicitly listed as NDIS supports can be funded through an NDIS plan[8]



MAKE THE CONNECTION - NDIS Amendment Act 2024:

Section 34 – Supports for impairments (as introduced by the 2024 Amendment Act): NDIS supports in your plan must relate to your impairments that meet the disability or early intervention requirements, or both.

Section 10 – Definition of an NDIS Support - a support is a NDIS support for a person who is a participant or prospective participant if it is declared by NDIS rules to be a NDIS support for:

- (a) participants/prospective participants generally; or
- (b) a class of participants/prospective participants that includes the person.

[\[8\] Supports funded by the NDIS | NDIS](#)



3. About [Participant name]

- Brief description of participant circumstances
- Identify disability type
- Describe living situation.
- Describe informal supports and family circumstances
- Include a statement on decision-making support, if required e.g. independent decision making, supported decision making required; identify if there is guardian or plan nominee supporting participant.
- Briefly describe the role of NDIS supports in the person's life AND add participant NDIS goals.

4. Permanent conditions impacting on function

Document the following information and refer to sighted or attached medical and/or other evidence of permanence of disability:

Diagnostic History

- Date/age of diagnosis (e.g. diagnosed with autism at age 3; schizophrenia in her 20s)
- Nature of condition (e.g. psychosocial, neurological, developmental)

NDIS -recognised conditions/impairments

- Identification of current NDIS recognised impairments [See APPENDIX 4]

Description of Impairment Characteristics

- Typical impacts and their relevance to functional capacity
- (e.g. executive functioning, cognitive deficits, social and communication). This is a summary as detailed impacts will be described in Section 8.
- See ICF Core sets to pinpoint impacts if helpful [ICF Core Sets](#)

Permanency of Condition

- Statement confirming the condition is permanent or likely permanent
- Clinical history demonstrating long-term impact and persistence

Treatment and Medical History – Supporting evidence

- Document, or refer to medical evidence documenting, record of past and current treatment (e.g. medication trials, outcomes)
- Document or refer to medical evidence documenting, history of treatment resistance or partial response to interventions
- Need to attach or cite relevant clinical, historical or diagnostic evidence

Current Clinical Management

- Current mental health or medical supports (e.g. GP, psychiatrist)
- Brief notes on medication use or clinical engagement

Stability and Prognosis

- Confirmation that current symptoms are not due to acute episode
- Evidence of consistent, disability-related impact on functioning over time



MAKE THE CONNECTION - NDIS Act (2013):

Section 24(1)(b)

(b) the impairment or impairments are, or are likely to be, permanent

Section 24(2)

(2) For the purposes of subsection (1), an impairment or impairments that vary in intensity may be permanent, and the person is likely to require support under the National Disability Insurance Scheme for the person's lifetime, despite the variation

Section 24(3)

(3) For the purposes of subsection (1), an impairment or impairments that are episodic or fluctuating may be taken to be permanent, and the person may be taken to be likely to require NDIS supports under the National Disability Insurance Scheme for the person's lifetime, despite the episodic or fluctuating nature of the impairments.

MAKE THE CONNECTION – Section 25: Early Intervention Requirements

A person meets the early intervention requirements if:

1.The person:

- (a) has one or more identified intellectual, cognitive, neurological, sensory or physical impairments that are, or are likely to be, permanent; or
- (b) has one or more identified impairments attributable to a **psychiatric condition** that are, or are likely to be, permanent; or
- (c) is a **child with developmental delay**; and

2.The CEO is satisfied that providing early intervention supports is likely to benefit the person by:

