

The Critical Role of Allied Health Evidence in NDIS Support Needs Assessments (SNA) Policy Summary - Why Allied Health Input Is Essential

- NDIS Support Needs Assessments (SNA) determine funding and therefore must be based on accurate, evidence-informed understanding of a person's disability support needs.
- Conducting a ~~standardised~~ SNA without reference to existing allied health and medical evidence isolates the assessor from the person's lived support needs, creating a "point-in-time" assessment in a vacuum.
- The international scoping review conducted by HIQA (Ireland, 2024)¹ highlights that high-quality support needs assessments universally integrate multidisciplinary evidence—including reports from allied health and medical professionals—to ensure assessments are comprehensive, safe, and accurate.
- Across the 10 jurisdictions examined (UK nations, Ireland, New Zealand, Iceland, Romania, Hong Kong, Singapore), allied health input to contemporary disability support needs assessments is standard practice. Where non-allied health workers are involved, they supplement or administer data collection, rather than determine needs or make decisions. Excluding participant provided allied health evidence- places Australia at odds with contemporary international practice.
- The Scoping Review explicitly warns that relying on non-health assessors or simplified scoring systems risks mis- or under-identification of disability support needs, distorting budget setting & creating downstream harm.

Risks of Excluding Allied Health Evidence

- The 2021 Joint Standing Committee (JSC) report² and the 2023 NDIS Review both emphasise that trust, safety, and trauma awareness require assessors who understand disability—skills inherent to AHPRA-registered allied health professionals. International literature documents safety risks, including mental health deterioration, suicidality, and increases in medication use, associated with disability support and entitlement assessment.³
- The International Scoping Review document shows that SNA inherently involves high-level formulation, evidence synthesis, clinical reasoning, and interpretation of impairment impacts—competencies regulated within allied health scopes of practice and not held by administrative, navigator, or generalist assessors.

¹ Health Information and Quality Authority (2024) Scoping review to inform [Standards for the assessment of need | HIQA](#)

² [Independent Assessments – Parliament of Australia](#)

³ ~~Barry, B;~~ Taylor-Robinson, D; Stuckler, D; ~~Loonstra, R;~~ Reeves, A. (2015). 'First, do no harm': are disability assessments associated with adverse trends in mental health? A longitudinal ecological ~~study~~ [Journal of Epidemiology and Community Health](#) Vol 70 (4). BMJ Publishing Group Ltd

Why Existing Reports Must Be Incorporated

- The National Framework for Assessing Children's Functional Strengths and Support Needs (2024)⁴ highlights that existing professional reports are a core component of best practice assessment.
- The HIQA International Scoping Review reinforces that SNA frameworks internationally rely on triangulation—pulling together lived experience, family/carer input, and existing medical/allied health evidence.
- Excluding prior evidence is inconsistent with international norms and best practice indicators, and introduces a systemic risk of underfunding, incorrect eligibility decisions, and unsafe support planning.

Current ICAN Format Already Supports Allied Health Evidence

- The current ICAN assessment design explicitly allows—and even encourages—the inclusion of existing functional assessments, medical information, and allied health reports to inform decision-making. The ICAN would need to amended to remove the feature that embeds consideration of existing allied health and other disability evidence provided by the participant. **A key policy question arises:** Is there an intention to remove the ICAN feature that invites allied health evidence, for NDIS purposes?

Recommended Policy Position

1. Allied health input (via reports, assessments, medical evidence and support needs formulations) must be accepted inputs into all NDIS SNAs.
3. No SNA should be completed solely by non-allied health assessors, while excluding allied health evidence.
4. The ICAN format must continue to include structures that enable the incorporation of allied health and medical evidence.
5. Alternative models for delivering NDIS SNA should be explored, including the OTSi-proposed National Endorsed Assessor Team (NEAT) model, that enables trauma-informed, consistent assessment while preserving choice of skilled assessor⁵. [Best-Practices-Support-Needs-Assessment-for-the-NDIS-OTSi-31012025-FINAL.pdf](#)

⁴ Fitzpatrick, A., et al. (2024). [National Framework for Assessing Children's Functional Strengths and Support Needs in Australia](#). Autism CRC

⁵ Submission no. 1, Attachment B, January 2025 [Submissions - Parliament of Australia](#)