ARE YOU READY FOR I-CAN ASSESSMENTS?

GET AHEAD OF THE GAME WITH AN INDEPENDENT I-CAN ASSESSMENT

What's This All About?

The **NDIS** is moving to a new way of understanding participant needs and developing plans:

The **I-CAN assessment** is coming, the legislation is already in place, so it is happening!

When this change arrives, participants will be assessed by an **NDIS assessor**, no choice, no control, no way of them getting to really know the needs of the person. It will affect all participants over the age of 16.

The government, via a tender process, has licensed the software, there are no details on how these assessors will be trained or if they will be accredited through the process that exists now for the I-CAN assessment.

The assessments have been delayed until mid-next year which provides a unique window of opportunity for participants to get a thorough I-CAN assessment.

What the changes mean

- The NDIS will **not** have to **consider reports** of primary and allied health professions
- It is likely the NDIS will **cut funding** for these types of reports
- Plans will hinge on the I-CAN assessment which will be fed into an algorithm and a cookie cutting plan spat out
- The only avenues for changing plans will be:
  - Internal review
  - A.R.T. appeal
- A **functionality** report is **not the same** and cannot be compared to an I-CAN report. Don't get caught trying to compare apples with oranges.

You won't choose your assessor; the NDIA are already saying the assessment will only take 1-3 hours not the 10-12 hours that an I-CAN assessment should take. Based on some of the planning meetings I have had to endure with the NDIS the staff are rude, abrupt and have little to no training. The participant will be expected to sit through a long interview process and be able to articulate what they can do and what supports they need.

Questions will be phrased based on what the person **can do**.

ARE YOU READY FOR I-CAN ASSESSMENTS?

THIS IS NOT A DRILL!

The NDIS previously attempted to introduce Independent Assessments in 2020–2021, but the program collapsed after significant public backlash. Participants, advocacy groups and disability organisations argued the assessments were impersonal, inaccurate and driven by cost-cutting, not genuine understanding of support needs. That rollout was abandoned after a parliamentary inquiry and strong sector opposition. This time is different—the government is not proposing a trial but a **full national implementation** using the I-CAN tool as the standard support needs assessment, meaning it is going ahead and will directly influence funding decisions. **The legislation is already in place!**

WHAT WE DON'T KNOW

We don't know:

- **How** the assessments will be rolled out, such as when participants will be affected, hopefully they don't try and assess everyone the next time their plan is up as.
- If the assessment will include an **in-home** assessment - yes, participants could have a government assessor they have **never met** visit them at home, watch, assess and ask very personal questions like how they shower and go to the toilet.
- What nominee and advocacy support a participant have before, during or after the assessment. Given the NDIS very firm stance on **support coordinators** not being able to be advocates in any form, is this another way of **squeezing them out**?
- If the assessors will have to meet the strict **qualifications**, initial **training**, accreditation and ongoing refresher training required by independent I-CAN assessors.
- How much **funding** for allied health and other **reports** will be **cut**. If you don't have the funding for reports, how do you fight against a bad I-CAN assessment done by the NDIS?

We are seeing a theme of 'what the government says goes' and there will be little to no way of participants fighting against this.

CONCERNS ALREADY VOICED

Although the I-CAN framework is stronger than the previous assessment model, disability advocates are already raising concerns. SBS and many other reputable news outlets are reporting on the concerns with The Australian Federation of Disability Organisations (AFDO), People with Disability Australia (PWDA), the Australian Autism Alliance and other groups warning that the rollout may reduce participant choice and control, risk inconsistent assessor quality, and fail people with complex, psychosocial, cognitive or communication support needs if not implemented carefully. Many are calling for safeguards, transparency and assessor accountability to prevent history repeating itself.

ARE YOU READY FOR I-CAN ASSESSMENTS?

WHAT IS IN THE ASSESSMENT

The following is quoted directly from the Centre for Disability Studies (CDC) Information about the I-CAN Assessment for Participants Fact Sheet v6 n.d.

