Senate Joint Standing Committee

Submission Addendum Number 3

The I-CAN Tool
Embedding of Ableism within the NDIA

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Abstract:

This essay critically examines the National Disability Insurance Agency's (NDIA) proposed adoption of the I-CAN assessment tool and argues that its use constitutes a systemic departure from the human rights foundations of the Convention on the Rights of Persons with Disabilities (CRPD). By classifying participants into predetermined actuarial categories and linking these classifications to budget allocations, the I-CAN tool undermines autonomy (Article 12), community inclusion (Article 19), and the broader participatory principles of the CRPD. The analysis demonstrates that the tool's deficit-based logic shifts the meaning of "reasonable and necessary" supports away from participant-defined needs toward administratively convenient, pre-coded profiles, reinforcing ableist assumptions embedded in NDIS operational practice. Drawing on disability scholarship, including O'Brien's five valued experiences and Kendrick's safeguards framework, alongside the findings of the Disability Royal Commission, the essay reveals how I-CAN erases relational, cultural, and contextual dimensions of support for Participants. It further argues that the tool facilitates fiscal reductionism by framing disabled people as costs to be managed, and risks perpetuating segregation through funding models that favour group-based, congregate arrangements. A critique of the NDIA's implementation strategy shows that the roll-out prioritises standardisation over rights-based practice, centralises bureaucratic discretion, lacks clinical governance, and proceeds without evidence, safeguards, or genuine co-design. The essay concludes that the I-CAN tool, as implemented, represents not a neutral administrative reform but a structural reinforcement of ableist governance that diminishes participant control, restricts access to individualised living options, and contravenes Australia's obligations under international human rights law.

Introduction:

The National Disability Insurance Scheme (NDIS) was designed to embody Australia's commitment to the rights of persons with disabilities as articulated in the Convention on the Rights of Persons with Disabilities (CRPD). Central to this commitment are the principles of autonomy, self-determination, community inclusion, and the recognition of individuals as rights-bearing citizens rather than objects of care. Yet, as the National Disability Insurance Agency (NDIA) moves toward embedding the I-CAN assessment tool as a core mechanism for determining support needs and allocating funding, significant concerns emerge regarding the alignment of this tool with the CRPD's human rights foundations. The I-CAN—an actuarial, standardised assessment instrument promises administrative efficiency and one-dimensional consistency but risks reshaping the scheme's philosophical centre away from participant agency and toward bureaucratic control.

This essay argues that the adoption and implementation of the I-CAN tool constitute a profound shift in the meaning of need, disability, and support within the NDIS. Rather than fostering choice and control, I-CAN operationalises a deficit-based classification system that constrains participants within narrow, pre-coded categories. These categories, when used to determine funding levels, reproduce structural ableism by privileging administrative logic over lived experience. Such practices stand in stark contradiction to the CRPD, which mandates respect for autonomy (Article 12), inclusion and independent living (Article 19), cultural identity (Article 30), and participation in all aspects of community life (Article 3).

Moreover, the tool’s reliance on quantifying limitations rather than recognising relational, cultural, and contextual dimensions of disability risks further marginalising groups already disproportionately affected by systemic barriers, including Aboriginal and Torres Strait Islander people, autistic individuals, and those with trauma histories. Disability scholarship, from O’Brien’s notion of valued social roles to Kendrick’s warnings about fiscal reductionism, demonstrates that assessment frameworks lacking relational depth and ethical grounding tend not only to misrepresent people’s lives, but to actively diminish them.

Through a detailed critique of the tool’s structure, its philosophical underpinnings, and the NDIA’s implementation strategy, this essay examines how the I-CAN assessment threatens to re-entrench segregation, distort the “reasonable and necessary” framework under Section 34 of the NDIS Act, and centralise bureaucratic discretion at the expense of professional judgement and participant voice. In doing so, it contends that the NDIA’s approach constitutes not merely a technical reform, but a political repositioning of disability governance, one that must be interrogated if Australia is to uphold its international human rights obligations and the transformative aspirations of the NDIS.

