

Australian Psychosocial Alliance

New Framework Planning

October 2026

About the Australian Psychosocial Alliance

The Australian Psychosocial Alliance (APA) comprises Flourish Australia, Mind Australia (incorporating One Door Mental Health and The Haven Foundation), Neami National, Ruah Community Support, Richmond Fellowship Queensland, Stride Mental Health, Open Minds and Wellways Australia. We are eight of Australia's largest and longest-established specialist providers of community-managed mental health and wellbeing services. We provide support to over 130,000 people with mental health challenges and psychosocial disability every year. This includes expert support for around 5,800 NDIS participants with psychosocial disability. We come together around a shared policy agenda to improve outcomes for people with mental ill-health and psychosocial disability, as well as a shared understanding of quality service delivery.

Our members deliver Medicare Mental Health Centres, headspace programs, carer connect centres, step-up step-down services (sub-acute, short-term residential care), residential rehabilitation, supported housing, employment, suicide prevention and postvention programs, individual mental health recovery support and NDIS supports. We respond across the spectrum of need and to people in priority populations, such as LGBTIQA+ individuals, culturally and linguistically diverse (CALD) communities, Aboriginal and Torres Strait Islander people, young people and people experiencing or at risk of homelessness.

We combine evidence-based practice with service delivery wisdom to provide recovery-oriented services that support people to build their capacity to participate in society and manage their lives. We focus on personal goals, participation and living a meaningful life. This can include support to sustain a tenancy, build the skills to live independently, find fulfilling work and build social connections.

Our organisations embed lived experience across our governance and service delivery. We employ a specialist cross disciplinary workforce with expertise in mental health and psychosocial disability, and with the technical skills to deliver recovery-focused, trauma-informed and person-centred support.

Introduction

The APA welcomes the opportunity to provide further feedback on the National Disability Insurance Scheme (NDIS) New Framework Planning Rules. This submission focuses on critical factors for the effectiveness of the NDIS New Framework Planning for people with psychosocial disability, their carers, family and kin.

The APA and Mental Health Australia provided a joint submission on these rules earlier this year. This submission shared our deep concerns about transparency, independent oversight and review rights in relation to New Framework Planning budget and plan setting.

The consultation paper "New Framework Planning Rules – August 2025" does little to address these concerns as it is very light on detail.

Our earlier submission highlighted the need for:

- A new approach to NDIS supports for people with psychosocial disability, starting with ensuring there is a psychosocial approach within New Framework Planning.
- The need for psychosocial specific navigation support to assist people with psychosocial disability to transition to NDIS new framework planning; and
- The need for a support needs assessment process that is tailored for people with psychosocial disability.

The New Planning Framework consultation paper, and associated factsheets, do not provide any confidence that the tools to be used will be suitable for assessing psychosocial support needs, will be suitable for use with people with psychosocial disability or will deliver a fair and equitable outcome. In fact, the message from this documentation is the desire to deliver the same process, using the same tools, so that everyone has the same experience. This totally disregards the potential that different approaches will be required to respond to different disability cohorts and people with different life experiences, to ensure a fair, equitable and consistent outcome. Consistency does not always equal equity.

People with psychosocial disability already experience significant disadvantage within the NDIS. Access rates for people with psychosocial disability remain low: participation is below modelled Productivity Commission projections, applications continue to decline[1], and applicants report that the process is difficult and costly. They already meet a high bar to meet eligibility; NDIS data shows that average level of function is much lower than the NDIS population as a whole. Getting this new planning framework right is an opportunity to ensure that people with psychosocial disability get a fair and equitable response, but care must be taken that it does not make the situation worse.

A key recommendation, built on years of advocacy and recommendations from independent reviews to consumer and carer peak bodies, is the need for a tailored approach for people with psychosocial disability, and this begins with tools and processes that are adapted for psychosocial disability. It also needs NDIA staff whose roles impact on the lives of people with psychosocial disability having psychosocial specific skills, knowledge and experience.

