

**Submission to the Joint Standing Committee on the National Disability Insurance Scheme
48th Parliament of Australia
04 August 2025**

Executive Summary

The Occupational Therapy Society for Hidden and Invisible Disability (OTSi) warmly welcomes the Joint Standing Committee on the NDIS (the Committee) to the 48th Parliament. We thank you for your commitment to ensuring the safety, sustainability, and long-term vision of the NDIS. We commend the Committee's important role in providing oversight and guidance during this period of reform and acknowledge the critical contribution you make to ensuring that the NDIS continues to remain accessible, equitable and fit-for-purpose.

The NDIS is facing an unprecedented confluence of reform activities, legislative change, and policy development. While many reforms are welcome and necessary, their pace, scope, and lack of coordinated implementation planning are contributing to instability, confusion, and fear among participants, providers, and families.

We appreciate the opportunity to provide this submission at a time of significant transformation within the Scheme. OTSi made a submission in January 2025, yet to be reviewed by the Committee, which we have included in Attachment B below. This submission proposed a cost-effective, trauma-informed model for the development of NDIS Support Needs Assessments, which could be funded through an alternative funding stream, such as Medicare or other mechanism.

We appreciate the opportunity to update the submission to reflect the broad, rapid and unprecedented NDIS policy change that has occurred since January. This submission outlines four recommendations for urgent Committee attention and action.

KEY RECOMMENDATIONS

1. Develop and publish an urgent national plan to stabilise the NDIS, including an independent risk assessment of concurrent reforms such as funding period changes, assessment tools, support lists & eligibility reassessments (See Section 1).
2. Ensure transparent and inclusive policy decision-making, including publication of economic modelling, reform impacts, and meaningful co-design with the disability community, for example including the use of mechanisms like Citizens' Assemblies (See Section 2).
3. Safeguard NDIS access for people with psychosocial and other hidden or invisible disabilities who meet eligibility criteria and confirm their place in the Scheme in response to recent policy proposals that have heightened uncertainty and fear within these communities (See Section 3, Attachment A).
4. Support development of an alternative support needs assessment model that is trauma-informed, cost-effective, and maximises participant choice and control, such as that outlined in our January 2025 submission to the Committee (See Section 4, Attachment B).

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1. An urgent need to stabilise the NDIS amidst complex reform executed at pace

The scale and speed of simultaneous reforms—including the introduction of new support lists, new funding periods, therapy travel cuts, and escalated eligibility reassessment—have created an environment of significant disruption and anxiety. A national joint statement, to which OTSi was a signatory, alongside 254 national organisations, called on governments to slow the pace of reform, citing concerns for participant safety¹.

1.1 Support Lists (NDIS Act Section 10)

Every Australian Counts recently released the results of a national survey involving over 500 respondents—including NDIS participants, family members, advocates, and providers—examining the impact of new "in-and-out" support lists implemented under the NDIS. The findings reveal alarmingly high levels of concern: 88.2% of respondents believe that the government has failed to properly assess the risks posed by these support-list changes, while only 3.3% felt confident those risks were being appropriately evaluated. Additionally, 75% of participants reported already experiencing problems with the Section 10 rules—citing confusion over what is allowed, conflicting messages from the NDIA, loss of flexibility in plans, and worryingly, actual loss of previously funded supports. Many survey respondents warned that these rigid lists threaten their health, safety, and wellbeing by undermining the Scheme's foundational principles of choice, control, and responsiveness to individual circumstances². The Every Australian Counts findings are consistent with the experiences reported by OTSi members.

1.2 Funding periods (NDIS Act Section 33)

While the intention was positive, to safeguard funding in plans, the new funding periods introduced on May 19th, were not co-designed and took both participants and providers by surprise. There have been some media reports of their early impact³, and full impact is yet to be understood. In early July, national organisations, including OTSi, compiled a joint statement⁴ calling for the NDIA to adopt twelve-month funding periods as the default, with flexibility for shorter durations where participants prefer or where overspending has occurred. Any changes must include timely processes to respond to risk and changing needs, a transparent feedback mechanism that tracks how participant input is addressed, and a commitment to providing clear, accessible information to all participants before further reforms are implemented.