A Disability Rights Analysis

Contradiction of CRPD Human Rights Foundations

The CRPD establishes the right of persons with disabilities to live independently and be included in the community (Article 19), to enjoy autonomy and legal capacity on an equal basis with others (Article 12), and to participate fully in all aspects of life (Article 3). The I-CAN tool, by classifying individuals into predetermined categories and then attaching budgetary allocations to these classifications, undermines these rights. Instead of fostering self-determination, the tool constrains individuals by fitting them into actuarial profiles that determine the types of support deemed “reasonable” (Committee on the Rights of Persons with Disabilities, 2017). General Comment No. 1 on Article 12 of the CRPD explicitly rejects frameworks that substitute professional judgment for the will and preferences of persons with disabilities (United Nations, 2014). The NDIA’s proposed reliance on I-CAN, therefore, is misaligned with its human rights obligations under international law.

Misapplication of “Reasonable and Necessary” Supports

Section 34 of the NDIS Act defines supports as “reasonable and necessary” when they are related to the participant’s disability and contribute to social and economic participation. However, the NDIA’s operationalisation of this principle through the I-CAN tool reveals a systemic drift. Rather than being participant-centred, decisions will become dependent on whether the participant’s needs align with pre-coded categories. This practice embodies ableism by privileging administrative convenience over the lived realities of participants. As Clapton (2009) argues, inclusion requires rupturing existing deficit-based logics and enabling disabled people to shape their own lives through ethical and transformative practice. The I-CAN instead reasserts professional dominance over the definition of need.

Deficit-Based Classification and the Denial of Valued Social Roles

The I-CAN tool functions through a deficit-based logic, measuring what individuals cannot do and what burdens they present to support systems. This mode of assessment reflects ableism by reinforcing the assumption that disability must be quantified in terms of dependency. Disability scholars such as O’Brien (1999) and Kendrick (2000) have demonstrated that meaningful support is measured not by deficits but by whether people are afforded valued experiences and social roles. O’Brien’s “Five Valued Experiences” (Sharing ordinary places, making choices, developing respect, growing in relationships, and contributing) remain absent from I-CAN classifications. By reducing participants to assessed limitations, the NDIA denies opportunities to pursue ordinary lives, thereby undermining the transformative aspirations of the NDIS.