The APA wishes to reiterate the recommendations made in our earlier submission:

1. The National Disability Insurance Agency and the Department of Health, Disability and Ageing should commence a program of work to implement Recommendation 7 of the National

[1] NDIS quarterly report. Q4 2025-2026.

Disability Insurance Scheme Review. As a part of this, priority should be given to designing a psychosocial approach within the New Framework Planning process reforms.

2. The National Disability Insurance Agency should design and implement a psychosocial recovery navigator role or psychosocial specific navigation like function to be implemented alongside New Framework Planning to assist people as they transition.

3. When assessing the support needs of people with psychosocial disability, the NDIA should ensure the Support Needs Assessment process and tools are:
   - validated for use with people with psychosocial disability, family, carers and kin.
   - administered by assessors, independent of the NDIA, with expertise in undertaking support needs assessments for people with psychosocial disability.

4. The National Disability Insurance Agency and the Department of Health, Disability and Ageing should delay commencement of NDIS New Framework Planning to:
   - enable disability sector advice to be adequately addressed in reform design; and
   - commence implementation of NDIS Review Recommendation 7 to introduce a new approach to NDIS supports for people with psychosocial disability (as outlined under Recommendation 1 above)

Additional recommendations include:

5. To add a new Psychosocial Recovery and Support Module to the targeted assessments. This would assist in identifying the supports people need for safeguarding well-being, as well as to maximise recovery outcomes; and for psychosocial recovery coaching to be a support category.

6. For the assessment process to build in safeguards for people, for whom relying on self report, will not provide an accurate picture of functional capacity and support needs. This extends beyond the navigator or specialist support role (as outlined in recommendation 2 above) to also explicitly identify and involve carers, family and kin if they are involved in supporting the participant.

Responses to the consultation questions

1. Support needs assessment rules

Q1: What parts of the support needs assessment process need more explanation?

a) There is insufficient information about the tools to be used and how they can accurately identify support needs for people with psychosocial disability.

More information is required about all aspects of the support needs assessment process. There is insufficient information to provide any detailed understanding and no information about if and how the process will provide a fair and equitable outcome for people with psychosocial disability.

This includes:

- how assessment and planning tools will be validated for use with all disabilities, including for people with psychosocial disability.
- how people with psychosocial disability, their families, carers and kin can be assured that NDIA assessors will have the skills, capability and capacity to undertake a fair assessment, including to proactively identify and seek information that might be missing or required.
- that the assessment process will be tailored so that it is inclusive and supportive, and will be able to identify support needs, including to respond to those which fluctuate.

Psychosocial disability is characterised by difficulties in thinking, feeling and behaving that significantly impair one's ability to manage everyday tasks, maintain relationships, enjoy good physical health and engage in social and occupational activities. It is about the impact on a person's ability to function in daily life and participate in social activities. It is different to many other disabilities in that it can't be seen, support needs can fluctuate and the relationship between condition, impairment and disability varies considerably.

Additionally, undertaking any assessment or questioning a person about their support needs requires specialist skills, including to navigate trauma and fear associated with talking about areas of life in which support is needed, for example, because of past experiences when this may have resulted in hospital or restrictive practices; and an understanding of how psychosocial disability, including cognitive impairment, may impact on capacity to self-report.

Recent APA submissions on the Access changes, Support Coordination Reform and Supported Independent Living go into more detail about these differences.

Core Needs Assessment

As far as we are aware, the I-CAN has not been validated for people with psychosocial disability, let alone the modified version being developed by the University of Melbourne. The I-CAN has been shown to be a very useful tool for use with people with intellectual disability. However, this does not mean that it is suitable for people with psychosocial disability.

Specific concerns about the I-CAN include its:

- capacity to identify fluctuating needs. We are not aware that the ICAN even has a standard reference period for recording or understanding support needs. For example, the Life Skills Profile (16) asks for answers about what is generally the case, with consideration to the past

three months. While not perfect, it at least attempts to understand functioning over a period of time (rather than what a person says they can or cannot do on assessment day).

