

DELIVERING TRAUMA-INFORMED, BEST PRACTICE SUPPORT NEEDS ASSESSMENT FOR THE NATIONAL DISABILITY INSURANCE SCHEME (NDIS) THROUGH THE MEDICARE BENEFITS SCHEDULE

EXECUTIVE SUMMARY

Support Needs Assessments (SNA), introduced into the NDIS through legislative changes in October 2024, are set to begin by September 1, 2025. These assessments represent a seismic change to NDIS operations and are crucial for determining participants' disability-related support needs, evaluating eligibility under Sections 24 or 25 of the NDIS Act, and setting individualised budgets and supports.

This discussion paper synthesises international best practices from 10 jurisdictions, alongside insights from key Australian policy documents, to propose a trauma-informed SNA for the NDIS, delivered as a bulk-billed Medicare Benefits Schedule (MBS) item. It proposes A National Endorsed Assessor Team (NEAT) as a model for SNA delivery as a bulk-billed MBS assessment. Delivering assessments as a bulk-billed MBS item was a recommendation of the *NDIS Joint Standing Committee Inquiry to Independent Assessments* [1].

This paper highlights the need for a trauma-informed and trialled SNA. It emphasises the need for transparent co-design in advance of full roll-out and rigorous trialling of processes to ensure reliable translation of assessment findings into effective, safe and individualised support packages.

KEY RECOMMENDATIONS

1. Prioritise the co-design of a trauma-informed NDIS SNA, in tune with recognised international best practice, for delivery as a flexible bulk-billed MBS item. This will optimise safety, choice, and fitness-for-purpose of the SNA which will hold responsibility for establishing eligibility pathways, informing budget-setting, and defining stated disability supports in NDIS plans.
2. Establish a regulated National Endorsed Assessor Team (NEAT) to ensure bulk-billed MBS SNA are delivered by a pool of qualified AHPRA-registered allied health professionals operating within their scope of practice, who have capacity to formulate, draw on theory of change, and make evidence-based decisions by synthesising a range of evidence sources to provide an individualised assessment report, as per legislative requirements
3. SNA processes and outputs that inform budget setting and define stated disability supports in NDIS plans, must be rigorously trialled and proven prior to roll-out within the NDIS. This is an essential step to protect participant safety, minimise potential harm, and to ensure disability support needs can be reliably met.

1. WHAT IS THE PURPOSE OF THE NDIS SUPPORT NEEDS ASSESSMENT?

The NDIS, supporting over 660,000 participants under a social model of disability, has introduced mandatory Support Needs Assessments (SNA) through the NDIS Amendment Act 2024. These assessments aim to determine participant support needs based on NDIS Rules, with key purposes including evaluating support needs tied to eligibility, and ensuring equitable and evidence-based funding decisions.

The Act states that individual plans must include a participant's "reasonable and necessary budget" for supports, and these budgets, including 'stated' (prescribed) supports, are to be informed by a needs assessment report. This ensures that funding and supports for participants are personalised and aligned with the participant's individualised support needs. The SNA is likely to determine if the person is likely to benefit from early intervention under Section 25 of the NDIS Act. The Act highlights the need for a co-designed, evidence-based approach but does not define SNA processes or methods [2].

2. PRIORITISING A SAFE AND TRAUMA-INFORMED SUPPORT NEEDS ASSESSMENT

Safety and trauma awareness must be prioritised in the co-design of NDIS SNA, and in translating assessment findings to support budgets. There are known risks associated with disability assessments that determine access to support and resources. International studies evidence the potential for harmful outcomes when disability assessment is conducted via a point-in-time standardised assessment by a mandated assessor [3]. These harmful outcomes include increased rates of suicide, increased mental health impacts and increased reliance on prescribed medication. An Australian study published May 2023 documents an increase in anti-depressant use and need for medical intervention when disability entitlements were re-assessed, regardless of the outcome of the assessment [4]. Understanding these risks will help shape a safer, evidence-based approach for future SNA delivery.