Neglect of Relational, Cultural, and Contextual Dimensions

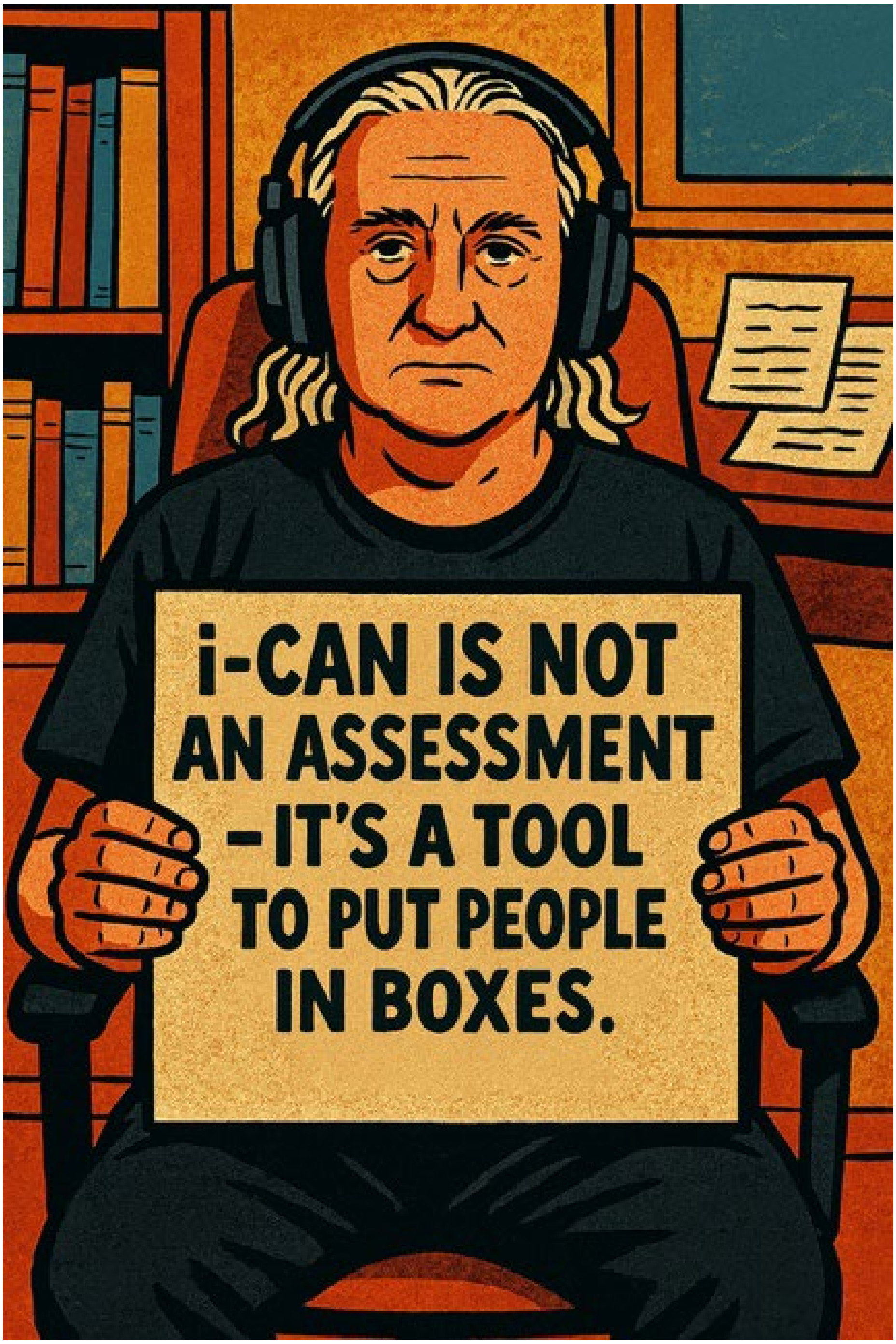
The Disability Royal Commission (2023) emphasised that trauma-informed, culturally safe, and relationally grounded approaches are essential to dismantle disabling barriers. Yet, the I-CAN tool systematically omits such dimensions. Aboriginal and Torres Strait Islander participants, for instance, face erasure of their cultural identity, kinship systems, and community obligations within I-CAN’s categories. Similarly, the tool fails to recognise trauma histories or informal support networks that are crucial to many participants’ wellbeing. This absence exemplifies what Young (2014) terms structural ableism: The embedding of exclusionary logics within seemingly neutral administrative practices. The CRPD’s Articles 19 and 30 explicitly require recognition of social and cultural participation, obligations that the NDIA fails to uphold when relying on I-CAN data.

Instrumentalising People as Costs

The Productivity Commission (2011), in designing the NDIS, envisaged a social insurance model that would secure the rights of people with disability while ensuring financial sustainability. However, the use of I-CAN as a tool to categorise people to allocate them a budget reduces participants to actuarial risks. This fiscal reductionism exemplifies an ableist worldview where disabled lives are framed primarily as costs to be controlled. It contradicts the CRPD’s Article 3 principles of dignity, autonomy, and full participation. Kendrick (2000) warns that when people are treated primarily in terms of the costs they incur, their humanity is diminished, and their supports are narrowed to fit system priorities rather than individual aspirations.

Perpetuation of Segregation

The Disability Royal Commission (2023) condemned the ongoing reliance on group homes and congregate care as forms of segregation that violate Article 19 of the CRPD. Yet, the I-CAN tool could easily be used to rationalise placements into these very models by creating support packages that make institutional care appear administratively efficient. In this way, the NDIA reproduces ableist practices of containment and segregation, undermining participants' right to explore individualised and co-designed living arrangements. Rather than dismantling institutional legacies, the I-CAN tool could easily contribute to their perpetuation under the guise of rational allocation.