1.3 NDIS changes impacting on occupational therapy service delivery

Therapy travel cuts

Therapy travel cuts commenced from July 1st, halved the hourly travel subsidy for therapy providers⁵. This change has already forced many providers to reduce or cease service provision citing financial viability impacts, with rural and remote services disproportionately impacted. Families, especially those with young children receiving home-based therapy, have reported immediate loss of access to essential supports and fears of losing their therapist teams entirely.

¹ [Media Release: Take the Time for Codesign: 255 Organisations Demand More Time to Codesign NDIS Reforms - Every Australian Counts](#)

² [Every Australian Counts Survey Results Highlight Impact of NDIS Support Lists - Every Australian Counts](#)

³ [NDIS confusion leaves disabled man stranded - ABC listen](#)

⁴ [Joint Statement on New NDIS Funding Periods – from Every Australian Counts and Disability Rights Organisations - Every Australian Counts](#)

⁵ [Petition · Stand Up for Disability Support: Stop the NDIS Cuts - Australia · Change.org](#)

Concerns have been raised regarding access to support for people with psychosocial disability and other groups who have difficulty leaving their homes; and access to assistive technology⁶. OTSi is concerned regarding access to, and continuity of, therapeutic support at a time of significant NDIS change, will hugely impact safety, well-being and progress towards goals, for people with psychosocial disability, autism and other hidden and invisible disabilities.

NDIS Market Stewardship Role and Workforce Considerations

The NDIS plays an important role in market stewardship by monitoring, evaluating and intervening where necessary to address market gaps and ensure a sustainable and participant focused marketplace ([ndis.gov.au](https://www.ndis.gov.au)). We request that the NDIA commit to providing clearly defined timelines that allow businesses sufficient time to adapt to any process changes that may affect their operations.

Occupational Therapists provide essential services including functional assessments, home and assistive technology evaluations and capacity building supports. Any changes to funding, processes or commissioning arrangements must include reasonable notice periods. We request that the NDIA provide advance advice on such changes to allow providers adequate time to adjust.

We also request transparent and detailed information regarding future plans for blended payment models and commissioning arrangements, including how these reforms will support the broader care economy. The NDIA has identified value based approaches such as outcome based, enrolment and blended payment systems to better align provider incentives with participant outcomes⁷. Clarity is needed on the timing and sequencing of these reforms and how they will be implemented.

We request that the government publish a comprehensive timeline outlining when businesses will be formally notified of changes that could materially affect their finances. This should include key milestones for major reforms such as commissioning changes, payment model transitions and adjustments to fee schedules to enable providers to plan effectively.

Many Occupational Therapists working within the NDIS also live with disability or chronic illness or have unpaid caring responsibilities for elders, children or people with disability. Approximately 70% of the OTSi membership is comprised of therapists identifying as having a disability, or as a carer. The flexibility of the Scheme has enabled these professionals to continue working. We urge the NDIA and the government to consider workforce sustainability when designing and implementing new commissioning models, including the impact on workers with lived experience and caring responsibilities.

1.4 Eligibility Reassessments

Over the past year, the NDIA has significantly escalated eligibility reassessments, with nearly 12,000 participants reassessed between July and September 2024—up sharply from just over 4,000 in the previous half-year—resulting in approximately 50% being found ineligible⁸. This spike is deeply concerning. A recent national survey by Children and Young People with Disability Australia (CYDA) found that 99% of respondents considered the process unfair or unreasonable; 70% felt worried, 51% felt afraid, and distressingly, some reported suicidal thoughts in response to reassessments⁹. The abrupt removals, especially impacting children, raises urgent questions about the fairness, communication, and the trauma trauma-informed capacity of the eligibility reassessment process—made more critical given the absence of foundational supports for those who lose Scheme access.

⁶ [ARATA - Australian Rehabilitation & Assistive Technology Association](#)

⁷ [4. Providers change their service offerings in response to payment approaches | NDIS Review](#)

⁸ [Growing Concern Regarding Increased Rate of Eligibility Reassessment - Every Australian Counts](#)

⁹ [“It’s breaking our family”: Survey reveals devastating impact of NDIS eligibility reassessments - News Hub](#)

OTSi calls for the urgent publication of a NDIS stabilisation and reform implementation plan that includes:

- An independent risk assessment of all concurrent reforms;
- Clear timelines and transitional supports for affected participants;
- Mechanisms to monitor and respond to unintended consequences as reforms roll out.

2. Transparency and Public Accountability in Reform Decision-Making

Given the NDIS is one of Australia's largest social infrastructure investments, reform decisions must be both transparent and accountable to the public. Currently, economic assumptions, cost-modelling frameworks, and decision-making tools driving policy reform remain opaque.

