

OTSi Discussion Paper regarding the PECQ within the New Framework Planning process

The New Framework Planning process for the NDIS is currently open for consultation. The New Framework Planning Process incorporates impairment notices, and the Support Needs assessment which is comprised of the Personal Environment Circumstances Questionnaire (PECQ), and the ICAN assessment with information from these components used to inform the development of a participant's budget plan.

The PECQ is a structured questionnaire used by NDIS delegates to gather a broad range of information about a participant with disability. The NDIA has advised that the PECQ will undergo further changes, as noted in the *Assessment and Budgeting Co-Design Working Group Minutes – July 2025* (NDIS, 2025). In light of these planned changes, we request that the **current version of the PECQ be made publicly available as part of the consultation process for the New Framework Plans**, to allow for informed feedback on its design and use. This statement draws on the version that is most recently publicly available.

The PECQ comprises both the questionnaire items and an accompanying Knowledge Guide provided to delegates. Several items require numerical ratings to be entered into the PACE system. There are 3 different PECQ for the 3 different age groups:

- 0 – 6 years
- 7 – 14 years
- 15 – adult

In the Assessment and Budgeting Co-Design Working Group (2), the PECQ was described as being intended to:

- Help understand informal supports
- Give better understanding of a participant's day to day life
- Identify changing life stages
- Help understand changing support needs
- Inform additional assessment modules
- Consider goals
- Identify risks and trigger safeguards.

The PECQ may be administered by NDIS delegates without an allied health background, and at present there is no publicly available information regarding delegation arrangements, training, the validity and reliability of the measure, or how it is used to make decisions regarding support funding.

The Knowledge Guide recommends using a conversational style to obtain information, with some items relying on delegate clinical observations and explicit guidance in certain cases to **not to ask questions directly**. For example

“Ask the person the Housing questions in the Personal and Environmental Circumstances case and record their answer.

Note: Don't read the response options to the person out loud. Instead listen carefully to their answers. You may need to select the most appropriate response for each question. Explain to the person we need the right information **before** we make an eligibility decision” (page 52 of FOI of PECQ)

While a conversational approach may support rapport and accessibility, it also raises concerns regarding transparency and informed participation. Specifically, participants with disability may not be aware that particular questions or conversational prompts are being used to assess their support needs in specific domains, or that their responses may be translated into fixed rating levels that could directly influence planning and budgeting decisions.

For example, a delegate may use a conversational approach to elicit information relevant to the following PECQ item:

Does this person have a support network of friends and family who are available to assist them?

The delegate is then required to select one of the following rating options in the PACE system:

- Participant has a reliable support network who can provide additional support
- Participant is independent
- Participant does not have a reliable support network and would like additional informal supports to develop those networks
- Participant does not have a reliable support network and does not want additional informal supports to develop those networks

Without the participant's explicit awareness that the conversation is being used to determine a scored assessment item, there is a risk that nuanced, context-dependent information may be simplified or misinterpreted. This may be particularly significant for participants with communication differences, trauma histories, neurodivergence, or fluctuating capacity, and may result in a lower plan budget.

Best-practice assessments that rely on indirect questioning do so within clearly defined psychometric frameworks and clinician-led administration. The use of indirect questioning without published validity, reliability, or assessor training requirements represents a significant departure from established assessment standards, particularly in high-stakes support eligibility contexts.

Open-ended and conversational questioning is used in some assessment contexts; however, where responses require interpretation, clinical judgment, and translation into scored categories that influence support eligibility or funding decisions, best-practice assessment standards require administration by appropriately qualified professionals. Validated assessments that rely on indirect questioning are typically conducted by allied health or clinical practitioners, supported by formal training, defined scoring anchors, and published evidence of validity and inter-rater reliability. This is because interpreting open-ended responses involves complex clinical reasoning, including distinguishing between capacity, opportunity, environmental constraint, and support substitution, as well as recognising communication differences, masking, memory challenges, cognitive functioning, mental health and trauma responses, and contextual factors. When such interpretation is undertaken without an allied health background or without clear psychometric safeguards, there is an increased risk of inconsistency, bias, and misclassification, particularly for participants with neurodivergence, psychosocial disability, or fluctuating functioning. For high-stakes assessments, transparency, assessor qualification, and methodological rigour are essential to ensure decisions are accurate, equitable, and defensible.

Another area where the PECQ guidance advises delegates not to read response options aloud to participants is assistive technology.

Do not read out options to the person. Please select any high-cost or quotable assistive technology items that the participant requires:

- Car modification
- Hoist
- Manual wheelchair
- Powered wheelchair
- Orthoses
- Power bed
- Pressure care cushion
- Prostheses (full)
- Prostheses (partial)
- Ramp
- Scooter (rental)
- Shower support
- Walking aides
- Standing frame
- Postural support chair
- Other (please specify)

The current approach places responsibility on the delegate to interpret and select appropriate items without reading options aloud, which may limit transparency and participant understanding. While the list includes a broad range of assistive technology, reliance on the delegate's memory, clinical judgment, and conversational interpretation introduces a risk that key needs may be overlooked or misrepresented. This is particularly concerning for participants with communication differences, cognitive challenges, or complex health needs. Furthermore, the absence of explicit integration of allied health or clinical input in identifying these high-cost or complex items may reduce the reliability and accuracy of the assessment. To ensure equitable and informed planning, the process should incorporate participant-facing clarity and transparency, structured guidance for scoring, mechanisms to capture nuanced contextual information, and involvement of appropriately qualified professionals in evaluating assistive technology needs.

The proposed use of a branching methodology within a revised PECQ (2), where subsequent questions depend on earlier responses, presents a risk that significant support needs may not be identified if initial responses are misinterpreted or under-reported.