- ability to consider the impact of psychosis, symptoms of distress and social withdrawal; or to identify safety plans that operate continuously and which safeguard rather than restrict. As a tool more commonly used for people with intellectual disability, we understand the I-CAN to focus on behaviours of concern, behaviour support plans and restrictive practices.
- concerns that the scoring rules will push psychosocial scores down, for example, because subdomains record only the highest need where psychosocial support would be more likely to be indicated by many concurrent moderate supports; averaging domains across multiple items where some are not likely to be scored, or by assessing mental and emotional health at the end of the interview when fatigue is likely to impact engagement in the tool.

Further explanation is needed regarding:

- What will be the reference period for the "core" needs assessment? For people with psychosocial disability, a point in time assessment will not identify fluctuating needs.
- What process will be used to determine whether the individual has capacity for self-report?
- What safeguards will be put in place to proactively ensure that a person's needs are accurately captured in the assessment process?
    - For example: Can additional background information be provided, and if so, how will this be collected and included in the assessment? If not, what does the NDIA propose to ensure that they get a full and proper picture of the person's needs?
- What will be the expertise of the assessor in identifying whether further information (beyond those areas covered by targeted assessments) is required, and what capacity and resources will they have to access this?
- How can the process ensure that information from carers, family and kin and other support providers is routinely included and considered; including to triangulate and confirm information provided?

Personal and Environmental Circumstances Questionnaire (PECQ)

We note that the Personal and Environmental Circumstances Questionnaire (PECQ) is not yet available. The information obtained through this questionnaire is likely to be fundamental to understanding how a person with a psychosocial disability operates within their environment, and therefore what their actual support needs are. It is concerning that there is such little detail available.

More information is required to understand:

- What is the interface between the PECQ and core needs assessment. How does consideration of support for a "core need" change in light of environment and personal circumstance, and what happens if the PECQ identifies a support need that was not first identified in the core needs assessment?
- If a person identifies the existence of supports in their life that are working (but are considered outside the NDIS responsibility) to what degree will the NDIA confirm that these are actually in place, the extent to which they are meeting need and that who-ever is providing the support is willing to continue to do so?
- Will and/or when will the NDIA consider it important to visit the person in their environment? If they do not, how will they ensure that the information recorded is accurate and reflective of that person's situation?

These questions are also pertinent in the context that available information suggests a one-off assessment, where the assessor meets with the participant to understand their daily life, disability related support needs and NDIS plan preferences; the information is checked with the participant and this is then forwarded to a delegate for approval. While the participant can bring a support person to this meeting, there does not appear to be any safeguards to ensure that a person brings an advocate if that would be in their best interests. Similarly, there appears to be no process to assess or determine the capacity of the participant to accurately express and advocate for their needs.

While people with a psychosocial disability are particularly vulnerable in this context, those with milder intellectual disability, acquired brain injury or autism related disorders may also be affected. People may present as competent and clear at articulating their needs, but for many reasons, may not accurately identify and/ report their support needs. Additionally, a one-off assessment:

- does not provide time to build a trusting relationship.
- may not be feasible, if a person tires easily, is finding the process stressful or trauma inducing or is unwell.
- is unlikely to identify fluctuating support needs; noting also that for many people they are only able to (may only choose to) participate in such a process when they are feeling at their most well and most capable.

Targeted Assessments

None of the 23 targeted assessment models address psychosocial recovery support needs, despite evidence that people with severe psychosocial impairment can improve to more independent living with the right support. This module should be a standard part of the assessment tool kit for people with psychosocial disability (or at least made available to all psychosocial disability participants), ensuring that their psychosocial support needs are properly considered and supported within the plan.

A psychosocial recovery and support targeted assessment module would:

- Identify specific psychosocial recovery supports (such as psychosocial recovery coaching[2]).
- Provide safety plans as recognised safeguards, reducing the need for behavioral support in the future and/or offering a specialist alternative recovery focused paradigm to support people with behavioural issues.
- Weight funding towards building capacity rather than maintaining it (thus possibly reducing expenditure over time).

This would also bring practice in line with the NDIA's own Psychosocial Disability Recovery-Oriented Framework (2021).

b) There is insufficient information about the support needs assessment experience

There is very little information provided about what happens during the assessment and the process for confirming the information.