We recommend the Committee advocate for:

- The publication of economic modelling underpinning recent and proposed reforms;
- Public consultation processes that go beyond closed-group 'co-design' with a small group of select organisations. We propose an innovative approach to community consultation and consultation, including deliberative mechanisms such as Citizens' Assemblies or open, and structured, broad community engagement initiatives.

3. Protecting the Rights and Access of People with Psychosocial and Invisible Disabilities

Access to the NDIS for people with psychosocial disability is narrowing at an alarming rate, with approval rates dropping from 49% in 2023 to just 23% in early 2025¹⁰, despite no corresponding increase in support outside the NDIS. OTSi raises deep concerns that current reforms, influenced by flawed assumptions for example in the Grattan Institute's report *Saving the NDIS*, risk creating. The Grattan report's suggestion to cut NDIS core funding for this group by 40–60%, on the basis that they can be supported through "recovery-oriented" foundational supports, is not justified by evidence or data within the paper. Recovery is a personal, subjective and non-linear journey, not a justification for cost-cutting.

OTSi has written to the Productivity Commission inquiry on the National Mental Health and Suicide Prevention Agreement, highlighting concerns regarding the future for psychosocial disability within the NDIS, and proposing solutions. We have copied the NDIS Joint Standing Committee to this letter, and include a copy in Attachment A below. OTSi warns that removing people with psychosocial disability from the NDIS without properly funded and fit-for-purpose alternatives could lead to increased clinical system use, housing instability and homelessness, policy segregation and a return to institutional care.

We urge the Committee to:

- Seek public clarification from government regarding the continued inclusion of psychosocial disability within an equitable NDIS;
- Monitor any eligibility reform impacts on this group and other hidden disability cohorts;
- Promote the development of accessible, inclusive, and responsive access to support, both within the NDIS and outside.

¹⁰ [Quarterly Reports | NDIS](#)

4.A Viable Alternative Model for Support Needs Assessment

OTSi calls for renewed transparency in NDIS planning decisions for individual planning decisions for NDIS participants. There are ongoing concerns regarding planner consideration of participant-provided evidence of support need, following disclosures by the former NDIA CEO that officials may not read allied health reports¹¹, earlier this year.

The proposed new assessment framework under the NDIS Amendment Act 2024 has generated concern, especially regarding how support needs will be measured and translated into funding decisions. The NDIA has indicated they will roll out new support needs assessments from September 2025¹², approximately 4 weeks from now, however there has not yet been any information provided on the commencement, who will deliver them, the role of participant-provided evidence, what participants can expect, or how to prepare. Anecdotally, there are some reports that support needs assessments have already commenced as 'desk-top' assessment, however this has not been verified. Existing participant cohorts have not yet received the 'impairment notices' required under NDIS Act Section 32BA that would enable support needs assessments and new framework plans to proceed.

OTSi has proposed an evidence-based, trauma-informed, and cost-effective model of support needs assessment that:

- Aligns with international best practice in function-focused evaluation;
- Allows for choice of qualified provider by participants;
- Minimises assessment-related trauma and protects participant dignity.

This model was outlined in our submission to the Committee in **January 2025**. We respectfully request a formal review of that submission as part of this Committee's forward work plan. Please see Attachment B.

Further, OTSi has commenced rollout of a training package to assist occupational therapists' working with key participant groups, to understand the NDIS legislation and document requirements. OTSi has written to the Agency a number of times in recent months, to seek collaboration around NDIS assessment development, and to seek that the Agency work with us to ensure documentation that occupational therapists provide to the NDIA, is provided in a format, and with content, that can assist Agency decision making. We have not yet had a response to requests to meet.

Conclusion

OTSi acknowledge the immense responsibility the Committee holds during this time of transformation. We hope this submission assists your deliberations and highlights the lived impact of system decisions on the everyday lives of participants. OTSi remains committed to supporting solutions that are sustainable, person-centred, and grounded in human rights and professional evidence.

¹¹ <https://www.linkedin.com/feed/update/urn:li:activity:7302095261042941954>

¹² [NDIS Act Explained: Needs assessments and new framework plans - Team DSC](#)

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. Currently, over 70% of OTSi members identify as having a disability and/or as carers.