A Critique of the NDIA's Implementation Strategy for I-CAN

Implementation framed as administrative efficiency, not rights-based reform

The NDIA has positioned the introduction of I-CAN as a way to "streamline," "standardise," and "improve consistency." This language frames the reform as a technical upgrade, avoiding acknowledgment that the shift represents a deep structural change in how need is defined and funded.

This implementation strategy:

- Recasts participant experience as administrative data collection rather than relational assessment.
- Overlooks the fact that assessments are not merely clinical tasks, but value-based negotiations about identity, autonomy, and self-determination.
- Consistently prioritises system efficiency over participant control, which undermines Section 3 of the NDIS Act and Article 19 CRPD.

In effect, the strategy reframes a political decision as an operational inevitability, removing space for debate, scrutiny, or resistance.

The NDIA is centralising discretion while claiming to decentralise it

The messaging claims that I-CAN reduces subjectivity by removing "variability between professionals." However, what is actually occurring is the centralisation of interpretive power within the NDIA's pricing and planning algorithms.

Where skilled allied health professionals currently analyse:

- Trauma history
- Relational support environments
- Communication strategies
- Long-term developmental trajectories

…the NDIA will instead rely on:

- Standardised scoring sheets, interpreted centrally.
- Automated or semi-automated funding allocation models.

This shifts professional judgment from diverse community-based practitioners to a small group of internal bureaucratic decision-makers, significantly reducing transparency and recourse.

The implementation strategy therefore does not decentralise decision-making, it consolidates it into the hands of a few invisible decision makers who cannot be held accountable to Participants for their actions.

Rollout is occurring without capacity-building, workforce training, or professional guidance

The NDIA has not provided:

- A published clinical governance framework for I-CAN use.
- Practice guidance for how assessors should interpret ambiguous or fluctuating needs.
- Training in trauma-informed interviewing or supported communication.

Without this, the implementation will likely result in:

- Inconsistent assessor skill, even when the tool is standardised.
- Assessments that harm participants emotionally (especially those with trauma histories).
- A high likelihood of misinterpretation of distress behaviours as personal deficit rather than contextual protest.

The NDIA appears to expect the tool itself to produce competency, when competency is relational, ethical, and skill based.

No implementation safeguards to protect self-directed living or ILO pathways

The NDIA's implementation strategy does not include protections to ensure that I-CAN is not used to push participants into:

- Shared support clusters
- Group home arrangements
- Congregate models justified as "cost effective"

This is especially concerning because I-CAN's scoring structure can make shared support appear more "efficient"when viewed through a budget optimisation lens.

Without explicit, legislated safeguards, the NDIA's implementation strategy implicitly:

- Incentivises re-institutionalisation *in practice*, even if not in policy.
- Undermines emerging personalised, self directed, individually/family governed service-for-one approaches to service design.

- Contradicts the Disability Royal Commission’s findings on the inherent risks of group living models.

The NDIA is implementing before evaluating

The NDIA is rolling out I-CAN at national scale without publishing evidence that:

- It improves participant outcomes,
- It increases consistency without reducing fairness,
- It is culturally appropriate for Aboriginal and Torres Strait Islander communities,
- It is suitable for autistic participants, AAC users, or people with complex trauma histories.

No trial reporting, no longitudinal evaluation, no external peer review.

This violates every major public system implementation principle, including:

- Evidence before scaling
- Participant co-design
- Transparency of methodology

The *implementation is not evidence-informed; it is politically expedient.*

Complaints, appeals, and review mechanisms are unclear or obstructive

By basing funding decisions on standardised tool outputs, the NDIA creates new appeal barriers:

- Participants will need to dispute *the interpretation of a tool*, not just a decision.
- The NDIA will defend decisions by claiming they reflect “objective assessment.”
- Internal review pathways become more adversarial and less responsive.

This effectively raises the burden of proof on participants and erodes procedural justice.