The NDIS Review report and the Disability Royal Commission report emphasised participant-centered and trauma aware approaches to government-mandated assessment, due to the significant proportion of people with disabilities with trauma histories [5] [6].

The *NDIS Joint Standing Committee Inquiry to Independent Assessments* (hereafter called the JSC report) highlights the importance of trauma-informed approaches in NDIS assessments, emphasising the need for sensitivity to participants' emotional and psychological safety to prevent re-traumatisation. It stresses the value of culturally safe and inclusive practices, particularly for Aboriginal and Torres Strait Islander participants and those from diverse backgrounds, to foster trust and improve assessment accuracy. The report cautions that rigid, impersonal procedures and power imbalances can exacerbate trauma, especially for those with past negative experiences in institutional systems [1].

Successive reviews and reports have highlighted the need to re-build trust between the NDIA and the disability community, including participants [5] [6]. Many participants describe how interactions and assessments by NDIA assessors and contractors can bring a fear of losing supports, fear of not being believed, fear of experiencing discrimination, fear of abuse and neglect, and fear of systemic co-opting of concepts such as recovery [7]. The pressure to meet certain criteria, alongside the fear of having support needs minimised or rejected, can further intensify anxiety and trauma [1].

Strategies that restore a sense of control and choice can minimise the risk of trauma and harm and foster a sense of safety. The JSC report highlights that a community-based choice of provider approach to assessment is safer and more trauma-informed because it empowers participants to self-select qualified professionals with expertise in their particular disability, reducing the risks of stress and anxiety associated with mandated, assigned assessors (Chapter 9, recommendation 5). This approach respects the participant's autonomy and ensures that assessments are conducted in a way that aligns with their preferences and specific needs. This is particularly important for individuals from marginalised or culturally diverse backgrounds, as well as those who have experienced trauma or institutional harm [1].

A range of safeguards will need to be co-designed to ensure support needs assessments can be safety and accurately translated into support budgets capable of meeting individualised support needs, particularly where automated decision making and algorithms may be embedded in the process [6] [10].

3. THE SUPPORT NEEDS ASSESSMENT DELIVERED AS A BULK-BILLED MBS ITEM

The JSC report recommended the Australian Government should consider funding bulk-billed NDIS assessments with allied health professionals. MBS funded assessments are proposed to support access to the NDIS and assist in the development of plans for participants. The rationale outlined in the JSC report was that MBS bulk-billed assessments could improve equity and accessibility and reduce financial barriers for NDIS access and planning by eliminating out-of-pocket expenses for participants.

While the JSC focused on functional assessments, the findings are highly relevant and aligned to support needs assessment processes. The JSC report highlighted that MBS bulk-billed assessments could support choice of provider, which is framed as a trauma-informed and empowering feature for participants. Specifically, the JSC report described that assessments should be carried out by allied health professionals nominated by participants, aligning with the core NDIS principle of choice and control.

Further, the JSC report proposed that MBS bulk billed assessments could be cost-effective in the context of NDIS. It notes that government-funded, bulk-billed assessments can potentially reduce administrative costs for government and reduce administrative burden for the NDIA.

The cost-effectiveness of MBS bulk-billed assessments was referred by the JSC to the Parliamentary budget Office (PBO) for evaluation. The PBO compared the delivery of flexibly-delivered bulk-billed assessments under a new MBS item with the costs of a contracted panel of independent assessors and found the MBS item to be cost effective and providing additional efficiencies such as integration with existing Medicare infrastructure, potentially avoiding the setup and operational costs associated with creating a new assessor framework.

The PBO costing was based on the assumption that assessments would be conducted by allied health professionals (occupational therapists, psychologists, physiotherapists and other relevant practitioners), delivered flexibly over 1-8 sessions, depending on the individual participants needs. The analysis considered these professionals' involvement in providing comprehensive, multidisciplinary assessments for NDIS participants and prospective participants. This approach was designed to ensure assessments were carried out by qualified professionals who could address the varied and nuanced needs of individuals with disabilities. This alignment with allied health professionals was also intended to maintain the quality and depth of assessments, essential for effective NDIS planning and access decisions.