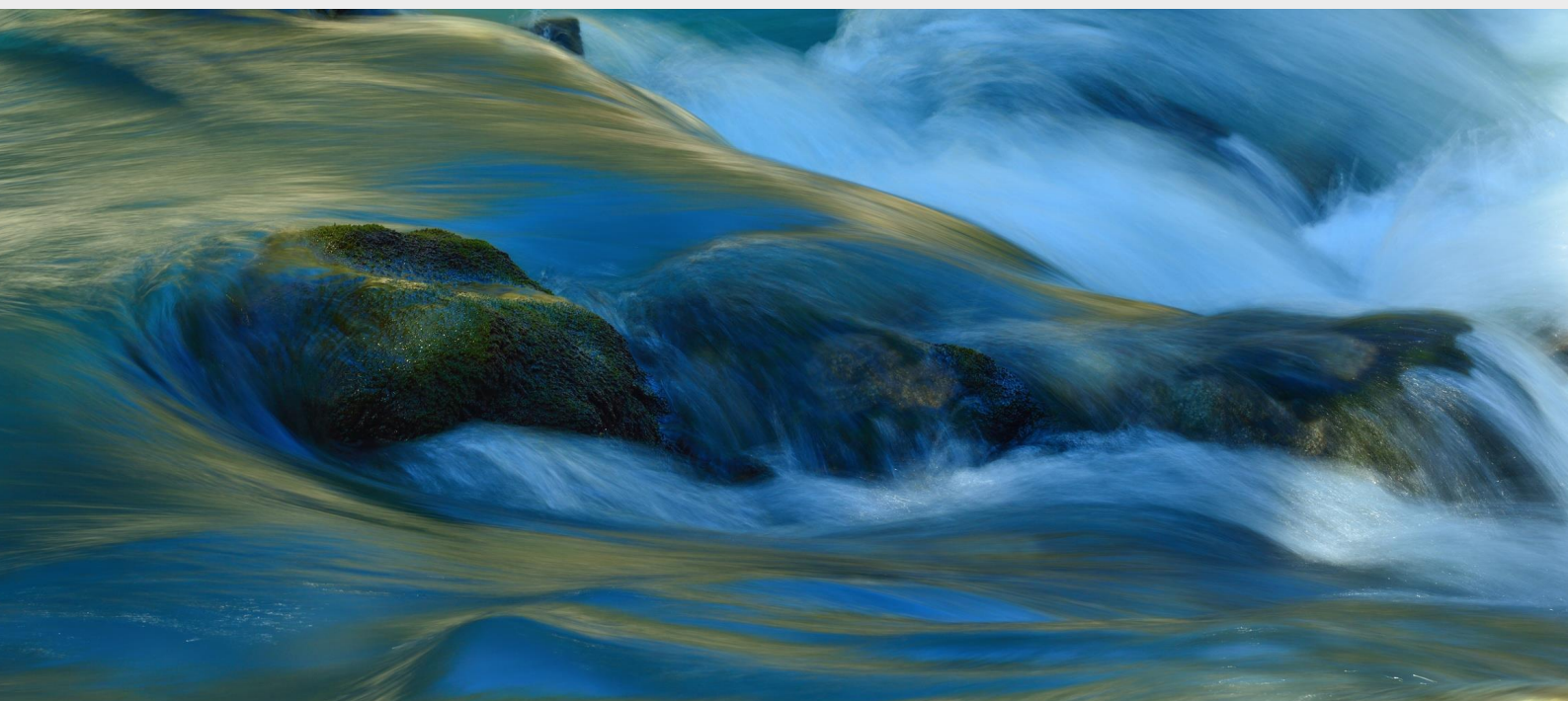
- (a) reducing future support needs; and
- (b) mitigating or improving functional capacity in areas such as communication, social interaction, learning, mobility, self-care or self-management; or preventing deterioration; or strengthening informal support sustainability (e.g. capacity-building for carers).

5. Assessment methodology

There are a range of methods to combine and utilise, for comprehensive functional capacity and support needs assessments. A combination of methods is required, as more traditional 'point in time' assessment or reliance on formal assessment tools only, will not capture fluctuations and environmental factors impacting on functional capacity, particularly for psychosocial disability. Document your methods clearly within the assessment template.