Conclusion

The NDIA’s proposed adoption and implementation of the I-CAN assessment tool marks a pivotal moment in the evolution of the NDIS—one that reveals a troubling departure from the scheme’s rights-based foundations. By embedding deficit-driven classifications and actuarial logic at the heart of funding decisions, the I-CAN tool reframes disability not as a dimension of human diversity but as a set of quantifiable limitations to be costed, managed, and contained. This shift stands in direct contradiction to the principles enshrined in the CRPD, particularly the rights to autonomy, legal capacity, community inclusion, and full participation in social and cultural life. It also conflicts with the ethical vision articulated by disability scholars such as O’Brien, Clapton, and Kendrick, who emphasise dignity, valued social roles, and transformative inclusion as the touchstones of meaningful support.

The analysis presented in this essay shows that I-CAN is not simply an administrative tool but a mechanism that risks reshaping the identity of the NDIS itself. By narrowing the scope of “reasonable and necessary” supports to what fits within pre-coded categories, the tool privileges bureaucratic rationality over participant experience, diminishing the centrality of choice and control. Its omission of relational, cultural, and trauma-informed dimensions further entrenches structural ableism, particularly for Aboriginal and Torres Strait Islander communities and others whose support needs are deeply embedded within social, familial, and historical contexts.

Furthermore, the NDIA’s implementation strategy exacerbates these risks. The centralisation of discretion, absence of clinical governance, lack of cultural or professional training, and failure to establish safeguards against institutionalisation collectively create an ecosystem in which the tool could be used to justify segregation and restrict access to personalised and individualised support options. The absence of evidence, transparency, and genuine co-design raises profound questions about procedural justice and the integrity of the scheme’s decision-making processes.

If the NDIS is to remain a vehicle for advancing disability rights rather than undermining them, a fundamental reorientation is required. This must begin with rejecting assessment tools and governance practices that reduce people to their deficits and instead embracing relational, ethical, and culturally grounded approaches consistent with the CRPD. The future of the NDIS depends on its ability to honour the autonomy, dignity, and aspirations of the people it was created to support. Reasserting these values is essential not only for resisting the encroachment of bureaucratic ableism, but for realising the transformative promise of a scheme built on human rights, inclusion, and self-determination.

The NDIA is implementing I-CAN not as a relational assessment tool, but as a mechanism for centralised funding control, under the rhetoric of fairness and objectivity. The implementation strategy lacks:

- transparency,
- evidence,
- safeguarding,
- co-design governance, and
- a commitment to Article 19 rights.

It is a backdoor redesign of the NDIS, away from self-direction and toward standardised, rationed, centrally managed support.

Recommendation to The Senate Joint Standing Committee on the NDIS

Establish a Public Inquiry into the Most Appropriate Approach to Developing and Implementing the NDIS Needs Assessment Mechanism

Based on the disability-rights analysis set out in this Addendum, I recommend that the Senate Joint Standing Committee on the NDIS:

1. Oppose the mandatory use of the I-CAN tool as the primary needs assessment mechanism for NDIS participants, and
2. Initiate (or formally recommend) a public inquiry into the most appropriate form of approach to developing and implementing a needs assessment mechanism for the NDIS, grounded in Australia's obligations under the CRPD and the original intent of the NDIS as a rights-based social insurance scheme.

This recommendation arises because the proposed use of the I-CAN tool represents not a neutral administrative improvement, but a structural reshaping of the meaning of "need" within the NDIS, with profound implications for participants' rights, autonomy, and access to individualised living options.

Why a Public Inquiry is Necessary

The Addendum identifies several systemic risks that, taken together, warrant a formal, public, and transparent inquiry before any single tool or model is embedded as the dominant needs assessment mechanism.

- Misalignment with CRPD and the NDIS Act

  The I-CAN tool is an actuarial, standardised instrument that classifies participants into predetermined categories and then attaches budget allocations to those categories. This structure:

  - Undermines autonomy and legal capacity (CRPD Article 12) by substituting actuarial profiles and tool-driven classifications for the will, preferences, and self-defined goals of participants.

- Risks violating Article 19 (living independently and being included in the community) by privileging administratively efficient, often congregate support models over individualised and co-designed living arrangements.
- Shrinks the meaning of “reasonable and necessary” (NDIS Act s34) to “what fits into pre-coded categories,” rather than what is needed for social and economic participation in ordinary community life as defined by the participant.