In summary, the JSC report emphasises that bulk-billed assessments not only reduce financial barriers and preserve participants' ability to retain choice of provider, they would also enable access to skilled assessors and bring administrative efficiency thereby reducing delivery costs [1].

The NDIS Review final report recommended SNA be funded by government. This report recommended functional capacity assessment for NDIS access, be funded through MBS (Supporting Analysis p. 242) [5]

We recommend the cost of NDIS SNA delivery through MBS is further reviewed, updated and costed by the PBO to obtain current cost and benefit comparison, to reflect the cost of delivering both functional capacity assessment for NDIS access, and SNA for current participants.

4. PROPOSING A NATIONAL ENDORSED ASSESSOR TEAM (NEAT) TO DELIVER ASSESSMENTS

The National Endorsed Assessor Team (NEAT) is a proposed model for NDIS functional assessment at access, and for NDIS SNA delivery. It would require the development of a national endorsed assessor program, which appropriately skilled and experienced allied health professionals could select to undertake in order to qualify to provide MBS bulk-billed SNA for the NDIS. Endorsement credentials are applied to individual allied health professionals, rather than umbrella organisations, to uphold quality standards.

This model avoids the costly setup of a national service infrastructure and workforce, as it would utilise the existing NDIS provider base. This would ensure MBS bulk-billed SNA are completed by experienced allied health professionals, skilled in understanding the participants particular disability needs. An assessor endorsement program would meet the NDIS requirements of a more consistent and regulated approach to assessment, while enabling participants and applicants to retain choice and control of provider. Assessors would utilise their professional judgement and clinical reasoning skills to conduct a determined assessment process culminating in a support needs report for the NDIA, as required under the NDIS Amendment Act 2024. The assessment report would include tailored, needs-specific recommendations for supports to inform plan budgets. Conflict of interest concerns regarding participant existing providers completing the assessments would need to be clarified and mitigated through co-designed assessment guidelines.

5. ALIGNING SUPPORT NEEDS ASSESSMENTS WITH INTERNATIONAL BEST PRACTICE

This discussion paper proposes the NEAT model and anchors it within international best practice by drawing on findings from the *Scoping Review to Inform Standards for Assessment of Need* (August 2024) [8], conducted by the Health Information and Quality Authority (HIQA), an independent statutory body in Ireland. The *Scoping Review* examined disability support needs assessment approaches and processes in ten jurisdictions internationally, to identify considerations for best practice.

Using a multi-method approach, including desktop research of authoritative sources and consultations with international experts, the *Scoping Review* explored established disability support needs assessment models; relevant legislation; standards, guidance, frameworks, strategies and policies; and methods for regulation, monitoring and inspection of assessment of need. The ten jurisdictions studied were England, Scotland, Wales, Northern Ireland, Ireland, New Zealand, Iceland, Romania, Hong Kong, and Singapore. These jurisdictions were chosen for in-depth review as there was shared commitment to establishing best practice

assessment of disability support need as evidenced through recent reform, and there were valuable insights to be gained from their experiences of delivering support needs assessments.

This discussion paper applies thematic analysis to the *Scoping Review's* findings, identifying best practice principles to inform a NEAT SNA model in the Australian context. The thematic analysis identified 10 best practice principles for SNA process, 8 best practice principles for SNA workforce, and 11 best practice principles for SNA assessment instruments. These are applied to the NEAT model in Appendix 1 below.

6. SUPPORT NEEDS ASSESSMENT WORKFORCE CONSIDERATIONS

The *NDIS Review Final Report* highlighted the critical role of skilled and qualified professionals, such as allied health practitioners, in conducting NDIS SNA [5]. The *National Framework for Assessing Children's Functional Strengths and Support Needs* (2024) further highlights the need for professionals to conduct the SNA and stresses the need for assessors to possess cultural competency, the ability to create structured yet flexible formulations, and expertise in synthesising diverse inputs into actionable support plans. This collaborative approach involves input from participants, families, carers, and other relevant professionals [9].