Methodology may include a combination of:

- The person's interview and self-report
- Carer and family report interview (with consent)
- Interview formal supports (with consent) e.g. NDIS support team, clinical services
- Interviews will gather information around current functional capacity, fluctuations over time, patterns and trends. This will yield information to assist understanding support needs and optimal support structure
- Review existing reports, historical reports, clinical history (with consent)
- Functional observation at home and other relevant environment
- Formal assessment tools
- Use a trauma-informed approach throughout



6. Assessment tools

There is no single tool available that can assess functional capacity and support needs, to provide all the information required for NDIS decision-making. Instead, combine structured tools and process with strong clinical reasoning, and work within your scope of practice. Consider using multiple tools as needed, which may include both therapist-administered and self-report formats. For NDIS purposes, use a minimum of two assessment tools. It is important to choose one as listed through available NDIS website [9] [See APPENDIX 2], and an additional tool(s) based on your clinical reasoning, that can identify functional capacity and/or support needs tailored to the person's presentation. Follow guidelines, user manuals and instructions provided with each respective assessment tool.

The following assessments are listed by NDIS website as functional assessments for psychosocial disability:

- Life Skills Profile 16 measure (LSP-16)
- Health of the Nation Outcomes Scale (HoNOS)
- World Health Organisation Disability Assessment Scale (WHODAS).

The following are listed by NDIS website as functional assessments for adults with autism:

- Vineland adaptive behavior scale (Vineland-II)
- World Health Organisation disability assessment schedule (WHODAS) 2.0 (17 years and over)

Choosing assessment tools – factors to consider:

- The person's disability, capacity, and communication and engagement preferences
- Context of assessment (home, community, multiple setting)
- What research is available to support the tool for the cohort?
- What construct does it measure?
- What is the aim of the assessment?
- What does it measure?
- Is it age appropriate for use with the client?
- How long does it take to administer?
- How long does it take to score?
- Can the assessment be completed in two sessions must it be done in one?
- Are results standardized and/or benchmarked to a representative sample?
- Is it cost-effective?

Your assessment selection may include a combination of observation-based, interview based and performance/task-based tools.

Several functional capacity and support needs assessment tools are compatible with the ICF framework, either because they were explicitly designed using the ICF or because they map well onto its domains and structure. Please refer to Appendix 1 for widely used, ICF-aligned tools, particularly suitable for psychosocial disability and autism in contexts like the NDIS

[9] Types of disability evidence |



7. Formal Assessment summary and scores.

Use this section to document the tools that you utilised and a summary score. You may choose to place assessment summary tables in this section OR include them as an appendix to the assessment report. In the OTSi template, we have included the summary tables as an Appendix to the report.

8. Documenting ICF-aligned Functional Impact and Support Needs by functional domain

This section requires an understanding of the ICF core sets, and ICF categories. OTSi strongly recommends attending the OTSi toolkit training webinar for an in-depth overview of the process to map ICF functional domains to NDIS functional domains, as they are applied in the assessment template. The assessment template updated September 2026, includes the ICAN assessment domains and subdomains, within the assessment template [See APPENDIX 5].

How to use the template to document (ICF aligned) functional impact and support needs:

The OTSi assessment template uses a structured mapping of the NDIS functional domains to internationally recognised **ICF categories** from the International Classification of Functioning, Disability and Health (ICF). It also maps to the iCAN assessment domains and subdomains, for completeness [See APPENDIX 5]. To illustrate the process, the template draws from the Brief ICF Core Sets for Autism Spectrum Disorder, Mental Health, and Schizophrenia, to ensure a robust and evidence-based framework for describing functional capacity across the psychosocial disability and autism cohorts[10].

[10] [ICF Core Sets](#)

New definition for functional capacity effective Aug 27, 2026 (Section 9B(1))

- Under the amendments to the NDIS Act, A person's functional capacity in relation to any activity is defined as the person's ability to undertake the activity without the assistance from other people or assistive technology equipment, or only with:
 - i. The assistance from assistive technology or modifications that are commonly used by a person to undertake that activity;
 - ii. If the person is a child, the child undertakes the activity with assistance from other people that is appropriate to the child's age; and
 - iii. The person's environmental and personal circumstances is excluded when considering their ability to undertake an activity."