The analysis shows a clear drift from a participant-centred, rights-based interpretation of reasonable and necessary supports toward an administratively convenient, deficit-based interpretation mediated by I-CAN profiles.

Structural Ableism and Deficit-Based Classification

The document demonstrates that I-CAN operates through a deficit-based logic, quantifying what people cannot do and the “burdens” they present to systems.

This:

- Erases concepts such as O’Brien’s Five Valued Experiences (sharing ordinary places, making choices, growing in relationships, developing respect, contributing), which are central to inclusive, ordinary lives.
- Contradicts long-established disability care and support frameworks such as Kendrick’s safeguards perspective, which emphasises valued roles, not deficit scores, as key to wellbeing and protection from harm.
- Instrumentalises disabled people as costs to be managed, replacing the Productivity Commission’s social insurance vision with fiscal reductionism that frames participants as actuarial risks rather than rights-holders.

Such a tool embeds structural ableism within seemingly neutral administrative practices: it encodes exclusionary assumptions into the way information is collected, interpreted, and converted into budgets.

Omission of Relational, Cultural, and Trauma-Informed Dimensions

The Addendum highlights that I-CAN fails to recognise:

- Trauma histories
- Informal and relational support networks
- Cultural identity, kinship obligations, and community participation, especially for Aboriginal and Torres Strait Islander people, autistic participants, AAC users, and people with complex trauma.

This omission is directly at odds with:

- CRPD Articles 19 and 30 (community and cultural life), and
- The Disability Royal Commission’s call for trauma-informed, culturally safe, relationally grounded approaches.

An appropriate needs assessment mechanism must centre these dimensions, not treat them as invisible or “out of scope.”

- ### Risk of Re-entrenching Segregation and Institutional Models

  The Addendum shows that I-CAN can easily be deployed to produce packages that make group homes and congregate settings appear more “efficient”, thereby rationalising continued segregation under the banner of objective assessment and cost control.

  This directly contradicts:

  - The Disability Royal Commission’s findings on segregation, and
  - CRPD Article 19’s requirement to dismantle, rather than re-inscribe, institutional responses.

- ### Deficient Implementation, Governance, and Procedural Justice

  Finally, the NDIA implementation strategy described in the Addendum is characterised by:

  - Centralisation of discretion into NDIA algorithms and pricing models, while claiming to reduce subjectivity;
  - Lack of clinical governance, workforce training, and clear practice guidance for assessors;
  - Absence of evidence before scaling – no proper trial reporting, longitudinal evaluation, or external peer review;
  - Increased barriers to complaints, reviews, and appeals, as participants must challenge the interpretation of a proprietary tool, not just a decision, thereby raising the burden of proof and eroding procedural justice.

  These factors together demonstrate that I-CAN is being introduced as a mechanism for centralised funding control, rather than as a carefully governed, rights-consistent assessment framework.

Purpose and Scope of a Public Inquiry

Given these concerns, the Joint Standing Committee should recommend a public inquiry with statutory powers to examine the needs assessment mechanism for the NDIS, with a scope that includes (but is not limited to):

- Clarifying the purpose of needs assessment in a rights-based NDIS, including:
  - How assessment should support CRPD Articles 12 and 19 in practice;
  - How to maintain a clear separation between identifying support needs and political/administrative decisions about overall scheme sustainability.

- Evaluating the appropriateness of actuarial, standardised tools (such as I-CAN) for use as primary mechanisms for determining “reasonable and necessary” supports, including:

  - Whether such tools are compatible with participant-defined goals, supported decision-making, and cultural safety;
  - The risks of tying algorithmic classifications directly to budget levels or "tiers."

- Identifying alternative models of needs assessment that are:

  - Relational and strengths-based;
  - Co-designed with people with disability, families, First Nations communities, and representative organisations;
  - Trauma-informed, culturally grounded, and accessible to AAC users and people with complex communication needs.

- Considering governance, oversight, and safeguards, including:

  - Clear clinical and ethical governance frameworks;
  - Transparent methodologies and publicly available technical documentation;
  - Independent evaluation, auditing, and peer review of any assessment tool prior to scaling;
  - Mechanisms to ensure tools cannot be used to justify segregation or deny ordinary, individualised living options.