The NDIS SNA will hold multiple functions. It is likely to determine eligibility pathways and expected outcomes of early intervention; assess disability support needs; and use findings to inform budgets and 'stated' supports in the participants budget plan. To fulfil these functions, the assessor will be required to use high-level decision making and formulation skills. The assessor qualifications and skillset must match the complexity and decision-making requirements of the support needs assessment.

The international *Scoping Review* highlights that while some countries involve non-allied health professionals (e.g., navigators or administrative staff) in disability support assessments, these individuals primarily provide supplementary information and do not determine support needs or formulate decisions. To ensure accurate and comprehensive assessments, allied health professionals or multidisciplinary teams currently working with the person living with disability are typically involved, particularly for individuals with complex or multifaceted needs. Relying solely on non-health professionals or simplified scoring systems risks under-identifying or misidentifying support needs, leading to resource misallocation and potential adverse outcomes[8].

A skilled and qualified workforce, such as the NEAT workforce proposal, is critical for effective SNAs. Addressing the international best practice considerations identified in Appendix 1, will ensure that the workforce can deliver timely, equitable, and high-quality assessments to meet the multiple requirements of the NDIS SNA. Allied health professionals registered with the statutory, independent Allied Health Practitioner Registration Authority (AHPRA) meet regulated standards for practice and continuing professional development requirements. Engaging AHPRA-registered allied health professionals to deliver SNA will ensure a skilled and independently-regulated assessor workforce, and protect participants as AHPRA -registered professionals are bound by a code of conduct setting the standard for professional practice. AHPRA's primary role is to protect the public and set ethical and competency standards and policies that all registered health professionals must meet. An endorsed assessor program further ensures quality, standards, and consistency.

7. ASSESSMENT INSTRUMENTS AND METHODS TRANSLATING ASSESSMENTS TO SUPPORT BUDGETS

7.1 Assessment instruments

Both the *NDIS Review Final Report* and the *National Framework for Assessing Children's Functional Strengths and Support Needs* (2024) emphasise the importance of using reliable, valid, and contextually appropriate instruments for SNA. Both reports emphasise assessment tools aligning with the World Health Organisation International Classification of Functioning (ICF). Assessment instruments must be co-designed and co-chosen to align with evidence-based and culturally responsive frameworks, ensuring safety, feasibility, and respect for individual and family needs [5] [9].

The *National Framework for Assessing Children's Functional Strengths and Support Needs* (2024) indicates that a variety of methods may be used, including semi-structured interviews, administering questionnaires and assessment instruments, observation (informally and/or formally), and evaluating any existing professional reports, alongside standardised assessment [9].

The countries examined in the *Scoping Review* utilise various assessment instruments and frameworks, tailored to their specific disability systems. Both tailor-made and existing assessment instruments are utilised across the jurisdictions reviewed [8]. A co-design process, combined with examining available literature and evidence, will optimally determine the assessment instruments and format required for the NDIS SNA.

7.2 Translating assessment findings to support needs budgets

A highly complex aspect of building the NDIS SNA is the need to translate findings from the SNA into a safe, effective support budget capable of meeting disability support needs. International experiences indicate this will need to be rigorously trialled and tested to ensure it is fit for purpose, and capable of upholding Australia's human rights obligations under UNCRPD. Over-reliance on algorithmic decision making in disability assessments has been questioned from a rights-based and CRPD perspective [10]. The concern is that these inequities are 'baked' into the system through the 'averaging' of support packages, grounded for example, in impairment-based assumptions that overlook individualised support needs.

The *Working Together to Deliver the NDIS: NDIS Review Final Report* (2023) emphasised iterative and inclusive co-design and rigorous testing of processes, involving people with disabilities and relevant experts [5].

The international *Scoping Review* reveals that some of the countries examined, do in fact reduce Support Needs Assessment findings to categorical outputs or single scores to streamline decision-making for the purpose of funding or resource allocation e.g. Romania, and New Zealand. However, the *Scoping Review* cautions that, while these categorical outputs often aim to condense the complexity of assessments into simple steps, they risk oversimplifying nuanced, complex and multi-dimensional needs and have been criticised for potentially missing subtleties in individual circumstances, particularly when combined with impairment-based, or other, assumptions of support needs. The safety risks associated with oversimplifying complex support needs to generate a support budget underscore the importance of trialling such SNA

processes prior to commencing large-scale SNA rollout [8]. These risks include risk of inadequate or inappropriate support budgets, or risk to life.