Each ICF core set provides a concise, standardised list of functioning domains most relevant to a particular diagnostic group. To develop the template, OTSi cross-referenced these core sets with the six NDIS functional domains—Self-Care, Mobility, Communication, Social Interaction, Learning, and Self-Management. This ensure that assessment findings are not only individually relevant but also ICF-aligned.

This approach allows for a comprehensive and person-centred functional profile that reflects both common patterns of impairment and individual variability. It also ensures compatibility with the NDIS requirement to describe how a participant’s impairment results in substantially reduced functional capacity. Go to the electronic ICF-based documentation tool [11] to assist you with this process if necessary, and filter by condition.

Occupational therapists are encouraged to review the full ICF Core Sets when conducting assessments, for the person’s identified condition/impairment [See APPENDIX 4] . **Additional I CF categories may be added where relevant to reflect unique functional impacts, or contextual factors affecting the individual’ s capacity.** This flexible approach ensures that assessments remain both standardised and individualised, supporting accurate documentation of functional impact and evidence-based recommendations.

Your report should detail how the person’s **impairments** [See APPENDIX 4] create **barriers** in these domains, and what level of support is required to overcome them. Logical links between evidence and recommendations. Use language that is respectful, factual, and grounded in recognised frameworks (e.g., ICF categories and NDIS domains).

- **Assessment Findings and Functional I mpact**

This column enables the therapist to document functional impact in a structured manner.

- **NDI S Support Needs I dentified**

This column enables the therapist to document the support need identified, pinpointing the tasks and activities where the person requires support, and the frequency and intensity of support. Specify the support hours needed, in 15min blocks of time where possible.

- **NDI S Reasonable and Necessary Criteria**

Beneath each functional domain table, there is a section titled Additional info addressing NDIS reasonable and necessary criteria. Use this section to add justification for reasonable and necessary NDIS supports, where it has not already been covered.

Address all the reasonable and necessary critieria [12]

[11] [ICF Core Sets](#)

[12] [Reasonable and necessary supports | NDIS](#)





MAKE THE CONNECTION - NDIS Amendment Act 2024:

Section 34: Reasonable and necessary supports

(1) In determining supports to be included in a participant's plan as general or reasonable and necessary supports, the NDIA CEO must consider whether, in relation to each support:

(aa) The support is necessary to address a need arising from an impairment for which the participant satisfies the disability requirements (Section 24) or early intervention requirements (Section 25);

(a) The support will assist the participant to pursue their goals, objectives, and aspirations;

(b) The support will assist the participant to undertake activities facilitating social and economic participation;

(c) The support represents value for money, meaning costs are reasonable relative to benefits achieved and cost of alternatives;

(d) The support will be effective and beneficial, based on current good practice;

(e) The support takes into account what is reasonable to expect from families, carers, informal networks and community support; and

(f) The support is an NDIS support, as defined under Section 10 of the NDIS Act.

New definition for substantially reduced functional capacity effective Aug 27, 2026 (NDIS Act s 24(1)(c)) NB Note wording 'considering each activity as a whole'

Your permanent impairment needs to **substantially reduce your functional capacity** in relation to one or more of the following activities, considering each activity as a whole:

- **Communicating** – how you speak, write, or use sign language and gestures, to express yourself compared with other people your age. We also look at how well you understand people, and how others understand you.
- **Socialising** – how you make and keep friends, or interact with the community, or how a young child plays with other children. We also look at your behaviour, and how you cope with feelings and emotions in social situations.
- **Learning** – how you learn, understand and remember new things, and practise and use new skills.
- **Mobility, or moving around** – how easily you move around your home and community, and how you get in and out of bed or a chair. We consider how you get out and about and use your arms or legs.
- **Self-care** – personal care, hygiene, grooming, eating and drinking, and health. We consider how you get dressed, shower or bathe, eat or go to the toilet.
- **Self-management** – how you organise your life. We consider how you plan, make decisions, and look after yourself. This might include day-to-day tasks at home, how you solve problems, or manage your money. We consider your mental or cognitive ability to manage your life, not your physical ability to do these tasks.