More information is required about:

- **The expertise and experience of the NDIA assessor.** As per many previous submissions made by the APA and mental health peak bodies, psychosocial support needs assessments need to be

[2] APA Submission on Support Coordination (2/10/2026) identifies the importance of maintaining a specialist psychosocial recovery function.

undertaken by a person with understanding and expertise of psychosocial disability, and the impact of mental health issues, on psychosocial disability.

- **How does the assessor screen for the person's capacity or capability to participate with or without support?** For example, this should consider cognitive impairment, fatigue, whether the person trusts the assessor.
- **How will the assessor identify if the person is tiring and should be encouraged to make another time,** and is there a time frame in which an assessment must be completed?
- **How will the assessor know if they have the "right" information** or a thorough understanding of the person's needs, including to understand core needs and their personal and environmental circumstances. What capability and capacity will they have to seek further information to confirm/ triangulate evidence – including that which falls outside the specified targeted assessment categories?
- **When does the assessor check the information gathered with the person with the disability?** Does this occur during the meeting? or will it be provided so that a person can consider it further and provide supplementary information? How would they provide supplementary information and how will the NDIA consider this? We are concerned about the reliance on self-report in situations where the person is likely to underestimate their support needs and/or do not have family, carers or kin to support them in the process and/or verify the information.
- **If carers, family or kin or other support providers believe the information gathered is inaccurate** what are the mechanisms for them being able to provide this information in a timely manner, including if they were not part of the initial assessment?
- **How will the delegate know if all the required information has been included** if they have never met the person. For example, is there a check list which has been validated to ensure that all information has been included and that it is accurate. Where does the responsibility sit for ensuring an accurate, comprehensive and fair assessment process.

We note that there is no mention in the consultation paper of the potential for computer generated reports or discussion of the risks associated with these. If reports are to be computer generated:

- does this happen before the information goes to the delegate or after the delegate? If it occurs before going to delegate, we are concerned that the delegate will have less capacity to determine if all information that needs to be provided to ensure the report is fair and equitable occurs?

NDIS information suggests that all participants should have a fair and consistent experience. While the experience should be fair, there is significant risk in designing a consistent experience rather than understanding that the experience will need to be tailored to different individual needs to ensure a consistent outcome.

Further information is required about the method of assessment – for example:

- is it via video link and can it be requested to be in person?
- will the assessor visit the person's home (for example, in order to understand the context in which the person lives, and to understand how they function in real life)?

Q2: In what circumstances do you think a replacement assessment should be arranged?

This is a difficult question to answer because based on past experience with NDIS assessments (for planning and for eligibility) the lack of care and expertise to ensure that accuracy, completeness and appropriateness has led to requests for review which have resulted in decisions being over-turned

(ie: the review request was appropriate). It also relies on the budget accurately reflecting the support needs (another process for which there is not a lot of confidence that this will occur).

Reviews should technically only be required when a participant's needs change, including in response to:

- a changed living circumstance
  - families, carers or kin no longer to provide the same level of support.
  - change in health (including mental health).

However, in light of this being a new (untested) process and the concerns outlined in this submission, replacement assessments should also be arranged when:

- A participant's plan has been built on inaccurate, incomplete or uncorroborated information, for example where family, carers and kin or other support providers have not been appropriately engaged in the assessment process and the self-reported support needs are not an accurate reflection of real support needs as experienced day to day by those carers/supporters.
- If there are signs that the person became fatigued or withdrew emotionally from the process, for example, as a result of being acutely unwell at the time of the assessment or where the assessment has related in trauma for the participant.
- The plan does not provide sufficient support to enable them to live independently in the community; and/or to keep them safe. This includes where family/ carers are required to reduce or quit paid employment because of insufficient NDIS support.

2. NDIS support rules

In line with the discussion above regarding the inclusion of a targeted "psychosocial recovery and support plan" assessment for people with psychosocial disability, a recovery support category should be included. Currently, there is no support category (as per Attachment 3) that recovery coaching fits into (noting that support coordination is listed as its own category)