Contact: admin@otsi.net.au

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Date: 15 July 2025

To:

The Honourable Commissioners

Productivity Commission

Via email: mental.health.review@pc.gov.au

CC:

- **Professor Rosemary Kayess**, Disability Discrimination Commissioner, Australian Human Rights Commission
- **Ms Louise Glanville**, CEO, Quality and Safeguards Commission
- **Chair**, Joint Standing Committee on the National Disability Insurance Scheme
- **Ms. Priscilla Brice**, CEO, National Mental Health Consumer Alliance

Re: Urgent safeguards needed to prevent disability discrimination in psychosocial support reform

Dear Commissioners,

On behalf of the Occupational Therapy Society for Invisible and Hidden Disabilities (OTSi), we write in response to your Interim Report on the Mental Health and Suicide Prevention Agreement Review. We commend the Commission's commitment to lived experience inclusion and system-level reform. The Productivity Commission's candid assessment of the current Agreement's failings – including its fragmentation, lack of accountability, and insufficient lived experience involvement – resonates deeply with the experiences of our members and the communities we serve. OTSi agrees that a new policy architecture is urgently needed to create a truly person-centred, integrated mental health and suicide prevention system.

This letter specifically relates to the establishment of psychosocial supports outside the NDIS, and the NDIS. We write to you now with serious concerns about the potential direction of psychosocial support reform and the human rights implications for people with psychosocial disability.

OTSi strongly supports your call for a new national architecture for foundational psychosocial supports, to respond to unmet need for psychosocial support outside the NDIS. Yet without immediate action to ensure clarity, integrity and equity in how psychosocial disability is defined, funded, and supported, Australia risks repeating past policy failures—reverting to underfunded, outdated, and segregated models of care. This would entrench the systemic discrimination long experienced by people with psychosocial disability and violate Australia's obligations under the UN Convention on the Rights of Persons with Disabilities (UNCRPD).

The current policy discourse—influenced by proposals like those in the recent Grattan Institute report [1]—suggests a shift toward generic, under-specified programs outside the NDIS, while access to the Scheme for this group is simultaneously shrinking. People with psychosocial disability now make up only 9% of NDIS participants, with access approval rates falling to 23% as of March 2025 [2A], down from 49% in 2023[2B] – likely reflecting a shift in the NDIS access threshold for the group. Many are being excluded not because their needs are less significant, but because those needs are harder to quantify with traditional tools. This trend will raise the complexity of unmet psychosocial need outside the NDIS; and the trajectory could lead to structural discrimination.

The consequences are not theoretical: they may include systemic underinvestment, re-emergence of legacy programs unsuited to contemporary needs, and entrenchment of the ‘poor cousin’ status that has long shadowed this group across health and disability systems. The ‘poor cousin’ status reflects chronic underfunding and minimisation of the impact of disability arising from long-term mental illness.

The Productivity Commission must not shy away from the hard questions—how psychosocial disability is understood, measured, and recognised—and must instead seize this opportunity to affirm the reality psychosocial disability presents. This is a moment to set the tone for a modern, inclusive, and functional system: one that respects lived experience, demands innovation, and refuses to leave psychosocial disability behind.

We highlight five key areas requiring immediate leadership from the Commission.

1. Conceptualise psychosocial disability using a rights-based, contemporary framework

The ongoing absence of consistent terminology and conceptual clarity for ‘psychosocial disability’, ‘psychosocial support’ and ‘recovery’ is placing reform at risk. We urge the Commission to adopt the **International Classification of Functioning, Disability and Health (ICF)** as the primary conceptual framework to define psychosocial disability and psychosocial support needs. The ICF provides internationally accepted functional and participatory definitions. The Australian Institute of Health and Welfare (AIHW) already applies the ICF to almost all other disability groups [3]. The ICF is the standard conceptual framework utilised by the AIHW [3], and the emerging NDIS assessment framework. A focus on the ICF framework for mental health and psychosocial disability policy reform would modernise the conceptual understanding of psychosocial disability and bring greater equity in funding systems, standardise data collection for population-level analysis, and assist with outcome monitoring. An ICF focus would enable consistent and equitable service design and outcome measurement—while avoiding a return to deficit-based models grounded in diagnosis or medicalised approaches.