Your impairment substantially reduces your functional capacity if you usually need disability-related supports to participate in or complete the above tasks.²⁹

These disability-related supports include:

- a high level of support from other people, such as physical assistance, guidance, supervision or prompting
- assistive technology, equipment or home modifications that are prescribed by your doctor, allied health professional or other medical professional.

9. Environmental factors including current supports

In this section, describe current formal and informal supports, and environmental factors. You can draw on ICF core sets Environmental factors, to ensure your list is comprehensive. These describe factors external to the person, that can help or hinder a person's functioning—like family support, services, attitudes, or the built environment. Go to the electronic ICF-based documentation tool[1] to assist you with this process if necessary, and filter by condition. You may also draw on your clinical reasoning to explain future support needs, and anticipated changes based on functional observation and prognosis,

10. Therapist Signature, date, delegation, and AHPRA registration



APPENDIX 1:

Functional capacity and/or support needs assessment tools, compatible with the ICF – for psychosocial disability and autism

Several functional capacity and support needs assessment tools are compatible with the ICF framework, either because they were explicitly designed using the ICF or because they map well onto its domains and structure. Below is a summary of widely used, ICF-aligned tools, particularly suitable for psychosocial disability and autism in contexts like the NDIS. This list is not exhaustive, and you may choose another tool(s) if the person's presentation, and your clinical reasoning justifies this requirement.

1. WHODAS 2.0 (World Health Organization Disability Assessment Schedule 2.0)[14]

- Map to ICF: Developed by WHO to reflect ICF domains of functioning.
- Covers: 6 domains – cognition, mobility, self-care, getting along, life activities, and participation.
- Use: Commonly used in NDIS functional assessments (including psychosocial disability and autism).
- Notes: Available in self, therapist and proxy report formats.

2. ICF Core Sets[15]

- Description: Tailored subsets of ICF categories specific to certain health conditions or populations (e.g., autism, depression).
- Use: Guide structured assessment of functioning, environment, and support needs.
- Examples:
 - Autism Spectrum Disorder Core Set
 - Schizophrenia Core Set
- Notes: The core sets are not an assessment tool, but rather provide a structured framework for documenting functional impact and activity and participation restrictions. Condition-specific detail are detailed, while remaining within the ICF taxonomy.

3. Canadian Occupational Performance Measure (COPM)[16]

- Map to ICF: Focuses on **activity** and **participation** from the person's perspective - linking partially to ICF's domains.
- Use: Identifies and rates performance and satisfaction in areas of self-care, productivity, and leisure.
- Strengths: Highly individualised; supports goal setting and monitoring
- Notes: Commonly used by OTs for goal-based planning and outcome measurement.

[14] [WHO Disability Assessment Schedule \(WHODAS 2.0\)](#)

[15] [ICF Core Sets](#)

[16] [COPM | Canadian Occupational Performance Measure](#)

4. Model of Human Occupation Screening Tool (MOHOST)[17]

- Map to ICF: Addresses volition, habituation, skills, and environment—linking partially to ICF's domains.
- Use: For people with psychosocial disability or autism to assess occupational participation.
- Notes: May be useful for complex and invisible disability. Please remember to apply and translate terminology used within the assessment tool, to NDIS -recognised constructs.

5. Life Skills Profile (LSP-16)[18]

- Application: Developed in Australia, primarily for use in mental health to assess psychosocial functioning.
- Map to ICF: Partially maps to ICF domains like self-care, social interaction, and self-management, though not developed specifically for ICF framework compatibility
- Notes: Currently recommended by the NDIS website for use with people with psychosocial disability.

6. Vineland Adaptive Behavior Scales (Vineland-3)[19]

- Application: Widely used with autistic people and others with developmental or cognitive disability.
- Domains: Communication, daily living skills, socialisation, motor skills, adaptive behaviour.
- Map to ICF: Partially aligned with ICF constructs, especially participation and activity.