- Ensuring robust review and appeal rights:

  - Designing assessment processes so that decisions are explainable and contestable;
  - Avoiding proprietary or "black box" tools that cannot be meaningfully challenged by participants, advocates, or tribunals.

- Embedding lived experience and co-design in governance:

  - Mandating strong representation of people with disability (including those with high and complex needs) in all stages of design, piloting, and evaluation;
  - Ensuring First Nations governance over assessment approaches that affect Aboriginal and Torres Strait Islander participants.

Proposed Principles for an "Appropriate" Needs Assessment Mechanism

Drawing from the Addendum's analysis, the Committee should articulate a set of principles that any needs assessment mechanism must satisfy before it can be adopted nationally. These principles might include:

- Rights-Based and CRPD-Consistent

  - Aligns with Articles 3, 12, 19, and 30 of the CRPD;
  - Treats people as rights-holders, not actuarial risks or cost units.

- Relational, Contextual, and Strengths-Based

  - Recognises relationships, informal supports, community connections, and cultural obligations;
  - Incorporates principles and practices such as O’Brien’s Five Valued Experiences and Kendrick’s focus on valued roles and safeguards.

- Culturally Safe and Trauma-Informed
  - Explicitly includes cultural identity, kinship, and community participation for Aboriginal and Torres Strait Islander peoples;
  - Acknowledges and responds to trauma histories and complex support needs, rather than erasing them.

- Co-Designed and Transparent

  - Developed with people with disability, families, advocates, First Nations leaders, and frontline practitioners;
  - Publicly documents its constructs, scoring, limitations, and evidence base.

- Separation of Assessment from Funding Algorithms

  - Uses assessment to understand needs and goals, not to automatically assign participants to fixed budget bands;
  - Avoids rigidly locking funding to tool outputs and preserves space for professional judgement, lived experience evidence, and exceptional circumstances.

- Safeguards Against Segregation and Institutionalisation

  - Explicitly tests for, and prevents, any use of tools that structurally favour congregate or institutional settings over individualised living arrangements;
  - Upholds Article 19 by ensuring assessment expands, not narrows, access to ordinary lives in the community.

- Reviewable, Contestable, and Accountable

  - Embeds clear, accessible pathways for complaint, review, and appeal;
  - Ensures that participants can obtain reasons and challenge both the assessment findings and the decision that flows from them.

Interim Measures Pending the Outcome of the Inquiry

Given the risks articulated in this Addendum, the Committee should also recommend interim safeguards, including that:

- The NDIA suspend further scaling of I-CAN as a primary, budget-linked assessment mechanism until a public inquiry has reported.

- Any continued use of I-CAN remains strictly limited and decoupled from automatic funding determinations, with:

  - Clear guidance that professional judgement, participant testimony, and contextual information must be given decisive weight;
  - A strong presumption against using I-CAN outputs to justify group homes or other congregate settings.

- The NDIA publish technical and evaluation materials relating to I-CAN (or any alternative tool), including:

    - Evidence of reliability and validity for different cohorts;
    - Cultural safety and accessibility assessments;
    - Any internal reviews of its impact on participant outcomes and equity.

- The NDIA work with representative organisations, including First Nations disability leaders, to co-design interim safeguards to prevent tool-driven decisions that reduce support or force participants into congregate living in the name of efficiency.

Conclusion

This Addendum demonstrates that the I-CAN tool, as currently proposed and implemented, is not a benign administrative choice but a political repositioning of disability governance that risks entrenching structural ableism, narrowing the meaning of “reasonable and necessary,” and facilitating segregation.

For these reasons, the Joint Standing Committee is urged to:

- Reject the adoption of I-CAN as the primary needs assessment mechanism, and
- Support a public, CRPD-grounded inquiry into what an appropriate needs assessment mechanism for the NDIS should look like, so that future reforms are built on evidence, co-design, and an uncompromising commitment to the rights, dignity, and ordinary lives of people with disability.

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