The assessment covers 12 domains, below is a little bit of information about each of the domains and what is covered. This might help you think about what you might like to talk about when we do the I-CAN assessment interview(s)

1) **Mobility**: this covers how you move about, any equipment you need to get about and any transport support needs.
2) **Domestic Life**: this covers shopping, cooking, cleaning and household maintenance. We will talk about what you do yourself, what you need help with and what others might do for you.
3) **Self-care**: this covers any support you need to take care of your personal care including showering, dressing, going to the toilet, shaving, brushing your teeth & hair and anything else relevant to you. We will also discuss whether you need any specific preparation, or equipment.
4) **Community, Social & Civic Life**: This covers how you manage your money, how you advocate for yourself, what you like to do out and about in the community, including any recreation or leisure.
5) **Communication**: this covers your preferred methods communicating and any support needs you have.
6) **Learning & Applying Knowledge**: this covers how you are best supported to learn something new, how best make decisions, managing your time and any supports you need with reading, writing, or understanding numbers.
7) **General Tasks & Demands**: this covers how you manage your daily routine, including any medications you take. We will also talk about managing your safety and risks.
8) **Lifelong Learning**: this covers education and employment. We will talk about any supports you need if you are currently working or looking to find or apply for a course or a job (if relevant).
9) **Interpersonal Interaction & Relationships**: this section is about the important relationships in your life, your friends, family and intimate relationships (if relevant).
10) **Behaviour of Concern**: this section covers any behaviours you may use; this includes behaviours that might cause harm to you or others.
11) **Mental & Emotional Health**: this section is about your mental health. We can talk about any specific support needs you have to help you manage your mental health and stay well.
12) **Physical Health**: this section is about any additional health support needs you have. We will talk about your sleep, any pain you may experience and other health issues.

* End of use of source document.

SCORING

Each of the 12 domains above has 4 sub-domains, except physical health, which has 10 sub-domains. For each sub-domain, I-CAN **scores two things**:

- The **frequency** a person needs support (from 0 = Never to 5 = Continuously)
- The **level of support** required (from 0 = Independent to 5 = Pervasive).

ARE YOU READY FOR I-CAN ASSESSMENTS?

OTHER DETAILS

There are sections about the person, their support circle and current life circumstances, disabilities, health conditions, general goals and goals for each section.

Missing is a separate **risk assessment**, details about **medication**, with these and their effects on supports needs having to be skillfully integrated into how the assessment is worded and scored, as does how the intersection between disability and health, which system should be providing funding e.g. the NDIS, mainstream health or other.

An I-CAN assessor should gather as much information as possible to ensure a holistic report is compiled.

We experience the NDIS not doing that now, in the 1-3 hours they have allocated, in our opinion, that is only going to decline.

THE REPORT

The software produces a report, which is just the inputted information and also a support summary graph that looks like this:

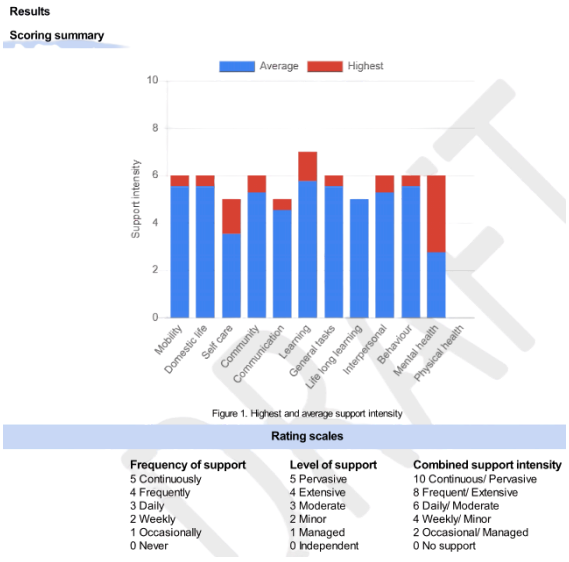

Figure 1. Highest and average support intensity

Rating scales

Frequency of support	Level of support	Combined support intensity
5 Continuously	5 Pervasive	10 Continuous/ Pervasive
4 Frequently	4 Extensive	8 Frequent/ Extensive
3 Daily	3 Moderate	6 Daily/ Moderate
2 Weekly	2 Minor	4 Weekly/ Minor
1 Occasionally	1 Managed	2 Occasional/ Managed
0 Never	0 Independent	0 No support

The results will go into an algorithm which will spit out an NDIS plan (or at least that's what we think).

NO TWO ASSESSORS ARE THE SAME

I-CAN assessment can be as little as one sentence per question, or it can be a detailed description of what the person can do and what supports are required, backed up by evidence-based information and a comprehensive description of the person and their life.

Just like any other participant report you've received some are good and some a very bad. Don't leave your clients with a bad NDIS I-CAN report with nowhere to go!

Pitfalls of ndis I-CAN Assessment

There are many pitfalls that participants will need to be very careful of. There has already been grave concern about the suitability of the assessment for many disabilities. Let's take a **deeper dive** into the potential pitfalls.