7. Tool Profile: I-CAN (Instrument for the Classification & Assessment of Support Needs)[20]

- Application I-CAN is a structured, strengths-based support needs assessment tool developed by the Centre for Disability Studies (CDS) in Australia. It was designed to classify support needs based on the ICF framework, using 12 life domains that reflect both functioning and environmental support requirements
- Map to ICF: Maps support needs across 12 domains—including mobility, self-care, mental and physical health, communication, learning, relationships, and emotional regulation—directly reflecting ICF's Activity and Participation structure, supplemented by environmental and health contexts
- Notes: I-CAN now has an evidence-base for assessment support needs for psychosocial disability. The evidence-base for assessment the support needs of adults with autism, is still emerging.

[17] [MOHO-IRM Web](#)

[18] [Search | AMHOCN](#)

[19] [Vineland-3 - Vineland Adaptive Behavior Scales, Third Edition | Pearson Clinical Assessment AU&NZ](#)

[20] The Centre for Disability Studies. www.cds.org.au

8. The Care and Needs Scale (CANS) [21]

- Map to ICF: Partially – the Care and Needs Scale (CANS) can be mapped with the ICF by assessing functional support needs across domains like activity, participation, and daily living, particularly for people with cognitive impairment, including acquired brain injury (ABI).
- Use: Widely used in Australia to guide care planning, funding decisions, and support allocation, especially in community and NDIS contexts.
- Strengths: It focuses on real-world support needs rather than diagnosis, is validated for ABI, captures both physical and cognitive-behavioural impairments, and offers a practical, scalable assessment.
- Notes: While ICF-aligned conceptually, it does not explicitly use ICF codes; its use is strongest in populations experiencing cognitive impairment and may be utilised with other cohorts where justified and should be combined with clinical judgement.

[21] [Electronic Care and Needs Scale \(eCANS\)](#)

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APPENDIX 2 NDIS preferred disability evidence Sept 2026

Disability	Disability evidence in preference order	Health professional option
Acquired brain injury (ABI)	1. Care and Needs Scale (CANS) for 17 years and over 2. World Health Organisation Disability Assessment Schedule (WHODAS) 2.0 for 17 years and over 3. PEDI-CAT for 16 years and under.	You can gather evidence from your treating health professionals, primarily your ABI health professionals
Autism	1. Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) 2. Vineland Adaptive Behaviour Scales (Vineland-III) 3. World Health Organisation Disability Assessment Schedule (WHODAS) 2.0 for 17 years and over 4. PEDI-CAT for 16 years and under.	You can gather evidence from your health professionals, including any member of a multidisciplinary team, such as a paediatrician, psychologist, psychiatrist, occupational therapist, or speech therapist.
Cerebral palsy	1. Gross Motor Function Classification System (GMFCS) 2. Other: Manual Ability Classification System (MACS) 3. Other: Communication Function Classification System (CFC).	Multidisciplinary team, such as an occupational therapist, physical therapist, paediatrician, and physiotherapist.
Hearing impairment	1. Hearing impairment responses and groupings guide for 17 years and over 2. PEDI-CAT for 16 years and under 3. Other: Hearing acuity score.	treating health professionals, primarily your audiologist.
Intellectual disability, developmental delay, global developmental delay and Down syndrome	1. Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) 2. Vineland Adaptive Behaviour Scales (Vineland-III) 3. World Health Organisation Disability Assessment Schedule (WHODAS) 2.0 for 17 years and over or PEDI-CAT for 16 years and under.	Treating health professionals, including any member of a multidisciplinary team, such as a paediatrician, psychologist, occupational therapist, or speech therapist.
Multiple sclerosis	1. Disease Steps (DS) 2. Patient-Determined Disease Steps (PDDS) 3. Expanded Disability Status Scale (EDSS).	Treating health professionals, primarily your neurologist or disease steps trained nurse examiner.