The NDIS SNA process will hold responsibility for critical elements of NDIS functioning, including determining eligibility pathway under Section 24 or early intervention under Section 25; informing budget-setting, and defining stated disability supports. Development of a robust SNA process for the NDIS will require rigorous trialling and deep co-design with disabled people, their representatives, and the expertise of allied health professionals skilled in formulating theory of change and designing support needs assessment. Rigorous trialling will ensure the process is transparent, safe, and evidence-based, and equitable across disability cohorts. Further, it will ensure the SNA process has capacity to translate assessment findings into safe, effective and individualised participant budgets and support packages. The *Disability Royal Commission into violence, abuse and neglect and exploitation of people with disability*, highlighted that access to suitably tailored supports and access to adequate funds, are preventative of harm for people with disability [6].

CONCLUSION

In conclusion, the implementation of a trauma-informed, bulk-billed MBS NDIS SNA represents a significant opportunity to enhance equity, accessibility, and safety for participants. Grounded in international best practices and informed by local evidence, the proposed model prioritises co-design, rigorous trialling, and the integration of endorsed allied health professionals to ensure the delivery of high-quality assessments. By emphasising participant choice and cultural safety, an MBS bulk-billed SNA process aligns with the NDIS principles of empowerment and inclusion, while fostering trust and mitigating risks of harm. The establishment of a regulated workforce, such as the proposed National Endorsed Assessor Team (NEAT), ensures the reliability and integrity of bulk-billed MBS assessments, supporting the development of effective, personalised support packages. Ultimately, this approach underscores the importance of a participant-centered, transparent, and evidence-based system to meet the diverse and complex needs of individuals with disabilities in Australia.

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ABOUT OTSi

OTSi is a national society whose purpose is to enable occupational therapists who work alongside people with invisible and hidden disabilities, to reduce barriers to full participation in our world as active citizens of Australia.

Our focus is ensuring access to resources, opportunities, and supports for people with invisible disabilities of all ages, 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. www.otsi.net.au

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APPENDIX 1

FIG 1. APPLYING INTERNATIONAL SUPPORT NEEDS ASSESSMENT BEST PRACTICE PRINCIPLES TO THE NATIONAL ENDORSED ASSESSOR TEAM

SNA best-practice principle	Applying best practice Support Needs Assessment factors to the NEAT
Human rights-based approach	The NEAT will adopt a person-centered approach to SNA & ensure the SNA is centered on the rights & dignity of people with disabilities.
Consistent assessment standards	The NEAT endorsement process will require development of consistent standards for SNA to ensure uniformity across regions. Endorsement processes will be regularly reviewed and updated to reflect current best practices.
Stakeholder Engagement	The NEAT SNA development process must actively involve individuals with disabilities, their families, allied health professionals, & other stakeholders in the design and evaluation of assessment processes.
Needs-based not diagnosis-based	The NEAT SNA will shift from diagnosis-focused models to needs-based approaches that identify the actual supports required by the individual. ICF could be used as a consistent framework.
Efficient Access to services	Following NEAT SNA, the NDIA must streamline pathways to ensure timely access to budgets and necessary services.
Transparent communication	The NDIA must provide clear, accessible, and person-friendly information to families and participants about the SNA and budget development process, timelines, and appeal rights. The NEAT SNA will use consistent assessment approaches and methods to ensure clarity in reporting
Accountability and monitoring:	Implement mechanisms to monitor compliance with standards and address NEAT SNA discrepancies or delays in service delivery. Ensure adequate oversight from independent regulatory bodies, including the NEAT endorsement programs and AHPRA.
Workforce capacity building and resource allocation	Ensure sustainability of the NEAT by resourcing the establishment and maintenance of the NEAT endorsement program. This program holds responsibility for ensuring NEAT therapists hold relevant experience, capability and competence to provide the NDIS SNA.
Integration of Services	The NDIS SNA delivered by NEAT will ensure information relevant to the SNA is obtained from a range of relevant sources, particularly the person living with a disability; and carers and those who provide continuous support to the person with disabilities; and relevant health professionals, to inform the SNA.
Feedback and Continuous Improvement:	Use data and feedback from participants to transparently refine the SNA processes continuously. Facilitate independent oversight and reviews of NEAT delivery models to identify and address gaps.