In the recent Grattan report, the concept of ‘recovery’ is used to justify diminished funding apparently on the expectation that people with psychosocial disability will recovery functionally – this is a misunderstanding of the concept of psychosocial recovery, a personal journey, distinct from the constructs of functional and medical recovery. For example, the Grattan report recommends arbitrarily cutting ‘core’ support for all people with psychosocial disability on the NDIS by 40-60% on the unjustified assumption that they don’t need it, and that they will be “better served” by recovery-based approaches [1].

2. Ground reform in real understanding of unmet need

The recent Unmet Needs Analysis [5] relies on population-level models that may not capture the real-world complexity and diversity of psychosocial disability support needs. These models do not capture lived experience, cultural relevance, or intersectional needs. For example, the 77% of people who apply for the NDIS and are rejected remain invisible in service planning. A rights-based system cannot continue to design services in the absence of understanding this cohort. New research must urgently be commissioned to explore unmet need through the eyes of those living it.

OTSi understands that the Productivity Commission has considered drawing on the National Mental Health Planning Framework (NMHPF) to plan future foundational supports, the same framework that underpins the Unmet Needs Analysis. OTSi requests that an ICF-based planning framework is given consideration as an alternative framework.

The NMHPF, generating high-level population service-demand data based on underpinning assumptions [4], is not designed to capture the nuanced, functional needs of people with psychosocial disability; It does not reflect lived experience or culturally specific needs; It may underestimate the complexity of support needed by people who fall outside formal diagnostic categories or who have co-occurring conditions. While the NMHSPF may be a useful planning tool for estimating population-level demand for mental health services [4], it has significant limitations when it comes to identifying granular psychosocial support needs, especially for people living with psychosocial disability. The Unmet Needs Analysis does not describe the nature of unmet needs for the groups examined. The NMHSPF estimates ‘required hours’ of support, but not the quality, cultural safety, or appropriateness of those supports. It cannot determine whether they actually lead to improvements in functioning or life participation – as such, it is likely to be a crude planning tool for the task of planning for psychosocial supports.

The Unmet Needs analysis [5] utilised the NMHSPH, and concluded 61 hours of (undefined) support could meet needs for those experiencing complex psychosocial issues - this is one hour per week on average, a drastic underestimate based on practical experience. The average NDIS plan for people with psychosocial disability is over 10 times that amount. Equitable support needs assessment processes must be designed, developed and implemented to ensure individual support needs can be identified and met. Please refer to Appendix 1 below for a comparison of the NMHPF and the ICF, with respect to features indicating capacity to model the need for psychosocial support for people with psychosocial disabilities.

3. Establish transparent, functional-need focused stepped care thresholds

As psychosocial disability is pushed out of the NDIS, there is still no clarity on who will qualify for what level of care, within a stepped care framework. This ambiguity creates systemic confusion, and sets up people to fall through the cracks. We call on the Commission to recommend clear, **ICF-aligned thresholds** across the stepped care system—including for foundational supports, early intervention, and NDIS access. These thresholds must distinguish functional impact of psychosocial disability from clinical mental illness and protect the rights of people with long-term functional impairment who do not “recover” in the medical sense.

There are very significant and under-recognised complexities experienced by those who live with psychosocial disability, that contribute to reduced lifespan of 20 years compared to the average Australian [6]. For example, current research highlights the high rates of persistent disability experienced by the cohort identifying with an impairment of schizophrenia, which includes two-thirds with a cognitive impairment [7]; 24% experience hearing impairment [8]; 26-70% of people experiencing vision, or visual processing, difficulties with functional impact, impacting literacy and social engagement[9]; motor skills and gait difficulties [10] [11]; and a 2.5 fold increase in lifetime risk of developing early-onset dementia [12]. An individual experiencing one or a combination of these issues will be inappropriately placed within a foundational support program (e.g. a social skills group, a recovery college, or a Clubhouse) for example, without prior recognition and accommodation of functional capacity; and addressing a range of disability support needs.

4. Preserve equitable access to the NDIS for psychosocial disability

Foundational supports are not a substitute for legislated, individualised disability support. There is growing evidence that expansion of foundational supports is being used to justify a quiet reduction in access to the NDIS for people with psychosocial disability. We reject the Grattan Institute report [1] proposal to remove **Section 25** of the NDIS Act and reiterate that early intervention for psychosocial disability, and other groups, must remain within the Scheme.