From <https://www.ndis.gov.au/applying/gathering-evidence/what-are-examples-disability-evidence>
last updated 29/05/2026



NDIS preferred disability evidence

Disability	Disability evidence in preference order	Health professional option
Psychosocial disability	You'll need a statement from a treating health professional, including information about: - how long they have been working with you - evidence of the mental health condition (a diagnosis is helpful, if available) - treatments you have explored and any you have not tried, with reasons - how your mental health condition impacts on your everyday life (a functional assessment may be helpful). They may include: - Life Skills Profile 16 measure (LSP-16) - Health of the Nation Outcome Scales (HoNOS) - World Health Organisation Disability Assessment Schedule (WHODAS).	Treating health professionals, such as a paediatrician, psychiatrist, GP, or psychologist. Clinical psychiatric staff such as mental health or psychiatric nurses, occupational therapists and social workers, mental health allied health professionals, and Australian Mental Health Outcomes and Classification Network (AMHOCN)- trained mental health staff, including mental health peer workers.
Spinal cord injury	- Level of lesion - American Spinal Injury Association (ASIA) Impairment Scale (AIS) - World Health Organisation Disability Assessment Schedule (WHODAS) 2.0 for 17 years and over - PEDI-CAT for 16 years and under.	Member of a multidisciplinary team, such as a neurologist, physiotherapist, occupational therapist, recreational therapist, psychologist, or psychiatrist.
Stroke	Modified Rankin Scale (mRS).	Treating health professionals, primarily your neurologist
Vision impairment	- Impact of Vision Impairment (IVI) questionnaire for 17 years and over - PEDI-CAT for 16 years and under - Other: Visual acuity rating.	treating health professionals, primarily your ophthalmologist.
Other disabilities	- World Health Organisation Disability Assessment Schedule (WHODAS) 2.0 for 17 years and over - PEDI-CAT for 16 years and under.	Health professionals: paediatrician, occupational therapist, speech therapist, GP, physiotherapist, social worker

From <https://www.ndis.gov.au/applying/gathering-evidence/what-are-examples-disability-evidence>
last updated 29/05/2026

OTSI ASSESSMENT TOOLKIT- Guideline V1 - SEPTEMBER 2026



NDIS preferred disability evidence

Disability	Disability evidence in preference order	Health professional option
Psychosocial disability	You'll need a statement from a treating health professional, including information about: - how long they have been working with you - evidence of the mental health condition (a diagnosis is helpful, if available) - treatments you have explored and any you have not tried, with reasons - how your mental health condition impacts on your everyday life (a functional assessment may be helpful). They may include: - Life Skills Profile 16 measure (LSP-16) - Health of the Nation Outcome Scales (HoNOS) - World Health Organisation Disability Assessment Schedule (WHODAS).	Treating health professionals, such as a paediatrician, psychiatrist, GP, or psychologist. Clinical psychiatric staff such as mental health or psychiatric nurses, occupational therapists and social workers, mental health allied health professionals, and Australian Mental Health Outcomes and Classification Network (AMHOCN)- trained mental health staff, including mental health peer workers.
Spinal cord injury	- Level of lesion - American Spinal Injury Association (ASIA) Impairment Scale (AIS) - World Health Organisation Disability Assessment Schedule (WHODAS) 2.0 for 17 years and over - PEDI-CAT for 16 years and under.	Member of a multidisciplinary team, such as a neurologist, physiotherapist, occupational therapist, recreational therapist, psychologist, or psychiatrist.
Stroke	Modified Rankin Scale (mRS).	Treating health professionals, primarily your neurologist
Vision impairment	- Impact of Vision Impairment (IVI) questionnaire for 17 years and over - PEDI-CAT for 16 years and under - Other: Visual acuity rating.	treating health professionals, primarily your ophthalmologist.
Other disabilities	- World Health Organisation Disability Assessment Schedule (WHODAS) 2.0 for 17 years and over - PEDI-CAT for 16 years and under.	Health professionals: paediatrician, occupational therapist, speech therapist, GP, physiotherapist, social worker