In the PECQ version that has been shared, references to medical or allied health reports appear to be limited to their use in scoring NDIS-preferred assessments or contributing to the early childhood functional capacity. Other aspects of the PECQ also need to be informed by existing allied health and medical information, where available, to support accuracy and reduce reliance on participant recall at a single point in time.

The PECQ includes multiple domains where clinical reasoning and professional judgment are required to interpret participant information accurately and translate it into the assessment framework. For example, determining the level of need in a developmental area, as described in the PECQ guidance, requires consideration of the intensity, frequency, and duration of supports necessary over the course of the plan. Accurately assessing whether a need is "high" or "medium to low" involves clinical judgment about developmental trajectories, the effectiveness of interventions, and the child's response to support over time. These judgments require expertise in child development, therapeutic interventions, and evidence-based practice, which falls within the scope of

allied health professionals such as occupational therapists, speech pathologists, psychologists and physiotherapists. Without such expertise, there is a significant risk that the effort and resources required to meet the child's developmental needs may be under- or over-estimated, potentially resulting in inadequate supports, misaligned planning, and inequitable outcomes.

The PECQ has a number of questions that have structured responses and levels

Given the structured and standardised nature of PECQ data entered into the NDIA systems, it may be helpful to clarify whether, and how, this information is used at a system level beyond individual planning decisions. Are the categorical ratings, numerical scores, and predefined response options aggregated or analysed to inform decision-support tools, prioritisation processes, or other automated or semi-automated functions? If so, what safeguards ensure that such use complements rather than replaces professional judgement? How is transparency maintained regarding the role of human decision-making, opportunities for review, and the ability to consider contextual and qualitative information that may not be captured within structured fields?

What level of capacity building is required:

- Very high = Capacity Building Level 1
- High = Capacity Building Level 2
- Moderate = Capacity Building Level 3
- Low = Capacity Building Level 4
- None = Capacity Building Level 5
- Unsure/Blank = Capacity Building Level 5

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Do not read the response options to the participant/respondent). Is funding for support coordination required?

- *Yes – more than 9 hours per month = Support Coordination – Level 1a*
- *Yes – 6-9 hours per month = Support Coordination – Level 1b*
- *Yes – 4-6 hours per month = Support Coordination – Level 1c*
- *Yes – 2-4 hours per month = Support Coordination – Level 2*
- *Yes – 1-2 hours per month = Support Coordination – Level 3*
- *Yes – up to 1 hour per month = Support Coordination – Level 4*
- *Yes – connection and monitoring = Support Coordination – Level 5*
- *Connection only = Support Coordination – Level 6*

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Recommended Policy Position

1. The updated PECQ and supporting data indicating instrument validity for NDIS decision-making purposes needs to be provided as part of the New Framework consultation process. Allied health input (via reports, assessments, medical evidence and support needs formulations) must be accepted inputs into the PECQ and the broader NDIS SNAs. The process for utilising participant-provided information needs to be available in the New Framework Planning Consultation process.

2. The PECQ should undergo independent review by experts in psychometrics and assessment validation, followed by a formal pilot trial incorporating participant feedback, prior to incorporation to Support needs Assessments for new framework plans.

Design needs for the PECQ should include:

- Explicit incorporation of cultural considerations, communication needs, and appropriate disability accommodations to ensure accessibility, equity, and accurate assessment.
 - Integration of allied health and clinical input where interpretation of responses requires professional judgment or clinical reasoning.
 - Clear guidance for administration that maintains transparency with participants, including explanation of how responses will inform planning and funding decisions.
 - Inclusion of mechanisms to capture nuanced information, such as the reliability and sustainability of informal supports, carer capacity, and contextual factors affecting participant needs.
 - Structured pilot testing and review, including participant feedback and comparison with allied health and medical reports, to evaluate validity, reliability, and consistency of scoring.
 - Consideration of branching or adaptive question pathways only where safeguards ensure all critical areas are consistently assessed.
3. No SNA should be completed solely by non-allied health assessors, while excluding allied health evidence.
 4. Alternative models for delivering NDIS SNA should be explored, including the OTSi-proposed National Endorsed Assessor Team (NEAT) model (3), that enables trauma-informed, consistent assessment while preserving choice of skilled assessor. (3).
 5. Clarify how PECQ data entered into the NDIA system is used beyond individual planning decisions, including whether categorical ratings, numerical scores, or predefined response options are aggregated or analysed to inform automated or semi-automated processes. Ensure that safeguards are in place to maintain the primacy of professional judgment, preserve transparency in decision-making, and allow review and consideration of contextual or qualitative information not captured in structured fields.

References

1. The Personal and Environmental Circumstances (PECQ) is available on the Right to Know website. Right to Know obtained the PECQ through Freedom of Information. FOI 24/25-0141
https://www.righttoknow.org.au/request/11804/response/38217/attach/7/FOI%2024.25%200141%20Decision%20Documents.pdf?cookie_passthrough=1
2. Assessment and Budget Working Group Meeting July 2025 Minutes:
<https://www.ndis.gov.au/news/11044-assessments-and-budgeting-co-design-working-group-meeting-july-2025>

3. Best Practices Support Needs Assessment for the NDIS

[OTSihttps://www.dropbox.com/scl/fi/tribrxzfgbdd1t6n4esrf/Best-Practices-Support-Needs-Assessment-for-the-NDIS-OTSi-31012025-FINAL.pdf?rlkey=w75tunv334hwmtvumInt2qkmg&e](https://www.dropbox.com/scl/fi/tribrxzfgbdd1t6n4esrf/Best-Practices-Support-Needs-Assessment-for-the-NDIS-OTSi-31012025-FINAL.pdf?rlkey=w75tunv334hwmtvumInt2qkmg&e)