The recent recommendations by the Grattan Institute[1] that propose slashing psychosocial core funding by 40-60%, and placing 33% of their total projected \$46billion NDIS budget ‘savings’ on the heads of people with psychosocial disability who are NDIS participants (ie 9% of total NDIS participants), and funding foundational supports from within the same shrinking NDIS budget, are reckless, and have led grassroots groups to commence independent harm-tracking. Implementing the Grattan report recommendations would make psychosocial disability a major cost-cutting target with funds cut not fully reinvested in foundational support provision for the cohort. The Grattan report neglects to consider that NDIS ‘core support’ funds and supports are essential to sustaining independent living, and cutting these funds will increase risk of preventable mental health clinical system reliance; homelessness; justice system contact; and risk of inappropriate return to congregate care and institutional living for a significant proportion of the cohort.

Without legislative protection, people with psychosocial-disability related functional impairments will be left without safeguards or recourse. The NDIS must remain equitable and rights-based—aligned to individual support needs, not impairment-based assumptions of need or cost-efficiency logic.

5. Innovation, investment and co-design

The PC Interim Report's repeated emphasis on co-design is laudable. It highlights that "the Agreement does not adequately embed the voices of people with lived and living experience" and that "co-design brings substantial benefits if done well" [PC Interim Report, Key points, p. 1; Box 3.2]. OTSi cannot overstate the importance of this principle.

The Commission must set a high bar for reform: one that prioritises innovation, co-design, and new models of psychosocial support built for today’s context—not outdated programs from decades past. Too often, reform efforts draw on assumptions of “what works” based on legacy models that lack relevance or evidence. People with lived experience, carers, and allied health professionals such as occupational therapists must be embedded throughout design and implementation.

We note that the Productivity Commission has not yet engaged with occupational therapy representative bodies and urgently request such a meeting. As a profession deeply engaged with this cohort and the primary allied health professional group serving the cohort with the NDIS under a choice-based model, we would value the opportunity to contribute to the Productivity Commission consultation.

Critically, foundational supports must be **properly funded** - not carved out of the existing NDIS budget as was suggested by the Grattan report. The lessons of the deinstitutionalisation era are clear: structural change without investment leads to unsafe, unsustainable systems and devastating outcomes.

RECOMMENDATIONS

We respectfully request the Productivity Commission consider:

- Adopting the ICF as the primary framework for psychosocial support foundational support reform;
- Recommending and overseeing targeted, lived-experience-informed research into unmet needs;
- Defining mental health and psychosocial disability stepped-care thresholds that protect equity and access;
- Retaining Section 25 of the NDIS Act and preserving equitable access to the NDIS under Section 24, for psychosocial disability.

- Setting clear expectations for co-design, innovation and genuine investment in foundational supports outside the NDIS.
- Meeting with the Occupational Therapy Society for Invisible and Hidden Disabilities (OTSi) at your earliest opportunity to ensure our profession's perspective informs the final report.

Thank you for your attention to these vital matters. We would welcome the opportunity to contribute further to your work and are available for urgent consultation. We were finalising an additional submission focused on workforce as it relates to the scope of the current inquiry.

At this moment of national significance, we urge the Commission to lead with courage, clarity, and a deep commitment to human rights.

Yours sincerely,

OTSi leadership team,

Occupational Therapy Society for Invisible and Hidden Disabilities (OTSi) admin@otsi.org.au

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Appendix 1: Comparing service planning features of the NMHSPF and the ICF

Feature	NMHSPF	ICF
Purpose	Service planning tool for mental health system needs	Global framework for understanding functioning & disability
Level of Analysis	Population-level estimates	Individual and system-level assessment
Focus	Clinical service hours and resource modelling Epidemiology and health system	Functional impact, participation, environment
Grounded In	usage	Biopsychosocial model (WHO)
Data Sources	Mental health prevalence & service use data	Person-centred assessments & lived experience Inclusive of all types of disability,
Scope of Disability	Focused on mental illness severity including psychosocial	Yes—via functional limitations & participation restrictions
Captures Psychosocial Disability?	Only partially	Adaptable to cultural and contextual factors
Culturally Responsive?	Limited	Can be applied with lived experience input
Incorporates Lived Experience?	No	
Service Design Insight	Tells us how much service is needed	Tells us what kind of support is needed

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ATTACHMENT B:

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

31 JANUARY 2025

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 bulkbilled 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 codesigned, 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 to 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 practitioner), 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 though 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 cochosen 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 budgetsetting, 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 rightsbased 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, selfmanagement, 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.