Unknown assessor with unknown qualifications	Participants will be assessed by an NDIS-appointed assessor they do not know, without the ability to choose someone who understands their disability, culture, behaviour profile or communication or accessibility needs. The qualifications and training these assessors will have is unknown. I-CAN assessors under private licensing arrangements much complete a training course as well as a practical assessment in order to become accredited.
Rushed assessment	Assessors will likely have strict time limits, leading to rushed conversations that fail to uncover real daily challenges, fatigue, emotional regulation needs or the full context of support required.
Focus on what the person can do, not what support they need	Assessors may only record ability (e.g. "can shower") and ignore support needs (e.g. "needs supervision due to fainting risk or prompting due to executive dysfunction"), making needs appear lower than they are.
Communication barriers misunderstood	Participants who communicate differently (anxiety, processing delay, alternative communication, scripting, echolalia, selective mutism or literal) risk being misunderstood or not being able to fully participant in the process.
Participant doesn't understand implications	Participants may unintentionally give answers that reduce funding because they don't understand how answers are used in funding decisions.
No advocate or someone who cares and knows what they are doing present	Participants may be assessed without anyone who can clarify needs, explain risks, or ensure accurate scoring—especially dangerous for people who mask or minimise their challenges. People without a loved one to advocate for them, particularly SIL will be at a disadvantage, unskilled staff who do not really know the person may be the only ones available to do the assessment.

Pitfalls of ndis I-CAN Assessment

Masking or people-pleasing	Many autistic, ADHD, trauma-affected or psychosocial participants mask distress or try to give the “right answer”, causing support needs to be understated.
Invisible disabilities dismissed	Pain, fatigue, cognitive overload, sensory exhaustion and emotional burnout are often discounted because they aren’t obvious at the time of assessment.
Episodic needs ignored	I-CAN scores must reflect highest reasonable need, but inexperienced assessors may score only based on “good days,” ignoring flare-ups or crisis supports.
No consideration of cumulative load	Individual tasks may be scored as “independent,” but assessors may not consider how doing multiple tasks in one day causes fatigue and functional decline.
Daily living risks overlooked	Safety issues (choking risk, wandering, poor hazard awareness, cooking risk, unsafe street navigation) may be missed if not explored properly.
Support from family makes needs look low	If family quietly provides daily support, it may appear the person is functioning well—this hides support needs, resulting in plan cuts.
Poor exploration of behaviour or regulation	Behaviours of concern may be ignored or minimised unless reported correctly, losing access to essential behaviour support hours.
Underreporting support frequency	If a person receives help multiple times daily, but only reports "sometimes", it may wrongly score as minor or weekly need.
No trauma-informed practice	Some assessors may not recognise shutdowns, flat affect, passivity or withdrawal as trauma responses, leading to incorrect scoring.
Lack of report writing skills	The NDIS assessor is unlikely to have extensive report writing skills, with limited knowledge of individual conditions and how to properly describe the impact in a person-centred way.
Risk of unsafe plan decisions	Missing evidence for mental health, behaviour, medical, living, or safety needs can result in supports being removed—posing serious risk.

Pitfalls of ndis I-CAN Assessment

No peer reviewed evidence references	An NDIS assessor is not going to search the peer reviewed evidence to find what supports would be most appropriate, what challenges individual disabilities may face, or overlapping conditions.
Confusion about multiple conditions	An NDIS assessor will not know the intricacies and overlap of comorbid conditions, about how the ART has applied permanency, availability of 'treatment', or be able to accurately distinguish what disability or impairment is causing the support need and therefore if the NDIS is the most appropriate funding provider.
Not ART-ready evidence	Assessment reports are likely to lack justification or defensibility if later challenged via internal reviews or at the ART (Administrative Review Tribunal). We believe all submissions to the NDIS should be ART ready, we don't think the NDIS feel the same way.
No funding for other reports to fight a bad assessment	So the NDIS can now say they have a free and accessible assessment system so other reports are no longer need - goodbye funding, goodbye a way to fight against a bad NDIS I-CAN assessment.

WHAT CAN YOU DO?

The best advice we can is to get an independent I-CAN assessment whilst there is still funding to do so. This will compare apples with apples and have a direct comparison for internal appeals and ART reviews.

Yes, we can help with that.

Contact us to book you or your clients in, today!

- ☑ Easy online referral
- ☑ Fast personalised response

AHEAD Supports, Your NDIS Experts

www.aheadsupports.com.au wecare@aheadsupports.com.au