From <https://www.ndis.gov.au/applying/gathering-evidence/what-are-examples-disability-evidence>
last updated 29/05/2026

OTSI ASSESSMENT TOOLKIT- Guideline V1 - SEPTEMBER 2026



APPENDI X 3 – Relevant Links – September 2026

<https://consultations.health.gov.au/disability-and-carers-group/nfp-ndis-supports/>

<https://www.health.gov.au/resources/publications/securing-the-ndis-for-future-generations-timeline-0?language=en>

<https://www.ndis.gov.au/providers/working-provider/reporting-and-recording-keeping/guide-report-writing>

<https://www.ndis.gov.au/providers/working-provider/reporting-and-recording-keeping/guide-report-writing>

<https://www.ndis.gov.au/participants/changing-your-plan/types-plan-changes/what-plan-reassessment>

<https://www.health.gov.au/sites/default/files/2026-01/explanatory-document-notice-of-impairment.pdf>

<https://www.ndis.gov.au/about-us/sharing-information/participant-information-access-request-form>

<https://www.icf-casestudies.org/introduction/introduction-to-the-icf-core-sets/introduction-to-icf-core-sets>

<https://www.icf-core-sets.org/>



APPENDIX 4: Conditions mapped to Impairment categories

For more info, and additional conditions, see:

[What is impairment information | NDIS](#)

[Impairment Categories and Your NDIS Eligible Disabilities – The Growing Space](#)

[What is NDIA Impairment Map: A Deep Dive - Plan Hero Plan Management](#) (Extract in table below)

Condition	Required category	Optional categories
Autism, including Rett and Asperger syndrome	Neurological	Intellectual, cognitive, physical, psychosocial
Cerebral palsy	Physical	Intellectual, cognitive, neurological, sensory
Down syndrome	Intellectual	Cognitive, physical
Stroke	Physical	Cognitive, neurological, sensory, psychosocial
Multiple sclerosis	Neurological	Cognitive, physical, psychosocial
Schizophrenia	Psychosocial	Cognitive
Hearing loss	Sensory	Cognitive
Visual impairment, including blindness	Sensory	None
Spinal cord injury, incomplete	Physical	Neurological, sensory, psychosocial
Dyslexia	Cognitive	Psychosocial

APPENDIX 5: ICAN Domains (1-9) AND Sub-Domains mapped to NDIS Act Functional Domains

[1. I-CAN Support Needs Assessment - Centre for Disability Studies](#)

[2. Defining Therapy Supports consultation with Allied Health Peak Bodies | Australian Government Department of Health, Disability and Ageing](#)

NDIS Domain	ICAN Domain ¹²	ICAN Subdomains
Mobility	Mobility	(a) transferring and positioning; (b) carrying, moving and handling objects; (c) walking and moving; (d) transport
Self-care	Domestic life	(a) shopping; (b) cooking; (c) cleaning and domestic tasks; (d) household maintenance
Self-care	Self-care	(a) eating and drinking; (b) personal care; (c) toileting; (d) dressing
Social interaction and self-management	Community, social and civic life	(a) money and economic life; (b) community life; (c) leisure and recreation; (d) advocacy
Communication	Communication	(a) receiving basic communication; (b) expressing basic communication; (c) feelings and emotions; (d) conversations and complex communication
Learning and self-management	Learning and applying knowledge	(a) learning new tasks; (b) decision making; (c) literacy and numeracy; (d) understanding time
Self-management and self-care	General tasks and demands	(a) daily routines; (b) initiating and completing tasks; (c) managing medication; (d) safety and risk abuse
Learning	Life-long learning	(a) finding, choosing and applying; (b) punctuality and preparation; (c) doing the job or participating in learning; (d) after hours
Social interaction and communication	Interpersonal interactions and relationships	(a) social skills; (b) seeking assistance and cooperating; (c) managing relationships; (d) intimate and dependent relationships