FIG 2 APPLYING INTERNATIONAL SUPPORT NEEDS ASSESSMENT BEST PRACTICE WORKFORCE PRINCIPLES TO THE NATIONAL ENDORSED ASSESSOR TEAM

Workforce factors	Best practice workforce factors description
Multidisciplinary assessors	The NEAT will comprise of AHPRA registered allied health professionals, including occupational therapists, psychologists, physiotherapists. The assessor pool will ensure depth of experience and expertise, as overseen by the assessor endorsement program.
Workforce Capacity	Ensure sustainability of the NEAT by resourcing the establishment and maintenance of the NEAT endorsement program. This program holds responsibility for ensuring NEAT therapists hold relevant experience, capability and competence to provide the NDIS SNA.
Skills and Competencies	The NEAT endorsement program will ensure that NEAT therapists hold relevant experience, capability and competence to provide the NDIS SNA. The assessor skillset must match the complexity and decision-making requirements of the support needs assessment.
Continuous Professional Development	Ongoing training and capacity building are essential to keep the NEAT updated on the latest best practices and methodologies for disability support needs assessment.
Workforce Planning	Strategic workforce planning is required to ensure the NEAT can meet demand. This includes assessing the ratio of endorsed assessors to population needs and ensuring equitable and tailored distribution of resources across regions.
Retention and Recruitment	Planned assessor recruitment to NEAT and retention strategies designed with industry bodies streamline these processes to ensure a consistent and skilled assessor workforce
Integrated Approach	The NEAT assessors will ensure information relevant to the SNA is obtained from a range of relevant sources, particularly the person living with a disability; and carers and those who provide continuous support to the person with disabilities; and relevant health professionals, to inform the SNA
Role Clarity	Clear definitions of roles and responsibilities for NEAT assessors are essential to ensure high quality SNA reports can be delivered to the NDIA who will set participant budgets based on SNA reports.

FIG 3 APPLYING INTERNATIONAL BEST PRACTICE ASSESSMENT INSTRUMENT SELECTION PRINCIPLES TO THE NDIS SUPPORT NEEDS ASSESSMENTS

Assessment instrument factors	Best practice SNA instrument selection factors description
Validity and Reliability	SNA instruments must be scientifically validated and consistently reliable across diverse disability groups to ensure accurate SNA
Standardisation	SNA instruments should have standardised procedures to ensure consistency in application and interpretation. The ICF framework can further assist with standardisation.
Flexibility and Adaptability	SNA instruments should be adaptable to the unique needs of individuals, allowing for person-centered and environment and context-specific assessments.
Cultural and Linguistic Appropriateness	SNA instruments must be sensitive to cultural and linguistic differences, particularly in diverse populations.
User-Friendliness	SNA instruments should be easy to administer and meet disability community expectations
Comprehensiveness	Instruments should capture a wide range of disability support needs relevant to the individual's unique needs, including communication, social interaction, self-care, self-management, mobility, and learning needs.
Interdisciplinary Applicability	Assessment instruments should facilitate input from multiple sources, with consent, while recognising the person as the expert on their disability. Disciplines.
Cost and Resource Implications	Instruments should be cost-effective and resource-efficient to ensure feasibility and sustainability in widespread use.
Alignment with Legal and Policy Frameworks	Instruments must comply with national legislation and align with broader policy goals, such as equity and inclusion.
Training and Support for Assessors	Selected instruments should be supported by adequate training resources to ensure NEAT assessors are skilled in their use.
Integration with Existing Systems	SNA instruments must be compatible with the intention, aims and core principles of the NDIS.